

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: 140116	Period: From 07/01/2011 To 06/30/2012	Worksheet S Parts I-III Date/Time Prepared: 11/29/2012 1:34 pm
--	----------------------	---	---

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 type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 11/29/2012 Time: 1:34 pm
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.

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 NORTHERN ILLINOIS MEDICAL CENTER for the cost reporting period beginning 07/01/2011 and ending 06/30/2012 and to the best of my knowledge and belief, it is a true, correct and complete statement prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services identified in this cost report were provided in compliance with such laws and regulations.

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

Title

Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	1,683	70,198	0	0	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	46,985	12	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	48,668	70,210	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). FORM APPROVED OMB NO. 0938-0050

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 140116	Period: From 07/01/2011 To 06/30/2012	Worksheet S Parts I-III Date/Time Prepared: 11/29/2012 1:34 pm
--	----------------------	---------------------------------------	--

PART I - COST REPORT STATUS

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

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

Date: 11/29/2012 Time: 1:34 pm

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

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

Encryption Information
 ECR: Date: 11/29/2012 Time: 1:34 pm
 g.k1hi pgrVAARzrOXVODfz: d1cUGTO
 xrM5t0aAqgD5x7o1z2sJFWnj cRrMxb
 yc8d1f6EJPDgMgy
 PI: Date: 11/29/2012 Time: 1:34 pm
 dCxi zi coj ki bgNHXcZxPyAj ospCO.0
 LPapcOuvFPpX3k6KZpl Y39nWKKhFub
 ck5MZDmvZ90JHGmh

(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	1,683	70,198	0	0	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	46,985	12	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	48,668	70,210	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: 140116		Period: From 07/01/2011 To 06/30/2012		Worksheet S-2 Part I Date/Time Prepared: 11/29/2012 12:44 pm				
1.00		2.00		3.00		4.00						
Hospital and Hospital Health Care Complex Address:												
1.00	Street: 4201 MEDICAL CENTER DRIVE			PO Box:								
2.00	City: MCHENRY			State: IL		Zip Code: 60050-		County: MCHENRY				
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00		
		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		NORTHERN ILLINOIS MEDICAL CENTER		140116	16974	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF											4.00
5.00	Subprovider - IRF		NIMC REHABILITATION UNIT		14T116	16974	5	07/01/1985	N	P	O	5.00
6.00	Subprovider - (Other)											6.00
7.00	Swing Beds - SNF								N	N	N	7.00
8.00	Swing Beds - NF								N		N	8.00
9.00	Hospital-Based SNF											9.00
10.00	Hospital-Based NF											10.00
11.00	Hospital-Based OLTC											11.00
12.00	Hospital-Based HHA											12.00
13.00	Separately Certified ASC		NIMC HOME HEALTH AGENCY		147455	16974		07/01/1986	N	P	N	13.00
14.00	Hospital-Based Hospice											14.00
15.00	Hospital-Based Health Clinic - RHC											15.00
16.00	Hospital-Based Health Clinic - FOHC											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)						07/01/2011		06/30/2012		20.00	
21.00	Type of Control (see instructions)								2		21.00	
Inpatient PPS Information												
22.00	Does this facility qualify for and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.						N		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.								0		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.			4,231	0	0	0	363	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.			273	0	0	0	0	0		25.00	
							Urban/Rural	S		Date of Geogr		
							1.00	2.00		3.00		
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		3.00		
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: 140116	Period: From 07/01/2011 To 06/30/2012	Worksheet S-2 Part I Date/Time Prepared: 11/29/2012 12:44 pm		
		Beginning:	Ending:			
		1.00	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.	N			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.				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		
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	0.00			62.00	
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00			62.01	
Teaching Hospitals that Claim Residents in Non-Provider Settings						
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)	N			63.00	
		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
		1.00	2.00	3.00		
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. If line 63 is yes or your facility trained residents in the base year period, enter in column 1, from your cost reporting period that begins on or after July 1, 2009, and before June 30, 2010 the number of unweighted nonprimary care FTE residents attributable to rotations that occurred in all nonprovider settings. Enter in column 2 the number of unweighted nonprimary care FTE residents that trained in your hospital. Include unweighted OB/GYN, dental and podiatry FTEs on this line. Enter in column 3, the ratio of column 1 divided by the sum of columns 1 and 2.	0.00	0.00	0.000000		
		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: 140116

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

Worksheet S-2
Part I
Date/Time Prepared:
11/29/2012 12:44 pm

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140116	Period: From 07/01/2011 To 06/30/2012	Worksheet S-2 Part I Date/Time Prepared: 11/29/2012 12:44 pm		
		1.00	2.00	3.00		
Inpatient Psychiatric Facility PPS						
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	N				70.00
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)			0		71.00
Inpatient Rehabilitation Facility PPS						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	Y				75.00
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)	N	N		0	76.00
		1.00				
Long Term Care Hospital PPS						
80.00	Are you a long term care hospital (LTCH)? Enter in column 1 "Y" for yes and "N" for no. LTCHs can only exist as independent/freestanding facilities. An independent or freestanding facility may exist as an unrelated hospital within a hospital, it must meet the separateness (from the host/co-located provider) requirements identified in 42 CFR 412.22(e.)			N		80.00
TEFRA Providers						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			N		86.00
		V		XIX		
		1.00		2.00		
Title V or XIX Inpatient Services						
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	Y		Y		90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N		N		91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N		92.00
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N		N		93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N		N		94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00		95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N		96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00		97.00
Rural Providers						
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	N				105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N				106.00
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N				107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N				108.00
		Physical	Occupational	Speech	Respiratory	
		1.00	2.00	3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	109.00
		1.00		2.00		3.00
Miscellaneous Cost Reporting Information						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospital providers) based on the definition in CMS 15-1, §2208.1.	N			0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N				116.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140116	Period: From 07/01/2011 To 06/30/2012	Worksheet S-2 Part I Date/Time Prepared: 11/29/2012 12:44 pm	
			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.	817,377	882,309	35,735	118.01
			1.00	2.00	
118.02	Indicate if malpractice premiums and paid losses are reported in other than the Administrative and General cost center. If yes, provide a supporting schedule and list the amounts applicable to each cost center.		N		118.02
119.00	DO NOT USE THIS LINE				119.00
120.00	If this is an SCH (or EACH), regardless of bed size, or is rural hospital with 100 or fewer beds that qualifies for the outpatient hold harmless provision in accordance with ACA, section 3121, as amended by the Medicare and Medicaid Extenders Act (MMEA) of 2010, section 108; the Temporary Payroll Tax Cut Continuation Act of 2011, section 308; and the Middle Class Tax Relief and Job Creation Act of 2012, section 3002, enter "Y" for yes or "N" for no in column 1 or column 2, respectively. Note that for SCHs (and EACHs) the outpatient hold harmless provision is effective for services rendered from January 1, 2010 through February 29, 2012 regardless of bed size and from March 1, 2012 through December 31, 2012 to all SCHs (and EACHs) with 100 or fewer beds. These responses impact the TOPs calculation on Worksheet E, Part B, line 8.		N	N	120.00
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y		121.00
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00
All Providers					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)		Y	14H122	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: NAME: CENTEGRA HEALTH SYSTEM	Contractor's Name: NATIONAL GOVERNMENT SERVICES	Contractor's Number: 00131		141.00
142.00	Street: STREET: STREET: 385 MILLENNIUM DR	PO Box:			142.00
143.00	City: CRYSTAL LAKE	State: IL	Zip Code:	60012	143.00
			1.00		
144.00	Are provider based physicians' costs included in Worksheet A?		Y		144.00
145.00	If costs for renal services are claimed on Worksheet A, line 74, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.		Y		145.00
			1.00	2.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.		N		146.00
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.		N		147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.		N		148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.		N		149.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 140116

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

Worksheet S-2
Part I
Date/Time Prepared:
11/29/2012 12:44 pm

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

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140116	Period: From 07/01/2011 To 06/30/2012	Worksheet S-2 Part II Date/Time Prepared: 11/29/2012 12:44 pm	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
			Y/N	Legal Oper.	
			1.00	2.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	N			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
				Y/N	
				1.00	
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			Y	15.00
		Part A			
		Description	Y/N	Date	
		0	1.00	2.00	
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y		11/06/2012	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N			19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N			20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140116	Period: From 07/01/2011 To 06/30/2012	Worksheet S-2 Part II Date/Time Prepared: 11/29/2012 12:44 pm
---	--	----------------------	---	--

		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.		N		21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions		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.		N		34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.		N		35.00
			Y/N	Date	
			1.00	2.00	
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		N		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		N		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		40.00
				1.00	2.00
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	MARI BEL	LARA		41.00
42.00	Enter the employer/company name of the cost report preparer.	CENTEGRA HEALTH SYSTEM			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	(815)759-8014	MLARA@CENTEGRA.COM		43.00

		Part B		
		Y/N	Date	
		3.00	4.00	
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	11/06/2012	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		21.00
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DIRECTOR OF REIMBURSEMENT		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140116

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

Worksheet S-3
Part I
Date/Time Prepared:
11/29/2012 12:44 pm

Cost Center Description	Worksheet A	No. of Beds	Bed Days Available	CAH Hours		
	Line Number					
	1.00	2.00	3.00	4.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	30.00	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	18	6,588	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)		158	57,828	0.00		14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	15	5,490			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	101.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		173				27.00
28.00 Observation Bed Days						28.00
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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140116

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

Worksheet S-3
Part I
Date/Time Prepared:
11/29/2012 12:44 pm

Cost Center Description	I/P Days / O/P Visits / Trips					
	Title V	Title XVIII	Title XIX	Total All Patients		
	5.00	6.00	7.00	8.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	0	18,716	2,974	33,673		1.00
2.00 HMO		0	363			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	18,716	2,974	33,673		7.00
8.00 INTENSIVE CARE UNIT	0	2,931	166	4,854		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		956	2,130		13.00
14.00 Total (see instructions)	0	21,647	4,096	40,657		14.00
15.00 CAH visits	0	0	0	0		15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0	3,249	273	4,463		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	0	24,461	1,481	31,402		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		556	3,910		28.00
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)			135	346		32.00
33.00 LTCH non-covered days		0				33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140116

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

Worksheet S-3
Part I
Date/Time Prepared:
11/29/2012 12:44 pm

Cost Center Description	Full Time Equivalents			Discharges	Title XVIII	
	Total Interns & Residents	Employees On Payroll	Nonpaid Workers	Title V		
	9.00	10.00	11.00	12.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)				0	4,721	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)	0.00	1,091.75	0.00	0	4,721	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0.00	22.56	0.00	0	243	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	0.00	40.83	0.00			22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)	0.00	1,155.14	0.00			27.00
28.00 Observation Bed Days						28.00
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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140116

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

Worksheet S-3
Part I
Date/Time Prepared:
11/29/2012 12:44 pm

Cost Center Description	Discharges			
	Title XIX	Total All Patients		
	14.00	15.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	1,040	10,085		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)	1,040	10,085		14.00
15.00 CAH visits				15.00
16.00 SUBPROVIDER - IPF				16.00
17.00 SUBPROVIDER - IRF	16	348		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
28.02 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

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 140116	Period: From 07/01/2011 To 06/30/2012	Worksheet S-3 Part II Date/Time Prepared: 11/29/2012 12:44 pm
---------------------------------	--	----------------------	---	--

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	
	1.00	2.00	3.00	4.00	5.00	
PART II - WAGE DATA						
SALARIES						
1.00	Total salaries (see instructions)	200.00	87,457,347	-14,469,403	72,987,944	2,432,732.00 1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00 2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00 3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00 4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00 4.01
5.00	Physician-Part B		0	0	0	0.00 5.00
6.00	Non-physician-Part B		0	0	0	0.00 6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00 7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00 7.01
8.00	Home office personnel		0	0	0	0.00 8.00
9.00	SNF	44.00	0	0	0	0.00 9.00
10.00	Excluded area salaries (see instructions)		4,104,893	202,938	4,307,831	139,652.00 10.00
OTHER WAGES & RELATED COSTS						
11.00	Contract labor (see instructions)		524,521	0	524,521	9,332.00 11.00
12.00	Contract management and administrative services		0	0	0	0.00 12.00
13.00	Contract labor: Physician-Part A - Administrative		462,278	0	462,278	2,037.00 13.00
14.00	Home office salaries & wage-related costs		21,952,525	0	21,952,525	387,245.00 14.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00 15.00
16.00	Home office and Contract Physicians Part A - Administrative		0	0	0	0.00 16.00
WAGE-RELATED COSTS						
17.00	Wage-related costs (core) Wkst S-3, Part IV Line 24		18,118,566	0	18,118,566	17.00
18.00	Wage-related costs (other)Wkst S-3, Part IV Line 25		0	0	0	18.00
19.00	Excluded areas		1,103,448	0	1,103,448	19.00
20.00	Non-physician anesthetist Part A		0	0	0	20.00
21.00	Non-physician anesthetist Part B		0	0	0	21.00
22.00	Physician Part A - Administrative		0	0	0	22.00
22.01	Physician Part A - Teaching		0	0	0	22.01
23.00	Physician Part B		0	0	0	23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0	24.00
25.00	Interns & residents (in an approved program)		0	0	0	25.00
OVERHEAD COSTS - DIRECT SALARIES						
26.00	Employee Benefits	4.00	912,258	-912,258	0	0.00 26.00
27.00	Administrative & General	5.00	18,197,972	-15,963,826	2,234,146	112,611.00 27.00
28.00	Administrative & General under contract (see inst.)		559,945	0	559,945	1,279.00 28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00 29.00
30.00	Operation of Plant	7.00	1,257,459	10,438	1,267,897	51,489.00 30.00
31.00	Laundry & Linen Service	8.00	51,000	460	51,460	3,150.00 31.00
32.00	Housekeeping	9.00	1,338,293	17,304	1,355,597	90,319.00 32.00
33.00	Housekeeping under contract (see instructions)		128,485	0	128,485	3,095.00 33.00
34.00	Dietary	10.00	1,474,479	-832,252	642,227	44,189.00 34.00
35.00	Dietary under contract (see instructions)		301,359	0	301,359	5,938.00 35.00
36.00	Cafeteria	11.00	0	849,999	849,999	43,592.00 36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00 37.00
38.00	Nursing Administration	13.00	2,001,450	7,798	2,009,248	57,171.00 38.00
39.00	Central Services and Supply	14.00	456,855	6,549	463,404	23,426.00 39.00
40.00	Pharmacy	15.00	2,666,488	31,593	2,698,081	68,822.00 40.00
41.00	Medical Records & Medical Records Library	16.00	1,807,329	21,361	1,828,690	74,679.00 41.00
42.00	Social Service	17.00	0	0	0	0.00 42.00
43.00	Other General Service	18.00	0	0	0	0.00 43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140116

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

Worksheet S-3
Part II
Date/Time Prepared:
11/29/2012 12:44 pm

		Average Hourly Wage (col. 4 ÷ col. 5)	
		6.00	
PART II - WAGE DATA			
SALARIES			
1.00	Total salaries (see instructions)	30.00	1.00
2.00	Non-physician anesthetist Part A	0.00	2.00
3.00	Non-physician anesthetist Part B	0.00	3.00
4.00	Physician-Part A - Administrative	0.00	4.00
4.01	Physicians - Part A - Teaching	0.00	4.01
5.00	Physician-Part B	0.00	5.00
6.00	Non-physician-Part B	0.00	6.00
7.00	Interns & residents (in an approved program)	0.00	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)	30.85	10.00
OTHER WAGES & RELATED COSTS			
11.00	Contract labor (see instructions)	56.21	11.00
12.00	Contract management and administrative services	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative	226.94	13.00
14.00	Home office salaries & wage-related costs	56.69	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	19.84	27.00
28.00	Administrative & General under contract (see inst.)	437.80	28.00
29.00	Maintenance & Repairs	0.00	29.00
30.00	Operation of Plant	24.62	30.00
31.00	Laundry & Linen Service	16.34	31.00
32.00	Housekeeping	15.01	32.00
33.00	Housekeeping under contract (see instructions)	41.51	33.00
34.00	Dietary	14.53	34.00
35.00	Dietary under contract (see instructions)	50.75	35.00
36.00	Cafeteria	19.50	36.00
37.00	Maintenance of Personnel	0.00	37.00
38.00	Nursing Administration	35.14	38.00
39.00	Central Services and Supply	19.78	39.00
40.00	Pharmacy	39.20	40.00
41.00	Medical Records & Medical Records Library	24.49	41.00
42.00	Social Service	0.00	42.00
43.00	Other General Service	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140116

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

Worksheet S-3
Part III
Date/Time Prepared:
11/29/2012 12:44 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	
	1.00	2.00	3.00	4.00	5.00	
PART III - HOSPITAL WAGE INDEX SUMMARY						
1.00	Net salaries (see instructions)	88,447,136	-14,469,403	73,977,733	2,443,044.00	1.00
2.00	Excluded area salaries (see instructions)	4,104,893	202,938	4,307,831	139,652.00	2.00
3.00	Subtotal salaries (line 1 minus line 2)	84,342,243	-14,672,341	69,669,902	2,303,392.00	3.00
4.00	Subtotal other wages & related costs (see inst.)	22,939,324	0	22,939,324	398,614.00	4.00
5.00	Subtotal wage-related costs (see inst.)	18,118,566	0	18,118,566	0.00	5.00
6.00	Total (sum of lines 3 thru 5)	125,400,133	-14,672,341	110,727,792	2,702,006.00	6.00
7.00	Total overhead cost (see instructions)	31,153,372	-16,762,834	14,390,538	579,760.00	7.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140116

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

Worksheet S-3
Part III
Date/Time Prepared:
11/29/2012 12:44 pm

		Average Hourly Wage (col. 4 ÷ col. 5)	
		6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY			
1.00	Net salaries (see instructions)	30.28	1.00
2.00	Excluded area salaries (see instructions)	30.85	2.00
3.00	Subtotal salaries (line 1 minus line 2)	30.25	3.00
4.00	Subtotal other wages & related costs (see inst.)	57.55	4.00
5.00	Subtotal wage-related costs (see inst.)	26.01	5.00
6.00	Total (sum of lines 3 thru 5)	40.98	6.00
7.00	Total overhead cost (see instructions)	24.82	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 140116	Period: From 07/01/2011 To 06/30/2012	Worksheet S-3 Part IV Date/Time Prepared: 11/29/2012 12:44 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			1,178,903 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			27,540 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)			9,221,673 8.00
9.00	Prescription Drug Plan			0 9.00
10.00	Dental, Hearing and Vision Plan			601,399 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			111,109 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)			874,427 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance			1,442,137 15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)			0 16.00
TAXES				
17.00	FICA-Employers Portion Only			5,004,049 17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance			103,770 19.00
20.00	State or Federal Unemployment Taxes			0 20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))			0 21.00
22.00	Day Care Cost and Allowances			328,928 22.00
23.00	Tuition Reimbursement			328,079 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			19,222,014 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: 140116	Period: From 07/01/2011 To 06/30/2012	Worksheet S-3 Part V Date/Time Prepared: 11/29/2012 12:44 pm
Cost Center Description			Contract Labor	Benefit Cost
			1.00	2.00
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost		541,004	0 1.00
2.00	Hospital		524,521	0 2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF		16,483	0 4.00
5.00	Subprovider - (Other)		0	0 5.00
6.00	Swing Beds - SNF		0	0 6.00
7.00	Swing Beds - NF		0	0 7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA		0	0 11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis			17.00
18.00	Other		0	0 18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 140116 Component CCN: 147455		Period: From 07/01/2011 To 06/30/2012		Worksheet S-4 Date/Time Prepared: 11/29/2012 12:44 pm	
				Home Health Agency I		PPS	
				1.00			
0.00	County			MCHENRY		0.00	
		Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	
HOME HEALTH AGENCY STATISTICAL DATA							
1.00	Home Health Aide Hours	0	3,965	87	43	4,095 1.00	
2.00	Unduplicated Census Count (see instructions)	0.00	1,021.00	81.00	524.00	1,626.00 2.00	
				Number of Employees (Full Time Equivalent)			
		Enter the number of hours in your normal work week		Staff	Contract	Total	
		0		1.00	2.00	3.00	
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES							
3.00	Administrator and Assistant Administrator(s)	40.00		11.91	0.00	11.91 3.00	
4.00	Director(s) and Assistant Director(s)			0.34	0.00	0.34 4.00	
5.00	Other Administrative Personnel			0.00	0.00	0.00 5.00	
6.00	Direct Nursing Service			18.43	0.00	18.43 6.00	
7.00	Nursing Supervisor			0.00	0.00	0.00 7.00	
8.00	Physical Therapy Service			5.80	0.00	5.80 8.00	
9.00	Physical Therapy Supervisor			0.00	0.00	0.00 9.00	
10.00	Occupational Therapy Service			0.73	0.00	0.73 10.00	
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00 11.00	
12.00	Speech Pathology Service			0.55	0.00	0.55 12.00	
13.00	Speech Pathology Supervisor			0.00	0.00	0.00 13.00	
14.00	Medical Social Service			0.00	0.00	0.00 14.00	
15.00	Medical Social Service Supervisor			0.00	0.00	0.00 15.00	
16.00	Home Health Aide			3.06	0.00	3.06 16.00	
17.00	Home Health Aide Supervisor			0.00	0.00	0.00 17.00	
18.00	Other (specify)			0.00	0.00	0.00 18.00	
HOME HEALTH AGENCY CBSA CODES							
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.			3		19.00	
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).			16974		20.00	
20.01				29404		20.01	
20.02				43780		20.02	
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		Without Outliers	With Outliers				
		1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	11,080	1,013	373	126	12,592 21.00	
22.00	Skilled Nursing Visit Charges	2,239,350	202,820	74,425	26,150	2,542,745 22.00	
23.00	Physical Therapy Visits	6,983	56	75	106	7,220 23.00	
24.00	Physical Therapy Visit Charges	1,414,315	11,275	15,060	21,745	1,462,395 24.00	
25.00	Occupational Therapy Visits	1,055	2	1	16	1,074 25.00	
26.00	Occupational Therapy Visit Charges	207,570	410	205	3,280	211,465 26.00	
27.00	Speech Pathology Visits	762	0	4	4	770 27.00	
28.00	Speech Pathology Visit Charges	154,265	0	820	820	155,905 28.00	
29.00	Medical Social Service Visits	0	0	0	0	0 29.00	
30.00	Medical Social Service Visit Charges	0	0	0	0	0 30.00	
31.00	Home Health Aide Visits	2,662	122	1	20	2,805 31.00	
32.00	Home Health Aide Visit Charges	292,820	13,420	110	2,200	308,550 32.00	
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	22,542	1,193	454	272	24,461 33.00	
34.00	Other Charges	3,799	38	118	0	3,955 34.00	
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	4,312,119	227,963	90,738	54,195	4,685,015 35.00	
36.00	Total Number of Episodes (standard/non outlier)	1,250		149	24	1,423 36.00	
37.00	Total Number of Outlier Episodes		23		0	23 37.00	
38.00	Total Non-Routine Medical Supply Charges	204,596	14,300	7,696	1,210	227,802 38.00	

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 140116	Period: From 07/01/2011 To 06/30/2012	Worksheet S-10 Date/Time Prepared: 11/29/2012 12:44 pm
---	----------------------	---	--

				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)		0.301393		1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		13,674,945		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		94,043		5.00
6.00	Medicaid charges		66,579,494		6.00
7.00	Medicaid cost (line 1 times line 6)		20,066,593		7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		6,297,605		8.00
State Children's Health Insurance Program (SCHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone SCHIP		0		9.00
10.00	Stand-alone SCHIP charges		0		10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0		11.00
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0		12.00
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0		13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0		14.00
15.00	State or local indigent care program cost (line 1 times line 14)		0		15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0		16.00
Uncompensated care (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0		17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		0		18.00
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		6,297,605		19.00
				1.00	
				2.00	
				3.00	
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	18,444,093	0	18,444,093	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	5,558,921	0	5,558,921	21.00
22.00	Partial payment by patients approved for charity care	1,524,851	0	1,524,851	22.00
23.00	Cost of charity care (line 21 minus line 22)	4,034,070	0	4,034,070	23.00
				1.00	
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N		24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit		0		25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)		15,041,686		26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		745,066		27.00
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)		14,296,620		28.00
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)		4,308,901		29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)		8,342,971		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		14,640,576		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140116

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

Worksheet A

Date/Time Prepared:
11/29/2012 12:44 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT		10,741,173			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0		6,185,980	2.00
4.00	00400	EMPLOYEE BENEFITS	912,258	17,344,680		7,870,923	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	18,197,972	38,874,857		279,791	5.00
7.00	00700	OPERATION OF PLANT	1,257,459	2,791,352		-3,091,246	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	51,000	681,851		10,339	8.00
9.00	00900	HOUSEKEEPING	1,338,293	821,536		460	9.00
10.00	01000	DIETARY	1,474,479	1,718,992		14,216	10.00
11.00	01100	CAFETERIA	0	0		-1,534,118	11.00
13.00	01300	NURSING ADMINISTRATION	2,001,450	201,696		1,551,754	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	456,855	727,675		-115,796	14.00
15.00	01500	PHARMACY	2,666,488	11,364,998		-530	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,807,329	188,177		1,184,000	16.00
17.00	01700	SOCIAL SERVICE	0	0		21,361	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	17,408,613	1,964,786		18,641,653	30.00
31.00	03100	INTENSIVE CARE UNIT	4,267,640	714,671		-731,746	31.00
41.00	04100	SUBPROVIDER - IRF	1,437,277	87,389		84,399	41.00
43.00	04300	NURSERY	0	0		213,931	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	6,686,250	11,856,216		-8,212,833	50.00
51.00	05100	RECOVERY ROOM	943,791	112,475		-24,928	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		1,219,098	52.00
53.00	05300	ANESTHESIOLOGY	38,297	500,838		-30,700	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,035,196	2,381,637		-4,116	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,942,132	666,458		-4,363	55.00
56.00	05600	RADIOISOTOPE	462,731	1,241,338		7,466	56.00
57.00	05700	CT SCAN	698,519	508,767		-25,180	57.00
58.00	05800	MRI	316,720	202,721		519,441	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,413,731	5,021,328		-3,915,541	59.00
60.00	06000	LABORATORY	2,850,843	5,292,360		-47,223	60.00
65.00	06500	RESPIRATORY THERAPY	1,101,468	433,134		-64,807	65.00
66.00	06600	PHYSICAL THERAPY	3,953,318	670,298		33,082	66.00
67.00	06700	OCCUPATIONAL THERAPY	646,948	45,718		3,383	67.00
68.00	06800	SPEECH PATHOLOGY	356,907	7,471		4,345	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		0	70.00
70.01	07001	SLEEP LAB/NEUROLOGY	314,009	194,639		-7,330	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		6,410,997	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		7,683,768	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		10,549,363	73.00
76.00	03140	CARDIOLOGY	481,084	117,565		3,048	76.00
76.97	07697	CARDIAC REHABILITATION	520,525	226,350		5,073	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	399,928	128,996		-945	90.00
90.01	09001	DIABETES CENTER	78,170	23,262		-1,020	90.01
91.00	09100	EMERGENCY	4,111,232	1,411,904		-205,504	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS							
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	160,819	970,530		-327,004	97.00
101.00	10100	HOME HEALTH AGENCY	2,613,827	501,454		34,084	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE		3,619,881		-3,619,881	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	87,403,558	124,359,173		4,206	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	720		0	190.00
192.01	19201	OCCUPATIONAL HEALTH	53,789	70,942		-859	192.01
192.02	19202	FLIGHT FOR LIFE	0	5,502		-3,347	192.02
192.04	19204	WELLNESS PROGRAM	0	0		0	192.04
200.00		TOTAL (SUM OF LINES 118-199)	87,457,347	124,436,337		0	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140116

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

Worksheet A
Date/Time Prepared:
11/29/2012 12:44 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation		
		6.00	7.00		
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-3,341,682	2,844,298	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-11,047	7,859,876	2.00
4.00	00400	EMPLOYEE BENEFITS	0	18,536,729	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-14,638,185	39,343,398	5.00
7.00	00700	OPERATION OF PLANT	-446,112	3,613,038	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	733,311	8.00
9.00	00900	HOUSEKEEPING	-180,161	1,993,884	9.00
10.00	01000	DIETARY	0	1,659,353	10.00
11.00	01100	CAFETERIA	-857,480	694,274	11.00
13.00	01300	NURSING ADMINISTRATION	-360	2,086,990	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,184,000	14.00
15.00	01500	PHARMACY	0	3,450,327	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-17,874	1,998,993	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-297,054	18,344,599	30.00
31.00	03100	INTENSIVE CARE UNIT	0	5,066,710	31.00
41.00	04100	SUBPROVIDER - I RF	0	1,738,597	41.00
43.00	04300	NURSERY	0	1,102,743	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-505,344	9,824,289	50.00
51.00	05100	RECOVERY ROOM	0	1,031,338	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,219,098	52.00
53.00	05300	ANESTHESIOLOGY	-21,866	486,569	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-132,701	6,280,016	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-28,858	2,575,369	55.00
56.00	05600	RADIOISOTOPE	0	1,711,535	56.00
57.00	05700	CT SCAN	0	1,182,106	57.00
58.00	05800	MRI	0	521,186	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	2,519,518	59.00
60.00	06000	LABORATORY	-1,868,818	6,227,162	60.00
65.00	06500	RESPIRATORY THERAPY	-59,854	1,409,941	65.00
66.00	06600	PHYSICAL THERAPY	-130,345	4,526,353	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	696,049	67.00
68.00	06800	SPEECH PATHOLOGY	0	368,723	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
70.01	07001	SLEEP LAB/NEUROLOGY	0	501,318	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	6,410,997	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	7,683,768	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	10,549,363	73.00
76.00	03140	CARDIOLOGY	0	601,697	76.00
76.97	07697	CARDIAC REHABILITATION	-117,083	634,865	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-40,647	487,332	90.00
90.01	09001	DIABETES CENTER	-3,592	96,820	90.01
91.00	09100	EMERGENCY	-69,370	5,248,262	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
OTHER REIMBURSABLE COST CENTERS					
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	804,345	97.00
101.00	10100	HOME HEALTH AGENCY	-52,655	3,096,710	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-22,821,088	188,945,849	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	720	190.00
192.01	19201	OCCUPATIONAL HEALTH	-30,857	93,015	192.01
192.02	19202	FLIGHT FOR LIFE	0	2,155	192.02
192.04	19204	WELLNESS PROGRAM	0	0	192.04
200.00		TOTAL (SUM OF LINES 118-199)	-22,851,945	189,041,739	200.00

RECLASSIFICATIONS

Provider CCN: 140116

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

Worksheet A-6
Date/Time Prepared:
11/29/2012 12:44 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - CAPTIAL RECLASS					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	7,859,876	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	36,999	2.00
	TOTALS		0	7,896,875	
B - CAFETERIA RECLASS					
1.00	CAFETERIA	11.00	849,999	701,755	1.00
	TOTALS		849,999	701,755	
C - MED SUPPLIES & IMPLANTS					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	6,410,997	1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	7,683,768	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	14,094,765	
D - NURSERY					
1.00	NURSERY	43.00	809,914	188,104	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	989,326	229,772	2.00
	TOTALS		1,799,240	417,876	
E - INTEREST EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	3,341,682	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	11,047	2.00
3.00	ADMINISTRATIVE & GENERAL	5.00	0	267,152	3.00
	TOTALS		0	3,619,881	
F - CHARGABLE DRUG COSTS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	10,549,363	1.00
	TOTALS		0	10,549,363	
G - ATO RECLASS					
1.00	ADMINISTRATIVE & GENERAL	5.00	41,184	0	1.00
2.00	OPERATION OF PLANT	7.00	10,438	0	2.00
3.00	LAUNDRY & LINEN SERVICE	8.00	460	0	3.00
4.00	HOUSEKEEPING	9.00	17,304	0	4.00
5.00	DIETARY	10.00	17,747	0	5.00
6.00	NURSING ADMINISTRATION	13.00	7,798	0	6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	6,549	0	7.00
8.00	PHARMACY	15.00	31,593	0	8.00
9.00	MEDICAL RECORDS & LIBRARY	16.00	21,361	0	9.00
10.00	ADULTS & PEDIATRICS	30.00	227,304	0	10.00
11.00	INTENSIVE CARE UNIT	31.00	60,890	0	11.00
12.00	SUBPROVIDER - IRF	41.00	17,271	0	12.00
13.00	OPERATING ROOM	50.00	91,447	0	13.00
14.00	RECOVERY ROOM	51.00	15,451	0	14.00
15.00	ANESTHESIOLOGY	53.00	777	0	15.00
16.00	RADIOLOGY-DIAGNOSTIC	54.00	55,013	0	16.00
17.00	RADIOLOGY-THERAPEUTIC	55.00	26,381	0	17.00

Provider CCN: 140116

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

Worksheet A-6

Date/Time Prepared:
11/29/2012 12:44 pm

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
18.00	RADIOISOTOPE	56.00	7,481	0	18.00
19.00	CT SCAN	57.00	10,342	0	19.00
20.00	MRI	58.00	4,728	0	20.00
21.00	CARDIAC CATHETERIZATION	59.00	19,273	0	21.00
22.00	LABORATORY	60.00	31,874	0	22.00
23.00	RESPIRATORY THERAPY	65.00	15,374	0	23.00
24.00	PHYSICAL THERAPY	66.00	55,705	0	24.00
25.00	OCCUPATIONAL THERAPY	67.00	9,030	0	25.00
26.00	SPEECH PATHOLOGY	68.00	4,606	0	26.00
27.00	SLEEP LAB/NEUROLOGY	70.01	4,019	0	27.00
28.00	CARDIOLOGY	76.00	7,036	0	28.00
29.00	CARDIAC REHABILITATION	76.97	6,991	0	29.00
30.00	CLINIC	90.00	4,812	0	30.00
31.00	DIABETES CENTER	90.01	1,549	0	31.00
32.00	EMERGENCY	91.00	44,363	0	32.00
33.00	DURABLE MEDICAL EQUIP-SOLD	97.00	1,177	0	33.00
34.00	HOME HEALTH AGENCY	101.00	34,084	0	34.00
35.00	OCCUPATIONAL HEALTH	192.01	846	0	35.00
	TOTALS		912,258	0	
H - CENTEGRA ALLOCATION					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	14,469,403	1.00
	TOTALS		0	14,469,403	
I - CASE MANAGEMENT/SOCIAL SERVICES					
1.00	ADULTS & PEDIATRICS	30.00	1,148,987	523,626	1.00
2.00	INTENSIVE CARE UNIT	31.00	163,943	74,714	2.00
3.00	SUBPROVIDER - IRF	41.00	150,737	68,695	3.00
4.00	NURSERY	43.00	71,940	32,785	4.00
	TOTALS		1,535,607	699,820	
J - WORKERS COMP INSURANCE					
1.00	EMPLOYEE BENEFITS	4.00	0	1,192,049	1.00
	TOTALS		0	1,192,049	
500.00	Grand Total: Increases		5,097,104	53,641,787	500.00

RECLASSIFICATIONS

Provider CCN: 140116

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

Worksheet A-6
Date/Time Prepared:
11/29/2012 12:44 pm

		Decreases				Wkst. A-7 Ref.	
Cost Center	Line #	Salary	Other				
6.00	7.00	8.00	9.00	10.00			
A - CAPTIAL RECLASS							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	7,896,875	9	1.00	
2.00		0.00	0	0	0	2.00	
	TOTALS		0	7,896,875			
B - CAFETERIA RECLASS							
1.00	DIETARY	10.00	849,999	701,755	0	1.00	
	TOTALS		849,999	701,755			
C - MED SUPPLIES & IMPLANTS							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	9,105	0	1.00	
2.00	OPERATION OF PLANT	7.00	0	99	0	2.00	
3.00	HOUSEKEEPING	9.00	0	3,088	0	3.00	
4.00	DIETARY	10.00	0	111	0	4.00	
5.00	NURSING ADMINISTRATION	13.00	0	123,594	0	5.00	
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	7,079	0	6.00	
7.00	PHARMACY	15.00	0	63,389	0	7.00	
8.00	ADULTS & PEDIATRICS	30.00	0	414,547	0	8.00	
9.00	INTENSIVE CARE UNIT	31.00	0	215,148	0	9.00	
10.00	SUBPROVIDER - IRF	41.00	0	22,772	0	10.00	
11.00	OPERATING ROOM	50.00	0	8,304,280	0	11.00	
12.00	RECOVERY ROOM	51.00	0	40,379	0	12.00	
13.00	ANESTHESIOLOGY	53.00	0	31,477	0	13.00	
14.00	RADIOLOGY-DIAGNOSTIC	54.00	0	59,129	0	14.00	
15.00	RADIOLOGY-THERAPEUTIC	55.00	0	30,744	0	15.00	
16.00	RADIOISOTOPE	56.00	0	15	0	16.00	
17.00	CT SCAN	57.00	0	35,522	0	17.00	
18.00	MRI	58.00	0	2,983	0	18.00	
19.00	CARDIAC CATHETERIZATION	59.00	0	3,934,814	0	19.00	
20.00	LABORATORY	60.00	0	79,097	0	20.00	
21.00	RESPIRATORY THERAPY	65.00	0	80,181	0	21.00	
22.00	PHYSICAL THERAPY	66.00	0	22,623	0	22.00	
23.00	OCCUPATIONAL THERAPY	67.00	0	5,647	0	23.00	
24.00	SPEECH PATHOLOGY	68.00	0	261	0	24.00	
25.00	SLEEP LAB/NEUROLOGY	70.01	0	11,349	0	25.00	
26.00	CARDIOLOGY	76.00	0	3,988	0	26.00	
27.00	CARDIAC REHABILITATION	76.97	0	1,918	0	27.00	
28.00	CLINIC	90.00	0	5,757	0	28.00	
29.00	DIABETES CENTER	90.01	0	2,569	0	29.00	
30.00	EMERGENCY	91.00	0	249,867	0	30.00	
31.00	DURABLE MEDICAL EQUIP-SOLD	97.00	0	328,181	0	31.00	
32.00	OCCUPATIONAL HEALTH	192.01	0	1,705	0	32.00	
33.00	FLIGHT FOR LIFE	192.02	0	3,347	0	33.00	
	TOTALS		0	14,094,765			
D - NURSERY							
1.00	ADULTS & PEDIATRICS	30.00	1,799,240	417,876	0	1.00	
2.00		0.00	0	0	0	2.00	
	TOTALS		1,799,240	417,876			
E - INTEREST EXPENSE							
1.00	INTEREST EXPENSE	113.00	0	3,619,881	11	1.00	
2.00		0.00	0	0	11	2.00	
3.00		0.00	0	0	0	3.00	
	TOTALS		0	3,619,881			
F - CHARGABLE DRUG COSTS							
1.00	PHARMACY	15.00	0	10,549,363	0	1.00	
	TOTALS		0	10,549,363			
G - ATO RECLASS							
1.00	EMPLOYEE BENEFITS	4.00	912,258	0	0	1.00	
2.00		0.00	0	0	0	2.00	
3.00		0.00	0	0	0	3.00	
4.00		0.00	0	0	0	4.00	
5.00		0.00	0	0	0	5.00	
6.00		0.00	0	0	0	6.00	
7.00		0.00	0	0	0	7.00	
8.00		0.00	0	0	0	8.00	
9.00		0.00	0	0	0	9.00	
10.00		0.00	0	0	0	10.00	
11.00		0.00	0	0	0	11.00	
12.00		0.00	0	0	0	12.00	
13.00		0.00	0	0	0	13.00	
14.00		0.00	0	0	0	14.00	
15.00		0.00	0	0	0	15.00	
16.00		0.00	0	0	0	16.00	
17.00		0.00	0	0	0	17.00	
18.00		0.00	0	0	0	18.00	
19.00		0.00	0	0	0	19.00	

Provider CCN: 140116

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

Worksheet A-6
Date/Time Prepared:
11/29/2012 12:44 pm

		Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7	Ref.		
	6.00	7.00	8.00	9.00	10.00			
20.00		0.00	0	0	0	0		20.00
21.00		0.00	0	0	0	0		21.00
22.00		0.00	0	0	0	0		22.00
23.00		0.00	0	0	0	0		23.00
24.00		0.00	0	0	0	0		24.00
25.00		0.00	0	0	0	0		25.00
26.00		0.00	0	0	0	0		26.00
27.00		0.00	0	0	0	0		27.00
28.00		0.00	0	0	0	0		28.00
29.00		0.00	0	0	0	0		29.00
30.00		0.00	0	0	0	0		30.00
31.00		0.00	0	0	0	0		31.00
32.00		0.00	0	0	0	0		32.00
33.00		0.00	0	0	0	0		33.00
34.00		0.00	0	0	0	0		34.00
35.00		0.00	0	0	0	0		35.00
TOTALS			912,258	0				
H - CENTEGRA ALLOCATION								
1.00	ADMINISTRATIVE & GENERAL	5.00	14,469,403	0	0	0		1.00
TOTALS			14,469,403	0				
I - CASE MANAGEMENT/SOCIAL SERVICES								
1.00	ADMINISTRATIVE & GENERAL	5.00	1,535,607	699,820	0	0		1.00
2.00		0.00	0	0	0	0		2.00
3.00		0.00	0	0	0	0		3.00
4.00		0.00	0	0	0	0		4.00
TOTALS			1,535,607	699,820				
J - WORKERS COMP INSURANCE								
1.00	ADMINISTRATIVE & GENERAL	5.00	0	1,192,049	0	0		1.00
TOTALS			0	1,192,049				
500.00	Grand Total: Decreases		19,566,507	39,172,384				500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140116

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

Worksheet A-7
Parts I-III
Date/Time Prepared:
11/29/2012 12:44 pm

	Beginning Balances	Acquisitions			Disposals and Retirements		
		Purchases	Donation	Total			
	1.00	2.00	3.00	4.00	5.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	65,000	0	0	0	1.00	
2.00	Land Improvements	1,764,249	0	0	0	2.00	
3.00	Buildings and Fixtures	76,937,498	1,913,687	0	1,913,687	3.00	
4.00	Building Improvements	77,154	0	0	0	4.00	
5.00	Fixed Equipment	12,588,902	0	0	0	5.00	
6.00	Movable Equipment	80,170,437	6,883,924	0	6,883,924	6.00	
7.00	HIT designated Assets	7,212,164	1,759,092	0	1,759,092	7,212,164	7.00
8.00	Subtotal (sum of lines 1-7)	178,815,404	10,556,703	0	10,556,703	7,212,164	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	178,815,404	10,556,703	0	10,556,703	7,212,164	10.00
SUMMARY OF CAPITAL							
Cost Center Description	Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)		
	9.00	10.00	11.00	12.00	13.00		
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	10,741,173	0	0	0	1.00	
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	2.00	
3.00	Total (sum of lines 1-2)	10,741,173	0	0	0	3.00	
COMPUTATION OF RATIOS							
Cost Center Description	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	ALLOCATION OF OTHER CAPITAL Ratio (see instructions)	Insurance		
	1.00	2.00	3.00	4.00	5.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	79,437,453	0	79,437,453	0.436086	1.00	
2.00	CAP REL COSTS-MVBLE EQUIP	102,722,490	0	102,722,490	0.563914	2.00	
3.00	Total (sum of lines 1-2)	182,159,943	0	182,159,943	1.000000	3.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140116

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

Worksheet A-7
Parts I-III
Date/Time Prepared:
11/29/2012 12:44 pm

		Ending Balance	Fully Depreciated Assets			
		6.00	7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	65,000	0		1.00	
2.00	Land Improvements	1,764,249	0		2.00	
3.00	Buildings and Fixtures	78,851,185	0		3.00	
4.00	Building Improvements	77,154	0		4.00	
5.00	Fixed Equipment	12,588,902	0		5.00	
6.00	Movable Equipment	87,054,361	0		6.00	
7.00	HIT designated Assets	1,759,092	0		7.00	
8.00	Subtotal (sum of lines 1-7)	182,159,943	0		8.00	
9.00	Reconciling Items	0	0		9.00	
10.00	Total (line 8 minus line 9)	182,159,943	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	10,741,173		1.00	
2.00	CAP REL COSTS-MVBLE EQUIP	0	0		2.00	
3.00	Total (sum of lines 1-2)	0	10,741,173		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	2,844,298	0
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	7,859,876	0
3.00	Total (sum of lines 1-2)	0	0	0	10,704,174	0

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140116

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

Worksheet A-7
Parts I-III
Date/Time Prepared:
11/29/2012 12:44 pm

Cost Center Description	SUMMARY OF CAPITAL					Total (2) (sum of cols. 9 through 14)	
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)			
	11.00	12.00	13.00	14.00	15.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	2,844,298	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	7,859,876	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	10,704,174	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140116

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

Worksheet A-8

Date/Time Prepared:
11/29/2012 12:44 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		
			Cost Center		Line #
			1.00	2.00	3.00
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-2,356,177	CAP REL COSTS-BLDG & FIXT	1.00	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)	B	-7,789	CAP REL COSTS-MVBLE EQUIP	2.00	2.00
3.00 Investment income - other (chapter 2)	B	-188,268	ADMINISTRATIVE & GENERAL	5.00	3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0		0.00	4.00
5.00 Refunds and rebates of expenses (chapter 8)		0		0.00	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0		0.00	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	A	-122,487	OPERATION OF PLANT	7.00	7.00
8.00 Television and radio service (chapter 21)	A	-234,433	OPERATION OF PLANT	7.00	8.00
9.00 Parking lot (chapter 21)		0		0.00	9.00
10.00 Provider-based physician adjustment	A-8-2	-1,976,712			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	-7,751,556			12.00
13.00 Laundry and linen service		0		0.00	13.00
14.00 Cafeteria-employees and guests	B	-821,362	CAFETERIA	11.00	14.00
15.00 Rental of quarters to employee and others		0		0.00	15.00
16.00 Sale of medical and surgical supplies to other than patients		0		0.00	16.00
17.00 Sale of drugs to other than patients		0		0.00	17.00
18.00 Sale of medical records and abstracts	B	-9,283	MEDICAL RECORDS & LIBRARY	16.00	18.00
19.00 Nursing school (tuition, fees, books, etc.)		0		0.00	19.00
20.00 Vending machines		0		0.00	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		OPERATION OF PLANT	65.00	23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		OPERATION OF PLANT	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			CAP REL COSTS-BLDG & FIXT	1.00	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			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		OCCUPATIONAL THERAPY	67.00	30.00
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		SPEECH PATHOLOGY	68.00	31.00
32.00 CAH HIT Adjustment for Depreciation and Interest			0	0.00	32.00
33.00 MEDICAL STAFF FEES	B	-6,969	ADMINISTRATIVE & GENERAL	5.00	33.00
34.00 OTHER INCOME	B	-255,037	ADMINISTRATIVE & GENERAL	5.00	34.00
35.00 RADIOLOGY X-RAY COPY FEES	B	-10,284	RADIOLOGY-DIAGNOSTIC	54.00	35.00
36.00 NURSING EDUCATION INCOME	B	-360	NURSING ADMINISTRATIVE	13.00	36.00
37.00 OB EDUCATION INCOME	B	-9,185	ADMINISTRATIVE & GENERAL	5.00	37.00
38.00 EDUCATION INCOME	B	-10,763	EMERGENCY	91.00	38.00
39.00 EMS TUITION INCOME	B	-102,866	EMERGENCY	91.00	39.00
40.00 VIS INCOME	B	-205	ADMINISTRATIVE & GENERAL	5.00	40.00
41.00 ONCOLOGY EDUCATION INCOME	B	-4,704	RADIOLOGY-THERAPEUTIC	55.00	41.00
42.00 MEMBERSHIP DUES	B	-2,205	ADMINISTRATIVE & GENERAL	5.00	42.00
43.00 LABORATORY INCOME	B	-1,437,111	LABORATORY	60.00	43.00
44.00 MAINTENANCE SERVICES	B	-56,275	OPERATION OF PLANT	7.00	44.00
45.00 HOUSEKEEPING SERVICES	B	-180,161	HOUSEKEEPING	9.00	45.00
45.01 MEALS ON WHEELS	B	-20,947	CAFETERIA	11.00	45.01
45.02 IDPA PROVIDER TAX	A	-4,950,245	ADMINISTRATIVE & GENERAL	5.00	45.02
45.03 CHILD CARE CENTER	B	-835,674	ADMINISTRATIVE & GENERAL	5.00	45.03
45.04 IHA/AHA LOBBYING EXPENSE	A	-29,870	ADMINISTRATIVE & GENERAL	5.00	45.04
45.05 2002 INTEREST INCOME	B	-290	ADMINISTRATIVE & GENERAL	5.00	45.05
45.06 2002 INTEREST INCOME	B	-3,630	CAP REL COSTS-BLDG & FIXT	1.00	45.06
45.07 2002 INTEREST INCOME	B	-12	CAP REL COSTS-MVBLE EQUIP	2.00	45.07
45.08 1998/2002 INTEREST EXPENSE	A	-981,875	CAP REL COSTS-BLDG & FIXT	1.00	45.08
45.09 1998/2002 INTEREST EXPENSE	A	-3,246	CAP REL COSTS-MVBLE EQUIP	2.00	45.09

Provider CCN: 140116	Period: From 07/01/2011 To 06/30/2012	Worksheet A-8 Date/Time Prepared: 11/29/2012 12:44 pm
----------------------	---	---

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		
			Cost Center	Line #	
			1.00	2.00	
45.10 1998/2002 INTEREST EXPENSE	A	-78,456	ADMINISTRATIVE & GENERAL	5.00	45.10
45.11 ESPRESSO CART EXPENSE	A	-15,171	CAFETERIA	11.00	45.11
45.12 RELATED RENTAL - ER	A	-8,216	EMERGENCY	91.00	45.12
45.13 RELATED RENTAL - RESPIRATORY THERAPY	A	-6,005	RESPIRATORY THERAPY	65.00	45.13
45.14 RELATED RENTAL - BIOMED	A	-19,551	OPERATION OF PLANT	7.00	45.14
45.15 RELATED RENTAL - CARDIAC REHAB	A	-92,621	CARDIAC REHABILITATION	76.97	45.15
45.16 RELATED RENTAL - MEDICAL RECORDS	A	-8,591	MEDICAL RECORDS & LIBRARY	16.00	45.16
45.17 RELATED RENTAL - DIABETES CENTER	A	-3,592	DIABETES CENTER	90.01	45.17
45.18 RELATED RENTAL - HEART FAIL CLINIC	A	-6,138	CLINIC	90.00	45.18
45.19 RELATED RENTAL - PLANT OPERATIONS	A	-13,366	OPERATION OF PLANT	7.00	45.19
45.20 RELATED RENTAL - INFUSION CLINIC	A	-34,509	CLINIC	90.00	45.20
45.21 RELATED RENTAL - HOME HEALTH	A	-52,655	HOME HEALTH AGENCY	101.00	45.21
45.22 RELATED RENTAL - BTW PROGRAM	A	-30,857	OCCUPATIONAL HEALTH	192.01	45.22
45.23 RELATED RENTAL - PHYSICIAN THERAPY	A	-112,236	PHYSICAL THERAPY	66.00	45.23
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-22,851,945			50.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140116

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

Worksheet A-8

Date/Time Prepared:
11/29/2012 12:44 pm

Cost Center Description		Wkst. A-7 Ref.	
		5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	11	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)	11	2.00
3.00	Investment income - other (chapter 2)	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	0	7.00
8.00	Television and radio service (chapter 21)	0	8.00
9.00	Parking lot (chapter 21)	0	9.00
10.00	Provider-based physician adjustment	0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)	0	11.00
12.00	Related organization transactions (chapter 10)	0	12.00
13.00	Laundry and linen service	0	13.00
14.00	Cafeteria-employees and guests	0	14.00
15.00	Rental of quarters to employee and others	0	15.00
16.00	Sale of medical and surgical supplies to other than patients	0	16.00
17.00	Sale of drugs to other than patients	0	17.00
18.00	Sale of medical records and abstracts	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)	0	19.00
20.00	Vending machines	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP	0	27.00
28.00	Non-physician Anesthetist		28.00
29.00	Physicians' assistant	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)		30.00
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest	0	32.00
33.00	MEDICAL STAFF FEES	0	33.00
34.00	OTHER INCOME	0	34.00
35.00	RADIOLOGY X-RAY COPY FEES	0	35.00
36.00	NURSING EDUCATION INCOME	0	36.00
37.00	OB EDUCATION INCOME	0	37.00
38.00	EDUCATION INCOME	0	38.00
39.00	EMS TUITION INCOME	0	39.00
40.00	VIS INCOME	0	40.00
41.00	ONCOLOGY EDUCATION INCOME	0	41.00
42.00	MEMBERSHIP DUES	0	42.00
43.00	LABORATORY INCOME	0	43.00
44.00	MAINTENANCE SERVICES	0	44.00
45.00	HOUSEKEEPING SERVICES	0	45.00
45.01	MEALS ON WHEELS	0	45.01
45.02	IDPA PROVIDER TAX	0	45.02
45.03	CHILD CARE CENTER	0	45.03
45.04	IHA/AHA LOBBYING EXPENSE	0	45.04
45.05	2002 INTEREST INCOME	0	45.05
45.06	2002 INTEREST INCOME	11	45.06
45.07	2002 INTEREST INCOME	11	45.07
45.08	1998/2002 INTEREST EXPENSE	11	45.08
45.09	1998/2002 INTEREST EXPENSE	11	45.09
45.10	1998/2002 INTEREST EXPENSE	0	45.10
45.11	ESPRESSO CART EXPENSE	0	45.11
45.12	RELATED RENTAL - ER	0	45.12
45.13	RELATED RENTAL - RESPIRATORY THERAPY	0	45.13
45.14	RELATED RENTAL - BIOMED	0	45.14
45.15	RELATED RENTAL - CARDIAC REHAB	0	45.15

ADJUSTMENTS TO EXPENSES

Provider CCN: 140116

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

Worksheet A-8

Date/Time Prepared:
11/29/2012 12:44 pm

Cost Center Description		Wkst. A-7 Ref.	
		5.00	
45.16	RELATED RENTAL - MEDICAL RECORDS	0	45.16
45.17	RELATED RENTAL - DIABETES CENTER	0	45.17
45.18	RELATED RENTAL - HEART FAIL CLINIC	0	45.18
45.19	RELATED RENTAL - PLANT OPERATIONS	0	45.19
45.20	RELATED RENTAL - INFUSION CLINIC	0	45.20
45.21	RELATED RENTAL - HOME HEALTH	0	45.21
45.22	RELATED RENTAL - BTW PROGRAM	0	45.22
45.23	RELATED RENTAL - PHYSICIAN THERAPY	0	45.23
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: 140116

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

Worksheet A-8-1

Date/Time Prepared:
11/29/2012 12:44 pm

	Line No.	Cost Center	Expense Items	
	1.00	2.00	3.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	5.00	ADMINISTRATIVE & GENERAL	CENTEGRA HEALTH SYSTEM	1.00
2.00	91.00	EMERGENCY	CENTEGRA HEALTH SYSTEM	2.00
3.00	0.00			3.00
4.00	0.00			4.00
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: 140116

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

Worksheet A-8-1

Date/Time Prepared: 11/29/2012 12:44 pm

	Amount of Allowable Cost	Amount Included in Wks. A, column 5	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	30,130,739	38,373,008	-8,242,269	0	1.00
2.00	490,713	0	490,713	0	2.00
3.00	0	0	0	0	3.00
4.00	0	0	0	0	4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.	30,621,452	38,373,008	-7,751,556	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	CENTEGRA HEALTH	0.00	HOME OFFICE	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: 140116

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

Worksheet A-8-2

Date/Time Prepared:
11/29/2012 12:44 pm

		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	47,350	11,350	1.00
2.00		30.00	ADULTS & PEDIATRICS	297,054	297,054	2.00
3.00		50.00	OPERATING ROOM	505,344	505,344	3.00
4.00		53.00	ANESTHESIOLOGY	60,000	0	4.00
5.00		54.00	RADIOLOGY-DIAGNOSTIC	236,150	0	5.00
6.00		55.00	RADIOLOGY-THERAPEUTIC	40,000	0	6.00
7.00		60.00	LABORATORY	431,707	431,707	7.00
8.00		65.00	RESPIRATORY THERAPY	61,182	53,849	8.00
9.00		66.00	PHYSICAL THERAPY	22,795	0	9.00
10.00		76.97	CARDIAC REHABILITATION	30,000	0	10.00
11.00		91.00	EMERGENCY	443,350	413,350	11.00
200.00				2,174,932	1,712,654	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140116

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

Worksheet A-8-2

Date/Time Prepared:
11/29/2012 12:44 pm

	Provider Component	RCE Amount	Physician/Provider Component Hours	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	
	5.00	6.00	7.00	8.00	9.00	
1.00	36,000	177,200	92	7,838	392	1.00
2.00	0	0	0	0	0	2.00
3.00	0	0	0	0	0	3.00
4.00	60,000	200,300	396	38,134	1,907	4.00
5.00	236,150	225,300	1,050	113,733	5,687	5.00
6.00	40,000	177,200	186	15,846	792	6.00
7.00	0	0	0	0	0	7.00
8.00	7,333	177,200	133	11,331	567	8.00
9.00	22,795	177,200	55	4,686	234	9.00
10.00	30,000	177,200	65	5,538	277	10.00
11.00	30,000	177,200	60	5,112	256	11.00
200.00	462,278		2,037	202,218	10,112	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140116

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

Worksheet A-8-2

Date/Time Prepared:
11/29/2012 12:44 pm

	Cost of Memberships & Continuing Education 12.00	Provider Component Share of col. 12 13.00	Physician Cost of Malpractice Insurance 14.00	Provider Component Share of col. 14 15.00	Adjusted RCE Limit 16.00	
1.00	0	0	0	0	7,838	1.00
2.00	0	0	0	0	0	2.00
3.00	0	0	0	0	0	3.00
4.00	0	0	0	0	38,134	4.00
5.00	0	0	0	0	113,733	5.00
6.00	0	0	0	0	15,846	6.00
7.00	0	0	0	0	0	7.00
8.00	0	0	0	0	11,331	8.00
9.00	0	0	0	0	4,686	9.00
10.00	0	0	0	0	5,538	10.00
11.00	0	0	0	0	5,112	11.00
200.00	0	0	0	0	202,218	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140116

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

Worksheet A-8-2

Date/Time Prepared:
11/29/2012 12:44 pm

	RCE	Adjustment	
	Disallowance		
	17.00	18.00	
1.00	28,162	39,512	1.00
2.00	0	297,054	2.00
3.00	0	505,344	3.00
4.00	21,866	21,866	4.00
5.00	122,417	122,417	5.00
6.00	24,154	24,154	6.00
7.00	0	431,707	7.00
8.00	0	53,849	8.00
9.00	18,109	18,109	9.00
10.00	24,462	24,462	10.00
11.00	24,888	438,238	11.00
200.00	264,058	1,976,712	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140116

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

Worksheet B
Part I
Date/Time Prepared:
11/29/2012 12:44 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	2,844,298	2,844,298			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	7,859,876		7,859,876		2.00
4.00 00400	EMPLOYEE BENEFITS	18,536,729	19,287	53,296	18,609,312	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	39,343,398	489,438	1,352,502	569,627	5.00
7.00 00700	OPERATION OF PLANT	3,613,038	220,051	608,084	323,268	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	733,311	4,575	12,642	13,120	8.00
9.00 00900	HOUSEKEEPING	1,993,884	30,860	85,279	345,628	9.00
10.00 01000	DIETARY	1,659,353	86,364	238,658	163,745	10.00
11.00 01100	CAFETERIA	694,274	0	0	216,719	11.00
13.00 01300	NURSING ADMINISTRATION	2,086,990	11,447	31,632	512,286	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	1,184,000	56,081	154,972	118,151	14.00
15.00 01500	PHARMACY	3,450,327	29,091	80,390	687,914	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	1,998,993	10,587	29,255	466,250	16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	18,344,599	505,507	1,396,912	4,330,746	30.00
31.00 03100	INTENSIVE CARE UNIT	5,066,710	87,889	242,872	1,145,419	31.00
41.00 04100	SUBPROVIDER - IRF	1,738,597	53,735	148,489	409,290	41.00
43.00 04300	NURSERY	1,102,743	74,673	206,350	224,841	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	9,824,289	408,968	1,130,133	1,728,069	50.00
51.00 05100	RECOVERY ROOM	1,031,338	22,855	63,156	244,572	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	1,219,098	40,939	113,129	252,243	52.00
53.00 05300	ANESTHESIOLOGY	486,569	6,393	17,666	9,962	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	6,280,016	178,105	492,173	1,042,856	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	2,575,369	110,588	305,595	501,900	55.00
56.00 05600	RADIOISOTOPE	1,711,535	27,410	75,744	119,887	56.00
57.00 05700	CT SCAN	1,182,106	18,993	52,486	180,734	57.00
58.00 05800	MRI	521,186	21,711	59,995	81,958	58.00
59.00 05900	CARDIAC CATHETERIZATION	2,519,518	98,593	272,451	365,364	59.00
60.00 06000	LABORATORY	6,227,162	11,593	32,037	734,989	60.00
65.00 06500	RESPIRATORY THERAPY	1,409,941	19,160	52,945	284,755	65.00
66.00 06600	PHYSICAL THERAPY	4,526,353	52,464	144,977	1,022,157	66.00
67.00 06700	OCCUPATIONAL THERAPY	696,049	0	0	167,251	67.00
68.00 06800	SPEECH PATHOLOGY	368,723	0	0	92,173	68.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
70.01 07001	SLEEP LAB/NEUROLOGY	501,318	10,997	30,389	81,086	70.01
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	6,410,997	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	7,683,768	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	10,549,363	0	0	0	73.00
76.00 03140	CARDIOLOGY	601,697	13,187	36,440	124,453	76.00
76.97 07697	CARDIAC REHABILITATION	634,865	0	0	134,498	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	487,332	17,566	48,542	103,194	90.00
90.01 09001	DIABETES CENTER	96,820	0	0	20,325	90.01
91.00 09100	EMERGENCY	5,248,262	90,929	251,273	1,059,527	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS						
97.00 09700	DURABLE MEDICAL EQUIP-SOLD	804,345	0	0	41,303	97.00
101.00 10100	HOME HEALTH AGENCY	3,096,710	0	0	675,122	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	188,945,849	2,830,036	7,820,464	18,595,382	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	720	14,262	39,412	0	190.00
192.01 19201	OCCUPATIONAL HEALTH	93,015	0	0	13,930	192.01
192.02 19202	FLIGHT FOR LIFE	2,155	0	0	0	192.02
192.04 19204	WELLNESS PROGRAM	0	0	0	0	192.04
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers					201.00
202.00	TOTAL (sum lines 118-201)	189,041,739	2,844,298	7,859,876	18,609,312	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140116

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

Worksheet B
Part I
Date/Time Prepared:
11/29/2012 12:44 pm

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	41,754,965				5.00
7.00	00700	OPERATION OF PLANT	1,350,690	6,115,131			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	216,490	13,224	993,362		8.00
9.00	00900	HOUSEKEEPING	696,162	89,205	0	3,241,018	9.00
10.00	01000	DIETARY	608,979	249,645	0	134,566	3,141,310
11.00	01100	CAFETERIA	258,261	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	749,092	33,088	0	17,835	0
14.00	01400	CENTRAL SERVICES & SUPPLY	428,984	162,107	0	87,380	0
15.00	01500	PHARMACY	1,204,204	84,091	0	45,327	0
16.00	01600	MEDICAL RECORDS & LIBRARY	710,177	30,602	0	16,495	0
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	6,967,698	1,461,223	430,742	787,639	2,465,944
31.00	03100	INTENSIVE CARE UNIT	1,854,870	254,053	81,236	136,942	351,857
41.00	04100	SUBPROVIDER - I RF	666,242	155,325	47,932	83,725	323,509
43.00	04300	NURSERY	456,030	215,850	13,848	116,350	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	3,711,350	1,182,162	99,204	637,219	0
51.00	05100	RECOVERY ROOM	386,096	66,063	20,195	35,610	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	460,794	118,338	18,232	63,787	0
53.00	05300	ANESTHESIOLOGY	147,584	18,480	0	9,961	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,266,010	514,831	74,656	277,509	0
55.00	05500	RADIOLOGY-THERAPEUTIC	990,373	319,664	0	172,308	0
56.00	05600	RADIOISOTOPE	548,441	79,231	0	42,708	0
57.00	05700	CT SCAN	406,621	54,902	0	29,594	0
58.00	05800	MRI	194,151	62,757	0	33,828	0
59.00	05900	CARDIAC CATHETERIZATION	923,035	284,994	60,029	153,620	0
60.00	06000	LABORATORY	1,986,097	33,512	0	18,064	0
65.00	06500	RESPIRATORY THERAPY	500,877	55,382	0	29,853	0
66.00	06600	PHYSICAL THERAPY	1,628,943	151,652	0	81,745	0
67.00	06700	OCCUPATIONAL THERAPY	244,740	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	130,661	0	0	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
70.01	07001	SLEEP LAB/NEUROLOGY	176,841	31,788	0	17,135	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,817,479	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,178,302	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	2,990,681	0	0	0	0
76.00	03140	CARDIOLOGY	219,928	38,118	0	20,547	0
76.97	07697	CARDIAC REHABILITATION	218,110	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	186,152	50,777	0	27,370	0
90.01	09001	DIABETES CENTER	33,210	0	0	0	0
91.00	09100	EMERGENCY	1,885,233	262,841	147,288	141,679	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
OTHER REIMBURSABLE COST CENTERS							
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	239,736	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	1,069,292	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1-117)	41,708,616	6,073,905	993,362	3,218,796	3,141,310
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	15,420	41,226	0	22,222	0
192.01	19201	OCCUPATIONAL HEALTH	30,318	0	0	0	0
192.02	19202	FLIGHT FOR LIFE	611	0	0	0	0
192.04	19204	WELLNESS PROGRAM	0	0	0	0	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	41,754,965	6,115,131	993,362	3,241,018	3,141,310

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140116

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

Worksheet B
Part I
Date/Time Prepared:
11/29/2012 12:44 pm

Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	1,169,254					11.00
13.00	01300		3,474,866				13.00
14.00	01400	13,310	0	2,204,985			14.00
15.00	01500	39,116	0	0	5,620,460		15.00
16.00	01600	42,438	0	0	0	3,304,797	16.00
17.00	01700	0	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	327,585	1,637,274	0	0	308,074	30.00
31.00	03100	70,583	352,774	0	0	70,876	31.00
41.00	04100	29,056	145,193	0	0	28,801	41.00
43.00	04300	13,665	68,279	0	0	13,273	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	115,090	575,242	0	0	389,438	50.00
51.00	05100	12,802	63,999	0	0	51,491	51.00
52.00	05200	15,296	76,477	0	0	16,213	52.00
53.00	05300	1,194	5,942	0	0	38,481	53.00
54.00	05400	65,146	0	0	0	283,161	54.00
55.00	05500	27,614	0	0	0	109,074	55.00
56.00	05600	6,691	0	0	0	68,128	56.00
57.00	05700	12,211	0	0	0	291,219	57.00
58.00	05800	5,024	0	0	0	72,578	58.00
59.00	05900	20,592	0	0	0	112,203	59.00
60.00	06000	63,207	0	0	0	451,820	60.00
65.00	06500	21,219	106,054	0	0	41,418	65.00
66.00	06600	63,124	0	0	0	74,835	66.00
67.00	06700	9,315	0	0	0	14,118	67.00
68.00	06800	5,119	0	0	0	10,874	68.00
70.00	07000	0	0	0	0	0	70.00
70.01	07001	7,648	0	0	0	13,721	70.01
71.00	07100	0	0	1,015,564	0	123,617	71.00
72.00	07200	0	0	1,189,421	0	134,514	72.00
73.00	07300	0	0	0	5,620,460	401,012	73.00
76.00	03140	8,688	43,419	0	0	13,162	76.00
76.97	07697	8,594	42,954	0	0	5,727	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	6,490	0	0	0	7,799	90.00
90.01	09001	1,430	0	0	0	454	90.01
91.00	09100	71,482	357,259	0	0	158,716	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
97.00	09700	3,558	0	0	0	0	97.00
101.00	10100	48,265	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
118.00		1,168,048	3,474,866	2,204,985	5,620,460	3,304,797	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
192.01	19201	1,206	0	0	0	0	192.01
192.02	19202	0	0	0	0	0	192.02
192.04	19204	0	0	0	0	0	192.04
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		1,169,254	3,474,866	2,204,985	5,620,460	3,304,797	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140116

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

Worksheet B
Part I
Date/Time Prepared:
11/29/2012 12:44 pm

Cost Center Description		SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		17.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS				4.00
5.00	00500	ADMINISTRATIVE & GENERAL				5.00
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	0			17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	38,963,943	0	38,963,943
31.00	03100	INTENSIVE CARE UNIT	0	9,716,081	0	9,716,081
41.00	04100	SUBPROVIDER - IRF	0	3,829,894	0	3,829,894
43.00	04300	NURSERY	0	2,505,902	0	2,505,902
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	19,801,164	0	19,801,164
51.00	05100	RECOVERY ROOM	0	1,998,177	0	1,998,177
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,394,546	0	2,394,546
53.00	05300	ANESTHESIOLOGY	0	742,232	0	742,232
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	11,474,463	0	11,474,463
55.00	05500	RADIOLOGY-THERAPEUTIC	0	5,112,485	0	5,112,485
56.00	05600	RADIOISOTOPE	0	2,679,775	0	2,679,775
57.00	05700	CT SCAN	0	2,228,866	0	2,228,866
58.00	05800	MRI	0	1,053,188	0	1,053,188
59.00	05900	CARDIAC CATHETERIZATION	0	4,810,399	0	4,810,399
60.00	06000	LABORATORY	0	9,558,481	0	9,558,481
65.00	06500	RESPIRATORY THERAPY	0	2,521,604	0	2,521,604
66.00	06600	PHYSICAL THERAPY	0	7,746,250	0	7,746,250
67.00	06700	OCCUPATIONAL THERAPY	0	1,131,473	0	1,131,473
68.00	06800	SPEECH PATHOLOGY	0	607,550	0	607,550
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0
70.01	07001	SLEEP LAB/NEUROLOGY	0	870,923	0	870,923
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	9,367,657	0	9,367,657
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	11,186,005	0	11,186,005
73.00	07300	DRUGS CHARGED TO PATIENTS	0	19,561,516	0	19,561,516
76.00	03140	CARDIOLOGY	0	1,119,639	0	1,119,639
76.97	07697	CARDIAC REHABILITATION	0	1,044,748	0	1,044,748
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	935,222	0	935,222
90.01	09001	DIABETES CENTER	0	152,239	0	152,239
91.00	09100	EMERGENCY	0	9,674,489	0	9,674,489
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		0	
OTHER REIMBURSABLE COST CENTERS						
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	1,088,942	0	1,088,942
101.00	10100	HOME HEALTH AGENCY	0	4,889,389	0	4,889,389
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	188,767,242	0	188,767,242
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	133,262	0	133,262
192.01	19201	OCCUPATIONAL HEALTH	0	138,469	0	138,469
192.02	19202	FLIGHT FOR LIFE	0	2,766	0	2,766
192.04	19204	WELLNESS PROGRAM	0	0	0	0
200.00		Cross Foot Adjustments	0	0	0	0
201.00		Negative Cost Centers	0	0	0	0
202.00		TOTAL (sum lines 118-201)	0	189,041,739	0	189,041,739

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140116	Period: From 07/01/2011 To 06/30/2012	Worksheet B Part II Date/Time Prepared: 11/29/2012 12:44 pm
-------------------------------------	--	----------------------	---	--

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	19,287	53,296	72,583	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	1,312,983	489,438	1,352,502	3,154,923	5.00
7.00 00700	OPERATION OF PLANT	89,395	220,051	608,084	917,530	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	4,575	12,642	17,217	8.00
9.00 00900	HOUSEKEEPING	0	30,860	85,279	116,139	9.00
10.00 01000	DIETARY	6,559	86,364	238,658	331,581	10.00
11.00 01100	CAFETERIA	0	0	0	0	11.00
13.00 01300	NURSING ADMINISTRATION	0	11,447	31,632	43,079	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	302,274	56,081	154,972	513,327	14.00
15.00 01500	PHARMACY	572,894	29,091	80,390	682,375	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	12,145	10,587	29,255	51,987	16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	12,915	505,507	1,396,912	1,915,334	30.00
31.00 03100	INTENSIVE CARE UNIT	10,833	87,889	242,872	341,594	31.00
41.00 04100	SUBPROVIDER - IRF	610	53,735	148,489	202,834	41.00
43.00 04300	NURSERY	0	74,673	206,350	281,023	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	46,192	408,968	1,130,133	1,585,293	50.00
51.00 05100	RECOVERY ROOM	0	22,855	63,156	86,011	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	40,939	113,129	154,068	52.00
53.00 05300	ANESTHESIOLOGY	6,245	6,393	17,666	30,304	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	617,130	178,105	492,173	1,287,408	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	4,866	110,588	305,595	421,049	55.00
56.00 05600	RADIOISOTOPE	589,353	27,410	75,744	692,507	56.00
57.00 05700	CT SCAN	0	18,993	52,486	71,479	57.00
58.00 05800	MRI	0	21,711	59,995	81,706	58.00
59.00 05900	CARDIAC CATHETERIZATION	6,486	98,593	272,451	377,530	59.00
60.00 06000	LABORATORY	10,317	11,593	32,037	53,947	60.00
65.00 06500	RESPIRATORY THERAPY	72,633	19,160	52,945	144,738	65.00
66.00 06600	PHYSICAL THERAPY	418,323	52,464	144,977	615,764	66.00
67.00 06700	OCCUPATIONAL THERAPY	718	0	0	718	67.00
68.00 06800	SPEECH PATHOLOGY	427	0	0	427	68.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
70.01 07001	SLEEP LAB/NEUROLOGY	127,978	10,997	30,389	169,364	70.01
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00 03140	CARDIOLOGY	177	13,187	36,440	49,804	76.00
76.97 07697	CARDIAC REHABILITATION	176,286	0	0	176,286	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	72,799	17,566	48,542	138,907	90.00
90.01 09001	DIABETES CENTER	13,311	0	0	13,311	90.01
91.00 09100	EMERGENCY	22,580	90,929	251,273	364,782	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART				0	92.00
OTHER REIMBURSABLE COST CENTERS						
97.00 09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
101.00 10100	HOME HEALTH AGENCY	69,613	0	0	69,613	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	4,576,042	2,830,036	7,820,464	15,226,542	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	14,262	39,412	53,674	190.00
192.01 19201	OCCUPATIONAL HEALTH	63,120	0	0	63,120	192.01
192.02 19202	FLIGHT FOR LIFE	0	0	0	0	192.02
192.04 19204	WELLNESS PROGRAM	0	0	0	0	192.04
200.00	Cross Foot Adjustments				0	200.00
201.00	Negative Cost Centers		0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	4,639,162	2,844,298	7,859,876	15,343,336	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140116	Period: From 07/01/2011 To 06/30/2012	Worksheet B Part II Date/Time Prepared: 11/29/2012 12:44 pm
-------------------------------------	--	----------------------	---	--

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	3,157,144				5.00
7.00	00700	OPERATION OF PLANT	102,126	1,020,916			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	16,369	2,208	35,845		8.00
9.00	00900	HOUSEKEEPING	52,637	14,893	0	185,016	9.00
10.00	01000	DIETARY	46,045	41,678	0	7,682	427,624
11.00	01100	CAFETERIA	19,527	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	56,639	5,524	0	1,018	0
14.00	01400	CENTRAL SERVICES & SUPPLY	32,436	27,064	0	4,988	0
15.00	01500	PHARMACY	91,050	14,039	0	2,588	0
16.00	01600	MEDICAL RECORDS & LIBRARY	53,696	5,109	0	942	0
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	526,875	243,949	15,542	44,964	335,687
31.00	03100	INTENSIVE CARE UNIT	140,247	42,414	2,931	7,817	47,898
41.00	04100	SUBPROVIDER - IRF	50,375	25,931	1,730	4,779	44,039
43.00	04300	NURSERY	34,480	36,036	500	6,642	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	280,615	197,361	3,580	36,376	0
51.00	05100	RECOVERY ROOM	29,193	11,029	729	2,033	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	34,841	19,756	658	3,641	0
53.00	05300	ANESTHESIOLOGY	11,159	3,085	0	569	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	171,333	85,951	2,694	15,842	0
55.00	05500	RADIOLOGY-THERAPEUTIC	74,882	53,368	0	9,836	0
56.00	05600	RADIOISOTOPE	41,468	13,228	0	2,438	0
57.00	05700	CT SCAN	30,745	9,166	0	1,689	0
58.00	05800	MRI	14,680	10,477	0	1,931	0
59.00	05900	CARDIAC CATHETERIZATION	69,791	47,579	2,166	8,770	0
60.00	06000	LABORATORY	150,169	5,595	0	1,031	0
65.00	06500	RESPIRATORY THERAPY	37,871	9,246	0	1,704	0
66.00	06600	PHYSICAL THERAPY	123,164	25,318	0	4,666	0
67.00	06700	OCCUPATIONAL THERAPY	18,505	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	9,879	0	0	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
70.01	07001	SLEEP LAB/NEUROLOGY	13,371	5,307	0	978	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	137,420	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	164,702	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	226,126	0	0	0	0
76.00	03140	CARDIOLOGY	16,629	6,364	0	1,173	0
76.97	07697	CARDIAC REHABILITATION	16,491	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	14,075	8,477	0	1,562	0
90.01	09001	DIABETES CENTER	2,511	0	0	0	0
91.00	09100	EMERGENCY	142,543	43,881	5,315	8,088	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
OTHER REIMBURSABLE COST CENTERS							
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	18,126	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	80,849	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1-117)	3,153,640	1,014,033	35,845	183,747	427,624
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,166	6,883	0	1,269	0
192.01	19201	OCCUPATIONAL HEALTH	2,292	0	0	0	0
192.02	19202	FLIGHT FOR LIFE	46	0	0	0	0
192.04	19204	WELLNESS PROGRAM	0	0	0	0	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	3,157,144	1,020,916	35,845	185,016	427,624

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140116	Period: From 07/01/2011 To 06/30/2012	Worksheet B Part II Date/Time Prepared: 11/29/2012 12:44 pm
-------------------------------------	--	----------------------	---	--

Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	20,372					11.00
13.00	01300		108,823				13.00
14.00	01400			578,508			14.00
15.00	01500				793,416		15.00
16.00	01600					114,291	16.00
17.00	01700						17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	5,707	51,276			10,650	30.00
31.00	03100	1,230	11,048			2,450	31.00
41.00	04100	506	4,547			996	41.00
43.00	04300	238	2,138			459	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	2,005	18,015			13,462	50.00
51.00	05100	223	2,004			1,780	51.00
52.00	05200	267	2,395			560	52.00
53.00	05300	21	186			1,330	53.00
54.00	05400	1,135				9,788	54.00
55.00	05500	481				3,771	55.00
56.00	05600	117				2,355	56.00
57.00	05700	213				10,067	57.00
58.00	05800	88				2,509	58.00
59.00	05900	359				3,879	59.00
60.00	06000	1,101				15,667	60.00
65.00	06500	370	3,321			1,432	65.00
66.00	06600	1,100				2,587	66.00
67.00	06700	162				488	67.00
68.00	06800	89				376	68.00
70.00	07000						70.00
70.01	07001	133				474	70.01
71.00	07100			266,447		4,273	71.00
72.00	07200			312,061		4,650	72.00
73.00	07300				793,416	13,862	73.00
76.00	03140	151	1,360			455	76.00
76.97	07697	150	1,345			198	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	113				270	90.00
90.01	09001	25				16	90.01
91.00	09100	1,245	11,188			5,487	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
97.00	09700	62					97.00
101.00	10100	841					101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
118.00		20,351	108,823	578,508	793,416	114,291	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000						190.00
192.01	19201	21					192.01
192.02	19202						192.02
192.04	19204						192.04
200.00							200.00
201.00							201.00
202.00		20,372	108,823	578,508	793,416	114,291	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140116		Period: From 07/01/2011 To 06/30/2012		Worksheet B Part II Date/Time Prepared: 11/29/2012 12:44 pm	
Cost Center Description			SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			17.00	24.00	25.00	26.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
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	0					17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	3,166,902	0	3,166,902		30.00
31.00	03100	INTENSIVE CARE UNIT	0	602,095	0	602,095		31.00
41.00	04100	SUBPROVIDER - IRF	0	337,333	0	337,333		41.00
43.00	04300	NURSERY	0	362,393	0	362,393		43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	2,143,444	0	2,143,444		50.00
51.00	05100	RECOVERY ROOM	0	133,955	0	133,955		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	217,169	0	217,169		52.00
53.00	05300	ANESTHESIOLOGY	0	46,693	0	46,693		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,578,217	0	1,578,217		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	565,344	0	565,344		55.00
56.00	05600	RADIOISOTOPE	0	752,580	0	752,580		56.00
57.00	05700	CT SCAN	0	124,064	0	124,064		57.00
58.00	05800	MRI	0	111,711	0	111,711		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	511,498	0	511,498		59.00
60.00	06000	LABORATORY	0	230,375	0	230,375		60.00
65.00	06500	RESPIRATORY THERAPY	0	199,792	0	199,792		65.00
66.00	06600	PHYSICAL THERAPY	0	776,584	0	776,584		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	20,525	0	20,525		67.00
68.00	06800	SPEECH PATHOLOGY	0	11,130	0	11,130		68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0		70.00
70.01	07001	SLEEP LAB/NEUROLOGY	0	189,943	0	189,943		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	408,140	0	408,140		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	481,413	0	481,413		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,033,404	0	1,033,404		73.00
76.00	03140	CARDIOLOGY	0	76,421	0	76,421		76.00
76.97	07697	CARDIAC REHABILITATION	0	194,994	0	194,994		76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	163,806	0	163,806		90.00
90.01	09001	DIABETES CENTER	0	15,942	0	15,942		90.01
91.00	09100	EMERGENCY	0	586,660	0	586,660		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		0			92.00
OTHER REIMBURSABLE COST CENTERS								
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	18,349	0	18,349		97.00
101.00	10100	HOME HEALTH AGENCY	0	153,935	0	153,935		101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	15,214,811	0	15,214,811		118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	62,992	0	62,992		190.00
192.01	19201	OCCUPATIONAL HEALTH	0	65,487	0	65,487		192.01
192.02	19202	FLIGHT FOR LIFE	0	46	0	46		192.02
192.04	19204	WELLNESS PROGRAM	0	0	0	0		192.04
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	15,343,336	0	15,343,336		202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140116

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

Worksheet B-1
Date/Time Prepared:
11/29/2012 12:44 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	290,969				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		290,969			2.00
4.00 00400	EMPLOYEE BENEFITS	1,973	1,973	72,987,944		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	50,069	50,069	2,234,146	-41,754,965	5.00
7.00 00700	OPERATION OF PLANT	22,511	22,511	1,267,897	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	468	468	51,460	0	8.00
9.00 00900	HOUSEKEEPING	3,157	3,157	1,355,597	0	9.00
10.00 01000	DIETARY	8,835	8,835	642,227	0	10.00
11.00 01100	CAFETERIA	0	0	849,999	0	11.00
13.00 01300	NURSING ADMINISTRATION	1,171	1,171	2,009,248	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	5,737	5,737	463,404	0	14.00
15.00 01500	PHARMACY	2,976	2,976	2,698,081	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	1,083	1,083	1,828,690	0	16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	51,713	51,713	16,985,664	0	30.00
31.00 03100	INTENSIVE CARE UNIT	8,991	8,991	4,492,473	0	31.00
41.00 04100	SUBPROVIDER - IRF	5,497	5,497	1,605,285	0	41.00
43.00 04300	NURSERY	7,639	7,639	881,854	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	41,837	41,837	6,777,697	0	50.00
51.00 05100	RECOVERY ROOM	2,338	2,338	959,242	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	4,188	4,188	989,326	0	52.00
53.00 05300	ANESTHESIOLOGY	654	654	39,074	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	18,220	18,220	4,090,209	0	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	11,313	11,313	1,968,513	0	55.00
56.00 05600	RADIOISOTOPE	2,804	2,804	470,212	0	56.00
57.00 05700	CT SCAN	1,943	1,943	708,861	0	57.00
58.00 05800	MRI	2,221	2,221	321,448	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	10,086	10,086	1,433,004	0	59.00
60.00 06000	LABORATORY	1,186	1,186	2,882,717	0	60.00
65.00 06500	RESPIRATORY THERAPY	1,960	1,960	1,116,842	0	65.00
66.00 06600	PHYSICAL THERAPY	5,367	5,367	4,009,023	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	655,978	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	361,513	0	68.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
70.01 07001	SLEEP LAB/NEUROLOGY	1,125	1,125	318,028	0	70.01
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00 03140	CARDIOLOGY	1,349	1,349	488,120	0	76.00
76.97 07697	CARDIAC REHABILITATION	0	0	527,516	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	1,797	1,797	404,740	0	90.00
90.01 09001	DIABETES CENTER	0	0	79,719	0	90.01
91.00 09100	EMERGENCY	9,302	9,302	4,155,595	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS						
97.00 09700	DURABLE MEDICAL EQUIP-SOLD	0	0	161,996	0	97.00
101.00 10100	HOME HEALTH AGENCY	0	0	2,647,911	0	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	289,510	289,510	72,933,309	-41,754,965	147,123,280
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,459	1,459	0	0	190.00
192.01 19201	OCCUPATIONAL HEALTH	0	0	54,635	0	192.01
192.02 19202	FLIGHT FOR LIFE	0	0	0	0	192.02
192.04 19204	WELLNESS PROGRAM	0	0	0	0	192.04
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)	2,844,298	7,859,876	18,609,312		41,754,965
203.00	Unit cost multiplier (Wkst. B, Part I)	9.775261	27.012761	0.254964		0.283494
204.00	Cost to be allocated (per Wkst. B, Part II)			72,583		3,157,144
205.00	Unit cost multiplier (Wkst. B, Part II)			0.000994		0.021435

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140116

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

Worksheet B-1

Date/Time Prepared:
11/29/2012 12:44 pm

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	216,416				7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	468	1,262,999			8.00	
9.00	00900	HOUSEKEEPING	3,157	0	212,791		9.00	
10.00	01000	DIETARY	8,835	0	8,835	310,054	10.00	
11.00	01100	CAFETERIA	0	0	0	98,913	11.00	
13.00	01300	NURSING ADMINISTRATION	1,171	0	1,171	0	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	5,737	0	5,737	0	14.00	
15.00	01500	PHARMACY	2,976	0	2,976	0	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	1,083	0	1,083	0	16.00	
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	51,713	547,660	51,713	243,394	27,712	30.00
31.00	03100	INTENSIVE CARE UNIT	8,991	103,287	8,991	34,729	5,971	31.00
41.00	04100	SUBPROVIDER - IRF	5,497	60,943	5,497	31,931	2,458	41.00
43.00	04300	NURSERY	7,639	17,607	7,639	0	1,156	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	41,837	126,132	41,837	0	9,736	50.00
51.00	05100	RECOVERY ROOM	2,338	25,677	2,338	0	1,083	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,188	23,181	4,188	0	1,294	52.00
53.00	05300	ANESTHESIOLOGY	654	0	654	0	101	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	18,220	94,921	18,220	0	5,511	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	11,313	0	11,313	0	2,336	55.00
56.00	05600	RADIOISOTOPE	2,804	0	2,804	0	566	56.00
57.00	05700	CT SCAN	1,943	0	1,943	0	1,033	57.00
58.00	05800	MRI	2,221	0	2,221	0	425	58.00
59.00	05900	CARDIAC CATHETERIZATION	10,086	76,323	10,086	0	1,742	59.00
60.00	06000	LABORATORY	1,186	0	1,186	0	5,347	60.00
65.00	06500	RESPIRATORY THERAPY	1,960	0	1,960	0	1,795	65.00
66.00	06600	PHYSICAL THERAPY	5,367	0	5,367	0	5,340	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	788	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	433	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	07001	SLEEP LAB/NEUROLOGY	1,125	0	1,125	0	647	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03140	CARDIOLOGY	1,349	0	1,349	0	735	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	727	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,797	0	1,797	0	549	90.00
90.01	09001	DIABETES CENTER	0	0	0	0	121	90.01
91.00	09100	EMERGENCY	9,302	187,268	9,302	0	6,047	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	301	97.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	4,083	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	214,957	1,262,999	211,332	310,054	98,811	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,459	0	1,459	0	0	190.00
192.01	19201	OCCUPATIONAL HEALTH	0	0	0	0	102	192.01
192.02	19202	FLIGHT FOR LIFE	0	0	0	0	0	192.02
192.04	19204	WELLNESS PROGRAM	0	0	0	0	0	192.04
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)	6,115,131	993,362	3,241,018	3,141,310	1,169,254	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	28.256372	0.786511	15.230992	10.131493	11.821035	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	1,020,916	35,845	185,016	427,624	20,372	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	4.717378	0.028381	0.869473	1.379192	0.205959	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140116

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

Worksheet B-1

Date/Time Prepared:
11/29/2012 12:44 pm

Cost Center Description		NURSING ADMINISTRATION (DIRECT NURSING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	SOCIAL SERVICE (TIME SPENT)	
		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	1,223,344					13.00
14.00	01400	0	14,244,389				14.00
15.00	01500	0	0	10,549,363			15.00
16.00	01600	0	0	0	631,208,684		16.00
17.00	01700	0	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	576,410	0	0	58,837,744	0	30.00
31.00	03100	124,196	0	0	13,536,317	0	31.00
41.00	04100	51,116	0	0	5,500,574	0	41.00
43.00	04300	24,038	0	0	2,534,987	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	202,517	0	0	74,376,973	0	50.00
51.00	05100	22,531	0	0	9,833,987	0	51.00
52.00	05200	26,924	0	0	3,096,535	0	52.00
53.00	05300	2,092	0	0	7,349,231	0	53.00
54.00	05400	0	0	0	54,079,572	0	54.00
55.00	05500	0	0	0	20,831,628	0	55.00
56.00	05600	0	0	0	13,011,536	0	56.00
57.00	05700	0	0	0	55,618,535	0	57.00
58.00	05800	0	0	0	13,861,251	0	58.00
59.00	05900	0	0	0	21,429,113	0	59.00
60.00	06000	0	0	0	86,331,528	0	60.00
65.00	06500	37,337	0	0	7,910,234	0	65.00
66.00	06600	0	0	0	14,292,454	0	66.00
67.00	06700	0	0	0	2,696,272	0	67.00
68.00	06800	0	0	0	2,076,840	0	68.00
70.00	07000	0	0	0	0	0	70.00
70.01	07001	0	0	0	2,620,595	0	70.01
71.00	07100	0	6,560,621	0	23,608,997	0	71.00
72.00	07200	0	7,683,768	0	25,690,223	0	72.00
73.00	07300	0	0	10,549,363	76,587,382	0	73.00
76.00	03140	15,286	0	0	2,513,835	0	76.00
76.97	07697	15,122	0	0	1,093,694	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	1,489,513	0	90.00
90.01	09001	0	0	0	86,731	0	90.01
91.00	09100	125,775	0	0	30,312,403	0	91.00
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
97.00	09700	0	0	0	0	0	97.00
101.00	10100	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	0	0	0	0	0	113.00
118.00		1,223,344	14,244,389	10,549,363	631,208,684	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
192.01	19201	0	0	0	0	0	192.01
192.02	19202	0	0	0	0	0	192.02
192.04	19204	0	0	0	0	0	192.04
200.00							200.00
201.00							201.00
202.00		3,474,866	2,204,985	5,620,460	3,304,797	0	202.00
203.00		2.840465	0.154797	0.532777	0.005236	0.000000	203.00
204.00		108,823	578,508	793,416	114,291	0	204.00
205.00		0.088955	0.040613	0.075210	0.000181	0.000000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140116		Period: From 07/01/2011 To 06/30/2012		Worksheet C Part I Date/Time Prepared: 11/29/2012 12:44 pm	
		Title XVIII		Hospital		PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS		38,963,943	0	38,963,943	30.00	
31.00	03100 INTENSIVE CARE UNIT		9,716,081	0	9,716,081	31.00	
41.00	04100 SUBPROVIDER - I RF		3,829,894	0	3,829,894	41.00	
43.00	04300 NURSERY		2,505,902	0	2,505,902	43.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM		19,801,164	0	19,801,164	50.00	
51.00	05100 RECOVERY ROOM		1,998,177	0	1,998,177	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM		2,394,546	0	2,394,546	52.00	
53.00	05300 ANESTHESIOLOGY		742,232	21,866	764,098	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC		11,474,463	122,417	11,596,880	54.00	
55.00	05500 RADIOLOGY-THERAPEUTIC		5,112,485	24,154	5,136,639	55.00	
56.00	05600 RADIOISOTOPE		2,679,775	0	2,679,775	56.00	
57.00	05700 CT SCAN		2,228,866	0	2,228,866	57.00	
58.00	05800 MRI		1,053,188	0	1,053,188	58.00	
59.00	05900 CARDIAC CATHETERIZATION		4,810,399	0	4,810,399	59.00	
60.00	06000 LABORATORY		9,558,481	0	9,558,481	60.00	
65.00	06500 RESPIRATORY THERAPY	0	2,521,604	0	2,521,604	65.00	
66.00	06600 PHYSICAL THERAPY	0	7,746,250	18,109	7,764,359	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0	1,131,473	0	1,131,473	67.00	
68.00	06800 SPEECH PATHOLOGY	0	607,550	0	607,550	68.00	
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00	
70.01	07001 SLEEP LAB/NEUROLOGY		870,923	0	870,923	70.01	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		9,367,657	0	9,367,657	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		11,186,005	0	11,186,005	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS		19,561,516	0	19,561,516	73.00	
76.00	03140 RADIOLOGY		1,119,639	0	1,119,639	76.00	
76.97	07697 CARDIAC REHABILITATION		1,044,748	24,462	1,069,210	76.97	
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC		935,222	0	935,222	90.00	
90.01	09001 DIABETES CENTER		152,239	0	152,239	90.01	
91.00	09100 EMERGENCY		9,674,489	24,888	9,699,377	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		4,053,653	0	4,053,653	92.00	
OTHER REIMBURSABLE COST CENTERS							
97.00	09700 DURABLE MEDICAL EQUIP-SOLD		1,088,942	0	1,088,942	97.00	
101.00	10100 HOME HEALTH AGENCY		4,889,389	0	4,889,389	101.00	
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE					113.00	
200.00	Subtotal (see instructions)	0	192,820,895	235,896	193,056,791	200.00	
201.00	Less Observation Beds		4,053,653	0	4,053,653	201.00	
202.00	Total (see instructions)	0	188,767,242	235,896	189,003,138	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140116		Period: From 07/01/2011 To 06/30/2012		Worksheet C Part I Date/Time Prepared: 11/29/2012 12:44 pm	
			Title XVIIII		Hospital		PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00				9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	53,798,787		53,798,787			30.00
31.00	03100	INTENSIVE CARE UNIT	13,526,224		13,526,224			31.00
41.00	04100	SUBPROVIDER - I RF	5,500,574		5,500,574			41.00
43.00	04300	NURSERY	2,534,987		2,534,987			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	25,146,765	49,230,208	74,376,973	0.266227	0.000000	50.00
51.00	05100	RECOVERY ROOM	3,500,446	6,333,542	9,833,988	0.203191	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,001,740	94,795	3,096,535	0.773299	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	3,238,767	4,110,465	7,349,232	0.100994	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,806,644	41,272,928	54,079,572	0.212177	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,185,433	19,646,196	20,831,629	0.245419	0.000000	55.00
56.00	05600	RADIOISOTOPE	2,691,662	10,319,874	13,011,536	0.205954	0.000000	56.00
57.00	05700	CT SCAN	15,778,360	39,840,175	55,618,535	0.040074	0.000000	57.00
58.00	05800	MRI	4,415,114	9,446,137	13,861,251	0.075981	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	14,828,309	6,600,804	21,429,113	0.224480	0.000000	59.00
60.00	06000	LABORATORY	40,297,720	46,033,808	86,331,528	0.110718	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	6,846,017	1,064,217	7,910,234	0.318777	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	4,004,563	10,287,892	14,292,455	0.541982	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,650,557	45,715	2,696,272	0.419643	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	2,066,936	9,904	2,076,840	0.292536	0.000000	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	0.000000	70.00
70.01	07001	SLEEP LAB/NEUROLOGY	423,751	2,196,844	2,620,595	0.332338	0.000000	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	15,172,424	8,436,572	23,608,996	0.396783	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	17,774,878	7,915,345	25,690,223	0.435419	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	40,756,714	35,830,668	76,587,382	0.255414	0.000000	73.00
76.00	03140	CARDIOLOGY	555,671	1,958,164	2,513,835	0.445391	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	45,024	1,048,670	1,093,694	0.955247	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	14,025	1,475,488	1,489,513	0.627871	0.000000	90.00
90.01	09001	DIABETES CENTER	0	86,731	86,731	1.755301	0.000000	90.01
91.00	09100	EMERGENCY	9,755,559	20,556,844	30,312,403	0.319159	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	5,049,050	5,049,050	0.802855	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	2,837,908	2,837,908	0.383713	0.000000	97.00
101.00	10100	HOME HEALTH AGENCY	0	5,719,302	5,719,302			101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	302,317,651	337,448,246	639,765,897			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	302,317,651	337,448,246	639,765,897			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140116	Period: From 07/01/2011 To 06/30/2012	Worksheet C Part I Date/Time Prepared: 11/29/2012 12:44 pm
		Title XVIII	Hospital	PPS

Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
41.00	04100 SUBPROVIDER - IRF			41.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.266227		50.00
51.00	05100 RECOVERY ROOM	0.203191		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.773299		52.00
53.00	05300 ANESTHESIOLOGY	0.103970		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.214441		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.246579		55.00
56.00	05600 RADIOISOTOPE	0.205954		56.00
57.00	05700 CT SCAN	0.040074		57.00
58.00	05800 MRI	0.075981		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.224480		59.00
60.00	06000 LABORATORY	0.110718		60.00
65.00	06500 RESPIRATORY THERAPY	0.318777		65.00
66.00	06600 PHYSICAL THERAPY	0.543249		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.419643		67.00
68.00	06800 SPEECH PATHOLOGY	0.292536		68.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
70.01	07001 SLEEP LAB/NEUROLOGY	0.332338		70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.396783		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.435419		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.255414		73.00
76.00	03140 RADIOLOGY	0.445391		76.00
76.97	07697 CARDIAC REHABILITATION	0.977613		76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.627871		90.00
90.01	09001 DIABETES CENTER	1.755301		90.01
91.00	09100 EMERGENCY	0.319980		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.802855		92.00
OTHER REIMBURSABLE COST CENTERS				
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.383713		97.00
101.00	10100 HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300 INTEREST EXPENSE			113.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140116

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

Worksheet C
Part I
Date/Time Prepared:
11/29/2012 12:44 pm

		Title XIX		Hospital		Cost	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS		38,963,943	0	0	30.00	
31.00	03100 INTENSIVE CARE UNIT		9,716,081	0	0	31.00	
41.00	04100 SUBPROVIDER - I RF		3,829,894	0	0	41.00	
43.00	04300 NURSERY		2,505,902	0	0	43.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM		19,801,164	0	0	50.00	
51.00	05100 RECOVERY ROOM		1,998,177	0	0	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM		2,394,546	0	0	52.00	
53.00	05300 ANESTHESIOLOGY		742,232	0	0	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC		11,474,463	0	0	54.00	
55.00	05500 RADIOLOGY-THERAPEUTIC		5,112,485	0	0	55.00	
56.00	05600 RADIOISOTOPE		2,679,775	0	0	56.00	
57.00	05700 CT SCAN		2,228,866	0	0	57.00	
58.00	05800 MRI		1,053,188	0	0	58.00	
59.00	05900 CARDIAC CATHETERIZATION		4,810,399	0	0	59.00	
60.00	06000 LABORATORY		9,558,481	0	0	60.00	
65.00	06500 RESPIRATORY THERAPY	0	2,521,604	0	0	65.00	
66.00	06600 PHYSICAL THERAPY	0	7,746,250	0	0	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0	1,131,473	0	0	67.00	
68.00	06800 SPEECH PATHOLOGY	0	607,550	0	0	68.00	
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00	
70.01	07001 SLEEP LAB/NEUROLOGY		870,923	0	0	70.01	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		9,367,657	0	0	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		11,186,005	0	0	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS		19,561,516	0	0	73.00	
76.00	03140 RADIOLOGY		1,119,639	0	0	76.00	
76.97	07697 CARDIAC REHABILITATION		1,044,748	0	0	76.97	
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC		935,222	0	0	90.00	
90.01	09001 DIABETES CENTER		152,239	0	0	90.01	
91.00	09100 EMERGENCY		9,674,489	0	0	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		4,053,653	0	0	92.00	
OTHER REIMBURSABLE COST CENTERS							
97.00	09700 DURABLE MEDICAL EQUIP-SOLD		1,088,942	0	0	97.00	
101.00	10100 HOME HEALTH AGENCY		4,889,389	0	0	101.00	
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE					113.00	
200.00	Subtotal (see instructions)	0	192,820,895	0	0	200.00	
201.00	Less Observation Beds		4,053,653			201.00	
202.00	Total (see instructions)	0	188,767,242	0	0	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140116		Period: From 07/01/2011 To 06/30/2012		Worksheet C Part I Date/Time Prepared: 11/29/2012 12:44 pm	
			Title XIX		Hospital		Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00				9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	53,798,787		53,798,787			30.00
31.00	03100	INTENSIVE CARE UNIT	13,526,224		13,526,224			31.00
41.00	04100	SUBPROVIDER - IRF	5,500,574		5,500,574			41.00
43.00	04300	NURSERY	2,534,987		2,534,987			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	25,146,765	49,230,208	74,376,973	0.266227	0.000000	50.00
51.00	05100	RECOVERY ROOM	3,500,446	6,333,542	9,833,988	0.203191	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,001,740	94,795	3,096,535	0.773299	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	3,238,767	4,110,465	7,349,232	0.100994	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,806,644	41,272,928	54,079,572	0.212177	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,185,433	19,646,196	20,831,629	0.245419	0.000000	55.00
56.00	05600	RADIOISOTOPE	2,691,662	10,319,874	13,011,536	0.205954	0.000000	56.00
57.00	05700	CT SCAN	15,778,360	39,840,175	55,618,535	0.040074	0.000000	57.00
58.00	05800	MRI	4,415,114	9,446,137	13,861,251	0.075981	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	14,828,309	6,600,804	21,429,113	0.224480	0.000000	59.00
60.00	06000	LABORATORY	40,297,720	46,033,808	86,331,528	0.110718	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	6,846,017	1,064,217	7,910,234	0.318777	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	4,004,563	10,287,892	14,292,455	0.541982	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,650,557	45,715	2,696,272	0.419643	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	2,066,936	9,904	2,076,840	0.292536	0.000000	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	0.000000	70.00
70.01	07001	SLEEP LAB/NEUROLOGY	423,751	2,196,844	2,620,595	0.332338	0.000000	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	15,172,424	8,436,572	23,608,996	0.396783	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	17,774,878	7,915,345	25,690,223	0.435419	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	40,756,714	35,830,668	76,587,382	0.255414	0.000000	73.00
76.00	03140	CARDIOLOGY	555,671	1,958,164	2,513,835	0.445391	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	45,024	1,048,670	1,093,694	0.955247	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	14,025	1,475,488	1,489,513	0.627871	0.000000	90.00
90.01	09001	DIABETES CENTER	0	86,731	86,731	1.755301	0.000000	90.01
91.00	09100	EMERGENCY	9,755,559	20,556,844	30,312,403	0.319159	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	5,049,050	5,049,050	0.802855	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	2,837,908	2,837,908	0.383713	0.000000	97.00
101.00	10100	HOME HEALTH AGENCY	0	5,719,302	5,719,302			101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	302,317,651	337,448,246	639,765,897			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	302,317,651	337,448,246	639,765,897			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140116

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

Worksheet C
Part I
Date/Time Prepared:
11/29/2012 12:44 pm

Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital	Cost
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
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
51.00	05100 RECOVERY ROOM	0.000000			51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300 ANESTHESIOLOGY	0.000000			53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000			54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000			55.00
56.00	05600 RADIOISOTOPE	0.000000			56.00
57.00	05700 CT SCAN	0.000000			57.00
58.00	05800 MRI	0.000000			58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000 LABORATORY	0.000000			60.00
65.00	06500 RESPIRATORY THERAPY	0.000000			65.00
66.00	06600 PHYSICAL THERAPY	0.000000			66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800 SPEECH PATHOLOGY	0.000000			68.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000			70.00
70.01	07001 SLEEP LAB/NEUROLOGY	0.000000			70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000			73.00
76.00	03140 RADIOLOGY	0.000000			76.00
76.97	07697 CARDIAC REHABILITATION	0.000000			76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.000000			90.00
90.01	09001 DIABETES CENTER	0.000000			90.01
91.00	09100 EMERGENCY	0.000000			91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000			92.00
OTHER REIMBURSABLE COST CENTERS					
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000			97.00
101.00	10100 HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300 INTEREST EXPENSE				113.00
200.00	Subtotal (see instructions)				200.00
201.00	Less Observation Beds				201.00
202.00	Total (see instructions)				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140116		Period: From 07/01/2011 To 06/30/2012		Worksheet D Part I Date/Time Prepared: 11/29/2012 12:44 pm		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	PPS 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	3,166,902	0	3,166,902	37,583	84.26	30.00
31.00	03100	INTENSIVE CARE UNIT	602,095		602,095	4,854	124.04	31.00
41.00	04100	SUBPROVIDER - IRF	337,333	0	337,333	4,463	75.58	41.00
43.00	04300	NURSERY	362,393		362,393	2,130	170.14	43.00
200.00		Total (lines 30-199)	4,468,723		4,468,723	49,030		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS			Provider CCN: 140116	Period: From 07/01/2011 To 06/30/2012	Worksheet D Part I Date/Time Prepared: 11/29/2012 12:44 pm
Cost Center Description			Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)	
			6.00	7.00	
Title XVIII Hospital PPS					
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	18,716	1,577,010	30.00
31.00	03100	INTENSIVE CARE UNIT	2,931	363,561	31.00
41.00	04100	SUBPROVIDER - IRF	3,249	245,559	41.00
43.00	04300	NURSERY	0	0	43.00
200.00		Total (lines 30-199)	24,896	2,186,130	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140116	Period: From 07/01/2011 To 06/30/2012	Worksheet D Part II Date/Time Prepared: 11/29/2012 12:44 pm
--	--	----------------------	---	--

Cost Center Description		Title XVIII			Hospital	PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	2,143,444	74,376,973	0.028819	11,850,818	341,529	50.00
51.00	05100 RECOVERY ROOM	133,955	9,833,988	0.013622	1,463,540	19,936	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	217,169	3,096,535	0.070133	0	0	52.00
53.00	05300 ANESTHESIOLOGY	46,693	7,349,232	0.006353	1,455,167	9,245	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,578,217	54,079,572	0.029183	8,044,071	234,750	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	565,344	20,831,629	0.027139	739,940	20,081	55.00
56.00	05600 RADIOISOTOPE	752,580	13,011,536	0.057839	1,475,985	85,369	56.00
57.00	05700 CT SCAN	124,064	55,618,535	0.002231	9,091,853	20,284	57.00
58.00	05800 MRI	111,711	13,861,251	0.008059	2,216,350	17,862	58.00
59.00	05900 CARDIAC CATHETERIZATION	511,498	21,429,113	0.023869	7,705,221	183,916	59.00
60.00	06000 LABORATORY	230,375	86,331,528	0.002668	22,677,231	60,503	60.00
65.00	06500 RESPIRATORY THERAPY	199,792	7,910,234	0.025257	4,312,055	108,910	65.00
66.00	06600 PHYSICAL THERAPY	776,584	14,292,455	0.054335	1,589,544	86,368	66.00
67.00	06700 OCCUPATIONAL THERAPY	20,525	2,696,272	0.007612	758,058	5,770	67.00
68.00	06800 SPEECH PATHOLOGY	11,130	2,076,840	0.005359	479,114	2,568	68.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
70.01	07001 SLEEP LAB/NEUROLOGY	189,943	2,620,595	0.072481	248,344	18,000	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	408,140	23,608,996	0.017287	8,067,450	139,462	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	481,413	25,690,223	0.018739	9,186,678	172,149	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,033,404	76,587,382	0.013493	22,077,978	297,898	73.00
76.00	03140 RADIOLOGY	76,421	2,513,835	0.030400	308,385	9,375	76.00
76.97	07697 CARDIAC REHABILITATION	194,994	1,093,694	0.178289	27,403	4,886	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	163,806	1,489,513	0.109973	12,265	1,349	90.00
90.01	09001 DIABETES CENTER	15,942	86,731	0.183810	0	0	90.01
91.00	09100 EMERGENCY	586,660	30,312,403	0.019354	5,218,551	101,000	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	329,473	5,049,050	0.065254	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	18,349	2,837,908	0.006466	0	0	97.00
200.00	Total (lines 50-199)	10,921,626	558,686,023		119,006,001	1,941,210	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 140116		Period: From 07/01/2011 To 06/30/2012		Worksheet D Part III Date/Time Prepared: 11/29/2012 12:44 pm	
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Hospital	Swing-Bed Adjustment Amount (see instructions)	PPS
			1.00	2.00	3.00	4.00	5.00	Total Costs (sum of cols. 1 through 5, minus col. 4)
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
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: 140116		Period: From 07/01/2011 To 06/30/2012		Worksheet D Part III Date/Time Prepared: 11/29/2012 12:44 pm	
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. Nursing School	PPS
			6.00	7.00	8.00	9.00	11.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	37,583	0.00	18,716	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	4,854	0.00	2,931	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	4,463	0.00	3,249	0	0	41.00
43.00	04300	NURSERY	2,130	0.00	0	0	0	43.00
200.00		Total (lines 30-199)	49,030		24,896	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140116		Period: From 07/01/2011 To 06/30/2012		Worksheet D Part III Date/Time Prepared: 11/29/2012 12:44 pm	
Cost Center Description		PSA Adj . Allied Health Cost	PSA Adj . All Other Medical Education Cost	Title XVIII	Hospital	PPS	
		12.00	13.00				
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0			30.00
31.00	03100	INTENSIVE CARE UNIT	0	0			31.00
41.00	04100	SUBPROVIDER - I RF	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: 140116

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

Worksheet D
Part IV
Date/Time Prepared:
11/29/2012 12:44 pm

Cost Center Description		Title XVIII				Hospital		PPS
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	50.00	
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00	
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00	
57.00	05700	CT SCAN	0	0	0	0	57.00	
58.00	05800	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	
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00	
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00	
70.01	07001	SLEEP LAB/NEUROLOGY	0	0	0	0	70.01	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00	
76.00	03140	CARDIOLOGY	0	0	0	0	76.00	
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97	
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	90.00	
90.01	09001	DIABETES CENTER	0	0	0	0	90.01	
91.00	09100	EMERGENCY	0	0	0	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00	
OTHER REIMBURSABLE COST CENTERS								
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00	
200.00		Total (lines 50-199)	0	0	0	0	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140116

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

Worksheet D
Part IV
Date/Time Prepared:
11/29/2012 12:44 pm

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital		Inpatient Program Charges	
					Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	PPS		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	74,376,973	0.000000	0.000000	11,850,818	50.00
51.00	05100	RECOVERY ROOM	0	9,833,988	0.000000	0.000000	1,463,540	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,096,535	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	7,349,232	0.000000	0.000000	1,455,167	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	54,079,572	0.000000	0.000000	8,044,071	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	20,831,629	0.000000	0.000000	739,940	55.00
56.00	05600	RADIOISOTOPE	0	13,011,536	0.000000	0.000000	1,475,985	56.00
57.00	05700	CT SCAN	0	55,618,535	0.000000	0.000000	9,091,853	57.00
58.00	05800	MRI	0	13,861,251	0.000000	0.000000	2,216,350	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	21,429,113	0.000000	0.000000	7,705,221	59.00
60.00	06000	LABORATORY	0	86,331,528	0.000000	0.000000	22,677,231	60.00
65.00	06500	RESPIRATORY THERAPY	0	7,910,234	0.000000	0.000000	4,312,055	65.00
66.00	06600	PHYSICAL THERAPY	0	14,292,455	0.000000	0.000000	1,589,544	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,696,272	0.000000	0.000000	758,058	67.00
68.00	06800	SPEECH PATHOLOGY	0	2,076,840	0.000000	0.000000	479,114	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0.000000	0	70.00
70.01	07001	SLEEP LAB/NEUROLOGY	0	2,620,595	0.000000	0.000000	248,344	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	23,608,996	0.000000	0.000000	8,067,450	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	25,690,223	0.000000	0.000000	9,186,678	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	76,587,382	0.000000	0.000000	22,077,978	73.00
76.00	03140	CARDIOLOGY	0	2,513,835	0.000000	0.000000	308,385	76.00
76.97	07697	CARDIAC REHABILITATION	0	1,093,694	0.000000	0.000000	27,403	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	1,489,513	0.000000	0.000000	12,265	90.00
90.01	09001	DIABETES CENTER	0	86,731	0.000000	0.000000	0	90.01
91.00	09100	EMERGENCY	0	30,312,403	0.000000	0.000000	5,218,551	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	5,049,050	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS								
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	2,837,908	0.000000	0.000000	0	97.00
200.00		Total (lines 50-199)	0	558,686,023			119,006,001	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140116

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

Worksheet D
Part IV
Date/Time Prepared:
11/29/2012 12:44 pm

Cost Center Description			Title XVIII			Hospital		PPS	
			Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School		
			11.00	12.00	13.00	21.00	22.00		
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	14,048,045	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	1,113,584	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	816,272	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	9,767,207	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	9,243,989	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	4,232,551	0	0	0	0	56.00
57.00	05700	CT SCAN	0	10,517,671	0	0	0	0	57.00
58.00	05800	MRI	0	2,474,430	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	3,213,248	0	0	0	0	59.00
60.00	06000	LABORATORY	0	1,909,585	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	380,862	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	49,358	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	6,995	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	5,786	0	0	0	0	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
70.01	07001	SLEEP LAB/NEUROLOGY	0	473,154	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	2,056,609	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	2,993,430	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	12,859,333	0	0	0	0	73.00
76.00	03140	CARDIOLOGY	0	644,948	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	587,252	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	512,973	0	0	0	0	90.00
90.01	09001	DIABETES CENTER	0	2,474	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	3,633,898	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	1,494,375	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	0	97.00
200.00		Total (lines 50-199)	0	83,038,029	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140116

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

Worksheet D
Part IV
Date/Time Prepared:
11/29/2012 12:44 pm

Cost Center Description		PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	Title XVIII	Hospital	PPS
		23.00	24.00			
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0	0			50.00
51.00	05100 RECOVERY ROOM	0	0			51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0			52.00
53.00	05300 ANESTHESIOLOGY	0	0			53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0			54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0			55.00
56.00	05600 RADIOISOTOPE	0	0			56.00
57.00	05700 CT SCAN	0	0			57.00
58.00	05800 MRI	0	0			58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0			59.00
60.00	06000 LABORATORY	0	0			60.00
65.00	06500 RESPIRATORY THERAPY	0	0			65.00
66.00	06600 PHYSICAL THERAPY	0	0			66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0			67.00
68.00	06800 SPEECH PATHOLOGY	0	0			68.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0			70.00
70.01	07001 SLEEP LAB/NEUROLOGY	0	0			70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0			73.00
76.00	03140 RADIOLOGY	0	0			76.00
76.97	07697 CARDIAC REHABILITATION	0	0			76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0	0			90.00
90.01	09001 DIABETES CENTER	0	0			90.01
91.00	09100 EMERGENCY	0	0			91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0			92.00
OTHER REIMBURSABLE COST CENTERS						
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0			97.00
200.00	Total (Lines 50-199)	0	0			200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140116	Period: From 07/01/2011 To 06/30/2012	Worksheet D Part V Date/Time Prepared: 11/29/2012 12:44 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			PPS		
		PPS Reimbursed Services (see instructions)	Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)			
	1.00	2.00	3.00	4.00			
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.266227	14,048,045	0	0	50.00
51.00	05100	RECOVERY ROOM	0.203191	1,113,584	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.773299	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.100994	816,272	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.212177	9,767,207	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.245419	9,243,989	0	0	55.00
56.00	05600	RADIOISOTOPE	0.205954	4,232,551	0	0	56.00
57.00	05700	CT SCAN	0.040074	10,517,671	0	0	57.00
58.00	05800	MRI	0.075981	2,474,430	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.224480	3,213,248	0	0	59.00
60.00	06000	LABORATORY	0.110718	1,909,585	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0.318777	380,862	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.541982	49,358	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.419643	6,995	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.292536	5,786	0	0	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	70.00
70.01	07001	SLEEP LAB/NEUROLOGY	0.332338	473,154	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.396783	2,056,609	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.435419	2,993,430	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.255414	12,859,333	0	94,444	73.00
76.00	03140	CARDIOLOGY	0.445391	644,948	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.955247	587,252	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0.627871	512,973	640	0	90.00
90.01	09001	DIABETES CENTER	1.755301	2,474	0	0	90.01
91.00	09100	EMERGENCY	0.319159	3,633,898	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.802855	1,494,375	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.383713	0	0	0	97.00
200.00		Subtotal (see instructions)		83,038,029	640	94,444	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00		Net Charges (line 200 +/- line 201)		83,038,029	640	94,444	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140116	Period: From 07/01/2011 To 06/30/2012	Worksheet D Part V Date/Time Prepared: 11/29/2012 12:44 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Costs			Hospital	PPS
	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	3,739,969	0	0	50.00
51.00	05100 RECOVERY ROOM	226,270	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	82,439	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,072,377	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	2,268,651	0	0	55.00
56.00	05600 RADIOISOTOPE	871,711	0	0	56.00
57.00	05700 CT SCAN	421,485	0	0	57.00
58.00	05800 MRI	188,010	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	721,310	0	0	59.00
60.00	06000 LABORATORY	211,425	0	0	60.00
65.00	06500 RESPIRATORY THERAPY	121,410	0	0	65.00
66.00	06600 PHYSICAL THERAPY	26,751	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	2,935	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	1,693	0	0	68.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
70.01	07001 SLEEP LAB/NEUROLOGY	157,247	0	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	816,027	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	1,303,396	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	3,284,454	0	24,122	73.00
76.00	03140 RADIOLOGY	287,254	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	560,971	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	322,081	402	0	90.00
90.01	09001 DIABETES CENTER	4,343	0	0	90.01
91.00	09100 EMERGENCY	1,159,791	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	1,199,766	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
200.00	Subtotal (see instructions)	20,051,766	402	24,122	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges		0		201.00
202.00	Net Charges (line 200 +/- line 201)	20,051,766	402	24,122	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140116 Component CCN: 14T116		Period: From 07/01/2011 To 06/30/2012		Worksheet D Part II Date/Time Prepared: 11/29/2012 12:44 pm	
		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	2,143,444	74,376,973	0.028819	0	0	50.00
51.00	05100 RECOVERY ROOM	133,955	9,833,988	0.013622	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	217,169	3,096,535	0.070133	0	0	52.00
53.00	05300 ANESTHESIOLOGY	46,693	7,349,232	0.006353	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,578,217	54,079,572	0.029183	64,055	1,869	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	565,344	20,831,629	0.027139	0	0	55.00
56.00	05600 RADIOISOTOPE	752,580	13,011,536	0.057839	9,166	530	56.00
57.00	05700 CT SCAN	124,064	55,618,535	0.002231	51,272	114	57.00
58.00	05800 MRI	111,711	13,861,251	0.008059	19,606	158	58.00
59.00	05900 CARDIAC CATHETERIZATION	511,498	21,429,113	0.023869	0	0	59.00
60.00	06000 LABORATORY	230,375	86,331,528	0.002668	673,314	1,796	60.00
65.00	06500 RESPIRATORY THERAPY	199,792	7,910,234	0.025257	76,529	1,933	65.00
66.00	06600 PHYSICAL THERAPY	776,584	14,292,455	0.054335	1,183,439	64,302	66.00
67.00	06700 OCCUPATIONAL THERAPY	20,525	2,696,272	0.007612	1,111,845	8,463	67.00
68.00	06800 SPEECH PATHOLOGY	11,130	2,076,840	0.005359	1,120,378	6,004	68.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
70.01	07001 SLEEP LAB/NEUROLOGY	189,943	2,620,595	0.072481	2,682	194	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	408,140	23,608,996	0.017287	122,713	2,121	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	481,413	25,690,223	0.018739	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,033,404	76,587,382	0.013493	903,972	12,197	73.00
76.00	03140 RADIOLOGY	76,421	2,513,835	0.030400	3,278	100	76.00
76.97	07697 CARDIAC REHABILITATION	194,994	1,093,694	0.178289	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	163,806	1,489,513	0.109973	0	0	90.00
90.01	09001 DIABETES CENTER	15,942	86,731	0.183810	0	0	90.01
91.00	09100 EMERGENCY	586,660	30,312,403	0.019354	257	5	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	329,473	5,049,050	0.065254	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	18,349	2,837,908	0.006466	0	0	97.00
200.00	Total (lines 50-199)	10,921,626	558,686,023		5,342,506	99,786	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140116

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

Worksheet D
Part IV
Date/Time Prepared:
11/29/2012 12:44 pm

Component CCN: 14T116

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	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	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
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
70.01	07001	SLEEP LAB/NEUROLOGY	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00	03140	CARDIOLOGY	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	DIABETES CENTER	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
200.00		Total (lines 50-199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140116 Component CCN: 14T116	Period: From 07/01/2011 To 06/30/2012	Worksheet D Part IV Date/Time Prepared: 11/29/2012 12:44 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description	Total	Total Charges	Ratio of Cost	Outpatient	Inpatient Program Charges
	Outpatient Cost (sum of col. 2, 3 and 4)	(from Wkst. C, Part I, col. 8)	to Charges (col. 5 + col. 7)	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	74,376,973	0.000000	0.000000	0 50.00
51.00 05100 RECOVERY ROOM	0	9,833,988	0.000000	0.000000	0 51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	3,096,535	0.000000	0.000000	0 52.00
53.00 05300 ANESTHESIOLOGY	0	7,349,232	0.000000	0.000000	0 53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	54,079,572	0.000000	0.000000	64,055 54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	20,831,629	0.000000	0.000000	0 55.00
56.00 05600 RADIOISOTOPE	0	13,011,536	0.000000	0.000000	9,166 56.00
57.00 05700 CT SCAN	0	55,618,535	0.000000	0.000000	51,272 57.00
58.00 05800 MRI	0	13,861,251	0.000000	0.000000	19,606 58.00
59.00 05900 CARDIAC CATHETERIZATION	0	21,429,113	0.000000	0.000000	0 59.00
60.00 06000 LABORATORY	0	86,331,528	0.000000	0.000000	673,314 60.00
65.00 06500 RESPIRATORY THERAPY	0	7,910,234	0.000000	0.000000	76,529 65.00
66.00 06600 PHYSICAL THERAPY	0	14,292,455	0.000000	0.000000	1,183,439 66.00
67.00 06700 OCCUPATIONAL THERAPY	0	2,696,272	0.000000	0.000000	1,111,845 67.00
68.00 06800 SPEECH PATHOLOGY	0	2,076,840	0.000000	0.000000	1,120,378 68.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0.000000	0.000000	0 70.00
70.01 07001 SLEEP LAB/NEUROLOGY	0	2,620,595	0.000000	0.000000	2,682 70.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	23,608,996	0.000000	0.000000	122,713 71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	25,690,223	0.000000	0.000000	0 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	76,587,382	0.000000	0.000000	903,972 73.00
76.00 03140 RADIOLOGY	0	2,513,835	0.000000	0.000000	3,278 76.00
76.97 07697 CARDIAC REHABILITATION	0	1,093,694	0.000000	0.000000	0 76.97
OUTPATIENT SERVICE COST CENTERS					
90.00 09000 CLINIC	0	1,489,513	0.000000	0.000000	0 90.00
90.01 09001 DIABETES CENTER	0	86,731	0.000000	0.000000	0 90.01
91.00 09100 EMERGENCY	0	30,312,403	0.000000	0.000000	257 91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	5,049,050	0.000000	0.000000	0 92.00
OTHER REIMBURSABLE COST CENTERS					
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	2,837,908	0.000000	0.000000	0 97.00
200.00 Total (lines 50-199)	0	558,686,023			5,342,506 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140116

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

Worksheet D
Part IV
Date/Time Prepared:
11/29/2012 12:44 pm

Component CCN: 14T116

Title XVIII

Subprovider - IRF

PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	543	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 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	639	0	0	0	60.00
65.00	06500 RESPIRATORY THERAPY	0	196	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	07001 SLEEP LAB/NEUROLOGY	0	0	0	0	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	1,079	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	872	0	0	0	73.00
76.00	03140 RADIOLOGY	0	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 DIABETES CENTER	0	0	0	0	0	90.01
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
OTHER REIMBURSABLE COST CENTERS							
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
200.00	Total (lines 50-199)	0	3,329	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140116

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

Worksheet D
Part IV
Date/Time Prepared:
11/29/2012 12:44 pm
PPS

Component CCN: 14T116

Title XVIII

Subprovider -
IRF

Cost Center Description		PSA Adj .	PSA Adj . All		
		Allied Health	Other Medical Education Cost		
		23.00	24.00		
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MRI	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
70.01	07001	SLEEP LAB/NEUROLOGY	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
76.00	03140	CARDIOLOGY	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	90.00
90.01	09001	DIABETES CENTER	0	0	90.01
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
200.00		Total (lines 50-199)	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140116 Component CCN: 14T116	Period: From 07/01/2011 To 06/30/2012	Worksheet D Part V Date/Time Prepared: 11/29/2012 12:44 pm
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			
		PPS Reimbursed Services (see instructions)	Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)	
			2.00	3.00	
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0.266227	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0.203191	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.773299	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0.100994	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.212177	543	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0.245419	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0.205954	0	0	0	56.00
57.00 05700 CT SCAN	0.040074	0	0	0	57.00
58.00 05800 MRI	0.075981	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.224480	0	0	0	59.00
60.00 06000 LABORATORY	0.110718	639	0	0	60.00
65.00 06500 RESPIRATORY THERAPY	0.318777	196	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.541982	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.419643	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.292536	0	0	0	68.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	70.00
70.01 07001 SLEEP LAB/NEUROLOGY	0.332338	0	0	0	70.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.396783	1,079	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.435419	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.255414	872	0	788	73.00
76.00 03140 RADIOLOGY	0.445391	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0.955247	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00 09000 CLINIC	0.627871	0	0	0	90.00
90.01 09001 DIABETES CENTER	1.755301	0	0	0	90.01
91.00 09100 EMERGENCY	0.319159	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0.802855	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0.383713	0	0	0	97.00
200.00 Subtotal (see instructions)		3,329	0	788	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00 Net Charges (line 200 +/- line 201)		3,329	0	788	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140116 Component CCN: 14T116	Period: From 07/01/2011 To 06/30/2012	Worksheet D Part V Date/Time Prepared: 11/29/2012 12:44 pm
	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	0	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	115	0	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0	0		56.00
57.00 05700 CT SCAN	0	0	0		57.00
58.00 05800 MRI	0	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0		59.00
60.00 06000 LABORATORY	71	0	0		60.00
65.00 06500 RESPIRATORY THERAPY	62	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0		68.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0		70.00
70.01 07001 SLEEP LAB/NEUROLOGY	0	0	0		70.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	428	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	223	0	201		73.00
76.00 03140 CARDIOLOGY	0	0	0		76.00
76.97 07697 CARDIAC REHABILITATION	0	0	0		76.97
OUTPATIENT SERVICE COST CENTERS					
90.00 09000 CLINIC	0	0	0		90.00
90.01 09001 DIABETES CENTER	0	0	0		90.01
91.00 09100 EMERGENCY	0	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0		92.00
OTHER REIMBURSABLE COST CENTERS					
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0		97.00
200.00 Subtotal (see instructions)	899	0	201		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges		0			201.00
202.00 Net Charges (line 200 +/- line 201)	899	0	201		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140116	Period: From 07/01/2011 To 06/30/2012	Worksheet D-1 Date/Time Prepared: 11/29/2012 12:44 pm
		Title XVIII	Hospital	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)			37,583 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			37,583 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)			33,673 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)			18,716 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)			38,963,943 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)			38,963,943 27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)			53,798,787 28.00
29.00	Private room charges (excluding swing-bed charges)			0 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			53,798,787 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.724253 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)			1,597.68 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)			38,963,943 37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			1,036.74 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			19,403,626 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)			19,403,626 41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 140116	Period: From 07/01/2011 To 06/30/2012	Worksheet D-1 Date/Time Prepared: 11/29/2012 12:44 pm		
Cost Center Description			Title XVIII		Hospital	PPS	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	9,716,081	4,854	2,001.66	2,931	5,866,865	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)					28,048,980	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					53,319,471	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)					1,940,571	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,941,210	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					3,881,781	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					49,437,690	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					3,910	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,036.74	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					4,053,653	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140116		Period: From 07/01/2011 To 06/30/2012		Worksheet D-1 Date/Time Prepared: 11/29/2012 12:44 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	3,166,902	38,963,943	0.081278	4,053,653	329,473	90.00
91.00	Nursing School cost	0	38,963,943	0.000000	4,053,653	0	91.00
92.00	Allied health cost	0	38,963,943	0.000000	4,053,653	0	92.00
93.00	All other Medical Education	0	38,963,943	0.000000	4,053,653	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140116	Period: From 07/01/2011 To 06/30/2012	Worksheet D-1
		Component CCN: 14T116		Date/Time Prepared: 11/29/2012 12:44 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		4,463	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		4,463	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)		4,463	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		3,249	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		3,829,894	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		3,829,894	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		5,500,574	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		5,500,574	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.696272	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)		1,232.48	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		3,829,894	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)		858.14	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,788,097	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		2,788,097	41.00

COMPUTATION OF INPATIENT OPERATING COST					Provider CCN: 140116	Period: From 07/01/2011 To 06/30/2012	Worksheet D-1
					Component CCN: 14T116		Date/Time Prepared: 11/29/2012 12:44 pm
					Title XVIII	Subprovider - IRF	PPS
Cost Center Description	Total	Total	Average Per	Program Days	Program Cost (col. 3 x col. 4)		
	Inpatient Cost	Inpatient Days	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	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)					1,837,354	48.00	
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					4,625,451	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)					245,559	50.00	
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					99,786	51.00	
52.00 Total Program excludable cost (sum of lines 50 and 51)					345,345	52.00	
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					4,280,106	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: 140116 Component CCN: 14T116		Period: From 07/01/2011 To 06/30/2012		Worksheet D-1 Date/Time Prepared: 11/29/2012 12:44 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	337,333	3,829,894	0.088079	0	0	90.00
91.00	Nursing School cost	0	3,829,894	0.000000	0	0	91.00
92.00	Allied health cost	0	3,829,894	0.000000	0	0	92.00
93.00	All other Medical Education	0	3,829,894	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140116	Period: From 07/01/2011 To 06/30/2012	Worksheet D-3 Date/Time Prepared: 11/29/2012 12:44 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		31,413,183	30.00
31.00	03100	INTENSIVE CARE UNIT		8,364,954	31.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.266227	11,850,818	50.00
51.00	05100	RECOVERY ROOM	0.203191	1,463,540	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.773299	0	52.00
53.00	05300	ANESTHESIOLOGY	0.103970	1,455,167	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.214441	8,044,071	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.246579	739,940	55.00
56.00	05600	RADIOISOTOPE	0.205954	1,475,985	56.00
57.00	05700	CT SCAN	0.040074	9,091,853	57.00
58.00	05800	MRI	0.075981	2,216,350	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.224480	7,705,221	59.00
60.00	06000	LABORATORY	0.110718	22,677,231	60.00
65.00	06500	RESPIRATORY THERAPY	0.318777	4,312,055	65.00
66.00	06600	PHYSICAL THERAPY	0.543249	1,589,544	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.419643	758,058	67.00
68.00	06800	SPEECH PATHOLOGY	0.292536	479,114	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	70.00
70.01	07001	SLEEP LAB/NEUROLOGY	0.332338	248,344	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.396783	8,067,450	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.435419	9,186,678	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.255414	22,077,978	73.00
76.00	03140	CARDIOLOGY	0.445391	308,385	76.00
76.97	07697	CARDIAC REHABILITATION	0.977613	27,403	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.627871	12,265	90.00
90.01	09001	DIABETES CENTER	1.755301	0	90.01
91.00	09100	EMERGENCY	0.319980	5,218,551	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.802855	0	92.00
OTHER REIMBURSABLE COST CENTERS					
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.383713	0	97.00
200.00		Total (sum of lines 50-94 and 96-98)		119,006,001	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)		119,006,001	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140116 Component CCN: 14T116	Period: From 07/01/2011 To 06/30/2012	Worksheet D-3 Date/Time Prepared: 11/29/2012 12:44 pm	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
41.00	04100 SUBPROVIDER - IRF		4,018,601		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.266227	0	0	50.00
51.00	05100 RECOVERY ROOM	0.203191	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.773299	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.103970	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.214441	64,055	13,736	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.246579	0	0	55.00
56.00	05600 RADIOISOTOPE	0.205954	9,166	1,888	56.00
57.00	05700 CT SCAN	0.040074	51,272	2,055	57.00
58.00	05800 MRI	0.075981	19,606	1,490	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.224480	0	0	59.00
60.00	06000 LABORATORY	0.110718	673,314	74,548	60.00
65.00	06500 RESPIRATORY THERAPY	0.318777	76,529	24,396	65.00
66.00	06600 PHYSICAL THERAPY	0.543249	1,183,439	642,902	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.419643	1,111,845	466,578	67.00
68.00	06800 SPEECH PATHOLOGY	0.292536	1,120,378	327,751	68.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	70.00
70.01	07001 SLEEP LAB/NEUROLOGY	0.332338	2,682	891	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.396783	122,713	48,690	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.435419	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.255414	903,972	230,887	73.00
76.00	03140 RADIOLOGY	0.445391	3,278	1,460	76.00
76.97	07697 CARDIAC REHABILITATION	0.977613	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.627871	0	0	90.00
90.01	09001 DIABETES CENTER	1.755301	0	0	90.01
91.00	09100 EMERGENCY	0.319980	257	82	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.802855	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.383713	0	0	97.00
200.00	Total (sum of lines 50-94 and 96-98)		5,342,506	1,837,354	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)		5,342,506		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140116	Period: From 07/01/2011 To 06/30/2012	Worksheet E Part A Date/Time Prepared: 11/29/2012 12:44 pm
		Title XVIII	Hospital	PPS
			before 1/1	on/after 1/1
			1.00	1.01
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS				
1.00	DRG Amounts Other than Outlier Payments		38,394,043	1.00
2.00	Outlier payments for discharges. (see instructions)		934,890	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		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		147.32	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)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	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.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	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		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	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)		0.00	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)		0	29.00
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		0.00	30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)		0.00	31.00
32.00	Sum of lines 30 and 31		0.00	32.00
33.00	Allowable disproportionate share percentage (see instructions)		0.00	33.00
34.00	Disproportionate share adjustment (see instructions)		0	34.00
Additional payment for high percentage of ESRD beneficiary discharges				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.00
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00	42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000	44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41)		0	46.00
47.00	Subtotal (see instructions)		39,328,933	47.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140116	Period: From 07/01/2011 To 06/30/2012	Worksheet E Part A Date/Time Prepared: 11/29/2012 12:44 pm
		Title XVIII	Hospital	PPS
			before 1/1	on/after 1/1
			1.00	1.01
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0	48.00
49.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)		39,328,933	49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		3,265,864	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).		0	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)		42,594,797	59.00
60.00	Primary payer payments		49,038	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		42,545,759	61.00
62.00	Deductibles billed to program beneficiaries		3,657,676	62.00
63.00	Coinurance billed to program beneficiaries		116,580	63.00
64.00	Allowable bad debts (see instructions)		499,072	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		349,350	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		381,796	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		39,120,853	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)		39,120,853	71.00
72.00	Interim payments		39,119,170	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)		1,683	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	75.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Operating outlier amount from Worksheet E, Part A line 2		0	90.00
91.00	Capital outlier from Worksheet L, Part I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the Time Value of Money		0.00	94.00
95.00	Time Value of Money for operating expenses(see instructions)		0	95.00
96.00	Time Value of Money for capital related expenses (see instructions)		0	96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140116	Period: From 07/01/2011 To 06/30/2012	Worksheet E Part B Date/Time Prepared: 11/29/2012 12:44 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)			24,524 1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)			20,051,766 2.00
3.00	PPS payments			17,043,204 3.00
4.00	Outlier payment (see instructions)			54,443 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)			24,524 11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges			95,084 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)			95,084 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)			95,084 18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			70,560 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)			24,524 21.00
22.00	Interns and residents (see instructions)			0 22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)			0 23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)			17,097,647 24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)			0 25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)			4,040,753 26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)			13,081,418 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)			13,081,418 30.00
31.00	Primary payer payments			7,169 31.00
32.00	Subtotal (line 30 minus line 31)			13,074,249 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)			565,308 34.00
35.00	Adjusted reimbursable bad debts (see instructions)			395,716 35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			490,790 36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)			13,469,965 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)			13,469,965 40.00
41.00	Interim payments			13,399,767 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)			70,198 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: 140116	Period: From 07/01/2011 To 06/30/2012	Worksheet E Part B Date/Time Prepared: 11/29/2012 12:44 pm
	Title XVIII	Hospital	PPS
			Overrides
			1.00
WORKSHEET OVERRIDE VALUES			
112.00	Override of Ancillary service charges (line 12)		0112.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140116 Component CCN: 14T116	Period: From 07/01/2011 To 06/30/2012	Worksheet E Part B Date/Time Prepared: 11/29/2012 12:44 pm
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)			201 1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)			899 2.00
3.00	PPS payments			313 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)			201 11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges			788 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)			788 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)			788 18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			587 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)			201 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)			313 24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)			0 25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)			37 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)			477 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)			477 30.00
31.00	Primary payer payments			0 31.00
32.00	Subtotal (line 30 minus line 31)			477 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)			477 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)			477 40.00
41.00	Interim payments			465 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)			12 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: 140116 Component CCN: 14T116	Period: From 07/01/2011 To 06/30/2012	Worksheet E Part B Date/Time Prepared: 11/29/2012 12:44 pm
	Title XVIII	Subprovider - IRF	PPS
			Overrides 1.00
WORKSHEET OVERRIDE VALUES			
112.00	Override of Ancillary service charges (line 12)		0112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140116

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

Worksheet E-1
Part I
Date/Time Prepared:
11/29/2012 12:44 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		38,767,868		13,065,037		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		351,302		334,730		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)		39,119,170		13,399,767		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		1,683		70,198		6.01
6.02	SETTLEMENT TO PROGRAM		0		0		6.02
7.00	Total Medicare program liability (see instructions)		39,120,853		13,469,965		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: 140116
Component CCN: 14T116

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

Worksheet E-1
Part I
Date/Time Prepared:
11/29/2012 12:44 pm
PPS

Title XVIII

Subprovider -
IRF

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider				465	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		4,048,238		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)		12,142			3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		4,060,380		465	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		46,985		12	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		4,107,365		477	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: 140116	Period: From 07/01/2011 To 06/30/2012	Worksheet E-3 Part III Date/Time Prepared: 11/29/2012 12:44 pm
		Component CCN: 14T116	Title XVIII	Subprovider - IRF
				PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			4,004,248 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0052 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			120,476 3.00
4.00	Outlier Payments			28,738 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)			12.193989 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)			4,153,462 13.00
14.00	Nursing and Allied Health Managed Care payment (see instruction)			0 14.00
15.00	Organ acquisition			0 15.00
16.00	Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions)			0 16.00
17.00	Subtotal (see instructions)			4,153,462 17.00
18.00	Primary payer payments			3,931 18.00
19.00	Subtotal (line 17 less line 18).			4,149,531 19.00
20.00	Deductibles			20,592 20.00
21.00	Subtotal (line 19 minus line 20)			4,128,939 21.00
22.00	Coinsurance			21,574 22.00
23.00	Subtotal (line 21 minus line 22)			4,107,365 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)			4,107,365 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)			4,107,365 32.00
33.00	Interim payments			4,060,380 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)			46,985 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

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

Provider CCN: 140116

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

Worksheet G

Date/Time Prepared:
11/29/2012 12:44 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	136,000	0	0	0	1.00
2.00	Temporary investments	17,119,000	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	31,241,000	0	0	0	4.00
5.00	Other receivable	33,396,000	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	4,164,000	0	0	0	7.00
8.00	Prepaid expenses	1,578,000	0	0	0	8.00
9.00	Other current assets	2,697,000	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	90,331,000	0	0	0	11.00
FIXED ASSETS						
12.00	Land	65,000	0	0	0	12.00
13.00	Land improvements	1,764,249	0	0	0	13.00
14.00	Accumulated depreciation	-1,450,273	0	0	0	14.00
15.00	Buildings	78,851,185	0	0	0	15.00
16.00	Accumulated depreciation	-32,907,805	0	0	0	16.00
17.00	Leasehold improvements	77,154	0	0	0	17.00
18.00	Accumulated depreciation	-71,780	0	0	0	18.00
19.00	Fixed equipment	12,588,902	0	0	0	19.00
20.00	Accumulated depreciation	-12,544,622	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	87,054,361	0	0	0	23.00
24.00	Accumulated depreciation	-69,313,463	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	1,759,092	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	65,872,000	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	87,499,000	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	308,000	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	87,807,000	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	244,010,000	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	2,791,000	0	0	0	37.00
38.00	Salaries, wages, and fees payable	12,544,000	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	4,664,000	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	10,904,000	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	30,903,000	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	58,234,000	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	12,163,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	70,397,000	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	101,300,000	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	142,710,000	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)	142,710,000	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	244,010,000	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140116

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

Worksheet G-1

Date/Time Prepared:
11/29/2012 12:44 pm

		General Fund		Special Purpose Fund		
		1.00	2.00	3.00	4.00	
1.00	Fund balances at beginning of period		146,714,000		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		13,623,000			2.00
3.00	Total (sum of line 1 and line 2)		160,337,000		0	3.00
4.00	UNRESTRICTED NET ASSETS RELEASED	705,000		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)		705,000		0	10.00
11.00	Subtotal (line 3 plus line 10)		161,042,000		0	11.00
12.00	CHANGES IN UNREALIZED GAINS	7,373,000		0		12.00
13.00	TRANSFERS TO AFFILIATES	10,817,000		0		13.00
14.00	OTHER	142,000		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)		18,332,000		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		142,710,000		0	19.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140116

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

Worksheet G-1

Date/Time Prepared:
11/29/2012 12:44 pm

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

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 140116

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
11/29/2012 12:44 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	53,798,787		53,798,787	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	5,500,574		5,500,574	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)	59,299,361		59,299,361	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	13,526,224		13,526,224	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)	13,526,224		13,526,224	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	72,825,585		72,825,585	17.00
18.00	Ancillary services	228,529,007	333,268,479	561,797,486	18.00
19.00	Outpatient services	0	0	0	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		5,719,302	5,719,302	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	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	301,354,592	338,987,781	640,342,373	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		211,893,684		29.00
30.00	BAD DEBT EXPENSE	15,087,894			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)		15,087,894		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)		226,981,578		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140116

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

Worksheet G-3

Date/Time Prepared:
11/29/2012 12:44 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	640,342,373	1.00
2.00	Less contractual allowances and discounts on patients' accounts	408,397,027	2.00
3.00	Net patient revenues (line 1 minus line 2)	231,945,346	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	226,981,578	4.00
5.00	Net income from service to patients (line 3 minus line 4)	4,963,768	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	-140,810	6.00
7.00	Income from investments	7,669,917	7.00
8.00	Revenues from telephone and telegraph service	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER REVENUE	4,018,601	24.00
24.01	INTEREST SWAP DERIVATIVE	-2,888,634	24.01
24.02	ROUNDING	158	24.02
25.00	Total other income (sum of lines 6-24)	8,659,232	25.00
26.00	Total (line 5 plus line 25)	13,623,000	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	13,623,000	29.00

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 140116

Period: From 07/01/2011

Worksheet H

HHA CCN: 147455

To 06/30/2012

Date/Time Prepared: 11/29/2012 12:44 pm

Home Health Agency I

PPS

	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	
	1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS						
1.00	Capital Related - Bldg. & Fixtures		0		0	1.00
2.00	Capital Related - Movable Equipment		0		0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	4.00
5.00	Administrative and General	686,916	0	0	181,852	5.00
HHA REIMBURSABLE SERVICES						
6.00	Skilled Nursing Care	1,089,869	0	86,008	0	6.00
7.00	Physical Therapy	602,506	0	50,653	0	7.00
8.00	Occupational Therapy	75,277	0	5,973	0	8.00
9.00	Speech Pathology	56,652	0	4,495	0	9.00
10.00	Medical Social Services	0	0	0	0	10.00
11.00	Home Health Aide	102,606	0	14,009	0	11.00
12.00	Supplies (see instructions)	0	0	0	149,624	12.00
13.00	Drugs	0	0	0	8,841	13.00
14.00	DME	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES						
15.00	Home Dialysis Aide Services	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	2,613,826	0	161,138	0	340,317

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

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 140116

Period: From 07/01/2011

Worksheet H

HHA CCN: 147455

To 06/30/2012

Date/Time Prepared: 11/29/2012 12:44 pm

Home Health Agency I

PPS

	Total (sum of col. 1 thru 5)	Reclassification	Reclassified Trial Balance (col. 6 + col. 7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)	
	6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS						
1.00	Capital Related - Bldg. & Fixtures	0	0	0	0	1.00
2.00	Capital Related - Movable Equipment	0	0	0	0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	4.00
5.00	Administrative and General	868,768	34,084	902,852	-52,655	850,197
HHA REIMBURSABLE SERVICES						
6.00	Skilled Nursing Care	1,175,877	0	1,175,877	0	1,175,877
7.00	Physical Therapy	653,159	0	653,159	0	653,159
8.00	Occupational Therapy	81,250	0	81,250	0	81,250
9.00	Speech Pathology	61,147	0	61,147	0	61,147
10.00	Medical Social Services	0	0	0	0	0
11.00	Home Health Aide	116,615	0	116,615	0	116,615
12.00	Supplies (see instructions)	149,624	0	149,624	0	149,624
13.00	Drugs	8,841	0	8,841	0	8,841
14.00	DME	0	0	0	0	0
HHA NONREIMBURSABLE SERVICES						
15.00	Home Dialysis Aide Services	0	0	0	0	0
16.00	Respiratory Therapy	0	0	0	0	0
17.00	Private Duty Nursing	0	0	0	0	0
18.00	Clinic	0	0	0	0	0
19.00	Health Promotion Activities	0	0	0	0	0
20.00	Day Care Program	0	0	0	0	0
21.00	Home Delivered Meals Program	0	0	0	0	0
22.00	Homemaker Service	0	0	0	0	0
23.00	All Others (specify)	0	0	0	0	0
24.00	Total (sum of lines 1-23)	3,115,281	34,084	3,149,365	-52,655	3,096,710

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

COST ALLOCATION - HHA GENERAL SERVICE COST		Provider CCN: 140116	Period: From 07/01/2011	Worksheet H-1		
		HHA CCN: 147455	To 06/30/2012	Part I		
		Home Health Agency I		Date/Time Prepared: 11/29/2012 12:44 pm		
				PPS		
	Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	
		Bldgs & Fixtures	Movable Equipment			
		1.00	2.00			
GENERAL SERVICE COST CENTERS						
1.00	Capital Related - Bldg. & Fixtures	0	0			1.00
2.00	Capital Related - Movable Equipment	0	0	0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	4.00
5.00	Administrative and General	850,197	0	0	0	5.00
HHA REIMBURSABLE SERVICES						
6.00	Skilled Nursing Care	1,175,877	0	0	0	6.00
7.00	Physical Therapy	653,159	0	0	0	7.00
8.00	Occupational Therapy	81,250	0	0	0	8.00
9.00	Speech Pathology	61,147	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	10.00
11.00	Home Health Aide	116,615	0	0	0	11.00
12.00	Supplies (see instructions)	149,624	0	0	0	12.00
13.00	Drugs	8,841	0	0	0	13.00
14.00	DME	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES						
15.00	Home Dialysis Aide Services	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	3,096,710	0	0	0	24.00

COST ALLOCATION - HHA GENERAL SERVICE COST		Provider CCN: 140116	Period: From 07/01/2011	Worksheet H-1 Part I Date/Time Prepared: 11/29/2012 12:44 pm
		HHA CCN: 147455	To 06/30/2012	
			Home Health Agency I	PPS

		Subtotal (col s. 0-4)	Administrative & General	Total (col s. 4A + 5)	
		4A.00	5.00	6.00	
GENERAL SERVICE COST CENTERS					
1.00	Capital Related - Bldg. & Fixtures	0			1.00
2.00	Capital Related - Movable Equipment	0			2.00
3.00	Plant Operation & Maintenance	0			3.00
4.00	Transportation				4.00
5.00	Administrative and General	850,197	850,197		5.00
HHA REIMBURSABLE SERVICES					
6.00	Skilled Nursing Care	1,175,877	445,013	1,620,890	6.00
7.00	Physical Therapy	653,159	247,189	900,348	7.00
8.00	Occupational Therapy	81,250	30,749	111,999	8.00
9.00	Speech Pathology	61,147	23,141	84,288	9.00
10.00	Medical Social Services	0	0	0	10.00
11.00	Home Health Aide	116,615	44,133	160,748	11.00
12.00	Supplies (see instructions)	149,624	56,626	206,250	12.00
13.00	Drugs	8,841	3,346	12,187	13.00
14.00	DME	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES					
15.00	Home Dialysis Aide Services	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	17.00
18.00	Clinic	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	19.00
20.00	Day Care Program	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	21.00
22.00	Homemaker Service	0	0	0	22.00
23.00	All Others (specify)	0	0	0	23.00
24.00	Total (sum of lines 1-23)	2,246,513		3,096,710	24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 140116

Period: From 07/01/2011

Worksheet H-1

HHA CCN: 147455

To 06/30/2012

Part II
Date/Time Prepared:
11/29/2012 12:44 pm

Home Health Agency I

PPS

		Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	
		Bldgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)				
		1.00	2.00	3.00	4.00	5A.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0				0	1.00
2.00	Capital Related - Movable Equipment		0			0	2.00
3.00	Plant Operation & Maintenance	0	0	0		0	3.00
4.00	Transportation (see instructions)	0	0	0	0	0	4.00
5.00	Administrative and General	0	0	0	0	-850,197	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Home Health Aide	0	0	0	0	0	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	0	0	0	0	-850,197	24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0	0	25.00
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		26.00

COST ALLOCATION - HHA STATISTICAL BASIS		Provider CCN: 140116 HHA CCN: 147455	Period: From 07/01/2011 To 06/30/2012	Worksheet H-1 Part II Date/Time Prepared: 11/29/2012 12:44 pm PPS
			Home Health Agency I	

		Administrative & General (ACCUM. COST)	
		5.00	
GENERAL SERVICE COST CENTERS			
1.00	Capital Related - Bldg. & Fixtures		1.00
2.00	Capital Related - Movable Equipment		2.00
3.00	Plant Operation & Maintenance		3.00
4.00	Transportation (see instructions)		4.00
5.00	Administrative and General	2,246,513	5.00
HHA REIMBURSABLE SERVICES			
6.00	Skilled Nursing Care	1,175,877	6.00
7.00	Physical Therapy	653,159	7.00
8.00	Occupational Therapy	81,250	8.00
9.00	Speech Pathology	61,147	9.00
10.00	Medical Social Services	0	10.00
11.00	Home Health Aide	116,615	11.00
12.00	Supplies (see instructions)	149,624	12.00
13.00	Drugs	8,841	13.00
14.00	DME	0	14.00
HHA NONREIMBURSABLE SERVICES			
15.00	Home Dialysis Aide Services	0	15.00
16.00	Respiratory Therapy	0	16.00
17.00	Private Duty Nursing	0	17.00
18.00	Clinic	0	18.00
19.00	Health Promotion Activities	0	19.00
20.00	Day Care Program	0	20.00
21.00	Home Delivered Meals Program	0	21.00
22.00	Homemaker Service	0	22.00
23.00	All Others (specify)	0	23.00
24.00	Total (sum of lines 1-23)	2,246,513	24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	850,197	25.00
26.00	Unit Cost Multiplier	0.378452	26.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 140116

Period:

Worksheet H-2

HHA CCN: 147455

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

Part I
Date/Time Prepared:
11/29/2012 12:44 pm

Home Health
Agency I

PPS

Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
	0			4.00	4A	
1.00 Administrative and General	0	0	0	675,122	675,122	1.00
2.00 Skilled Nursing Care	1,620,890	0	0	0	1,620,890	2.00
3.00 Physical Therapy	900,348	0	0	0	900,348	3.00
4.00 Occupational Therapy	111,999	0	0	0	111,999	4.00
5.00 Speech Pathology	84,288	0	0	0	84,288	5.00
6.00 Medical Social Services	0	0	0	0	0	6.00
7.00 Home Health Aide	160,748	0	0	0	160,748	7.00
8.00 Supplies (see instructions)	206,250	0	0	0	206,250	8.00
9.00 Drugs	12,187	0	0	0	12,187	9.00
10.00 DME	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	3,096,710	0	0	675,122	3,771,832	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.					0.000000	21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 140116

Period:

Worksheet H-2

HHA CCN: 147455

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

Part I
Date/Time Prepared:
11/29/2012 12:44 pm

Home Health
Agency I

PPS

Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.00	7.00	8.00	9.00	10.00	
1.00	Administrative and General	191,393	0	0	0	0	1.00
2.00	Skilled Nursing Care	459,513	0	0	0	0	2.00
3.00	Physical Therapy	255,243	0	0	0	0	3.00
4.00	Occupational Therapy	31,751	0	0	0	0	4.00
5.00	Speech Pathology	23,895	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	6.00
7.00	Home Health Aide	45,571	0	0	0	0	7.00
8.00	Supplies (see instructions)	58,471	0	0	0	0	8.00
9.00	Drugs	3,455	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	1,069,292	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.						21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS		Provider CCN: 140116	Period: From 07/01/2011	Worksheet H-2
		HHA CCN: 147455	To 06/30/2012	Part I
				Date/Time Prepared: 11/29/2012 12:44 pm
			Home Health Agency I	PPS

Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
1.00	Administrative and General	48,265	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	48,265	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.						21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 140116

Period:

Worksheet H-2

HHA CCN: 147455

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

Part I
Date/Time Prepared:
11/29/2012 12:44 pm

Home Health
Agency I

PPS

Cost Center Description		SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	
		17.00	24.00	25.00	26.00	27.00	
1.00	Administrative and General	0	914,780	0	914,780		1.00
2.00	Skilled Nursing Care	0	2,080,403	0	2,080,403	478,817	2.00
3.00	Physical Therapy	0	1,155,591	0	1,155,591	265,966	3.00
4.00	Occupational Therapy	0	143,750	0	143,750	33,085	4.00
5.00	Speech Pathology	0	108,183	0	108,183	24,899	5.00
6.00	Medical Social Services	0	0	0	0	0	6.00
7.00	Home Health Aide	0	206,319	0	206,319	47,486	7.00
8.00	Supplies (see instructions)	0	264,721	0	264,721	60,927	8.00
9.00	Drugs	0	15,642	0	15,642	3,600	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	4,889,389	0	4,889,389	914,780	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.					0.230156	21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 140116

Period:

Worksheet H-2

HHA CCN: 147455

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

Part I
Date/Time Prepared:
11/29/2012 12:44 pm

Home Health
Agency I

PPS

Cost Center Description		Total HHA Costs	
		28.00	
1.00	Administrative and General		1.00
2.00	Skilled Nursing Care	2,559,220	2.00
3.00	Physical Therapy	1,421,557	3.00
4.00	Occupational Therapy	176,835	4.00
5.00	Speech Pathology	133,082	5.00
6.00	Medical Social Services	0	6.00
7.00	Home Health Aide	253,805	7.00
8.00	Supplies (see instructions)	325,648	8.00
9.00	Drugs	19,242	9.00
10.00	DME	0	10.00
11.00	Home Dialysis Aide Services	0	11.00
12.00	Respiratory Therapy	0	12.00
13.00	Private Duty Nursing	0	13.00
14.00	Clinic	0	14.00
15.00	Health Promotion Activities	0	15.00
16.00	Day Care Program	0	16.00
17.00	Home Delivered Meals Program	0	17.00
18.00	Homemaker Service	0	18.00
19.00	All Others (specify)	0	19.00
20.00	Total (sum of lines 1-19) (2)	4,889,389	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.		21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 140116
HHA CCN: 147455

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

Worksheet H-2
Part II
Date/Time Prepared:
11/29/2012 12:44 pm
PPS

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				
1.00 Administrative and General	0	0	2,647,911	0	675,122	1.00
2.00 Skilled Nursing Care	0	0	0	0	1,620,890	2.00
3.00 Physical Therapy	0	0	0	0	900,348	3.00
4.00 Occupational Therapy	0	0	0	0	111,999	4.00
5.00 Speech Pathology	0	0	0	0	84,288	5.00
6.00 Medical Social Services	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	160,748	7.00
8.00 Supplies (see instructions)	0	0	0	0	206,250	8.00
9.00 Drugs	0	0	0	0	12,187	9.00
10.00 DME	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	0	0	2,647,911		3,771,832	20.00
21.00 Total cost to be allocated	0	0	675,122		1,069,292	21.00
22.00 Unit cost multiplier	0.000000	0.000000	0.254964		0.283494	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 140116
HHA CCN: 147455

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

Worksheet H-2
Part II
Date/Time Prepared:
11/29/2012 12:44 pm
PPS

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	
1.00	Administrative and General	0	0	0	0	4,083	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	0	0	0	0	4,083	20.00
21.00	Total cost to be allocated	0	0	0	0	48,265	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	11.820965	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 140116
HHA CCN: 147455

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

Worksheet H-2
Part II
Date/Time Prepared:
11/29/2012 12:44 pm
PPS

Cost Center Description	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	
	(DIRECT NURSING)	(COSTED REQUIS.)				
	13.00	14.00	15.00	16.00	17.00	
1.00 Administrative and General	0	0	0	0	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	0	0	0	0	0	20.00
21.00 Total cost to be allocated	0	0	0	0	0	21.00
22.00 Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	22.00

APPORTIONMENT OF PATIENT SERVICE COSTS			Provider CCN: 140116	Period: From 07/01/2011 To 06/30/2012	Worksheet H-3 Parts I-II Date/Time Prepared: 11/29/2012 12:44 pm	
			HHA CCN: 147455	Title XVIII	Home Health Agency I	PPS
Cost Center Description	From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	
	0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION						
Cost Per Visit Computation						
1.00	Skilled Nursing Care	2.00	2,559,220		2,559,220	16,761 1.00
2.00	Physical Therapy	3.00	1,421,557	0	1,421,557	9,871 2.00
3.00	Occupational Therapy	4.00	176,835	0	176,835	1,164 3.00
4.00	Speech Pathology	5.00	133,082	0	133,082	876 4.00
5.00	Medical Social Services	6.00	0	0	0	0 5.00
6.00	Home Health Aide	7.00	253,805		253,805	2,730 6.00
7.00	Total (sum of lines 1-6)		4,544,499	0	4,544,499	31,402 7.00
Program Visits						
Part B						
Not Subject to Deductibles & Coinsurance						
Subject to Deductibles						
Cost Limits CBSA No. (1) Part A						
0 1.00 2.00 3.00 4.00						
Limitation Cost Computation						
8.00	Skilled Nursing Care		16974	6,644	4,225	8.00
8.01	Skilled Nursing Care		29404	836	879	8.01
8.02	Skilled Nursing Care		43780	8	0	8.02
9.00	Physical Therapy		16974	4,591	2,089	9.00
9.01	Physical Therapy		29404	303	232	9.01
9.02	Physical Therapy		43780	5	0	9.02
10.00	Occupational Therapy		16974	532	324	10.00
10.01	Occupational Therapy		29404	63	149	10.01
10.02	Occupational Therapy		43780	6	0	10.02
11.00	Speech Pathology		16974	449	279	11.00
11.01	Speech Pathology		29404	10	27	11.01
11.02	Speech Pathology		43780	5	0	11.02
12.00	Medical Social Services		16974	0	0	12.00
12.01	Medical Social Services		29404	0	0	12.01
12.02	Medical Social Services		43780	0	0	12.02
13.00	Home Health Aide		16974	880	1,695	13.00
13.01	Home Health Aide		29404	105	125	13.01
13.02	Home Health Aide		43780	0	0	13.02
14.00	Total (sum of lines 8-13)			14,437	10,024	14.00
Cost Center Description						
From Wkst. H-2 Part I, col. 28, line						
Facility Costs (from Wkst. H-2, Part I)						
Shared Ancillary Costs (from Part II)						
Total HHA Costs (cols. 1 + 2)						
Total Charges (from HHA Record)						
0 1.00 2.00 3.00 4.00						
Supplies and Drugs Cost Computations						
15.00	Cost of Medical Supplies	8.00	325,648	0	325,648	292,904 15.00
16.00	Cost of Drugs	9.00	19,242	0	19,242	0 16.00
Cost Center Description						
From Wkst. C, Part I, col. 9, line						
Cost to Charge Ratio						
Total HHA Charge (from provider records)						
HHA Shared Ancillary Costs (col. 1 x col. 2)						
0 1.00 2.00 3.00						
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS						
1.00	Physical Therapy		66.00	0.541982	0	0 1.00
2.00	Occupational Therapy		67.00	0.419643	0	0 2.00
3.00	Speech Pathology		68.00	0.292536	0	0 3.00
4.00	Cost of Medical Supplies		71.00	0.396783	0	0 4.00
5.00	Cost of Drugs		73.00	0.255414	0	0 5.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 140116

Period: From 07/01/2011

Worksheet H-3

HHA CCN: 147455

To 06/30/2012

Parts I-III
Date/Time Prepared:
11/29/2012 12:44 pm

Title XVIII

Home Health Agency I

PPS

Cost Center Description	Average Cost Per Visit (col. 3 ÷ col. 4)	Part A	Program Visits			
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION						
Cost Per Visit Computation						
1.00	Skilled Nursing Care	152.69	7,488	5,104		1.00
2.00	Physical Therapy	144.01	4,899	2,321		2.00
3.00	Occupational Therapy	151.92	601	473		3.00
4.00	Speech Pathology	151.92	464	306		4.00
5.00	Medical Social Services	0.00	0	0		5.00
6.00	Home Health Aide	92.97	985	1,820		6.00
7.00	Total (sum of lines 1-6)		14,437	10,024		7.00
Cost Center Description						
		5.00	6.00	7.00	8.00	9.00
Limitation Cost Computation						
8.00	Skilled Nursing Care					8.00
8.01	Skilled Nursing Care					8.01
8.02	Skilled Nursing Care					8.02
9.00	Physical Therapy					9.00
9.01	Physical Therapy					9.01
9.02	Physical Therapy					9.02
10.00	Occupational Therapy					10.00
10.01	Occupational Therapy					10.01
10.02	Occupational Therapy					10.02
11.00	Speech Pathology					11.00
11.01	Speech Pathology					11.01
11.02	Speech Pathology					11.02
12.00	Medical Social Services					12.00
12.01	Medical Social Services					12.01
12.02	Medical Social Services					12.02
13.00	Home Health Aide					13.00
13.01	Home Health Aide					13.01
13.02	Home Health Aide					13.02
14.00	Total (sum of lines 8-13)					14.00
Program Covered Charges						
Cost Center Description	Ratio (col. 3 ÷ col. 4)	Part A	Part B			
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		
		5.00	6.00	7.00	8.00	
Supplies and Drugs Cost Computations						
15.00	Cost of Medical Supplies	1.111791		0		15.00
16.00	Cost of Drugs	0.000000		0		16.00
Cost Center Description						
			Transfer to Part I as Indicated			
			4.00			
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS						
1.00	Physical Therapy		col. 2, line 2.00			1.00
2.00	Occupational Therapy		col. 2, line 3.00			2.00
3.00	Speech Pathology		col. 2, line 4.00			3.00
4.00	Cost of Medical Supplies		col. 2, line 15.00			4.00
5.00	Cost of Drugs		col. 2, line 16.00			5.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 140116 HHA CCN: 147455		Period: From 07/01/2011 To 06/30/2012		Worksheet H-3 Parts I-III Date/Time Prepared: 11/29/2012 12:44 pm PPS	
		Title XVIII		Home Health Agency I			
Cost Center Description	Cost of Services			Total Program Cost (sum of col.s. 9-10)			
	Part A	Part B					
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance				
	9.00	10.00	11.00	12.00			
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
Cost Per Visit Computation							
1.00	Skilled Nursing Care	1,143,343	779,330		1,922,673	1.00	
2.00	Physical Therapy	705,505	334,247		1,039,752	2.00	
3.00	Occupational Therapy	91,304	71,858		163,162	3.00	
4.00	Speech Pathology	70,491	46,488		116,979	4.00	
5.00	Medical Social Services	0	0		0	5.00	
6.00	Home Health Aide	91,575	169,205		260,780	6.00	
7.00	Total (sum of lines 1-6)	2,102,218	1,401,128		3,503,346	7.00	
Cost Center Description							
		10.00	11.00	12.00			
Limitation Cost Computation							
8.00	Skilled Nursing Care					8.00	
8.01	Skilled Nursing Care					8.01	
8.02	Skilled Nursing Care					8.02	
9.00	Physical Therapy					9.00	
9.01	Physical Therapy					9.01	
9.02	Physical Therapy					9.02	
10.00	Occupational Therapy					10.00	
10.01	Occupational Therapy					10.01	
10.02	Occupational Therapy					10.02	
11.00	Speech Pathology					11.00	
11.01	Speech Pathology					11.01	
11.02	Speech Pathology					11.02	
12.00	Medical Social Services					12.00	
12.01	Medical Social Services					12.01	
12.02	Medical Social Services					12.02	
13.00	Home Health Aide					13.00	
13.01	Home Health Aide					13.01	
13.02	Home Health Aide					13.02	
14.00	Total (sum of lines 8-13)					14.00	
Cost of Services							
Cost Center Description	Part A	Part B					
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance				
	9.00	10.00	11.00				
Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies					15.00	
16.00	Cost of Drugs		0	0		16.00	

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 140116 HHA CCN: 147455	Period: From 07/01/2011 To 06/30/2012	Worksheet H-4 Part I-II Date/Time Prepared: 11/29/2012 12:44 pm
		Title XVII	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	0	0	2.00
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	3.00
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(b)	0	0	4.00
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	5.00
6.00	Total customary charges (see instructions)	0	0	6.00
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	7.00
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	8.00
9.00	Primary payer amounts	0	845	9.00
			Part A Services	Part B Services
			1.00	2.00
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT				
10.00	Total reasonable cost (see instructions)		0	-845
11.00	Total PPS Reimbursement - Full Episodes without Outliers		2,393,119	1,487,378
12.00	Total PPS Reimbursement - Full Episodes with Outliers		16,958	41,084
13.00	Total PPS Reimbursement - LUPA Episodes		28,314	30,766
14.00	Total PPS Reimbursement - PEP Episodes		17,756	4,910
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		10,620	20,781
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	0
17.00	Total Other Payments		0	0
18.00	DME Payments		0	0
19.00	Oxygen Payments		0	0
20.00	Prosthetic and Orthotic Payments		0	0
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)			0
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		2,466,767	1,584,074
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		2,466,767	1,584,074
25.00	Coinsurance billed to program patients (from your records)			0
26.00	Net cost (line 24 minus line 25)		2,466,767	1,584,074
27.00	Reimbursable bad debts (from your records)		0	0
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	0
29.00	Total costs - current cost reporting period (line 26 plus line 27)		2,466,767	1,584,074
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0
31.00	Subtotal (line 29 plus/minus line 30)		2,466,767	1,584,074
32.00	Interim payments (see instructions)		2,466,767	1,584,074
33.00	Tentative settlement (for contractor use only)		0	0
34.00	Balance due provider/program (line 31 minus lines 32 and 33)		0	0
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	0

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

Provider CCN: 140116
HHA CCN: 147455

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

Worksheet H-5
Date/Time Prepared:
11/29/2012 12:44 pm
PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		2,466,767		1,584,074	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		2,466,767		1,584,074	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		2,466,767		1,584,074	7.00
				Contractor Number	Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140116	Period: From 07/01/2011 To 06/30/2012	Worksheet L Parts I-III Date/Time Prepared: 11/29/2012 12:44 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		3,109,012	1.00
2.00	Capital DRG outlier payments		73,530	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		105.27	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		1.85	7.00
8.00	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)		11.20	8.00
9.00	Sum of lines 7 and 8		13.05	9.00
10.00	Allowable disproportionate share percentage (see instructions)		2.68	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		83,322	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		3,265,864	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