

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: 140082	Period: From 06/01/2011 To 05/31/2012	Worksheet S Parts I-III Date/Time Prepared: 10/25/2012 8:24 am
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PART I - COST REPORT STATUS

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

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

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

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

Date: 10/25/2012 Time: 8:24 am

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above 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 LOUIS A. WEISS MEMORIAL HOSPITAL for the cost reporting period beginning 06/01/2011 and ending 05/31/2012 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: 10/25/2012 Time: 8:24 am
 jQNFK:ASJYLYpLT5:5e8T:CnXe4.CO
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 H5eJ1CwRwW05gpwa
 PI: Date: 10/25/2012 Time: 8:24 am
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 f65ob0UI7BM1wQXHWqoyNyOjuc4Uad
 q7yh6BzQ5D0jYFpt

(Signed)

Officer or Administrator of Provider(s)

Title

Date

	Title XVIII					Title XIX	5.00
	Title V 1.00	Part A 2.00	Part B 3.00	HIT 4.00			
PART III - SETTLEMENT SUMMARY							
1.00	Hospital	0	1,255,877	20,171	0	0	1.00
2.00	Subprovider - IPF	0	0	0	0	0	2.00
3.00	Subprovider - IRF	0	158,394	0	0	0	3.00
4.00	SUBPROVIDER I	0	0	0	0	0	4.00
5.00	Swing bed - SNF	0	0	0	0	0	5.00
6.00	Swing bed - NF	0	0	0	0	0	6.00
7.00	SKILLED NURSING FACILITY	0	0	0	0	0	7.00
8.00	NURSING FACILITY	0	0	0	0	0	8.00
9.00	HOME HEALTH AGENCY I	0	0	0	0	0	9.00
10.00	RURAL HEALTH CLINIC I	0	0	0	0	0	10.00
11.00	FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0	11.00
12.00	CMHC I	0	0	0	0	0	12.00
200.00	Total	0	1,414,271	20,171	0	0	200.00

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated.

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

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).

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OMB NO. 0938-0050

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 140082	Period: From 06/01/2011 To 05/31/2012	Worksheet 5 Parts I-III Date/Time Prepared: 10/25/2012 8:22 am
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PART I - COST REPORT STATUS

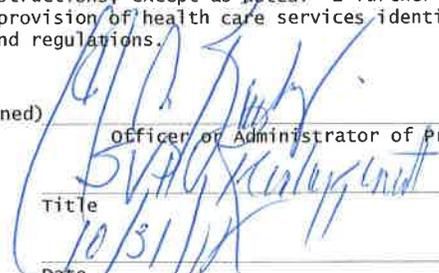
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input checked="" type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 10/1/2012 Time: 1:56 pm
Contractor use only	5. <input checked="" type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input checked="" type="checkbox"/> Initial Report for this Provider CCN 9. <input checked="" type="checkbox"/> Final Report for this Provider CCN
		10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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(Signed) 
 Officer or Administrator of Provider(s)
 Title
 Date 10/31/12

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	1,255,877	20,171	0	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	158,394	0		0	3.00
4.00 SUBPROVIDER I	0	0	0		0	4.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0	0	0		0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0		0	7.00
8.00 NURSING FACILITY	0	0	0		0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00 RURAL HEALTH CLINIC I	0	0	0		0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0		0	11.00
12.00 CMHC I	0	0	0		0	12.00
200.00 Total	0	1,414,271	20,171	0	0	200.00

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PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report	Date: 10/1/2012	Time: 1:56 pm
	2. <input type="checkbox"/> Manually submitted cost report		
	3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. <input checked="" type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received; 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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Encryption Information

ECR: Date: 10/1/2012 Time: 1:56 pm
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 PI: Date: 10/1/2012 Time: 1:56 pm
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 ejDV00Ax12QmF4CoMkBRpTDM4bltoz
 Ts.y6tJjUB0cp5Xn

(Signed)

Officer or Administrator of Provider(s)

Title

Date

	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	1,314,263	-49,860	0	0 1.00
2.00	Subprovider - IPF	0	0	0	0	0 2.00
3.00	Subprovider - IRF	0	390,110	0	0	0 3.00
4.00	SUBPROVIDER I	0	0	0	0	0 4.00
5.00	Swing bed - SNF	0	0	0	0	0 5.00
6.00	Swing bed - NF	0	0	0	0	0 6.00
7.00	SKILLED NURSING FACILITY	0	0	0	0	0 7.00
8.00	NURSING FACILITY	0	0	0	0	0 8.00
9.00	HOME HEALTH AGENCY I	0	0	0	0	0 9.00
10.00	RURAL HEALTH CLINIC I	0	0	0	0	0 10.00
11.00	FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0 11.00
12.00	CMHC I	0	0	0	0	0 12.00
200.00	Total	0	1,704,373	-49,860	0	0 200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 140082		Period: From 06/01/2011 To 05/31/2012		Worksheet S-2 Part I Date/Time Prepared: 10/25/2012 8:22 am				
1.00		2.00		3.00		4.00						
Hospital and Hospital Health Care Complex Address:												
1.00	Street: 4646 NORTH MARINE DRIVE			PO Box:							1.00	
2.00	City: CHICAGO			State: IL		Zip Code: 60640		County: COOK			2.00	
				Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
									V	XVIII	XIX	
				1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
Hospital and Hospital-Based Component Identification:												
3.00	Hospital			LOUIS A. WEISS MEMORIAL HOSPITAL	140082	16974	1	07/01/1966	N	P	N	3.00
4.00	Subprovider - IPF			PSYCH UNIT	14S082	16974	4	06/01/2003	N	P	N	4.00
5.00	Subprovider - IRF			REHABILITATION UNIT	14T082	16974	5	07/01/1996	N	P	N	5.00
6.00	Subprovider - (Other)								N	N	N	6.00
7.00	Swing Beds - SNF								N	N	N	7.00
8.00	Swing Beds - NF								N	N	N	8.00
9.00	Hospital-Based SNF											9.00
10.00	Hospital-Based NF											10.00
11.00	Hospital-Based OLTC											11.00
12.00	Hospital-Based HHA											12.00
13.00	Separately Certified ASC											13.00
14.00	Hospital-Based Hospice											14.00
15.00	Hospital-Based Health Clinic - RHC											15.00
16.00	Hospital-Based Health Clinic - FQHC											16.00
17.00	Hospital-Based (CMHC) 1											17.00
18.00	Renal Dialysis											18.00
19.00	Other											19.00
								From:	To:			
								1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)							06/01/2011		05/31/2012		20.00
21.00	Type of Control (see instructions)									4		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.							2		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 days in col. 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.			5,195	1,722	0	0	253	0			24.00
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in col. 1, the in-state Medicaid eligible days in col. 2, out-of-state Medicaid days in col. 3, out-of-state Medicaid eligible days in col. 4, Medicaid HMO paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6.			315	151	0	0	0	0			25.00
								Urban/Rural S	Date of Geogr			
								1.00	2.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter (1) for urban or (2) for rural.									1		26.00
27.00	For the Standard Geographic Classification (not wage), what is your status at the end of the cost reporting period. Enter (1) for urban or (2) for rural. If applicable, enter the effective date of the geographic reclassification in column 2.									1		27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.									0		35.00
								Beginning:	Ending:			
								1.00	2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.											36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.									0		37.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140082	Period: From 06/01/2011 To 05/31/2012	Worksheet S-2 Part I Date/Time Prepared: 10/25/2012 8:22 am		
		Beginning: 1.00	Ending: 2.00			
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.					38.00
		V	XVIII	XIX		
		1.00	2.00	3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N		45.00
46.00	Is this facility eligible for the special exceptions payment pursuant to 42 CFR Section §412.348(g)? If yes, complete worksheet L, Part III and L-1, Parts I through III	N	N	N		46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y				56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete worksheet E-4. If column 2 is "N", complete worksheet D, Part III & IV and D-2, Part II, if applicable.	N				57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete worksheet D-5.	N				58.00
59.00	Are costs claimed on line 100 of worksheet A? If yes, complete worksheet D-2, Part I.	N				59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N				60.00
		Y/N	IME Average	Direct GME Average		
		1.00	2.00	3.00		
61.00	Did your facility receive additional FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. If "Y", effective for portions of cost reporting periods beginning on or after July 1, 2011 enter the average number of primary care FTE residents for IME in column 2 and direct GME in column 3, from the hospital's three most recent cost reports ending and submitted before March 23, 2010. (see instructions)	N	0.00		0.00	61.00
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)		0.00			62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)		0.00			62.01
Teaching Hospitals that Claim Residents in Non-Provider Settings						
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)	Y				63.00
		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
		1.00	2.00	3.00		
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. 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.		3.10	26.26	0.105586	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: 140082

Period:
From 06/01/2011
To 05/31/2012

Worksheet S-2
Part I
Date/Time Prepared:
10/25/2012 8:22 am

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	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)	INTERNAL MEDICINE	1400	4.85	46.12	0.095154	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)			3.10	34.23	0.083043	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.	INTERNAL MEDICINE	1400	4.10	35.02	0.104806	67.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140082	Period: From 06/01/2011 To 05/31/2012	Worksheet S-2 Part I Date/Time Prepared: 10/25/2012 8:22 am		
		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			0118.01
			1.00	2.00		
118.02	Indicate if malpractice premiums and paid losses are reported in other than the Administrative and General cost center. If yes, provide a supporting schedule and list the amounts applicable to each cost center.	N				118.02
119.00	DO NOT USE THIS LINE					119.00
120.00	If this is an SCH (or EACH), regardless of bed size, or is rural hospital with 100 or fewer beds that qualifies for the outpatient hold harmless provision in accordance with ACA, section 3121, as amended by the Medicare and Medicaid Extenders Act (MMEA) of 2010, section 108; the Temporary Payroll Tax Cut Continuation Act of 2011, section 308; and the Middle Class Tax Relief and Job Creation Act of 2012, section 3002, enter "Y" for yes or "N" for no in column 1 or column 2, respectively. Note that for SCHs (and EACHs) the outpatient hold harmless provision is effective for services rendered from January 1, 2010 through February 29, 2012 regardless of bed size and from March 1, 2012 through December 31, 2012 to all SCHs (and EACHs) with 100 or fewer beds. These responses impact the TOPS calculation on Worksheet E, Part B, line 8.	N		N		120.00
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y				121.00
Transplant Center Information						
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N				125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00
All Providers						
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y		44h108		140.00
		1.00	2.00	3.00		
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.						
141.00	Name: VANGUARD HEALTH SYSTEMS	Contractor's Name: CAHABA GBA		Contractor's Number: 10101		
142.00	Street: 20 BURTON BLVD. SUITE 100	PO Box:				
143.00	City: NASHVILLE, TN, 37215	State: AL		Zip Code: 37215		
				1.00		
144.00	Are provider based physicians' costs included in worksheet A?			Y		
145.00	If costs for renal services are claimed on Worksheet A, line 74, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.			Y		
				1.00		
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N		2.00		
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N				
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N				
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N				

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140082		Period: From 06/01/2011 To 05/31/2012		Worksheet S-2 Part I Date/Time Prepared: 10/25/2012 8:22 am	
		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	N	155.00
156.00	Subprovider - IPF	N	N	N	N	N	156.00
157.00	Subprovider - IRF	N	N	N	N	N	157.00
158.00	SUBPROVIDER						158.00
159.00	SNF	N	N	N	N	N	159.00
160.00	HOME HEALTH AGENCY	N	N	N	N	N	160.00
161.00	CMHC		N	N	N	N	161.00

							1.00
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Multicampus								
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.						N	165.00

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

							1.00
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Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act								
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.						N	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)							0168.00
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)						0.00	169.00

		Y/N	Date	
		1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.				
COMPLETED BY ALL HOSPITALS				
Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00
		Y/N	Date	V/I
		1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	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	06/30/2012
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N		5.00
		Y/N	Legal Oper.	
		1.00	2.00	
Approved Educational Activities				
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "y" see instructions.	N		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	Y		9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on worksheet A? If yes, see instructions.	N		11.00
			Y/N	
			1.00	
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N	14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		N	15.00
		Part A		
		Y/N	Date	
		1.00	2.00	
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	09/18/2012	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		20.00

		Part A		
Description		Y/N	Date	
	0	1.00	2.00	
21.00	was the cost report prepared only using the provider's records? If yes, see instructions.	Y		21.00
				1.00
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)				
Capital Related Cost				
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions	N		22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.	N		23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions	N		24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.	N		25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.	N		26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.	N		27.00
Interest Expense				
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.	N		28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions	N		29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.	N		30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.	N		31.00
Purchased Services				
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.	N		32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.	N		33.00
Provider-Based Physicians				
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.	Y		34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.	N		35.00
		Y/N	Date	
		1.00	2.00	
Home Office Costs				
36.00	Were home office costs claimed on the cost report?	Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.	Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.	Y	06/30/2011	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.	N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.	N		40.00
		1.00	2.00	
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	ZEBIA	NELSON	41.00
42.00	Enter the employer/company name of the cost report preparer.	NELSON, JONES & CO., INC		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	410 480 8498	ZEBNELSON@AOL.COM	43.00

		Part B		
		Y/N	Date	
		3.00	4.00	
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see instructions)	Y	09/18/2012	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	Y		21.00
				3.00
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	CONSULTANT		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

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	140	51,240	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)		140	51,240	0.00	7.00
8.00 Intensive Care Unit	31.00	16	5,856	0.00	8.00
9.00 Coronary Care Unit					9.00
10.00 Burn Intensive Care Unit					10.00
11.00 Surgical Intensive Care Unit					11.00
12.00 OTHER SPECIAL CARE (SPECIFY)					12.00
13.00 Nursery	43.00				13.00
14.00 Total (see instructions)		156	57,096	0.00	14.00
15.00 CAH visits					15.00
16.00 SUBPROVIDER - IPF	40.00	10	3,660		16.00
17.00 SUBPROVIDER - IRF	41.00	26	9,516		17.00
18.00 SUBPROVIDER					18.00
19.00 SKILLED NURSING FACILITY					19.00
20.00 NURSING FACILITY					20.00
21.00 OTHER LONG TERM CARE					21.00
22.00 HOME HEALTH AGENCY					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)					23.00
24.00 HOSPICE					24.00
25.00 CMHC - CMHC					25.00
26.00 RURAL HEALTH CLINIC					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER					26.25
27.00 Total (sum of lines 14-26)		192			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
29.00 Ambulance Trips					29.00
30.00 Employee discount days (see instruction)					30.00
31.00 Employee discount days - IRF					31.00
32.00 Labor & delivery days (see instructions)					32.00
33.00 LTCH non-covered days					33.00

Cost Center Description	I/P Days / O/P Visits / Trips				Total All Patients	
	Title V	Title XVIII	Title XIX			
	5.00	6.00	7.00	8.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	0	12,799	6,917	24,856	1.00	
2.00 HMO		1,209	253		2.00	
3.00 HMO IPF		0	0		3.00	
4.00 HMO IRF		0	0		4.00	
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0	0	5.00	
6.00 Hospital Adults & Peds. Swing Bed NF	0		0	0	6.00	
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	0	12,799	6,917	24,856	7.00	
8.00 Intensive Care Unit	0	2,139	0	4,294	8.00	
9.00 Coronary Care Unit					9.00	
10.00 Burn Intensive Care Unit					10.00	
11.00 Surgical Intensive Care Unit					11.00	
12.00 OTHER SPECIAL CARE (SPECIFY)					12.00	
13.00 Nursery	0		0	0	13.00	
14.00 Total (see instructions)	0	14,938	6,917	29,150	14.00	
15.00 CAH visits	0	0	0	0	15.00	
16.00 SUBPROVIDER - IPF	0	2,165	0	2,635	16.00	
17.00 SUBPROVIDER - IRF	0	2,403	466	3,638	17.00	
18.00 SUBPROVIDER					18.00	
19.00 SKILLED NURSING FACILITY					19.00	
20.00 NURSING FACILITY					20.00	
21.00 OTHER LONG TERM CARE					21.00	
22.00 HOME HEALTH AGENCY					22.00	
23.00 AMBULATORY SURGICAL CENTER (D.P.)					23.00	
24.00 HOSPICE					24.00	
25.00 CMHC - CMHC					25.00	
26.00 RURAL HEALTH CLINIC					26.00	
26.25 FEDERALLY QUALIFIED HEALTH CENTER					26.25	
27.00 Total (sum of lines 14-26)					27.00	
28.00 Observation Bed Days	0		0	1,241	28.00	
28.01 SUBPROVIDER - IPF				0	28.01	
28.02 SUBPROVIDER - IRF				0	28.02	
29.00 Ambulance Trips		0			29.00	
30.00 Employee discount days (see instruction)				0	30.00	
31.00 Employee discount days - IRF				0	31.00	
32.00 Labor & delivery days (see instructions)			0	0	32.00	
33.00 LTCH non-covered days		0			33.00	

Cost Center Description	Full Time Equivalents			Discharges		
	Total Interns & Residents	Employees On Payroll	Nonpaid workers	Title V	Title XVIII	
	9.00	10.00	11.00	12.00	13.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)				0	3,003	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)	69.24	818.68	0.00	0	3,003	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	13.27	0.00	0	242	16.00
17.00 SUBPROVIDER - IRF	0.00	17.67	0.00	0	216	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)	69.24	849.62	0.00			27.00
28.00 Observation Bed Days						28.00
28.01 SUBPROVIDER - IPF						28.01
28.02 SUBPROVIDER - IRF						28.02
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

Cost Center Description	Discharges		
	Title XIX	Total All Patients	
	14.00	15.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	1,627	6,165	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)	1,627	6,165	14.00
15.00 CAH visits			15.00
16.00 SUBPROVIDER - IPF	0	306	16.00
17.00 SUBPROVIDER - IRF	0	333	17.00
18.00 SUBPROVIDER			18.00
19.00 SKILLED NURSING FACILITY			19.00
20.00 NURSING FACILITY			20.00
21.00 OTHER LONG TERM CARE			21.00
22.00 HOME HEALTH AGENCY			22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)			23.00
24.00 HOSPICE			24.00
25.00 CMHC - CMHC			25.00
26.00 RURAL HEALTH CLINIC			26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER			26.25
27.00 Total (sum of lines 14-26)			27.00
28.00 Observation Bed Days			28.00
28.01 SUBPROVIDER - IPF			28.01
28.02 SUBPROVIDER - IRF			28.02
29.00 Ambulance Trips			29.00
30.00 Employee discount days (see instruction)			30.00
31.00 Employee discount days - IRF			31.00
32.00 Labor & delivery days (see instructions)			32.00
33.00 LTCH non-covered days			33.00

	Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	
	1.00	2.00	3.00	4.00	5.00	
PART II - WAGE DATA						
SALARIES						
1.00	Total salaries (see instructions)	200.00	53,682,192	0	53,682,192	1,767,223.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00
4.01	Physicians - Part A - Teaching		285,017	0	285,017	3,392.00
5.00	Physician-Part B		0	0	0	0.00
6.00	Non-physician-Part B		0	0	0	0.00
7.00	Interns & residents (in an approved program)	21.00	3,198,408	0	3,198,408	124,321.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00
8.00	Home office personnel		0	0	0	0.00
9.00	SNF	44.00	0	0	0	0.00
10.00	Excluded area salaries (see instructions)		3,648,549	0	3,648,549	110,449.00
OTHER WAGES & RELATED COSTS						
11.00	Contract labor (see instructions)		334,390	0	334,390	4,981.00
12.00	Contract management and administrative services		128,248	0	128,248	1,655.00
13.00	Contract labor: Physician-Part A - Administrative		1,059,473	0	1,059,473	5,656.00
14.00	Home office salaries & wage-related costs		2,235,932	0	2,235,932	38,399.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00
16.00	Home office and Contract Physicians Part A - Administrative		0	0	0	0.00
WAGE-RELATED COSTS						
17.00	Wage-related costs (core) wkst S-3, Part IV line 24		9,411,227	0	9,411,227	
18.00	Wage-related costs (other)wkst S-3, Part IV line 25		0	0	0	
19.00	Excluded areas		135,678	0	135,678	
20.00	Non-physician anesthetist Part A		0	0	0	
21.00	Non-physician anesthetist Part B		0	0	0	
22.00	Physician Part A - Administrative		0	0	0	
22.01	Physician Part A - Teaching		0	0	0	
23.00	Physician Part B		0	0	0	
24.00	Wage-related costs (RHC/FQHC)		0	0	0	
25.00	Interns & residents (in an approved program)		7,119	0	7,119	
OVERHEAD COSTS - DIRECT SALARIES						
26.00	Employee Benefits	4.00	0	0	0	0.00
27.00	Administrative & General	5.00	10,475,089	0	10,475,089	262,440.00
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00
30.00	Operation of Plant	7.00	1,259,290	0	1,259,290	58,638.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00
32.00	Housekeeping	9.00	954,955	0	954,955	74,197.00
33.00	Housekeeping under contract (see instructions)		110,164	0	110,164	7,198.00
34.00	Dietary	10.00	1,014,093	0	1,014,093	60,831.00
35.00	Dietary under contract (see instructions)		11,678	0	11,678	952.00
36.00	Cafeteria	11.00	0	0	0	0.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00
38.00	Nursing Administration	13.00	986,939	0	986,939	23,401.00
39.00	Central Services and Supply	14.00	327,873	0	327,873	16,625.00
40.00	Pharmacy	15.00	1,472,654	0	1,472,654	43,011.00
41.00	Medical Records & Medical Records Library	16.00	517,099	0	517,099	23,272.00
42.00	Social Service	17.00	272,031	0	272,031	9,535.00
43.00	Other General Service	18.00	0	0	0	0.00

		Average Hourly wage (col. 4 ÷ col. 5)	
		6.00	
PART II - WAGE DATA			
SALARIES			
1.00	Total salaries (see instructions)	30.38	1.00
2.00	Non-physician anesthetist Part A	0.00	2.00
3.00	Non-physician anesthetist Part B	0.00	3.00
4.00	Physician-Part A - Administrative	0.00	4.00
4.01	Physicians - Part A - Teaching	84.03	4.01
5.00	Physician-Part B	0.00	5.00
6.00	Non-physician-Part B	0.00	6.00
7.00	Interns & residents (in an approved program)	25.73	7.00
7.01	Contracted interns and residents (in an approved programs)	0.00	7.01
8.00	Home office personnel	0.00	8.00
9.00	SNF	0.00	9.00
10.00	Excluded area salaries (see instructions)	33.03	10.00
OTHER WAGES & RELATED COSTS			
11.00	Contract labor (see instructions)	67.13	11.00
12.00	Contract management and administrative services	77.49	12.00
13.00	Contract labor: Physician-Part A - Administrative	187.32	13.00
14.00	Home office salaries & wage-related costs	58.23	14.00
15.00	Home office: Physician Part A - Administrative	0.00	15.00
16.00	Home office and Contract Physicians Part A - Administrative	0.00	16.00
WAGE-RELATED COSTS			
17.00	wage-related costs (core) wkst S-3, Part IV line 24		17.00
18.00	wage-related costs (other)wkst S-3, Part IV line 25		18.00
19.00	Excluded areas		19.00
20.00	Non-physician anesthetist Part A		20.00
21.00	Non-physician anesthetist Part B		21.00
22.00	Physician Part A - Administrative		22.00
22.01	Physician Part A - Teaching		22.01
23.00	Physician Part B		23.00
24.00	wage-related costs (RHC/FQHC)		24.00
25.00	Interns & residents (in an approved program)		25.00
OVERHEAD COSTS - DIRECT SALARIES			
26.00	Employee Benefits	0.00	26.00
27.00	Administrative & General	39.91	27.00
28.00	Administrative & General under contract (see inst.)	0.00	28.00
29.00	Maintenance & Repairs	0.00	29.00
30.00	Operation of Plant	21.48	30.00
31.00	Laundry & Linen Service	0.00	31.00
32.00	Housekeeping	12.87	32.00
33.00	Housekeeping under contract (see instructions)	15.30	33.00
34.00	Dietary	16.67	34.00
35.00	Dietary under contract (see instructions)	12.27	35.00
36.00	Cafeteria	0.00	36.00
37.00	Maintenance of Personnel	0.00	37.00
38.00	Nursing Administration	42.18	38.00
39.00	Central Services and Supply	19.72	39.00
40.00	Pharmacy	34.24	40.00
41.00	Medical Records & Medical Records Library	22.22	41.00
42.00	Social Service	28.53	42.00
43.00	Other General Service	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140082

Period:
From 06/01/2011
To 05/31/2012

Worksheet S-3
Part III
Date/Time Prepared:
10/25/2012 8:22 am

	Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from worksheet A-6)	Adjusted Salaries (col.2 + col. 3)	Paid Hours Related to Salaries in col. 4	
	1.00	2.00	3.00	4.00	5.00	
PART III - HOSPITAL WAGE INDEX SUMMARY						
1.00	Net salaries (see instructions)	50,320,609	0	50,320,609	1,647,660.00	1.00
2.00	Excluded area salaries (see instructions)	3,648,549	0	3,648,549	110,449.00	2.00
3.00	Subtotal salaries (line 1 minus line 2)	46,672,060	0	46,672,060	1,537,211.00	3.00
4.00	Subtotal other wages & related costs (see inst.)	3,758,043	0	3,758,043	50,691.00	4.00
5.00	Subtotal wage-related costs (see inst.)	9,411,227	0	9,411,227	0.00	5.00
6.00	Total (sum of lines 3 thru 5)	59,841,330	0	59,841,330	1,587,902.00	6.00
7.00	Total overhead cost (see instructions)	17,401,865	0	17,401,865	580,100.00	7.00

Provider CCN: 140082

Period:
From 06/01/2011
To 05/31/2012

Worksheet S-3
Part III
Date/Time Prepared:
10/25/2012 8:22 am

Average Hourly
Wage (col. 4 ÷
col. 5)
6.00

PART III - HOSPITAL WAGE INDEX SUMMARY

1.00	Net salaries (see instructions)	30.54	1.00
2.00	Excluded area salaries (see instructions)	33.03	2.00
3.00	Subtotal salaries (line 1 minus line 2)	30.36	3.00
4.00	Subtotal other wages & related costs (see inst.)	74.14	4.00
5.00	Subtotal wage-related costs (see inst.)	20.16	5.00
6.00	Total (sum of lines 3 thru 5)	37.69	6.00
7.00	Total overhead cost (see instructions)	30.00	7.00

Provider CCN: 140082

Period:
From 06/01/2011
To 05/31/2012

Worksheet S-3
Part IV
Date/Time Prepared:
10/25/2012 8:22 am

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401k Employer Contributions	0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401k/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	4,271,862	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	143,654	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	199,304	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)	0	14.00
15.00	'Workers' Compensation Insurance	799,581	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	3,505,835	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	0	19.00
20.00	State or Federal Unemployment Taxes	490,992	20.00
OTHER			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	0	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	9,411,228	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 140082

Period:
From 06/01/2011
To 05/31/2012

Worksheet S-3
Part V
Date/Time Prepared:
10/25/2012 8:22 am

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	1,016,405	9,554,024	1.00
2.00	Hospital	999,326	9,537,284	2.00
3.00	Subprovider - IPF	480	6,283	3.00
4.00	Subprovider - IRF	16,599	10,457	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00		0	0	18.00

		1.00	
Uncompensated and indigent care cost computation			
1.00	Cost to charge ratio (worksheet C, Part I line 200 column 3 divided by line 200 column 8)	0.191745	1.00
Medicaid (see instructions for each line)			
2.00	Net revenue from Medicaid	18,121,620	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	5,731,094	5.00
6.00	Medicaid charges	118,543,498	6.00
7.00	Medicaid cost (line 1 times line 6)	22,730,123	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)	0	8.00
State Children's Health Insurance Program (SCHIP) (see instructions for each line)			
9.00	Net revenue from stand-alone SCHIP	0	9.00
10.00	Stand-alone SCHIP charges	0	10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)	0	11.00
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)	0	12.00
Other state or local government indigent care program (see instructions for each line)			
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)	0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)	0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)	0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)	0	16.00
Uncompensated care (see instructions for each line)			
17.00	Private grants, donations, or endowment income restricted to funding charity care	0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations	0	18.00
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)	0	19.00
		Uninsured patients	Insured patients
		1.00	2.00
		Total (col. 1 + col. 2)	
		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	18,294,658	0
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	3,507,909	0
22.00	Partial payment by patients approved for charity care	26,419	0
23.00	Cost of charity care (line 21 minus line 22)	3,481,490	0
		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)	6,976,406	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)	1,856,599	27.00
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)	5,119,807	28.00
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)	981,697	29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)	4,463,187	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	4,463,187	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140082

Period:
From 06/01/2011
To 05/31/2012

Worksheet A

Date/Time Prepared:
10/25/2012 8:22 am

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)		
		1.00	2.00	3.00	4.00	5.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	Cap Rel Costs-Bldg & Fixt	0	0	1,675,447	1,675,447	1.00	
2.00	00200	Cap Rel Costs-Mvble Equip	0	0	732,832	732,832	2.00	
4.00	00400	Employee Benefits	0	8,216,398	-11,160	8,205,238	4.00	
5.00	00500	Administrative & General	10,475,089	29,823,971	-1,359,762	38,939,298	5.00	
7.00	00700	Operation of Plant	1,259,290	3,921,849	-7,716	5,173,423	7.00	
8.00	00800	Laundry & Linen Service	0	424,296	130,022	554,318	8.00	
9.00	00900	Housekeeping	954,955	454,019	-11,824	1,397,150	9.00	
10.00	01000	Dietary	1,014,093	1,182,576	-74	2,196,595	10.00	
11.00	01100	Cafeteria	0	0	0	0	11.00	
13.00	01300	Nursing Administration	986,939	90,386	1,077,325	1,077,325	13.00	
14.00	01400	Central Services & Supply	327,873	7,352	335,225	734,376	14.00	
15.00	01500	Pharmacy	1,472,654	2,715,586	-1,365,233	2,823,007	15.00	
16.00	01600	Medical Records & Library	517,099	129,465	-2,374	644,190	16.00	
17.00	01700	Social Service	272,031	1,802	273,833	273,833	17.00	
21.00	02100	I&R Services-Salary & Fringes Apprvd	3,198,408	0	3,198,408	3,198,408	21.00	
22.00	02200	I&R Services-Other Prgrm Costs Apprvd	0	2,693,673	-9,707	2,683,966	22.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	Adults & Pediatrics	9,074,045	1,628,250	-515,563	10,186,732	30.00	
31.00	03100	Intensive Care Unit	2,406,889	1,002,835	-313,818	3,095,906	31.00	
40.00	04000	SUBPROVIDER - IPF	878,249	69,538	-8,758	939,029	40.00	
41.00	04100	SUBPROVIDER - IRF	1,066,743	116,635	-25,359	1,158,019	41.00	
43.00	04300	Nursery	0	0	0	0	43.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	Operating Room	3,805,859	12,499,854	-7,251,075	9,054,638	50.00	
50.01	03340	Gastro Intestinal Services	512,026	392,625	-95,187	809,464	50.01	
51.00	05100	Recovery Room	711,069	73,400	-33,791	750,678	51.00	
53.00	05300	Anesthesiology	158,346	392,116	-328,895	221,567	53.00	
54.00	05400	Radiology - Diagnostic	1,673,639	1,299,374	-197,953	2,775,060	54.00	
54.01	03630	Ultra Sound	221,502	28,234	-1,936	247,800	54.01	
55.00	05500	Radiology - Therapeutic	303,185	247,936	-77,594	473,527	55.00	
56.00	05600	Radioisotope	236,256	294,707	-3,559	527,404	56.00	
56.01	03650	Vascular Lab	247,156	15,082	-2,452	259,786	56.01	
56.02	03950	Strauss Oncology	512,730	3,989,197	-815,424	3,686,503	56.02	
57.00	05700	CT Scan	513,758	355,714	-33,535	835,937	57.00	
58.00	05800	Magnetic Resonance Imaging (MRI)	141,855	40,106	-13,117	168,844	58.00	
59.00	05900	Cardiac Catheterization	452,181	1,003,011	-739,315	715,877	59.00	
60.00	06000	Laboratory	1,273,627	1,761,392	-37,263	2,997,756	60.00	
63.00	06300	Blood Storing, Processing, & Trans.	0	893,419	0	893,419	63.00	
65.00	06500	Respiratory Therapy	1,075,655	336,096	-183,071	1,228,680	65.00	
66.00	06600	Physical Therapy	1,805,557	63,674	-6,165	1,863,066	66.00	
69.00	06900	Electro cardiology	533,453	24,807	-16,982	541,278	69.00	
70.00	07000	Electroencephalography	54,350	2,493	-2,036	54,807	70.00	
71.00	07100	Medical Supplies Charged to Patients	0	0	2,683,783	2,683,783	71.00	
72.00	07200	Implantable Devices Chrgd to Patient	0	0	5,859,697	5,859,697	72.00	
73.00	07300	Drugs Charged to Patients	0	0	2,504,914	2,504,914	73.00	
74.00	07400	RENAL DIALYSIS	0	446,598	-1,486	445,112	74.00	
76.00	03951	Wound Care	256,511	90,143	-47,593	299,061	76.00	
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	Clinic	1,121,792	419,555	-122,402	1,418,945	90.00	
91.00	09100	Emergency	2,463,771	1,517,158	-263,907	3,717,022	91.00	
92.00	09200	Observation Beds (Non-Distinct Part)	0	0	0	0	92.00	
SPECIAL PURPOSE COST CENTERS								
118.00	SUBTOTALS (sum of lines 1-117)		51,978,635	78,665,322	130,643,957	79,760	130,723,717	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	Gift, Flower, Coffee Shop, & Canteen	0	0	0	0	190.00	
192.00	19200	Physicians' Private Offices	1,292,668	1,387,833	-56,553	2,623,948	192.00	
194.00	07950	Marketing	410,889	1,402,831	0	1,813,720	194.00	
194.01	07951	Hospice	0	36,890	-23,207	13,683	194.01	
194.02	07952	Other Nonreimbursable Cost Centers	0	0	0	0	194.02	
194.03	07953	Vacant Area	0	0	0	0	194.03	
194.04	07954	Lakefront	0	0	0	0	194.04	
200.00	TOTAL (sum of lines 118-199)		53,682,192	81,492,876	135,175,068	0	135,175,068	200.00

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	00100 Cap Rel Costs-Bldg & Fixt	3,422,522	5,097,969	1.00
2.00	00200 Cap Rel Costs-Mvble Equip	6,053,891	6,786,723	2.00
4.00	00400 Employee Benefits	-392,360	7,812,878	4.00
5.00	00500 Administrative & General	-20,176,093	18,763,205	5.00
7.00	00700 Operation of Plant	-92,553	5,080,870	7.00
8.00	00800 Laundry & Linen Service	0	554,318	8.00
9.00	00900 Housekeeping	0	1,397,150	9.00
10.00	01000 Dietary	-407,935	1,788,660	10.00
11.00	01100 Cafeteria	0	0	11.00
13.00	01300 Nursing Administration	0	1,077,325	13.00
14.00	01400 Central Services & Supply	-30,129	704,247	14.00
15.00	01500 Pharmacy	-549,691	2,273,316	15.00
16.00	01600 Medical Records & Library	-19,469	624,721	16.00
17.00	01700 Social Service	0	273,833	17.00
21.00	02100 I&R Services-Salary & Fringes Apprvd	0	3,198,408	21.00
22.00	02200 I&R Services-Other Prgrm Costs Apprvd	-100	2,683,866	22.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 Adults & Pediatrics	-566,038	9,620,694	30.00
31.00	03100 Intensive Care Unit	-337,724	2,758,182	31.00
40.00	04000 SUBPROVIDER - IPF	-21,560	917,469	40.00
41.00	04100 SUBPROVIDER - IRF	-47,943	1,110,076	41.00
43.00	04300 Nursery	0	0	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 Operating Room	-1,370,861	7,683,777	50.00
50.01	03340 Gastro Intestinal Services	-2,146	807,318	50.01
51.00	05100 Recovery Room	-75	750,603	51.00
53.00	05300 Anesthesiology	0	221,567	53.00
54.00	05400 Radiology - Diagnostic	-635,376	2,139,684	54.00
54.01	03630 Ultra Sound	0	247,800	54.01
55.00	05500 Radiology - Therapeutic	-23,789	449,738	55.00
56.00	05600 Radioisotope	0	527,404	56.00
56.01	03650 Vascular Lab	-1,283	258,503	56.01
56.02	03950 Strauss Oncology	-122,156	3,564,347	56.02
57.00	05700 CT Scan	-3,261	832,676	57.00
58.00	05800 Magnetic Resonance Imaging (MRI)	-13	168,831	58.00
59.00	05900 Cardiac Catheterization	-14	715,863	59.00
60.00	06000 Laboratory	-209,527	2,788,229	60.00
63.00	06300 Blood Storing, Processing, & Trans.	-7,107	886,312	63.00
65.00	06500 Respiratory Therapy	-199,885	1,028,795	65.00
66.00	06600 Physical Therapy	-11,691	1,851,375	66.00
69.00	06900 Electrocardiology	-1,830	539,448	69.00
70.00	07000 Electroencephalography	0	54,807	70.00
71.00	07100 Medical Supplies Charged to Patients	0	2,683,783	71.00
72.00	07200 Implantable Devices Chrgd to Patient	0	5,859,697	72.00
73.00	07300 Drugs Charged to Patients	0	2,504,914	73.00
74.00	07400 RENAL DIALYSIS	-1,379	443,733	74.00
76.00	03951 Wound Care	-14,119	284,942	76.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 Clinic	-75,994	1,342,951	90.00
91.00	09100 Emergency	-933,857	2,783,165	91.00
92.00	09200 Observation Beds (Non-Distinct Part)			92.00
SPECIAL PURPOSE COST CENTERS				
118.00	SUBTOTALS (sum of lines 1-117)	-16,779,545	113,944,172	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 Gift, Flower, Coffee Shop, & Canteen	0	0	190.00
192.00	19200 Physicians' Private Offices	-27,089	2,596,859	192.00
194.00	07950 Marketing	0	1,813,720	194.00
194.01	07951 Hospice	0	13,683	194.01
194.02	07952 Other Nonreimbursable Cost Centers	0	0	194.02
194.03	07953 Vacant Area	0	0	194.03
194.04	07954 Lakefront	0	0	194.04
200.00	TOTAL (sum of lines 118-199)	-16,806,634	118,368,434	200.00

	Increases					
	Cost Center 2.00	Line # 3.00	Salary 4.00	Other 5.00		
A - RENTS LEASES						
1.00	Cap Rel Costs-Bldg & Fixt	1.00	0	540,171		1.00
2.00		2.00	0	732,832		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
TOTALS			0	1,273,003		
B - PROPERTY TAXES						
1.00	Cap Rel Costs-Bldg & Fixt	1.00	0	1,135,276		1.00
TOTALS			0	1,135,276		
C - BILLABLE DRUGS						
1.00	Drugs Charged to Patients	73.00	0	2,504,914		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
TOTALS			0	2,504,914		
D - LAUNDRY LINEN						
1.00	Laundry & Linen Service	8.00	0	145,900		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

	Increases					
	Cost Center 2.00	Line # 3.00	Salary 4.00	Other 5.00		
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
TOTALS				0	145,900	
E - BILLABLE MED SUPPLIES						
1.00	Medical Supplies Charged to Patients	71.00	0	2,683,783		1.00
2.00	Central Services & supply	14.00	0	465,220		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
TOTALS				0	3,149,003	
F - IMPLANTABLE DEVICE						
1.00	Implantable Devices Chrgd to Patient	72.00	0	5,859,697		1.00
2.00	Gastro Intestinal Services	50.01	0	724		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
TOTALS				0	5,860,421	
500.00	Grand Total: Increases		0	14,068,517		500.00

		Decreases			wkst. A-7 Ref.		
Cost Center	Line #	Salary	Other				
6.00	7.00	8.00	9.00		10.00		
A - RENTS LEASES							
1.00	Employee Benefits	4.00	0	5,439	10		1.00
2.00		5.00	0	224,356	10		2.00
3.00		7.00	0	7,716	0		3.00
4.00		10.00	0	74	0		4.00
5.00	Central Services & Supply	14.00	0	66,069	0		5.00
6.00		15.00	0	1,363	0		6.00
7.00		16.00	0	2,374	0		7.00
8.00		22.00	0	9,707	0		8.00
9.00		30.00	0	6,615	0		9.00
10.00		31.00	0	500	0		10.00
11.00		40.00	0	679	0		11.00
12.00		41.00	0	1,383	0		12.00
13.00		50.00	0	471,590	0		13.00
14.00		50.01	0	31,945	0		14.00
15.00		54.00	0	4,079	0		15.00
16.00		55.00	0	71,595	0		16.00
17.00		56.00	0	288	0		17.00
18.00		56.02	0	143,605	0		18.00
19.00		57.00	0	312	0		19.00
20.00		58.00	0	6,000	0		20.00
21.00		59.00	0	288	0		21.00
22.00		60.00	0	1,075	0		22.00
23.00		65.00	0	115,856	0		23.00
24.00		66.00	0	1,576	0		24.00
25.00		69.00	0	2,614	0		25.00
26.00		70.00	0	376	0		26.00
27.00		76.00	0	695	0		27.00
28.00		90.00	0	39,944	0		28.00
29.00		91.00	0	2,396	0		29.00
30.00		192.00	0	52,494	0		30.00
TOTALS			0	1,273,003			
B - PROPERTY TAXES							
1.00	Administrative & General	5.00	0	1,135,276	13		1.00
TOTALS			0	1,135,276			
C - BILLABLE DRUGS							
1.00	Employee Benefits	4.00	0	4,412	0		1.00
2.00	Pharmacy	15.00	0	1,359,086	0		2.00
3.00		30.00	0	70,610	0		3.00
4.00		31.00	0	47,463	0		4.00
5.00		40.00	0	179	0		5.00
6.00		41.00	0	1,642	0		6.00
7.00		50.00	0	84,852	0		7.00
8.00		50.01	0	12,914	0		8.00
9.00		51.00	0	12,061	0		9.00
10.00		53.00	0	137,961	0		10.00
11.00		54.00	0	4,039	0		11.00
12.00		54.01	0	1	0		12.00
13.00		55.00	0	521	0		13.00
14.00		56.00	0	101	0		14.00
15.00		56.02	0	633,186	0		15.00
16.00		57.00	0	666	0		16.00
17.00		58.00	0	127	0		17.00
18.00		59.00	0	2,669	0		18.00
19.00		60.00	0	611	0		19.00
20.00		65.00	0	41	0		20.00
21.00		66.00	0	85	0		21.00
22.00		69.00	0	2,678	0		22.00
23.00		74.00	0	543	0		23.00
24.00		76.00	0	9,239	0		24.00
25.00		90.00	0	64,723	0		25.00
26.00		91.00	0	52,345	0		26.00
27.00		192.00	0	495	0		27.00
28.00		194.01	0	1,664	0		28.00
TOTALS			0	2,504,914			
D - LAUNDRY LINEN							
1.00	Adults & Pediatrics	30.00	0	5,188	0		1.00
2.00		31.00	0	528	0		2.00
3.00		40.00	0	398	0		3.00
4.00		41.00	0	400	0		4.00
5.00		50.00	0	130,176	0		5.00
6.00		51.00	0	14	0		6.00
7.00		54.00	0	6,163	0		7.00
8.00		54.01	0	48	0		8.00

	Decreases				wkst. A-7 Ref.		
	Cost Center 6.00	Line # 7.00	Salary 8.00	Other 9.00			
9.00		55.00	0	12	0		9.00
10.00		56.02	0	209	0		10.00
11.00		57.00	0	366	0		11.00
12.00		58.00	0	340	0		12.00
13.00		59.00	0	472	0		13.00
14.00		69.00	0	6	0		14.00
15.00		74.00	0	111	0		15.00
16.00		90.00	0	114	0		16.00
17.00		91.00	0	790	0		17.00
18.00		192.00	0	261	0		18.00
19.00		194.01	0	304	0		19.00
TOTALS				0	145,900		
E - BILLABLE MED SUPPLIES							
1.00	Employee Benefits	4.00	0	1,309	0		1.00
2.00		5.00	0	130	0		2.00
3.00	Laundry & Linen Service	8.00	0	15,878	0		3.00
4.00		9.00	0	11,824	0		4.00
5.00	Pharmacy	15.00	0	4,784	0		5.00
6.00	Adults & Pediatrics	30.00	0	433,150	0		6.00
7.00		31.00	0	264,848	0		7.00
8.00		41.00	0	21,934	0		8.00
9.00		40.00	0	7,502	0		9.00
10.00		50.00	0	1,381,869	0		10.00
11.00		50.01	0	51,052	0		11.00
12.00		51.00	0	21,716	0		12.00
13.00		53.00	0	190,168	0		13.00
14.00		54.00	0	148,838	0		14.00
15.00		54.01	0	1,887	0		15.00
16.00		55.00	0	5,466	0		16.00
17.00		56.00	0	3,170	0		17.00
18.00		56.01	0	2,452	0		18.00
19.00		56.02	0	38,424	0		19.00
20.00		57.00	0	32,191	0		20.00
21.00		58.00	0	6,650	0		21.00
22.00		59.00	0	113,586	0		22.00
23.00		60.00	0	35,577	0		23.00
24.00		65.00	0	67,174	0		24.00
25.00		66.00	0	4,504	0		25.00
26.00	Electro cardiology	69.00	0	11,684	0		26.00
27.00		70.00	0	1,660	0		27.00
28.00		74.00	0	832	0		28.00
29.00		76.00	0	18,205	0		29.00
30.00		90.00	0	17,621	0		30.00
31.00		91.00	0	208,376	0		31.00
32.00		192.00	0	3,303	0		32.00
33.00		194.01	0	21,239	0		33.00
TOTALS				0	3,149,003		
F - IMPLANTABLE DEVICE							
1.00	Intensive Care Unit	31.00	0	479	0		1.00
2.00	Operating Room	50.00	0	5,182,588	0		2.00
3.00	Anesthesiology	53.00	0	766	0		3.00
4.00	Radiology - Diagnostic	54.00	0	34,834	0		4.00
5.00	Cardiac Catheterization	59.00	0	622,300	0		5.00
6.00	Wound Care	76.00	0	19,454	0		6.00
TOTALS				0	5,860,421		
500.00	Grand Total: Decreases		0	14,068,517			500.00

	Beginning Balances 1.00	Acquisitions			Disposals and Retirements 5.00	
		Purchases 2.00	Donation 3.00	Total 4.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00 Land	2,829,328	0	0	0	0	1.00
2.00 Land Improvements	5,683,152	0	0	0	0	2.00
3.00 Buildings and Fixtures	53,171,414	1,196,834	0	1,196,834	0	3.00
4.00 Building Improvements	0	0	0	0	0	4.00
5.00 Fixed Equipment	0	0	0	0	0	5.00
6.00 Movable Equipment	138,996,565	2,462,463	0	2,462,463	0	6.00
7.00 HIT designated Assets	0	0	0	0	0	7.00
8.00 Subtotal (sum of lines 1-7)	200,680,459	3,659,297	0	3,659,297	0	8.00
9.00 Reconciling Items	0	0	0	0	0	9.00
10.00 Total (line 8 minus line 9)	200,680,459	3,659,297	0	3,659,297	0	10.00
SUMMARY OF CAPITAL						
Cost Center Description	Depreciation 9.00	Lease 10.00	Interest 11.00	Insurance (see instructions) 12.00	Taxes (see instructions) 13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00 Cap Rel Costs-Bldg & Fixt	0	0	0	0	0	1.00
2.00 Cap Rel Costs-Mvble Equip	0	0	0	0	0	2.00
3.00 Total (sum of lines 1-2)	0	0	0	0	0	3.00
COMPUTATION OF RATIOS						
Cost Center Description	Gross Assets 1.00	Capitalized Leases 2.00	Gross Assets for Ratio (col. 1 - col. 2) 3.00	ALLOCATION OF OTHER CAPITAL Ratio (see instructions) 4.00	Insurance 5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00 Cap Rel Costs-Bldg & Fixt	60,051,400	0	60,051,400	0.298006	0	1.00
2.00 Cap Rel Costs-Mvble Equip	141,459,028	0	141,459,028	0.701994	0	2.00
3.00 Total (sum of lines 1-2)	201,510,428	0	201,510,428	1.000000	0	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140082

Period:
From 06/01/2011
To 05/31/2012

Worksheet A-7
Parts I-III
Date/Time Prepared:
10/25/2012 8:22 am

		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	2,829,328	0			1.00	
2.00	Land Improvements	5,683,152	0			2.00	
3.00	Buildings and Fixtures	54,368,248	0			3.00	
4.00	Building Improvements	0	0			4.00	
5.00	Fixed Equipment	0	0			5.00	
6.00	Movable Equipment	141,459,028	0			6.00	
7.00	HIT designated Assets	0	0			7.00	
8.00	Subtotal (sum of lines 1-7)	204,339,756	0			8.00	
9.00	Reconciling Items	0	0			9.00	
10.00	Total (line 8 minus line 9)	204,339,756	0			10.00	
SUMMARY OF CAPITAL							
Cost Center Description		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	Cap Rel Costs-Bldg & Fixt	0	0			1.00	
2.00	Cap Rel Costs-Mvble Equip	0	0			2.00	
3.00	Total (sum of lines 1-2)	0	0			3.00	
ALLOCATION OF OTHER CAPITAL							
Cost Center Description		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	SUMMARY OF CAPITAL Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	Cap Rel Costs-Bldg & Fixt	0	0	0	2,571,642	540,171	1.00
2.00	Cap Rel Costs-Mvble Equip	0	0	0	5,699,534	732,832	2.00
3.00	Total (sum of lines 1-2)	0	0	0	8,271,176	1,273,003	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140082

Period:
From 06/01/2011
To 05/31/2012

Worksheet A-7
Parts I-III
Date/Time Prepared:
10/25/2012 8:22 am

Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	Cap Rel Costs-Bldg & Fixt	835,292	15,588	1,135,276	0	5,097,969	1.00
2.00	Cap Rel Costs-Mvble Equip	342,930	11,427	0	0	6,786,723	2.00
3.00	Total (sum of lines 1-2)	1,178,222	27,015	1,135,276	0	11,884,692	3.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		
			Cost Center		Line #
			1.00	2.00	3.00
1.00 Investment income - Cap Rel Costs-Bldg & Fixt (chapter 2)		0	Cap Rel Costs-Bldg & Fixt	1.00	1.00
2.00 Investment income - Cap Rel Costs-Mvble Equip (chapter 2)		0	Cap Rel Costs-Mvble Equip	2.00	2.00
3.00 Investment income - other (chapter 2)		0		0.00	3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0		0.00	4.00
5.00 Refunds and rebates of expenses (chapter 8)		0		0.00	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0		0.00	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		0		0.00	7.00
8.00 Television and radio service (chapter 21)		0		0.00	8.00
9.00 Parking lot (chapter 21)	B	-96,295	Operation of Plant	7.00	9.00
10.00 Provider-based physician adjustment	A-8-2	-3,875,142			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	-6,398,056			12.00
13.00 Laundry and linen service		0		0.00	13.00
14.00 Cafeteria-employees and guests	B	-402,217	Dietary	10.00	14.00
15.00 Rental of quarters to employee and others		0		0.00	15.00
16.00 Sale of medical and surgical supplies to other than patients		0		0.00	16.00
17.00 Sale of drugs to other than patients		0		0.00	17.00
18.00 Sale of medical records and abstracts	B	-19,468	Medical Records & Library	16.00	18.00
19.00 Nursing school (tuition, fees, books, etc.)		0		0.00	19.00
20.00 Vending machines	B	-7,895	Administrative & General	5.00	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	Respiratory Therapy	65.00	23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	Physical Therapy	66.00	24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00	25.00
26.00 Depreciation - Cap Rel Costs-Bldg & Fixt	A	1,702,185	Cap Rel Costs-Bldg & Fixt	1.00	26.00
27.00 Depreciation - Cap Rel Costs-Mvble Equip	A	5,772,387	Cap Rel Costs-Mvble Equip	2.00	27.00
28.00 Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00	28.00
29.00 Physicians' assistant		0		0.00	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	*** Cost Center Deleted ***	67.00	30.00
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	*** Cost Center Deleted ***	68.00	31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0		0.00	32.00
33.00 DEPRECIATION	A	-6,101,401	Administrative & General	5.00	33.00
33.01 TELEPHONE SERVICES - DIRECT PHONE CO	A	-67,289	Administrative & General	5.00	33.01
33.02 TELEPHONE SERVICES - PBX SALARY	A	-46,884	Administrative & General	5.00	33.02
33.03 TELEPHONE SERVICES - PBX BENEFITS	A	-4,782	Employee Benefits	4.00	33.03
33.04 TELEPHONE SERVICES - DEPRECIATION	A	-66,807	Cap Rel Costs-Mvble Equip	2.00	33.04
33.05 TELEVISION SERVICES - DEPRECIATION	A	-6,046	Cap Rel Costs-Mvble Equip	2.00	33.05
33.06 SATELITE TV	A	-5,552	Dietary	10.00	33.06
33.07 MEDICAL STAFF APPLICATION	B	-12,650	Administrative & General	5.00	33.07
33.08 OTHER OPERATING REVENUE	B	-50	Operation of Plant	7.00	33.08
33.09 WATER TOWER RENT	B	4,348	Operation of Plant	7.00	33.09
33.10 HOSPICE REVENUE	B	-33	Dietary	10.00	33.10
33.11 HOSPICE REVENUE	B	-30,129	Central Services & Supply	14.00	33.11
33.12 HOSPICE REVENUE	B	-549,691	Pharmacy	15.00	33.12
33.13 OTHER OPERATING REVENUE	B	-100	I&R Services-Other Prgm Costs Apprvd	22.00	33.13
33.14 HOSPICE REVENUE	B	-2,146	Gastro Intestinal Services	50.01	33.14
33.15 HOSPICE REVENUE	B	-18,049	Radiology - Diagnostic	54.00	33.15
33.16 SILVER SALVAGE	B	-4,405	Radiology - Diagnostic	54.00	33.16
33.17 HOSPICE REVENUE	B	-11,759	Radiology - Therapeutic	55.00	33.17
33.18 HOSPICE REVENUE	B	-1,283	Vascular Lab	56.01	33.18
33.19 RESEARCH/CONTRIBUTIONS	B	-17,426	Strauss Oncology	56.02	33.19
33.20 HOSPICE REVENUE	B	-53,322	Strauss Oncology	56.02	33.20

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on worksheet A To/From which the Amount is to be Adjusted	
			Cost Center	Line #
			1.00	2.00
33.21 METROWEST LEASE PAYMENT	B	8,236	Strauss Oncology	56.02 33.21
33.22 UNIV. OF CHICAGO RESEARCH PAYMENT	B	-2,000	Strauss Oncology	56.02 33.22
33.23 HOSPICE REVENUE	B	-3,458	CT Scan	57.00 33.23
33.24 HOSPICE REVENUE	B	-28,210	Laboratory	60.00 33.24
33.25 HOSPICE REVENUE	B	-7,107	Blood Storing, Processing, & Trans.	63.00 33.25
33.26 HOSPICE REVENUE	B	-199,885	Respiratory Therapy	65.00 33.26
33.27 HOSPICE REVENUE	B	-11,445	Physical Therapy	66.00 33.27
33.28 HOSPICE REVENUE	B	-1,811	Electro cardiology	69.00 33.28
33.29 HOSPICE REVENUE	B	-1,379	RENAL DIALYSIS	74.00 33.29
33.30 MISC RENTAL INCOME	B	-15,506	Clinic	90.00 33.30
33.31 HOSPICE REVENUE	B	-8,591	Emergency	91.00 33.31
33.32 INTEREST INCOME	B	-461	Administrative & General	5.00 33.32
33.33 ADVERTISING	A	-24,894	Administrative & General	5.00 33.33
33.34 OTHER EMPLOYEE BENEFITS	A	-460	Administrative & General	5.00 33.34
33.35 OTHER EXPENSE	A	-7,359	Administrative & General	5.00 33.35
33.36 OTHER EXPENSE	A	-2,600	Adults & Pediatrics	30.00 33.36
33.37 PURCHASED SVCS	A	-74	Employee Benefits	4.00 33.37
33.38 PURCHASED SVCS	A	-195,140	Administrative & General	5.00 33.38
33.39 PURCHASED SVCS	A	-556	Operation of Plant	7.00 33.39
33.40 PURCHASED SVCS	A	-75	Dietary	10.00 33.40
33.41 PURCHASED SVCS	A	-62	Intensive Care Unit	31.00 33.41
33.42 PURCHASED SVCS	A	-2,186	Operating Room	50.00 33.42
33.43 PURCHASED SVCS	A	-4,230	Clinic	90.00 33.43
33.44 PHYSICIAN GUARANTEE	A	-158,868	Administrative & General	5.00 33.44
33.45 PHYSICIAN SVCS	A	-85	Administrative & General	5.00 33.45
33.46 PHYSICIAN INTERVIEW	A	-68	Administrative & General	5.00 33.46
33.47 PHYSICIAN CME	A	-7,141	Administrative & General	5.00 33.47
33.48 PHYSICIAN INCENTIVES	A	-75,276	Adults & Pediatrics	30.00 33.48
33.49 PHYSICIAN CME	A	-3,575	Operating Room	50.00 33.49
33.50 PHYSICIAN CME	A	-299	wound Care	76.00 33.50
33.51 PHYSICIAN INCENTIVES	A	-25,193	Emergency	91.00 33.51
33.52 TRAVEL	A	-142	Employee Benefits	4.00 33.52
33.53 TRAVEL	A	-20,761	Administrative & General	5.00 33.53
33.54 TRAVEL	A	-477	SUBPROVIDER - IRF	41.00 33.54
33.55 TRAVEL	A	-9,412	Operating Room	50.00 33.55
33.56 TRAVEL	A	-780	Strauss Oncology	56.02 33.56
33.57 TRAVEL	A	-773	wound Care	76.00 33.57
33.58 TRAVEL	A	-771	Clinic	90.00 33.58
33.59 ALCOHOL	A	-1,431	Administrative & General	5.00 33.59
33.60 MEALS	A	-4,083	Administrative & General	5.00 33.60
33.61 START UP COSTS	A	-134,747	Administrative & General	5.00 33.61
33.62 DONATION & CONTRIBUTION	A	-464,727	Administrative & General	5.00 33.62
33.63 COMMUNITY OUTREACH	A	-4,500	Administrative & General	5.00 33.63
33.64 LOBBYING DUES	A	-32,127	Administrative & General	5.00 33.64
33.65 LOBBYING DUES	A	-58	Dietary	10.00 33.65
33.66 LOBBYING DUES	A	-1	Medical Records & Library	16.00 33.66
33.67 LOBBYING DUES	A	-40	Operating Room	50.00 33.67
33.68 LOBBYING DUES	A	-29	Physical Therapy	66.00 33.68
33.69 DUES & SUBSCRIPTION	A	-18,149	Administrative & General	5.00 33.69
33.70 DUES & SUBSCRIPTION	A	-50	Adults & Pediatrics	30.00 33.70
33.71 PATIENT TRANSPORTATION	A	-212	Administrative & General	5.00 33.71
33.72 PATIENT TRANSPORTATION	A	-3,414	Adults & Pediatrics	30.00 33.72
33.73 PATIENT TRANSPORTATION	A	-47	Intensive Care Unit	31.00 33.73
33.74 PATIENT TRANSPORTATION	A	-1,859	SUBPROVIDER - IPF	40.00 33.74
33.75 PATIENT TRANSPORTATION	A	-243	Operating Room	50.00 33.75
33.76 PATIENT TRANSPORTATION	A	-75	Recovery Room	51.00 33.76
33.77 PATIENT TRANSPORTATION	A	-197	Strauss Oncology	56.02 33.77
33.78 PATIENT TRANSPORTATION	A	197	CT Scan	57.00 33.78
33.79 PATIENT TRANSPORTATION	A	-13	Magnetic Resonance Imaging (MRI)	58.00 33.79
33.80 PATIENT TRANSPORTATION	A	-14	Cardiac Catheterization	59.00 33.80
33.81 PATIENT TRANSPORTATION	A	-217	Physical Therapy	66.00 33.81
33.82 PATIENT TRANSPORTATION	A	-19	Electro cardiology	69.00 33.82
33.83 PATIENT TRANSPORTATION	A	-5	Clinic	90.00 33.83
33.84 PATIENT TRANSPORTATION	A	-2,228	Emergency	91.00 33.84
33.85 PENALTIES & FINES	A	-8,876	Administrative & General	5.00 33.85
33.86 LEGAL	A	-609,785	Administrative & General	5.00 33.86
33.87 SENIOR SERVICES	A	-81,926	Adults & Pediatrics	30.00 33.87

Provider CCN: 140082

Period:
 From 06/01/2011
 To 05/31/2012

Worksheet A-8
 Date/Time Prepared:
 10/25/2012 8:22 am

Expense Classification on worksheet A
 To/From which the Amount is to be Adjusted

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on worksheet A		
				To/From which the Amount is to be Adjusted	Line #	
		1.00	2.00	3.00	4.00	
33.88	IDPA TAX ASSESSMENT	A	-4,304,928	Administrative & General	5.00	33.88
33.89			0		0.00	33.89
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200.)		-16,806,634			50.00

Cost Center Description		Wkst. A-7 Ref.	
		5.00	
1.00	Investment income - Cap Rel Costs-Bldg & Fixt (chapter 2)	0	1.00
2.00	Investment income - Cap Rel Costs-Mvble Equip (chapter 2)	0	2.00
3.00	Investment income - other (chapter 2)	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	0	7.00
8.00	Television and radio service (chapter 21)	0	8.00
9.00	Parking lot (chapter 21)	0	9.00
10.00	Provider-based physician adjustment	0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)	0	11.00
12.00	Related organization transactions (chapter 10)	0	12.00
13.00	Laundry and linen service	0	13.00
14.00	Cafeteria-employees and guests	0	14.00
15.00	Rental of quarters to employee and others	0	15.00
16.00	Sale of medical and surgical supplies to other than patients	0	16.00
17.00	Sale of drugs to other than patients	0	17.00
18.00	Sale of medical records and abstracts	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)	0	19.00
20.00	Vending machines	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		25.00
26.00	Depreciation - Cap Rel Costs-Bldg & Fixt	9	26.00
27.00	Depreciation - Cap Rel Costs-Mvble Equip	9	27.00
28.00	Non-physician Anesthetist		28.00
29.00	Physicians' assistant	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)		30.00
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest	0	32.00
33.00	DEPRECIATION	0	33.00
33.01	TELEPHONE SERVICES - DIRECT PHONE CO	0	33.01
33.02	TELEPHONE SERVICES - PBX SALARY	0	33.02
33.03	TELEPHONE SERVICES - PBX BENEFITS	0	33.03
33.04	TELEPHONE SERVICES - DEPRECIATION	9	33.04
33.05	TELEVISION SERVICES - DEPRECIATION	9	33.05
33.06	SATELITE TV	0	33.06
33.07	MEDICAL STAFF APPLICATION	0	33.07
33.08	OTHER OPERATING REVENUE	0	33.08
33.09	WATER TOWER RENT	0	33.09
33.10	HOSPICE REVENUE	0	33.10
33.11	HOSPICE REVENUE	0	33.11
33.12	HOSPICE REVENUE	0	33.12
33.13	OTHER OPERATING REVENUE	0	33.13
33.14	HOSPICE REVENUE	0	33.14
33.15	HOSPICE REVENUE	0	33.15
33.16	SILVER SALVAGE	0	33.16
33.17	HOSPICE REVENUE	0	33.17
33.18	HOSPICE REVENUE	0	33.18
33.19	RESEARCH/CONTRIBUTIONS	0	33.19
33.20	HOSPICE REVENUE	0	33.20
33.21	METROWEST LEASE PAYMENT	0	33.21
33.22	UNIV. OF CHICAGO RESEARCH PAYMENT	0	33.22
33.23	HOSPICE REVENUE	0	33.23
33.24	HOSPICE REVENUE	0	33.24
33.25	HOSPICE REVENUE	0	33.25
33.26	HOSPICE REVENUE	0	33.26
33.27	HOSPICE REVENUE	0	33.27

Cost Center Description	Wkst. A-7 Ref.	
	5.00	
33.28 HOSPICE REVENUE	0	33.28
33.29 HOSPICE REVENUE	0	33.29
33.30 MISC RENTAL INCOME	0	33.30
33.31 HOSPICE REVENUE	0	33.31
33.32 INTEREST INCOME	0	33.32
33.33 ADVERTISING	0	33.33
33.34 OTHER EMPLOYEE BENEFITS	0	33.34
33.35 OTHER EXPENSE	0	33.35
33.36 OTHER EXPENSE	0	33.36
33.37 PURCHASED SVCS	0	33.37
33.38 PURCHASED SVCS	0	33.38
33.39 PURCHASED SVCS	0	33.39
33.40 PURCHASED SVCS	0	33.40
33.41 PURCHASED SVCS	0	33.41
33.42 PURCHASED SVCS	0	33.42
33.43 PURCHASED SVCS	0	33.43
33.44 PHYSICIAN GUARANTEE	0	33.44
33.45 PHYSICIAN SVCS	0	33.45
33.46 PHYSICIAN INTERVIEW	0	33.46
33.47 PHYSICIAN CME	0	33.47
33.48 PHYSICIAN INCENTIVES	0	33.48
33.49 PHYSICIAN CME	0	33.49
33.50 PHYSICIAN CME	0	33.50
33.51 PHYSICIAN INCENTIVES	0	33.51
33.52 TRAVEL	0	33.52
33.53 TRAVEL	0	33.53
33.54 TRAVEL	0	33.54
33.55 TRAVEL	0	33.55
33.56 TRAVEL	0	33.56
33.57 TRAVEL	0	33.57
33.58 TRAVEL	0	33.58
33.59 ALCOHOL	0	33.59
33.60 MEALS	0	33.60
33.61 START UP COSTS	0	33.61
33.62 DONATION & CONTRIBUTION	0	33.62
33.63 COMMUNITY OUTREACH	0	33.63
33.64 LOBBYING DUES	0	33.64
33.65 LOBBYING DUES	0	33.65
33.66 LOBBYING DUES	0	33.66
33.67 LOBBYING DUES	0	33.67
33.68 LOBBYING DUES	0	33.68
33.69 DUES & SUBSCRIPTION	0	33.69
33.70 DUES & SUBSCRIPTION	0	33.70
33.71 PATIENT TRANSPORTATION	0	33.71
33.72 PATIENT TRANSPORTATION	0	33.72
33.73 PATIENT TRANSPORTATION	0	33.73
33.74 PATIENT TRANSPORTATION	0	33.74
33.75 PATIENT TRANSPORTATION	0	33.75
33.76 PATIENT TRANSPORTATION	0	33.76
33.77 PATIENT TRANSPORTATION	0	33.77
33.78 PATIENT TRANSPORTATION	0	33.78
33.79 PATIENT TRANSPORTATION	0	33.79
33.80 PATIENT TRANSPORTATION	0	33.80
33.81 PATIENT TRANSPORTATION	0	33.81
33.82 PATIENT TRANSPORTATION	0	33.82
33.83 PATIENT TRANSPORTATION	0	33.83
33.84 PATIENT TRANSPORTATION	0	33.84
33.85 PENALTIES & FINES	0	33.85
33.86 LEGAL	0	33.86
33.87 SENIOR SERVICES	0	33.87
33.88 IDPA TAX ASSESSMENT	0	33.88
33.89	0	33.89
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200.)		50.00

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

Provider CCN: 140082

Period:
From 06/01/2011
To 05/31/2012

Worksheet A-8-1

Date/Time Prepared:
10/25/2012 8:22 am

	Line No.	Cost Center	Expense Items	
	1.00	2.00	3.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	5.00	Administrative & General	AUTO INSURANCE	1.00
2.00	5.00	Administrative & General	PROPERTY INSURANCE	2.00
3.00	5.00	Administrative & General	PROPERTY INSURANCE	3.00
4.00	5.00	Administrative & General	MALPRACTICE INSURANCE	4.00
4.01	192.00	Physicians' Private Offices	MALPRACTICE INSURANCE	4.01
4.02	4.00	Employee Benefits	WORKERS COMP	4.02
4.03	5.00	Administrative & General	WORKERS COMP	4.03
4.04	90.00	Clinic	WORKERS COMP	4.04
4.05	192.00	Physicians' Private Offices	WORKERS COMP	4.05
4.06	5.00	Administrative & General	INTEREST EXPENSE	4.06
4.07	5.00	Administrative & General	INTEREST EXPENSE	4.07
4.08	5.00	Administrative & General	MANAGEMENT FEE	4.08
4.09	1.00	Cap Rel Costs-Bldg & Fixt	DIRECT ALLOC.-INSURANCE	4.09
4.10	2.00	Cap Rel Costs-Mvble Equip	DIRECT ALLOC.-INSURANCE	4.10
4.11	5.00	Administrative & General	DIRECT ALLOC.-PROF. LIABILITY	4.11
4.12	4.00	Employee Benefits	DIRECT ALLOC.-WORKERS COMP	4.12
4.13	1.00	Cap Rel Costs-Bldg & Fixt	DIRECT ALLOC.-INTEREST EXP.	4.13
4.14	2.00	Cap Rel Costs-Mvble Equip	DIRECT ALLOC.-INTEREST EXP.	4.14
4.15	5.00	Administrative & General	DIRECT ALLOC.-INTEREST EXP.	4.15
4.16	5.00	Administrative & General	FUNCTIONAL ALLOCATION	4.16
4.17	1.00	Cap Rel Costs-Bldg & Fixt	POOLED ALLOC.-CAPITAL	4.17
4.18	5.00	Administrative & General	POOLED ALLOC.-MGMT FEES	4.18
4.19	60.00	Laboratory	GENESIS LAB	4.19
4.20	0.00			4.20
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to worksheet A-8, column 2, line 12.			5.00

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

	Symbol (1)	Name	Percentage of Ownership	
	1.00	2.00	3.00	

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

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

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

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

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

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

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

Provider CCN: 140082

Period:
From 06/01/2011
To 05/31/2012

Worksheet A-8-1

Date/Time Prepared:
10/25/2012 8:22 am

	Amount of Allowable Cost	Amount Included in wks. A, column 5	Net Adjustments (col. 4 minus col. 5)*	wkst. A-7 Ref.	
	4.00	5.00	6.00	7.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	0	10,427	-10,427	0	1.00
2.00	0	26,875	-26,875	0	2.00
3.00	0	6,641	-6,641	0	3.00
4.00	0	830,085	-830,085	0	4.00
4.01	0	23,478	-23,478	0	4.01
4.02	0	784,335	-784,335	0	4.02
4.03	0	104	-104	0	4.03
4.04	0	15,141	-15,141	0	4.04
4.05	0	3,611	-3,611	0	4.05
4.06	0	6,123,667	-6,123,667	0	4.06
4.07	0	357,654	-357,654	0	4.07
4.08	0	2,643,444	-2,643,444	0	4.08
4.09	15,588	0	15,588	12	4.09
4.10	11,427	0	11,427	12	4.10
4.11	860,975	0	860,975	0	4.11
4.12	396,973	0	396,973	0	4.12
4.13	835,292	0	835,292	11	4.13
4.14	342,930	0	342,930	11	4.14
4.15	96,602	0	96,602	0	4.15
4.16	170,608	0	170,608	0	4.16
4.17	869,457	0	869,457	9	4.17
4.18	1,008,871	0	1,008,871	0	4.18
4.19	1,037,259	1,218,576	-181,317	0	4.19
4.20	0	0	0	0	4.20
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to worksheet A-8, column 2, line 12.	5,645,982	12,044,038	-6,398,056	5.00

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

Related Organization(s) and/or Home Office

Name	Percentage of Ownership	Type of Business
4.00	5.00	6.00

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

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

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

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140082

Period:
From 06/01/2011
To 05/31/2012

Worksheet A-8-2

Date/Time Prepared:
10/25/2012 8:22 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	
	1.00	2.00	3.00	4.00	
1.00	5.00	Administrative & General	175,002	17,752	1.00
2.00	30.00	Adults & Pediatrics	501,851	266,903	2.00
3.00	31.00	Intensive Care Unit	347,157	333,839	3.00
4.00	41.00	SUBPROVIDER - IRF	61,771	47,466	4.00
5.00	40.00	SUBPROVIDER - IPF	36,000	0	5.00
6.00	50.00	Operating Room	1,555,205	1,053,893	6.00
7.00	54.00	Radiology - Diagnostic	651,700	601,698	7.00
8.00	55.00	Radiology - Therapeutic	22,338	0	8.00
9.00	56.02	Strauss Oncology	56,667	56,667	9.00
10.00	76.00	Wound Care	30,000	0	10.00
11.00	90.00	Clinic	40,341	40,341	11.00
12.00	91.00	Emergency	897,845	897,845	12.00
200.00			4,375,877	3,316,404	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140082

Period:
From 06/01/2011
To 05/31/2012

Worksheet A-8-2

Date/Time Prepared:
10/25/2012 8:22 am

	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	157,250	177,200	1,123	95,671	4,784	1.00
2.00	234,948	177,200	1,163	99,079	4,954	2.00
3.00	13,318	177,200	112	9,542	477	3.00
4.00	14,305	177,200	362	30,840	1,542	4.00
5.00	36,000	154,100	220	16,299	815	5.00
6.00	501,312	208,000	1,998	199,800	9,990	6.00
7.00	50,002	225,300	358	38,778	1,939	7.00
8.00	22,338	177,200	121	10,308	515	8.00
9.00	0	0	0	0	0	9.00
10.00	30,000	177,200	199	16,953	848	10.00
11.00	0	0	0	0	0	11.00
12.00	0	0	0	0	0	12.00
200.00	1,059,473		5,656	517,270	25,864	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140082

Period:
From 06/01/2011
To 05/31/2012

Worksheet A-8-2

Date/Time Prepared:
10/25/2012 8:22 am

	Cost of Memberships & Continuing Education	Provider Component share of col. 12	Physician Cost of Malpractice Insurance	Provider Component share of col. 14	Adjusted RCE Limit	
	12.00	13.00	14.00	15.00	16.00	
1.00	0	0	0	0	95,671	1.00
2.00	0	0	0	0	99,079	2.00
3.00	0	0	0	0	9,542	3.00
4.00	0	0	0	0	30,840	4.00
5.00	0	0	0	0	16,299	5.00
6.00	0	0	0	0	199,800	6.00
7.00	0	0	0	0	38,778	7.00
8.00	0	0	0	0	10,308	8.00
9.00	0	0	0	0	0	9.00
10.00	0	0	0	0	16,953	10.00
11.00	0	0	0	0	0	11.00
12.00	0	0	0	0	0	12.00
200.00	0	0	0	0	517,270	200.00

	RCE	Adjustment	
	Disallowance		
	17.00	18.00	
1.00	61,579	79,331	1.00
2.00	135,869	402,772	2.00
3.00	3,776	337,615	3.00
4.00	0	47,466	4.00
5.00	19,701	19,701	5.00
6.00	301,512	1,355,405	6.00
7.00	11,224	612,922	7.00
8.00	12,030	12,030	8.00
9.00	0	56,667	9.00
10.00	13,047	13,047	10.00
11.00	0	40,341	11.00
12.00	0	897,845	12.00
200.00	558,738	3,875,142	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140082

Period:
From 06/01/2011
To 05/31/2012

Worksheet B
Part I
Date/Time Prepared:
10/25/2012 8:22 am

Cost Center Description	Net Expenses for Cost Allocation (from wkst A col. 7)	CAPITAL RELATED COSTS		Employee Benefits	Subtotal	
		Bldg & Fixt	Mvble Equip			
		1.00	2.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	Cap Rel Costs-Bldg & Fixt	5,097,969	5,097,969			1.00
2.00 00200	Cap Rel Costs-Mvble Equip	6,786,723		6,786,723		2.00
4.00 00400	Employee Benefits	7,812,878	41,276	54,949	7,909,103	4.00
5.00 00500	Administrative & General	18,763,205	566,376	753,994	1,543,316	5.00
7.00 00700	Operation of Plant	5,080,870	704,367	937,696	185,534	7.00
8.00 00800	Laundry & Linen Service	554,318	41,130	54,755	0	8.00
9.00 00900	Housekeeping	1,397,150	44,255	58,915	140,695	9.00
10.00 01000	Dietary	1,788,660	93,561	124,554	149,408	10.00
11.00 01100	Cafeteria	0	47,102	62,705	0	11.00
13.00 01300	Nursing Administration	1,077,325	5,110	6,803	145,408	13.00
14.00 01400	Central Services & Supply	704,247	49,336	65,679	48,306	14.00
15.00 01500	Pharmacy	2,273,316	17,740	23,616	216,969	15.00
16.00 01600	Medical Records & Library	624,721	38,809	51,664	76,185	16.00
17.00 01700	Social Service	273,833	0	0	40,079	17.00
21.00 02100	I&R Services-Salary & Fringes Apprvd	3,198,408	0	0	471,228	21.00
22.00 02200	I&R Services-Other Prgrm Costs Apprvd	2,683,866	147,978	196,997	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	Adults & Pediatrics	9,620,694	812,735	1,081,958	1,336,897	30.00
31.00 03100	Intensive Care Unit	2,758,182	171,485	228,292	354,612	31.00
40.00 04000	SUBPROVIDER - IPF	917,469	73,967	98,470	129,394	40.00
41.00 04100	SUBPROVIDER - IRF	1,110,076	143,321	190,797	157,165	41.00
43.00 04300	Nursery	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	Operating Room	7,683,777	403,345	536,957	560,725	50.00
50.01 03340	Gastro Intestinal Services	807,318	52,373	69,722	75,438	50.01
51.00 05100	Recovery Room	750,603	49,058	65,309	104,763	51.00
53.00 05300	Anesthesiology	221,567	5,767	7,678	23,329	53.00
54.00 05400	Radiology - Diagnostic	2,139,684	173,121	230,469	246,581	54.00
54.01 03630	Ultra Sound	247,800	2,497	3,324	32,634	54.01
55.00 05500	Radiology - Therapeutic	449,738	53,745	71,549	44,669	55.00
56.00 05600	Radioisotope	527,404	43,466	57,865	34,808	56.00
56.01 03650	Vascular Lab	258,503	0	0	36,414	56.01
56.02 03950	Strauss Oncology	3,564,347	0	0	75,542	56.02
57.00 05700	CT Scan	832,676	13,126	17,474	75,693	57.00
58.00 05800	Magnetic Resonance Imaging (MRI)	168,831	14,980	19,943	20,900	58.00
59.00 05900	Cardiac Catheterization	715,863	22,427	29,856	66,621	59.00
60.00 06000	Laboratory	2,788,229	66,900	89,062	187,646	60.00
63.00 06300	Blood Storing, Processing, & Trans.	886,312	3,198	4,257	0	63.00
65.00 06500	Respiratory Therapy	1,028,795	15,243	20,293	158,478	65.00
66.00 06600	Physical Therapy	1,851,375	52,285	69,605	266,016	66.00
69.00 06900	Electro cardiology	539,448	104,775	139,482	78,595	69.00
70.00 07000	Electroencephalography	54,807	1,460	1,944	8,007	70.00
71.00 07100	Medical Supplies Charged to Patients	2,683,783	0	0	0	71.00
72.00 07200	Implantable Devices Chrgd to Patient	5,859,697	0	0	0	72.00
73.00 07300	Drugs Charged to Patients	2,504,914	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	443,733	0	0	0	74.00
76.00 03951	Wound Care	284,942	38,750	51,587	37,792	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	Clinic	1,342,951	99,810	132,874	165,276	90.00
91.00 09100	Emergency	2,783,165	173,033	230,352	362,992	91.00
92.00 09200	Observation Beds (Non-Distinct Part)					92.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (sum of lines 1-117)	113,944,172	4,387,907	5,841,446	7,658,115	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	Gift, Flower, Coffee Shop, & Canteen	0	0	0	0	190.00
192.00 19200	Physicians' Private Offices	2,596,859	528,487	703,554	190,451	192.00
194.00 07950	Marketing	1,813,720	4,526	6,026	60,537	194.00
194.01 07951	Hospice	13,683	30,574	40,702	0	194.01
194.02 07952	Other Nonreimbursable Cost Centers	0	0	0	0	194.02
194.03 07953	Vacant Area	0	119,332	158,861	0	194.03
194.04 07954	Lakefront	0	27,143	36,134	0	194.04
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers					201.00
202.00	TOTAL (sum lines 118-201)	118,368,434	5,097,969	6,786,723	7,909,103	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140082

Period:
From 06/01/2011
To 05/31/2012

Worksheet B
Part I
Date/Time Prepared:
10/25/2012 8:22 am

Cost Center Description		Administrative & General	Operation of Plant	Laundry & Linen Service	Housekeeping	Dietary	
		5.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100 Cap Rel Costs-Bldg & Fixt						1.00
2.00	00200 Cap Rel Costs-Mvble Equip						2.00
4.00	00400 Employee Benefits						4.00
5.00	00500 Administrative & General	21,626,891					5.00
7.00	00700 Operation of Plant	1,544,409	8,452,876				7.00
8.00	00800 Laundry & Linen Service	145,355	91,831	887,389			8.00
9.00	00900 Housekeeping	366,854	98,807	0	2,106,676		9.00
10.00	01000 Dietary	482,021	208,894	0	53,263	2,900,361	10.00
11.00	01100 Cafeteria	24,548	105,164	0	26,814	1,384,994	11.00
13.00	01300 Nursing Administration	276,009	11,410	0	2,909	0	13.00
14.00	01400 Central Services & Supply	193,947	110,152	0	28,086	0	14.00
15.00	01500 Pharmacy	565,956	39,608	0	10,099	0	15.00
16.00	01600 Medical Records & Library	176,915	86,648	0	22,093	0	16.00
17.00	01700 Social Service	70,176	0	0	0	0	17.00
21.00	02100 I&R Services-Salary & Fringes Apprvd	820,358	0	0	0	0	21.00
22.00	02200 I&R Services-Other Prgrm Costs Apprvd	677,106	330,390	0	84,242	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 Adults & Pediatrics	2,873,194	1,814,591	343,040	462,680	786,044	30.00
31.00	03100 Intensive Care Unit	785,246	382,875	112,063	97,624	135,794	31.00
40.00	04000 SUBPROVIDER - IPF	272,578	165,146	74,983	42,108	83,331	40.00
41.00	04100 SUBPROVIDER - IRF	357,989	319,991	25,104	81,590	115,047	41.00
43.00	04300 Nursery	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 Operating Room	2,053,290	900,546	94,803	229,618	0	50.00
50.01	03340 Gastro Intestinal Services	224,637	116,932	13,459	29,815	0	50.01
51.00	05100 Recovery Room	216,787	109,532	0	27,928	0	51.00
53.00	05300 Anesthesiology	57,753	12,877	0	3,283	0	53.00
54.00	05400 Radiology - Diagnostic	623,680	386,526	67,552	98,555	0	54.00
54.01	03630 Ultra sound	63,993	5,574	0	1,421	0	54.01
55.00	05500 Radiology - Therapeutic	138,536	119,997	6,773	30,596	0	55.00
56.00	05600 Radioisotope	148,337	97,047	6,773	24,745	0	56.00
56.01	03650 Vascular Lab	65,930	0	0	0	0	56.01
56.02	03950 Strauss Oncology	813,708	0	6,773	0	0	56.02
57.00	05700 CT scan	209,909	29,306	0	7,472	0	57.00
58.00	05800 Magnetic Resonance Imaging (MRI)	50,222	33,447	0	8,528	0	58.00
59.00	05900 Cardiac Catheterization	186,615	50,072	0	12,767	0	59.00
60.00	06000 Laboratory	700,132	149,368	0	38,085	0	60.00
63.00	06300 Blood Storing, Processing, & Trans.	199,804	7,139	0	1,820	0	63.00
65.00	06500 Respiratory Therapy	273,363	34,033	0	8,678	0	65.00
66.00	06600 Physical Therapy	500,598	116,737	0	29,765	0	66.00
69.00	06900 Electro cardiology	192,770	233,930	6,773	59,647	0	69.00
70.00	07000 Electroencephalography	14,803	3,260	6,773	831	0	70.00
71.00	07100 Medical Supplies Charged to Patients	599,968	0	0	0	0	71.00
72.00	07200 Implantable Devices Chrgd to Patient	1,309,953	0	0	0	0	72.00
73.00	07300 Drugs Charged to Patients	559,981	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	99,198	0	0	0	0	74.00
76.00	03951 Wound Care	92,343	86,518	0	22,060	0	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 Clinic	389,186	222,846	13,709	56,821	0	90.00
91.00	09100 Emergency	793,511	386,330	43,932	98,505	0	91.00
92.00	09200 Observation Beds (Non-Distinct Part)						92.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (sum of lines 1-117)	20,211,668	6,867,524	822,510	1,702,448	2,505,210	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 Gift, Flower, Coffee Shop, & Canteen	0	0	0	0	0	190.00
192.00	19200 Physicians' Private Offices	898,538	1,179,952	3,304	300,860	342,442	192.00
194.00	07950 Marketing	421,355	10,106	0	2,577	0	194.00
194.01	07951 Hospice	18,993	68,262	61,575	17,405	39,636	194.01
194.02	07952 Other Nonreimbursable Cost Centers	0	0	0	0	13,073	194.02
194.03	07953 Vacant Area	62,191	266,431	0	67,934	0	194.03
194.04	07954 Lakefront	14,146	60,601	0	15,452	0	194.04
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	21,626,891	8,452,876	887,389	2,106,676	2,900,361	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140082

Period:
From 06/01/2011
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Cost Center Description		Cafeteria	Nursing Administration	Central Services & Supply	Pharmacy	Medical Records & Library		
		11.00	13.00	14.00	15.00	16.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	Cap Rel Costs-Bldg & Fixt					1.00	
2.00	00200	Cap Rel Costs-Mvble Equip					2.00	
4.00	00400	Employee Benefits					4.00	
5.00	00500	Administrative & General					5.00	
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	1,651,327				11.00	
13.00	01300	Nursing Administration	29,295	1,554,269			13.00	
14.00	01400	Central Services & Supply	20,806		1,220,559		14.00	
15.00	01500	Pharmacy	53,851	0		3,201,155	15.00	
16.00	01600	Medical Records & Library	29,139	0	0	0	16.00	
17.00	01700	Social Service	11,926	0	0	0	17.00	
21.00	02100	I&R Services-Salary & Fringes Apprvd	155,641	0	0	0	21.00	
22.00	02200	I&R Services-Other Prgrm Costs Apprvd	0	0	0	0	22.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	Adults & Pediatrics	414,557	653,651	0	0	118,603	30.00
31.00	03100	Intensive Care Unit	92,755	146,275	0	0	31,440	31.00
40.00	04000	SUBPROVIDER - IPF	34,581	54,513	0	0	9,393	40.00
41.00	04100	SUBPROVIDER - IRF	46,351	73,076	0	0	10,622	41.00
43.00	04300	Nursery	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	Operating Room	135,799	214,114	0	0	160,817	50.00
50.01	03340	Gastro Intestinal Services	19,191	30,266	0	0	11,694	50.01
51.00	05100	Recovery Room	25,259	39,836	0	0	26,974	51.00
53.00	05300	Anesthesiology	9,453	14,908	0	0	23,883	53.00
54.00	05400	Radiology - Diagnostic	64,553	0	0	0	30,277	54.00
54.01	03630	Ultra Sound	6,354	0	0	0	7,465	54.01
55.00	05500	Radiology - Therapeutic	11,327	0	0	0	6,803	55.00
56.00	05600	Radioisotope	7,994	0	0	0	12,742	56.00
56.01	03650	Vascular Lab	8,411	13,244	0	0	7,938	56.01
56.02	03950	Strauss Oncology	21,509	33,926	0	0	63,682	56.02
57.00	05700	CT Scan	15,598	0	0	0	55,675	57.00
58.00	05800	Magnetic Resonance Imaging (MRI)	4,427	0	0	0	20,881	58.00
59.00	05900	Cardiac Catheterization	11,718	18,489	0	0	21,591	59.00
60.00	06000	Laboratory	64,631	0	0	0	114,419	60.00
63.00	06300	Blood Storing, Processing, & Trans.	0	0	0	0	10,175	63.00
65.00	06500	Respiratory Therapy	47,393	0	0	0	21,309	65.00
66.00	06600	Physical Therapy	66,402	104,716	0	0	27,403	66.00
69.00	06900	Electro cardiology	22,264	0	0	0	31,236	69.00
70.00	07000	Electroencephalography	2,630	0	0	0	774	70.00
71.00	07100	Medical supplies Charged to Patients	0	0	383,416	0	62,609	71.00
72.00	07200	Implantable Devices Chrgd to Patient	0	0	837,143	0	37,608	72.00
73.00	07300	Drugs Charged to Patients	0	0	0	3,201,155	91,551	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	3,328	74.00
76.00	03951	wound Care	10,676	0	0	0	5,836	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	Clinic	49,268	0	0	0	2,942	90.00
91.00	09100	Emergency	99,733	157,255	0	0	76,504	91.00
92.00	09200	Observation Beds (Non-Distinct Part)						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (sum of lines 1-117)	1,593,492	1,554,269	1,220,559	3,201,155	1,106,174	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	Gift, Flower, Coffee Shop, & Canteen	0	0	0	0	0	190.00
192.00	19200	Physicians' Private Offices	45,310	0	0	0	0	192.00
194.00	07950	Marketing	12,525	0	0	0	0	194.00
194.01	07951	Hospice	0	0	0	0	0	194.01
194.02	07952	Other Nonreimbursable Cost Centers	0	0	0	0	0	194.02
194.03	07953	Vacant Area	0	0	0	0	0	194.03
194.04	07954	Lakefront	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,651,327	1,554,269	1,220,559	3,201,155	1,106,174	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140082

Period:
From 06/01/2011
To 05/31/2012

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Cost Center Description	INTERNS & RESIDENTS			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	Social Service	Services-Salary & Fringes	Services-Other Prgrm Costs			
	17.00	21.00	22.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	Cap Rel Costs-Bldg & Fixt					1.00
2.00 00200	Cap Rel Costs-Mvble Equip					2.00
4.00 00400	Employee Benefits					4.00
5.00 00500	Administrative & General					5.00
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	396,014				17.00
21.00 02100	I&R Services-Salary & Fringes Apprvd	0	4,645,635			21.00
22.00 02200	I&R Services-Other Prgrm Costs Apprvd	0	0	4,120,579		22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	Adults & Pediatrics	277,880	3,121,959	2,769,111	26,487,594	-5,891,070 30.00
31.00 03100	Intensive Care Unit	48,005	0	0	5,344,648	0 31.00
40.00 04000	SUBPROVIDER - IPF	29,458	0	0	1,985,391	0 40.00
41.00 04100	SUBPROVIDER - IRF	40,671	0	0	2,671,800	0 41.00
43.00 04300	Nursery	0	0	0	0	0 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	Operating Room	0	1,223,302	1,085,043	15,282,136	-2,308,345 50.00
50.01 03340	Gastro Intestinal Services	0	0	0	1,450,845	0 50.01
51.00 05100	Recovery Room	0	0	0	1,416,049	0 51.00
53.00 05300	Anesthesiology	0	0	0	380,498	0 53.00
54.00 05400	Radiology - Diagnostic	0	0	0	4,060,998	0 54.00
54.01 03630	Ultra Sound	0	0	0	371,062	0 54.01
55.00 05500	Radiology - Therapeutic	0	0	0	933,733	0 55.00
56.00 05600	Radioisotope	0	0	0	961,181	0 56.00
56.01 03650	Vascular Lab	0	0	0	390,440	0 56.01
56.02 03950	Strauss Oncology	0	0	0	4,579,487	0 56.02
57.00 05700	CT Scan	0	0	0	1,256,929	0 57.00
58.00 05800	Magnetic Resonance Imaging (MRI)	0	0	0	342,159	0 58.00
59.00 05900	Cardiac Catheterization	0	0	0	1,136,019	0 59.00
60.00 06000	Laboratory	0	0	0	4,198,472	0 60.00
63.00 06300	Blood Storing, Processing, & Trans.	0	0	0	1,112,705	0 63.00
65.00 06500	Respiratory Therapy	0	0	0	1,607,585	0 65.00
66.00 06600	Physical Therapy	0	0	0	3,084,902	0 66.00
69.00 06900	Electro cardiology	0	0	0	1,408,920	0 69.00
70.00 07000	Electroencephalography	0	0	0	95,289	0 70.00
71.00 07100	Medical Supplies Charged to Patients	0	0	0	3,729,776	0 71.00
72.00 07200	Implantable Devices Chrgd to Patient	0	0	0	8,044,401	0 72.00
73.00 07300	Drugs Charged to Patients	0	0	0	6,357,601	0 73.00
74.00 07400	RENAL DIALYSIS	0	0	0	546,259	0 74.00
76.00 03951	wound Care	0	0	0	630,504	0 76.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	Clinic	0	0	0	2,475,683	0 90.00
91.00 09100	Emergency	0	300,374	266,425	5,772,111	-566,799 91.00
92.00 09200	Observation Beds (Non-Distinct Part)					0 92.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (sum of lines 1-117)	396,014	4,645,635	4,120,579	108,115,177	-8,766,214 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	Gift, Flower, Coffee Shop, & Canteen	0	0	0	0	0 190.00
192.00 19200	Physicians' Private Offices	0	0	0	6,789,757	0 192.00
194.00 07950	Marketing	0	0	0	2,331,372	0 194.00
194.01 07951	Hospice	0	0	0	290,830	0 194.01
194.02 07952	Other Nonreimbursable Cost Centers	0	0	0	13,073	0 194.02
194.03 07953	Vacant Area	0	0	0	674,749	0 194.03
194.04 07954	Lakefront	0	0	0	153,476	0 194.04
200.00	Cross Foot Adjustments					0 200.00
201.00	Negative Cost Centers					0 201.00
202.00	TOTAL (sum lines 118-201)	396,014	4,645,635	4,120,579	118,368,434	-8,766,214 202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140082

Period:
From 06/01/2011
To 05/31/2012

Worksheet B
Part I
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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100 Cap Rel Costs-Bldg & Fixt		1.00
2.00	00200 Cap Rel Costs-Mvble Equip		2.00
4.00	00400 Employee Benefits		4.00
5.00	00500 Administrative & General		5.00
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 Prgrm Costs Apprvd		22.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 Adults & Pediatrics	20,596,524	30.00
31.00	03100 Intensive Care Unit	5,344,648	31.00
40.00	04000 SUBPROVIDER - IPF	1,985,391	40.00
41.00	04100 SUBPROVIDER - IRF	2,671,800	41.00
43.00	04300 Nursery	0	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 Operating Room	12,973,791	50.00
50.01	03340 Gastro Intestinal Services	1,450,845	50.01
51.00	05100 Recovery Room	1,416,049	51.00
53.00	05300 Anesthesiology	380,498	53.00
54.00	05400 Radiology - Diagnostic	4,060,998	54.00
54.01	03630 Ultra Sound	371,062	54.01
55.00	05500 Radiology - Therapeutic	933,733	55.00
56.00	05600 Radioisotope	961,181	56.00
56.01	03650 Vascular Lab	390,440	56.01
56.02	03950 Strauss Oncology	4,579,487	56.02
57.00	05700 CT Scan	1,256,929	57.00
58.00	05800 Magnetic Resonance Imaging (MRI)	342,159	58.00
59.00	05900 Cardiac Catheterization	1,136,019	59.00
60.00	06000 Laboratory	4,198,472	60.00
63.00	06300 Blood Storing, Processing, & Trans.	1,112,705	63.00
65.00	06500 Respiratory Therapy	1,607,585	65.00
66.00	06600 Physical Therapy	3,084,902	66.00
69.00	06900 Electro cardiology	1,408,920	69.00
70.00	07000 Electroencephalography	95,289	70.00
71.00	07100 Medical Supplies Charged to Patients	3,729,776	71.00
72.00	07200 Implantable Devices Chrgd to Patient	8,044,401	72.00
73.00	07300 Drugs Charged to Patients	6,357,601	73.00
74.00	07400 RENAL DIALYSIS	546,259	74.00
76.00	03951 Wound Care	630,504	76.00
OUTPATIENT SERVICE COST CENTERS			
90.00	09000 Clinic	2,475,683	90.00
91.00	09100 Emergency	5,205,312	91.00
92.00	09200 Observation Beds (Non-Distinct Part)		92.00
SPECIAL PURPOSE COST CENTERS			
118.00	SUBTOTALS (sum of lines 1-117)	99,348,963	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 Gift, Flower, Coffee Shop, & Canteen	0	190.00
192.00	19200 Physicians' Private Offices	6,789,757	192.00
194.00	07950 Marketing	2,331,372	194.00
194.01	07951 Hospice	290,830	194.01
194.02	07952 Other Nonreimbursable Cost Centers	13,073	194.02
194.03	07953 Vacant Area	674,749	194.03
194.04	07954 Lakefront	153,476	194.04
200.00	Cross Foot Adjustments	0	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118-201)	109,602,220	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140082

Period:
From 06/01/2011
To 05/31/2012

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	Employee Benefits	
		Bldg & Fixt	Mvble Equip			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	Cap Rel Costs-Bldg & Fixt					1.00
2.00 00200	Cap Rel Costs-Mvble Equip					2.00
4.00 00400	Employee Benefits	0	41,276	54,949	96,225	4.00
5.00 00500	Administrative & General	0	566,376	753,994	1,320,370	5.00
7.00 00700	Operation of Plant	0	704,367	937,696	1,642,063	7.00
8.00 00800	Laundry & Linen Service	0	41,130	54,755	95,885	8.00
9.00 00900	Housekeeping	0	44,255	58,915	103,170	9.00
10.00 01000	Dietary	0	93,561	124,554	218,115	10.00
11.00 01100	Cafeteria	0	47,102	62,705	109,807	11.00
13.00 01300	Nursing Administration	0	5,110	6,803	11,913	13.00
14.00 01400	Central Services & Supply	0	49,336	65,679	115,015	14.00
15.00 01500	Pharmacy	0	17,740	23,616	41,356	15.00
16.00 01600	Medical Records & Library	0	38,809	51,664	90,473	16.00
17.00 01700	Social Service	0	0	0	0	17.00
21.00 02100	I&R Services-Salary & Fringes Apprvd	0	0	0	0	21.00
22.00 02200	I&R Services-Other Prgrm Costs Apprvd	0	147,978	196,997	344,975	22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	Adults & Pediatrics	0	812,735	1,081,958	1,894,693	30.00
31.00 03100	Intensive Care Unit	0	171,485	228,292	399,777	31.00
40.00 04000	SUBPROVIDER - IPF	0	73,967	98,470	172,437	40.00
41.00 04100	SUBPROVIDER - IRF	0	143,321	190,797	334,118	41.00
43.00 04300	Nursery	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	Operating Room	0	403,345	536,957	940,302	50.00
50.01 03340	Gastro Intestinal Services	0	52,373	69,722	122,095	50.01
51.00 05100	Recovery Room	0	49,058	65,309	114,367	51.00
53.00 05300	Anesthesiology	0	5,767	7,678	13,445	53.00
54.00 05400	Radiology - Diagnostic	0	173,121	230,469	403,590	54.00
54.01 03630	Ultra Sound	0	2,497	3,324	5,821	54.01
55.00 05500	Radiology - Therapeutic	0	53,745	71,549	125,294	55.00
56.00 05600	Radioisotope	0	43,466	57,865	101,331	56.00
56.01 03650	Vascular Lab	0	0	0	0	56.01
56.02 03950	Strauss Oncology	0	0	0	0	56.02
57.00 05700	CT Scan	0	13,126	17,474	30,600	57.00
58.00 05800	Magnetic Resonance Imaging (MRI)	0	14,980	19,943	34,923	58.00
59.00 05900	Cardiac Catheterization	0	22,427	29,856	52,283	59.00
60.00 06000	Laboratory	0	66,900	89,062	155,962	60.00
63.00 06300	Blood Storing, Processing, & Trans.	0	3,198	4,257	7,455	63.00
65.00 06500	Respiratory Therapy	0	15,243	20,293	35,536	65.00
66.00 06600	Physical Therapy	0	52,285	69,605	121,890	66.00
69.00 06900	Electro cardiology	0	104,775	139,482	244,257	69.00
70.00 07000	Electroencephalography	0	1,460	1,944	3,404	70.00
71.00 07100	Medical Supplies charged to Patients	0	0	0	0	71.00
72.00 07200	Implantable Devices Chrgd to Patient	0	0	0	0	72.00
73.00 07300	Drugs Charged to Patients	0	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00 03951	wound Care	0	38,750	51,587	90,337	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	Clinic	0	99,810	132,874	232,684	90.00
91.00 09100	Emergency	0	173,033	230,352	403,385	91.00
92.00 09200	Observation Beds (Non-Distinct Part)	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (sum of lines 1-117)	0	4,387,907	5,841,446	10,229,353	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	Gift, Flower, Coffee Shop, & Canteen	0	0	0	0	190.00
192.00 19200	Physicians' Private Offices	0	528,487	703,554	1,232,041	192.00
194.00 07950	Marketing	0	4,526	6,026	10,552	194.00
194.01 07951	Hospice	0	30,574	40,702	71,276	194.01
194.02 07952	Other Nonreimbursable Cost Centers	0	0	0	0	194.02
194.03 07953	Vacant Area	0	119,332	158,861	278,193	194.03
194.04 07954	Lakefront	0	27,143	36,134	63,277	194.04
200.00	Cross Foot Adjustments	0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	5,097,969	6,786,723	11,884,692	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140082

Period:
From 06/01/2011
To 05/31/2012

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description		Administrative & General	Operation of Plant	Laundry & Linen Service	Housekeeping	Dietary		
		5.00	7.00	8.00	9.00	10.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	Cap Rel Costs-Bldg & Fixt					1.00	
2.00	00200	Cap Rel Costs-Mvble Equip					2.00	
4.00	00400	Employee Benefits					4.00	
5.00	00500	Administrative & General	1,339,167				5.00	
7.00	00700	Operation of Plant	95,634	1,739,954			7.00	
8.00	00800	Laundry & Linen Service	9,001	18,903	123,789		8.00	
9.00	00900	Housekeeping	22,717	20,339	0	147,937	9.00	
10.00	01000	Dietary	29,848	42,999	0	3,740	10.00	
11.00	01100	Cafeteria	1,520	21,647	0	1,883	11.00	
13.00	01300	Nursing Administration	17,091	2,349	0	204	13.00	
14.00	01400	Central Services & Supply	12,010	22,674	0	1,972	14.00	
15.00	01500	Pharmacy	35,046	8,153	0	709	15.00	
16.00	01600	Medical Records & Library	10,955	17,836	0	1,551	16.00	
17.00	01700	Social Service	4,345	0	0	0	17.00	
21.00	02100	I&R Services-Salary & Fringes Apprvd	50,799	0	0	0	21.00	
22.00	02200	I&R Services-Other Prgrm Costs Apprvd	41,928	68,008	0	5,916	22.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	Adults & Pediatrics	177,886	373,517	47,852	32,491	80,361	30.00
31.00	03100	Intensive Care Unit	48,625	78,812	15,633	6,855	13,883	31.00
40.00	04000	SUBPROVIDER - IPF	16,879	33,994	10,460	2,957	8,519	40.00
41.00	04100	SUBPROVIDER - IRF	22,168	65,868	3,502	5,730	11,762	41.00
43.00	04300	Nursery	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	Operating Room	127,145	185,370	13,225	16,124	0	50.00
50.01	03340	Gastro Intestinal Services	13,910	24,070	1,878	2,094	0	50.01
51.00	05100	Recovery Room	13,424	22,546	0	1,961	0	51.00
53.00	05300	Anesthesiology	3,576	2,651	0	231	0	53.00
54.00	05400	Radiology - Diagnostic	38,620	79,563	9,423	6,921	0	54.00
54.01	03630	ultra Sound	3,963	1,147	0	100	0	54.01
55.00	05500	Radiology - Therapeutic	8,579	24,700	945	2,149	0	55.00
56.00	05600	Radioisotope	9,185	19,976	945	1,738	0	56.00
56.01	03650	Vascular Lab	4,083	0	0	0	0	56.01
56.02	03950	Strauss Oncology	50,387	0	945	0	0	56.02
57.00	05700	CT Scan	12,998	6,032	0	525	0	57.00
58.00	05800	Magnetic Resonance Imaging (MRI)	3,110	6,885	0	599	0	58.00
59.00	05900	Cardiac Catheterization	11,556	10,307	0	897	0	59.00
60.00	06000	Laboratory	43,354	30,746	0	2,674	0	60.00
63.00	06300	Blood Storing, Processing, & Trans.	12,372	1,470	0	128	0	63.00
65.00	06500	Respiratory Therapy	16,927	7,005	0	609	0	65.00
66.00	06600	Physical Therapy	30,998	24,029	0	2,090	0	66.00
69.00	06900	Electrocardiology	11,937	48,153	945	4,189	0	69.00
70.00	07000	Electroencephalography	917	671	945	58	0	70.00
71.00	07100	Medical Supplies Charged to Patients	37,152	0	0	0	0	71.00
72.00	07200	Implantable Devices Chrgd to Patient	81,116	0	0	0	0	72.00
73.00	07300	Drugs Charged to Patients	34,676	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	6,143	0	0	0	0	74.00
76.00	03951	Wound Care	5,718	17,809	0	1,549	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	Clinic	24,099	45,871	1,912	3,990	0	90.00
91.00	09100	Emergency	49,136	79,523	6,128	6,917	0	91.00
92.00	09200	Observation Beds (Non-Distinct Part)						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (sum of lines 1-117)	1,251,533	1,413,623	114,738	119,551	256,120	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	Gift, Flower, Coffee Shop, & Canteen	0	0	0	0	0	190.00
192.00	19200	Physicians' Private Offices	55,640	242,883	461	21,127	35,010	192.00
194.00	07950	Marketing	26,091	2,080	0	181	0	194.00
194.01	07951	Hospice	1,176	14,051	8,590	1,222	4,052	194.01
194.02	07952	Other Nonreimbursable Cost Centers	0	0	0	0	1,337	194.02
194.03	07953	Vacant Area	3,851	54,843	0	4,771	0	194.03
194.04	07954	Lakefront	876	12,474	0	1,085	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,339,167	1,739,954	123,789	147,937	296,519	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140082

Period:
From 06/01/2011
To 05/31/2012

Worksheet B
Part II
Date/Time Prepared:
10/25/2012 8:22 am

Cost Center Description		Cafeteria	Nursing Administration	Central Services & Supply	Pharmacy	Medical Records & Library	
		11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	276,452					11.00
13.00	01300	4,904	38,230				13.00
14.00	01400	3,483	0	155,742			14.00
15.00	01500	9,015	0	0	96,918		15.00
16.00	01600	4,878	0	0	0	126,620	16.00
17.00	01700	1,997	0	0	0	0	17.00
21.00	02100	26,056	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	69,405	16,077	0	0	13,577	30.00
31.00	03100	15,528	3,598	0	0	3,599	31.00
40.00	04000	5,789	1,341	0	0	1,075	40.00
41.00	04100	7,760	1,797	0	0	1,216	41.00
43.00	04300	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	22,734	5,267	0	0	18,399	50.00
50.01	03340	3,213	744	0	0	1,339	50.01
51.00	05100	4,229	980	0	0	3,088	51.00
53.00	05300	1,582	367	0	0	2,734	53.00
54.00	05400	10,807	0	0	0	3,466	54.00
54.01	03630	1,064	0	0	0	855	54.01
55.00	05500	1,896	0	0	0	779	55.00
56.00	05600	1,338	0	0	0	1,459	56.00
56.01	03650	1,408	326	0	0	909	56.01
56.02	03950	3,601	834	0	0	7,290	56.02
57.00	05700	2,611	0	0	0	6,373	57.00
58.00	05800	741	0	0	0	2,390	58.00
59.00	05900	1,962	455	0	0	2,472	59.00
60.00	06000	10,820	0	0	0	13,098	60.00
63.00	06300	0	0	0	0	1,165	63.00
65.00	06500	7,934	0	0	0	2,439	65.00
66.00	06600	11,116	2,576	0	0	3,137	66.00
69.00	06900	3,727	0	0	0	3,576	69.00
70.00	07000	440	0	0	0	89	70.00
71.00	07100	0	0	48,923	0	7,167	71.00
72.00	07200	0	0	106,819	0	4,305	72.00
73.00	07300	0	0	0	96,918	10,480	73.00
74.00	07400	0	0	0	0	381	74.00
76.00	03951	1,787	0	0	0	668	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	8,248	0	0	0	337	90.00
91.00	09100	16,697	3,868	0	0	8,758	91.00
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
118.00		266,770	38,230	155,742	96,918	126,620	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	7,585	0	0	0	0	192.00
194.00	07950	2,097	0	0	0	0	194.00
194.01	07951	0	0	0	0	0	194.01
194.02	07952	0	0	0	0	0	194.02
194.03	07953	0	0	0	0	0	194.03
194.04	07954	0	0	0	0	0	194.04
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		276,452	38,230	155,742	96,918	126,620	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140082

Period:
From 06/01/2011
To 05/31/2012

Worksheet B
Part II
Date/Time Prepared:
10/25/2012 8:22 am

Cost Center Description	INTERNS & RESIDENTS			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	Social Services	Services-Salary & Fringes	Services-Other Prgrm Costs			
	17.00	21.00	22.00	24.00	25.00	
GENERAL SERVICE COST CENTERS						
1.00 00100	Cap Rel Costs-Bldg & Fixt					1.00
2.00 00200	Cap Rel Costs-Mvble Equip					2.00
4.00 00400	Employee Benefits					4.00
5.00 00500	Administrative & General					5.00
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	6,829				17.00
21.00 02100	I&R Services-Salary & Fringes Apprvd	0	82,587			21.00
22.00 02200	I&R Services-Other Prgrm Costs Apprvd	0		460,827		22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	Adults & Pediatrics	4,792			2,726,912	0 30.00
31.00 03100	Intensive Care Unit	828			591,451	0 31.00
40.00 04000	SUBPROVIDER - IPF	508			255,533	0 40.00
41.00 04100	SUBPROVIDER - IRF	701			456,534	0 41.00
43.00 04300	Nursery	0			0	0 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	Operating Room	0			1,335,386	0 50.00
50.01 03340	Gastro Intestinal Services	0			170,261	0 50.01
51.00 05100	Recovery Room	0			161,869	0 51.00
53.00 05300	Anesthesiology	0			24,870	0 53.00
54.00 05400	Radiology - Diagnostic	0			555,389	0 54.00
54.01 03630	Ultra Sound	0			13,347	0 54.01
55.00 05500	Radiology - Therapeutic	0			164,885	0 55.00
56.00 05600	Radioisotope	0			136,395	0 56.00
56.01 03650	Vascular Lab	0			7,169	0 56.01
56.02 03950	Strauss Oncology	0			63,976	0 56.02
57.00 05700	CT Scan	0			60,060	0 57.00
58.00 05800	Magnetic Resonance Imaging (MRI)	0			48,902	0 58.00
59.00 05900	Cardiac Catheterization	0			80,742	0 59.00
60.00 06000	Laboratory	0			258,936	0 60.00
63.00 06300	Blood Storing, Processing, & Trans.	0			22,590	0 63.00
65.00 06500	Respiratory Therapy	0			72,378	0 65.00
66.00 06600	Physical Therapy	0			199,072	0 66.00
69.00 06900	Electro cardiology	0			317,740	0 69.00
70.00 07000	Electroencephalography	0			6,621	0 70.00
71.00 07100	Medical Supplies Charged to Patients	0			93,242	0 71.00
72.00 07200	Implantable Devices Chrgd to Patient	0			192,240	0 72.00
73.00 07300	Drugs Charged to Patients	0			142,074	0 73.00
74.00 07400	RENAL DIALYSIS	0			6,524	0 74.00
76.00 03951	wound Care	0			118,328	0 76.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	Clinic	0			319,151	0 90.00
91.00 09100	Emergency	0			578,827	0 91.00
92.00 09200	Observation Beds (Non-Distinct Part)	0			0	0 92.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (sum of lines 1-117)	6,829	0	0	9,181,404	0 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	Gift, Flower, Coffee Shop, & Canteen	0			0	0 190.00
192.00 19200	Physicians' Private Offices	0			1,597,063	0 192.00
194.00 07950	Marketing	0			41,737	0 194.00
194.01 07951	Hospice	0			100,367	0 194.01
194.02 07952	Other Nonreimbursable Cost Centers	0			1,337	0 194.02
194.03 07953	Vacant Area	0			341,658	0 194.03
194.04 07954	Lakefront	0			77,712	0 194.04
200.00	Cross Foot Adjustments		82,587	460,827	543,414	0 200.00
201.00	Negative Cost Centers	0	0	0	0	0 201.00
202.00	TOTAL (sum lines 118-201)	6,829	82,587	460,827	11,884,692	0 202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140082

Period:
From 06/01/2011
To 05/31/2012

Worksheet B
Part II
Date/Time Prepared:
10/25/2012 8:22 am

Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100 Cap Rel Costs-Bldg & Fixt		1.00
2.00	00200 Cap Rel Costs-Mvble Equip		2.00
4.00	00400 Employee Benefits		4.00
5.00	00500 Administrative & General		5.00
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 Prgrm Costs Apprvd		22.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 Adults & Pediatrics	2,726,912	30.00
31.00	03100 Intensive Care Unit	591,451	31.00
40.00	04000 SUBPROVIDER - IPF	255,533	40.00
41.00	04100 SUBPROVIDER - IRF	456,534	41.00
43.00	04300 Nursery	0	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 Operating Room	1,335,386	50.00
50.01	03340 Gastro Intestinal Services	170,261	50.01
51.00	05100 Recovery Room	161,869	51.00
53.00	05300 Anesthesiology	24,870	53.00
54.00	05400 Radiology - Diagnostic	555,389	54.00
54.01	03630 Ultra Sound	13,347	54.01
55.00	05500 Radiology - Therapeutic	164,885	55.00
56.00	05600 Radioisotope	136,395	56.00
56.01	03650 Vascular Lab	7,169	56.01
56.02	03950 Strauss Oncology	63,976	56.02
57.00	05700 CT Scan	60,060	57.00
58.00	05800 Magnetic Resonance Imaging (MRI)	48,902	58.00
59.00	05900 Cardiac Catheterization	80,742	59.00
60.00	06000 Laboratory	258,936	60.00
63.00	06300 Blood Storing, Processing, & Trans.	22,590	63.00
65.00	06500 Respiratory Therapy	72,378	65.00
66.00	06600 Physical Therapy	199,072	66.00
69.00	06900 Electro cardiology	317,740	69.00
70.00	07000 Electroencephalography	6,621	70.00
71.00	07100 Medical Supplies Charged to Patients	93,242	71.00
72.00	07200 Implantable Devices Chrgd to Patient	192,240	72.00
73.00	07300 Drugs Charged to Patients	142,074	73.00
74.00	07400 RENAL DIALYSIS	6,524	74.00
76.00	03951 Wound Care	118,328	76.00
OUTPATIENT SERVICE COST CENTERS			
90.00	09000 Clinic	319,151	90.00
91.00	09100 Emergency	578,827	91.00
92.00	09200 Observation Beds (Non-Distinct Part)		92.00
SPECIAL PURPOSE COST CENTERS			
118.00	SUBTOTALS (sum of lines 1-117)	9,181,404	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 Gift, Flower, Coffee Shop, & Canteen	0	190.00
192.00	19200 Physicians' Private Offices	1,597,063	192.00
194.00	07950 Marketing	41,737	194.00
194.01	07951 Hospice	100,367	194.01
194.02	07952 Other Nonreimbursable Cost Centers	1,337	194.02
194.03	07953 Vacant Area	341,658	194.03
194.04	07954 Lakefront	77,712	194.04
200.00	Cross Foot Adjustments	543,414	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118-201)	11,884,692	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140082

Period:
From 06/01/2011
To 05/31/2012

Worksheet B-1
Date/Time Prepared:
10/25/2012 8:22 am

Cost Center Description	CAPITAL RELATED COSTS		Employee Benefits (Gross Salaries)	Reconciliation	Administrative & General (Accum. Cost)	
	Bldg & Fixt (Square Feet)	Mvble Equip (Square Feet)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	Cap Rel Costs-Bldg & Fixt	349,159				1.00
2.00 00200	Cap Rel Costs-Mvble Equip		349,159			2.00
4.00 00400	Employee Benefits	2,827	2,827	53,682,192		4.00
5.00 00500	Administrative & General	38,791	38,791	10,475,089	-21,626,891	96,741,543 5.00
7.00 00700	Operation of Plant	48,242	48,242	1,259,290	0	6,908,467 7.00
8.00 00800	Laundry & Linen Service	2,817	2,817	0	0	650,203 8.00
9.00 00900	Housekeeping	3,031	3,031	954,955	0	1,641,015 9.00
10.00 01000	Dietary	6,408	6,408	1,014,093	0	2,156,183 10.00
11.00 01100	Cafeteria	3,226	3,226	0	0	109,807 11.00
13.00 01300	Nursing Administration	350	350	986,939	0	1,234,646 13.00
14.00 01400	Central Services & Supply	3,379	3,379	327,873	0	867,568 14.00
15.00 01500	Pharmacy	1,215	1,215	1,472,654	0	2,531,641 15.00
16.00 01600	Medical Records & Library	2,658	2,658	517,099	0	791,379 16.00
17.00 01700	Social Service	0	0	272,031	0	313,912 17.00
21.00 02100	I&R Services-Salary & Fringes Apprvd	0	0	3,198,408	0	3,669,636 21.00
22.00 02200	I&R Services-Other Prgrm Costs Apprvd	10,135	10,135	0	0	3,028,841 22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	Adults & Pediatrics	55,664	55,664	9,074,045	0	12,852,284 30.00
31.00 03100	Intensive Care Unit	11,745	11,745	2,406,889	0	3,512,571 31.00
40.00 04000	SUBPROVIDER - IPF	5,066	5,066	878,249	0	1,219,300 40.00
41.00 04100	SUBPROVIDER - IRF	9,816	9,816	1,066,743	0	1,601,359 41.00
43.00 04300	Nursery	0	0	0	0	0 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	Operating Room	27,625	27,625	3,805,859	0	9,184,804 50.00
50.01 03340	Gastro Intestinal Services	3,587	3,587	512,026	0	1,004,851 50.01
51.00 05100	Recovery Room	3,360	3,360	711,069	0	969,733 51.00
53.00 05300	Anesthesiology	395	395	158,346	0	258,341 53.00
54.00 05400	Radiology - Diagnostic	11,857	11,857	1,673,639	0	2,789,855 54.00
54.01 03630	Ultra Sound	171	171	221,502	0	286,255 54.01
55.00 05500	Radiology - Therapeutic	3,681	3,681	303,185	0	619,701 55.00
56.00 05600	Radioisotope	2,977	2,977	236,256	0	663,543 56.00
56.01 03650	Vascular Lab	0	0	247,156	0	294,917 56.01
56.02 03950	Strauss Oncology	0	0	512,730	0	3,639,889 56.02
57.00 05700	CT Scan	899	899	513,758	0	938,969 57.00
58.00 05800	Magnetic Resonance Imaging (MRI)	1,026	1,026	141,855	0	224,654 58.00
59.00 05900	Cardiac Catheterization	1,536	1,536	452,181	0	834,767 59.00
60.00 06000	Laboratory	4,582	4,582	1,273,627	0	3,131,837 60.00
63.00 06300	Blood Storing, Processing, & Trans.	219	219	0	0	893,767 63.00
65.00 06500	Respiratory Therapy	1,044	1,044	1,075,655	0	1,222,809 65.00
66.00 06600	Physical Therapy	3,581	3,581	1,805,557	0	2,239,281 66.00
69.00 06900	Electro cardiology	7,176	7,176	533,453	0	862,300 69.00
70.00 07000	Electroencephalography	100	100	54,350	0	66,218 70.00
71.00 07100	Medical Supplies Charged to Patients	0	0	0	0	2,683,783 71.00
72.00 07200	Implantable Devices Chrgd to Patient	0	0	0	0	5,859,697 72.00
73.00 07300	Drugs Charged to Patients	0	0	0	0	2,504,914 73.00
74.00 07400	RENAL DIALYSIS	0	0	0	0	443,733 74.00
76.00 03951	wound Care	2,654	2,654	256,511	0	413,071 76.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	Clinic	6,836	6,836	1,121,792	0	1,740,911 90.00
91.00 09100	Emergency	11,851	11,851	2,463,771	0	3,549,542 91.00
92.00 09200	Observation Beds (Non-Distinct Part)					92.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (sum of lines 1-117)	300,527	300,527	51,978,635	-21,626,891	90,410,954 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	Gift, Flower, Coffee Shop, & Canteen	0	0	0	0	0 190.00
192.00 19200	Physicians' Private Offices	36,196	36,196	1,292,668	0	4,019,351 192.00
194.00 07950	Marketing	310	310	410,889	0	1,884,809 194.00
194.01 07951	Hospice	2,094	2,094	0	0	84,959 194.01
194.02 07952	Other Nonreimbursable Cost Centers	0	0	0	0	0 194.02
194.03 07953	Vacant Area	8,173	8,173	0	0	278,193 194.03
194.04 07954	Lakefront	1,859	1,859	0	0	63,277 194.04
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers					201.00
202.00	Cost to be allocated (per wkst. B, Part I)	5,097,969	6,786,723	7,909,103		21,626,891 202.00
203.00	Unit cost multiplier (wkst. B, Part I)	14.600709	19.437342	0.147332		0.223553 203.00
204.00	Cost to be allocated (per wkst. B, Part II)			96,225		1,339,167 204.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140082

Period:
From 06/01/2011
To 05/31/2012

Worksheet B-1

Date/Time Prepared:
10/25/2012 8:22 am

Cost Center Description	CAPITAL RELATED COSTS		Employee Benefits (Gross Salaries)	Reconciliation	Administrative & General (Accum. Cost)	
	Bldg & Fixt (Square Feet)	Mvble Equip (Square Feet)				
	1.00	2.00				
205.00	Unit cost multiplier (wkst. B, Part II)		0.001792	5A	0.013843	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140082

Period:
From 06/01/2011
To 05/31/2012

Worksheet B-1

Date/Time Prepared:
10/25/2012 8:22 am

Cost Center Description		Operation of Plant (Square Feet)	Laundry & Linen Service (Pounds of Laundry)	Housekeeping (Square Feet)	Dietary (Meals Served)	Cafeteria (FTES)	
		7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	Cap Rel Costs-Bldg & Fixt					1.00
2.00	00200	Cap Rel Costs-Mvble Equip					2.00
4.00	00400	Employee Benefits					4.00
5.00	00500	Administrative & General					5.00
7.00	00700	Operation of Plant	259,299				7.00
8.00	00800	Laundry & Linen Service	2,817	757,080			8.00
9.00	00900	Housekeeping	3,031	0	253,451		9.00
10.00	01000	Dietary	6,408	0	6,408	424,414	10.00
11.00	01100	Cafeteria	3,226	0	3,226	202,668	11.00
13.00	01300	Nursing Administration	350	0	350	0	13.00
14.00	01400	Central Services & Supply	3,379	0	3,379	0	14.00
15.00	01500	Pharmacy	1,215	0	1,215	0	15.00
16.00	01600	Medical Records & Library	2,658	0	2,658	0	16.00
17.00	01700	Social Service	0	0	0	0	17.00
21.00	02100	I&R Services-Salary & Fringes Apprvd	0	0	0	0	21.00
22.00	02200	I&R Services-Other Prgrm Costs Apprvd	10,135	0	10,135	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	Adults & Pediatrics	55,664	292,667	55,664	115,023	30.00
31.00	03100	Intensive Care Unit	11,745	95,607	11,745	19,871	31.00
40.00	04000	SUBPROVIDER - IPF	5,066	63,972	5,066	12,194	40.00
41.00	04100	SUBPROVIDER - IRF	9,816	21,418	9,816	16,835	41.00
43.00	04300	Nursery	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	Operating Room	27,625	80,882	27,625	0	50.00
50.01	03340	Gastro Intestinal Services	3,587	11,483	3,587	0	50.01
51.00	05100	Recovery Room	3,360	0	3,360	0	51.00
53.00	05300	Anesthesiology	395	0	395	0	53.00
54.00	05400	Radiology - Diagnostic	11,857	57,632	11,857	0	54.00
54.01	03630	Ultra sound	171	0	171	0	54.01
55.00	05500	Radiology - Therapeutic	3,681	5,778	3,681	0	55.00
56.00	05600	Radioisotope	2,977	5,778	2,977	0	56.00
56.01	03650	Vascular Lab	0	0	0	0	56.01
56.02	03950	Strauss Oncology	0	5,778	0	0	56.02
57.00	05700	CT Scan	899	0	899	0	57.00
58.00	05800	Magnetic Resonance Imaging (MRI)	1,026	0	1,026	0	58.00
59.00	05900	Cardiac Catheterization	1,536	0	1,536	0	59.00
60.00	06000	Laboratory	4,582	0	4,582	0	60.00
63.00	06300	Blood Storing, Processing, & Trans.	219	0	219	0	63.00
65.00	06500	Respiratory Therapy	1,044	0	1,044	0	65.00
66.00	06600	Physical Therapy	3,581	0	3,581	0	66.00
69.00	06900	Electro cardiology	7,176	5,778	7,176	0	69.00
70.00	07000	Electroencephalography	100	5,778	100	0	70.00
71.00	07100	Medical Supplies Charged to Patients	0	0	0	0	71.00
72.00	07200	Implantable Devices Chrgd to Patient	0	0	0	0	72.00
73.00	07300	Drugs Charged to Patients	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00	03951	wound Care	2,654	0	2,654	0	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	Clinic	6,836	11,696	6,836	0	90.00
91.00	09100	Emergency	11,851	37,481	11,851	0	91.00
92.00	09200	Observation Beds (Non-Distinct Part)					92.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (sum of lines 1-117)	210,667	701,728	204,819	366,591	61,194
NONREIMBURSABLE COST CENTERS							
190.00	19000	Gift, Flower, Coffee Shop, & Canteen	0	0	0	0	190.00
192.00	19200	Physicians' Private Offices	36,196	2,819	36,196	50,110	192.00
194.00	07950	Marketing	310	0	310	0	194.00
194.01	07951	Hospice	2,094	52,533	2,094	5,800	194.01
194.02	07952	Other Nonreimbursable Cost Centers	0	0	0	1,913	194.02
194.03	07953	Vacant Area	8,173	0	8,173	0	194.03
194.04	07954	Lakefront	1,859	0	1,859	0	194.04
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per wkst. B, Part I)	8,452,876	887,389	2,106,676	2,900,361	1,651,327
203.00		Unit cost multiplier (wkst. B, Part I)	32.598953	1.172121	8.311966	6.833801	26.040006
204.00		Cost to be allocated (per wkst. B, Part II)	1,739,954	123,789	147,937	296,519	276,452
205.00		Unit cost multiplier (wkst. B, Part II)	6.710223	0.163508	0.583691	0.698655	4.359410

Cost Center Description		Nursing Administration (Direct Nurs. Hrs.)	Central Services & Supply (Costed Requis.)	Pharmacy (Costed Requis.)	Medical Records & Library (Gross Charges)	Social Service (Total Patient Days)	
		13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
13.00	01300	787,361					13.00
14.00	01400	0	8,543,480				14.00
15.00	01500	0	0	2,504,914			15.00
16.00	01600	0	0	0	523,271,873		16.00
17.00	01700	0	0	0	0	35,423	17.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	331,127	0	0	56,103,596	24,856	30.00
31.00	03100	74,100	0	0	14,872,116	4,294	31.00
40.00	04000	27,615	0	0	4,443,265	2,635	40.00
41.00	04100	37,019	0	0	5,024,460	3,638	41.00
43.00	04300	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	108,466	0	0	76,083,119	0	50.00
50.01	03340	15,332	0	0	5,531,771	0	50.01
51.00	05100	20,180	0	0	12,759,492	0	51.00
53.00	05300	7,552	0	0	11,297,576	0	53.00
54.00	05400	0	0	0	14,322,306	0	54.00
54.01	03630	0	0	0	3,531,262	0	54.01
55.00	05500	0	0	0	3,217,961	0	55.00
56.00	05600	0	0	0	6,027,371	0	56.00
56.01	03650	6,709	0	0	3,754,879	0	56.01
56.02	03950	17,186	0	0	30,123,800	0	56.02
57.00	05700	0	0	0	26,336,546	0	57.00
58.00	05800	0	0	0	9,877,483	0	58.00
59.00	05900	9,366	0	0	10,213,130	0	59.00
60.00	06000	0	0	0	54,124,521	0	60.00
63.00	06300	0	0	0	4,813,174	0	63.00
65.00	06500	0	0	0	10,080,130	0	65.00
66.00	06600	53,047	0	0	12,962,685	0	66.00
69.00	06900	0	0	0	14,775,613	0	69.00
70.00	07000	0	0	0	366,300	0	70.00
71.00	07100	0	2,683,783	0	29,616,558	0	71.00
72.00	07200	0	5,859,697	0	17,790,075	0	72.00
73.00	07300	0	0	2,504,914	43,306,983	0	73.00
74.00	07400	0	0	0	1,574,083	0	74.00
76.00	03951	0	0	0	2,760,573	0	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	1,391,723	0	90.00
91.00	09100	79,662	0	0	36,189,322	0	91.00
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
118.00		787,361	8,543,480	2,504,914	523,271,873	35,423	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	0	0	0	0	0	192.00
194.00	07950	0	0	0	0	0	194.00
194.01	07951	0	0	0	0	0	194.01
194.02	07952	0	0	0	0	0	194.02
194.03	07953	0	0	0	0	0	194.03
194.04	07954	0	0	0	0	0	194.04
200.00							200.00
201.00							201.00
202.00		1,554,269	1,220,559	3,201,155	1,106,174	396,014	202.00
203.00		1.974023	0.142864	1.277950	0.002114	11.179573	203.00
204.00		38,230	155,742	96,918	126,620	6,829	204.00
205.00		0.048555	0.018229	0.038691	0.000242	0.192784	205.00

Cost Center Description		INTERNS & RESIDENTS		
		Services-Salar y & Fringes (Assigned Time)	Services-Other Prgrm Costs (Assigned Time)	
		21.00	22.00	
GENERAL SERVICE COST CENTERS				
1.00	00100 Cap Rel Costs-Bldg & Fixt			1.00
2.00	00200 Cap Rel Costs-MVble Equip			2.00
4.00	00400 Employee Benefits			4.00
5.00	00500 Administrative & General			5.00
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	69,242		21.00
22.00	02200 I&R Services-Other Prgrm Costs Apprvd		69,242	22.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 Adults & Pediatrics	46,532	46,532	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
43.00	04300 Nursery	0	0	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 Operating Room	18,233	18,233	50.00
50.01	03340 Gastro Intestinal Services	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
54.01	03630 Ultra sound	0	0	54.01
55.00	05500 Radiology - Therapeutic	0	0	55.00
56.00	05600 Radioisotope	0	0	56.00
56.01	03650 Vascular Lab	0	0	56.01
56.02	03950 Strauss Oncology	0	0	56.02
57.00	05700 CT scan	0	0	57.00
58.00	05800 Magnetic Resonance Imaging (MRI)	0	0	58.00
59.00	05900 Cardiac Catheterization	0	0	59.00
60.00	06000 Laboratory	0	0	60.00
63.00	06300 Blood Storing, Processing, & Trans.	0	0	63.00
65.00	06500 Respiratory Therapy	0	0	65.00
66.00	06600 Physical Therapy	0	0	66.00
69.00	06900 Electro cardiology	0	0	69.00
70.00	07000 Electroencephalography	0	0	70.00
71.00	07100 Medical Supplies charged to Patients	0	0	71.00
72.00	07200 Implantable Devices Chrgd to Patient	0	0	72.00
73.00	07300 Drugs charged to Patients	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
76.00	03951 wound Care	0	0	76.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 Clinic	0	0	90.00
91.00	09100 Emergency	4,477	4,477	91.00
92.00	09200 Observation Beds (Non-Distinct Part)			92.00
SPECIAL PURPOSE COST CENTERS				
118.00	SUBTOTALS (sum of lines 1-117)	69,242	69,242	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 Gift, Flower, Coffee Shop, & Canteen	0	0	190.00
192.00	19200 Physicians' Private Offices	0	0	192.00
194.00	07950 Marketing	0	0	194.00
194.01	07951 Hospice	0	0	194.01
194.02	07952 Other Nonreimbursable Cost Centers	0	0	194.02
194.03	07953 Vacant Area	0	0	194.03
194.04	07954 Lakefront	0	0	194.04
200.00	200.00 Cross Foot Adjustments			200.00
201.00	201.00 Negative Cost Centers			201.00
202.00	202.00 Cost to be allocated (per wkst. B, Part I)	4,645,635	4,120,579	202.00
203.00	203.00 Unit cost multiplier (Wkst. B, Part I)	67.092733	59.509821	203.00
204.00	204.00 Cost to be allocated (per wkst. B, Part II)	82,587	460,827	204.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140082

Period:
From 06/01/2011
To 05/31/2012

Worksheet B-1

Date/Time Prepared:
10/25/2012 8:22 am

Cost Center Description		INTERNS & RESIDENTS		
		Services-Salary & Fringes (Assigned Time)	Services-Other Prgm Costs (Assigned Time)	
		21.00	22.00	
205.00	Unit cost multiplier (wkst. B, Part II)	1.192730	6.655310	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140082

Period:
From 06/01/2011
To 05/31/2012

Worksheet C
Part I
Date/Time Prepared:
10/25/2012 8:22 am

		Title XVIII		Hospital		PPS		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs					
			Total Costs	RCE Disallowance	Total Costs			
	1.00	2.00	3.00	4.00	5.00			
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	Adults & Pediatrics	20,596,524		20,596,524	135,869	20,732,393	30.00
31.00	03100	Intensive Care Unit	5,344,648		5,344,648	3,776	5,348,424	31.00
40.00	04000	SUBPROVIDER - IPF	1,985,391		1,985,391	19,701	2,005,092	40.00
41.00	04100	SUBPROVIDER - IRF	2,671,800		2,671,800	0	2,671,800	41.00
43.00	04300	Nursery	0		0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	Operating Room	12,973,791		12,973,791	301,512	13,275,303	50.00
50.01	03340	Gastro Intestinal Services	1,450,845		1,450,845	0	1,450,845	50.01
51.00	05100	Recovery Room	1,416,049		1,416,049	0	1,416,049	51.00
53.00	05300	Anesthesiology	380,498		380,498	0	380,498	53.00
54.00	05400	Radiology - Diagnostic	4,060,998		4,060,998	11,224	4,072,222	54.00
54.01	03630	Ultra Sound	371,062		371,062	0	371,062	54.01
55.00	05500	Radiology - Therapeutic	933,733		933,733	12,030	945,763	55.00
56.00	05600	Radioisotope	961,181		961,181	0	961,181	56.00
56.01	03650	Vascular Lab	390,440		390,440	0	390,440	56.01
56.02	03950	Strauss Oncology	4,579,487		4,579,487	0	4,579,487	56.02
57.00	05700	CT Scan	1,256,929		1,256,929	0	1,256,929	57.00
58.00	05800	Magnetic Resonance Imaging (MRI)	342,159		342,159	0	342,159	58.00
59.00	05900	Cardiac Catheterization	1,136,019		1,136,019	0	1,136,019	59.00
60.00	06000	Laboratory	4,198,472		4,198,472	0	4,198,472	60.00
63.00	06300	Blood Storing, Processing, & Trans.	1,112,705		1,112,705	0	1,112,705	63.00
65.00	06500	Respiratory Therapy	1,607,585	0	1,607,585	0	1,607,585	65.00
66.00	06600	Physical Therapy	3,084,902	0	3,084,902	0	3,084,902	66.00
69.00	06900	Electro cardiology	1,408,920		1,408,920	0	1,408,920	69.00
70.00	07000	Electroencephalography	95,289		95,289	0	95,289	70.00
71.00	07100	Medical Supplies Charged to Patients	3,729,776		3,729,776	0	3,729,776	71.00
72.00	07200	Implantable Devices Chrgd to Patient	8,044,401		8,044,401	0	8,044,401	72.00
73.00	07300	Drugs Charged to Patients	6,357,601		6,357,601	0	6,357,601	73.00
74.00	07400	RENAL DIALYSIS	546,259		546,259	0	546,259	74.00
76.00	03951	wound Care	630,504		630,504	13,047	643,551	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	Clinic	2,475,683		2,475,683	0	2,475,683	90.00
91.00	09100	Emergency	5,205,312		5,205,312	0	5,205,312	91.00
92.00	09200	Observation Beds (Non-Distinct Part)	985,900		985,900	0	985,900	92.00
200.00		Subtotal (see instructions)	100,334,863	0	100,334,863	497,159	100,832,022	200.00
201.00		Less Observation Beds	985,900		985,900	0	985,900	201.00
202.00		Total (see instructions)	99,348,963	0	99,348,963	497,159	99,846,122	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140082

Period:
From 06/01/2011
To 05/31/2012

Worksheet C
Part I
Date/Time Prepared:
10/25/2012 8:22 am

		Title XVIII			Hospital	PPS	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	Adults & Pediatrics	54,589,262		54,589,262		30.00
31.00	03100	Intensive Care Unit	14,872,116		14,872,116		31.00
40.00	04000	SUBPROVIDER - IPF	4,443,265		4,443,265		40.00
41.00	04100	SUBPROVIDER - IRF	5,024,460		5,024,460		41.00
43.00	04300	Nursery	0		0		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	Operating Room	31,059,364	45,023,755	76,083,119	0.170521	50.00
50.01	03340	Gastro Intestinal Services	1,605,299	3,926,472	5,531,771	0.262275	50.01
51.00	05100	Recovery Room	5,063,680	7,695,812	12,759,492	0.110980	51.00
53.00	05300	Anesthesiology	4,839,555	6,458,021	11,297,576	0.033680	53.00
54.00	05400	Radiology - Diagnostic	5,721,200	8,601,106	14,322,306	0.283544	54.00
54.01	03630	Ultra Sound	1,281,605	2,249,657	3,531,262	0.105079	54.01
55.00	05500	Radiology - Therapeutic	348,045	2,869,916	3,217,961	0.290163	55.00
56.00	05600	Radioisotope	2,290,923	3,736,448	6,027,371	0.159469	56.00
56.01	03650	Vascular Lab	2,149,089	1,605,790	3,754,879	0.103982	56.01
56.02	03950	Strauss Oncology	1,087,344	29,036,456	30,123,800	0.152022	56.02
57.00	05700	CT Scan	11,988,869	14,347,677	26,336,546	0.047726	57.00
58.00	05800	Magnetic Resonance Imaging (MRI)	2,361,128	7,516,355	9,877,483	0.034640	58.00
59.00	05900	Cardiac Catheterization	7,148,824	3,064,306	10,213,130	0.111231	59.00
60.00	06000	Laboratory	36,874,359	17,250,162	54,124,521	0.077571	60.00
63.00	06300	Blood Storing, Processing, & Trans.	4,302,506	510,668	4,813,174	0.231179	63.00
65.00	06500	Respiratory Therapy	9,520,968	559,162	10,080,130	0.159481	65.00
66.00	06600	Physical Therapy	8,949,361	4,013,324	12,962,685	0.237983	66.00
69.00	06900	Electro cardiology	9,020,599	5,755,014	14,775,613	0.095354	69.00
70.00	07000	Electroencephalography	281,410	84,890	366,300	0.260139	70.00
71.00	07100	Medical Supplies Charged to Patients	16,366,935	13,249,623	29,616,558	0.125935	71.00
72.00	07200	Implantable Devices Chrgd to Patient	13,806,264	3,983,811	17,790,075	0.452185	72.00
73.00	07300	Drugs Charged to Patients	33,903,632	9,403,351	43,306,983	0.146803	73.00
74.00	07400	RENAL DIALYSIS	1,545,650	28,433	1,574,083	0.347033	74.00
76.00	03951	wound Care	50,711	2,709,862	2,760,573	0.228396	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	Clinic	0	1,391,723	1,391,723	1.778862	90.00
91.00	09100	Emergency	12,093,319	24,096,003	36,189,322	0.143836	91.00
92.00	09200	Observation Beds (Non-Distinct Part)	76,786	1,437,548	1,514,334	0.651045	92.00
200.00		Subtotal (see instructions)	302,666,528	220,605,345	523,271,873		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	302,666,528	220,605,345	523,271,873		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140082

Period:
From 06/01/2011
To 05/31/2012

Worksheet C
Part I
Date/Time Prepared:
10/25/2012 8:22 am

Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital	PPS
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 Adults & Pediatrics				30.00
31.00	03100 Intensive Care Unit				31.00
40.00	04000 SUBPROVIDER - IPF				40.00
41.00	04100 SUBPROVIDER - IRF				41.00
43.00	04300 Nursery				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 Operating Room	0.174484			50.00
50.01	03340 Gastro Intestinal Services	0.262275			50.01
51.00	05100 Recovery Room	0.110980			51.00
53.00	05300 Anesthesiology	0.033680			53.00
54.00	05400 Radiology - Diagnostic	0.284327			54.00
54.01	03630 Ultra Sound	0.105079			54.01
55.00	05500 Radiology - Therapeutic	0.293901			55.00
56.00	05600 Radioisotope	0.159469			56.00
56.01	03650 Vascular Lab	0.103982			56.01
56.02	03950 Strauss Oncology	0.152022			56.02
57.00	05700 CT Scan	0.047726			57.00
58.00	05800 Magnetic Resonance Imaging (MRI)	0.034640			58.00
59.00	05900 Cardiac Catheterization	0.111231			59.00
60.00	06000 Laboratory	0.077571			60.00
63.00	06300 Blood Storing, Processing, & Trans.	0.231179			63.00
65.00	06500 Respiratory Therapy	0.159481			65.00
66.00	06600 Physical Therapy	0.237983			66.00
69.00	06900 Electro cardiology	0.095354			69.00
70.00	07000 Electroencephalography	0.260139			70.00
71.00	07100 Medical Supplies Charged to Patients	0.125935			71.00
72.00	07200 Implantable Devices Chrgd to Patient	0.452185			72.00
73.00	07300 Drugs Charged to Patients	0.146803			73.00
74.00	07400 RENAL DIALYSIS	0.347033			74.00
76.00	03951 wound Care	0.233122			76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 Clinic	1.778862			90.00
91.00	09100 Emergency	0.143836			91.00
92.00	09200 Observation Beds (Non-Distinct Part)	0.651045			92.00
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: 140082

Period:
From 06/01/2011
To 05/31/2012

Worksheet C
Part I
Date/Time Prepared:
10/25/2012 8:22 am

Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Hospital		Total Costs
				Total Costs	RCE Disallowance	
		1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 Adults & Pediatrics	20,596,524		20,596,524	0	0
31.00	03100 Intensive Care Unit	5,344,648		5,344,648	0	0
40.00	04000 SUBPROVIDER - IPF	1,985,391		1,985,391	0	0
41.00	04100 SUBPROVIDER - IRF	2,671,800		2,671,800	0	0
43.00	04300 Nursery	0		0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00	05000 Operating Room	12,973,791		12,973,791	0	0
50.01	03340 Gastro Intestinal Services	1,450,845		1,450,845	0	0
51.00	05100 Recovery Room	1,416,049		1,416,049	0	0
53.00	05300 Anesthesiology	380,498		380,498	0	0
54.00	05400 Radiology - Diagnostic	4,060,998		4,060,998	0	0
54.01	03630 Ultra Sound	371,062		371,062	0	0
55.00	05500 Radiology - Therapeutic	933,733		933,733	0	0
56.00	05600 Radioisotope	961,181		961,181	0	0
56.01	03650 Vascular Lab	390,440		390,440	0	0
56.02	03950 Strauss Oncology	4,579,487		4,579,487	0	0
57.00	05700 CT Scan	1,256,929		1,256,929	0	0
58.00	05800 Magnetic Resonance Imaging (MRI)	342,159		342,159	0	0
59.00	05900 Cardiac Catheterization	1,136,019		1,136,019	0	0
60.00	06000 Laboratory	4,198,472		4,198,472	0	0
63.00	06300 Blood Storing, Processing, & Trans.	1,112,705		1,112,705	0	0
65.00	06500 Respiratory Therapy	1,607,585	0	1,607,585	0	0
66.00	06600 Physical Therapy	3,084,902	0	3,084,902	0	0
69.00	06900 Electro cardiology	1,408,920		1,408,920	0	0
70.00	07000 Electroencephalography	95,289		95,289	0	0
71.00	07100 Medical Supplies Charged to Patients	3,729,776		3,729,776	0	0
72.00	07200 Implantable Devices Chrgd to Patient	8,044,401		8,044,401	0	0
73.00	07300 Drugs Charged to Patients	6,357,601		6,357,601	0	0
74.00	07400 RENAL DIALYSIS	546,259		546,259	0	0
76.00	03951 Wound Care	630,504		630,504	0	0
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 Clinic	2,475,683		2,475,683	0	0
91.00	09100 Emergency	5,205,312		5,205,312	0	0
92.00	09200 Observation Beds (Non-Distinct Part)	985,900		985,900	0	0
200.00	Subtotal (see instructions)	100,334,863	0	100,334,863	0	0
201.00	Less Observation Beds	985,900		985,900	0	0
202.00	Total (see instructions)	99,348,963	0	99,348,963	0	0

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140082

Period:
From 06/01/2011
To 05/31/2012

Worksheet C
Part I
Date/Time Prepared:
10/25/2012 8:22 am

		Title XIX			Hospital		
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 Adults & Pediatrics	54,589,262		54,589,262			30.00
31.00	03100 Intensive Care Unit	14,872,116		14,872,116			31.00
40.00	04000 SUBPROVIDER - IPF	4,443,265		4,443,265			40.00
41.00	04100 SUBPROVIDER - IRF	5,024,460		5,024,460			41.00
43.00	04300 Nursery	0		0			43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 Operating Room	31,059,364	45,023,755	76,083,119	0.170521	0.000000	50.00
50.01	03340 Gastro Intestinal Services	1,605,299	3,926,472	5,531,771	0.262275	0.000000	50.01
51.00	05100 Recovery Room	5,063,680	7,695,812	12,759,492	0.110980	0.000000	51.00
53.00	05300 Anesthesiology	4,839,555	6,458,021	11,297,576	0.033680	0.000000	53.00
54.00	05400 Radiology - Diagnostic	5,721,200	8,601,106	14,322,306	0.283544	0.000000	54.00
54.01	03630 Ultra Sound	1,281,605	2,249,657	3,531,262	0.105079	0.000000	54.01
55.00	05500 Radiology - Therapeutic	348,045	2,869,916	3,217,961	0.290163	0.000000	55.00
56.00	05600 Radioisotope	2,290,923	3,736,448	6,027,371	0.159469	0.000000	56.00
56.01	03650 Vascular Lab	2,149,089	1,605,790	3,754,879	0.103982	0.000000	56.01
56.02	03950 Strauss Oncology	1,087,344	29,036,456	30,123,800	0.152022	0.000000	56.02
57.00	05700 CT Scan	11,988,869	14,347,677	26,336,546	0.047726	0.000000	57.00
58.00	05800 Magnetic Resonance Imaging (MRI)	2,361,128	7,516,355	9,877,483	0.034640	0.000000	58.00
59.00	05900 Cardiac Catheterization	7,148,824	3,064,306	10,213,130	0.111231	0.000000	59.00
60.00	06000 Laboratory	36,874,359	17,250,162	54,124,521	0.077571	0.000000	60.00
63.00	06300 Blood Storing, Processing, & Trans.	4,302,506	510,668	4,813,174	0.231179	0.000000	63.00
65.00	06500 Respiratory Therapy	9,520,968	559,162	10,080,130	0.159481	0.000000	65.00
66.00	06600 Physical Therapy	8,949,361	4,013,324	12,962,685	0.237983	0.000000	66.00
69.00	06900 Electro cardiology	9,020,599	5,755,014	14,775,613	0.095354	0.000000	69.00
70.00	07000 Electroencephalography	281,410	84,890	366,300	0.260139	0.000000	70.00
71.00	07100 Medical Supplies Charged to Patients	16,366,935	13,249,623	29,616,558	0.125935	0.000000	71.00
72.00	07200 Implantable Devices Chrgd to Patient	13,806,264	3,983,811	17,790,075	0.452185	0.000000	72.00
73.00	07300 Drugs Charged to Patients	33,903,632	9,403,351	43,306,983	0.146803	0.000000	73.00
74.00	07400 RENAL DIALYSIS	1,545,650	28,433	1,574,083	0.347033	0.000000	74.00
76.00	03951 Wound Care	50,711	2,709,862	2,760,573	0.228396	0.000000	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 Clinic	0	1,391,723	1,391,723	1.778862	0.000000	90.00
91.00	09100 Emergency	12,093,319	24,096,003	36,189,322	0.143836	0.000000	91.00
92.00	09200 Observation Beds (Non-Distinct Part)	76,786	1,437,548	1,514,334	0.651045	0.000000	92.00
200.00	Subtotal (see instructions)	302,666,528	220,605,345	523,271,873			200.00
201.00	Less Observation Beds						201.00
202.00	Total (see instructions)	302,666,528	220,605,345	523,271,873			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140082

Period:
From 06/01/2011
To 05/31/2012

Worksheet C
Part I
Date/Time Prepared:
10/25/2012 8:22 am

Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 Adults & Pediatrics			30.00
31.00	03100 Intensive Care Unit			31.00
40.00	04000 SUBPROVIDER - IPF			40.00
41.00	04100 SUBPROVIDER - IRF			41.00
43.00	04300 Nursery			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 Operating Room	0.000000		50.00
50.01	03340 Gastro Intestinal Services	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
54.01	03630 ultra Sound	0.000000		54.01
55.00	05500 Radiology - Therapeutic	0.000000		55.00
56.00	05600 Radioisotope	0.000000		56.00
56.01	03650 Vascular Lab	0.000000		56.01
56.02	03950 Strauss Oncology	0.000000		56.02
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
63.00	06300 Blood Storing, Processing, & Trans.	0.000000		63.00
65.00	06500 Respiratory Therapy	0.000000		65.00
66.00	06600 Physical Therapy	0.000000		66.00
69.00	06900 Electro cardiology	0.000000		69.00
70.00	07000 Electroencephalography	0.000000		70.00
71.00	07100 Medical Supplies Charged to Patients	0.000000		71.00
72.00	07200 Implantable Devices Chrgd to Patient	0.000000		72.00
73.00	07300 Drugs Charged to Patients	0.000000		73.00
74.00	07400 RENAL DIALYSIS	0.000000		74.00
76.00	03951 Wound Care	0.000000		76.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 Clinic	0.000000		90.00
91.00	09100 Emergency	0.000000		91.00
92.00	09200 Observation Beds (Non-Distinct Part)	0.000000		92.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY

Provider CCN:140082

Period:
From 06/01/2011
To 05/31/2012

Worksheet C
Part II
Date/Time Prepared:
10/25/2012 8:22 am

Cost Center Description	Title XIX			Hospital				
	Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount			
	1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	Operating Room	15,282,136	1,335,386	13,946,750	0	0	50.00
50.01	03340	Gastro Intestinal Services	1,450,845	170,261	1,280,584	0	0	50.01
51.00	05100	Recovery Room	1,416,049	161,869	1,254,180	0	0	51.00
53.00	05300	Anesthesiology	380,498	24,870	355,628	0	0	53.00
54.00	05400	Radiology - Diagnostic	4,060,998	555,389	3,505,609	0	0	54.00
54.01	03630	Ultra Sound	371,062	13,347	357,715	0	0	54.01
55.00	05500	Radiology - Therapeutic	933,733	164,885	768,848	0	0	55.00
56.00	05600	Radioisotope	961,181	136,395	824,786	0	0	56.00
56.01	03650	Vascular Lab	390,440	7,169	383,271	0	0	56.01
56.02	03950	Strauss Oncology	4,579,487	63,976	4,515,511	0	0	56.02
57.00	05700	CT Scan	1,256,929	60,060	1,196,869	0	0	57.00
58.00	05800	Magnetic Resonance Imaging (MRI)	342,159	48,902	293,257	0	0	58.00
59.00	05900	Cardiac Catheterization	1,136,019	80,742	1,055,277	0	0	59.00
60.00	06000	Laboratory	4,198,472	258,936	3,939,536	0	0	60.00
63.00	06300	Blood Storing, Processing, & Trans.	1,112,705	22,590	1,090,115	0	0	63.00
65.00	06500	Respiratory Therapy	1,607,585	72,378	1,535,207	0	0	65.00
66.00	06600	Physical Therapy	3,084,902	199,072	2,885,830	0	0	66.00
69.00	06900	Electro cardiology	1,408,920	317,740	1,091,180	0	0	69.00
70.00	07000	Electroencephalography	95,289	6,621	88,668	0	0	70.00
71.00	07100	Medical Supplies Charged to Patients	3,729,776	93,242	3,636,534	0	0	71.00
72.00	07200	Implantable Devices Chrgd to Patient	8,044,401	192,240	7,852,161	0	0	72.00
73.00	07300	Drugs Charged to Patients	6,357,601	142,074	6,215,527	0	0	73.00
74.00	07400	RENAL DIALYSIS	546,259	6,524	539,735	0	0	74.00
76.00	03951	wound Care	630,504	118,328	512,176	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	Clinic	2,475,683	319,151	2,156,532	0	0	90.00
91.00	09100	Emergency	5,772,111	578,827	5,193,284	0	0	91.00
92.00	09200	Observation Beds (Non-Distinct Part)	985,900	129,674	856,226	0	0	92.00
200.00		Subtotal (sum of lines 50 thru 199)	72,611,644	5,280,648	67,330,996	0	0	200.00
201.00		Less Observation Beds	985,900	129,674	856,226	0	0	201.00
202.00		Total (line 200 minus line 201)	71,625,744	5,150,974	66,474,770	0	0	202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF
REDUCTIONS FOR MEDICAID ONLY

Provider CCN: 140082

Period:
From 06/01/2011
To 05/31/2012

Worksheet C
Part II
Date/Time Prepared:
10/25/2012 8:22 am

Cost Center Description		Cost Net of Capital and Operating Cost Reduction 6.00	Total Charges (Worksheet C, Part I, column 8) 7.00	Outpatient Cost to Charge Ratio (col. 6 / col. 7) 8.00	Title XIX Hospital	
ANCILLARY SERVICE COST CENTERS						
50.00	05000	Operating Room	15,282,136	76,083,119	0.200861	50.00
50.01	03340	Gastro Intestinal Services	1,450,845	5,531,771	0.262275	50.01
51.00	05100	Recovery Room	1,416,049	12,759,492	0.110980	51.00
53.00	05300	Anesthesiology	380,498	11,297,576	0.033680	53.00
54.00	05400	Radiology - Diagnostic	4,060,998	14,322,306	0.283544	54.00
54.01	03630	Ultra Sound	371,062	3,531,262	0.105079	54.01
55.00	05500	Radiology - Therapeutic	933,733	3,217,961	0.290163	55.00
56.00	05600	Radioisotope	961,181	6,027,371	0.159469	56.00
56.01	03650	Vascular Lab	390,440	3,754,879	0.103982	56.01
56.02	03950	Strauss Oncology	4,579,487	30,123,800	0.152022	56.02
57.00	05700	CT Scan	1,256,929	26,336,546	0.047726	57.00
58.00	05800	Magnetic Resonance Imaging (MRI)	342,159	9,877,483	0.034640	58.00
59.00	05900	Cardiac Catheterization	1,136,019	10,213,130	0.111231	59.00
60.00	06000	Laboratory	4,198,472	54,124,521	0.077571	60.00
63.00	06300	Blood Storing, Processing, & Trans.	1,112,705	4,813,174	0.231179	63.00
65.00	06500	Respiratory Therapy	1,607,585	10,080,130	0.159481	65.00
66.00	06600	Physical Therapy	3,084,902	12,962,685	0.237983	66.00
69.00	06900	Electro cardiology	1,408,920	14,775,613	0.095354	69.00
70.00	07000	Electroencephalography	95,289	366,300	0.260139	70.00
71.00	07100	Medical Supplies Charged to Patients	3,729,776	29,616,558	0.125935	71.00
72.00	07200	Implantable Devices Chrgd to Patient	8,044,401	17,790,075	0.452185	72.00
73.00	07300	Drugs Charged to Patients	6,357,601	43,306,983	0.146803	73.00
74.00	07400	RENAL DIALYSIS	546,259	1,574,083	0.347033	74.00
76.00	03951	wound Care	630,504	2,760,573	0.228396	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	Clinic	2,475,683	1,391,723	1.778862	90.00
91.00	09100	Emergency	5,772,111	36,189,322	0.159498	91.00
92.00	09200	Observation Beds (Non-Distinct Part)	985,900	1,514,334	0.651045	92.00
200.00		Subtotal (sum of lines 50 thru 199)	72,611,644	444,342,770		200.00
201.00		Less Observation Beds	985,900	0		201.00
202.00		Total (line 200 minus line 201)	71,625,744	444,342,770		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 140082

Period:
From 06/01/2011
To 05/31/2012

Worksheet D
Part I
Date/Time Prepared:
10/25/2012 8:22 am

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	2,726,912	0	2,726,912	26,097	104.49	30.00
31.00	03100	Intensive Care Unit	591,451		591,451	4,294	137.74	31.00
40.00	04000	SUBPROVIDER - IPF	255,533	0	255,533	2,635	96.98	40.00
41.00	04100	SUBPROVIDER - IRF	456,534	0	456,534	3,638	125.49	41.00
43.00	04300	Nursery	0		0	0	0.00	43.00
200.00		Total (lines 30-199)	4,030,430		4,030,430	36,664		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 140082

Period:
From 06/01/2011
To 05/31/2012

Worksheet D
Part I
Date/Time Prepared:
10/25/2012 8:22 am

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	12,799	1,337,368	30.00
31.00	03100 Intensive Care Unit	2,139	294,626	31.00
40.00	04000 SUBPROVIDER - IPF	2,165	209,962	40.00
41.00	04100 SUBPROVIDER - IRF	2,403	301,552	41.00
43.00	04300 Nursery	0	0	43.00
200.00	Total (lines 30-199)	19,506	2,143,508	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS	Provider CCN: 140082	Period: From 06/01/2011 To 05/31/2012	Worksheet D Part II Date/Time Prepared: 10/25/2012 8:22 am
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Cost Center Description	Title XVIII			Hospital	PPS			
	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)			
	1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	Operating Room	1,335,386	76,083,119	0.017552	13,468,631	236,401	50.00
50.01	03340	Gastro Intestinal Services	170,261	5,531,771	0.030779	602,170	18,534	50.01
51.00	05100	Recovery Room	161,869	12,759,492	0.012686	2,350,590	29,820	51.00
53.00	05300	Anesthesiology	24,870	11,297,576	0.002201	1,995,946	4,393	53.00
54.00	05400	Radiology - Diagnostic	555,389	14,322,306	0.038778	2,132,137	82,680	54.00
54.01	03630	Ultra sound	13,347	3,531,262	0.003780	848,569	3,208	54.01
55.00	05500	Radiology - Therapeutic	164,885	3,217,961	0.051239	181,398	9,295	55.00
56.00	05600	Radioisotope	136,395	6,027,371	0.022629	1,201,440	27,187	56.00
56.01	03650	Vascular Lab	7,169	3,754,879	0.001909	1,184,860	2,262	56.01
56.02	03950	Strauss Oncology	63,976	30,123,800	0.002124	0	0	56.02
57.00	05700	CT Scan	60,060	26,336,546	0.002280	6,043,664	13,780	57.00
58.00	05800	Magnetic Resonance Imaging (MRI)	48,902	9,877,483	0.004951	1,133,633	5,613	58.00
59.00	05900	Cardiac Catheterization	80,742	10,213,130	0.007906	3,252,433	25,714	59.00
60.00	06000	Laboratory	258,936	54,124,521	0.004784	20,071,998	96,024	60.00
63.00	06300	Blood Storing, Processing, & Trans.	22,590	4,813,174	0.004693	1,229,588	5,770	63.00
65.00	06500	Respiratory Therapy	72,378	10,080,130	0.007180	3,967,742	28,488	65.00
66.00	06600	Physical Therapy	199,072	12,962,685	0.015357	2,317,308	35,587	66.00
69.00	06900	Electro cardiology	317,740	14,775,613	0.021504	4,861,730	104,547	69.00
70.00	07000	Electroencephalography	6,621	366,300	0.018075	142,152	2,569	70.00
71.00	07100	Medical Supplies Charged to Patients	93,242	29,616,558	0.003148	6,987,915	21,998	71.00
72.00	07200	Implantable Devices Chrgd to Patient	192,240	17,790,075	0.010806	6,513,062	70,380	72.00
73.00	07300	Drugs Charged to Patients	142,074	43,306,983	0.003281	16,934,826	55,563	73.00
74.00	07400	RENAL DIALYSIS	6,524	1,574,083	0.004145	834,611	3,459	74.00
76.00	03951	Wound Care	118,328	2,760,573	0.042864	8,187	351	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	Clinic	319,151	1,391,723	0.229321	0	0	90.00
91.00	09100	Emergency	578,827	36,189,322	0.015994	3,397,523	54,340	91.00
92.00	09200	Observation Beds (Non-Distinct Part)	129,674	1,514,334	0.085631	30,369	2,601	92.00
200.00		Total (lines 50-199)	5,280,648	444,342,770		101,692,482	940,564	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140082

Period:
From 06/01/2011
To 05/31/2012

Worksheet D
Part III
Date/Time Prepared:
10/25/2012 8:22 am

Cost Center Description	Title XVIII			Hospital	PPS	Total Costs (sum of cols. 1 through 3, minus col. 4)		
	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)				
	1.00	2.00	3.00	4.00	5.00			
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	Adults & Pediatrics	0	0	0	0	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
43.00	04300	Nursery	0	0	0	0	0	43.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140082

Period:
From 06/01/2011
To 05/31/2012

Worksheet D
Part III
Date/Time Prepared:
10/25/2012 8:22 am

Cost Center Description	Title XVIII			Hospital		PPS
	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. Nursing School	
	6.00	7.00	8.00	9.00	11.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 Adults & Pediatrics	26,097	0.00	12,799	0	0	30.00
31.00 03100 Intensive Care Unit	4,294	0.00	2,139	0	0	31.00
40.00 04000 SUBPROVIDER - IPF	2,635	0.00	2,165	0	0	40.00
41.00 04100 SUBPROVIDER - IRF	3,638	0.00	2,403	0	0	41.00
43.00 04300 Nursery	0	0.00	0	0	0	43.00
200.00 Total (lines 30-199)	36,664		19,506	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140082

Period:
From 06/01/2011
To 05/31/2012

Worksheet D
Part III
Date/Time Prepared:
10/25/2012 8:22 am

Cost Center Description			Title XVIII		Hospital	PPS
			PSA Adj. Allied Health Cost	PSA Adj. All Other Medical Education Cost		
INPATIENT ROUTINE SERVICE COST CENTERS			12.00	13.00		
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
43.00	04300	Nursery	0	0		43.00
200.00		Total (lines 30-199)	0	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140082

Period:
From 06/01/2011
To 05/31/2012

Worksheet D
Part IV
Date/Time Prepared:
10/25/2012 8:22 am

Cost Center Description	Title XVIII			Hospital	PPS	Total Cost (sum of col 1 through col. 4)	
	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost			
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000	Operating Room	0	0	0	0	50.00
50.01	03340	Gastro Intestinal Services	0	0	0	0	50.01
51.00	05100	Recovery Room	0	0	0	0	51.00
53.00	05300	Anesthesiology	0	0	0	0	53.00
54.00	05400	Radiology - Diagnostic	0	0	0	0	54.00
54.01	03630	Ultra Sound	0	0	0	0	54.01
55.00	05500	Radiology - Therapeutic	0	0	0	0	55.00
56.00	05600	Radioisotope	0	0	0	0	56.00
56.01	03650	Vascular Lab	0	0	0	0	56.01
56.02	03950	Strauss Oncology	0	0	0	0	56.02
57.00	05700	CT Scan	0	0	0	0	57.00
58.00	05800	Magnetic Resonance Imaging (MRI)	0	0	0	0	58.00
59.00	05900	Cardiac Catheterization	0	0	0	0	59.00
60.00	06000	Laboratory	0	0	0	0	60.00
63.00	06300	Blood Storing, Processing, & Trans.	0	0	0	0	63.00
65.00	06500	Respiratory Therapy	0	0	0	0	65.00
66.00	06600	Physical Therapy	0	0	0	0	66.00
69.00	06900	Electro cardiology	0	0	0	0	69.00
70.00	07000	Electroencephalography	0	0	0	0	70.00
71.00	07100	Medical Supplies Charged to Patients	0	0	0	0	71.00
72.00	07200	Implantable Devices Chrgd to Patient	0	0	0	0	72.00
73.00	07300	Drugs Charged to Patients	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00	03951	wound Care	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	Clinic	0	0	0	0	90.00
91.00	09100	Emergency	0	0	0	0	91.00
92.00	09200	Observation Beds (Non-Distinct Part)	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS -

Provider CCN: 140082

Period:
From 06/01/2011
To 05/31/2012

Worksheet D
Part IV
Date/Time Prepared:
10/25/2012 8:22 am

Cost Center Description		Title XVIII			Hospital		Inpatient Program Charges	PPS
		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)			
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	Operating Room	0	76,083,119	0.000000	0.000000	13,468,631	50.00
50.01	03340	Gastro Intestinal Services	0	5,531,771	0.000000	0.000000	602,170	50.01
51.00	05100	Recovery Room	0	12,759,492	0.000000	0.000000	2,350,590	51.00
53.00	05300	Anesthesiology	0	11,297,576	0.000000	0.000000	1,995,946	53.00
54.00	05400	Radiology - Diagnostic	0	14,322,306	0.000000	0.000000	2,132,137	54.00
54.01	03630	Ultra Sound	0	3,531,262	0.000000	0.000000	848,569	54.01
55.00	05500	Radiology - Therapeutic	0	3,217,961	0.000000	0.000000	181,398	55.00
56.00	05600	Radioisotope	0	6,027,371	0.000000	0.000000	1,201,440	56.00
56.01	03650	Vascular Lab	0	3,754,879	0.000000	0.000000	1,184,860	56.01
56.02	03950	Strauss Oncology	0	30,123,800	0.000000	0.000000	0	56.02
57.00	05700	CT Scan	0	26,336,546	0.000000	0.000000	6,043,664	57.00
58.00	05800	Magnetic Resonance Imaging (MRI)	0	9,877,483	0.000000	0.000000	1,133,633	58.00
59.00	05900	Cardiac Catheterization	0	10,213,130	0.000000	0.000000	3,252,433	59.00
60.00	06000	Laboratory	0	54,124,521	0.000000	0.000000	20,071,998	60.00
63.00	06300	Blood Storing, Processing, & Trans.	0	4,813,174	0.000000	0.000000	1,229,588	63.00
65.00	06500	Respiratory Therapy	0	10,080,130	0.000000	0.000000	3,967,742	65.00
66.00	06600	Physical Therapy	0	12,962,685	0.000000	0.000000	2,317,308	66.00
69.00	06900	Electro cardiology	0	14,775,613	0.000000	0.000000	4,861,730	69.00
70.00	07000	Electroencephalography	0	366,300	0.000000	0.000000	142,152	70.00
71.00	07100	Medical Supplies Charged to Patients	0	29,616,558	0.000000	0.000000	6,987,915	71.00
72.00	07200	Implantable Devices Chrgd to Patient	0	17,790,075	0.000000	0.000000	6,513,062	72.00
73.00	07300	Drugs Charged to Patients	0	43,306,983	0.000000	0.000000	16,934,826	73.00
74.00	07400	RENAL DIALYSIS	0	1,574,083	0.000000	0.000000	834,611	74.00
76.00	03951	wound care	0	2,760,573	0.000000	0.000000	8,187	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	Clinic	0	1,391,723	0.000000	0.000000	0	90.00
91.00	09100	Emergency	0	36,189,322	0.000000	0.000000	3,397,523	91.00
92.00	09200	Observation Beds (Non-Distinct Part)	0	1,514,334	0.000000	0.000000	30,369	92.00
200.00		Total (lines 50-199)	0	444,342,770			101,692,482	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140082

Period:
From 06/01/2011
To 05/31/2012

Worksheet D
Part IV
Date/Time Prepared:
10/25/2012 8:22 am

Cost Center Description		Title XVIII			Hospital	PPS		
		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School		
		11.00	12.00	13.00	21.00	22.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	Operating Room	0	11,759,421	0	0	0	50.00
50.01	03340	Gastro Intestinal Services	0	1,025,130	0	0	0	50.01
51.00	05100	Recovery Room	0	3,089,382	0	0	0	51.00
53.00	05300	Anesthesiology	0	1,706,011	0	0	0	53.00
54.00	05400	Radiology - Diagnostic	0	4,846,029	0	0	0	54.00
54.01	03630	Ultra Sound	0	857,219	0	0	0	54.01
55.00	05500	Radiology - Therapeutic	0	0	0	0	0	55.00
56.00	05600	Radioisotope	0	1,697,755	0	0	0	56.00
56.01	03650	Vascular Lab	0	920,380	0	0	0	56.01
56.02	03950	Strauss Oncology	0	15,948,710	0	0	0	56.02
57.00	05700	CT Scan	0	6,501,779	0	0	0	57.00
58.00	05800	Magnetic Resonance Imaging (MRI)	0	2,743,075	0	0	0	58.00
59.00	05900	Cardiac Catheterization	0	1,420,396	0	0	0	59.00
60.00	06000	Laboratory	0	1,213,780	0	0	0	60.00
63.00	06300	Blood Storing, Processing, & Trans.	0	180,866	0	0	0	63.00
65.00	06500	Respiratory Therapy	0	192,183	0	0	0	65.00
66.00	06600	Physical Therapy	0	0	0	0	0	66.00
69.00	06900	Electro cardiology	0	3,101,493	0	0	0	69.00
70.00	07000	Electroencephalography	0	41,240	0	0	0	70.00
71.00	07100	Medical Supplies Charged to Patients	0	4,097,237	0	0	0	71.00
72.00	07200	Implantable Devices Chrgd to Patient	0	1,280,496	0	0	0	72.00
73.00	07300	Drugs Charged to Patients	0	2,222,332	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	20,032	0	0	0	74.00
76.00	03951	wound Care	0	443,446	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	Clinic	0	249,006	0	0	0	90.00
91.00	09100	Emergency	0	5,538,844	0	0	0	91.00
92.00	09200	Observation Beds (Non-Distinct Part)	0	407,436	0	0	0	92.00
200.00		Total (lines 50-199)	0	71,503,678	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140082

Period:
From 06/01/2011
To 05/31/2012

Worksheet D
Part IV
Date/Time Prepared:
10/25/2012 8:22 am

Cost Center Description		Title XVIII		Hospital	PPS
		PSA Adj. Allied Health 23.00	PSA Adj. All Other Medical Education Cost 24.00		
ANCILLARY SERVICE COST CENTERS					
50.00	05000	Operating Room	0	0	50.00
50.01	03340	Gastro Intestinal Services	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
54.01	03630	Ultra Sound	0	0	54.01
55.00	05500	Radiology - Therapeutic	0	0	55.00
56.00	05600	Radioisotope	0	0	56.00
56.01	03650	Vascular Lab	0	0	56.01
56.02	03950	Strauss Oncology	0	0	56.02
57.00	05700	CT Scan	0	0	57.00
58.00	05800	Magnetic Resonance Imaging (MRI)	0	0	58.00
59.00	05900	Cardiac Catheterization	0	0	59.00
60.00	06000	Laboratory	0	0	60.00
63.00	06300	Blood Storing, Processing, & Trans.	0	0	63.00
65.00	06500	Respiratory Therapy	0	0	65.00
66.00	06600	Physical Therapy	0	0	66.00
69.00	06900	Electro cardiology	0	0	69.00
70.00	07000	Electroencephalography	0	0	70.00
71.00	07100	Medical Supplies Charged to Patients	0	0	71.00
72.00	07200	Implantable Devices Chrgd to Patient	0	0	72.00
73.00	07300	Drugs Charged to Patients	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
76.00	03951	wound Care	0	0	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	Clinic	0	0	90.00
91.00	09100	Emergency	0	0	91.00
92.00	09200	Observation Beds (Non-Distinct Part)	0	0	92.00
200.00		Total (lines 50-199)	0	0	200.00

		Title XVIII		Hospital	PPS		
Cost Center Description	Cost to Charge Ratio From worksheet C, Part I, col. 9	PPS Reimbursed Services (see instructions)	Charges				
			Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)			
	1.00	2.00	3.00	4.00			
ANCILLARY SERVICE COST CENTERS							
50.00	05000	Operating Room	0.170521	11,759,421	0	0	50.00
50.01	03340	Gastro Intestinal Services	0.262275	1,025,130	0	0	50.01
51.00	05100	Recovery Room	0.110980	3,089,382	0	0	51.00
53.00	05300	Anesthesiology	0.033680	1,706,011	0	0	53.00
54.00	05400	Radiology - Diagnostic	0.283544	4,846,029	0	0	54.00
54.01	03630	Ultra Sound	0.105079	857,219	0	0	54.01
55.00	05500	Radiology - Therapeutic	0.290163	0	0	0	55.00
56.00	05600	Radioisotope	0.159469	1,697,755	0	0	56.00
56.01	03650	Vascular Lab	0.103982	920,380	0	0	56.01
56.02	03950	Strauss Oncology	0.152022	15,948,710	0	24,960	56.02
57.00	05700	CT Scan	0.047726	6,501,779	0	0	57.00
58.00	05800	Magnetic Resonance Imaging (MRI)	0.034640	2,743,075	0	0	58.00
59.00	05900	Cardiac Catheterization	0.111231	1,420,396	0	0	59.00
60.00	06000	Laboratory	0.077571	1,213,780	0	0	60.00
63.00	06300	Blood Storing, Processing, & Trans.	0.231179	180,866	0	0	63.00
65.00	06500	Respiratory Therapy	0.159481	192,183	0	0	65.00
66.00	06600	Physical Therapy	0.237983	0	0	0	66.00
69.00	06900	Electro cardiology	0.095354	3,101,493	0	0	69.00
70.00	07000	Electroencephalography	0.260139	41,240	0	0	70.00
71.00	07100	Medical supplies Charged to Patients	0.125935	4,097,237	0	0	71.00
72.00	07200	Implantable Devices Chrgd to Patient	0.452185	1,280,496	0	0	72.00
73.00	07300	Drugs Charged to Patients	0.146803	2,222,332	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.347033	20,032	0	0	74.00
76.00	03951	wound Care	0.228396	443,446	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	Clinic	1.778862	249,006	0	0	90.00
91.00	09100	Emergency	0.143836	5,538,844	0	0	91.00
92.00	09200	Observation Beds (Non-Distinct Part)	0.651045	407,436	0	0	92.00
200.00		Subtotal (see instructions)		71,503,678	0	24,960	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00		Net Charges (line 200 +/- line 201)		71,503,678	0	24,960	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 140082

Period:
From 06/01/2011
To 05/31/2012

Worksheet D
Part V
Date/Time Prepared:
10/25/2012 8:22 am

		Title XVIII			Hospital	PPS
Cost Center Description	Costs					
	PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)			
	5.00	6.00	7.00			
ANCILLARY SERVICE COST CENTERS						
50.00	05000 Operating Room	2,005,228	0	0		50.00
50.01	03340 Gastro Intestinal Services	268,866	0	0		50.01
51.00	05100 Recovery Room	342,860	0	0		51.00
53.00	05300 Anesthesiology	57,458	0	0		53.00
54.00	05400 Radiology - Diagnostic	1,374,062	0	0		54.00
54.01	03630 Ultra Sound	90,076	0	0		54.01
55.00	05500 Radiology - Therapeutic	0	0	0		55.00
56.00	05600 Radioisotope	270,739	0	0		56.00
56.01	03650 Vascular Lab	95,703	0	0		56.01
56.02	03950 Strauss Oncology	2,424,555	0	3,794		56.02
57.00	05700 CT Scan	310,304	0	0		57.00
58.00	05800 Magnetic Resonance Imaging (MRI)	95,020	0	0		58.00
59.00	05900 Cardiac Catheterization	157,992	0	0		59.00
60.00	06000 Laboratory	94,154	0	0		60.00
63.00	06300 Blood Storing, Processing, & Trans.	41,812	0	0		63.00
65.00	06500 Respiratory Therapy	30,650	0	0		65.00
66.00	06600 Physical Therapy	0	0	0		66.00
69.00	06900 Electrocardiology	295,740	0	0		69.00
70.00	07000 Electroencephalography	10,728	0	0		70.00
71.00	07100 Medical Supplies Charged to Patients	515,986	0	0		71.00
72.00	07200 Implantable Devices Chrgd to Patient	579,021	0	0		72.00
73.00	07300 Drugs Charged to Patients	326,245	0	0		73.00
74.00	07400 RENAL DIALYSIS	6,952	0	0		74.00
76.00	03951 Wound Care	101,281	0	0		76.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 Clinic	442,947	0	0		90.00
91.00	09100 Emergency	796,685	0	0		91.00
92.00	09200 Observation Beds (Non-Distinct Part)	265,259	0	0		92.00
200.00	Subtotal (see instructions)	11,000,323	0	3,794		200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges		0			201.00
202.00	Net Charges (line 200 +/- line 201)	11,000,323	0	3,794		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140082	Period: From 06/01/2011 To 05/31/2012	Worksheet D Part II Date/Time Prepared: 10/25/2012 8:22 am				
		Component CCN: 14S082	Title XVIII	Subprovider - IPF	PPS			
Cost Center Description	Capital Related Cost (from wkst. B, Part II, col. 26)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)			
	1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	Operating Room	1,335,386	76,083,119	0.017552	4,583	80	50.00
50.01	03340	Gastro Intestinal Services	170,261	5,531,771	0.030779	0	0	50.01
51.00	05100	Recovery Room	161,869	12,759,492	0.012686	3,123	40	51.00
53.00	05300	Anesthesiology	24,870	11,297,576	0.002201	794	2	53.00
54.00	05400	Radiology - Diagnostic	555,389	14,322,306	0.038778	29,707	1,152	54.00
54.01	03630	Ultra Sound	13,347	3,531,262	0.003780	4,924	19	54.01
55.00	05500	Radiology - Therapeutic	164,885	3,217,961	0.051239	0	0	55.00
56.00	05600	Radioisotope	136,395	6,027,371	0.022629	6,138	139	56.00
56.01	03650	Vascular Lab	7,169	3,754,879	0.001909	19,033	36	56.01
56.02	03950	Strauss Oncology	63,976	30,123,800	0.002124	0	0	56.02
57.00	05700	CT Scan	60,060	26,336,546	0.002280	86,370	197	57.00
58.00	05800	Magnetic Resonance Imaging (MRI)	48,902	9,877,483	0.004951	0	0	58.00
59.00	05900	Cardiac Catheterization	80,742	10,213,130	0.007906	0	0	59.00
60.00	06000	Laboratory	258,936	54,124,521	0.004784	491,966	2,354	60.00
63.00	06300	Blood Storing, Processing, & Trans.	22,590	4,813,174	0.004693	1,610	8	63.00
65.00	06500	Respiratory Therapy	72,378	10,080,130	0.007180	7,792	56	65.00
66.00	06600	Physical Therapy	199,072	12,962,685	0.015357	155,586	2,389	66.00
69.00	06900	Electro cardiology	317,740	14,775,613	0.021504	77,641	1,670	69.00
70.00	07000	Electroencephalography	6,621	366,300	0.018075	1,770	32	70.00
71.00	07100	Medical Supplies Charged to Patients	93,242	29,616,558	0.003148	18,447	58	71.00
72.00	07200	Implantable Devices Chrgd to Patient	192,240	17,790,075	0.010806	20,920	226	72.00
73.00	07300	Drugs Charged to Patients	142,074	43,306,983	0.003281	359,662	1,180	73.00
74.00	07400	RENAL DIALYSIS	6,524	1,574,083	0.004145	3,794	16	74.00
76.00	03951	wound Care	118,328	2,760,573	0.042864	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	Clinic	319,151	1,391,723	0.229321	0	0	90.00
91.00	09100	Emergency	578,827	36,189,322	0.015994	193,774	3,099	91.00
92.00	09200	Observation Beds (Non-Distinct Part)	129,674	1,514,334	0.085631	0	0	92.00
200.00		Total (lines 50-199)	5,280,648	444,342,770		1,487,634	12,753	200.00

APPORIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140082
Component CCN: 145082

Period:
From 06/01/2011
To 05/31/2012

Worksheet D
Part IV
Date/Time Prepared:
10/25/2012 8:22 am

		Title XVIII			Subprovider - IPF	PPS	
Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	Operating Room	0	0	0	0	50.00
50.01	03340	Gastro Intestinal Services	0	0	0	0	50.01
51.00	05100	Recovery Room	0	0	0	0	51.00
53.00	05300	Anesthesiology	0	0	0	0	53.00
54.00	05400	Radiology - Diagnostic	0	0	0	0	54.00
54.01	03630	Ultra Sound	0	0	0	0	54.01
55.00	05500	Radiology - Therapeutic	0	0	0	0	55.00
56.00	05600	Radioisotope	0	0	0	0	56.00
56.01	03650	Vascular Lab	0	0	0	0	56.01
56.02	03950	Strauss Oncology	0	0	0	0	56.02
57.00	05700	CT Scan	0	0	0	0	57.00
58.00	05800	Magnetic Resonance Imaging (MRI)	0	0	0	0	58.00
59.00	05900	Cardiac Catheterization	0	0	0	0	59.00
60.00	06000	Laboratory	0	0	0	0	60.00
63.00	06300	Blood Storing, Processing, & Trans.	0	0	0	0	63.00
65.00	06500	Respiratory Therapy	0	0	0	0	65.00
66.00	06600	Physical Therapy	0	0	0	0	66.00
69.00	06900	Electro cardiology	0	0	0	0	69.00
70.00	07000	Electroencephalography	0	0	0	0	70.00
71.00	07100	Medical Supplies Charged to Patients	0	0	0	0	71.00
72.00	07200	Implantable Devices Chrgd to Patient	0	0	0	0	72.00
73.00	07300	Drugs Charged to Patients	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00	03951	wound Care	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	Clinic	0	0	0	0	90.00
91.00	09100	Emergency	0	0	0	0	91.00
92.00	09200	Observation Beds (Non-Distinct Part)	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140082

Period:
From 06/01/2011
To 05/31/2012

Worksheet D
Part IV
Date/Time Prepared:
10/25/2012 8:22 am

Component CCN: 14S082

Title XVIII

Subprovider -
IPF

PPS

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	Operating Room	0	76,083,119	0.000000	0.000000	4,583	50.00
50.01	03340	Gastro Intestinal Services	0	5,531,771	0.000000	0.000000	0	50.01
51.00	05100	Recovery Room	0	12,759,492	0.000000	0.000000	3,123	51.00
53.00	05300	Anesthesiology	0	11,297,576	0.000000	0.000000	794	53.00
54.00	05400	Radiology - Diagnostic	0	14,322,306	0.000000	0.000000	29,707	54.00
54.01	03630	Ultra sound	0	3,531,262	0.000000	0.000000	4,924	54.01
55.00	05500	Radiology - Therapeutic	0	3,217,961	0.000000	0.000000	0	55.00
56.00	05600	Radioisotope	0	6,027,371	0.000000	0.000000	6,138	56.00
56.01	03650	Vascular Lab	0	3,754,879	0.000000	0.000000	19,033	56.01
56.02	03950	Strauss Oncology	0	30,123,800	0.000000	0.000000	0	56.02
57.00	05700	CT Scan	0	26,336,546	0.000000	0.000000	86,370	57.00
58.00	05800	Magnetic Resonance Imaging (MRI)	0	9,877,483	0.000000	0.000000	0	58.00
59.00	05900	Cardiac Catheterization	0	10,213,130	0.000000	0.000000	0	59.00
60.00	06000	Laboratory	0	54,124,521	0.000000	0.000000	491,966	60.00
63.00	06300	Blood Storing, Processing, & Trans.	0	4,813,174	0.000000	0.000000	1,610	63.00
65.00	06500	Respiratory Therapy	0	10,080,130	0.000000	0.000000	7,792	65.00
66.00	06600	Physical Therapy	0	12,962,685	0.000000	0.000000	155,586	66.00
69.00	06900	Electro cardiology	0	14,775,613	0.000000	0.000000	77,641	69.00
70.00	07000	Electroencephalography	0	366,300	0.000000	0.000000	1,770	70.00
71.00	07100	Medical Supplies Charged to Patients	0	29,616,558	0.000000	0.000000	18,447	71.00
72.00	07200	Implantable Devices Chrgd to Patient	0	17,790,075	0.000000	0.000000	20,920	72.00
73.00	07300	Drugs Charged to Patients	0	43,306,983	0.000000	0.000000	359,662	73.00
74.00	07400	RENAL DIALYSIS	0	1,574,083	0.000000	0.000000	3,794	74.00
76.00	03951	wound Care	0	2,760,573	0.000000	0.000000	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	Clinic	0	1,391,723	0.000000	0.000000	0	90.00
91.00	09100	Emergency	0	36,189,322	0.000000	0.000000	193,774	91.00
92.00	09200	Observation Beds (Non-Distinct Part)	0	1,514,334	0.000000	0.000000	0	92.00
200.00		Total (lines 50-199)	0	444,342,770			1,487,634	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140082
Component CCN: 14S082

Period:
From 06/01/2011
To 05/31/2012

Worksheet D
Part IV
Date/Time Prepared:
10/25/2012 8:22 am

Cost Center Description		Title XVIII			Subprovider - IPF		PPS	
		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School		
		11.00	12.00	13.00	21.00	22.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	Operating Room	0	0	0	0	0	50.00
50.01	03340	Gastro Intestinal Services	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	1,411	0	0	0	54.00
54.01	03630	Ultra Sound	0	0	0	0	0	54.01
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	03650	Vascular Lab	0	0	0	0	0	56.01
56.02	03950	Strauss Oncology	0	0	0	0	0	56.02
57.00	05700	CT Scan	0	1,794	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
63.00	06300	Blood Storing, Processing, & Trans.	0	0	0	0	0	63.00
65.00	06500	Respiratory Therapy	0	0	0	0	0	65.00
66.00	06600	Physical Therapy	0	0	0	0	0	66.00
69.00	06900	Electro cardiology	0	1,618	0	0	0	69.00
70.00	07000	Electroencephalography	0	0	0	0	0	70.00
71.00	07100	Medical Supplies Charged to Patients	0	0	0	0	0	71.00
72.00	07200	Implantable Devices Chrgd to Patient	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
76.00	03951	Wound Care	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	Clinic	0	0	0	0	0	90.00
91.00	09100	Emergency	0	0	0	0	0	91.00
92.00	09200	Observation Beds (Non-Distinct Part)	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	4,823	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140082
Component CCN: 14S082

Period:
From 06/01/2011
To 05/31/2012

Worksheet D
Part IV
Date/Time Prepared:
10/25/2012 8:22 am

Cost Center Description		PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	
		23.00	24.00	
ANCILLARY SERVICE COST CENTERS				
50.00	05000 Operating Room	0	0	50.00
50.01	03340 Gastro Intestinal Services	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
54.01	03630 Ultra Sound	0	0	54.01
55.00	05500 Radiology - Therapeutic	0	0	55.00
56.00	05600 Radioisotope	0	0	56.00
56.01	03650 Vascular Lab	0	0	56.01
56.02	03950 Strauss Oncology	0	0	56.02
57.00	05700 CT Scan	0	0	57.00
58.00	05800 Magnetic Resonance Imaging (MRI)	0	0	58.00
59.00	05900 Cardiac Catheterization	0	0	59.00
60.00	06000 Laboratory	0	0	60.00
63.00	06300 Blood Storing, Processing, & Trans.	0	0	63.00
65.00	06500 Respiratory Therapy	0	0	65.00
66.00	06600 Physical Therapy	0	0	66.00
69.00	06900 Electro cardiology	0	0	69.00
70.00	07000 Electroencephalography	0	0	70.00
71.00	07100 Medical Supplies Charged to Patients	0	0	71.00
72.00	07200 Implantable Devices Chrgd to Patient	0	0	72.00
73.00	07300 Drugs Charged to Patients	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
76.00	03951 Wound Care	0	0	76.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 Clinic	0	0	90.00
91.00	09100 Emergency	0	0	91.00
92.00	09200 Observation Beds (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: 140082

Period: From 06/01/2011

Worksheet D

Component CCN: 145082

To 05/31/2012

Part v

Date/Time Prepared: 10/25/2012 8:22 am

Title XVIII

Subprovider - IPF

PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges					
		PPS Reimbursed Services (see instructions)	Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)			
	1.00	2.00	3.00	4.00			
ANCILLARY SERVICE COST CENTERS							
50.00	05000	Operating Room	0.170521	0	0	0	50.00
50.01	03340	Gastro Intestinal Services	0.262275	0	0	0	50.01
51.00	05100	Recovery Room	0.110980	0	0	0	51.00
53.00	05300	Anesthesiology	0.033680	0	0	0	53.00
54.00	05400	Radiology - Diagnostic	0.283544	1,411	0	0	54.00
54.01	03630	Ultra Sound	0.105079	0	0	0	54.01
55.00	05500	Radiology - Therapeutic	0.290163	0	0	0	55.00
56.00	05600	Radioisotope	0.159469	0	0	0	56.00
56.01	03650	Vascular Lab	0.103982	0	0	0	56.01
56.02	03950	Strauss Oncology	0.152022	0	0	0	56.02
57.00	05700	CT Scan	0.047726	1,794	0	0	57.00
58.00	05800	Magnetic Resonance Imaging (MRI)	0.034640	0	0	0	58.00
59.00	05900	Cardiac Catheterization	0.111231	0	0	0	59.00
60.00	06000	Laboratory	0.077571	0	0	0	60.00
63.00	06300	Blood Storing, Processing, & Trans.	0.231179	0	0	0	63.00
65.00	06500	Respiratory Therapy	0.159481	0	0	0	65.00
66.00	06600	Physical Therapy	0.237983	0	0	0	66.00
69.00	06900	Electro cardiology	0.095354	1,618	0	0	69.00
70.00	07000	Electroencephalography	0.260139	0	0	0	70.00
71.00	07100	Medical Supplies Charged to Patients	0.125935	0	0	0	71.00
72.00	07200	Implantable Devices Chrgd to Patient	0.452185	0	0	0	72.00
73.00	07300	Drugs Charged to Patients	0.146803	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.347033	0	0	0	74.00
76.00	03951	Wound Care	0.228396	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	Clinic	1.778862	0	0	0	90.00
91.00	09100	Emergency	0.143836	0	0	0	91.00
92.00	09200	Observation Beds (Non-Distinct Part)	0.651045	0	0	0	92.00
200.00		Subtotal (see instructions)		4,823	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00		Net Charges (line 200 +/- line 201)		4,823	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 140082

Period:
From 06/01/2011
To 05/31/2012

Worksheet D
Part V
Date/Time Prepared:
10/25/2012 8:22 am

Component CCN: 145082

Title XVIII

Subprovider -
IPF

PPS

Cost Center Description	Costs				
	PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)		
	5.00	6.00	7.00		
ANCILLARY SERVICE COST CENTERS					
50.00 05000 Operating Room	0	0	0		50.00
50.01 03340 Gastro Intestinal Services	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	400	0	0		54.00
54.01 03630 Ultra Sound	0	0	0		54.01
55.00 05500 Radiology - Therapeutic	0	0	0		55.00
56.00 05600 Radioisotope	0	0	0		56.00
56.01 03650 Vascular Lab	0	0	0		56.01
56.02 03950 Strauss Oncology	0	0	0		56.02
57.00 05700 CT Scan	86	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
63.00 06300 Blood Storing, Processing, & Trans.	0	0	0		63.00
65.00 06500 Respiratory Therapy	0	0	0		65.00
66.00 06600 Physical Therapy	0	0	0		66.00
69.00 06900 Electro cardiology	154	0	0		69.00
70.00 07000 Electroencephalography	0	0	0		70.00
71.00 07100 Medical Supplies Charged to Patients	0	0	0		71.00
72.00 07200 Implantable Devices Chrgd to Patient	0	0	0		72.00
73.00 07300 Drugs Charged to Patients	0	0	0		73.00
74.00 07400 RENAL DIALYSIS	0	0	0		74.00
76.00 03951 Wound Care	0	0	0		76.00
OUTPATIENT SERVICE COST CENTERS					
90.00 09000 Clinic	0	0	0		90.00
91.00 09100 Emergency	0	0	0		91.00
92.00 09200 Observation Beds (Non-Distinct Part)	0	0	0		92.00
200.00 Subtotal (see instructions)	640	0	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges		0			201.00
202.00 Net Charges (line 200 +/- line 201)	640	0	0		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140082		Period: From 06/01/2011 To 05/31/2012		Worksheet D Part II Date/Time Prepared: 10/25/2012 8:22 am		
		Component CCN: 14T082		Title XVIII		Subprovider - IRF PPS		
Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)			
	1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	Operating Room	1,335,386	76,083,119	0.017552	46,289	812	50.00
50.01	03340	Gastro Intestinal Services	170,261	5,531,771	0.030779	0	0	50.01
51.00	05100	Recovery Room	161,869	12,759,492	0.012686	16,351	207	51.00
53.00	05300	Anesthesiology	24,870	11,297,576	0.002201	6,220	14	53.00
54.00	05400	Radiology - Diagnostic	555,389	14,322,306	0.038778	39,912	1,548	54.00
54.01	03630	Ultra Sound	13,347	3,531,262	0.003780	12,626	48	54.01
55.00	05500	Radiology - Therapeutic	164,885	3,217,961	0.051239	0	0	55.00
56.00	05600	Radioisotope	136,395	6,027,371	0.022629	7,091	160	56.00
56.01	03650	Vascular Lab	7,169	3,754,879	0.001909	26,160	50	56.01
56.02	03950	Strauss Oncology	63,976	30,123,800	0.002124	6,314	13	56.02
57.00	05700	CT Scan	60,060	26,336,546	0.002280	41,551	95	57.00
58.00	05800	Magnetic Resonance Imaging (MRI)	48,902	9,877,483	0.004951	7,026	35	58.00
59.00	05900	Cardiac Catheterization	80,742	10,213,130	0.007906	0	0	59.00
60.00	06000	Laboratory	258,936	54,124,521	0.004784	405,788	1,941	60.00
63.00	06300	Blood Storing, Processing, & Trans.	22,590	4,813,174	0.004693	18,236	86	63.00
65.00	06500	Respiratory Therapy	72,378	10,080,130	0.007180	183,688	1,319	65.00
66.00	06600	Physical Therapy	199,072	12,962,685	0.015357	2,942,998	45,196	66.00
69.00	06900	Electro cardiology	317,740	14,775,613	0.021504	22,150	476	69.00
70.00	07000	Electroencephalography	6,621	366,300	0.018075	2,655	48	70.00
71.00	07100	Medical Supplies Charged to Patients	93,242	29,616,558	0.003148	131,334	413	71.00
72.00	07200	Implantable Devices Chrgd to Patient	192,240	17,790,075	0.010806	2,834	31	72.00
73.00	07300	Drugs Charged to Patients	142,074	43,306,983	0.003281	605,451	1,986	73.00
74.00	07400	RENAL DIALYSIS	6,524	1,574,083	0.004145	75,717	314	74.00
76.00	03951	wound Care	118,328	2,760,573	0.042864	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	Clinic	319,151	1,391,723	0.229321	0	0	90.00
91.00	09100	Emergency	578,827	36,189,322	0.015994	1,847	30	91.00
92.00	09200	Observation Beds (Non-Distinct Part)	129,674	1,514,334	0.085631	0	0	92.00
200.00		Total (lines 50-199)	5,280,648	444,342,770		4,602,238	54,822	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140082
Component CCN: 14T082

Period:
From 06/01/2011
To 05/31/2012

Worksheet D
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		Title XVIII			Subprovider - IRF	PPS		
Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	Operating Room	0	0	0	0	0	50.00
50.01	03340	Gastro Intestinal Services	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
54.01	03630	Ultra Sound	0	0	0	0	0	54.01
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	03650	Vascular Lab	0	0	0	0	0	56.01
56.02	03950	Strauss Oncology	0	0	0	0	0	56.02
57.00	05700	CT Scan	0	0	0	0	0	57.00
58.00	05800	Magnetic Resonance Imaging (MRI)	0	0	0	0	0	58.00
59.00	05900	Cardiac Catheterization	0	0	0	0	0	59.00
60.00	06000	Laboratory	0	0	0	0	0	60.00
63.00	06300	Blood Storing, Processing, & Trans.	0	0	0	0	0	63.00
65.00	06500	Respiratory Therapy	0	0	0	0	0	65.00
66.00	06600	Physical Therapy	0	0	0	0	0	66.00
69.00	06900	Electro cardiology	0	0	0	0	0	69.00
70.00	07000	Electroencephalography	0	0	0	0	0	70.00
71.00	07100	Medical Supplies Charged to Patients.	0	0	0	0	0	71.00
72.00	07200	Implantable Devices Chrgd to Patient	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
76.00	03951	wound Care	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	Clinic	0	0	0	0	0	90.00
91.00	09100	Emergency	0	0	0	0	0	91.00
92.00	09200	Observation Beds (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: 140082
Component CCN: 14T082

Period:
From 06/01/2011
To 05/31/2012

Worksheet D
Part IV
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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	76,083,119	0.000000	0.000000	46,289	50.00
50.01	03340	Gastro Intestinal Services	0	5,531,771	0.000000	0.000000	0	50.01
51.00	05100	Recovery Room	0	12,759,492	0.000000	0.000000	16,351	51.00
53.00	05300	Anesthesiology	0	11,297,576	0.000000	0.000000	6,220	53.00
54.00	05400	Radiology - Diagnostic	0	14,322,306	0.000000	0.000000	39,912	54.00
54.01	03630	Ultra Sound	0	3,531,262	0.000000	0.000000	12,626	54.01
55.00	05500	Radiology - Therapeutic	0	3,217,961	0.000000	0.000000	0	55.00
56.00	05600	Radioisotope	0	6,027,371	0.000000	0.000000	7,091	56.00
56.01	03650	Vascular Lab	0	3,754,879	0.000000	0.000000	26,160	56.01
56.02	03950	Strauss Oncology	0	30,123,800	0.000000	0.000000	6,314	56.02
57.00	05700	CT Scan	0	26,336,546	0.000000	0.000000	41,551	57.00
58.00	05800	Magnetic Resonance Imaging (MRI)	0	9,877,483	0.000000	0.000000	7,026	58.00
59.00	05900	Cardiac Catheterization	0	10,213,130	0.000000	0.000000	0	59.00
60.00	06000	Laboratory	0	54,124,521	0.000000	0.000000	405,788	60.00
63.00	06300	Blood Storing, Processing, & Trans.	0	4,813,174	0.000000	0.000000	18,236	63.00
65.00	06500	Respiratory Therapy	0	10,080,130	0.000000	0.000000	183,688	65.00
66.00	06600	Physical Therapy	0	12,962,685	0.000000	0.000000	2,942,998	66.00
69.00	06900	Electro cardiology	0	14,775,613	0.000000	0.000000	22,150	69.00
70.00	07000	Electroencephalography	0	366,300	0.000000	0.000000	2,655	70.00
71.00	07100	Medical Supplies Charged to Patients	0	29,616,558	0.000000	0.000000	131,334	71.00
72.00	07200	Implantable Devices Chrgd to Patient	0	17,790,075	0.000000	0.000000	2,834	72.00
73.00	07300	Drugs Charged to Patients	0	43,306,983	0.000000	0.000000	605,451	73.00
74.00	07400	RENAL DIALYSIS	0	1,574,083	0.000000	0.000000	75,717	74.00
76.00	03951	wound Care	0	2,760,573	0.000000	0.000000	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	Clinic	0	1,391,723	0.000000	0.000000	0	90.00
91.00	09100	Emergency	0	36,189,322	0.000000	0.000000	1,847	91.00
92.00	09200	Observation Beds (Non-Distinct Part)	0	1,514,334	0.000000	0.000000	0	92.00
200.00		Total (lines 50-199)	0	444,342,770			4,602,238	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140082

Period:
From 06/01/2011
To 05/31/2012

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Part IV
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		Title XVIII			Subprovider - IRF		PPS	
Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School		
		11.00	12.00	13.00	21.00	22.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	Operating Room	0	8,874	0	0	0	50.00
50.01	03340	Gastro Intestinal Services	0	2,767	0	0	0	50.01
51.00	05100	Recovery Room	0	2,746	0	0	0	51.00
53.00	05300	Anesthesiology	0	1,323	0	0	0	53.00
54.00	05400	Radiology - Diagnostic	0	12,135	0	0	0	54.00
54.01	03630	Ultra Sound	0	1,736	0	0	0	54.01
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	03650	Vascular Lab	0	4,599	0	0	0	56.01
56.02	03950	Strauss Oncology	0	3,366	0	0	0	56.02
57.00	05700	CT Scan	0	14,859	0	0	0	57.00
58.00	05800	Magnetic Resonance Imaging (MRI)	0	8,639	0	0	0	58.00
59.00	05900	Cardiac Catheterization	0	0	0	0	0	59.00
60.00	06000	Laboratory	0	3,779	0	0	0	60.00
63.00	06300	Blood Storing, Processing, & Trans.	0	0	0	0	0	63.00
65.00	06500	Respiratory Therapy	0	115	0	0	0	65.00
66.00	06600	Physical Therapy	0	0	0	0	0	66.00
69.00	06900	Electro cardiology	0	8,612	0	0	0	69.00
70.00	07000	Electroencephalography	0	0	0	0	0	70.00
71.00	07100	Medical Supplies Charged to Patients	0	8,097	0	0	0	71.00
72.00	07200	Implantable Devices Chrgd to Patient	0	0	0	0	0	72.00
73.00	07300	Drugs Charged to Patients	0	32,541	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03951	Wound Care	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	Clinic	0	859	0	0	0	90.00
91.00	09100	Emergency	0	23,018	0	0	0	91.00
92.00	09200	Observation Beds (Non-Distinct Part)	0	6,790	0	0	0	92.00
200.00		Total (lines 50-199)	0	144,855	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140082

Period:
From 06/01/2011
To 05/31/2012

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Part IV
Date/Time Prepared:
10/25/2012 8:22 am

Component CCN: 14T082

Title XVIII

Subprovider -
IRF

PPS

Cost Center Description		PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	
		23.00	24.00	
ANCILLARY SERVICE COST CENTERS				
50.00	05000 Operating Room	0	0	50.00
50.01	03340 Gastro Intestinal Services	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
54.01	03630 Ultra Sound	0	0	54.01
55.00	05500 Radiology - Therapeutic	0	0	55.00
56.00	05600 Radioisotope	0	0	56.00
56.01	03650 Vascular Lab	0	0	56.01
56.02	03950 Strauss Oncology	0	0	56.02
57.00	05700 CT scan	0	0	57.00
58.00	05800 Magnetic Resonance Imaging (MRI)	0	0	58.00
59.00	05900 Cardiac Catheterization	0	0	59.00
60.00	06000 Laboratory	0	0	60.00
63.00	06300 Blood Storing, Processing, & Trans.	0	0	63.00
65.00	06500 Respiratory Therapy	0	0	65.00
66.00	06600 Physical Therapy	0	0	66.00
69.00	06900 Electro cardiology	0	0	69.00
70.00	07000 Electroencephalography	0	0	70.00
71.00	07100 Medical Supplies Charged to Patients	0	0	71.00
72.00	07200 Implantable Devices Chrgd to Patient	0	0	72.00
73.00	07300 Drugs Charged to Patients	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
76.00	03951 Wound Care	0	0	76.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 Clinic	0	0	90.00
91.00	09100 Emergency	0	0	91.00
92.00	09200 Observation Beds (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: 140082	Period: From 06/01/2011 To 05/31/2012	Worksheet D Part V Date/Time Prepared: 10/25/2012 8:22 am
	Component CCN: 14T082		

		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges					
		PPS Reimbursed Services (see instructions)	Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)			
	1.00	2.00	3.00	4.00			
ANCILLARY SERVICE COST CENTERS							
50.00	05000	Operating Room	0.170521	8,874	0	0	50.00
50.01	03340	Gastro Intestinal Services	0.262275	2,767	0	0	50.01
51.00	05100	Recovery Room	0.110980	2,746	0	0	51.00
53.00	05300	Anesthesiology	0.033680	1,323	0	0	53.00
54.00	05400	Radiology - Diagnostic	0.283544	12,135	0	0	54.00
54.01	03630	Ultra Sound	0.105079	1,736	0	0	54.01
55.00	05500	Radiology - Therapeutic	0.290163	0	0	0	55.00
56.00	05600	Radioisotope	0.159469	0	0	0	56.00
56.01	03650	Vascular Lab	0.103982	4,599	0	0	56.01
56.02	03950	Strauss Oncology	0.152022	3,366	0	0	56.02
57.00	05700	CT Scan	0.047726	14,859	0	0	57.00
58.00	05800	Magnetic Resonance Imaging (MRI)	0.034640	8,639	0	0	58.00
59.00	05900	Cardiac Catheterization	0.111231	0	0	0	59.00
60.00	06000	Laboratory	0.077571	3,779	0	0	60.00
63.00	06300	Blood Storing, Processing, & Trans.	0.231179	0	0	0	63.00
65.00	06500	Respiratory Therapy	0.159481	115	0	0	65.00
66.00	06600	Physical Therapy	0.237983	0	0	0	66.00
69.00	06900	Electro cardiology	0.095354	8,612	0	0	69.00
70.00	07000	Electroencephalography	0.260139	0	0	0	70.00
71.00	07100	Medical Supplies Charged to Patients	0.125935	8,097	0	0	71.00
72.00	07200	Implantable Devices Chrgd to Patient	0.452185	0	0	0	72.00
73.00	07300	Drugs Charged to Patients	0.146803	32,541	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.347033	0	0	0	74.00
76.00	03951	Wound Care	0.228396	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	Clinic	1.778862	859	0	0	90.00
91.00	09100	Emergency	0.143836	23,018	0	0	91.00
92.00	09200	Observation Beds (Non-Distinct Part)	0.651045	6,790	0	0	92.00
200.00		Subtotal (see instructions)		144,855	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00		Net Charges (line 200 +/- line 201)		144,855	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 140082

Period:
From 06/01/2011
To 05/31/2012

Worksheet D
Part v
Date/Time Prepared:
10/25/2012 8:22 am

Component CCN: 14T082

Title XVIII

Subprovider -
IRF

PPS

Cost Center Description	Costs				
	PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)		
	5.00	6.00	7.00		
ANCILLARY SERVICE COST CENTERS					
50.00 05000 Operating Room	1,513	0	0		50.00
50.01 03340 Gastro Intestinal Services	726	0	0		50.01
51.00 05100 Recovery Room	305	0	0		51.00
53.00 05300 Anesthesiology	45	0	0		53.00
54.00 05400 Radiology - Diagnostic	3,441	0	0		54.00
54.01 03630 Ultra Sound	182	0	0		54.01
55.00 05500 Radiology - Therapeutic	0	0	0		55.00
56.00 05600 Radioisotope	0	0	0		56.00
56.01 03650 Vascular Lab	478	0	0		56.01
56.02 03950 Strauss Oncology	512	0	0		56.02
57.00 05700 CT Scan	709	0	0		57.00
58.00 05800 Magnetic Resonance Imaging (MRI)	299	0	0		58.00
59.00 05900 Cardiac Catheterization	0	0	0		59.00
60.00 06000 Laboratory	293	0	0		60.00
63.00 06300 Blood Storing, Processing, & Trans.	0	0	0		63.00
65.00 06500 Respiratory Therapy	18	0	0		65.00
66.00 06600 Physical Therapy	0	0	0		66.00
69.00 06900 Electro cardiology	821	0	0		69.00
70.00 07000 Electroencephalography	0	0	0		70.00
71.00 07100 Medical Supplies Charged to Patients	1,020	0	0		71.00
72.00 07200 Implantable Devices Chrgd to Patient	0	0	0		72.00
73.00 07300 Drugs Charged to Patients	4,777	0	0		73.00
74.00 07400 RENAL DIALYSIS	0	0	0		74.00
76.00 03951 wound Care	0	0	0		76.00
OUTPATIENT SERVICE COST CENTERS					
90.00 09000 Clinic	1,528	0	0		90.00
91.00 09100 Emergency	3,311	0	0		91.00
92.00 09200 Observation Beds (Non-Distinct Part)	4,421	0	0		92.00
200.00 Subtotal (see instructions)	24,399	0	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges		0	0		201.00
202.00 Net Charges (line 200 +/- line 201)	24,399	0	0		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 140082

Period:
From 06/01/2011
To 05/31/2012

Worksheet D
Part I
Date/Time Prepared:
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Cost Center Description		Title XIX			Hospital	Per Diem (col. 3 / col. 4)		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days			
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	Adults & Pediatrics	2,726,912	0	2,726,912	26,097	104.49	30.00
31.00	03100	Intensive Care Unit	591,451		591,451	4,294	137.74	31.00
40.00	04000	SUBPROVIDER - IPF	255,533	0	255,533	2,635	96.98	40.00
41.00	04100	SUBPROVIDER - IRF	456,534	0	456,534	3,638	125.49	41.00
43.00	04300	Nursery	0		0	0	0.00	43.00
200.00		Total (lines 30-199)	4,030,430		4,030,430	36,664		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 140082

Period:
From 06/01/2011
To 05/31/2012

Worksheet D
Part I
Date/Time Prepared:
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Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)	Title XIX	Hospital
		6.00	7.00		
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 Adults & Pediatrics	6,917	722,757		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	466	58,478		41.00
43.00	04300 Nursery	0	0		43.00
200.00	Total (lines 30-199)	7,383	781,235		200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 140082

Period:
From 06/01/2011
To 05/31/2012

Worksheet D
Part II
Date/Time Prepared:
10/25/2012 8:22 am

Cost Center Description		Title XIX			Hospital	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)
		1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 Operating Room	1,335,386	76,083,119	0.017552	0	0 50.00
50.01	03340 Gastro Intestinal Services	170,261	5,531,771	0.030779	0	0 50.01
51.00	05100 Recovery Room	161,869	12,759,492	0.012686	0	0 51.00
53.00	05300 Anesthesiology	24,870	11,297,576	0.002201	0	0 53.00
54.00	05400 Radiology - Diagnostic	555,389	14,322,306	0.038778	0	0 54.00
54.01	03630 Ultra Sound	13,347	3,531,262	0.003780	0	0 54.01
55.00	05500 Radiology - Therapeutic	164,885	3,217,961	0.051239	0	0 55.00
56.00	05600 Radioisotope	136,395	6,027,371	0.022629	0	0 56.00
56.01	03650 Vascular Lab	7,169	3,754,879	0.001909	0	0 56.01
56.02	03950 Strauss Oncology	63,976	30,123,800	0.002124	0	0 56.02
57.00	05700 CT Scan	60,060	26,336,546	0.002280	0	0 57.00
58.00	05800 Magnetic Resonance Imaging (MRI)	48,902	9,877,483	0.004951	0	0 58.00
59.00	05900 Cardiac Catheterization	80,742	10,213,130	0.007906	0	0 59.00
60.00	06000 Laboratory	258,936	54,124,521	0.004784	0	0 60.00
63.00	06300 Blood Storing, Processing, & Trans.	22,590	4,813,174	0.004693	0	0 63.00
65.00	06500 Respiratory Therapy	72,378	10,080,130	0.007180	0	0 65.00
66.00	06600 Physical Therapy	199,072	12,962,685	0.015357	0	0 66.00
69.00	06900 Electro cardiology	317,740	14,775,613	0.021504	0	0 69.00
70.00	07000 Electroencephalography	6,621	366,300	0.018075	0	0 70.00
71.00	07100 Medical Supplies Charged to Patients	93,242	29,616,558	0.003148	0	0 71.00
72.00	07200 Implantable Devices Chrgd to Patient	192,240	17,790,075	0.010806	0	0 72.00
73.00	07300 Drugs Charged to Patients	142,074	43,306,983	0.003281	0	0 73.00
74.00	07400 RENAL DIALYSIS	6,524	1,574,083	0.004145	0	0 74.00
76.00	03951 Wound Care	118,328	2,760,573	0.042864	0	0 76.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 Clinic	319,151	1,391,723	0.229321	0	0 90.00
91.00	09100 Emergency	578,827	36,189,322	0.015994	0	0 91.00
92.00	09200 Observation Beds (Non-Distinct Part)	129,674	1,514,334	0.085631	0	0 92.00
200.00	Total (lines 50-199)	5,280,648	444,342,770		0	0 200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140082

Period:
From 06/01/2011
To 05/31/2012

Worksheet D
Part III
Date/Time Prepared:
10/25/2012 8:22 am

Cost Center Description	Title XIX			Hospital		Total Costs (sum of cols. 1 through 3, minus col. 4)
	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)		
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 Adults & Pediatrics	0	0	0	0	0	0 30.00
31.00 03100 Intensive Care Unit	0	0	0	0	0	0 31.00
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	0	0 40.00
41.00 04100 SUBPROVIDER - IRF	0	0	0	0	0	0 41.00
43.00 04300 Nursery	0	0	0	0	0	0 43.00
200.00 Total (lines 30-199)	0	0	0	0	0	0 200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140082

Period:
From 06/01/2011
To 05/31/2012

Worksheet D
Part III
Date/Time Prepared:
10/25/2012 8:22 am

Cost Center Description	Title XIX			Hospital		PSA Adj. Nursing School	
	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)			
	6.00	7.00	8.00	9.00	11.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 Adults & Pediatrics	26,097	0.00	6,917	0	0	30.00
31.00	03100 Intensive Care Unit	4,294	0.00	0	0	0	31.00
40.00	04000 SUBPROVIDER - IPF	2,635	0.00	0	0	0	40.00
41.00	04100 SUBPROVIDER - IRF	3,638	0.00	466	0	0	41.00
43.00	04300 Nursery	0	0.00	0	0	0	43.00
200.00	Total (lines 30-199)	36,664		7,383	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140082

Period:
From 06/01/2011
To 05/31/2012

Worksheet D
Part III
Date/Time Prepared:
10/25/2012 8:22 am

Cost Center Description		Title XIX		Hospital	
		PSA Adj. Allied Health Cost 12.00	PSA Adj. All Other Medical Education Cost 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
43.00	04300	Nursery	0	0	43.00
200.00		Total (lines 30-199)	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140082

Period:
From 06/01/2011
To 05/31/2012

Worksheet D
Part IV
Date/Time Prepared:
10/25/2012 8:22 am

Cost Center Description	Title XIX			Hospital		Total Cost (sum of col 1 through col. 4)	5.00	
	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost				
	1.00	2.00	3.00	4.00				
ANCILLARY SERVICE COST CENTERS								
50.00	05000	Operating Room	0	0	0	0	0	50.00
50.01	03340	Gastro Intestinal Services	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
54.01	03630	Ultra Sound	0	0	0	0	0	54.01
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	03650	Vascular Lab	0	0	0	0	0	56.01
56.02	03950	Strauss Oncology	0	0	0	0	0	56.02
57.00	05700	CT Scan	0	0	0	0	0	57.00
58.00	05800	Magnetic Resonance Imaging (MRI)	0	0	0	0	0	58.00
59.00	05900	Cardiac Catheterization	0	0	0	0	0	59.00
60.00	06000	Laboratory	0	0	0	0	0	60.00
63.00	06300	Blood Storing, Processing, & Trans.	0	0	0	0	0	63.00
65.00	06500	Respiratory Therapy	0	0	0	0	0	65.00
66.00	06600	Physical Therapy	0	0	0	0	0	66.00
69.00	06900	Electro cardiology	0	0	0	0	0	69.00
70.00	07000	Electroencephalography	0	0	0	0	0	70.00
71.00	07100	Medical Supplies Charged to Patients	0	0	0	0	0	71.00
72.00	07200	Implantable Devices Chrgd to Patient	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
76.00	03951	wound Care	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	Clinic	0	0	0	0	0	90.00
91.00	09100	Emergency	0	0	0	0	0	91.00
92.00	09200	Observation Beds (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: 140082

Period:
From 06/01/2011
To 05/31/2012

Worksheet D
Part IV
Date/Time Prepared:
10/25/2012 8:22 am

Cost Center Description	Title XIX			Hospital		Inpatient Program Charges	
	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)			
	6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS							
50.00 05000 Operating Room	0	76,083,119	0.000000	0.000000	0	50.00	
50.01 03340 Gastro Intestinal Services	0	5,531,771	0.000000	0.000000	0	50.01	
51.00 05100 Recovery Room	0	12,759,492	0.000000	0.000000	0	51.00	
53.00 05300 Anesthesiology	0	11,297,576	0.000000	0.000000	0	53.00	
54.00 05400 Radiology - Diagnostic	0	14,322,306	0.000000	0.000000	0	54.00	
54.01 03630 Ultra Sound	0	3,531,262	0.000000	0.000000	0	54.01	
55.00 05500 Radiology - Therapeutic	0	3,217,961	0.000000	0.000000	0	55.00	
56.00 05600 Radioisotope	0	6,027,371	0.000000	0.000000	0	56.00	
56.01 03650 Vascular Lab	0	3,754,879	0.000000	0.000000	0	56.01	
56.02 03950 Strauss Oncology	0	30,123,800	0.000000	0.000000	0	56.02	
57.00 05700 CT Scan	0	26,336,546	0.000000	0.000000	0	57.00	
58.00 05800 Magnetic Resonance Imaging (MRI)	0	9,877,483	0.000000	0.000000	0	58.00	
59.00 05900 Cardiac Catheterization	0	10,213,130	0.000000	0.000000	0	59.00	
60.00 06000 Laboratory	0	54,124,521	0.000000	0.000000	0	60.00	
63.00 06300 Blood Storing, Processing, & Trans.	0	4,813,174	0.000000	0.000000	0	63.00	
65.00 06500 Respiratory Therapy	0	10,080,130	0.000000	0.000000	0	65.00	
66.00 06600 Physical Therapy	0	12,962,685	0.000000	0.000000	0	66.00	
69.00 06900 Electrocardiology	0	14,775,613	0.000000	0.000000	0	69.00	
70.00 07000 Electroencephalography	0	366,300	0.000000	0.000000	0	70.00	
71.00 07100 Medical Supplies Charged to Patients	0	29,616,558	0.000000	0.000000	0	71.00	
72.00 07200 Implantable Devices Chrgd to Patient	0	17,790,075	0.000000	0.000000	0	72.00	
73.00 07300 Drugs Charged to Patients	0	43,306,983	0.000000	0.000000	0	73.00	
74.00 07400 RENAL DIALYSIS	0	1,574,083	0.000000	0.000000	0	74.00	
76.00 03951 Wound Care	0	2,760,573	0.000000	0.000000	0	76.00	
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 Clinic	0	1,391,723	0.000000	0.000000	0	90.00	
91.00 09100 Emergency	0	36,189,322	0.000000	0.000000	0	91.00	
92.00 09200 Observation Beds (Non-Distinct Part)	0	1,514,334	0.000000	0.000000	0	92.00	
200.00 Total (lines 50-199)	0	444,342,770			0	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140082

Period:
From 06/01/2011
To 05/31/2012

Worksheet D
Part IV
Date/Time Prepared:
10/25/2012 8:22 am

Cost Center	Description	Title XIX			Hospital		
		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	Operating Room	0	0	0	0	0 50.00
50.01	03340	Gastro Intestinal Services	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
54.01	03630	Ultra Sound	0	0	0	0	0 54.01
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	03650	Vascular Lab	0	0	0	0	0 56.01
56.02	03950	Strauss Oncology	0	0	0	0	0 56.02
57.00	05700	CT Scan	0	0	0	0	0 57.00
58.00	05800	Magnetic Resonance Imaging (MRI)	0	0	0	0	0 58.00
59.00	05900	Cardiac Catheterization	0	0	0	0	0 59.00
60.00	06000	Laboratory	0	0	0	0	0 60.00
63.00	06300	Blood Storing, Processing, & Trans.	0	0	0	0	0 63.00
65.00	06500	Respiratory Therapy	0	0	0	0	0 65.00
66.00	06600	Physical Therapy	0	0	0	0	0 66.00
69.00	06900	Electro cardiology	0	0	0	0	0 69.00
70.00	07000	Electroencephalography	0	0	0	0	0 70.00
71.00	07100	Medical Supplies Charged to Patients	0	0	0	0	0 71.00
72.00	07200	Implantable Devices Chrgd to Patient	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
76.00	03951	wound Care	0	0	0	0	0 76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	Clinic	0	0	0	0	0 90.00
91.00	09100	Emergency	0	0	0	0	0 91.00
92.00	09200	Observation Beds (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: 140082

Period:
From 06/01/2011
To 05/31/2012

Worksheet D
Part IV
Date/Time Prepared:
10/25/2012 8:22 am

Cost Center Description		Title XIX		Hospital	
		PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost		
		23.00	24.00		
ANCILLARY SERVICE COST CENTERS					
50.00	05000	Operating Room	0	0	50.00
50.01	03340	Gastro Intestinal Services	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
54.01	03630	Ultra Sound	0	0	54.01
55.00	05500	Radiology - Therapeutic	0	0	55.00
56.00	05600	Radioisotope	0	0	56.00
56.01	03650	Vascular Lab	0	0	56.01
56.02	03950	Strauss Oncology	0	0	56.02
57.00	05700	CT Scan	0	0	57.00
58.00	05800	Magnetic Resonance Imaging (MRI)	0	0	58.00
59.00	05900	Cardiac Catheterization	0	0	59.00
60.00	06000	Laboratory	0	0	60.00
63.00	06300	Blood Storing, Processing, & Trans.	0	0	63.00
65.00	06500	Respiratory Therapy	0	0	65.00
66.00	06600	Physical Therapy	0	0	66.00
69.00	06900	Electro cardiology	0	0	69.00
70.00	07000	Electroencephalography	0	0	70.00
71.00	07100	Medical Supplies Charged to Patients	0	0	71.00
72.00	07200	Implantable Devices Chrgd to Patient	0	0	72.00
73.00	07300	Drugs Charged to Patients	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
76.00	03951	wound Care	0	0	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	Clinic	0	0	90.00
91.00	09100	Emergency	0	0	91.00
92.00	09200	Observation Beds (Non-Distinct Part)	0	0	92.00
200.00		Total (lines 50-199)	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140082	Period: From 06/01/2011 To 05/31/2012	Worksheet D-1
Title XVIII		Hospital	Date/Time Prepared: 10/25/2012 8:22 am	
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		26,097	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		26,097	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)		24,856	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)		12,799	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		20,732,393	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)		20,732,393	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		54,589,262	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		54,589,262	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.379789	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		2,196.22	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)		20,732,393	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		794.44	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		10,168,038	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)		10,168,038	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140082

Period:
From 06/01/2011
To 05/31/2012

Worksheet D-1

Date/Time Prepared:
10/25/2012 8:22 am

		Title XVIII			Hospital	PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00 Nursery (title V & XIX only)	0	0	0.00	0	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 Intensive Care Unit	5,348,424	4,294	1,245.56	2,139	2,664,253		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)					15,226,369		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					28,058,660		49.00
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from wkst. D, sum of Parts I and III)					1,631,994		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from wkst. D, sum of Parts II and IV)					940,564		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					2,572,558		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					25,486,102		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)					1,241		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					794.44		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					985,900		89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140082

Period:
From 06/01/2011
To 05/31/2012

Worksheet D-1

Date/Time Prepared:
10/25/2012 8:22 am

Cost Center Description	Cost	Title XVIII		Hospital	PPS	
		Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00 Capital-related cost	2,726,912	20,732,393	0.131529	985,900	129,674	90.00
91.00 Nursing School cost	0	20,732,393	0.000000	985,900	0	91.00
92.00 Allied health cost	0	20,732,393	0.000000	985,900	0	92.00
93.00 All other Medical Education	0	20,732,393	0.000000	985,900	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 140082	Period: From 06/01/2011 To 05/31/2012	Worksheet D-1
	Component CCN: 14S082		Date/Time Prepared: 10/25/2012 8:22 am
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description		1.00	
PART I - ALL PROVIDER COMPONENTS			
INPATIENT DAYS			
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	2,635	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	2,635	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)	2,635	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	2,165	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	0	14.00
15.00	Total nursery days (title V or XIX only)	0	15.00
16.00	Nursery days (title V or XIX only)	0	16.00
SWING BED ADJUSTMENT			
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period	0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)	2,005,092	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)	2,005,092	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28.00	General inpatient routine service charges (excluding swing-bed charges)	4,443,265	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	4,443,265	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.451265	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)	1,686.25	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)	2,005,092	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY			
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS			
38.00	Adjusted general inpatient routine service cost per diem (see instructions)	760.95	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	1,647,457	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)	1,647,457	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140082		Period: From 06/01/2011 To 05/31/2012		Worksheet D-1	
		Component CCN: 14S082				Date/Time Prepared: 10/25/2012 8:22 am	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 Nursery (title V & XIX only)	0	0	0.00	0	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 Intensive Care Unit	0	0	0.00	0	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)					195,656		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,843,113		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)					209,962		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from wkst. D, sum of Parts II and IV)					12,753		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					222,715		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,620,398		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: 140082		Period: From 06/01/2011 To 05/31/2012		Worksheet D-1	
		Component CCN: 14S082		Date/Time Prepared: 10/25/2012 8:22 am		PPS	
		Title XVIII		Subprovider - IPF			
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	255,533	2,005,092	0.127442	0	0	90.00
91.00	Nursing School cost	0	2,005,092	0.000000	0	0	91.00
92.00	Allied health cost	0	2,005,092	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,005,092	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140082	Period: From 06/01/2011 To 05/31/2012	Worksheet D-1
Component CCN: 14T082		Date/Time Prepared: 10/25/2012 8:22 am
Title XVIII	Subprovider - IRF	PPS

Cost Center Description		1.00	
PART I - ALL PROVIDER COMPONENTS			
INPATIENT DAYS			
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	3,638	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	3,638	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.	0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	3,638	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	2,403	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	0	14.00
15.00	Total nursery days (title V or XIX only)	0	15.00
16.00	Nursery days (title V or XIX only)	0	16.00
SWING BED ADJUSTMENT			
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period	0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)	2,671,800	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)	2,671,800	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28.00	General inpatient routine service charges (excluding swing-bed charges)	5,024,460	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	5,024,460	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.531759	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)	1,381.11	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)	2,671,800	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY			
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS			
38.00	Adjusted general inpatient routine service cost per diem (see instructions)	734.41	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	1,764,787	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)	1,764,787	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140082
Component CCN: 14T082

Period:
From 06/01/2011
To 05/31/2012

Worksheet D-1
Date/Time Prepared:
10/25/2012 8:22 am
PPS

Title XVIII

Subprovider -
IRF

Cost Center Description	Total	Total	Average Per	Program Days	Program Cost	
	Inpatient Cost	Inpatient Days	Diem (col. 1 ÷ col. 2)		(col. 3 x col. 4)	
	1.00	2.00	3.00	4.00	5.00	
42.00 Nursery (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units						
43.00 Intensive Care Unit	0	0	0.00	0	0	43.00
44.00 Coronary Care Unit						44.00
45.00 Burn Intensive Care Unit						45.00
46.00 Surgical Intensive Care Unit						46.00
47.00 OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						
					1.00	
48.00 Program inpatient ancillary service cost (wkst. D-3, col. 3, line 200)					931,232	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,696,019	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)					301,552	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from wkst. D, sum of Parts II and IV)					54,822	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					356,374	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					2,339,645	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: 140082
 Component CCN: 14T082

Period:
 From 06/01/2011
 To 05/31/2012

Worksheet D-1
 Date/Time Prepared:
 10/25/2012 8:22 am

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	456,534	2,671,800	0.170871	0	0	90.00
91.00	Nursing School cost	0	2,671,800	0.000000	0	0	91.00
92.00	Allied health cost	0	2,671,800	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,671,800	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140082	Period: From 06/01/2011 To 05/31/2012	Worksheet D-1 Date/Time Prepared: 10/25/2012 8:22 am
Cost Center Description		Title XIX	Hospital	
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			26,097 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			26,097 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)			24,856 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)			6,917 9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)			0 10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period			0 12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)			0 14.00
15.00	Total nursery days (title V or XIX only)			0 15.00
16.00	Nursery days (title V or XIX only)			0 16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			0.00 17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			0.00 18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period			0.00 19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period			0.00 20.00
21.00	Total general inpatient routine service cost (see instructions)			20,596,524 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)			20,596,524 27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)			0 28.00
29.00	Private room charges (excluding swing-bed charges)			0 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			0 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.000000 31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			0.00 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00 33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			0.00 34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			0.00 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			0 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			20,596,524 37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			789.23 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			5,459,104 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)			5,459,104 41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140082

Period:
From 06/01/2011
To 05/31/2012

Worksheet D-1

Date/Time Prepared:
10/25/2012 8:22 am

Cost Center Description	Title XIX			Hospital Program Days	Program Cost (col. 3 x col. 4)	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)			
	1.00	2.00	3.00	4.00	5.00	
42.00 Nursery (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units						
43.00 Intensive Care Unit	5,344,648	4,294	1,244.68	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)					0	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					5,459,104	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)					722,757	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from wkst. D, sum of Parts II and IV)					0	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					722,757	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					4,736,347	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)					1,241	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					789.23	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					979,434	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140082

Period:
From 06/01/2011
To 05/31/2012

Worksheet D-1

Date/Time Prepared:
10/25/2012 8:22 am

Cost Center Description	Cost	Title XIX		Hospital		
		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	2,726,912	20,596,524	0.132397	979,434	129,674	90.00
91.00 Nursing School cost	0	20,596,524	0.000000	979,434	0	91.00
92.00 Allied health cost	0	20,596,524	0.000000	979,434	0	92.00
93.00 All other Medical Education	0	20,596,524	0.000000	979,434	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 140082

Period:
From 06/01/2011
To 05/31/2012

Worksheet D-3

Date/Time Prepared:
10/25/2012 8:22 am

Cost Center Description	Title XVIII		Hospital		PPS
	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)		
	1.00	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	Adults & Pediatrics		28,138,988	30.00
31.00	03100	Intensive Care Unit		7,409,162	31.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	Nursery			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	Operating Room	0.174484	13,468,631	2,350,061 50.00
50.01	03340	Gastro Intestinal Services	0.262275	602,170	157,934 50.01
51.00	05100	Recovery Room	0.110980	2,350,590	260,868 51.00
53.00	05300	Anesthesiology	0.033680	1,995,946	67,223 53.00
54.00	05400	Radiology - Diagnostic	0.284327	2,132,137	606,224 54.00
54.01	03630	Ultra sound	0.105079	848,569	89,167 54.01
55.00	05500	Radiology - Therapeutic	0.293901	181,398	53,313 55.00
56.00	05600	Radioisotope	0.159469	1,201,440	191,592 56.00
56.01	03650	Vascular Lab	0.103982	1,184,860	123,204 56.01
56.02	03950	Strauss Oncology	0.152022	0	0 56.02
57.00	05700	CT Scan	0.047726	6,043,664	288,440 57.00
58.00	05800	Magnetic Resonance Imaging (MRI)	0.034640	1,133,633	39,269 58.00
59.00	05900	Cardiac Catheterization	0.111231	3,252,433	361,771 59.00
60.00	06000	Laboratory	0.077571	20,071,998	1,557,005 60.00
63.00	06300	Blood Storing, Processing, & Trans.	0.231179	1,229,588	284,255 63.00
65.00	06500	Respiratory Therapy	0.159481	3,967,742	632,779 65.00
66.00	06600	Physical Therapy	0.237983	2,317,308	551,480 66.00
69.00	06900	Electro cardiology	0.095354	4,861,730	463,585 69.00
70.00	07000	Electroencephalography	0.260139	142,152	36,979 70.00
71.00	07100	Medical Supplies Charged to Patients	0.125935	6,987,915	880,023 71.00
72.00	07200	Implantable Devices Chrgd to Patient	0.452185	6,513,062	2,945,109 72.00
73.00	07300	Drugs Charged to Patients	0.146803	16,934,826	2,486,083 73.00
74.00	07400	RENAL DIALYSIS	0.347033	834,611	289,638 74.00
76.00	03951	wound Care	0.233122	8,187	1,909 76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	Clinic	1.778862	0	0 90.00
91.00	09100	Emergency	0.143836	3,397,523	488,686 91.00
92.00	09200	Observation Beds (Non-Distinct Part)	0.651045	30,369	19,772 92.00
200.00		Total (sum of lines 50-94 and 96-98)		101,692,482	15,226,369 200.00
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)		101,692,482	15,226,369 202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 140082

Period: From 06/01/2011

Worksheet D-3

Component CCN: 14S082

To 05/31/2012

Date/Time Prepared: 10/25/2012 8:22 am

Title XVIII

Subprovider -

PPS

Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 Adults & Pediatrics		0		30.00
31.00	03100 Intensive Care Unit		0		31.00
40.00	04000 SUBPROVIDER - IPF		3,663,069		40.00
41.00	04100 SUBPROVIDER - IRF		0		41.00
43.00	04300 Nursery				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 Operating Room	0.174484	4,583	800	50.00
50.01	03340 Gastro Intestinal Services	0.262275	0	0	50.01
51.00	05100 Recovery Room	0.110980	3,123	347	51.00
53.00	05300 Anesthesiology	0.033680	794	27	53.00
54.00	05400 Radiology - Diagnostic	0.284327	29,707	8,447	54.00
54.01	03630 ultra Sound	0.105079	4,924	517	54.01
55.00	05500 Radiology - Therapeutic	0.293901	0	0	55.00
56.00	05600 Radioisotope	0.159469	6,138	979	56.00
56.01	03650 Vascular Lab	0.103982	19,033	1,979	56.01
56.02	03950 Strauss Oncology	0.152022	0	0	56.02
57.00	05700 CT Scan	0.047726	86,370	4,122	57.00
58.00	05800 Magnetic Resonance Imaging (MRI)	0.034640	0	0	58.00
59.00	05900 Cardiac Catheterization	0.111231	0	0	59.00
60.00	06000 Laboratory	0.077571	491,966	38,162	60.00
63.00	06300 Blood Storing, Processing, & Trans.	0.231179	1,610	372	63.00
65.00	06500 Respiratory Therapy	0.159481	7,792	1,243	65.00
66.00	06600 Physical Therapy	0.237983	155,586	37,027	66.00
69.00	06900 Electro cardiology	0.095354	77,641	7,403	69.00
70.00	07000 Electroencephalography	0.260139	1,770	460	70.00
71.00	07100 Medical Supplies Charged to Patients	0.125935	18,447	2,323	71.00
72.00	07200 Implantable Devices Chrgd to Patient	0.452185	20,920	9,460	72.00
73.00	07300 Drugs Charged to Patients	0.146803	359,662	52,799	73.00
74.00	07400 RENAL DIALYSIS	0.347033	3,794	1,317	74.00
76.00	03951 Wound Care	0.233122	0	0	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 Clinic	1.778862	0	0	90.00
91.00	09100 Emergency	0.143836	193,774	27,872	91.00
92.00	09200 Observation Beds (Non-Distinct Part)	0.651045	0	0	92.00
200.00	Total (sum of lines 50-94 and 96-98)		1,487,634	195,656	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)		1,487,634		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140082	Period: From 06/01/2011 To 05/31/2012	Worksheet D-3	
		Component CCN: 14T082		Date/Time Prepared: 10/25/2012 8:22 am	
Cost Center Description		Title XVIII	Subprovider - IRF	PPS	
		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	Adults & Pediatrics		0	30.00
31.00	03100	Intensive Care Unit		0	31.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		3,323,824	41.00
43.00	04300	Nursery			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	Operating Room	0.174484	46,289	50.00
50.01	03340	Gastro Intestinal Services	0.262275	0	50.01
51.00	05100	Recovery Room	0.110980	16,351	51.00
53.00	05300	Anesthesiology	0.033680	6,220	53.00
54.00	05400	Radiology - Diagnostic	0.284327	39,912	54.00
54.01	03630	Ultra sound	0.105079	12,626	54.01
55.00	05500	Radiology - Therapeutic	0.293901	0	55.00
56.00	05600	Radioisotope	0.159469	7,091	56.00
56.01	03650	Vascular Lab	0.103982	26,160	56.01
56.02	03950	Strauss Oncology	0.152022	6,314	56.02
57.00	05700	CT Scan	0.047726	41,551	57.00
58.00	05800	Magnetic Resonance Imaging (MRI)	0.034640	7,026	58.00
59.00	05900	Cardiac Catheterization	0.111231	0	59.00
60.00	06000	Laboratory	0.077571	405,788	60.00
63.00	06300	Blood Storing, Processing, & Trans.	0.231179	18,236	63.00
65.00	06500	Respiratory Therapy	0.159481	183,688	65.00
66.00	06600	Physical Therapy	0.237983	2,942,998	66.00
69.00	06900	Electro cardiology	0.095354	22,150	69.00
70.00	07000	Electroencephalography	0.260139	2,655	70.00
71.00	07100	Medical Supplies Charged to Patients	0.125935	131,334	71.00
72.00	07200	Implantable Devices Chrgd to Patient	0.452185	2,834	72.00
73.00	07300	Drugs Charged to Patients	0.146803	605,451	73.00
74.00	07400	RENAL DIALYSIS	0.347033	75,717	74.00
76.00	03951	wound Care	0.233122	0	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	Clinic	1.778862	0	90.00
91.00	09100	Emergency	0.143836	1,847	91.00
92.00	09200	Observation Beds (Non-Distinct Part)	0.651045	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		4,602,238	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		4,602,238	202.00

		Provider CCN: 140082	Period: From 06/01/2011 To 05/31/2012	Worksheet E Part A Date/Time Prepared: 10/25/2012 8:22 am
		Title XVIII	Hospital	PPS
			before 1/1	on/after 1/1
			1.00	1.01
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS				
1.00	DRG Amounts Other than Outlier Payments		25,798,775	1.00
2.00	Outlier payments for discharges. (see instructions)		273,832	2.00
2.01	For inpatient PPS services rendered during the cost reporting period enter the operating outlier reconciliation amount for operating expenses from line 92.		0	2.01
3.00	Managed Care Simulated Payments		2,121,843	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		152.61	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)		62.84	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)		1.41	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.		4.09	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)		3.36	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)		60.70	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		64.16	10.00
11.00	FTE count for residents in dental and podiatric programs.		5.08	11.00
12.00	Current year allowable FTE (see instructions)		65.78	12.00
13.00	Total allowable FTE count for the prior year.		67.35	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.		66.43	14.00
15.00	Sum of lines 12 through 14 divided by 3.		66.52	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		66.52	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.435882	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.417002	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.417002	21.00
22.00	IME payment adjustment (see instructions)		5,714,569	22.00
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		3.46	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)		5,714,569	29.00
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		13.16	30.00
31.00	Percentage of Medicaid patient days to total days reported on worksheet S-2, Part I, line 24. (see instructions)		24.60	31.00
32.00	Sum of lines 30 and 31		37.76	32.00
33.00	Allowable disproportionate share percentage (see instructions)		20.37	33.00
34.00	Disproportionate share adjustment (see instructions)		5,255,210	34.00
Additional payment for high percentage of ESRD beneficiary discharges				
40.00	Total Medicare discharges on worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 an 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 an 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)		37,042,386	47.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140082	Period: From 06/01/2011 To 05/31/2012	Worksheet E Part A Date/Time Prepared: 10/25/2012 8:22 am
Title XVIII		Hospital		PPS
		before 1/1	on/after 1/1	
		1.00	1.01	
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only.(see instructions)	0		48.00
49.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)	37,042,386		49.00
50.00	Payment for inpatient program capital (from worksheet L, Parts I, II, as applicable)	2,839,633		50.00
51.00	Exception payment for inpatient program capital (worksheet L, Part III, see instructions)	0		51.00
52.00	Direct graduate medical education payment (from worksheet E-4, line 49 see instructions).	3,105,221		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)	42,987,240		59.00
60.00	Primary payer payments	72,594		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)	42,914,646		61.00
62.00	Deductibles billed to program beneficiaries	2,054,688		62.00
63.00	Coinsurance billed to program beneficiaries	318,345		63.00
64.00	Allowable bad debts (see instructions)	1,272,415		64.00
65.00	Adjusted reimbursable bad debts (see instructions)	890,691		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	1,089,326		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)	41,432,304		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)	41,432,304		71.00
72.00	Interim payments	40,176,427		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)	1,255,877		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2	552,124		75.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Operating outlier amount from worksheet E, Part A line 2	0		90.00
91.00	Capital outlier from worksheet L, Part I, line 2	0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)	0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)	0		93.00
94.00	The rate used to calculate the Time Value of Money	0.00		94.00
95.00	Time Value of Money for operating expenses(see instructions)	0		95.00
96.00	Time Value of Money for capital related expenses (see instructions)	0		96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140082	Period: From 06/01/2011 To 05/31/2012	Worksheet E Part B Date/Time Prepared: 10/25/2012 8:22 am
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		3,794	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		11,000,323	2.00
3.00	PPS payments		10,720,080	3.00
4.00	Outlier payment (see instructions)		98,545	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)		3,794	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		24,960	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)		24,960	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		24,960	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		21,166	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)		3,794	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)		10,818,625	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		2,524,101	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)		8,298,318	27.00
28.00	Direct graduate medical education payments (from worksheet E-4, line 50)		1,052,748	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)		9,351,066	30.00
31.00	Primary payer payments		2,280	31.00
32.00	Subtotal (line 30 minus line 31)		9,348,786	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		1,379,868	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		965,908	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		1,262,573	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		10,314,694	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (line 37 plus or minus lines 39 minus 38)		10,314,694	40.00
41.00	Interim payments		10,294,523	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)		20,171	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 140082	Period: From 06/01/2011 To 05/31/2012	Worksheet E Part B Date/Time Prepared: 10/25/2012 8:22 am
Title XVIII		Hospital	PPS
			overrides 1.00
WORKSHEET OVERRIDE VALUES			
112.00 override of Ancillary service charges (line 12)	0	112.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140082	Period: From 06/01/2011 To 05/31/2012	Worksheet E Part B Date/Time Prepared: 10/25/2012 8:22 am
		Component CCN: 14S082	Title XVIII	Subprovider - IPF
				PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)			0 1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)			640 2.00
3.00	PPS payments			545 3.00
4.00	Outlier payment (see instructions)			0 4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)			0.000 5.00
6.00	Line 2 times line 5			0 6.00
7.00	Sum of line 3 plus line 4 divided by line 6			0.00 7.00
8.00	Transitional corridor payment (see instructions)			0 8.00
9.00	Ancillary service other pass through costs from worksheet D, Part IV, column 13, line 200			0 9.00
10.00	Organ acquisitions			0 10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)			0 11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges			0 12.00
13.00	Organ acquisition charges (from worksheet D-4, Part III, line 69, col. 4)			0 13.00
14.00	Total reasonable charges (sum of lines 12 and 13)			0 14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis			0 15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)			0 16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)			0.000000 17.00
18.00	Total customary charges (see instructions)			0 18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			0 19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)			0 20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)			0 21.00
22.00	Interns and residents (see instructions)			0 22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)			0 23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)			545 24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)			161 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)			384 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)			384 30.00
31.00	Primary payer payments			0 31.00
32.00	Subtotal (line 30 minus line 31)			384 32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from worksheet I-5, line 11)			0 33.00
34.00	Allowable bad debts (see instructions)			0 34.00
35.00	Adjusted reimbursable bad debts (see instructions)			0 35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)			384 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)			384 40.00
41.00	Interim payments			384 41.00
42.00	Tentative settlement (for contractors use only)			0 42.00
43.00	Balance due provider/program (line 40 minus the sum of lines 41, and 42)			0 43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2			0 44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)			0 90.00
91.00	Outlier reconciliation adjustment amount (see instructions)			0 91.00
92.00	The rate used to calculate the Time value of Money			0.00 92.00
93.00	Time Value of Money (see instructions)			0 93.00
94.00	Total (sum of lines 91 and 93)			0 94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 140082	Period: From 06/01/2011	Worksheet E
	Component CCN: 14S082	To 05/31/2012	Part B
	Title XVIII	Subprovider -	Date/Time Prepared: 10/25/2012 8:22 am
		IPF	PPS
			Overrides
			1.00
WORKSHEET OVERRIDE VALUES			
112.00 Override of Ancillary service charges (line 12)			0 112.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140082	Period: From 06/01/2011 To 05/31/2012	Worksheet E Part B Date/Time Prepared: 10/25/2012 8:22 am
		Component CCN: 14T082	Title XVIII	Subprovider - IRF
				PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		24,399	2.00
3.00	PPS payments		22,994	3.00
4.00	Outlier payment (see instructions)		0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from worksheet D, Part IV, column 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from worksheet D-4, Part III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		22,994	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		5,393	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)		17,601	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)		17,601	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		17,601	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		17,601	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)		17,601	40.00
41.00	Interim payments		17,601	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (line 40 minus the sum of lines 41, and 42)		0	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 140082

Period:

Worksheet E

Component CCN: 14T082

From 06/01/2011

Part B

To 05/31/2012

Date/Time Prepared:
10/25/2012 8:22 am

Title XVIII

Subprovider -
IRF

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: 140082

Period:
From 06/01/2011
To 05/31/2012

Worksheet E-1
Part I
Date/Time Prepared:
10/25/2012 8:22 am

		Title XVIII		Hospital		PPS
		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		39,772,065		10,202,188	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER	04/27/2012	226,662	04/27/2012	146,122	3.01
3.02		02/10/2012	177,700		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	02/10/2012	53,787	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)		404,362		92,335	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)		40,176,427		10,294,523	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		1,255,877		20,171	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		41,432,304		10,314,694	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: 140082

Period:
From 06/01/2011
To 05/31/2012

Worksheet E-1
Part I
Date/Time Prepared:
10/25/2012 8:22 am

Component CCN: 14S082

Title XVIII

Subprovider -
IPF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		1,809,092		384	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to wkst. E or wkst. E-3, line and column as appropriate)		1,809,092		384	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		0		0	6.02
7.00	Total Medicare program liability (see instructions)		1,809,092		384	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: 140082

Period:
From 06/01/2011
To 05/31/2012

Worksheet E-1
Part I
Date/Time Prepared:
10/25/2012 8:22 am

Component CCN: 14T082

Title XVIII

Subprovider -
IRF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		3,808,491		17,601	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM	02/10/2012	119,456		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)		-119,456		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to wkst. E or wkst. E-3, line and column as appropriate)		3,689,035		17,601	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		158,394		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		3,847,429		17,601	7.00
				Contractor Number	Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140082	Period: From 06/01/2011 To 05/31/2012	Worksheet E-3 Part II Date/Time Prepared: 10/25/2012 8:22 am
		Component CCN: 14S082		
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			1,938,976 1.00
2.00	Net IPF PPS Outlier Payments			1,280 2.00
3.00	Net IPF PPS ECT Payments			0 3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)			0.00 4.00
5.00	New Teaching program adjustment. (see instructions)			0.00 5.00
6.00	Current year's unweighted FTE count of I&R other than FTEs in the first 3 years of a "new teaching program". (see inst.)			0.00 6.00
7.00	Current year's unweighted I&R FTE count for residents within the first 3 years of a "new teaching program". (see inst.)			0.00 7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)			0.00 8.00
9.00	Average Daily Census (see instructions)			7.199454 9.00
10.00	Medical Education Adjustment Factor $\{(1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1\}$.			0.000000 10.00
11.00	Medical Education Adjustment (line 1 multiplied by line 10).			0 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			1,940,256 12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)			0 13.00
14.00	Organ acquisition			0 14.00
15.00	Cost of teaching physicians (from worksheet D-5, Part II, column 3, line 20) (see instructions)			0 15.00
16.00	Subtotal (see instructions)			1,940,256 16.00
17.00	Primary payer payments			0 17.00
18.00	Subtotal (line 16 less line 17).			1,940,256 18.00
19.00	Deductibles			126,636 19.00
20.00	Subtotal (line 18 minus line 19)			1,813,620 20.00
21.00	Coinsurance			4,528 21.00
22.00	Subtotal (line 20 minus line 21)			1,809,092 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			0 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			0 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 25.00
26.00	Subtotal (sum of lines 22 and 24)			1,809,092 26.00
27.00	Direct graduate medical education payments (from worksheet E-4, line 49)			0 27.00
28.00	Other pass through costs (see instructions)			0 28.00
29.00	Outlier payments reconciliation			0 29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 30.00
30.99	Recovery of Accelerated Depreciation			0 30.99
31.00	Total amount payable to the provider (see instructions)			1,809,092 31.00
32.00	Interim payments			1,809,092 32.00
33.00	Tentative settlement (for contractor use only)			0 33.00
34.00	Balance due provider/program (line 31 minus the sum lines 32 and 33)			0 34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2			0 35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from worksheet E-3, Part II, line 2			0 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140082	Period: From 06/01/2011 To 05/31/2012	Worksheet E-3 Part III Date/Time Prepared: 10/25/2012 8:22 am
	Title XVIII	Subprovider - IRF		PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			3,503,481 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0993 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			347,290 3.00
4.00	Outlier Payments			32,622 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)			9.939891 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)			3,883,393 13.00
14.00	Nursing and Allied Health Managed Care payment (see instruction)			0 14.00
15.00	Organ acquisition			0 15.00
16.00	Cost of teaching physicians (from worksheet D-5, Part II, column 3, line 20) (see instructions)			0 16.00
17.00	Subtotal (see instructions)			3,883,393 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			3,883,393 19.00
20.00	Deductibles			18,160 20.00
21.00	Subtotal (line 19 minus line 20)			3,865,233 21.00
22.00	Coinsurance			17,804 22.00
23.00	Subtotal (line 21 minus line 22)			3,847,429 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			0 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			0 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 26.00
27.00	Subtotal (sum of lines 23 and 25)			3,847,429 27.00
28.00	Direct graduate medical education payments (from worksheet E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			0 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.99	Recovery of Accelerated Depreciation			0 31.99
32.00	Total amount payable to the provider (see instructions)			3,847,429 32.00
33.00	Interim payments			3,689,035 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)			158,394 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2			0 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from worksheet E-3, Part III, line 4			0 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 140082	Period: From 06/01/2011 To 05/31/2012	Worksheet E-3 Part VII Date/Time Prepared: 10/25/2012 8:22 am
	Title XIX	Hospital	

1.00

PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES

COMPUTATION OF NET COST OF COVERED SERVICES

1.00	Inpatient hospital/SNF/NF services	0	1.00
2.00	Medical and other services	0	2.00
3.00	Organ acquisition (certified transplant centers only)	0	3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	0	4.00
5.00	Inpatient primary payer payments	0	5.00
6.00	Outpatient primary payer payments	0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	0	7.00

COMPUTATION OF LESSER OF COST OR CHARGES

Reasonable Charges

8.00	Routine service charges	0	8.00
9.00	Ancillary service charges	0	9.00
10.00	Organ acquisition charges, net of revenue	0	10.00
11.00	Incentive from target amount computation	0	11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	0	12.00

CUSTOMARY CHARGES

13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	15.00
16.00	Total customary charges (see instructions)	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	0	18.00
19.00	Interns and Residents (see instructions)	0	19.00
20.00	Cost of Teaching Physicians (see instructions)	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	0	21.00

PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.

22.00	Other than outlier payments	0	22.00
23.00	Outlier payments	0	23.00
24.00	Program capital payments	0	24.00
25.00	Capital exception payments (see instructions)	0	25.00
26.00	Routine and Ancillary service other pass through costs	0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	28.00
29.00	Titles V or XIX enter the sum of lines 27 and 21.	0	29.00

COMPUTATION OF REIMBURSEMENT SETTLEMENT

30.00	Excess of reasonable cost (from line 18)	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	0	31.00
32.00	Deductibles	0	32.00
33.00	Coinsurance	0	33.00
34.00	Allowable bad debts (see instructions)	0	34.00
35.00	Utilization review	0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	37.00
38.00	Subtotal (line 36 ± line 37)	0	38.00
39.00	Direct graduate medical education payments (from wkst. E-4)	0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	0	40.00
41.00	Interim payments	0	41.00
42.00	Balance due provider/program (line 40 minus 41)	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, section 115.2	0	43.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140082	Period: From 06/01/2011 To 05/31/2012	Worksheet E-4	
		Title XVIII	Hospital	Date/Time Prepared: 10/25/2012 8:22 am	
				PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			60.66	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			0.28	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)			3.30	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)			3.36	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)			60.44	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			64.16	6.00
7.00	Enter the lesser of line 5 or line 6			60.44	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.	35.01	27.23	62.24	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.	32.98	25.65	58.63	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		3.58		10.00
11.00	Total weighted FTE count	32.98	29.23		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	29.13	30.10		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	30.81	32.46		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	30.97	30.60		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	30.97	30.60		17.00
18.00	Per resident amount	119,597.43	113,248.24		18.00
19.00	Approved amount for resident costs	3,703,932	3,465,396	7,169,328	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)			3.72	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)			7,169,328	25.00
		Inpatient Part	Managed care		
		A			
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days	19,506	1,209		26.00
27.00	Total Inpatient Days	35,423	35,423		27.00
28.00	Ratio of inpatient days to total inpatient days	0.550659	0.034130		28.00
29.00	Program direct GME amount	3,947,855	244,689		29.00
30.00	Reduction for direct GME payments for Medicare managed care		34,575		30.00
31.00	Net Program direct GME amount			4,157,969	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140082	Period: From 06/01/2011 To 05/31/2012	Worksheet E-4
		Title XVIII	Hospital	PPS
				1.00
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from worksheet B, Part I, sum of columns 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (worksheet C, Part I, column 8, sum of lines 74 and 94)		1,574,083	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		32,597,792	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)		72,594	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		32,525,198	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		11,029,156	42.00
43.00	Primary payer payments (see instructions)		2,280	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		11,026,876	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		43,552,074	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.746812	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.253188	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		4,157,969	48.00
49.00	Part A Medicare GME payment (line 46 x 48)(title XVIII only)(see instructions)		3,105,221	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		1,052,748	50.00

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

Provider CCN: 140082

Period:
From 06/01/2011
To 05/31/2012

Worksheet G

Date/Time Prepared:
10/25/2012 8:22 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	-526,024	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	29,329,094	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-4,719,292	0	0	0	6.00
7.00	Inventory	3,137,169	0	0	0	7.00
8.00	Prepaid expenses	594,433	0	0	0	8.00
9.00	Other current assets	109,473	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)	27,924,853	0	0	0	11.00
FIXED ASSETS						
12.00	Land	13,168,721	0	0	0	12.00
13.00	Land improvements	31,363	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	43,364,385	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	2,507,348	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	37,536,831	0	0	0	23.00
24.00	Accumulated depreciation	-52,526,575	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	47,885	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	44,129,958	0	0	0	30.00
OTHER ASSETS						
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	1,059,112	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	1,059,112	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	73,113,923	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	9,181,199	0	0	0	37.00
38.00	Salaries, wages, and fees payable	7,259,202	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	399,457	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	0	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	16,839,858	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	126,901,844	0	0	0	46.00
47.00	Notes payable	-215,270	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	2,891,339	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	129,577,913	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	146,417,771	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	-73,303,848	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	-73,303,848	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	73,113,923	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140082

Period:
From 06/01/2011
To 05/31/2012

Worksheet G-1

Date/Time Prepared:
10/25/2012 8:22 am

	General Fund		Special Purpose Fund		
	1.00	2.00	3.00	4.00	
1.00 Fund balances at beginning of period		-73,533,273		0	1.00
2.00 Net income (loss) (from wkst. G-3, line 29)		-1,605,210			2.00
3.00 Total (sum of line 1 and line 2)		-75,138,483		0	3.00
4.00 Additions (credit adjustments) (specify)	0		0		4.00
5.00	0		0		5.00
6.00	0		0		6.00
7.00	0		0		7.00
8.00	0		0		8.00
9.00	0		0		9.00
10.00 Total additions (sum of line 4-9)		0		0	10.00
11.00 Subtotal (line 3 plus line 10)		-75,138,483		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)		-75,138,483		0	19.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140082

Period:
From 06/01/2011
To 05/31/2012

Worksheet G-1

Date/Time Prepared:
10/25/2012 8:22 am

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

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 140082

Period:
From 06/01/2011
To 05/31/2012

Worksheet G-2 Parts

Date/Time Prepared:
10/25/2012 8:22 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	54,589,262		54,589,262	1.00
2.00	SUBPROVIDER - IPF	4,443,265		4,443,265	2.00
3.00	SUBPROVIDER - IRF	5,024,460		5,024,460	3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF		0	0	5.00
6.00	Swing bed - NF		0	0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	64,056,987		64,056,987	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	Intensive Care Unit	14,872,116		14,872,116	11.00
12.00	Coronary Care Unit				12.00
13.00	Burn Intensive Care Unit				13.00
14.00	Surgical Intensive Care Unit				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	14,872,116		14,872,116	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	78,929,103		78,929,103	17.00
18.00	Ancillary services	211,567,320	193,680,071	405,247,391	18.00
19.00	Outpatient services	12,170,105	26,925,274	39,095,379	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
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PHYSICIAN PRIVATE OFFICE	0	1,541,533	1,541,533	27.00
27.01	PHYSICIAN REVENUES	0	47,815	47,815	27.01
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to wkst. G-3, line 1)	302,666,528	222,194,693	524,861,221	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per wkst. A, column 3, line 200)		135,175,068		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to wkst. G-3, line 4)		135,175,068		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140082

Period:
From 06/01/2011
To 05/31/2012

Worksheet G-3

Date/Time Prepared:
10/25/2012 8:22 am

		1.00	
1.00	Total patient revenues (from wkst. G-2, Part I, column 3, line 28)	524,861,221	1.00
2.00	Less contractual allowances and discounts on patients' accounts	394,008,890	2.00
3.00	Net patient revenues (line 1 minus line 2)	130,852,331	3.00
4.00	Less total operating expenses (from wkst. G-2, Part II, line 43)	135,175,068	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-4,322,737	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and telegraph service	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	96,295	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	402,217	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	19,468	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	7,895	21.00
22.00	Rental of hospital space	943,444	22.00
23.00	Governmental appropriations	0	23.00
24.00	SILVER SALVAGE	4,405	24.00
24.01	OTHER OPERATING REVENUE	1,243,807	24.01
25.00	Total other income (sum of lines 6-24)	2,717,531	25.00
26.00	Total (line 5 plus line 25)	-1,605,206	26.00
27.00	ROUNDING	4	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	4	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-1,605,210	29.00

Provider CCN: 140082

Period:
 From 06/01/2011
 To 05/31/2012

Worksheet L
 Parts I-III
 Date/Time Prepared:
 10/25/2012 8:22 am

Title XVIII		Hospital	PPS
			1.00
PART I - FULLY PROSPECTIVE METHOD			
CAPITAL FEDERAL AMOUNT			
1.00	Capital DRG other than outlier	2,089,979	1.00
2.00	Capital DRG outlier payments	27,985	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)	79.64	3.00
4.00	Number of interns & residents (see instructions)	66.52	4.00
5.00	Indirect medical education percentage (see instructions)	26.58	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)	555,516	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)	13.16	7.00
8.00	Percentage of Medicaid patient days to total days reported on worksheet S-3, Part I (see instructions)	24.60	8.00
9.00	Sum of lines 7 and 8	37.76	9.00
10.00	Allowable disproportionate share percentage (see instructions)	7.95	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)	166,153	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)	2,839,633	12.00
			1.00
PART II - PAYMENT UNDER REASONABLE COST			
1.00	Program inpatient routine capital cost (see instructions)	0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)	0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)	0	3.00
4.00	Capital cost payment factor (see instructions)	0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)	0	5.00
			1.00
PART III - COMPUTATION OF EXCEPTION PAYMENTS			
1.00	Program inpatient capital costs (see instructions)	0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)	0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)	0	3.00
4.00	Applicable exception percentage (see instructions)	0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)	0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)	0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)	0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)	0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)	0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)	0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year worksheet L, Part III, line 14)	0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)	0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)	0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)	0	14.00
15.00	Current year allowable operating and capital payment (see instructions)	0	15.00
16.00	Current year operating and capital costs (see instructions)	0	16.00
17.00	Current year exception offset amount (see instructions)	0	17.00

BHS Specialty Network, Inc.
Tax Workpaper Index
6/30/2012

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