

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g). FORM APPROVED OMB NO. 0938-0050

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 140029	Period: From 07/01/2012 To 06/30/2013	Worksheet S Parts I-III Date/Time Prepared: 11/26/2013 10:53 am
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PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report	Date: 11/26/2013 Time: 10:53 am	
	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.		
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 certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by COPLEY MEMORIAL HOSPITAL (140029) for the cost reporting period beginning 07/01/2012 and ending 06/30/2013 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

(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	186,573	165,242	-181,509	0	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	37,899	-15	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
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
200.00 Total	0	224,472	165,227	-181,509	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140029	Period: From 07/01/2012 To 06/30/2013	Worksheet S-2 Part I Date/Time Prepared: 11/26/2013 10:53 am
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1.00 Hospital and Hospital Health Care Complex Address:	2.00 Street: 2000 OGDEN AVENUE	PO Box:	3.00 State: IL	Zip Code: 60504	4.00 County: KANE	1.00	2.00
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Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			3.00	
					V	XVIII	XIX		
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00		
Hospital and Hospital-Based Component Identification:									
3.00 Hospital	COPLEY MEMORIAL HOSPITAL	140029	16974	1	07/01/1966	N	P	O	3.00
4.00 Subprovider - IPF									4.00
5.00 Subprovider - IRF	COPLEY MEMORIAL HOSPITAL REHAB	14T029	16974	5	01/01/1991	N	P	O	5.00
6.00 Subprovider - (Other)									6.00
7.00 Swing Beds - SNF									7.00
8.00 Swing Beds - NF									8.00
9.00 Hospital-Based SNF									9.00
10.00 Hospital-Based NF									10.00
11.00 Hospital-Based OLTC									11.00
12.00 Hospital-Based HHA									12.00
13.00 Separately Certified ASC									13.00
14.00 Hospital-Based Hospice									14.00
15.00 Hospital-Based Health Clinic - RHC									15.00
16.00 Hospital-Based Health Clinic - FQHC									16.00
17.00 Hospital-Based (CMHC) I									17.00
17.10 Hospital-Based (CORF) I									17.10
18.00 Renal Dialysis									18.00
19.00 Other									19.00

		From:	To:	
		1.00	2.00	
20.00 Cost Reporting Period (mm/dd/yyyy)		07/01/2012	06/30/2013	20.00
21.00 Type of Control (see instructions)		2		21.00

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

	In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
	1.00	2.00	3.00	4.00	5.00	6.00	
24.00 If this provider is an IPPS hospital, enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	10,698	2,064	0	0	89	0	24.00
25.00 If this provider is an IRF, enter the in-state Medicaid paid days in col. 1, the in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6.	0	262	0	0	0	0	25.00

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

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		Beginning: 1.00	Ending: 2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0				37.00
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.					38.00
		Y/N 1.00	Y/N 2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					39.00
		V 1.00	XVIII 2.00	XIX 3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N		45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Worksheet L, Part III and L-1, Parts I through III.	N	N	N		46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y				56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.	N				57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N				58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N				59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N				60.00
		Y/N 1.00	IME 2.00	Direct GME 3.00	IME 4.00	Direct GME 5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00		61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN and general surgery) added as a result of section 5503. (see instructions)		0.00	0.00		61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00		61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00		61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00		61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00		61.06
		Program Name 1.00	Program Code 2.00	Unweighted IME FTE Count 3.00	Unweighted Direct GME FTE Count 4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.			0.00	0.00	61.10

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	Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count		
	1.00	2.00	3.00	4.00		
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.		0.00	0.00	61.20	
				1.00		
<u>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</u>						
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	
<u>Teaching Hospitals that Claim Residents in Non-Provider Settings</u>						
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	
<u>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.</u>						
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	64.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
			1.00	2.00	3.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2 the program code, enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		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	
<u>Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010</u>						
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	66.00

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	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
67.00	Enter in column 1 the program name associated with each of your primary care programs in which you trained residents. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000		67.00
					1.00	2.00	3.00
Inpatient Psychiatric Facility PPS							
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			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 5th or 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 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions)			Y	N	0	76.00
					1.00		
Long Term Care Hospital PPS							
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.					N	80.00
TEFRA Providers							
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.					N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.						86.00
				V	XIX		
				1.00	2.00		
Title V and XIX Services							
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.			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

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		V	XIX			
		1.00	2.00			
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
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	List amounts of malpractice premiums and paid losses:	9,940,048	0	0		
		1.00	2.00			
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.		N			
119.00	DO NOT USE THIS LINE					
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2 "Y" for yes or "N" for no.		N	N		
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y			
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			
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.					
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.					
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.					
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.					
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.					
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.					
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.					
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.					
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.					
All Providers						
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)		N			

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1.00		2.00		3.00			
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name:	Contractor's Name:		Contractor's Number:		141.00	
142.00	Street:	PO Box:				142.00	
143.00	City:	State:		Zip Code:		143.00	
						1.00	
144.00	Are provider based physicians' costs included in Worksheet A?					Y	144.00
145.00	If costs for renal services are claimed on Worksheet A, line 74, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.					Y	145.00
						1.00	
						2.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.					N	146.00
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.					N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.					N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.					N	149.00
		Part A	Part B	Title V	Title XIX		
		1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	N	155.00	
156.00	Subprovider - IPF	N	N	N	N	156.00	
157.00	Subprovider - IRF	N	N	N	N	157.00	
158.00	SUBPROVIDER					158.00	
159.00	SNF	N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00	
161.00	CMHC		N	N	N	161.00	
161.10	CORF		N	N	N	161.10	
						1.00	
165.00	Multi campus 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.					Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)						0
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)						1.00
						1.00	
						2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			01/01/2013	03/31/2013	170.00	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140029	Period: From 07/01/2012 To 06/30/2013	Worksheet S-2 Part II Date/Time Prepared: 11/26/2013 10:53 am	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	10/28/2013	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
			Y/N	Legal Oper.	
			1.00	2.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	Y			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
				Y/N	
				1.00	
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N	15.00
		Part A		Part B	
Description		Y/N	Date	Y/N	
0		1.00	2.00	3.00	
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		N	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	09/20/2013	Y	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		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		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		N	20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 140029

Period:
From 07/01/2012
To 06/30/2013

Worksheet S-2
Part II
Date/Time Prepared:
11/26/2013 10:53 am

	Description	Part A		Part B	
		Y/N	Date	Y/N	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.			N	33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			N	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			N	35.00
				Y/N	Date
				1.00	2.00
Home Office Costs					
36.00	Were home office costs claimed on the cost report?			N	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			N	37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			N	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			N	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			N	40.00
				1.00	2.00
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	RI CHARD		SCHEFKE	41.00
42.00	Enter the employer/company name of the cost report preparer.	RUSH-COPLEY			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	(630)978-4909		RI CHARD. SCHEFKE@RUSHCOPLEY.COM	43.00

		Part B	
		Date	
		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)		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)	09/20/2013	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.		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.		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:		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		21.00
		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DIRECTOR OF ACCT. & REIMBURSEMENT	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

VOLUNTARY CONTACT INFORMATION

Provider CCN: 140029

Period:
From 07/01/2012
To 06/30/2013

Worksheet S-2
Part V
Date/Time Prepared:
11/26/2013 10:53 am

		1.00	
Cost Report Preparer Contact Information			
1.00	First Name		1.00
2.00	Last Name		2.00
3.00	Title		3.00
4.00	Employer		4.00
5.00	Phone Number		5.00
6.00	E-mail Address		6.00
7.00	Department		7.00
8.00	Mailing Address 1		8.00
9.00	Mailing Address 2		9.00
10.00	City		10.00
11.00	State		11.00
12.00	Zip		12.00
Officer or Administrator of Provider Contact Information			
13.00	First Name	RICHARD	13.00
14.00	Last Name	SCHEFKE	14.00
15.00	Title	DI RECTOR OF ACCT. & REI MBURSEMENT	15.00
16.00	Employer	RUSH-COPLEY	16.00
17.00	Phone Number	(630)978-4909	17.00
18.00	E-mail Address	RI CHARD. SCHEFKE@RUSHCOPLEY. C OM	18.00
19.00	Department	ACCOUNTING & REI MBURSEMENT	19.00
20.00	Mailing Address 1	2000 OGDEN AVENUE	20.00
21.00	Mailing Address 2		21.00
22.00	City	AURORA	22.00
23.00	State	IL	23.00
24.00	Zip	60504	24.00

HFS Supplemental Information		Provider CCN: 140029	Period: From 07/01/2012 To 06/30/2013	Worksheet S-2 Part IX Date/Time Prepared: 11/26/2013 10:53 am
		Title V	Title XIX	
		1.00	2.00	
TITLES V AND/OR XIX FOLLOWING MEDICARE				
1.00	Do Title V or XIX follow Medicare (Title XVIII) for the Interns and Residence post stepdown adjustments on W/S B, Part I, column 25? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	1.00
2.00	Do Title V or XIX follow Medicare (Title XVIII) for the reporting of charges on W/S C, Part I (e.g. net of Physician's component)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	2.00
3.00	Do Title V or XIX follow Medicare (Title XVIII) for the calculation of Observation Bed Cost on W/S D-1, Part IV, line 89? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	3.00
		Inpatient	Outpatient	
		1.00	2.00	
CRITICAL ACCESS HOSPITALS				
4.00	Does Title V follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.	N	N	4.00
5.00	Does Title XIX follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.	N	N	5.00
		Title V	Title XIX	
		1.00	2.00	
RCE DISALLOWANCE				
6.00	Do Title V or XIX follow Medicare and add back the RCE Disallowance on W/S C, Part I column 4? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	6.00
PASS THROUGH COST				
7.00	Do Title V or XIX follow Medicare when cost reimbursed (payment system is "0") for worksheets D, parts I through IV? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	7.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140029

Period:
From 07/01/2012
To 06/30/2013

Worksheet S-3
Part I
Date/Time Prepared:
11/26/2013 10:53 am

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	157	57,305	0.00	0	1.00
2.00 HMO and other (see instructions)						2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF					0	5.00
6.00 Hospital Adults & Peds. Swing Bed NF					0	6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		157	57,305	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	22	8,030	0.00	0	8.00
8.01 NICU	31.01	13	4,745	0.00	0	8.01
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY					0	13.00
14.00 Total (see instructions)		192	70,080	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	0	0		0	16.00
17.00 SUBPROVIDER - IRF	41.00	18	6,570		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		210				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140029

Period:
From 07/01/2012
To 06/30/2013

Worksheet S-3
Part I
Date/Time Prepared:
11/26/2013 10:53 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	11,883	7,321	33,937			1.00
2.00 HMO and other (see instructions)	1,234	89				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			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)	11,883	7,321	33,937			7.00
8.00 INTENSIVE CARE UNIT	1,663	323	4,627			8.00
8.01 NICU	0	1,364	2,269			8.01
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		2,873	9,074			13.00
14.00 Total (see instructions)	13,546	11,881	49,907	10.97	1,404.44	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	0	0	0	0.00	0.00	16.00
17.00 SUBPROVIDER - IRF	2,217	262	3,823	1.00	20.19	17.00
18.00 SUBPROVIDER	0	0	0	0.00	0.00	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0	0	0	0.00	0.00	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00 RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				11.97	1,424.63	27.00
28.00 Observation Bed Days		1,447	9,023			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)		881	2,214			32.00
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140029

Period:
From 07/01/2012
To 06/30/2013

Worksheet S-3
Part I
Date/Time Prepared:
11/26/2013 10:53 am

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	3,425	3,653	12,117	1.00
2.00 HMO and other (see instructions)			298			2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
8.01 NICU						8.01
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	3,425	3,653	12,117	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	0	0	0	16.00
17.00 SUBPROVIDER - IRF	0.00	0	180	98	326	17.00
18.00 SUBPROVIDER	0.00	0	0	0	0	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0.00					25.10
26.00 RURAL HEALTH CLINIC	0.00					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 140029	Period: From 07/01/2012 To 06/30/2013	Worksheet S-3 Part II Date/Time Prepared: 11/26/2013 10:53 am			
	Worksheet A Line Number	Amount Reported	Reclassifi- cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
PART II - WAGE DATA								
SALARIES								
1.00	Total salaries (see instructions)	200.00	100,303,620	0	100,303,620	2,963,236.00	33.85	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician-Part B		0	0	0	0.00	0.00	5.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	559,217	0	559,217	23,312.00	23.99	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		1,978,955	49,394	2,028,349	59,709.00	33.97	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract labor (see instructions)		129,370	0	129,370	2,388.00	54.18	11.00
12.00	Contract management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract Labor: Physician-Part A - Administrative		448,200	0	448,200	2,988.00	150.00	13.00
14.00	Home office salaries & wage-related costs		0	0	0	0.00	0.00	14.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
WAGE-RELATED COSTS								
17.00	Wage-related costs (core) (see instructions)		26,985,743	0	26,985,743			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		561,873	0	561,873			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/FOHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		184,532	0	184,532			25.00
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	879,805	129,500	1,009,305	23,912.00	42.21	26.00
27.00	Administrative & General	5.00	19,123,392	-192,653	18,930,739	438,316.00	43.19	27.00
28.00	Administrative & General under contract (see inst.)		90,060	0	90,060	455.00	197.93	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	2,244,154	0	2,244,154	75,832.00	29.59	30.00
31.00	Laundry & Linen Service	8.00	94,652	0	94,652	6,439.00	14.70	31.00
32.00	Housekeeping	9.00	1,241,468	0	1,241,468	85,705.00	14.49	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	1,254,190	-804,939	449,251	28,398.00	15.82	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	804,939	804,939	50,881.00	15.82	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	2,336,439	0	2,336,439	46,315.00	50.45	38.00
39.00	Central Services and Supply	14.00	432,659	0	432,659	22,273.00	19.43	39.00
40.00	Pharmacy	15.00	2,098,761	0	2,098,761	54,978.00	38.17	40.00
41.00	Medical Records & Medical Records Library	16.00	0	0	0	0.00	0.00	41.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140029

Period:
From 07/01/2012
To 06/30/2013

Worksheet S-3
Part II
Date/Time Prepared:
11/26/2013 10:53 am

		Worksheet A Line Number	Amount Reported	Reclassifi- cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
42.00	Social Service	17.00	155,842	0	155,842	4,160.00	37.46	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140029

Period:
From 07/01/2012
To 06/30/2013

Worksheet S-3
Part III
Date/Time Prepared:
11/26/2013 10:53 am

	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	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	99,834,463	0	99,834,463	2,940,379.00	33.95	1.00
2.00	Excluded area salaries (see instructions)	1,978,955	49,394	2,028,349	59,709.00	33.97	2.00
3.00	Subtotal salaries (line 1 minus line 2)	97,855,508	-49,394	97,806,114	2,880,670.00	33.95	3.00
4.00	Subtotal other wages & related costs (see inst.)	577,570	0	577,570	5,376.00	107.43	4.00
5.00	Subtotal wage-related costs (see inst.)	26,985,743	0	26,985,743	0.00	27.59	5.00
6.00	Total (sum of lines 3 thru 5)	125,418,821	-49,394	125,369,427	2,886,046.00	43.44	6.00
7.00	Total overhead cost (see instructions)	29,951,422	-63,153	29,888,269	837,664.00	35.68	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 140029	Period: From 07/01/2012 To 06/30/2013	Worksheet S-3 Part IV Date/Time Prepared: 11/26/2013 10:53 am
			Amount Reported	
			1.00	
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		4,050,037	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		87,796	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)		12,392,700	8.00
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		310,400	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		129,355	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)		292,286	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		1,572,441	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		0	16.00
TAXES				
17.00	FICA-Employers Portion Only		7,837,002	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		65,180	19.00
20.00	State or Federal Unemployment Taxes		0	20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		0	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		248,547	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		26,985,744	24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 140029	Period: From 07/01/2012 To 06/30/2013	Worksheet S-3 Part V Date/Time Prepared: 11/26/2013 10:53 am
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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	129,370	0	1.00
2.00	Hospital	129,370	0	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC			16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 140029	Period: From 07/01/2012 To 06/30/2013	Worksheet S-10 Date/Time Prepared: 11/26/2013 10:53 am
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			1.00			
Uncompensated and indigent care cost computation						
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.160787	1.00		
Medicaid (see instructions for each line)						
2.00	Net revenue from Medicaid		25,821,142	2.00		
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00		
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?		N	4.00		
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		5,869,824	5.00		
6.00	Medicaid charges		240,529,342	6.00		
7.00	Medicaid cost (line 1 times line 6)		38,673,991	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)		6,983,025	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)		6,983,025	19.00		
			Uninsured patients	Insured patients		
			1.00	2.00		
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility		38,562,528	5,747,814	44,310,342	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)		6,200,353	924,174	7,124,527	21.00
22.00	Partial payment by patients approved for charity care		59,457	96,135	155,592	22.00
23.00	Cost of charity care (line 21 minus line 22)		6,140,896	828,039	6,968,935	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)				28,155,332	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)				896,358	27.00
28.00	Non-Medicare and Non-Reimbursable Medicare bad debt expense (line 26 minus line 27)				27,258,974	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)				4,382,889	29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)				11,351,824	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)				18,334,849	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140029

Period:
From 07/01/2012
To 06/30/2013

Worksheet A

Date/Time Prepared:
11/26/2013 10:53 am

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)		
		1.00	2.00	3.00	4.00	5.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		6,554,653	6,554,653	5,813,218	12,367,871	1.00
1.01	00101	POB NEW CRC		0	0	0	0	1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		0	0	12,135,613	12,135,613	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	879,805	9,357,516	10,237,321	19,037,347	29,274,668	4.00
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE	2,218,399	29,998,372	32,216,771	-373,865	31,842,906	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	16,904,993	37,727,571	54,632,564	-7,717,260	46,915,304	5.06
7.00	00700	OPERATION OF PLANT	2,244,154	4,326,414	6,570,568	-728,690	5,841,878	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	94,652	855,279	949,931	-15,891	934,040	8.00
9.00	00900	HOUSEKEEPING	1,241,468	1,348,191	2,589,659	-207,825	2,381,834	9.00
10.00	01000	DIETARY	1,254,190	1,923,455	3,177,645	-2,133,875	1,043,770	10.00
11.00	01100	CAFETERIA	0	0	0	1,870,159	1,870,159	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	2,336,439	667,162	3,003,601	-592,483	2,411,118	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	432,659	768,728	1,201,387	-139,918	1,061,469	14.00
15.00	01500	PHARMACY	2,098,761	12,944,966	15,043,727	-1,534,299	13,509,428	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	2,818,173	2,818,173	-15,842	2,802,331	16.00
17.00	01700	SOCIAL SERVICE	155,842	96,776	252,618	-24,935	227,683	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	559,217	89,616	648,833	-89,475	559,358	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	807,350	453,900	1,261,250	-133,301	1,127,949	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	17,234,411	4,298,613	21,533,024	-3,703,165	17,829,859	30.00
31.00	03100	INTENSIVE CARE UNIT	4,064,863	1,330,665	5,395,528	-907,659	4,487,869	31.00
31.01	03101	NICU	3,298,582	969,857	4,268,439	-684,537	3,583,902	31.01
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	1,377,884	395,490	1,773,374	-253,160	1,520,214	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,721,657	16,764,529	20,486,186	-9,927,219	10,558,967	50.00
50.01	05001	SAME DAY SURGERY	1,250,618	433,746	1,684,364	-242,969	1,441,395	50.01
50.02	05002	G. I. LAB	986,528	1,405,072	2,391,600	-342,440	2,049,160	50.02
51.00	05100	RECOVERY ROOM	693,037	179,509	872,546	-140,159	732,387	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,549,480	2,363,770	6,913,250	-826,175	6,087,075	52.00
53.00	05300	ANESTHESIOLOGY	96,595	827,504	924,099	-101,072	823,027	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,295,867	5,406,813	10,702,680	-1,960,878	8,741,802	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,386,738	813,012	2,199,750	-579,511	1,620,239	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	2,812,776	5,778,828	8,591,604	-570,574	8,021,030	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	1,805,316	1,108,252	2,913,568	-401,099	2,512,469	65.00
69.00	06900	ELECTROCARDIOLOGY	1,778,897	1,009,786	2,788,683	-657,438	2,131,245	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	689,983	689,983	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	10,847,892	10,847,892	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	663,788	663,788	0	663,788	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	CARDIAC REHAB	217,254	193,790	411,044	996,684	1,407,728	75.01
75.02	07502	HEART SURGERY	334,332	800,387	1,134,719	-1,133,904	815	75.02
75.03	07503	REHAB SERVICES	2,423,023	668,641	3,091,664	-451,068	2,640,596	75.03
75.04	07504	CV SURGERY	0	0	0	0	0	75.04
75.05	07505	VASCULAR SERVICES	1,687,702	8,056,777	9,744,479	-3,087,178	6,657,301	75.05
75.06	07506	YORKVILLE	3,620,316	2,874,577	6,494,893	-1,466,122	5,028,771	75.06
75.07	07507	MCAI	1,668,179	2,520,042	4,188,221	-267,040	3,921,181	75.07
76.00	03020	DIABETIC CENTER	246,854	106,184	353,038	-39,497	313,541	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	1,738,969	1,048,992	2,787,961	-370,316	2,417,645	90.00
90.01	09001	WOUND CARE CENTER	0	121,672	121,672	0	121,672	90.01
91.00	09100	EMERGENCY	6,184,742	2,476,869	8,661,611	-1,204,759	7,456,852	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140029

Period:
From 07/01/2012
To 06/30/2013

Worksheet A

Date/Time Prepared:
11/26/2013 10:53 am

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE		7,234,142	7,234,142	-7,234,142	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	99,702,549	179,782,079	279,484,628	1,131,156	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	143,804	143,804	-462	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
194.00	07954	OTHER NONREIMBURSABLE COST CENTERS	479,345	1,523,910	2,003,255	-89,996	194.00
194.01	07950	ADVERTISING	0	0	0	0	194.01
194.02	07951	HOME HEALTH SERVICES PRIVATE	0	0	0	0	194.02
194.03	07952	HHA HME	0	0	0	0	194.03
194.04	07953	OTHER NON REIMBURSABLE	121,726	967,128	1,088,854	-1,040,698	194.04
200.00		TOTAL (SUM OF LINES 118-199)	100,303,620	182,416,921	282,720,541	0	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140029

Period:
From 07/01/2012
To 06/30/2013

Worksheet A
Date/Time Prepared:
11/26/2013 10:53 am

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation		
		6.00	7.00		
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	-7,325,614	5,042,257	1.00
1.01	00101	POB NEW CRC	0	0	1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	-29,032	12,106,581	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-115,263	29,159,405	4.00
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE	-28,180,404	3,662,502	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	-7,549,686	39,365,618	5.06
7.00	00700	OPERATION OF PLANT	-242,110	5,599,768	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	934,040	8.00
9.00	00900	HOUSEKEEPING	0	2,381,834	9.00
10.00	01000	DIETARY	0	1,043,770	10.00
11.00	01100	CAFETERIA	-160,226	1,709,933	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	-4,828	2,406,290	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,061,469	14.00
15.00	01500	PHARMACY	-226	13,509,202	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-600	2,801,731	16.00
17.00	01700	SOCIAL SERVICE	0	227,683	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	559,358	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	-23,934	1,104,015	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-301,635	17,528,224	30.00
31.00	03100	INTENSIVE CARE UNIT	-271,948	4,215,921	31.00
31.01	03101	NICU	-186,661	3,397,241	31.01
40.00	04000	SUBPROVIDER - IPF	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	-114,454	1,405,760	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-220,310	10,338,657	50.00
50.01	05001	SAME DAY SURGERY	-150	1,441,245	50.01
50.02	05002	G. I. LAB	-11,246	2,037,914	50.02
51.00	05100	RECOVERY ROOM	0	732,387	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-1,066,269	5,020,806	52.00
53.00	05300	ANESTHESIOLOGY	-16,296	806,731	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-4,987	8,736,815	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-71,079	1,549,160	55.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	-70,090	7,950,940	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	-4,755	2,507,714	65.00
69.00	06900	ELECTROCARDIOLOGY	0	2,131,245	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	689,983	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	10,847,892	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	663,788	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
75.01	07501	CARDIAC REHAB	-42,296	1,365,432	75.01
75.02	07502	HEART SURGERY	-815	0	75.02
75.03	07503	REHAB SERVICES	-71,735	2,568,861	75.03
75.04	07504	CV SURGERY	0	0	75.04
75.05	07505	VASCULAR SERVICES	0	6,657,301	75.05
75.06	07506	YORKVILLE	-543,649	4,485,122	75.06
75.07	07507	MCAI	-50,700	3,870,481	75.07
76.00	03020	DIABETIC CENTER	-1,397	312,144	76.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	-89,287	2,328,358	90.00
90.01	09001	WOUND CARE CENTER	-2,592	119,080	90.01
91.00	09100	EMERGENCY	-771,891	6,684,961	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140029

Period:
From 07/01/2012
To 06/30/2013

Worksheet A
Date/Time Prepared:
11/26/2013 10:53 am

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
110.00	11000	6.00	7.00	
		0	0	110.00
111.00	11100	0	0	111.00
113.00	11300	0	0	113.00
118.00		-47,546,165	233,069,619	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	0	143,342	190.00
192.00	19200	0	0	192.00
194.00	07954	-97,500	1,815,759	194.00
194.01	07950	0	0	194.01
194.02	07951	0	0	194.02
194.03	07952	0	0	194.03
194.04	07953	0	48,156	194.04
200.00		-47,643,665	235,076,876	200.00

COST CENTERS USED IN COST REPORT

Provider CCN: 140029

Period:
From 07/01/2012
To 06/30/2013

Worksheet Non-CMS W

Date/Time Prepared:
11/26/2013 10:53 am

Cost Center Description	CMS Code	Standard Label For Non-Standard Codes	
	1.00	2.00	
GENERAL SERVICE COST CENTERS			
1.00 NEW CAP REL COSTS-BLDG & FIXT	00100		1.00
1.01 POB NEW CRC	00101		1.01
2.00 NEW CAP REL COSTS-MVBLE EQUIP	00200		2.00
4.00 EMPLOYEE BENEFITS DEPARTMENT	00400		4.00
5.05 CASHIERING/ACCOUNTS RECEIVABLE	00514		5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL	00560		5.06
7.00 OPERATION OF PLANT	00700		7.00
8.00 LAUNDRY & LINEN SERVICE	00800		8.00
9.00 HOUSEKEEPING	00900		9.00
10.00 DIETARY	01000		10.00
11.00 CAFETERIA	01100		11.00
12.00 MAINTENANCE OF PERSONNEL	01200		12.00
13.00 NURSING ADMINISTRATION	01300		13.00
14.00 CENTRAL SERVICES & SUPPLY	01400		14.00
15.00 PHARMACY	01500		15.00
16.00 MEDICAL RECORDS & LIBRARY	01600		16.00
17.00 SOCIAL SERVICE	01700		17.00
19.00 NONPHYSICIAN ANESTHETISTS	01900		19.00
20.00 NURSING SCHOOL	02000		20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	02100		21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	02200		22.00
23.00 PARAMED ED PRGM-(SPECIFY)	02300		23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00 ADULTS & PEDIATRICS	03000		30.00
31.00 INTENSIVE CARE UNIT	03100		31.00
31.01 NICU	03101		31.01
40.00 SUBPROVIDER - IPF	04000		40.00
41.00 SUBPROVIDER - IRF	04100		41.00
42.00 SUBPROVIDER	04200		42.00
43.00 NURSERY	04300		43.00
ANCILLARY SERVICE COST CENTERS			
50.00 OPERATING ROOM	05000		50.00
50.01 SAME DAY SURGERY	05001		50.01
50.02 G. I. LAB	05002		50.02
51.00 RECOVERY ROOM	05100		51.00
52.00 DELIVERY ROOM & LABOR ROOM	05200		52.00
53.00 ANESTHESIOLOGY	05300		53.00
54.00 RADIOLOGY-DIAGNOSTIC	05400		54.00
55.00 RADIOLOGY-THERAPEUTIC	05500		55.00
57.00 CT SCAN	05700		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	05800		58.00
59.00 CARDIAC CATHETERIZATION	05900		59.00
60.00 LABORATORY	06000		60.00
60.01 BLOOD LABORATORY	06001		60.01
62.30 BLOOD CLOTTING FACTORS FOR HEMOPH.	06250		62.30
65.00 RESPIRATORY THERAPY	06500		65.00
69.00 ELECTROCARDIOLOGY	06900		69.00
70.00 ELECTROENCEPHALOGRAPHY	07000		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	07100		71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	07200		72.00
73.00 DRUGS CHARGED TO PATIENTS	07300		73.00
74.00 RENAL DIALYSIS	07400		74.00
75.00 ASC (NON-DISTINCT PART)	07500		75.00
75.01 CARDIAC REHAB	07501		75.01
75.02 HEART SURGERY	07502		75.02
75.03 REHAB SERVICES	07503		75.03
75.04 CV SURGERY	07504		75.04
75.05 VASCULAR SERVICES	07505		75.05
75.06 YORKVILLE	07506		75.06
75.07 MCAI	07507		75.07
76.00 DIABETIC CENTER	03020		76.00
OUTPATIENT SERVICE COST CENTERS			
88.00 RURAL HEALTH CLINIC	08800		88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	08900		89.00
90.00 CLINIC	09000		90.00
90.01 WOUND CARE CENTER	09001		90.01
91.00 EMERGENCY	09100		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	09200		92.00
OTHER REIMBURSABLE COST CENTERS			
99.10 CORF	09910		99.10
101.00 HOME HEALTH AGENCY	10100		101.00

COST CENTERS USED IN COST REPORT

Provider CCN: 140029

Period:
From 07/01/2012
To 06/30/2013

Worksheet Non-CMS W
Date/Time Prepared:
11/26/2013 10:53 am

Cost Center Description	CMS Code	Standard Label For Non-Standard Codes	
	1.00	2.00	
SPECIAL PURPOSE COST CENTERS			
109.00 PANCREAS ACQUISITION	10900		109.00
110.00 INTESTINAL ACQUISITION	11000		110.00
111.00 ISLET ACQUISITION	11100		111.00
113.00 INTEREST EXPENSE	11300		113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)			118.00
NONREIMBURSABLE COST CENTERS			
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	19000		190.00
192.00 PHYSICIANS' PRIVATE OFFICES	19200		192.00
194.00 OTHER NONREIMBURSABLE COST CENTERS	07954		194.00
194.01 ADVERTISING	07950		194.01
194.02 HOME HEALTH SERVICES PRIVATE	07951		194.02
194.03 HHA HME	07952		194.03
194.04 OTHER NON REIMBURSABLE	07953		194.04
200.00 TOTAL (SUM OF LINES 118-199)			200.00

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - INTEREST EXPENSE					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	5,813,218	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	1,420,924	2.00
	TOTALS		0	7,234,142	
B - MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	689,983	1.00
	TOTALS		0	689,983	
C - WORKMENS COMP INS					
1.00	EMPLOYEE BENEFITS	4.00	129,500	1,636,654	1.00
	TOTALS		129,500	1,636,654	
D - CAFETERIA COSTS					
1.00	CAFETERIA	11.00	804,939	1,065,220	1.00
	TOTALS		804,939	1,065,220	
E - EMPLOYEE BENEFITS					
1.00	EMPLOYEE BENEFITS	4.00	0	17,415,166	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
	TOTALS		0	17,415,166	
F - DEPRECIATION EXPENSE					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	561,093	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	10,714,689	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
	TOTALS		0	11,275,782		
H - ADVERTISING						
1.00	OTHER NON REIMBURSABLE	194.04	63,153	287,196		1.00
	TOTALS		63,153	287,196		
I - HEART SURGERY						
1.00	CARDIAC REHAB	75.01	334,332	707,005		1.00
	TOTALS		334,332	707,005		
J - IMPLANTABLE DEVICES RECLASS						
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	10,847,892		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
	TOTALS		0	10,847,892		
K - REVISE REHAB EXPENSES						
1.00	ADULTS & PEDIATRICS	30.00	13,759	0		1.00
	TOTALS		13,759	0		
500.00	Grand Total: Increases		1,345,683	51,159,040		500.00

RECLASSIFICATIONS

Provider CCN: 140029

Period:
From 07/01/2012
To 06/30/2013

Worksheet A-6
Date/Time Prepared:
11/26/2013 10:53 am

Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
A - INTEREST EXPENSE						
1.00	INTEREST EXPENSE	113.00	0	7,234,142	11	1.00
2.00		0.00	0	0	9	2.00
	TOTALS		0	7,234,142		
B - MEDICAL SUPPLIES						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	689,983	0	1.00
	TOTALS		0	689,983		
C - WORKMENS COMP INS						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	129,500	1,636,654	0	1.00
	TOTALS		129,500	1,636,654		
D - CAFETERIA COSTS						
1.00	DIETARY	10.00	804,939	1,065,220	0	1.00
	TOTALS		804,939	1,065,220		
E - EMPLOYEE BENEFITS						
1.00	EMPLOYEE BENEFITS	4.00	0	140,769	0	1.00
2.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	370,710	0	2.00
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	2,222,863	0	3.00
4.00	OPERATION OF PLANT	7.00	0	359,065	0	4.00
5.00	LAUNDRY & LINEN SERVICE	8.00	0	15,144	0	5.00
6.00	HOUSEKEEPING	9.00	0	198,635	0	6.00
7.00	DIETARY	10.00	0	200,670	0	7.00
8.00	NURSING ADMINISTRATION	13.00	0	373,830	0	8.00
9.00	CENTRAL SERVICES & SUPPLY	14.00	0	69,225	0	9.00
10.00	PHARMACY	15.00	0	335,802	0	10.00
11.00	SOCIAL SERVICE	17.00	0	24,935	0	11.00
12.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	89,475	0	12.00
13.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	129,176	0	13.00
14.00	ADULTS & PEDIATRICS	30.00	0	2,757,506	0	14.00
15.00	INTENSIVE CARE UNIT	31.00	0	650,378	0	15.00
16.00	NICU	31.01	0	527,773	0	16.00
17.00	SUBPROVIDER - IRF	41.00	0	220,461	0	17.00
18.00	OPERATING ROOM	50.00	0	595,465	0	18.00
19.00	SAME DAY SURGERY	50.01	0	200,099	0	19.00
20.00	G. I. LAB	50.02	0	157,844	0	20.00
21.00	RECOVERY ROOM	51.00	0	110,886	0	21.00
22.00	DELIVERY ROOM & LABOR ROOM	52.00	0	727,917	0	22.00
23.00	ANESTHESIOLOGY	53.00	0	15,455	0	23.00
24.00	RADIOLOGY-DIAGNOSTIC	54.00	0	847,338	0	24.00
25.00	RADIOLOGY-THERAPEUTIC	55.00	0	334,517	0	25.00
26.00	LABORATORY	60.00	0	450,044	0	26.00
27.00	RESPIRATORY THERAPY	65.00	0	288,851	0	27.00
28.00	ELECTROCARDIOLOGY	69.00	0	577,738	0	28.00
29.00	CARDIAC REHAB	75.01	0	34,761	0	29.00
30.00	HEART SURGERY	75.02	0	69,895	0	30.00
31.00	REHAB SERVICES	75.03	0	427,851	0	31.00
32.00	VASCULAR SERVICES	75.05	0	270,032	0	32.00
33.00	YORKVILLE	75.06	0	579,251	0	33.00
34.00	MCAI	75.07	0	267,040	0	34.00
35.00	OTHER NON REIMBURSABLE	194.04	0	1,389,779	0	35.00
36.00	DIABETIC CENTER	76.00	0	39,497	0	36.00
37.00	CLINIC	90.00	0	278,235	0	37.00
38.00	EMERGENCY	91.00	0	989,559	0	38.00
39.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	0	76,695	0	39.00
	TOTALS		0	17,415,166		
F - DEPRECIATION EXPENSE						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	561,093	9	1.00
2.00	EMPLOYEE BENEFITS	4.00	0	3,204	9	2.00
3.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	3,155	0	3.00
4.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	2,687,911	0	4.00
5.00	OPERATION OF PLANT	7.00	0	369,625	0	5.00
6.00	LAUNDRY & LINEN SERVICE	8.00	0	747	0	6.00
7.00	HOUSEKEEPING	9.00	0	9,190	0	7.00
8.00	DIETARY	10.00	0	63,046	0	8.00
9.00	NURSING ADMINISTRATION	13.00	0	218,653	0	9.00

RECLASSIFICATIONS

Provider CCN: 140029

Period:
From 07/01/2012
To 06/30/2013

Worksheet A-6

Date/Time Prepared:
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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
10.00	CENTRAL SERVICES & SUPPLY	14.00	0	70,693	0		10.00
11.00	PHARMACY	15.00	0	1,068,552	0		11.00
12.00	MEDICAL RECORDS & LIBRARY	16.00	0	15,842	0		12.00
13.00	I&R SERVICES-OTHER PRGM	22.00	0	4,125	0		13.00
	COSTS APPRVD						
14.00	ADULTS & PEDIATRICS	30.00	0	959,418	0		14.00
15.00	INTENSIVE CARE UNIT	31.00	0	257,281	0		15.00
16.00	NI CU	31.01	0	156,764	0		16.00
17.00	SUBPROVIDER - IRF	41.00	0	18,940	0		17.00
18.00	OPERATING ROOM	50.00	0	902,687	0		18.00
19.00	SAME DAY SURGERY	50.01	0	42,870	0		19.00
20.00	G. I. LAB	50.02	0	179,464	0		20.00
21.00	RECOVERY ROOM	51.00	0	29,273	0		21.00
22.00	DELIVERY ROOM & LABOR ROOM	52.00	0	98,258	0		22.00
23.00	ANESTHESIOLOGY	53.00	0	85,617	0		23.00
24.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,113,540	0		24.00
25.00	RADIOLOGY-THERAPEUTIC	55.00	0	244,994	0		25.00
26.00	LABORATORY	60.00	0	120,530	0		26.00
27.00	RESPIRATORY THERAPY	65.00	0	112,248	0		27.00
28.00	ELECTROCARDIOLOGY	69.00	0	79,700	0		28.00
29.00	CARDIAC REHAB	75.01	0	9,892	0		29.00
30.00	HEART SURGERY	75.02	0	22,672	0		30.00
31.00	REHAB SERVICES	75.03	0	23,217	0		31.00
32.00	VASCULAR SERVICES	75.05	0	533,398	0		32.00
33.00	YORKVILLE	75.06	0	886,871	0		33.00
34.00	CLINIC	90.00	0	92,081	0		34.00
35.00	EMERGENCY	91.00	0	215,200	0		35.00
36.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	462	0		36.00
37.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	0	13,301	0		37.00
38.00	OTHER NON REIMBURSABLE	194.04	0	1,268	9		38.00
	TOTALS		0	11,275,782			
H - ADVERTISING							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	63,153	287,196	0		1.00
	TOTALS		63,153	287,196			
I - HEART SURGERY							
1.00	HEART SURGERY	75.02	334,332	707,005	0		1.00
	TOTALS		334,332	707,005			
J - IMPLANTABLE DEVICES RECLASS							
1.00	PHARMACY	15.00	0	129,945	0		1.00
2.00	OPERATING ROOM	50.00	0	8,429,067	0		2.00
3.00	G. I. LAB	50.02	0	5,132	0		3.00
4.00	VASCULAR SERVICES	75.05	0	2,283,748	0		4.00
	TOTALS		0	10,847,892			
K - REVISE REHAB EXPENSES							
1.00	SUBPROVIDER - IRF	41.00	13,759	0	0		1.00
	TOTALS		13,759	0			
500.00	Grand Total: Decreases		1,345,683	51,159,040			500.00

RECLASSIFICATIONS

Provider CCN: 140029

Period:
From 07/01/2012
To 06/30/2013

Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
11/26/2013 10:53 am

Increases			Decreases			
Cost Center	Line #	Salary	Cost Center	Line #	Salary	
2.00	3.00	4.00	6.00	7.00	8.00	
A - INTEREST EXPENSE						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	INTEREST EXPENSE	113.00	0 1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0		0.00	0 2.00
	TOTALS		0	TOTALS		0
B - MEDICAL SUPPLIES						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 1.00
	TOTALS		0	TOTALS		0
C - WORKMENS COMP INS						
1.00	EMPLOYEE BENEFITS	4.00	129,500	OTHER ADMINISTRATIVE AND GENERAL	5.06	129,500 1.00
	TOTALS		129,500	TOTALS		129,500
D - CAFETERIA COSTS						
1.00	CAFETERIA	11.00	804,939	DIETARY	10.00	804,939 1.00
	TOTALS		804,939	TOTALS		804,939
E - EMPLOYEE BENEFITS						
1.00	EMPLOYEE BENEFITS	4.00	0	EMPLOYEE BENEFITS	4.00	0 1.00
2.00		0.00	0	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0 2.00
3.00		0.00	0	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 3.00
4.00		0.00	0	OPERATION OF PLANT	7.00	0 4.00
5.00		0.00	0	LAUNDRY & LINEN SERVICE	8.00	0 5.00
6.00		0.00	0	HOUSEKEEPING	9.00	0 6.00
7.00		0.00	0	DIETARY	10.00	0 7.00
8.00		0.00	0	NURSING ADMINISTRATION	13.00	0 8.00
9.00		0.00	0	CENTRAL SERVICES & SUPPLY	14.00	0 9.00
10.00		0.00	0	PHARMACY	15.00	0 10.00
11.00		0.00	0	SOCIAL SERVICE	17.00	0 11.00
12.00		0.00	0	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0 12.00
13.00		0.00	0	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0 13.00
14.00		0.00	0	ADULTS & PEDIATRICS	30.00	0 14.00
15.00		0.00	0	INTENSIVE CARE UNIT	31.00	0 15.00
16.00		0.00	0	NICU	31.01	0 16.00
17.00		0.00	0	SUBPROVIDER - I RF	41.00	0 17.00
18.00		0.00	0	OPERATING ROOM	50.00	0 18.00
19.00		0.00	0	SAME DAY SURGERY	50.01	0 19.00
20.00		0.00	0	G. I. LAB	50.02	0 20.00
21.00		0.00	0	RECOVERY ROOM	51.00	0 21.00
22.00		0.00	0	DELIVERY ROOM & LABOR ROOM	52.00	0 22.00
23.00		0.00	0	ANESTHESIOLOGY	53.00	0 23.00
24.00		0.00	0	RADIOLOGY-DIAGNOSTIC	54.00	0 24.00
25.00		0.00	0	RADIOLOGY-THERAPEUTIC	55.00	0 25.00
26.00		0.00	0	LABORATORY	60.00	0 26.00
27.00		0.00	0	RESPIRATORY THERAPY	65.00	0 27.00
28.00		0.00	0	ELECTROCARDIOLOGY	69.00	0 28.00
29.00		0.00	0	CARDIAC REHAB	75.01	0 29.00
30.00		0.00	0	HEART SURGERY	75.02	0 30.00
31.00		0.00	0	REHAB SERVICES	75.03	0 31.00
32.00		0.00	0	VASCULAR SERVICES	75.05	0 32.00
33.00		0.00	0	YORKVILLE	75.06	0 33.00
34.00		0.00	0	MCAI	75.07	0 34.00
35.00		0.00	0	OTHER NON REIMBURSABLE	194.04	0 35.00
36.00		0.00	0	DIABETIC CENTER	76.00	0 36.00
37.00		0.00	0	CLINIC	90.00	0 37.00
38.00		0.00	0	EMERGENCY	91.00	0 38.00
39.00		0.00	0	OTHER NONREIMBURSABLE COST CENTERS	194.00	0 39.00
	TOTALS			TOTALS		0
F - DEPRECIATION EXPENSE						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	NEW CAP REL COSTS-BLDG & FIXT	1.00	0 1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	EMPLOYEE BENEFITS	4.00	0 2.00
3.00		0.00	0	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0 3.00
4.00		0.00	0	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 4.00
5.00		0.00	0	OPERATION OF PLANT	7.00	0 5.00
6.00		0.00	0	LAUNDRY & LINEN SERVICE	8.00	0 6.00

RECLASSIFICATIONS

Provider CCN: 140029

Period:
From 07/01/2012
To 06/30/2013

Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
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Increases				Decreases			
Cost Center	Line #	Salary		Cost Center	Line #	Salary	
2.00	3.00	4.00		6.00	7.00	8.00	
7.00		0.00		0HOUSEKEEPING	9.00	0	7.00
8.00		0.00		0DIETARY	10.00	0	8.00
9.00		0.00		0NURSING ADMINISTRATION	13.00	0	9.00
10.00		0.00		0CENTRAL SERVICES & SUPPLY	14.00	0	10.00
11.00		0.00		0PHARMACY	15.00	0	11.00
12.00		0.00		0MEDICAL RECORDS & LIBRARY	16.00	0	12.00
13.00		0.00		0I&R SERVICES-OTHER PRGM	22.00	0	13.00
				COSTS APPRVD			
14.00		0.00		0ADULTS & PEDIATRICS	30.00	0	14.00
15.00		0.00		0INTENSIVE CARE UNIT	31.00	0	15.00
16.00		0.00		0NICU	31.01	0	16.00
17.00		0.00		0SUBPROVIDER - IRF	41.00	0	17.00
18.00		0.00		0OPERATING ROOM	50.00	0	18.00
19.00		0.00		0SAME DAY SURGERY	50.01	0	19.00
20.00		0.00		0G. I. LAB	50.02	0	20.00
21.00		0.00		0RECOVERY ROOM	51.00	0	21.00
22.00		0.00		0DELIVERY ROOM & LABOR ROOM	52.00	0	22.00
23.00		0.00		0ANESTHESIOLOGY	53.00	0	23.00
24.00		0.00		0RADIOLOGY-DIAGNOSTIC	54.00	0	24.00
25.00		0.00		0RADIOLOGY-THERAPEUTIC	55.00	0	25.00
26.00		0.00		0LABORATORY	60.00	0	26.00
27.00		0.00		0RESPIRATORY THERAPY	65.00	0	27.00
28.00		0.00		0ELECTROCARDIOLOGY	69.00	0	28.00
29.00		0.00		0CARDIAC REHAB	75.01	0	29.00
30.00		0.00		0HEART SURGERY	75.02	0	30.00
31.00		0.00		0REHAB SERVICES	75.03	0	31.00
32.00		0.00		0VASCULAR SERVICES	75.05	0	32.00
33.00		0.00		0YORKVILLE	75.06	0	33.00
34.00		0.00		0CLINIC	90.00	0	34.00
35.00		0.00		0EMERGENCY	91.00	0	35.00
36.00		0.00		0GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	36.00
37.00		0.00		0OTHER NONREIMBURSABLE COST CENTERS	194.00	0	37.00
38.00		0.00		0OTHER NON REIMBURSABLE	194.04	0	38.00
				TOTALS		0	
				H - ADVERTISING			
1.00		194.04	63,153	OTHER ADMINISTRATIVE AND GENERAL	5.06	63,153	1.00
				TOTALS		63,153	
				I - HEART SURGERY			
1.00		75.01	334,332	HEART SURGERY	75.02	334,332	1.00
				TOTALS		334,332	
				J - IMPLANTABLE DEVICES RECLASS			
1.00		72.00		PHARMACY	15.00	0	1.00
2.00		0.00		OPERATING ROOM	50.00	0	2.00
3.00		0.00		G. I. LAB	50.02	0	3.00
4.00		0.00		VASCULAR SERVICES	75.05	0	4.00
				TOTALS		0	
				K - REVISE REHAB EXPENSES			
1.00		30.00	13,759	SUBPROVIDER - IRF	41.00	13,759	1.00
				TOTALS		13,759	
500.00			1,345,683	Grand Total : Decreases		1,345,683	500.00
				Grand Total : Increases			

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140029

Period:
From 07/01/2012
To 06/30/2013

Worksheet A-7
Part I
Date/Time Prepared:
11/26/2013 10:53 am

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	2,441,298	0	0	0	1.00
2.00	Land Improvements	14,308,019	157,531	0	157,531	2.00
3.00	Buildings and Fixtures	115,936,540	0	0	0	3.00
4.00	Building Improvements	3,001,150	692,282	0	692,282	4.00
5.00	Fixed Equipment	72,658,994	0	0	0	5.00
6.00	Movable Equipment	108,415,544	0	0	0	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	316,761,545	849,813	0	849,813	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	316,761,545	849,813	0	849,813	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	2,441,298	0			1.00
2.00	Land Improvements	14,465,550	0			2.00
3.00	Buildings and Fixtures	106,146,522	0			3.00
4.00	Building Improvements	3,693,432	0			4.00
5.00	Fixed Equipment	72,221,196	0			5.00
6.00	Movable Equipment	104,320,344	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	303,288,342	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	303,288,342	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140029

Period:
From 07/01/2012
To 06/30/2013

Worksheet A-7
Part II
Date/Time Prepared:
11/26/2013 10:53 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	6,554,653	0	0	0	0	1.00
1.01	POB NEW CRC	0	0	0	0	0	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	6,554,653	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	6,554,653				1.00
1.01	POB NEW CRC	0	0				1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	6,554,653				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140029

Period:
From 07/01/2012
To 06/30/2013

Worksheet A-7
Part III
Date/Time Prepared:
11/26/2013 10:53 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	195,274,567	0	195,274,567	0.651795	0	1.00
1.01	POB NEW CRC	0	0	0	0.000000	0	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	104,320,344	0	104,320,344	0.348205	0	2.00
3.00	Total (sum of lines 1-2)	299,594,911	0	299,594,911	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of col. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	6,481,514	0	1.00
1.01	POB NEW CRC	0	0	0	0	0	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	12,106,581	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	18,588,095	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of col. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	-1,439,257	0	0	0	5,042,257	1.00
1.01	POB NEW CRC	0	0	0	0	0	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	12,106,581	2.00
3.00	Total (sum of lines 1-2)	-1,439,257	0	0	0	17,148,838	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140029

Period:
From 07/01/2012
To 06/30/2013

Worksheet A-8

Date/Time Prepared:
11/26/2013 10:53 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
			Cost Center	Line #		
			3.00	4.00		
1.00	2.00	3.00	4.00	5.00		
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			ONEW CAP REL COSTS-BLDG & FIXT	1.00		0 1.00
1.01 Investment income - POB NEW CRC (chapter 2)			OPOB NEW CRC	1.01		0 1.01
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			ONEW CAP REL COSTS-MVBLE EQUIP	2.00		0 2.00
3.00 Investment income - other (chapter 2)	B	-7,234,142	ONEW CAP REL COSTS-BLDG & FIXT	1.00	11	3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0		0.00		0 4.00
5.00 Refunds and rebates of expenses (chapter 8)		0		0.00		0 5.00
6.00 Rental of provider space by suppliers (chapter 8)		0		0.00		0 6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	A	-162,945	OPERATION OF PLANT	7.00		0 7.00
8.00 Television and radio service (chapter 21)	A	-79,165	OPERATION OF PLANT	7.00		0 8.00
9.00 Parking lot (chapter 21)		0		0.00		0 9.00
10.00 Provider-based physician adjustment	A-8-2	-3,292,233				0 10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0		0.00		0 11.00
12.00 Related organization transactions (chapter 10)	A-8-1	0				0 12.00
13.00 Laundry and linen service		0		0.00		0 13.00
14.00 Cafeteria-employees and guests	B	-147,398	CAFETERIA	11.00		0 14.00
15.00 Rental of quarters to employee and others		0		0.00		0 15.00
16.00 Sale of medical and surgical supplies to other than patients	B	-600	MEDICAL RECORDS & LIBRARY	16.00		0 16.00
17.00 Sale of drugs to other than patients		0		0.00		0 17.00
18.00 Sale of medical records and abstracts		0		0.00		0 18.00
19.00 Nursing school (tuition, fees, books, etc.)		0		0.00		0 19.00
20.00 Vending machines	B	-12,828	CAFETERIA	11.00		0 20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00		0 21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00		0 22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		ORESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0*** Cost Center Deleted ***	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT	A	-73,139	ONEW CAP REL COSTS-BLDG & FIXT	1.00	9	26.00
26.01 Depreciation - POB NEW CRC			OPOB NEW CRC	1.01		0 26.01
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP	A	-27,490	ONEW CAP REL COSTS-MVBLE EQUIP	2.00	9	27.00
28.00 Non-physician Anesthetist			ONONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00 Physicians' assistant		0		0.00		0 29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0*** Cost Center Deleted ***	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)			OADULTS & PEDIATRICS	30.00		30.99

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center		Line #	Wkst. A-7 Ref.	
			1.00	2.00	3.00	4.00	5.00
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	*** Cost Center Deleted ***	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00			0		0.00	0	33.00
33.01			0		0.00	0	33.01
33.02	MISC REV	B	-10,880	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.02
33.03	MISC REV	B	-25,072	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	33.03
33.04	MISC REV	B	-11,246	G. I. LAB	50.02	0	33.04
33.05	MISC REV	B	-1,397	DIABETIC CENTER	76.00	0	33.05
33.06	MISC REV	B	-60,683	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.06
33.07	MISC REV	B	-49,623	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.07
33.08			0		0.00	0	33.08
33.09	MISC REV	B	-90	LABORATORY	60.00	0	33.09
33.10	MISC REV	B	-23,934	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	33.10
33.11			0		0.00	0	33.11
34.00			0		0.00	0	34.00
35.00	IDPA PROVIDER TAXES	A	-7,125,304	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	35.00
36.00			0		0.00	0	36.00
37.00	PATIENT TELEPHONE	A	-1,542	NEW CAP REL COSTS-MVBLE EQUIP	2.00	9	37.00
38.02			0		0.00	0	38.02
38.07	MISC REVENUE	B	-4,828	NURSING ADMINISTRATION	13.00	0	38.07
38.15	PHYSICIAN COMPENSATION	A	-97,500	OTHER NONREIMBURSABLE COST CENTERS	194.00	0	38.15
39.00	BAD DEBTS	A	-28,155,332	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	39.00
41.00	MISC REV	B	-500	NICU	31.01	0	41.00
43.00	MISC REV	B	-229,185	ADULTS & PEDIATRICS	30.00	0	43.00
45.01	MISC REV	B	-4,987	RADIOLOGY-DIAGNOSTIC	54.00	0	45.01
45.02	MISC REV	B	-81,374	RADIOLOGY-THERAPEUTIC	55.00	0	45.02
45.03			0		0.00	0	45.03
45.04	MISC REV	B	-127,332	EMERGENCY	91.00	0	45.04
45.05			0		0.00	0	45.05
45.07	MISC REV	B	-226	PHARMACY	15.00	0	45.07
45.09	MISC REV	B	-89,287	CLINIC	90.00	0	45.09
45.10	MISC REV	B	-3,911	OPERATING ROOM	50.00	0	45.10
45.11	MISC REV	B	-25,263	EMPLOYEE BENEFITS	4.00	0	45.11
45.12	MISC REV	B	-815	HEART SURGERY	75.02	0	45.12
45.13	MISC REV	B	-150	SAME DAY SURGERY	50.01	0	45.13
45.14	MISC REV	B	-71,735	REHAB SERVICES	75.03	0	45.14
45.26	AHA/IHA LOBBYING FEES	A	-41,734	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	45.26
45.27	MEMBERSHIP DUES	A	-126,023	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	45.27
45.31	PHYSICIAN REFERRAL	A	-74,394	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	45.31
45.32	AMORTZ OF ARCHITECT FEE REFUND	A	-18,333	NEW CAP REL COSTS-BLDG & FIXT	1.00	11	45.32
45.33	UNFUNDED DEFERRED COMP	A	-90,000	EMPLOYEE BENEFITS	4.00	0	45.33
45.34	OTHER N/A COSTS	A	-61,045	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	45.34
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-47,643,665				50.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140029

Period:
From 07/01/2012
To 06/30/2013

Worksheet A-8-2

Date/Time Prepared:
11/26/2013 10:53 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	31.00	INTENSIVE CARE UNIT	298,784	251,534	47,250	177,200	315	1.00
2.00	31.01	NICU	212,400	166,200	46,200	177,200	308	2.00
3.00	41.00	SUBPROVIDER - IRF	114,454	114,454	0	0	0	3.00
4.00	50.00	OPERATING ROOM	234,399	207,399	27,000	208,000	180	4.00
5.00	52.00	DELIVERY ROOM & LABOR ROOM	1,094,808	1,044,558	50,250	177,200	335	5.00
6.00	53.00	ANESTHESIOLOGY	45,185	185	45,000	200,300	300	6.00
7.00	55.00	RADIOLOGY-THERAPEUTIC	21,875	-22,675	44,550	225,300	297	7.00
8.00	60.00	LABORATORY	70,000	70,000	0	0	0	8.00
9.00	75.01	CARDIAC REHAB	88,300	7,300	81,000	177,200	540	9.00
10.00	75.05	VASCULAR SERVICES	0	0	0	0	0	10.00
11.00	75.06	YORKVILLE	543,649	543,649	0	177,200	0	11.00
12.00	90.00	CLINIC	0	0	0	0	0	12.00
13.00	91.00	EMERGENCY	701,893	600,943	100,950	177,200	673	13.00
14.00	30.00	ADULTS & PEDIATRICS	72,450	72,450	0	0	0	14.00
15.00	65.00	RESPIRATORY THERAPY	4,755	4,755	0	0	0	15.00
16.00	90.01	WOUND CARE CENTER	6,000	0	6,000	177,200	40	16.00
17.00	75.07	MCAI	50,700	50,700	0	0	0	17.00
200.00			3,559,652	3,111,452	448,200		2,988	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	31.00	INTENSIVE CARE UNIT	26,836	1,342	0	0	0	1.00
2.00	31.01	NICU	26,239	1,312	0	0	0	2.00
3.00	41.00	SUBPROVIDER - IRF	0	0	0	0	0	3.00
4.00	50.00	OPERATING ROOM	18,000	900	0	0	0	4.00
5.00	52.00	DELIVERY ROOM & LABOR ROOM	28,539	1,427	0	0	0	5.00
6.00	53.00	ANESTHESIOLOGY	28,889	1,444	0	0	0	6.00
7.00	55.00	RADIOLOGY-THERAPEUTIC	32,170	1,609	0	0	0	7.00
8.00	60.00	LABORATORY	0	0	0	0	0	8.00
9.00	75.01	CARDIAC REHAB	46,004	2,300	0	0	0	9.00
10.00	75.05	VASCULAR SERVICES	0	0	0	0	0	10.00
11.00	75.06	YORKVILLE	0	0	0	0	0	11.00
12.00	90.00	CLINIC	0	0	0	0	0	12.00
13.00	91.00	EMERGENCY	57,334	2,867	0	0	0	13.00
14.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	14.00
15.00	65.00	RESPIRATORY THERAPY	0	0	0	0	0	15.00
16.00	90.01	WOUND CARE CENTER	3,408	170	0	0	0	16.00
17.00	75.07	MCAI	0	0	0	0	0	17.00
200.00			267,419	13,371	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	31.00	INTENSIVE CARE UNIT	0	26,836	20,414	271,948		1.00
2.00	31.01	NICU	0	26,239	19,961	186,161		2.00
3.00	41.00	SUBPROVIDER - IRF	0	0	0	114,454		3.00
4.00	50.00	OPERATING ROOM	0	18,000	9,000	216,399		4.00
5.00	52.00	DELIVERY ROOM & LABOR ROOM	0	28,539	21,711	1,066,269		5.00
6.00	53.00	ANESTHESIOLOGY	0	28,889	16,111	16,296		6.00
7.00	55.00	RADIOLOGY-THERAPEUTIC	0	32,170	12,380	-10,295		7.00
8.00	60.00	LABORATORY	0	0	0	70,000		8.00
9.00	75.01	CARDIAC REHAB	0	46,004	34,996	42,296		9.00
10.00	75.05	VASCULAR SERVICES	0	0	0	0		10.00
11.00	75.06	YORKVILLE	0	0	0	543,649		11.00
12.00	90.00	CLINIC	0	0	0	0		12.00
13.00	91.00	EMERGENCY	0	57,334	43,616	644,559		13.00
14.00	30.00	ADULTS & PEDIATRICS	0	0	0	72,450		14.00
15.00	65.00	RESPIRATORY THERAPY	0	0	0	4,755		15.00
16.00	90.01	WOUND CARE CENTER	0	3,408	2,592	2,592		16.00
17.00	75.07	MCAI	0	0	0	50,700		17.00
200.00			0	267,419	180,781	3,292,233		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140029

Period:
From 07/01/2012
To 06/30/2013

Worksheet B
Part I
Date/Time Prepared:
11/26/2013 10:53 am

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT		
			NEW BLDG & FIXT	POB NEW CRC	NEW MVBLE EQUIP			
		0	1.00	1.01	2.00	4.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	5,042,257	5,042,257				1.00
1.01	00101	POB NEW CRC	0	0	0			1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	12,106,581			12,106,581		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	29,159,405	52,298	0	3,620	29,215,323	4.00
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE	3,662,502	0	0	3,565	652,720	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	39,365,618	1,117,935	0	3,037,081	4,917,272	5.06
7.00	00700	OPERATION OF PLANT	5,599,768	492,686	0	417,641	660,297	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	934,040	0	0	844	27,849	8.00
9.00	00900	HOUSEKEEPING	2,381,834	48,098	0	10,384	365,277	9.00
10.00	01000	DIETARY	1,043,770	88,726	0	71,236	132,183	10.00
11.00	01100	CAFETERIA	1,709,933	85,926	0	0	236,837	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	2,406,290	0	0	247,057	687,450	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,061,469	137,615	0	79,876	127,301	14.00
15.00	01500	PHARMACY	13,509,202	26,263	0	1,207,362	617,518	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,801,731	46,653	0	17,900	0	16.00
17.00	01700	SOCIAL SERVICE	227,683	0	0	0	45,853	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	559,358	0	0	0	164,538	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,104,015	0	0	4,661	237,547	22.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	17,528,224	1,192,938	0	1,084,051	5,074,887	30.00
31.00	03100	INTENSIVE CARE UNIT	4,215,921	213,879	0	290,703	1,196,005	31.00
31.01	03101	NI CU	3,397,241	24,224	0	177,128	970,542	31.01
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	1,405,760	60,104	0	21,400	401,366	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	10,338,657	117,910	0	1,019,951	1,095,023	50.00
50.01	05001	SAME DAY SURGERY	1,441,245	105,798	0	48,439	367,969	50.01
50.02	05002	G. I. LAB	2,037,914	10,347	0	202,777	290,266	50.02
51.00	05100	RECOVERY ROOM	732,387	27,298	0	33,076	203,912	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,020,806	111,139	0	111,022	1,338,594	52.00
53.00	05300	ANESTHESIOLOGY	806,731	7,897	0	96,739	28,421	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,736,815	337,009	0	1,258,194	1,558,203	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,549,160	233,432	0	276,820	408,020	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	7,950,940	101,796	0	136,187	827,603	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	2,507,714	20,359	0	126,830	531,178	65.00
69.00	06900	ELECTROCARDIOLOGY	2,131,245	58,126	0	90,053	523,405	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	689,983	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	10,847,892	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	663,788	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	CARDIAC REHAB	1,365,432	37,630	0	36,794	162,293	75.01
75.02	07502	HEART SURGERY	0	0	0	0	0	75.02
75.03	07503	REHAB SERVICES	2,568,861	38,467	0	26,233	712,926	75.03
75.04	07504	CV SURGERY	0	0	0	0	0	75.04
75.05	07505	VASCULAR SERVICES	6,657,301	0	0	602,689	496,573	75.05
75.06	07506	YORKVILLE	4,485,122	0	0	1,002,080	1,065,206	75.06
75.07	07507	MCAI	3,870,481	0	0	0	490,828	75.07
76.00	03020	DIABETIC CENTER	312,144	0	0	0	72,632	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	2,328,358	0	0	104,043	511,657	90.00
90.01	09001	WOUND CARE CENTER	119,080	0	0	0	0	90.01
91.00	09100	EMERGENCY	6,684,961	231,256	0	243,156	1,819,737	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140029

Period:
From 07/01/2012
To 06/30/2013

Worksheet B
Part I
Date/Time Prepared:
11/26/2013 10:53 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	POB NEW CRC	NEW MVBLE EQUIP		
	0	1.00	1.01	2.00	4.00	
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF	0	0	0	0	0	99.10
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE						113.00
118.00	233,069,619	5,025,809	0	12,089,592	29,019,888	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	143,342	3,332	0	527	0	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00 07954 OTHER NONREIMBURSABLE COST CENTERS	1,815,759	13,116	0	15,029	141,038	194.00
194.01 07950 ADVERTISING	0	0	0	0	0	194.01
194.02 07951 HOME HEALTH SERVICES PRIVATE	0	0	0	0	0	194.02
194.03 07952 HHA HME	0	0	0	0	0	194.03
194.04 07953 OTHER NON REIMBURSABLE	48,156	0	0	1,433	54,397	194.04
200.00						200.00
201.00						201.00
202.00	235,076,876	5,042,257	0	12,106,581	29,215,323	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140029

Period:
From 07/01/2012
To 06/30/2013

Worksheet B
Part I
Date/Time Prepared:
11/26/2013 10:53 am

Cost Center Description			CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			5.05	5A.05	5.06	7.00	8.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	POB NEW CRC						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE	4,318,787					5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	0	48,437,906	48,437,906			5.06
7.00	00700	OPERATION OF PLANT	0	7,170,392	1,860,910	9,031,302		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	962,733	249,855	0	1,212,588	8.00
9.00	00900	HOUSEKEEPING	0	2,805,593	728,127	128,543	0	9.00
10.00	01000	DIETARY	0	1,335,915	346,706	237,120	0	10.00
11.00	01100	CAFETERIA	0	2,032,696	527,539	229,638	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	3,340,797	867,027	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,406,261	364,963	367,778	0	14.00
15.00	01500	PHARMACY	0	15,360,345	3,986,424	70,189	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	2,866,284	743,878	124,680	0	16.00
17.00	01700	SOCIAL SERVICE	0	273,536	70,990	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	723,896	187,871	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	1,346,223	349,381	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	190,694	25,070,794	6,506,605	3,188,129	523,415	30.00
31.00	03100	INTENSIVE CARE UNIT	37,184	5,953,692	1,545,144	571,593	45,776	31.00
31.01	03101	NICU	85,025	4,654,160	1,207,880	64,739	0	31.01
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	12,388	1,901,018	493,365	160,628	77,534	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	554,985	13,126,526	3,406,688	315,116	145,960	50.00
50.01	05001	SAME DAY SURGERY	46,317	2,009,768	521,589	282,747	57,735	50.01
50.02	05002	G. I. LAB	68,411	2,609,715	677,292	27,652	0	50.02
51.00	05100	RECOVERY ROOM	46,872	1,043,545	270,828	72,954	41,953	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	124,899	6,706,460	1,740,507	297,020	0	52.00
53.00	05300	ANESTHESIOLOGY	58,174	997,962	258,998	21,105	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	616,206	12,506,427	3,245,755	900,658	43,345	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	105,247	2,572,679	667,680	623,848	46,202	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	453,541	9,470,067	2,457,738	272,052	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	107,527	3,293,608	854,780	54,410	0	65.00
69.00	06900	ELECTROCARDIOLOGY	133,354	2,936,183	762,019	155,342	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	115,936	805,919	209,158	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	66,386	10,914,278	2,832,550	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	491,322	491,322	127,511	0	0	73.00
74.00	07400	RENAL DIALYSIS	12,732	676,520	175,575	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	CARDIAC REHAB	11,153	1,613,302	418,695	100,566	0	75.01
75.02	07502	HEART SURGERY	0	0	0	0	0	75.02
75.03	07503	REHAB SERVICES	106,921	3,453,408	896,253	102,802	0	75.03
75.04	07504	CV SURGERY	0	0	0	0	0	75.04
75.05	07505	VASCULAR SERVICES	218,262	7,974,825	2,069,682	0	0	75.05
75.06	07506	YORKVILLE	153,737	6,706,145	1,740,426	0	0	75.06
75.07	07507	MCAI	0	4,361,309	1,131,877	0	0	75.07
76.00	03020	DIABETIC CENTER	1,675	386,451	100,294	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	40,027	2,984,085	774,451	0	0	90.00
90.01	09001	WOUND CARE CENTER	0	119,080	30,904	0	0	90.01
91.00	09100	EMERGENCY	459,812	9,438,922	2,449,655	618,033	230,668	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140029

Period:
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Cost Center Description		CASHIERING/ACCOUNTS RECEIVABLE 5.05	Subtotal 5A.05	OTHER ADMINISTRATIVE AND GENERAL 5.06	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	4,318,787	232,840,747	47,857,570	8,987,342	1,212,588
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	147,201	38,203	8,906	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
194.00	07954	OTHER NONREIMBURSABLE COST CENTERS	0	1,984,942	515,146	35,054	194.00
194.01	07950	ADVERTISING	0	0	0	0	194.01
194.02	07951	HOME HEALTH SERVICES PRIVATE	0	0	0	0	194.02
194.03	07952	HHA HME	0	0	0	0	194.03
194.04	07953	OTHER NON REIMBURSABLE	0	103,986	26,987	0	194.04
200.00		Cross Foot Adjustments	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	4,318,787	235,076,876	48,437,906	9,031,302	1,212,588

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140029	Period: From 07/01/2012 To 06/30/2013	Worksheet B Part I Date/Time Prepared: 11/26/2013 10:53 am		
Cost Center Description		HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION
		9.00	10.00	11.00	12.00	13.00
GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
1.01	00101	POB NEW CRC				1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE				5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL				5.06
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING	3,662,263			9.00
10.00	01000	DIETARY	97,542	2,017,283		10.00
11.00	01100	CAFETERIA	94,464	0	2,884,337	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	62,748	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	151,290	0	30,176	14.00
15.00	01500	PHARMACY	28,873	0	74,469	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	51,289	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	5,635	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	31,585	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	16,990	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	1,311,479	1,727,271	745,504	1,134,076
31.00	03100	INTENSIVE CARE UNIT	235,132	107,347	151,502	230,459
31.01	03101	NICU	26,631	0	117,043	178,051
40.00	04000	SUBPROVIDER - IPF	0	0	0	0
41.00	04100	SUBPROVIDER - IRF	66,077	182,665	56,887	86,522
42.00	04200	SUBPROVIDER	0	0	0	0
43.00	04300	NURSERY	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	129,627	0	138,541	210,739
50.01	05001	SAME DAY SURGERY	116,311	0	48,378	73,589
50.02	05002	G. I. LAB	11,375	0	38,742	58,918
51.00	05100	RECOVERY ROOM	30,010	0	22,203	33,755
52.00	05200	DELIVERY ROOM & LABOR ROOM	122,183	0	172,521	262,428
53.00	05300	ANESTHESIOLOGY	8,682	0	5,889	8,974
54.00	05400	RADIOLOGY-DIAGNOSTIC	370,497	0	197,034	299,711
55.00	05500	RADIOLOGY-THERAPEUTIC	256,628	0	45,025	68,491
57.00	05700	CT SCAN	0	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0
60.00	06000	LABORATORY	111,912	0	138,118	210,116
60.01	06001	BLOOD LABORATORY	0	0	0	0
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	22,382	0	74,638	113,545
69.00	06900	ELECTROCARDIOLOGY	63,902	0	152,713	232,293
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0
74.00	07400	RENAL DIALYSIS	0	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0
75.01	07501	CARDIAC REHAB	41,369	0	15,328	23,314
75.02	07502	HEART SURGERY	0	0	0	0
75.03	07503	REHAB SERVICES	42,289	0	85,063	129,414
75.04	07504	CV SURGERY	0	0	0	0
75.05	07505	VASCULAR SERVICES	0	0	57,986	88,216
75.06	07506	YORKVILLE	0	0	0	252,967
75.07	07507	MCAI	0	0	82,922	126,139
76.00	03020	DIABETIC CENTER	0	0	7,833	11,937
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0
90.00	09000	CLINIC	0	0	52,633	80,062
90.01	09001	WOUND CARE CENTER	0	0	0	0
91.00	09100	EMERGENCY	254,236	0	234,592	356,856
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
			9.00	10.00	11.00	12.00	13.00	
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	3,644,180	2,017,283	2,862,698	0	4,270,572	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,663	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07954	OTHER NONREIMBURSABLE COST CENTERS	14,420	0	21,639	0	0	194.00
194.01	07950	ADVERTISING	0	0	0	0	0	194.01
194.02	07951	HOME HEALTH SERVICES PRIVATE	0	0	0	0	0	194.02
194.03	07952	HHA HME	0	0	0	0	0	194.03
194.04	07953	OTHER NON REIMBURSABLE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	3,662,263	2,017,283	2,884,337	0	4,270,572	202.00

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Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
		14.00	15.00	16.00	17.00	19.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	POB NEW CRC					1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL					5.06
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,320,468				14.00
15.00	01500	PHARMACY	27,903	19,548,203			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	3,786,131		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	350,161	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	5,431	0	167,188	350,161	0
31.00	03100	INTENSIVE CARE UNIT	7,508	0	32,600	0	0
31.01	03101	NI CU	586	0	74,544	0	0
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0
41.00	04100	SUBPROVIDER - I RF	219	0	10,861	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	887,135	0	486,575	0	0
50.01	05001	SAME DAY SURGERY	15,352	0	40,608	0	0
50.02	05002	G. I. LAB	75,628	0	59,978	0	0
51.00	05100	RECOVERY ROOM	3,887	0	41,094	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	53,409	0	109,503	0	0
53.00	05300	ANESTHESIOLOGY	53,543	0	51,003	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	155,765	0	539,949	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	3,795	0	92,274	0	0
57.00	05700	CT SCAN	0	0	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	4,972	0	397,635	0	0
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	5,912	0	94,273	0	0
69.00	06900	ELECTROCARDIOLOGY	15,831	0	116,916	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	101,645	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	58,203	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	19,548,203	430,759	0	0
74.00	07400	RENAL DIALYSIS	0	0	11,163	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
75.01	07501	CARDIAC REHAB	0	0	9,778	0	0
75.02	07502	HEART SURGERY	0	0	0	0	0
75.03	07503	REHAB SERVICES	532	0	93,742	0	0
75.04	07504	CV SURGERY	0	0	0	0	0
75.05	07505	VASCULAR SERVICES	905,599	0	191,358	0	0
75.06	07506	YORKVILLE	19,300	0	134,787	0	0
75.07	07507	MCAI	29,137	0	0	0	0
76.00	03020	DIABETIC CENTER	0	0	1,469	0	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	5,149	0	35,093	0	0
90.01	09001	WOUND CARE CENTER	639	0	0	0	0
91.00	09100	EMERGENCY	42,906	0	403,133	0	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0

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Cost Center Description		CENTRAL SERVICES & SUPPLY 14.00	PHARMACY 15.00	MEDICAL RECORDS & LIBRARY 16.00	SOCIAL SERVICE 17.00	NONPHYSICIAN ANESTHETISTS 19.00	
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0 109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0 110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0 111.00
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,320,138	19,548,203	3,786,131	350,161	0 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0 190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0 192.00
194.00	07954	OTHER NONREIMBURSABLE COST CENTERS	330	0	0	0	0 194.00
194.01	07950	ADVERTISING	0	0	0	0	0 194.01
194.02	07951	HOME HEALTH SERVICES PRIVATE	0	0	0	0	0 194.02
194.03	07952	HHA HME	0	0	0	0	0 194.03
194.04	07953	OTHER NON REIMBURSABLE	0	0	0	0	0 194.04
200.00		Cross Foot Adjustments					0 200.00
201.00		Negative Cost Centers	0	0	0	0	0 201.00
202.00		TOTAL (sum lines 118-201)	2,320,468	19,548,203	3,786,131	350,161	0 202.00

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Cost Center Description	INTERNS & RESIDENTS				PARAMED PRGM	Subtotal	
	NURSING SCHOOL	SERVICES-SALAR	SERVICES-OTHER				
		Y & FRINGES	PRGM COSTS				
20.00	21.00	22.00	23.00	24.00			
GENERAL SERVICE COST CENTERS							
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT							1.00
1.01 00101 POB NEW CRC							1.01
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP							2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT							4.00
5.05 00514 CASHIERING/ACCOUNTS RECEIVABLE							5.05
5.06 00560 OTHER ADMINISTRATIVE AND GENERAL							5.06
7.00 00700 OPERATION OF PLANT							7.00
8.00 00800 LAUNDRY & LINEN SERVICE							8.00
9.00 00900 HOUSEKEEPING							9.00
10.00 01000 DIETARY							10.00
11.00 01100 CAFETERIA							11.00
12.00 01200 MAINTENANCE OF PERSONNEL							12.00
13.00 01300 NURSING ADMINISTRATION							13.00
14.00 01400 CENTRAL SERVICES & SUPPLY							14.00
15.00 01500 PHARMACY							15.00
16.00 01600 MEDICAL RECORDS & LIBRARY							16.00
17.00 01700 SOCIAL SERVICE							17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS							19.00
20.00 02000 NURSING SCHOOL	0						20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	943,352					21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	1,712,594				22.00
23.00 02300 PARAMED PRGM-(SPECIFY)	0	0	0	0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS	0	501,361	910,189	0	42,141,603		30.00
31.00 03100 INTENSIVE CARE UNIT	0	32,984	59,881	0	8,973,618		31.00
31.01 03101 NICU	0	0	0	0	6,323,634		31.01
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	0		40.00
41.00 04100 SUBPROVIDER - IRF	0	92,356	167,667	0	3,295,799		41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0		42.00
43.00 04300 NURSERY	0	0	0	0	0		43.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0	52,775	95,809	0	18,995,491		50.00
50.01 05001 SAME DAY SURGERY	0	0	0	0	3,166,077		50.01
50.02 05002 G. I. LAB	0	26,387	47,905	0	3,633,592		50.02
51.00 05100 RECOVERY ROOM	0	0	0	0	1,560,229		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	65,969	119,762	0	9,649,762		52.00
53.00 05300 ANESTHESIOLOGY	0	6,597	11,976	0	1,424,729		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	18,259,141		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	4,376,622		55.00
57.00 05700 CT SCAN	0	0	0	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0		59.00
60.00 06000 LABORATORY	0	0	0	0	13,062,610		60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0		60.01
62.30 06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0		62.30
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	4,513,548		65.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	4,435,199		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	1,116,722		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	13,805,031		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	20,597,795		73.00
74.00 07400 RENAL DIALYSIS	0	19,791	35,929	0	918,978		74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0		75.00
75.01 07501 CARDIAC REHAB	0	72,566	131,738	0	2,426,656		75.01
75.02 07502 HEART SURGERY	0	0	0	0	0		75.02
75.03 07503 REHAB SERVICES	0	0	0	0	4,803,503		75.03
75.04 07504 CV SURGERY	0	0	0	0	0		75.04
75.05 07505 VASCULAR SERVICES	0	0	0	0	11,287,666		75.05
75.06 07506 YORKVILLE	0	0	0	0	8,853,625		75.06
75.07 07507 MCAI	0	0	0	0	5,731,384		75.07
76.00 03020 DIABETIC CENTER	0	0	0	0	507,984		76.00
OUTPATIENT SERVICE COST CENTERS							
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0		89.00
90.00 09000 CLINIC	0	0	0	0	3,931,473		90.00
90.01 09001 WOUND CARE CENTER	0	72,566	131,738	0	354,927		90.01
91.00 09100 EMERGENCY	0	0	0	0	14,029,001		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0		92.00
OTHER REIMBURSABLE COST CENTERS							
99.10 09910 CORF	0	0	0	0	0		99.10
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0		101.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140029

Period:
From 07/01/2012
To 06/30/2013

Worksheet B
Part I
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Cost Center Description	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal		
		SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
		20.00	21.00				22.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	943,352	1,712,594	0	232,176,399
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	197,973
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
194.00	07954	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	2,571,531
194.01	07950	ADVERTISING	0	0	0	0	0
194.02	07951	HOME HEALTH SERVICES PRIVATE	0	0	0	0	0
194.03	07952	HHA HME	0	0	0	0	0
194.04	07953	OTHER NON REIMBURSABLE	0	0	0	0	130,973
200.00		Cross Foot Adjustments	0	0	0	0	0
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	0	943,352	1,712,594	0	235,076,876

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140029

Period:
From 07/01/2012
To 06/30/2013

Worksheet B
Part I
Date/Time Prepared:
11/26/2013 10:53 am

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		1.00
1.01	00101	POB NEW CRC		1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL		5.06
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
12.00	01200	MAINTENANCE OF PERSONNEL		12.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000	NURSING SCHOOL		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)		23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	-1,411,550	40,730,053
31.00	03100	INTENSIVE CARE UNIT	-92,865	8,880,753
31.01	03101	NICU	0	6,323,634
40.00	04000	SUBPROVIDER - IPF	0	0
41.00	04100	SUBPROVIDER - IRF	-260,023	3,035,776
42.00	04200	SUBPROVIDER	0	0
43.00	04300	NURSERY	0	0
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	-148,584	18,846,907
50.01	05001	SAME DAY SURGERY	0	3,166,077
50.02	05002	G. I. LAB	-74,292	3,559,300
51.00	05100	RECOVERY ROOM	0	1,560,229
52.00	05200	DELIVERY ROOM & LABOR ROOM	-185,731	9,464,031
53.00	05300	ANESTHESIOLOGY	-18,573	1,406,156
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	18,259,141
55.00	05500	RADIOLOGY-THERAPEUTIC	0	4,376,622
57.00	05700	CT SCAN	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0
60.00	06000	LABORATORY	0	13,062,610
60.01	06001	BLOOD LABORATORY	0	0
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0
65.00	06500	RESPIRATORY THERAPY	0	4,513,548
69.00	06900	ELECTROCARDIOLOGY	0	4,435,199
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,116,722
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	13,805,031
73.00	07300	DRUGS CHARGED TO PATIENTS	0	20,597,795
74.00	07400	RENAL DIALYSIS	-55,720	863,258
75.00	07500	ASC (NON-DISTINCT PART)	0	0
75.01	07501	CARDIAC REHAB	-204,304	2,222,352
75.02	07502	HEART SURGERY	0	0
75.03	07503	REHAB SERVICES	0	4,803,503
75.04	07504	CV SURGERY	0	0
75.05	07505	VASCULAR SERVICES	0	11,287,666
75.06	07506	YORKVILLE	0	8,853,625
75.07	07507	MCAI	0	5,731,384
76.00	03020	DIABETIC CENTER	0	507,984
OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0
90.00	09000	CLINIC	0	3,931,473
90.01	09001	WOUND CARE CENTER	-204,304	150,623
91.00	09100	EMERGENCY	0	14,029,001
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0
OTHER REIMBURSABLE COST CENTERS				
99.10	09910	CORF	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140029

Period:
From 07/01/2012
To 06/30/2013

Worksheet B
Part I
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Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
101.00	10100	HOME HEALTH AGENCY	25.00	26.00	
		SPECIAL PURPOSE COST CENTERS	0	0	101.00
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE			113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-2,655,946	229,520,453	118.00
		NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	197,973	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
194.00	07954	OTHER NONREIMBURSABLE COST CENTERS	0	2,571,531	194.00
194.01	07950	ADVERTISING	0	0	194.01
194.02	07951	HOME HEALTH SERVICES PRIVATE	0	0	194.02
194.03	07952	HHA HME	0	0	194.03
194.04	07953	OTHER NON REIMBURSABLE	0	130,973	194.04
200.00		Cross Foot Adjustments	0	0	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118-201)	-2,655,946	232,420,930	202.00

COST ALLOCATION STATISTICS

Provider CCN: 140029

Period:
From 07/01/2012
To 06/30/2013

Worksheet Non-CMS W

Date/Time Prepared:
11/26/2013 10:53 am

Cost Center Description		Statistics Code	Statistics Description		
		1.00	2.00		
GENERAL SERVICE COST CENTERS					
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE	FEET	1.00
1.01	POB NEW CRC	4	SQUARE	FEET	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	5	DOLLAR	VALUE	2.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	5	GROSS	SALARIES	4.00
5.05	CASHIERING/ACCOUNTS RECEIVABLE	7	GROSS	CHARGES	5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL	-8	ACCUM.	COST	5.06
7.00	OPERATION OF PLANT	3	SQUARE	FEET	7.00
8.00	LAUNDRY & LINEN SERVICE	10	POUNDS OF	LAUNDRY	8.00
9.00	HOUSEKEEPING	3	SQUARE	FEET	9.00
10.00	DIETARY	12	MEALS	SERVED	10.00
11.00	CAFETERIA	13	NUMBER	FTE'S	11.00
12.00	MAINTENANCE OF PERSONNEL	14	NUMBER	HOUSED	12.00
13.00	NURSING ADMINISTRATION	15	DIRECT	NRSG HRS	13.00
14.00	CENTRAL SERVICES & SUPPLY	16	COSTED	REQUIS	14.00
15.00	PHARMACY	17	COSTED	REQUIS	15.00
16.00	MEDICAL RECORDS & LIBRARY	7	GROSS	CHARGES	16.00
17.00	SOCIAL SERVICE	18	TIME	SPENT	17.00
19.00	NONPHYSICIAN ANESTHETISTS	19	ASSIGNED	TIME	19.00
20.00	NURSING SCHOOL	20	ASSIGNED	TIME	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	21	ASSIGNED	TIME	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	21	ASSIGNED	TIME	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	22	ASSIGNED	TIME	23.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140029

Period:
From 07/01/2012
To 06/30/2013

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS			Subtotal	
		NEW BLDG & FIXT	POB NEW CRC	NEW MVBLE EQUIP		
		0	1.00	1.01		
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01 00101	POB NEW CRC					1.01
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	52,298	0	3,620	55,918 4.00
5.05 00514	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	3,565	3,565 5.05
5.06 00560	OTHER ADMINISTRATIVE AND GENERAL	0	1,117,935	0	3,037,081	4,155,016 5.06
7.00 00700	OPERATION OF PLANT	0	492,686	0	417,641	910,327 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	844	844 8.00
9.00 00900	HOUSEKEEPING	0	48,098	0	10,384	58,482 9.00
10.00 01000	DIETARY	0	88,726	0	71,236	159,962 10.00
11.00 01100	CAFETERIA	0	85,926	0	0	85,926 11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0 12.00
13.00 01300	NURSING ADMINISTRATION	0	0	0	247,057	247,057 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	137,615	0	79,876	217,491 14.00
15.00 01500	PHARMACY	0	26,263	0	1,207,362	1,233,625 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	46,653	0	17,900	64,553 16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	0 17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0 19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	0 20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	4,661	4,661 22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0 23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	1,192,938	0	1,084,051	2,276,989 30.00
31.00 03100	INTENSIVE CARE UNIT	0	213,879	0	290,703	504,582 31.00
31.01 03101	NICU	0	24,224	0	177,128	201,352 31.01
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	0 40.00
41.00 04100	SUBPROVIDER - IRF	0	60,104	0	21,400	81,504 41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00 04300	NURSERY	0	0	0	0	0 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	117,910	0	1,019,951	1,137,861 50.00
50.01 05001	SAME DAY SURGERY	0	105,798	0	48,439	154,237 50.01
50.02 05002	G. I. LAB	0	10,347	0	202,777	213,124 50.02
51.00 05100	RECOVERY ROOM	0	27,298	0	33,076	60,374 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	111,139	0	111,022	222,161 52.00
53.00 05300	ANESTHESIOLOGY	0	7,897	0	96,739	104,636 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	337,009	0	1,258,194	1,595,203 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	233,432	0	276,820	510,252 55.00
57.00 05700	CT SCAN	0	0	0	0	0 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0 59.00
60.00 06000	LABORATORY	0	101,796	0	136,187	237,983 60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0 60.01
62.30 06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0 62.30
65.00 06500	RESPIRATORY THERAPY	0	20,359	0	126,830	147,189 65.00
69.00 06900	ELECTROCARDIOLOGY	0	58,126	0	90,053	148,179 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
74.00 07400	RENAL DIALYSIS	0	0	0	0	0 74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0 75.00
75.01 07501	CARDIAC REHAB	0	37,630	0	36,794	74,424 75.01
75.02 07502	HEART SURGERY	0	0	0	0	0 75.02
75.03 07503	REHAB SERVICES	0	38,467	0	26,233	64,700 75.03
75.04 07504	CV SURGERY	0	0	0	0	0 75.04
75.05 07505	VASCULAR SERVICES	0	0	0	602,689	602,689 75.05
75.06 07506	YORKVILLE	0	0	0	1,002,080	1,002,080 75.06
75.07 07507	MCAI	0	0	0	0	0 75.07
76.00 03020	DIABETIC CENTER	0	0	0	0	0 76.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0 88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
90.00 09000	CLINIC	0	0	0	104,043	104,043 90.00
90.01 09001	WOUND CARE CENTER	0	0	0	0	0 90.01
91.00 09100	EMERGENCY	0	231,256	0	243,156	474,412 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140029

Period:
From 07/01/2012
To 06/30/2013

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS			Subtotal	
		NEW BLDG & FIXT	POB NEW CRC	NEW MVBLE EQUIP		
	0	1.00	1.01	2.00	2A	
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF	0	0	0	0	0	99.10
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE						113.00
118.00	0	5,025,809	0	12,089,592	17,115,401	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	3,332	0	527	3,859	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00 07954 OTHER NONREIMBURSABLE COST CENTERS	0	13,116	0	15,029	28,145	194.00
194.01 07950 ADVERTISING	0	0	0	0	0	194.01
194.02 07951 HOME HEALTH SERVICES PRIVATE	0	0	0	0	0	194.02
194.03 07952 HHA HME	0	0	0	0	0	194.03
194.04 07953 OTHER NON REIMBURSABLE	0	0	0	1,433	1,433	194.04
200.00						200.00
201.00						201.00
202.00						202.00
200.00						200.00
201.00						201.00
202.00						202.00
200.00						200.00
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202.00						202.00
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201.00						201.00
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ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140029		Period: From 07/01/2012 To 06/30/2013		Worksheet B Part II Date/Time Prepared: 11/26/2013 10:53 am	
Cost Center Description			EMPLOYEE BENEFITS DEPARTMENT	CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			4.00	5.05	5.06	7.00	8.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	POB NEW CRC						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	55,918					4.00
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE	1,249	4,814				5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	9,409	0	4,164,425			5.06
7.00	00700	OPERATION OF PLANT	1,263	0	159,993	1,071,583		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	53	0	21,481	0	22,378	8.00
9.00	00900	HOUSEKEEPING	699	0	62,601	15,252	0	9.00
10.00	01000	DIETARY	253	0	29,808	28,135	0	10.00
11.00	01100	CAFETERIA	453	0	45,356	27,247	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATIVE	1,315	0	74,543	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	244	0	31,378	43,638	0	14.00
15.00	01500	PHARMACY	1,182	0	342,735	8,328	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	63,955	14,794	0	16.00
17.00	01700	SOCIAL SERVICE	88	0	6,103	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	315	0	16,152	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	455	0	30,038	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	9,726	185	559,357	378,277	9,659	30.00
31.00	03100	INTENSIVE CARE UNIT	2,289	36	132,845	67,821	845	31.00
31.01	03101	NICU	1,857	82	103,848	7,681	0	31.01
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	768	12	42,417	19,059	1,431	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,095	537	292,892	37,389	2,694	50.00
50.01	05001	SAME DAY SURGERY	704	45	44,844	33,548	1,065	50.01
50.02	05002	G. I. LAB	555	66	58,231	3,281	0	50.02
51.00	05100	RECOVERY ROOM	390	45	23,285	8,656	774	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,561	121	149,641	35,242	0	52.00
53.00	05300	ANESTHESIOLOGY	54	56	22,268	2,504	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,982	1,230	279,056	106,865	800	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	781	102	57,404	74,021	853	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	1,584	439	211,306	32,280	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	1,016	104	73,490	6,456	0	65.00
69.00	06900	ELECTROCARDIOLOGY	1,002	129	65,515	18,432	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	112	17,982	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	64	243,530	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	476	10,963	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	12	15,095	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	CARDIAC REHAB	311	11	35,998	11,932	0	75.01
75.02	07502	HEART SURGERY	0	0	0	0	0	75.02
75.03	07503	REHAB SERVICES	1,364	104	77,056	12,198	0	75.03
75.04	07504	CV SURGERY	0	0	0	0	0	75.04
75.05	07505	VASCULAR SERVICES	950	211	177,942	0	0	75.05
75.06	07506	YORKVILLE	2,038	149	149,634	0	0	75.06
75.07	07507	MCAI	939	0	97,314	0	0	75.07
76.00	03020	DIABETIC CENTER	139	2	8,623	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	979	39	66,584	0	0	90.00
90.01	09001	WOUND CARE CENTER	0	0	2,657	0	0	90.01
91.00	09100	EMERGENCY	3,482	445	210,611	73,331	4,257	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140029

Period:
From 07/01/2012
To 06/30/2013

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description		EMPLOYEE BENEFITS DEPARTMENT 4.00	CASHIERING/ACCOUNTS RECEIVABLE 5.05	OTHER ADMINISTRATIVE AND GENERAL 5.06	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	55,544	4,814	4,114,531	1,066,367	22,378
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	3,284	1,057	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
194.00	07954	OTHER NONREIMBURSABLE COST CENTERS	270	0	44,290	4,159	194.00
194.01	07950	ADVERTISING	0	0	0	0	194.01
194.02	07951	HOME HEALTH SERVICES PRIVATE	0	0	0	0	194.02
194.03	07952	HHA HME	0	0	0	0	194.03
194.04	07953	OTHER NON REIMBURSABLE	104	0	2,320	0	194.04
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	55,918	4,814	4,164,425	1,071,583	22,378

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140029		Period: From 07/01/2012 To 06/30/2013		Worksheet B Part II Date/Time Prepared: 11/26/2013 10:53 am	
Cost Center Description			HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
			9.00	10.00	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	POB NEW CRC						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	137,034					9.00
10.00	01000	DIETARY	3,650	221,808				10.00
11.00	01100	CAFETERIA	3,535	0	162,517			11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0		12.00
13.00	01300	NURSING ADMINISTRATION	0	0	3,535	0	326,450	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	5,661	0	1,700	0	0	14.00
15.00	01500	PHARMACY	1,080	0	4,196	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,919	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	318	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	1,780	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	957	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	49,073	189,920	42,005	0	86,690	30.00
31.00	03100	INTENSIVE CARE UNIT	8,798	11,803	8,536	0	17,617	31.00
31.01	03101	NICU	996	0	6,595	0	13,611	31.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	2,472	20,085	3,205	0	6,614	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,850	0	7,806	0	16,109	50.00
50.01	05001	SAME DAY SURGERY	4,352	0	2,726	0	5,625	50.01
50.02	05002	G. I. LAB	426	0	2,183	0	4,504	50.02
51.00	05100	RECOVERY ROOM	1,123	0	1,251	0	2,580	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,572	0	9,721	0	20,060	52.00
53.00	05300	ANESTHESIOLOGY	325	0	332	0	686	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,863	0	11,102	0	22,910	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	9,602	0	2,537	0	5,236	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	4,188	0	7,782	0	16,062	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	838	0	4,205	0	8,680	65.00
69.00	06900	ELECTROCARDIOLOGY	2,391	0	8,605	0	17,757	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	CARDIAC REHAB	1,548	0	864	0	1,782	75.01
75.02	07502	HEART SURGERY	0	0	0	0	0	75.02
75.03	07503	REHAB SERVICES	1,582	0	4,793	0	9,893	75.03
75.04	07504	CV SURGERY	0	0	0	0	0	75.04
75.05	07505	VASCULAR SERVICES	0	0	3,267	0	6,743	75.05
75.06	07506	YORKVILLE	0	0	0	0	19,337	75.06
75.07	07507	MCAI	0	0	4,672	0	9,642	75.07
76.00	03020	DIABETIC CENTER	0	0	441	0	913	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	2,966	0	6,120	90.00
90.01	09001	WOUND CARE CENTER	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	9,513	0	13,218	0	27,279	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140029

Period:
From 07/01/2012
To 06/30/2013

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Cost Center Description		HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
		9.00	10.00	11.00	12.00	13.00	
110.00	11000	0	0	0	0	0	110.00
111.00	11100	0	0	0	0	0	111.00
113.00	11300	0	0	0	0	0	113.00
118.00		136,357	221,808	161,298	0	326,450	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	137	0	0	0	0	190.00
192.00	19200	0	0	0	0	0	192.00
194.00	07954	540	0	1,219	0	0	194.00
194.01	07950	0	0	0	0	0	194.01
194.02	07951	0	0	0	0	0	194.02
194.03	07952	0	0	0	0	0	194.03
194.04	07953	0	0	0	0	0	194.04
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		137,034	221,808	162,517	0	326,450	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140029	Period: From 07/01/2012 To 06/30/2013	Worksheet B Part II Date/Time Prepared: 11/26/2013 10:53 am		
Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS
		14.00	15.00	16.00	17.00	19.00
GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
1.01	00101	POB NEW CRC				1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE				5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL				5.06
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
12.00	01200	MAINTENANCE OF PERSONNEL				12.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	300,112			14.00
15.00	01500	PHARMACY	3,609			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,594,755	145,221	16.00
17.00	01700	SOCIAL SERVICE	0	0	6,509	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	702	0	6,400	6,509
31.00	03100	INTENSIVE CARE UNIT	971	0	1,248	0
31.01	03101	NI CU	76	0	2,853	0
40.00	04000	SUBPROVIDER - I PF	0	0	0	0
41.00	04100	SUBPROVIDER - I RF	28	0	416	0
42.00	04200	SUBPROVIDER	0	0	0	0
43.00	04300	NURSERY	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	114,735	0	18,625	0
50.01	05001	SAME DAY SURGERY	1,986	0	1,554	0
50.02	05002	G. I. LAB	9,781	0	2,296	0
51.00	05100	RECOVERY ROOM	503	0	1,573	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,907	0	4,192	0
53.00	05300	ANESTHESIOLOGY	6,925	0	1,952	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	20,145	0	20,966	0
55.00	05500	RADIOLOGY-THERAPEUTIC	491	0	3,532	0
57.00	05700	CT SCAN	0	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0
60.00	06000	LABORATORY	643	0	15,220	0
60.01	06001	BLOOD LABORATORY	0	0	0	0
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	765	0	3,609	0
69.00	06900	ELECTROCARDIOLOGY	2,047	0	4,475	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	3,891	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	2,228	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,594,755	16,488	0
74.00	07400	RENAL DIALYSIS	0	0	427	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0
75.01	07501	CARDIAC REHAB	0	0	374	0
75.02	07502	HEART SURGERY	0	0	0	0
75.03	07503	REHAB SERVICES	69	0	3,588	0
75.04	07504	CV SURGERY	0	0	0	0
75.05	07505	VASCULAR SERVICES	117,124	0	7,325	0
75.06	07506	YORKVILLE	2,496	0	5,159	0
75.07	07507	MCAI	3,768	0	0	0
76.00	03020	DIABETIC CENTER	0	0	56	0
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0
90.00	09000	CLINIC	666	0	1,343	0
90.01	09001	WOUND CARE CENTER	83	0	0	0
91.00	09100	EMERGENCY	5,549	0	15,431	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140029

Period:
From 07/01/2012
To 06/30/2013

Worksheet B
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Cost Center Description		CENTRAL SERVICES & SUPPLY 14.00	PHARMACY 15.00	MEDICAL RECORDS & LIBRARY 16.00	SOCIAL SERVICE 17.00	NONPHYSICIAN ANESTHETISTS 19.00	
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	300,069	1,594,755	145,221	6,509	0118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
194.00	07954	OTHER NONREIMBURSABLE COST CENTERS	43	0	0	0	194.00
194.01	07950	ADVERTISING	0	0	0	0	194.01
194.02	07951	HOME HEALTH SERVICES PRIVATE	0	0	0	0	194.02
194.03	07952	HHA HME	0	0	0	0	194.03
194.04	07953	OTHER NON REIMBURSABLE	0	0	0	0	194.04
200.00		Cross Foot Adjustments					0200.00
201.00		Negative Cost Centers	0	0	0	0	0201.00
202.00		TOTAL (sum lines 118-201)	300,112	1,594,755	145,221	6,509	0202.00

ALLOCATION OF CAPITAL RELATED COSTS	Provider CCN: 140029	Period: From 07/01/2012 To 06/30/2013	Worksheet B Part II Date/Time Prepared: 11/26/2013 10:53 am
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Cost Center Description	INTERNS & RESIDENTS				PARAMED PRGM	Subtotal
	NURSING SCHOOL	SERVICES-SALAR	SERVICES-OTHER	PRGM COSTS		
		Y & FRINGES				
	20.00	21.00	22.00	23.00	24.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01 00101 POB NEW CRC						1.01
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.05 00514 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00560 OTHER ADMINISTRATIVE AND GENERAL						5.06
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
12.00 01200 MAINTENANCE OF PERSONNEL						12.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00
17.00 01700 SOCIAL SERVICE						17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS						19.00
20.00 02000 NURSING SCHOOL	0					20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD		18,247				21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD			36,111			22.00
23.00 02300 PARAMED PRGM-(SPECIFY)				0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS					3,615,492	30.00
31.00 03100 INTENSIVE CARE UNIT					757,391	31.00
31.01 03101 NICU					338,951	31.01
40.00 04000 SUBPROVIDER - I PF					0	40.00
41.00 04100 SUBPROVIDER - I RF					178,011	41.00
42.00 04200 SUBPROVIDER					0	42.00
43.00 04300 NURSERY					0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM					1,635,593	50.00
50.01 05001 SAME DAY SURGERY					250,686	50.01
50.02 05002 G. I. LAB					294,447	50.02
51.00 05100 RECOVERY ROOM					100,554	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM					455,178	52.00
53.00 05300 ANESTHESIOLOGY					139,738	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC					2,075,122	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC					664,811	55.00
57.00 05700 CT SCAN					0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)					0	58.00
59.00 05900 CARDIAC CATHETERIZATION					0	59.00
60.00 06000 LABORATORY					527,487	60.00
60.01 06001 BLOOD LABORATORY					0	60.01
62.30 06250 BLOOD CLOTTING FACTORS FOR HEMOPH.					0	62.30
65.00 06500 RESPIRATORY THERAPY					246,352	65.00
69.00 06900 ELECTROCARDIOLOGY					268,532	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY					0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS					21,985	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS					245,822	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS					1,622,682	73.00
74.00 07400 RENAL DIALYSIS					15,534	74.00
75.00 07500 ASC (NON-DISTINCT PART)					0	75.00
75.01 07501 CARDIAC REHAB					127,244	75.01
75.02 07502 HEART SURGERY					0	75.02
75.03 07503 REHAB SERVICES					175,347	75.03
75.04 07504 CV SURGERY					0	75.04
75.05 07505 VASCULAR SERVICES					916,251	75.05
75.06 07506 YORKVILLE					1,180,893	75.06
75.07 07507 MCAI					116,335	75.07
76.00 03020 DIABETIC CENTER					10,174	76.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC					0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER					0	89.00
90.00 09000 CLINIC					182,740	90.00
90.01 09001 WOUND CARE CENTER					2,740	90.01
91.00 09100 EMERGENCY					837,528	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF					0	99.10
101.00 10100 HOME HEALTH AGENCY					0	101.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140029

Period:
From 07/01/2012
To 06/30/2013

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Cost Center Description	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal		
		SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
		20.00	21.00				22.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION				0	109.00
110.00	11000	INTESTINAL ACQUISITION				0	110.00
111.00	11100	ISLET ACQUISITION				0	111.00
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	17,003,620
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN				8,337	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES				0	192.00
194.00	07954	OTHER NONREIMBURSABLE COST CENTERS				78,666	194.00
194.01	07950	ADVERTISING				0	194.01
194.02	07951	HOME HEALTH SERVICES PRIVATE				0	194.02
194.03	07952	HHA HME				0	194.03
194.04	07953	OTHER NON REIMBURSABLE				3,857	194.04
200.00		Cross Foot Adjustments	0	18,247	36,111	0	54,358
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	0	18,247	36,111	0	17,148,838

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140029	Period: From 07/01/2012 To 06/30/2013	Worksheet B Part II Date/Time Prepared: 11/26/2013 10:53 am
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		1.00
1.01	00101	POB NEW CRC		1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL		5.06
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
12.00	01200	MAINTENANCE OF PERSONNEL		12.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000	NURSING SCHOOL		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)		23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	3,615,492
31.00	03100	INTENSIVE CARE UNIT	0	757,391
31.01	03101	NICU	0	338,951
40.00	04000	SUBPROVIDER - I PF	0	0
41.00	04100	SUBPROVIDER - I RF	0	178,011
42.00	04200	SUBPROVIDER	0	0
43.00	04300	NURSERY	0	0
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	1,635,593
50.01	05001	SAME DAY SURGERY	0	250,686
50.02	05002	G. I. LAB	0	294,447
51.00	05100	RECOVERY ROOM	0	100,554
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	455,178
53.00	05300	ANESTHESIOLOGY	0	139,738
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	2,075,122
55.00	05500	RADIOLOGY-THERAPEUTIC	0	664,811
57.00	05700	CT SCAN	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0
60.00	06000	LABORATORY	0	527,487
60.01	06001	BLOOD LABORATORY	0	0
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0
65.00	06500	RESPIRATORY THERAPY	0	246,352
69.00	06900	ELECTROCARDIOLOGY	0	268,532
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	21,985
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	245,822
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,622,682
74.00	07400	RENAL DIALYSIS	0	15,534
75.00	07500	ASC (NON-DISTINCT PART)	0	0
75.01	07501	CARDIAC REHAB	0	127,244
75.02	07502	HEART SURGERY	0	0
75.03	07503	REHAB SERVICES	0	175,347
75.04	07504	CV SURGERY	0	0
75.05	07505	VASCULAR SERVICES	0	916,251
75.06	07506	YORKVILLE	0	1,180,893
75.07	07507	MCAI	0	116,335
76.00	03020	DIABETIC CENTER	0	10,174
OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0
90.00	09000	CLINIC	0	182,740
90.01	09001	WOUND CARE CENTER	0	2,740
91.00	09100	EMERGENCY	0	837,528
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0
OTHER REIMBURSABLE COST CENTERS				
99.10	09910	CORF	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140029

Period:
From 07/01/2012
To 06/30/2013

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Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
101.00	10100	HOME HEALTH AGENCY	25.00	26.00	
		SPECIAL PURPOSE COST CENTERS			
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE			113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	17,003,620	118.00
		NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	8,337	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
194.00	07954	OTHER NONREIMBURSABLE COST CENTERS	0	78,666	194.00
194.01	07950	ADVERTISING	0	0	194.01
194.02	07951	HOME HEALTH SERVICES PRIVATE	0	0	194.02
194.03	07952	HHA HME	0	0	194.03
194.04	07953	OTHER NON REIMBURSABLE	0	3,857	194.04
200.00		Cross Foot Adjustments	0	54,358	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	17,148,838	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140029

Period:
From 07/01/2012
To 06/30/2013

Worksheet B-1

Date/Time Prepared:
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Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	
	NEW BLDG & FIXT (SQUARE FEET)	POB NEW CRC (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)			
	1.00	1.01	2.00			
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT	331,374					1.00
1.01 00101 POB NEW CRC	0	0				1.01
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP			10,714,693			2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	3,437	0	3,204	99,294,315		4.00
5.05 00514 CASHIERING/ACCOUNTS RECEIVABLE	0	0	3,155	2,218,399	1,393,442,241	5.05
5.06 00560 OTHER ADMINISTRATIVE AND GENERAL	73,470	0	2,687,911	16,712,340	0	5.06
7.00 00700 OPERATION OF PLANT	32,379	0	369,625	2,244,154	0	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	0	0	747	94,652	0	8.00
9.00 00900 HOUSEKEEPING	3,161	0	9,190	1,241,468	0	9.00
10.00 01000 DIETARY	5,831	0	63,046	449,251	0	10.00
11.00 01100 CAFETERIA	5,647	0	0	804,939	0	11.00
12.00 01200 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 01300 NURSING ADMINISTRATION	0	0	218,653	2,336,439	0	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	9,044	0	70,693	432,659	0	14.00
15.00 01500 PHARMACY	1,726	0	1,068,552	2,098,761	0	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	3,066	0	15,842	0	0	16.00
17.00 01700 SOCIAL SERVICE	0	0	0	155,842	0	17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 02000 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	559,217	0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	4,125	807,350	0	22.00
23.00 02300 PARAMED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	78,399	0	959,418	17,248,170	61,534,011	30.00
31.00 03100 INTENSIVE CARE UNIT	14,056	0	257,281	4,064,863	11,998,640	31.00
31.01 03101 NICU	1,592	0	156,764	3,298,582	27,436,216	31.01
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - IRF	3,950	0	18,940	1,364,125	3,997,539	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	7,749	0	902,687	3,721,657	179,085,317	50.00
50.01 05001 SAME DAY SURGERY	6,953	0	42,870	1,250,618	14,945,841	50.01
50.02 05002 G. I. LAB	680	0	179,464	986,528	22,075,053	50.02
51.00 05100 RECOVERY ROOM	1,794	0	29,273	693,037	15,124,861	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	7,304	0	98,258	4,549,480	40,302,998	52.00
53.00 05300 ANESTHESIOLOGY	519	0	85,617	96,595	18,771,948	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	22,148	0	1,113,540	5,295,867	198,674,740	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	15,341	0	244,994	1,386,738	33,961,662	55.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	6,690	0	120,530	2,812,776	146,350,916	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
62.30 06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
65.00 06500 RESPIRATORY THERAPY	1,338	0	112,248	1,805,316	34,697,434	65.00
69.00 06900 ELECTROCARDIOLOGY	3,820	0	79,700	1,778,897	43,031,173	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	37,410,727	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	21,421,865	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	158,542,151	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	4,108,539	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01 07501 CARDIAC REHAB	2,473	0	32,564	551,586	3,598,988	75.01
75.02 07502 HEART SURGERY	0	0	0	0	0	75.02
75.03 07503 REHAB SERVICES	2,528	0	23,217	2,423,023	34,501,926	75.03
75.04 07504 CV SURGERY	0	0	0	0	0	75.04
75.05 07505 VASCULAR SERVICES	0	0	533,398	1,687,702	70,429,830	75.05
75.06 07506 YORKVILLE	0	0	886,871	3,620,316	49,608,691	75.06
75.07 07507 MCAI	0	0	0	1,668,179	0	75.07
76.00 03020 DIABETIC CENTER	0	0	0	246,854	540,572	76.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	92,081	1,738,969	12,916,260	90.00
90.01 09001 WOUND CARE CENTER	0	0	0	0	0	90.01
91.00 09100 EMERGENCY	15,198	0	215,200	6,184,742	148,374,343	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140029

Period:
From 07/01/2012
To 06/30/2013

Worksheet B-1

Date/Time Prepared:
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Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	
	NEW BLDG & FIXT (SQUARE FEET)	POB NEW CRC (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)			
	1.00	1.01	2.00			
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF	0	0	0	0	0	99.10
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	330,293	0	10,699,658	98,630,091	1,393,442,241	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	219	0	466	0	0	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00 07954 OTHER NONREIMBURSABLE COST CENTERS	862	0	13,301	479,345	0	194.00
194.01 07950 ADVERTISING	0	0	0	0	0	194.01
194.02 07951 HOME HEALTH SERVICES PRIVATE	0	0	0	0	0	194.02
194.03 07952 HHA HME	0	0	0	0	0	194.03
194.04 07953 OTHER NON REIMBURSABLE	0	0	1,268	184,879	0	194.04
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	5,042,257	0	12,106,581	29,215,323	4,318,787	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	15.216212	0.000000	1.129905	0.294230	0.003099	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)				55,918	4,814	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)				0.000563	0.000003	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140029

Period:
From 07/01/2012
To 06/30/2013

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	
		5A.06	5.06	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	POB NEW CRC					1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	-48,437,906	186,638,970			5.06
7.00	00700	OPERATION OF PLANT	0	7,170,392	222,088		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	962,733	0	1,314,253	8.00
9.00	00900	HOUSEKEEPING	0	2,805,593	3,161	0	218,927
10.00	01000	DIETARY	0	1,335,915	5,831	0	5,831
11.00	01100	CAFETERIA	0	2,032,696	5,647	0	5,647
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	0	3,340,797	0	0	0
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,406,261	9,044	0	9,044
15.00	01500	PHARMACY	0	15,360,345	1,726	0	1,726
16.00	01600	MEDICAL RECORDS & LIBRARY	0	2,866,284	3,066	0	3,066
17.00	01700	SOCIAL SERVICE	0	273,536	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	723,896	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	1,346,223	0	0	0
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	25,070,794	78,399	567,297	78,399
31.00	03100	INTENSIVE CARE UNIT	0	5,953,692	14,056	49,614	14,056
31.01	03101	NI CU	0	4,654,160	1,592	0	1,592
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0
41.00	04100	SUBPROVIDER - IRF	0	1,901,018	3,950	84,035	3,950
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	13,126,526	7,749	158,198	7,749
50.01	05001	SAME DAY SURGERY	0	2,009,768	6,953	62,576	6,953
50.02	05002	G. I. LAB	0	2,609,715	680	0	680
51.00	05100	RECOVERY ROOM	0	1,043,545	1,794	45,470	1,794
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	6,706,460	7,304	0	7,304
53.00	05300	ANESTHESIOLOGY	0	997,962	519	0	519
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	12,506,427	22,148	46,979	22,148
55.00	05500	RADIOLOGY-THERAPEUTIC	0	2,572,679	15,341	50,076	15,341
57.00	05700	CT SCAN	0	0	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	0	9,470,067	6,690	0	6,690
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	0	3,293,608	1,338	0	1,338
69.00	06900	ELECTROCARDIOLOGY	0	2,936,183	3,820	0	3,820
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	805,919	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	10,914,278	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	491,322	0	0	0
74.00	07400	RENAL DIALYSIS	0	676,520	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
75.01	07501	CARDIAC REHAB	0	1,613,302	2,473	0	2,473
75.02	07502	HEART SURGERY	0	0	0	0	0
75.03	07503	REHAB SERVICES	0	3,453,408	2,528	0	2,528
75.04	07504	CV SURGERY	0	0	0	0	0
75.05	07505	VASCULAR SERVICES	0	7,974,825	0	0	0
75.06	07506	YORKVILLE	0	6,706,145	0	0	0
75.07	07507	MCAI	0	4,361,309	0	0	0
76.00	03020	DIABETIC CENTER	0	386,451	0	0	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	0	2,984,085	0	0	0
90.01	09001	WOUND CARE CENTER	0	119,080	0	0	0
91.00	09100	EMERGENCY	0	9,438,922	15,198	250,008	15,198
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140029

Period:
From 07/01/2012
To 06/30/2013

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	
		5A.06	5.06	7.00	8.00	9.00	
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	-48,437,906	184,402,841	221,007	1,314,253	217,846	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	147,201	219	0	219	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07954 OTHER NONREIMBURSABLE COST CENTERS	0	1,984,942	862	0	862	194.00
194.01	07950 ADVERTISING	0	0	0	0	0	194.01
194.02	07951 HOME HEALTH SERVICES PRIVATE	0	0	0	0	0	194.02
194.03	07952 HHA HME	0	0	0	0	0	194.03
194.04	07953 OTHER NON REIMBURSABLE	0	103,986	0	0	0	194.04
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)		48,437,906	9,031,302	1,212,588	3,662,263	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)		0.259527	40.665421	0.922644	16.728238	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)		4,164,425	1,071,583	22,378	137,034	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)		0.022313	4.825038	0.017027	0.625935	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140029

Period:
From 07/01/2012
To 06/30/2013

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		DIETARY (MEALS SERVED)	CAFETERIA (NUMBER FTE'S)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS)	
		10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
2.00	00200						2.00
4.00	00400						4.00
5.05	00514						5.05
5.06	00560						5.06
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	130,436					10.00
11.00	01100	0	102,369				11.00
12.00	01200	0	0	0			12.00
13.00	01300	0	2,227	0	2,072,458		13.00
14.00	01400	0	1,071	0	0	10,007,719	14.00
15.00	01500	0	2,643	0	0	120,339	15.00
16.00	01600	0	0	0	0	0	16.00
17.00	01700	0	200	0	0	0	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	1,121	0	0	0	21.00
22.00	02200	0	603	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	111,684	26,459	0	550,354	23,422	30.00
31.00	03100	6,941	5,377	0	111,839	32,379	31.00
31.01	03101	0	4,154	0	86,406	2,529	31.01
40.00	04000	0	0	0	0	0	40.00
41.00	04100	11,811	2,019	0	41,988	946	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	4,917	0	102,269	3,826,035	50.00
50.01	05001	0	1,717	0	35,712	66,211	50.01
50.02	05002	0	1,375	0	28,592	326,168	50.02
51.00	05100	0	788	0	16,381	16,763	51.00
52.00	05200	0	6,123	0	127,353	230,342	52.00
53.00	05300	0	209	0	4,355	230,922	53.00
54.00	05400	0	6,993	0	145,446	671,784	54.00
55.00	05500	0	1,598	0	33,238	16,368	55.00
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	0	4,902	0	101,967	21,442	60.00
60.01	06001	0	0	0	0	0	60.01
62.30	06250	0	0	0	0	0	62.30
65.00	06500	0	2,649	0	55,102	25,499	65.00
69.00	06900	0	5,420	0	112,729	68,275	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	0	0	0	0	0	74.00
75.00	07500	0	0	0	0	0	75.00
75.01	07501	0	544	0	11,314	0	75.01
75.02	07502	0	0	0	0	0	75.02
75.03	07503	0	3,019	0	62,803	2,294	75.03
75.04	07504	0	0	0	0	0	75.04
75.05	07505	0	2,058	0	42,810	3,905,671	75.05
75.06	07506	0	0	0	122,762	83,239	75.06
75.07	07507	0	2,943	0	61,214	125,661	75.07
76.00	03020	0	278	0	5,793	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	1,868	0	38,853	22,206	90.00
90.01	09001	0	0	0	0	2,757	90.01
91.00	09100	0	8,326	0	173,178	185,044	91.00
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	0	0	0	0	0	99.10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140029

Period:
From 07/01/2012
To 06/30/2013

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Date/Time Prepared:
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Cost Center Description		DIETARY (MEALS SERVED)	CAFETERIA (NUMBER FTE'S)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS)	
		10.00	11.00	12.00	13.00	14.00	
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
	SPECIAL PURPOSE COST CENTERS						
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	130,436	101,601	0	2,072,458	10,006,296	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07954 OTHER NONREIMBURSABLE COST CENTERS	0	768	0	0	1,423	194.00
194.01	07950 ADVERTISING	0	0	0	0	0	194.01
194.02	07951 HOME HEALTH SERVICES PRIVATE	0	0	0	0	0	194.02
194.03	07952 HHA HME	0	0	0	0	0	194.03
194.04	07953 OTHER NON REIMBURSABLE	0	0	0	0	0	194.04
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	2,017,283	2,884,337	0	4,270,572	2,320,468	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	15.465692	28.175883	0.000000	2.060631	0.231868	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	221,808	162,517	0	326,450	300,112	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	1.700512	1.587561	0.000000	0.157518	0.029988	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140029

Period:
From 07/01/2012
To 06/30/2013

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		PHARMACY (COSTED REQUIS)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	
		15.00	16.00	17.00	19.00	20.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
2.00	00200						2.00
4.00	00400						4.00
5.05	00514						5.05
5.06	00560						5.06
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
12.00	01200						12.00
13.00	01300						13.00
14.00	01400						14.00
15.00	01500	10,000					15.00
16.00	01600	0	1,393,442,241				16.00
17.00	01700	0	0	100			17.00
19.00	01900	0	0	0	0		19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	0	61,534,011	100		0	30.00
31.00	03100	0	11,998,640	0		0	31.00
31.01	03101	0	27,436,216	0		0	31.01
40.00	04000	0	0	0		0	40.00
41.00	04100	0	3,997,539	0		0	41.00
42.00	04200	0	0	0		0	42.00
43.00	04300	0	0	0		0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	179,085,317	0	0	0	50.00
50.01	05001	0	14,945,841	0	0	0	50.01
50.02	05002	0	22,075,053	0	0	0	50.02
51.00	05100	0	15,124,861	0	0	0	51.00
52.00	05200	0	40,302,998	0	0	0	52.00
53.00	05300	0	18,771,948	0	0	0	53.00
54.00	05400	0	198,674,740	0	0	0	54.00
55.00	05500	0	33,961,662	0	0	0	55.00
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	0	146,350,916	0	0	0	60.00
60.01	06001	0	0	0	0	0	60.01
62.30	06250	0	0	0	0	0	62.30
65.00	06500	0	34,697,434	0	0	0	65.00
69.00	06900	0	43,031,173	0	0	0	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	37,410,727	0	0	0	71.00
72.00	07200	0	21,421,865	0	0	0	72.00
73.00	07300	10,000	158,542,151	0	0	0	73.00
74.00	07400	0	4,108,539	0	0	0	74.00
75.00	07500	0	0	0	0	0	75.00
75.01	07501	0	3,598,988	0	0	0	75.01
75.02	07502	0	0	0	0	0	75.02
75.03	07503	0	34,501,926	0	0	0	75.03
75.04	07504	0	0	0	0	0	75.04
75.05	07505	0	70,429,830	0	0	0	75.05
75.06	07506	0	49,608,691	0	0	0	75.06
75.07	07507	0	0	0	0	0	75.07
76.00	03020	0	540,572	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	12,916,260	0	0	0	90.00
90.01	09001	0	0	0	0	0	90.01
91.00	09100	0	148,374,343	0	0	0	91.00
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	0	0	0	0	0	99.10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140029

Period:
From 07/01/2012
To 06/30/2013

Worksheet B-1

Date/Time Prepared:
11/26/2013 10:53 am

Cost Center Description			PHARMACY (COSTED REQUIS)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	
			15.00	16.00	17.00	19.00	20.00	
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	10,000	1,393,442,241	100	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07954	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07950	ADVERTISING	0	0	0	0	0	194.01
194.02	07951	HOME HEALTH SERVICES PRIVATE	0	0	0	0	0	194.02
194.03	07952	HHA HME	0	0	0	0	0	194.03
194.04	07953	OTHER NON REIMBURSABLE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	19,548,203	3,786,131	350,161	0	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	1,954.820300	0.002717	3,501.610000	0.000000	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	1,594,755	145,221	6,509	0	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	159.475500	0.000104	65.090000	0.000000	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140029

Period:
From 07/01/2012
To 06/30/2013

Worksheet B-1
Date/Time Prepared:
11/26/2013 10:53 am

Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM (ASSIGNED TIME)	
	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)			
	21.00	22.00	23.00		
GENERAL SERVICE COST CENTERS					
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01 00101 POB NEW CRC					1.01
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT					4.00
5.05 00514 CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06 00560 OTHER ADMINISTRATIVE AND GENERAL					5.06
7.00 00700 OPERATION OF PLANT					7.00
8.00 00800 LAUNDRY & LINEN SERVICE					8.00
9.00 00900 HOUSEKEEPING					9.00
10.00 01000 DIETARY					10.00
11.00 01100 CAFETERIA					11.00
12.00 01200 MAINTENANCE OF PERSONNEL					12.00
13.00 01300 NURSING ADMINISTRATION					13.00
14.00 01400 CENTRAL SERVICES & SUPPLY					14.00
15.00 01500 PHARMACY					15.00
16.00 01600 MEDICAL RECORDS & LIBRARY					16.00
17.00 01700 SOCIAL SERVICE					17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS					19.00
20.00 02000 NURSING SCHOOL					20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	14,300				21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD		14,300			22.00
23.00 02300 PARAMED PRGM-(SPECIFY)			0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000 ADULTS & PEDIATRICS	7,600	7,600	0		30.00
31.00 03100 INTENSIVE CARE UNIT	500	500	0		31.00
31.01 03101 NICU	0	0	0		31.01
40.00 04000 SUBPROVIDER - I PF	0	0	0		40.00
41.00 04100 SUBPROVIDER - I RF	1,400	1,400	0		41.00
42.00 04200 SUBPROVIDER	0	0	0		42.00
43.00 04300 NURSERY	0	0	0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	800	800	0		50.00
50.01 05001 SAME DAY SURGERY	0	0	0		50.01
50.02 05002 G. I. LAB	400	400	0		50.02
51.00 05100 RECOVERY ROOM	0	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	1,000	1,000	0		52.00
53.00 05300 ANESTHESIOLOGY	100	100	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0		55.00
57.00 05700 CT SCAN	0	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0		59.00
60.00 06000 LABORATORY	0	0	0		60.00
60.01 06001 BLOOD LABORATORY	0	0	0		60.01
62.30 06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0		62.30
65.00 06500 RESPIRATORY THERAPY	0	0	0		65.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0		73.00
74.00 07400 RENAL DIALYSIS	300	300	0		74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0		75.00
75.01 07501 CARDIAC REHAB	1,100	1,100	0		75.01
75.02 07502 HEART SURGERY	0	0	0		75.02
75.03 07503 REHAB SERVICES	0	0	0		75.03
75.04 07504 CV SURGERY	0	0	0		75.04
75.05 07505 VASCULAR SERVICES	0	0	0		75.05
75.06 07506 YORKVILLE	0	0	0		75.06
75.07 07507 MCAI	0	0	0		75.07
76.00 03020 DIABETIC CENTER	0	0	0		76.00
OUTPATIENT SERVICE COST CENTERS					
88.00 08800 RURAL HEALTH CLINIC	0	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00 09000 CLINIC	0	0	0		90.00
90.01 09001 WOUND CARE CENTER	1,100	1,100	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

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140029

Period:
From 07/01/2012
To 06/30/2013

Worksheet B-1

Date/Time Prepared:
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Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM (ASSIGNED TIME)	
	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)			
	21.00	22.00	23.00		
OTHER REIMBURSABLE COST CENTERS					
99.10 09910 CORF	0	0	0		99.10
101.00 10100 HOME HEALTH AGENCY	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS					
109.00 10900 PANCREAS ACQUISITION	0	0	0		109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0		110.00
111.00 11100 ISLET ACQUISITION	0	0	0		111.00
113.00 11300 INTEREST EXPENSE					113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)		0		118.00
	14,300	14,300			
NONREIMBURSABLE COST CENTERS					
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0		190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0		192.00
194.00 07954 OTHER NONREIMBURSABLE COST CENTERS	0	0	0		194.00
194.01 07950 ADVERTISING	0	0	0		194.01
194.02 07951 HOME HEALTH SERVICES PRIVATE	0	0	0		194.02
194.03 07952 HHA HME	0	0	0		194.03
194.04 07953 OTHER NON REIMBURSABLE	0	0	0		194.04
200.00	Cross Foot Adjustments				200.00
201.00	Negative Cost Centers				201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	943,352	1,712,594	0	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	65.968671	119.761818	0.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	18,247	36,111	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	1.276014	2.525245	0.000000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140029

Period:
From 07/01/2012
To 06/30/2013

Worksheet C
Part I
Date/Time Prepared:
11/26/2013 10:53 am

		Title XVII		Hospital		PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS		40,730,053		40,730,053		30.00
31.00	03100 INTENSIVE CARE UNIT		8,880,753		8,880,753	20,414	31.00
31.01	03101 NICU		6,323,634		6,323,634	19,961	31.01
40.00	04000 SUBPROVIDER - I PF		0		0	0	40.00
41.00	04100 SUBPROVIDER - I RF		3,035,776		3,035,776	0	41.00
42.00	04200 SUBPROVIDER		0		0	0	42.00
43.00	04300 NURSERY		0		0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM		18,846,907		18,846,907	9,000	50.00
50.01	05001 SAME DAY SURGERY		3,166,077		3,166,077	0	50.01
50.02	05002 G. I. LAB		3,559,300		3,559,300	0	50.02
51.00	05100 RECOVERY ROOM		1,560,229		1,560,229	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		9,464,031		9,464,031	21,711	52.00
53.00	05300 ANESTHESIOLOGY		1,406,156		1,406,156	16,111	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		18,259,141		18,259,141	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC		4,376,622		4,376,622	12,380	55.00
57.00	05700 CT SCAN		0		0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		0		0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION		0		0	0	59.00
60.00	06000 LABORATORY		13,062,610		13,062,610	0	60.00
60.01	06001 BLOOD LABORATORY		0		0	0	60.01
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.		0		0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0	4,513,548		4,513,548	0	65.00
69.00	06900 ELECTROCARDIOLOGY		4,435,199		4,435,199	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		0		0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		1,116,722		1,116,722	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		13,805,031		13,805,031	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		20,597,795		20,597,795	0	73.00
74.00	07400 RENAL DIALYSIS		863,258		863,258	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)		0		0	0	75.00
75.01	07501 CARDIAC REHAB		2,222,352		2,222,352	34,996	75.01
75.02	07502 HEART SURGERY		0		0	0	75.02
75.03	07503 REHAB SERVICES		4,803,503		4,803,503	0	75.03
75.04	07504 CV SURGERY		0		0	0	75.04
75.05	07505 VASCULAR SERVICES		11,287,666		11,287,666	0	75.05
75.06	07506 YORKVILLE		8,853,625		8,853,625	0	75.06
75.07	07507 MCAI		5,731,384		5,731,384	0	75.07
76.00	03020 DIABETIC CENTER		507,984		507,984	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC		0		0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER		0		0	0	89.00
90.00	09000 CLINIC		3,931,473		3,931,473	0	90.00
90.01	09001 WOUND CARE CENTER		150,623		150,623	2,592	90.01
91.00	09100 EMERGENCY		14,029,001		14,029,001	43,616	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		8,554,616		8,554,616	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910 CORF		0		0	0	99.10
101.00	10100 HOME HEALTH AGENCY		0		0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION		0		0	0	109.00
110.00	11000 INTestinal ACQUISITION		0		0	0	110.00
111.00	11100 ISLET ACQUISITION		0		0	0	111.00
113.00	11300 INTEREST EXPENSE						113.00
200.00	Subtotal (see instructions)		238,075,069	0	238,075,069	180,781	200.00
201.00	Less Observation Beds		8,554,616		8,554,616	0	201.00
202.00	Total (see instructions)		229,520,453	0	229,520,453	180,781	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140029

Period:
From 07/01/2012
To 06/30/2013

Worksheet C
Part I
Date/Time Prepared:
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		Title XVIII			Hospital	PPS
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	61,426,946		61,426,946	30.00
31.00	03100	INTENSIVE CARE UNIT	11,998,640		11,998,640	31.00
31.01	03101	NICU	27,436,216		27,436,216	31.01
40.00	04000	SUBPROVIDER - I/PF	0		0	40.00
41.00	04100	SUBPROVIDER - I/RF	4,104,604		4,104,604	41.00
42.00	04200	SUBPROVIDER	0		0	42.00
43.00	04300	NURSERY	0		0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	100,817,980	78,267,337	179,085,317	50.00
50.01	05001	SAME DAY SURGERY	2,241,371	12,704,470	14,945,841	50.01
50.02	05002	G. I. LAB	3,652,953	18,422,100	22,075,053	50.02
51.00	05100	RECOVERY ROOM	6,800,655	8,324,206	15,124,861	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	32,569,945	7,733,053	40,302,998	52.00
53.00	05300	ANESTHESIOLOGY	10,939,809	7,832,139	18,771,948	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	44,620,433	154,054,307	198,674,740	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,214,777	32,746,885	33,961,662	55.00
57.00	05700	CT SCAN	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000	LABORATORY	65,849,552	80,501,364	146,350,916	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	29,429,308	5,268,126	34,697,434	65.00
69.00	06900	ELECTROCARDIOLOGY	9,167,495	33,863,678	43,031,173	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	32,754,420	4,656,307	37,410,727	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	14,279,849	7,142,016	21,421,865	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	79,036,494	79,505,657	158,542,151	73.00
74.00	07400	RENAL DIALYSIS	3,878,455	230,084	4,108,539	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	75.00
75.01	07501	CARDIAC REHAB	3,075	3,595,913	3,598,988	75.01
75.02	07502	HEART SURGERY	0	0	0	75.02
75.03	07503	REHAB SERVICES	22,722,235	11,779,691	34,501,926	75.03
75.04	07504	CV SURGERY	0	0	0	75.04
75.05	07505	VASCULAR SERVICES	28,262,664	42,167,166	70,429,830	75.05
75.06	07506	YORKVILLE	1,150,803	48,457,888	49,608,691	75.06
75.07	07507	MCAI	14,413	25,299,388	25,313,801	75.07
76.00	03020	DIABETIC CENTER	584	539,988	540,572	76.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000	CLINIC	661,143	12,255,117	12,916,260	90.00
90.01	09001	WOUND CARE CENTER	289	234,938	235,227	90.01
91.00	09100	EMERGENCY	23,773,008	124,601,335	148,374,343	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	50,000	8,442,280	8,492,280	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	111.00
113.00	11300	INTEREST EXPENSE				113.00
200.00		Subtotal (see instructions)	618,858,116	808,625,433	1,427,483,549	200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)	618,858,116	808,625,433	1,427,483,549	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140029	Period: From 07/01/2012 To 06/30/2013	Worksheet C Part I Date/Time Prepared: 11/26/2013 10:53 am
Cost Center Description		PPS Inpatient Ratio	Title XVII I	Hospital PPS
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
31.01	03101 NICU			31.01
40.00	04000 SUBPROVIDER - I PF			40.00
41.00	04100 SUBPROVIDER - I RF			41.00
42.00	04200 SUBPROVIDER			42.00
43.00	04300 NURSERY			43.00
	ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.105290		50.00
50.01	05001 SAME DAY SURGERY	0.211837		50.01
50.02	05002 G. I. LAB	0.161236		50.02
51.00	05100 RECOVERY ROOM	0.103157		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.235361		52.00
53.00	05300 ANESTHESIOLOGY	0.075766		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.091905		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.129234		55.00
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.089255		60.00
60.01	06001 BLOOD LABORATORY	0.000000		60.01
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000		62.30
65.00	06500 RESPIRATORY THERAPY	0.130083		65.00
69.00	06900 ELECTROCARDIOLOGY	0.103069		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.029850		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.644436		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.129920		73.00
74.00	07400 RENAL DIALYSIS	0.210113		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000		75.00
75.01	07501 CARDIAC REHAB	0.627217		75.01
75.02	07502 HEART SURGERY	0.000000		75.02
75.03	07503 REHAB SERVICES	0.139224		75.03
75.04	07504 CV SURGERY	0.000000		75.04
75.05	07505 VASCULAR SERVICES	0.160268		75.05
75.06	07506 YORKVILLE	0.178469		75.06
75.07	07507 MCAI	0.226413		75.07
76.00	03020 DIABETIC CENTER	0.939716		76.00
	OUTPATIENT SERVICE COST CENTERS			
88.00	08800 RURAL HEALTH CLINIC			88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000 CLINIC	0.304382		90.00
90.01	09001 WOUND CARE CENTER	0.651350		90.01
91.00	09100 EMERGENCY	0.094845		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1.007340		92.00
	OTHER REIMBURSABLE COST CENTERS			
99.10	09910 CORF			99.10
101.00	10100 HOME HEALTH AGENCY			101.00
	SPECIAL PURPOSE COST CENTERS			
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
113.00	11300 INTEREST EXPENSE			113.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 140029	Period: From 07/01/2012 To 06/30/2013	Worksheet D Part I Date/Time Prepared: 11/26/2013 10:53 am
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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	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	3,615,492	0	3,615,492	42,960	84.16	30.00
31.00	INTENSIVE CARE UNIT	757,391		757,391	4,627	163.69	31.00
31.01	NICU	338,951		338,951	2,269	149.38	31.01
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
41.00	SUBPROVIDER - IRF	178,011	0	178,011	3,823	46.56	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	0		0	9,074	0.00	43.00
200.00	Total (lines 30-199)	4,889,845		4,889,845	62,753		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	11,883	1,000,073				
31.00	INTENSIVE CARE UNIT	1,663	272,216				
31.01	NICU	0	0				
40.00	SUBPROVIDER - IPF	0	0				
41.00	SUBPROVIDER - IRF	2,217	103,224				
42.00	SUBPROVIDER	0	0				
43.00	NURSERY	0	0				
200.00	Total (lines 30-199)	15,763	1,375,513				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140029	Period: From 07/01/2012 To 06/30/2013	Worksheet D Part II Date/Time Prepared: 11/26/2013 10:53 am
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Cost Center Description		Title XVIII			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,635,593	179,085,317	0.009133	27,279,286	249,142	50.00
50.01	05001	SAME DAY SURGERY	250,686	14,945,841	0.016773	751,789	12,610	50.01
50.02	05002	G. I. LAB	294,447	22,075,053	0.013338	1,782,444	23,774	50.02
51.00	05100	RECOVERY ROOM	100,554	15,124,861	0.006648	2,236,944	14,871	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	455,178	40,302,998	0.011294	0	0	52.00
53.00	05300	ANESTHESIOLOGY	139,738	18,771,948	0.007444	2,847,812	21,199	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,075,122	198,674,740	0.010445	21,527,071	224,850	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	664,811	33,961,662	0.019575	644,803	12,622	55.00
57.00	05700	CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000	LABORATORY	527,487	146,350,916	0.003604	28,134,529	101,397	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	246,352	34,697,434	0.007100	11,692,220	83,015	65.00
69.00	06900	ELECTROCARDIOLOGY	268,532	43,031,173	0.006240	5,101,721	31,835	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	21,985	37,410,727	0.000588	9,716,476	5,713	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	245,822	21,421,865	0.011475	13,350,104	153,192	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,622,682	158,542,151	0.010235	28,420,657	290,885	73.00
74.00	07400	RENAL DIALYSIS	15,534	4,108,539	0.003781	2,349,143	8,882	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	07501	CARDIAC REHAB	127,244	3,598,988	0.035355	6	0	75.01
75.02	07502	HEART SURGERY	0	0	0.000000	0	0	75.02
75.03	07503	REHAB SERVICES	175,347	34,501,926	0.005082	6,115,529	31,079	75.03
75.04	07504	CV SURGERY	0	0	0.000000	0	0	75.04
75.05	07505	VASCULAR SERVICES	916,251	70,429,830	0.013009	11,815,674	153,710	75.05
75.06	07506	YORKVILLE	1,180,893	49,608,691	0.023804	1,081,542	25,745	75.06
75.07	07507	MCAI	116,335	25,313,801	0.004596	0	0	75.07
76.00	03020	DIABETIC CENTER	10,174	540,572	0.018821	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	182,740	12,916,260	0.014148	30,865	437	90.00
90.01	09001	WOUND CARE CENTER	2,740	235,227	0.011648	226	3	90.01
91.00	09100	EMERGENCY	837,528	148,374,343	0.005645	11,667,054	65,861	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	759,368	8,492,280	0.089419	44,719	3,999	92.00
200.00		Total (lines 50-199)	12,873,143	1,322,517,143		186,590,614	1,514,821	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140029	Period: From 07/01/2012 To 06/30/2013	Worksheet D Part III Date/Time Prepared: 11/26/2013 10:53 am
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Cost Center Description		Title XVIII					Hospital		PPS	
		Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)				
		1.00	2.00	3.00	4.00	5.00				
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00		
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00		
31.01	03101	NI CU	0	0	0	0	0	31.01		
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0	40.00		
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00		
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00		
43.00	04300	NURSERY	0	0	0	0	0	43.00		
200.00		Total (lines 30-199)	0	0	0	0	0	200.00		
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				
		6.00	7.00	8.00	9.00	11.00				
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	42,960	0.00	11,883	0	0	30.00		
31.00	03100	INTENSIVE CARE UNIT	4,627	0.00	1,663	0	0	31.00		
31.01	03101	NI CU	2,269	0.00	0	0	0	31.01		
40.00	04000	SUBPROVIDER - I PF	0	0.00	0	0	0	40.00		
41.00	04100	SUBPROVIDER - I RF	3,823	0.00	2,217	0	0	41.00		
42.00	04200	SUBPROVIDER	0	0.00	0	0	0	42.00		
43.00	04300	NURSERY	9,074	0.00	0	0	0	43.00		
200.00		Total (lines 30-199)	62,753		15,763	0	0	200.00		
Cost Center Description		PSA Adj. Allied Health Cost	PSA Adj. All Other Medical Education Cost							
		12.00	13.00							
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	0				30.00		
31.00	03100	INTENSIVE CARE UNIT	0	0				31.00		
31.01	03101	NI CU	0	0				31.01		
40.00	04000	SUBPROVIDER - I PF	0	0				40.00		
41.00	04100	SUBPROVIDER - I RF	0	0				41.00		
42.00	04200	SUBPROVIDER	0	0				42.00		
43.00	04300	NURSERY	0	0				43.00		
200.00		Total (lines 30-199)	0	0				200.00		

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140029

Period:
From 07/01/2012
To 06/30/2013

Worksheet D
Part IV
Date/Time Prepared:
11/26/2013 10:53 am

Cost Center Description		Title XVIII				Hospital	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	PPS
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
50.01	05001	SAME DAY SURGERY	0	0	0	0	50.01
50.02	05002	G. I. LAB	0	0	0	0	50.02
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
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01	07501	CARDIAC REHAB	0	0	0	0	75.01
75.02	07502	HEART SURGERY	0	0	0	0	75.02
75.03	07503	REHAB SERVICES	0	0	0	0	75.03
75.04	07504	CV SURGERY	0	0	0	0	75.04
75.05	07505	VASCULAR SERVICES	0	0	0	0	75.05
75.06	07506	YORKVILLE	0	0	0	0	75.06
75.07	07507	MCAI	0	0	0	0	75.07
76.00	03020	DIABETIC CENTER	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	WOUND CARE 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
200.00		Total (lines 50-199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140029	Period: From 07/01/2012 To 06/30/2013	Worksheet D Part IV Date/Time Prepared: 11/26/2013 10:53 am
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital		Inpatient Program Charges	
					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	179,085,317	0.000000	0.000000	27,279,286	50.00
50.01	05001	SAME DAY SURGERY	0	14,945,841	0.000000	0.000000	751,789	50.01
50.02	05002	G. I. LAB	0	22,075,053	0.000000	0.000000	1,782,444	50.02
51.00	05100	RECOVERY ROOM	0	15,124,861	0.000000	0.000000	2,236,944	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	40,302,998	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	18,771,948	0.000000	0.000000	2,847,812	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	198,674,740	0.000000	0.000000	21,527,071	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	33,961,662	0.000000	0.000000	644,803	55.00
57.00	05700	CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	0	146,350,916	0.000000	0.000000	28,134,529	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0.000000	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	34,697,434	0.000000	0.000000	11,692,220	65.00
69.00	06900	ELECTROCARDIOLOGY	0	43,031,173	0.000000	0.000000	5,101,721	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	37,410,727	0.000000	0.000000	9,716,476	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	21,421,865	0.000000	0.000000	13,350,104	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	158,542,151	0.000000	0.000000	28,420,657	73.00
74.00	07400	RENAL DIALYSIS	0	4,108,539	0.000000	0.000000	2,349,143	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
75.01	07501	CARDIAC REHAB	0	3,598,988	0.000000	0.000000	6	75.01
75.02	07502	HEART SURGERY	0	0	0.000000	0.000000	0	75.02
75.03	07503	REHAB SERVICES	0	34,501,926	0.000000	0.000000	6,115,529	75.03
75.04	07504	CV SURGERY	0	0	0.000000	0.000000	0	75.04
75.05	07505	VASCULAR SERVICES	0	70,429,830	0.000000	0.000000	11,815,674	75.05
75.06	07506	YORKVILLE	0	49,608,691	0.000000	0.000000	1,081,542	75.06
75.07	07507	MCAI	0	25,313,801	0.000000	0.000000	0	75.07
76.00	03020	DIABETIC CENTER	0	540,572	0.000000	0.000000	0	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000	CLINIC	0	12,916,260	0.000000	0.000000	30,865	90.00
90.01	09001	WOUND CARE CENTER	0	235,227	0.000000	0.000000	226	90.01
91.00	09100	EMERGENCY	0	148,374,343	0.000000	0.000000	11,667,054	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	8,492,280	0.000000	0.000000	44,719	92.00
200.00		Total (lines 50-199)	0	1,322,517,143			186,590,614	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140029

Period:
From 07/01/2012
To 06/30/2013

Worksheet D
Part IV
Date/Time Prepared:
11/26/2013 10:53 am

Cost Center Description		Title XVIII			Hospital		PPS
		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	12,028,168	0	0	0	50.00
50.01	05001 SAME DAY SURGERY	0	2,451,116	0	0	0	50.01
50.02	05002 G. I. LAB	0	4,992,502	0	0	0	50.02
51.00	05100 RECOVERY ROOM	0	1,162,352	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	1,244,243	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	27,440,720	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	11,934,735	0	0	0	55.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	2,921,731	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0	841,016	0	0	0	65.00
69.00	06900 ELECTROCARDIOLOGY	0	11,502,049	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,621,497	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	6,668,774	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	24,664,494	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	230,084	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501 CARDIAC REHAB	0	1,491,211	0	0	0	75.01
75.02	07502 HEART SURGERY	0	0	0	0	0	75.02
75.03	07503 REHAB SERVICES	0	52	0	0	0	75.03
75.04	07504 CV SURGERY	0	0	0	0	0	75.04
75.05	07505 VASCULAR SERVICES	0	13,850,471	0	0	0	75.05
75.06	07506 YORKVILLE	0	5,909,309	0	0	0	75.06
75.07	07507 MCAI	0	2,212,781	0	0	0	75.07
76.00	03020 DIABETIC CENTER	0	15,738	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	968,866	0	0	0	90.00
90.01	09001 WOUND CARE CENTER	0	0	0	0	0	90.01
91.00	09100 EMERGENCY	0	15,353,961	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	3,841,126	0	0	0	92.00
200.00	Total (lines 50-199)	0	153,346,996	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140029	Period: From 07/01/2012 To 06/30/2013	Worksheet D Part IV Date/Time Prepared: 11/26/2013 10:53 am
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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
50.01	05001	SAME DAY SURGERY	0	0		50.01
50.02	05002	G. I. LAB	0	0		50.02
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
60.01	06001	BLOOD LABORATORY	0	0		60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0		62.30
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
75.01	07501	CARDIAC REHAB	0	0		75.01
75.02	07502	HEART SURGERY	0	0		75.02
75.03	07503	REHAB SERVICES	0	0		75.03
75.04	07504	CV SURGERY	0	0		75.04
75.05	07505	VASCULAR SERVICES	0	0		75.05
75.06	07506	YORKVILLE	0	0		75.06
75.07	07507	MCAI	0	0		75.07
76.00	03020	DIABETIC CENTER	0	0		76.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00	09000	CLINIC	0	0		90.00
90.01	09001	WOUND CARE 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
200.00		Total (Lines 50-199)	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140029	Period: From 07/01/2012 To 06/30/2013	Worksheet D Part V Date/Time Prepared: 11/26/2013 10:53 am
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs			
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
	1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.105240	12,028,168	0	0	1,265,844	50.00
50.01	05001	SAME DAY SURGERY	0.211837	2,451,116	0	0	519,237	50.01
50.02	05002	G. I. LAB	0.161236	4,992,502	0	0	804,971	50.02
51.00	05100	RECOVERY ROOM	0.103157	1,162,352	0	0	119,905	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.234822	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.074907	1,244,243	0	0	93,203	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.091905	27,440,720	0	0	2,521,939	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.128869	11,934,735	0	0	1,538,017	55.00
57.00	05700	CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.089255	2,921,731	1,600	0	260,779	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.130083	841,016	0	0	109,402	65.00
69.00	06900	ELECTROCARDIOLOGY	0.103069	11,502,049	0	0	1,185,505	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.029850	1,621,497	15,536	0	48,402	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.644436	6,668,774	0	0	4,297,598	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.129920	24,664,494	565	96,937	3,204,411	73.00
74.00	07400	RENAL DIALYSIS	0.210113	230,084	0	0	48,344	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.01	07501	CARDIAC REHAB	0.617494	1,491,211	0	0	920,814	75.01
75.02	07502	HEART SURGERY	0.000000	0	0	0	0	75.02
75.03	07503	REHAB SERVICES	0.139224	52	0	0	7	75.03
75.04	07504	CV SURGERY	0.000000	0	0	0	0	75.04
75.05	07505	VASCULAR SERVICES	0.160268	13,850,471	0	0	2,219,787	75.05
75.06	07506	YORKVILLE	0.178469	5,909,309	0	0	1,054,628	75.06
75.07	07507	MCAI	0.226413	2,212,781	0	0	501,002	75.07
76.00	03020	DIABETIC CENTER	0.939716	15,738	0	0	14,789	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000	CLINIC	0.304382	968,866	0	0	294,905	90.00
90.01	09001	WOUND CARE CENTER	0.640330	0	0	0	0	90.01
91.00	09100	EMERGENCY	0.094551	15,353,961	0	0	1,451,732	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.007340	3,841,126	0	0	3,869,320	92.00
200.00		Subtotal (see instructions)		153,346,996	17,701	96,937	26,344,541	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		153,346,996	17,701	96,937	26,344,541	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140029	Period: From 07/01/2012 To 06/30/2013	Worksheet D Part V Date/Time Prepared: 11/26/2013 10:53 am
		Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0	0	50.00
50.01	05001 SAME DAY SURGERY	0	0	50.01
50.02	05002 G. I. LAB	0	0	50.02
51.00	05100 RECOVERY ROOM	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	143	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	60.01
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	464	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	73	12,594	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	75.00
75.01	07501 CARDIAC REHAB	0	0	75.01
75.02	07502 HEART SURGERY	0	0	75.02
75.03	07503 REHAB SERVICES	0	0	75.03
75.04	07504 CV SURGERY	0	0	75.04
75.05	07505 VASCULAR SERVICES	0	0	75.05
75.06	07506 YORKVILLE	0	0	75.06
75.07	07507 MCAI	0	0	75.07
76.00	03020 DIABETIC CENTER	0	0	76.00
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000 CLINIC	0	0	90.00
90.01	09001 WOUND CARE 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
200.00	Subtotal (see instructions)	680	12,594	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 +/- line 201)	680	12,594	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140029 Component CCN: 14T029		Period: From 07/01/2012 To 06/30/2013		Worksheet D Part II Date/Time Prepared: 11/26/2013 10:53 am	
		Title XVIIII		Subprovider - IRF		PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	1,635,593	179,085,317	0.009133	291,036	2,658	50.00
50.01	05001 SAME DAY SURGERY	250,686	14,945,841	0.016773	441	7	50.01
50.02	05002 G. I. LAB	294,447	22,075,053	0.013338	48,166	642	50.02
51.00	05100 RECOVERY ROOM	100,554	15,124,861	0.006648	2,736	18	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	455,178	40,302,998	0.011294	0	0	52.00
53.00	05300 ANESTHESIOLOGY	139,738	18,771,948	0.007444	1,109	8	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,075,122	198,674,740	0.010445	217,949	2,276	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	664,811	33,961,662	0.019575	22	0	55.00
57.00	05700 CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000 LABORATORY	527,487	146,350,916	0.003604	960,388	3,461	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0	0	60.01
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	246,352	34,697,434	0.007100	326,073	2,315	65.00
69.00	06900 ELECTROCARDIOLOGY	268,532	43,031,173	0.006240	11,712	73	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	21,985	37,410,727	0.000588	465,057	273	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	245,822	21,421,865	0.011475	5,561	64	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,622,682	158,542,151	0.010235	1,403,710	14,367	73.00
74.00	07400 RENAL DIALYSIS	15,534	4,108,539	0.003781	182,635	691	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	07501 CARDIAC REHAB	127,244	3,598,988	0.035355	0	0	75.01
75.02	07502 HEART SURGERY	0	0	0.000000	0	0	75.02
75.03	07503 REHAB SERVICES	175,347	34,501,926	0.005082	6,424,524	32,649	75.03
75.04	07504 CV SURGERY	0	0	0.000000	0	0	75.04
75.05	07505 VASCULAR SERVICES	916,251	70,429,830	0.013009	67,771	882	75.05
75.06	07506 YORKVILLE	1,180,893	49,608,691	0.023804	12,358	294	75.06
75.07	07507 MCAI	116,335	25,313,801	0.004596	0	0	75.07
76.00	03020 DIABETIC CENTER	10,174	540,572	0.018821	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000 CLINIC	182,740	12,916,260	0.014148	0	0	90.00
90.01	09001 WOUND CARE CENTER	2,740	235,227	0.011648	0	0	90.01
91.00	09100 EMERGENCY	837,528	148,374,343	0.005645	33,696	190	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	8,492,280	0.000000	0	0	92.00
200.00	Total (lines 50-199)	12,113,775	1,322,517,143		10,454,944	60,868	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140029
Component CCN: 14T029

Period:
From 07/01/2012
To 06/30/2013

Worksheet D
Part IV
Date/Time Prepared:
11/26/2013 10:53 am
PPS

Title XVIII

Subprovider - IRF

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
50.01	05001 SAME DAY SURGERY	0	0	0	0	0	50.01
50.02	05002 G. I. LAB	0	0	0	0	0	50.02
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501 CARDIAC REHAB	0	0	0	0	0	75.01
75.02	07502 HEART SURGERY	0	0	0	0	0	75.02
75.03	07503 REHAB SERVICES	0	0	0	0	0	75.03
75.04	07504 CV SURGERY	0	0	0	0	0	75.04
75.05	07505 VASCULAR SERVICES	0	0	0	0	0	75.05
75.06	07506 YORKVILLE	0	0	0	0	0	75.06
75.07	07507 MCAI	0	0	0	0	0	75.07
76.00	03020 DIABETIC CENTER	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 WOUND CARE 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
200.00	Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140029 Component CCN: 14T029	Period: From 07/01/2012 To 06/30/2013	Worksheet D Part IV Date/Time Prepared: 11/26/2013 10:53 am
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	179,085,317	0.000000	0.000000	291,036	50.00
50.01	05001 SAME DAY SURGERY	0	14,945,841	0.000000	0.000000	441	50.01
50.02	05002 G. I. LAB	0	22,075,053	0.000000	0.000000	48,166	50.02
51.00	05100 RECOVERY ROOM	0	15,124,861	0.000000	0.000000	2,736	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	40,302,998	0.000000	0.000000	0	52.00
53.00	05300 ANESTHESIOLOGY	0	18,771,948	0.000000	0.000000	1,109	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	198,674,740	0.000000	0.000000	217,949	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	33,961,662	0.000000	0.000000	22	55.00
57.00	05700 CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	0	146,350,916	0.000000	0.000000	960,388	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0.000000	0	62.30
65.00	06500 RESPIRATORY THERAPY	0	34,697,434	0.000000	0.000000	326,073	65.00
69.00	06900 ELECTROCARDIOLOGY	0	43,031,173	0.000000	0.000000	11,712	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0.000000	0.000000	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	37,410,727	0.000000	0.000000	465,057	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	21,421,865	0.000000	0.000000	5,561	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	158,542,151	0.000000	0.000000	1,403,710	73.00
74.00	07400 RENAL DIALYSIS	0	4,108,539	0.000000	0.000000	182,635	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
75.01	07501 CARDIAC REHAB	0	3,598,988	0.000000	0.000000	0	75.01
75.02	07502 HEART SURGERY	0	0	0.000000	0.000000	0	75.02
75.03	07503 REHAB SERVICES	0	34,501,926	0.000000	0.000000	6,424,524	75.03
75.04	07504 CV SURGERY	0	0	0.000000	0.000000	0	75.04
75.05	07505 VASCULAR SERVICES	0	70,429,830	0.000000	0.000000	67,771	75.05
75.06	07506 YORKVILLE	0	49,608,691	0.000000	0.000000	12,358	75.06
75.07	07507 MCAI	0	25,313,801	0.000000	0.000000	0	75.07
76.00	03020 DIABETIC CENTER	0	540,572	0.000000	0.000000	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000 CLINIC	0	12,916,260	0.000000	0.000000	0	90.00
90.01	09001 WOUND CARE CENTER	0	235,227	0.000000	0.000000	0	90.01
91.00	09100 EMERGENCY	0	148,374,343	0.000000	0.000000	33,696	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	8,492,280	0.000000	0.000000	0	92.00
200.00	Total (lines 50-199)	0	1,322,517,143			10,454,944	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140029 Component CCN: 14T029	Period: From 07/01/2012 To 06/30/2013	Worksheet D Part IV Date/Time Prepared: 11/26/2013 10:53 am
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
	11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
50.01 05001 SAME DAY SURGERY	0	0	0	0	0	50.01
50.02 05002 G. I. LAB	0	26	0	0	0	50.02
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	3,896	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	44	0	0	0	55.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	1,084	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
62.30 06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	148	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01 07501 CARDIAC REHAB	0	0	0	0	0	75.01
75.02 07502 HEART SURGERY	0	0	0	0	0	75.02
75.03 07503 REHAB SERVICES	0	0	0	0	0	75.03
75.04 07504 CV SURGERY	0	0	0	0	0	75.04
75.05 07505 VASCULAR SERVICES	0	499	0	0	0	75.05
75.06 07506 YORKVILLE	0	976	0	0	0	75.06
75.07 07507 MCAI	0	105	0	0	0	75.07
76.00 03020 DIABETIC CENTER	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	8	0	0	0	90.00
90.01 09001 WOUND CARE CENTER	0	0	0	0	0	90.01
91.00 09100 EMERGENCY	0	200	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00 Total (lines 50-199)	0	6,986	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140029 Component CCN: 14T029	Period: From 07/01/2012 To 06/30/2013	Worksheet D Part IV Date/Time Prepared: 11/26/2013 10:53 am
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	
		23.00	24.00	
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0	0	50.00
50.01	05001 SAME DAY SURGERY	0	0	50.01
50.02	05002 G. I. LAB	0	0	50.02
51.00	05100 RECOVERY ROOM	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	60.01
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	75.00
75.01	07501 CARDIAC REHAB	0	0	75.01
75.02	07502 HEART SURGERY	0	0	75.02
75.03	07503 REHAB SERVICES	0	0	75.03
75.04	07504 CV SURGERY	0	0	75.04
75.05	07505 VASCULAR SERVICES	0	0	75.05
75.06	07506 YORKVILLE	0	0	75.06
75.07	07507 MCAI	0	0	75.07
76.00	03020 DIABETIC CENTER	0	0	76.00
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000 CLINIC	0	0	90.00
90.01	09001 WOUND CARE 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
200.00	Total (lines 50-199)	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140029	Period: From 07/01/2012 To 06/30/2013	Worksheet D Part V Date/Time Prepared: 11/26/2013 10:53 am			
		Component CCN: 14T029	Title XVIII	Subprovider - IRF	PPS		
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.105240	0	0	0	50.00
50.01	05001	SAME DAY SURGERY	0.211837	0	0	0	50.01
50.02	05002	G. I. LAB	0.161236	26	0	4	50.02
51.00	05100	RECOVERY ROOM	0.103157	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.234822	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.074907	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.091905	3,896	0	358	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.128869	44	0	6	55.00
57.00	05700	CT SCAN	0.000000	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	59.00
60.00	06000	LABORATORY	0.089255	1,084	0	97	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.130083	0	0	0	65.00
69.00	06900	ELECTROCARDIOLOGY	0.103069	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.029850	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.644436	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.129920	148	0	19	73.00
74.00	07400	RENAL DIALYSIS	0.210113	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	75.00
75.01	07501	CARDIAC REHAB	0.617494	0	0	0	75.01
75.02	07502	HEART SURGERY	0.000000	0	0	0	75.02
75.03	07503	REHAB SERVICES	0.139224	0	0	0	75.03
75.04	07504	CV SURGERY	0.000000	0	0	0	75.04
75.05	07505	VASCULAR SERVICES	0.160268	499	0	80	75.05
75.06	07506	YORKVILLE	0.178469	976	0	174	75.06
75.07	07507	MCAI	0.226413	105	0	24	75.07
76.00	03020	DIABETIC CENTER	0.939716	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0.000000			0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000			0	89.00
90.00	09000	CLINIC	0.304382	8	0	2	90.00
90.01	09001	WOUND CARE CENTER	0.640330	0	0	0	90.01
91.00	09100	EMERGENCY	0.094551	200	0	19	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.007340	0	0	0	92.00
200.00		Subtotal (see instructions)		6,986	0	556	783
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00		Net Charges (line 200 +/- line 201)		6,986	0	556	783

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140029 Component CCN: 14T029	Period: From 07/01/2012 To 06/30/2013	Worksheet D Part V Date/Time Prepared: 11/26/2013 10:53 am
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
50.01 05001 SAME DAY SURGERY	0	0		50.01
50.02 05002 G. I. LAB	0	0		50.02
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
60.01 06001 BLOOD LABORATORY	0	0		60.01
62.30 06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0		62.30
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	72		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0		75.00
75.01 07501 CARDIAC REHAB	0	0		75.01
75.02 07502 HEART SURGERY	0	0		75.02
75.03 07503 REHAB SERVICES	0	0		75.03
75.04 07504 CV SURGERY	0	0		75.04
75.05 07505 VASCULAR SERVICES	0	0		75.05
75.06 07506 YORKVILLE	0	0		75.06
75.07 07507 MCAI	0	0		75.07
76.00 03020 DIABETIC CENTER	0	0		76.00
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 09000 CLINIC	0	0		90.00
90.01 09001 WOUND CARE 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
200.00 Subtotal (see instructions)	0	72		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	0	72		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140029	Period: From 07/01/2012 To 06/30/2013	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 11/26/2013 10:53 am
Cost Center Description		PPS		
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		42,960	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		42,960	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)		33,937	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)		11,883	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		40,730,053	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		40,730,053	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		40,730,053	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)		948.09	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		11,266,153	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		11,266,153	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140029		Period: From 07/01/2012 To 06/30/2013		Worksheet D-1	
		Title XVIII		Hospital		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	8,901,167	4,627	1,923.74	1,663	3,199,180	43.00
43.01	NICU	6,343,595	2,269	2,795.77	0	0	43.01
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					27,563,721	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					42,029,054	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)					1,272,289	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,514,821	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					2,787,110	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					39,241,944	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)					9,023	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					948.09	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					8,554,616	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140029		Period: From 07/01/2012 To 06/30/2013		Worksheet D-1 Date/Time Prepared: 11/26/2013 10:53 am	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	3,615,492	40,730,053	0.088767	8,554,616	759,368	90.00
91.00	Nursing School cost	0	40,730,053	0.000000	8,554,616	0	91.00
92.00	Allied health cost	0	40,730,053	0.000000	8,554,616	0	92.00
93.00	All other Medical Education	0	40,730,053	0.000000	8,554,616	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140029	Period: From 07/01/2012 To 06/30/2013	Worksheet D-1
		Component CCN: 14T029		Date/Time Prepared: 11/26/2013 10:53 am
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		3,823	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		3,823	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		3,823	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		2,217	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)		3,035,776	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)		3,035,776	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		3,035,776	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		794.08	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,760,475	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,760,475	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140029		Period: From 07/01/2012 To 06/30/2013		Worksheet D-1	
		Component CCN: 14T029				Date/Time Prepared: 11/26/2013 10:53 am	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
43.01	NICU	0	0	0.00	0	0	43.01
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,337,167	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,097,642	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)					103,224	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					60,868	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					164,092	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					2,933,550	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140029 Component CCN: 14T029		Period: From 07/01/2012 To 06/30/2013		Worksheet D-1 Date/Time Prepared: 11/26/2013 10:53 am	
		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	178,011	3,035,776	0.058638	0	0	90.00
91.00	Nursing School cost	0	3,035,776	0.000000	0	0	91.00
92.00	Allied health cost	0	3,035,776	0.000000	0	0	92.00
93.00	All other Medical Education	0	3,035,776	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140029	Period: From 07/01/2012 To 06/30/2013	Worksheet D-3 Date/Time Prepared: 11/26/2013 10:53 am	
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		24,040,451		30.00
31.00	03100 INTENSIVE CARE UNIT		3,403,217		31.00
31.01	03101 NICU		0		31.01
40.00	04000 SUBPROVIDER - I/PF		0		40.00
41.00	04100 SUBPROVIDER - I/RF		0		41.00
42.00	04200 SUBPROVIDER		0		42.00
43.00	04300 NURSERY		0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.105290	27,279,286	2,872,236	50.00
50.01	05001 SAME DAY SURGERY	0.211837	751,789	159,257	50.01
50.02	05002 G. I. LAB	0.161236	1,782,444	287,394	50.02
51.00	05100 RECOVERY ROOM	0.103157	2,236,944	230,756	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.235361	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.075766	2,847,812	215,767	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.091905	21,527,071	1,978,445	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.129234	644,803	83,330	55.00
57.00	05700 CT SCAN	0.000000	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	06000 LABORATORY	0.089255	28,134,529	2,511,147	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	60.01
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0.130083	11,692,220	1,520,959	65.00
69.00	06900 ELECTROCARDIOLOGY	0.103069	5,101,721	525,829	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.029850	9,716,476	290,037	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.644436	13,350,104	8,603,288	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.129920	28,420,657	3,692,412	73.00
74.00	07400 RENAL DIALYSIS	0.210113	2,349,143	493,585	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
75.01	07501 CARDIAC REHAB	0.627217	6	4	75.01
75.02	07502 HEART SURGERY	0.000000	0	0	75.02
75.03	07503 REHAB SERVICES	0.139224	6,115,529	851,428	75.03
75.04	07504 CV SURGERY	0.000000	0	0	75.04
75.05	07505 VASCULAR SERVICES	0.160268	11,815,674	1,893,674	75.05
75.06	07506 YORKVILLE	0.178469	1,081,542	193,022	75.06
75.07	07507 MCAI	0.226413	0	0	75.07
76.00	03020 DIABETIC CENTER	0.939716	0	0	76.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	09000 CLINIC	0.304382	30,865	9,395	90.00
90.01	09001 WOUND CARE CENTER	0.651350	226	147	90.01
91.00	09100 EMERGENCY	0.094845	11,667,054	1,106,562	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1.007340	44,719	45,047	92.00
200.00	Total (sum of lines 50-94 and 96-98)		186,590,614	27,563,721	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)		186,590,614		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140029	Period: From 07/01/2012 To 06/30/2013	Worksheet D-3	
		Component CCN: 14T029		Date/Time Prepared: 11/26/2013 10:53 am	
		Title XVIIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
31.01	03101 NICU		0		31.01
40.00	04000 SUBPROVIDER - I/PF		0		40.00
41.00	04100 SUBPROVIDER - IRF		2,561,924		41.00
42.00	04200 SUBPROVIDER		0		42.00
43.00	04300 NURSERY		0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.105290	291,036	30,643	50.00
50.01	05001 SAME DAY SURGERY	0.211837	441	93	50.01
50.02	05002 G. I. LAB	0.161236	48,166	7,766	50.02
51.00	05100 RECOVERY ROOM	0.103157	2,736	282	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.235361	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.075766	1,109	84	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.091905	217,949	20,031	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.129234	22	3	55.00
57.00	05700 CT SCAN	0.000000	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	06000 LABORATORY	0.089255	960,388	85,719	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	60.01
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0.130083	326,073	42,417	65.00
69.00	06900 ELECTROCARDIOLOGY	0.103069	11,712	1,207	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.029850	465,057	13,882	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.644436	5,561	3,584	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.129920	1,403,710	182,370	73.00
74.00	07400 RENAL DIALYSIS	0.210113	182,635	38,374	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
75.01	07501 CARDIAC REHAB	0.627217	0	0	75.01
75.02	07502 HEART SURGERY	0.000000	0	0	75.02
75.03	07503 REHAB SERVICES	0.139224	6,424,524	894,448	75.03
75.04	07504 CV SURGERY	0.000000	0	0	75.04
75.05	07505 VASCULAR SERVICES	0.160268	67,771	10,862	75.05
75.06	07506 YORKVILLE	0.178469	12,358	2,206	75.06
75.07	07507 MCAI	0.226413	0	0	75.07
76.00	03020 DIABETIC CENTER	0.939716	0	0	76.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	09000 CLINIC	0.304382	0	0	90.00
90.01	09001 WOUND CARE CENTER	0.651350	0	0	90.01
91.00	09100 EMERGENCY	0.094845	33,696	3,196	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1.007340	0	0	92.00
200.00	Total (sum of lines 50-94 and 96-98)		10,454,944	1,337,167	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)		10,454,944		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140029	Period: From 07/01/2012 To 06/30/2013	Worksheet E Part A Date/Time Prepared: 11/26/2013 10:53 am	
		Title XVIII	Hospital	PPS	
		0	before 1/1	on/after 1/1	
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS					
1.00	DRG Amounts Other than Outlier Payments		28,841,260		1.00
2.00	Outlier payments for discharges. (see instructions)		676,783		2.00
2.01	Outlier reconciliation amount		0		2.01
3.00	Managed Care Simulated Payments		2,724,631		3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		167.28		4.00
Indirect Medical Education Adjustment					
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		12.00		5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00		6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(F)(1)(iv)(B)(1)		0.27		7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(F)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00		7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.		0.00		8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00		8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00		8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		11.73		9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		10.97		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)		10.97		12.00
13.00	Total allowable FTE count for the prior year.		11.73		13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		11.73		14.00
15.00	Sum of lines 12 through 14 divided by 3.		11.48		15.00
16.00	Adjustment for residents in initial years of the program		0.00		16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00		17.00
18.00	Adjusted rolling average FTE count		11.48		18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.068627		19.00
20.00	Prior year resident to bed ratio (see instructions)		0.067484		20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.067484		21.00
22.00	IME payment adjustment (see instructions)		1,142,086		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)		1,142,086		29.00
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		4.22		30.00
31.00	Percentage of Medicaid patient days (see instructions)		24.66		31.00
32.00	Sum of lines 30 and 31		28.88		32.00
33.00	Allowable disproportionate share percentage (see instructions)		13.04		33.00
34.00	Disproportionate share adjustment (see instructions)		3,760,900		34.00
Additional payment for high percentage of ESRD beneficiary discharges					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140029	Period: From 07/01/2012 To 06/30/2013	Worksheet E Part A Date/Time Prepared: 11/26/2013 10:53 am	
		Title XVIII	Hospital	PPS	
		0	before 1/1	on/after 1/1	
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41)		0		46.00
47.00	Subtotal (see instructions)		34,421,029		47.00
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)		34,421,029		49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		2,599,796		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).		257,708		52.00
53.00	Nursing and Allied Health Managed Care payment		0		53.00
54.00	Special add-on payments for new technologies		18,355		54.00
55.00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)		0		55.00
56.00	Cost of teaching physicians (Worksheet D-5, Part II, col. 3, line 20)		0		56.00
57.00	Routine service other pass through costs (from Wkst D, Part III, column 9, lines 30-35).		0		57.00
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)		0		58.00
59.00	Total (sum of amounts on lines 49 through 58)		37,296,888		59.00
60.00	Primary payer payments		10,739		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		37,286,149		61.00
62.00	Deductibles billed to program beneficiaries		2,892,360		62.00
63.00	Coinurance billed to program beneficiaries		51,293		63.00
64.00	Allowable bad debts (see instructions)		406,615		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		284,631		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		406,615		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		34,627,127		67.00
68.00	Credits received from manufacturers for replaced devices applicable to MS-DRG (see instructions)		0		68.00
69.00	Outlier payments reconciliation (Sum of lines 93, 95 and 96). (For SCH see instructions)		0		69.00
70.00			0		70.00
70.92	Bundled Model 1 discount amount		0		70.92
70.93	HVBP incentive payment (see instructions)		66,383		70.93
70.94	Hospital readmissions reduction adjustment (see instructions)		0		70.94
70.95	Recovery of Accelerated Depreciation		0		70.95
70.96	Low Volume Payment-1 (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0		70.96
70.97	Low Volume Payment-2 (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	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)		34,693,510		71.00
71.01	Sequestration adjustment (see instructions)		173,468		71.01
72.00	Interim payments		34,333,469		72.00
73.00	Tentative settlement (for contractor use only)		0		73.00
74.00	Balance due provider (Program) line 71 minus lines 71.01, 72 and 73		186,573		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		0		75.00
TO BE COMPLETED BY CONTRACTOR					
90.00	Operating outlier amount from Worksheet E, Part A line 2 (see instructions)		0		90.00
91.00	Capital outlier from Worksheet L, Part I, line 2		0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the Time Value of Money		0.00		94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140029	Period: From 07/01/2012 To 06/30/2013	Worksheet E Part A Date/Time Prepared: 11/26/2013 10:53 am	
		Title XVIII	Hospital	PPS	
			before 1/1	on/after 1/1	
		0	1.00	1.01	
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 DSH PAYMENT PERCENTAGE		Provider CCN: 140029	Period: From 07/01/2012 To 06/30/2013	Worksheet DSH Date/Time Prepared: 11/26/2013 10:53 am
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		Title XVIII	Hospital	PPS		
	Original .mcrcx Values	Adjusted .mcax Values	HFS Look Up	Override Value	Revised Value	
	1.00	2.00	3.00	4.00	5.00	

CALCULATION OF THE DSH PAYMENT PERCENTAGE							
1.00	Percentage of SSI patient days to Medicare Part A days (Previous from E, Part A, line 30 - Revised from CMS)	4.22	0.00	0.00	0.00	0.00	1.00
2.00	Percentage of Medicaid patient days to total days (From line 27)	24.66	0.00			24.66	2.00
3.00	Sum of lines 1 and 2, if less than 15% DSH Payment Percentage = 0	28.88	0.00			24.66	3.00
4.00	Provider Type * (urban, rural, SCH, RRC, pickle - If pickle worksheet NA)	Urban				Urban	4.00
5.00	Bed days available divided by number of days in the cost reporting period (Worksheet E, Part A, Line 4)	167.28	0.00			167.28	5.00
6.00	Disproportionate Share Payment Percentage (transfer to Worksheet E, Part A, line 33)	13.04	0.00			9.56	6.00
7.00	Qualify for Operating DSH Eligibility (DPP 15% or more)?	Yes				Yes	7.00
8.00	S-2, Line 22	Yes				Yes	8.00
9.00	Qualify for Capital DSH Eligibility (Urban with 100 or more beds)?	Yes				No	9.00
10.00	S-2, Line 45	Yes				Yes	10.00
11.00	Is the provider reimbursed under the fully prospective method? (Worksheet L, Part I, line 1 greater than -0-)	Yes				Yes	11.00
12.00	Percentage of SSI patient days to Medicare Part A days (Previous from L, Part I, line 7 - Revised from CMS)	4.22	0.00	0.00	0.00	0.00	12.00
13.00	Is this an IRF provider or a provider with an IRF excluded unit (Worksheet S-2, line 75, column 1 = "Y")	Yes				Yes	13.00
14.00	Medicare SSI ratio (Previous from E-3, Part III, line 2 - Revised from CMS)	2.29	0.00	0.00	0.00	0.00	14.00
CALCULATION OF THE PERCENTAGE OF MEDICAID DAYS TO TOTAL DAYS							
15.00	In-State Medicaid paid days (Worksheet S-2, line 24, column 1)	10,698	0			10,698	15.00
16.00	In-State Medicaid eligible unpaid paid days (Worksheet S-2, line 24, column 2)	2,064	0			2,064	16.00
17.00	Out-of-State Medicaid paid days (Worksheet S-2, line 24, column 3)	0	0			0	17.00
18.00	Out-of-State Medicaid eligible unpaid days (Worksheet S-2, line 24, column 4)	0	0			0	18.00
18.01	N/A	0	0			0	18.01
19.00	Medicaid HMO days (Worksheet S-2, line 24, column 5)	89	0			89	19.00
20.00	Other Medicaid days (Worksheet S-2, line 24, column 6)	0	0			0	20.00
21.00	Total Medicaid patient days for the DSH calculation (sum of lines 15-20)	12,851	0			12,851	21.00
22.00	Total patient days (Worksheet S-3, Part I, Column 8, Line 14)	49,907	0			49,907	22.00
23.00	Plus total labor room days (Worksheet S-3, Part I, Column 8, Line 32)	2,214	0			2,214	23.00
24.00	Plus total employee discount days (Worksheet S-3, Part I, Column 8, Line 30)	0	0			0	24.00
25.00	Less total Swing-bed SNF and NF patient days (Worksheet S-3, Part I, Column 8, Lines 5 and 6)	0	0			0	25.00
26.00	Total Medicaid patient days for the DSH calculation (sum of lines 22-24, less line 25)	52,121	0			52,121	26.00
27.00	Percentage of Medicaid patient days to total days (Line 21 divided by line 26)	24.66	0.00			24.66	27.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 140029		Period: From 07/01/2012 To 06/30/2013		Worksheet DSH Date/Time Prepared: 11/26/2013 10:53 am	
		Title XVIII		Hospital		PPS	
		Original .mcrx Values		Adjusted .mcax Values		Revised	
		Condition	Percentage	Condition	Percentage	Condition	
		1.00	2.00	3.00	4.00	5.00	
CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE							
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	True	13.04		0.00	True	28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	False	0.00		0.00	False	29.00
30.00	Line 28 or 29 as applicable		13.04		0.00		30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.		13.04		0.00		31.00
		Original .mcrx Values	Adjusted .mcax Values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
DETERMINATION OF PROVIDER TYPE							
32.00	Does the hospital qualify under the Pickle amendment? (Worksheet S-2, Part I, Line 22, column 2 = "Y")	False				False	32.00
33.00	Is This a Rural Referral Center? (Worksheet S-2, Part I, line 116, column 1 = "Y")	False				False	33.00
34.00	Is this a Medicare Dependant Hospital? (Worksheet S-2, Part I, Line 37 greater than -0-)	False				False	34.00
35.00	Is this a Sole Community hospital? (Worksheet S-2, Part I, Line 35 greater than -0-)	False				False	35.00
36.00	Is this an Urban or Rural hospital? (Worksheet S-2, Part I, Line 26, Column 1, Urban=1, Rural=2)	Urban				Urban	36.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 140029	Period: From 07/01/2012 To 06/30/2013	Worksheet DSH Date/Time Prepared: 11/26/2013 10:53 am
		Title XVIII	Hospital	PPS
		Revised Percentage 6.00		
CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE				
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	9.56		28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	0.00		29.00
30.00	Line 28 or 29 as applicable	9.56		30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.	9.56		31.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140029	Period: From 07/01/2012 To 06/30/2013	Worksheet E Part B Date/Time Prepared: 11/26/2013 10:53 am
		Title VIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		13,274	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		26,344,541	2.00
3.00	PPS payments		18,800,843	3.00
4.00	Outlier payment (see instructions)		99,880	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)		13,274	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		114,638	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)		114,638	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)		114,638	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		101,364	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)		13,274	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)		18,900,723	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		3,107	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		4,034,011	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)		14,876,879	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		150,532	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)		15,027,411	30.00
31.00	Primary payer payments		5,496	31.00
32.00	Subtotal (line 30 minus line 31)		15,021,915	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)		873,896	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		611,727	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		873,896	36.00
37.00	Subtotal (see instructions)		15,633,642	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-15	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		15,633,657	40.00
40.01	Sequestration adjustment (see instructions)		78,168	40.01
41.00	Interim payments		15,390,247	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		165,242	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
			Overrides	
			1.00	
WORKSHEET OVERRIDE VALUES				
112.00	Override of Ancillary service charges (line 12)			0.112.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140029	Period: From 07/01/2012 To 06/30/2013	Worksheet E Part B Date/Time Prepared: 11/26/2013 10:53 am
		Component CCN: 14T029	Title XVII I	Subprovider - IRF PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		72	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		783	2.00
3.00	PPS payments		535	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)		72	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		556	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)		556	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)		556	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		484	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)		72	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)		535	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)		87	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)		520	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)		520	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		520	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 (see instructions)		520	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 (see instructions)		520	40.00
40.01	Sequestration adjustment (see instructions)		3	40.01
41.00	Interim payments		532	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-15	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
			Overrides	
			1.00	
WORKSHEET OVERRIDE VALUES				
112.00	Override of Ancillary service charges (line 12)			0

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140029

Period:
From 07/01/2012
To 06/30/2013

Worksheet E-1
Part I
Date/Time Prepared:
11/26/2013 10:53 am

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		33,850,795		14,782,031	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		575,929		505,908	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	01/31/2013	102,308	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	01/31/2013	93,255		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)		-93,255		102,308	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)		34,333,469		15,390,247	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		360,041		243,410	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		34,693,510		15,633,657	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140029
Component CCN: 14T029

Period:
From 07/01/2012
To 06/30/2013

Worksheet E-1
Part I
Date/Time Prepared:
11/26/2013 10:53 am
PPS

Title XVIII

Subprovider -
IRF

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		3,366,161		532	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)		0		0	3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		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	01/31/2013	26,506		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)		-26,506		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		3,339,655		532	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		54,872		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		12	6.02
7.00	Total Medicare program liability (see instructions)		3,394,527		520	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 140029	Period: From 07/01/2012 To 06/30/2013	Worksheet E-1 Part II Date/Time Prepared: 11/26/2013 10:53 am
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst S-3, Part I column 15 line 14		12,117	1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12		13,546	2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6, line 2		1,234	3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12		40,833	4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200		1,427,483,549	5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20		44,310,342	6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Worksheet S-2, Part I line 168		0	7.00
8.00	Calculation of the HIT incentive payment (see instructions)		1,566,729	8.00
9.00	Sequestration adjustment amount (see instructions)		0	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)		1,566,729	10.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)		1,748,238	30.00
31.00	Other Adjustment (specify)		0	31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)		-181,509	32.00
		Overrides		
		1.00		
CONTRACTOR OVERRIDES				
108.00	Override of HIT payment			0108.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140029 Component CCN: 14T029	Period: From 07/01/2012 To 06/30/2013	Worksheet E-3 Part III Date/Time Prepared: 11/26/2013 10:53 am
		Title XVIIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			3,085,703 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0229 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			127,131 3.00
4.00	Outlier Payments			1,498 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			1.00 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program". (see inst.)			1.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program". (see inst.)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			1.00 9.00
10.00	Average Daily Census (see instructions)			10.473973 10.00
11.00	Indirect Medical Education Adjustment Factor $\{((1 + (\text{line } 9/\text{line } 10)) \text{ raised to the power of } .6876 - 1)\}$.			0.064708 11.00
12.00	Indirect Medical Education Adjustment (line 1 multiplied by line 11).			199,670 12.00
13.00	Total PPS Payment (sum of lines 1, 3, 4 and 12)			3,414,002 13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0 14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0 15.00
16.00	Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions)			0 16.00
17.00	Subtotal (see instructions)			3,414,002 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			3,414,002 19.00
20.00	Deductibles			16,296 20.00
21.00	Subtotal (line 19 minus line 20)			3,397,706 21.00
22.00	Coinsurance			3,179 22.00
23.00	Subtotal (line 21 minus line 22)			3,394,527 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			0 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			0 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 26.00
27.00	Subtotal (sum of lines 23 and 25)			3,394,527 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				0 31.00
31.99	Recovery of Accelerated Depreciation			0 31.99
32.00	Total amount payable to the provider (see instructions)			3,394,527 32.00
32.01	Sequestration adjustment (see instructions)			16,973 32.01
33.00	Interim payments			3,339,655 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program line 32 minus lines 32.01, 33 and 34			37,899 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			1,498 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140029	Period: From 07/01/2012 To 06/30/2013	Worksheet E-4 Date/Time Prepared: 11/26/2013 10:53 am	
		Title XVIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			12.00	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.27	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			11.73	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			11.97	6.00
7.00	Enter the lesser of line 5 or line 6			11.73	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	10.97	1.00	11.97	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	10.75	0.98	11.73	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
11.00	Total weighted FTE count	10.75	0.98		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	11.73	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	11.73	1.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	11.40	0.66		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
17.00	Adjusted rolling average FTE count	11.40	0.66		17.00
18.00	Per resident amount	89,857.50	89,857.50		18.00
19.00	Approved amount for resident costs	1,024,376	59,306	1,083,682	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.24	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			1,083,682	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days	15,763	1,234		26.00
27.00	Total Inpatient Days (see instructions)	44,656	44,656		27.00
28.00	Ratio of inpatient days to total inpatient days	0.352987	0.027633		28.00
29.00	Program direct GME amount	382,526	29,945		29.00
30.00	Reduction for direct GME payments for Medicare managed care		4,231		30.00
31.00	Net Program direct GME amount			408,240	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140029	Period: From 07/01/2012 To 06/30/2013	Worksheet E-4 Date/Time Prepared: 11/26/2013 10:53 am
		Title XVIII	Hospital	PPS
				1.00
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Worksheet B, Part I, sum of columns 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Worksheet C, Part I, column 8, sum of lines 74 and 94)		4,108,539	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		45,126,696	37.00
38.00	Organ acquisition costs (Worksheet D-4, Part III, column 1, line 69)		0	38.00
39.00	Cost of teaching physicians (Worksheet D-5, Part II, column 3, line 20)		0	39.00
40.00	Primary payer payments (see instructions)		10,739	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		45,115,957	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		26,358,670	42.00
43.00	Primary payer payments (see instructions)		5,496	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		26,353,174	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		71,469,131	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.631265	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.368735	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		408,240	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (Title XVIII only) (see instructions)		257,708	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (Title XVIII only) (see instructions)		150,532	50.00

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

Provider CCN: 140029

Period:
From 07/01/2012
To 06/30/2013

Worksheet G

Date/Time Prepared:
11/26/2013 10:53 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	20,746,000	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	35,280,000	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	0	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	12,893,000	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)	68,919,000	0	0	0	11.00
FIXED ASSETS						
12.00	Land	0	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	128,976,184	0	0	0	15.00
16.00	Accumulated depreciation	-173,689,724	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	176,541,540	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	0	0	0	0	23.00
24.00	Accumulated depreciation	0	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	131,828,000	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	183,301,000	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	45,037,000	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	228,338,000	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	429,085,000	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	18,168,000	0	0	0	37.00
38.00	Salaries, wages, and fees payable	0	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	41,727,000	0	0	0	43.00
44.00	Other current liabilities	25,725,000	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	85,620,000	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	89,816,000	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	64,375,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	154,191,000	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	239,811,000	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	189,274,000				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	189,274,000	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	429,085,000	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140029

Period:
From 07/01/2012
To 06/30/2013

Worksheet G-1

Date/Time Prepared:
11/26/2013 10:53 am

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		154,054,000		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		48,762,000			2.00
3.00	Total (sum of line 1 and line 2)		202,816,000		0	3.00
4.00	NEW ASSETS RELEASED FROM RESTRICTION	211,000		0		4.00
5.00	CHANGE IN INTEREST IN NET ASSETS	303,000		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)		514,000		0	10.00
11.00	Subtotal (line 3 plus line 10)		203,330,000		0	11.00
12.00	TRANSFER OF ASSETS TO AFFILIATES	14,056,000		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		14,056,000		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		189,274,000		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	NEW ASSETS RELEASED FROM RESTRICTION		0			4.00
5.00	CHANGE IN INTEREST IN NET ASSETS		0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	TRANSFER OF ASSETS TO AFFILIATES		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 140029

Period:
From 07/01/2012
To 06/30/2013

Worksheet G-2
Parts I & II
Date/Time Prepared:
11/26/2013 10:53 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	61,426,946		61,426,946	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	4,104,604		4,104,604	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	65,531,550		65,531,550	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	11,998,640		11,998,640	11.00
11.01	NICU	27,436,216		27,436,216	11.01
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	39,434,856		39,434,856	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	104,966,406		104,966,406	17.00
18.00	Ancillary services	515,511,755	684,586,975	1,200,098,730	18.00
19.00	Outpatient services	0	124,601,335	124,601,335	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		0	0	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	620,478,161	809,188,310	1,429,666,471	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		282,720,541		29.00
30.00	RUSH COPLEY CARDIOVASCULAR, LLC	6,307,217			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		6,307,217		36.00
37.00		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)		289,027,758		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140029

Period:
From 07/01/2012
To 06/30/2013

Worksheet G-3

Date/Time Prepared:
11/26/2013 10:53 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,429,666,471	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,114,817,713	2.00
3.00	Net patient revenues (line 1 minus line 2)	314,848,758	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	289,027,758	4.00
5.00	Net income from service to patients (line 3 minus line 4)	25,821,000	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	10,726,000	7.00
8.00	Revenues from telephone and other miscellaneous communication services	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	CHANGE IN FAIR MARKET VALUE OF INTER	3,327,000	24.00
24.01	GAIN ON SALE POB 1	8,842,000	24.01
24.02	OTHER	46,000	24.02
25.00	Total other income (sum of lines 6-24)	22,941,000	25.00
26.00	Total (line 5 plus line 25)	48,762,000	26.00
27.00		0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	48,762,000	29.00

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B		Provider CCN: 140029	Period: From 07/01/2012 To 06/30/2013	Worksheet 1-5 Date/Time Prepared: 11/26/2013 10:53 am
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		1.00	2.00	
PART I - CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B				
1.00	Total expenses related to care of program beneficiaries (see instructions)	0		1.00
2.00	Total payment due (from Wkst. 1-4, col. 6, line 11) (see instructions)	0	0	2.00
2.01	Total payment due (from Wkst. 1-4, col. 6.01, line 11) (see instructions)	0	0	2.01
2.02	Total payment due (from Wkst. 1-4, col. 6.02, line 11) (see instructions)	0	0	2.02
2.03	Total payment due (see instructions)	0	0	2.03
2.04	Outlier payments	0		2.04
3.00	Deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.00
3.01	Deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.01
3.02	Deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.02
3.03	Total deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.03
4.00	Coinsurance billed to Medicare (Part B) patients	0	0	4.00
4.01	Coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	4.01
4.02	Coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	4.02
4.03	Total coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	4.03
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries	0	0	5.00
5.01	Transition period 1 (75-25%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2011 but before 1/1/2012			5.01
5.02	Transition period 2 (50-50%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2012 but before 1/1/2013	0	0	5.02
5.03	Transition period 3 (25-75%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2013 but before 1/1/2014	0	0	5.03
5.04	100% PPS bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2014			5.04
5.05	Total bad debts (sum of line 5 through line 5.04)	0	0	5.05
6.00	Allowable bad debts (see instructions)	0		6.00
7.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	0		7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	8.00
9.00	Program payment (see instructions)	0	0	9.00
10.00	Unrecovered from Medicare (Part B) patients (see instructions)	0	0	10.00
11.00	Reimbursable bad debts (see instructions) (transfer to Worksheet E, Part B, line 33)	0		11.00
PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE				
12.00	Total allowable expenses (see instructions)	0		12.00
13.00	Total composite costs (from Wkst. 1-4, col. 2, line 11)	0		13.00
14.00	Facility specific composite cost percentage (line 13 divided by line 12)	0.000000		14.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140029	Period: From 07/01/2012 To 06/30/2013	Worksheet L Parts I-III Date/Time Prepared: 11/26/2013 10:53 am
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		2,302,858	1.00
2.00	Capital DRG outlier payments		90,602	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		111.87	3.00
4.00	Number of interns & residents (see instructions)		11.48	4.00
5.00	Indirect medical education percentage (see instructions)		2.94	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)		67,704	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		4.22	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		24.66	8.00
9.00	Sum of lines 7 and 8		28.88	9.00
10.00	Allowable disproportionate share percentage (see instructions)		6.02	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		138,632	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		2,599,796	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