

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: 140049
 Period: From 05/01/2012 To 04/30/2013
 Worksheet 5 Parts I-III
 Date/Time Prepared: 9/27/2013 4:05 pm

PART I - COST REPORT STATUS

Provider use only
 1. Electronically filed cost report
 2. Manually submitted cost report
 3. If this is an amended report enter the number of times the provider resubmitted this cost report
 4. Medicare Utilization. Enter "F" for full or "L" for low.
 Date: 9/27/2013 Time: 4:05 pm

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

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 WEST SUBURBAN HOSP MED CTR (140049) for the cost reporting period beginning 05/01/2012 and ending 04/30/2013 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.

Encryption Information

ECR: Date: 9/27/2013 Time: 4:05 pm
 yV0a9x3d3drPI58RYU7r4kw1D9upQ0
 TYMS60WBXYxfkbrFD4ePFD..Rm5jb23
 I1JmIU640i0Rophk
 PI: Date: 9/27/2013 Time: 4:05 pm
 IfwzjYKHImTSBYET7o3Mpyw1mxjB00
 IdtHROMwXo.yG.8cfcsyER4V0QoOmd
 tx5r0PI4760ia9vs

(Signed)

Officer or Administrator of Provider(s)

Title

Date

[Handwritten Signature]
 SVT Settlement
 9/30/2013

	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	86,600	705,785	0	0	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	0	0	0	0	3.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0	0	0	7.00
200.00 Total	0	86,600	705,785	0	0	200.00

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

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY

Provider CCN: 140049

Period: From 05/01/2012 To 04/30/2013

Worksheet 5
Parts I-III
Date/Time Prepared: 9/27/2013 4:05 pm

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2. Manually submitted cost report

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4. Medicare Utilization. Enter "F" for full or "L" for low.

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5. Cost Report Status
(1) As Submitted
(2) Settled without Audit
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6. Date Received:
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8. Initial Report for this Provider CCN
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10. NPR Date:
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12. If line 5, column 1 is 4: Enter number of times reopened = 0-9.

Date: 9/27/2013 Time: 4:05 pm

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(Signed)

[Handwritten Signature]
 Officer or Administrator of Provider(s)
 Title
 Date 9/27/2013

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	86,600	705,785	0	0	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	0	0	0	0	3.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0	0	0	7.00
200.00 Total	0	86,600	705,785	0	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 140049

Period:
From 05/01/2012
To 04/30/2013

Worksheet S-2
Part I
Date/Time Prepared:
9/27/2013 12:31 pm

		1.00	2.00	3.00	4.00					
Hospital and Hospital Health Care Complex Address:										
1.00	Street:	3 ERIE COURT		PO Box:					1.00	
2.00	City:	OAK PARK		State:	IL	Zip Code:	60302		2.00	
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)		
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
Hospital and Hospital-Based Component Identification:										
3.00	Hospital	WEST SUBURBAN HOSP MED CTR		140049	16974	1	07/01/1966	N	P O	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF	WEST SUBURBAN SNF		145743	16974		12/28/1992	N	P N	9.00
10.00	Hospital-Based SNF									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
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)						05/01/2012	04/30/2013		20.00
21.00	Type of Control (see instructions)						4			21.00
Inpatient PPS Information										
22.00	Does this facility qualify for and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.						Y	N		22.00
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.						3	N		23.00
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days			
		1.00	2.00	3.00	4.00	5.00	6.00			
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible 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.	10,121	1,527	0	0	1,263	0		24.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in col. 1, the in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6.	0	0	0	0	0	0		25.00	
							Urban/Rural	Date of Geogr		
							1.00	2.00		
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.						1			26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.						1			27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.						0			35.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 140049

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From 05/01/2012
To 04/30/2013

Worksheet S-2
Part I
Date/Time Prepared:
9/27/2013 12:31 pm

		Beginning: 1.00	Ending: 2.00		
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.				36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.		0		37.00
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.				38.00
		Y/N 1.00	Y/N 2.00		
39.00	Does the facility potentially qualify for the inpatient hospital adjustment for low volume hospitals as deemed by CMS according to the Federal Register? Enter in column 1 "Y" for yes or "N" for no. Additionally, does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)? Enter in column 2 "Y" for yes or "N" for no.	N	N		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)	Y	Y	Y	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete worksheet L, Part III and L-1, Parts I through III.	N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00
Teaching Hospitals					
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y			56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete worksheet E-4. If column 2 is "N", complete worksheet D, Part III & IV and D-2, Part II, if applicable.	N			57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete worksheet D-5.	N			58.00
59.00	Are costs claimed on line 100 of worksheet A? If yes, complete worksheet D-2, Part I.	N			59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N			60.00
		Y/N 1.00	IME Average 2.00	Direct GME Average 3.00	
61.00	Did your facility receive additional FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. If "Y", effective for portions of cost reporting periods beginning on or after July 1, 2011 enter the average number of primary care FTE residents for IME in column 2 and direct GME in column 3, from the hospital's three most recent cost reports ending and submitted before March 23, 2010. (see instructions)	N	0.00	0.00	61.00
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)					
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)		0.00		62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)		0.00		62.01
Teaching Hospitals that Claim Residents in Non-Provider Settings					
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)	Y			63.00
		Unweighted FTEs Nonprovider Site 1.00	Unweighted FTEs in Hospital 2.00	Ratio (col. 1 / (col. 1 + col. 2)) 3.00	
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. 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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 140049

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From 05/01/2012
To 04/30/2013

Worksheet S-2
Part I
Date/Time Prepared:
9/27/2013 12:31 pm

	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))		
			1.00	2.00	3.00		4.00
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name. Enter in column 2 the program code, enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY MEDICINE	1350	0.00	26.00	0.000000	65.00
65.01		INTERNAL MEDICINE	1400	0.00	24.00	0.000000	65.01
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
66.00	Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010 Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	4.71	0.000000	66.00	
			Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))
			1.00	2.00	3.00	4.00	5.00
67.00	If line 63 is yes, then, for each primary care residency program in which you are training residents, enter in column 1 the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations that occurred in nonprovider settings for each applicable program. Enter in column 4 the number of unweighted primary care FTE residents in your hospital for each applicable program. Enter in column 5 the ratio of column 3 divided by the sum of columns 3 and 4. Use subscripted lines 67.01 through 67.50 for each additional primary care program. If you operated a primary care program that did not have FTE residents in a nonprovider setting, enter zero in column 3 and complete all other columns for each applicable program.	FAMILY MEDICINE	1350	0.97	28.96	0.032409	67.00
67.01		INTERNAL MEDICINE	1400	0.00	20.41	0.000000	67.01

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		1.00	2.00	3.00	
Inpatient Psychiatric Facility PPS					
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	N			70.00
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)			0	71.00
Inpatient Rehabilitation Facility PPS					
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	N			75.00
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)			0	76.00
		1.00			
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.		N		80.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(F)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(F)(1)(ii)? Enter "Y" for yes and "N" for no.				86.00
		V 1.00	XIX 2.00		
Title V and XIX Services					
90.00	Does this facility have title v and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N		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)				106.00
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)				107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N			108.00
		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.				109.00
		1.00	2.00	3.00	
Miscellaneous Cost Reporting Information					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospital providers) based on the definition in CMS 15-1, §2208.1.	N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y			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

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Provider CCN: 140049

Period:
From 05/01/2012
To 04/30/2013

Worksheet S-2
Part I
Date/Time Prepared:
9/27/2013 12:31 pm

		Premiums	Losses	Insurance		
		1.00	2.00	3.00		
118.01	List amounts of malpractice premiums and paid losses:	372,555	0		0118.01	
			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		118.02	
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	119.00 120.00	
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y		121.00	
Transplant Center Information						
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N		125.00	
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00	
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00	
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00	
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00	
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00	
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00	
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00	
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00	
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00	
All Providers						
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)		Y	44H108	140.00	
		1.00	2.00	3.00		
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.						
141.00	Name: Vanguard Health Systems	Contractor's Name: Cahaba GBA		Contractor's Number: 10101	141.00	
142.00	Street: 20 Burton Hill Blvd, suite 100	PO Box:			142.00	
143.00	City: Nashville	State: AL	Zip Code: 35242		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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 140049

Period:
From 05/01/2012
To 04/30/2013

Worksheet S-2
Part I
Date/Time Prepared:
9/27/2013 12:31 pm

							1.00	
Multicampus								
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.						N	165.00
	Name	County	State	Zip Code	CBSA	FTE/Campus		
	0	1.00	2.00	3.00	4.00	5.00		
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5						0.00	166.00
							1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act								
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.						N	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)							168.00
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)						0.00	169.00

		Y/N	Date	
		1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format. COMPLETED BY ALL HOSPITALS				
Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00
		Y/N	Date	V/I
		1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	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	C	06/30/2013
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N		5.00
		Y/N	Legal Oper.	
		1.00	2.00	
Approved Educational Activities				
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N		7.00
8.00	were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	Y		9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on worksheet A? If yes, see instructions.	N		11.00
			Y/N	
			1.00	
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N	14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		Y	15.00
		Part A		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)	Y	08/08/2013	Y
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		N
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
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
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

	Description	Part A		Part B	
		Y/N	Date	Y/N	
	0	1.00	2.00	3.00	
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 relifed for Medicare purposes? If yes, see instructions			N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			N	25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	27.00
Interest Expense					
28.00	were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N	31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			N	35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?			Y	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			Y	37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			Y	06/30/2012
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			N	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			N	40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	ZEBIA		NELSON	41.00
42.00	Enter the employer/company name of the cost report preparer.	NELSON, JONES & CO., INC			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	4104808498		ZEBNELSON@AOL.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)	08/08/2013	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)		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.	CONSULTANT	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

Provider CCN: 140049

Period:
From 05/01/2012
To 04/30/2013

Worksheet S-2
Part IX
Date/Time Prepared:
9/27/2013 12:31 pm

		Title V 1.00	Title XIX 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 1.00	Outpatient 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 1.00	Title XIX 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: 140049

Period:
From 05/01/2012
To 04/30/2013

Worksheet S-3
Part I
Date/Time Prepared:
9/27/2013 12:31 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				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)	30.00	134	48,910	0.00	0	1.00
2.00 HMO						2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF					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)		134	48,910	0.00	0	7.00
8.00 Intensive Care Unit	31.00	18	6,570	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 Nursery	43.00				0	13.00
14.00 Total (see instructions)		152	55,480	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	44.00	50	18,250		0	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		202				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: 140049

Period:
From 05/01/2012
To 04/30/2013

Worksheet S-3
Part I
Date/Time Prepared:
9/27/2013 12:31 pm

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)	9,226	11,648	26,689			1.00
2.00 HMO	2,594	1,263				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)	9,226	11,648	26,689			7.00
8.00 Intensive Care Unit	1,275	0	3,126			8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 Nursery		0	4,818			13.00
14.00 Total (see instructions)	10,501	11,648	34,633	54.09	852.55	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	8,585	0	11,984	0.00	43.63	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)				54.09	896.18	27.00
28.00 Observation Bed Days		0	1,752			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140049

Period:
From 05/01/2012
To 04/30/2013

Worksheet S-3
Part I
Date/Time Prepared:
9/27/2013 12:31 pm

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)			0	2,327	4,315	9,423	1.00
2.00 HMO				0			2.00
3.00 HMO IPF Subprovider							3.00
4.00 HMO IRF Subprovider							4.00
5.00 Hospital Adults & Peds. Swing Bed SNF							5.00
6.00 Hospital Adults & Peds. Swing Bed NF							6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)							7.00
8.00 Intensive Care Unit							8.00
9.00 CORONARY CARE UNIT							9.00
10.00 BURN INTENSIVE CARE UNIT							10.00
11.00 SURGICAL INTENSIVE CARE UNIT							11.00
12.00 OTHER SPECIAL CARE (SPECIFY)							12.00
13.00 Nursery							13.00
14.00 Total (see instructions)	0.00	0	2,327	4,315	9,423		14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF							16.00
17.00 SUBPROVIDER - IRF							17.00
18.00 SUBPROVIDER							18.00
19.00 SKILLED NURSING FACILITY	0.00						19.00
20.00 NURSING FACILITY							20.00
21.00 OTHER LONG TERM CARE							21.00
22.00 HOME HEALTH AGENCY							22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)							23.00
24.00 HOSPICE							24.00
25.00 CMHC - CMHC							25.00
26.00 RURAL HEALTH CLINIC							26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER							26.25
27.00 Total (sum of lines 14-26)	0.00						27.00
28.00 Observation Bed Days							28.00
29.00 Ambulance Trips							29.00
30.00 Employee discount days (see instruction)							30.00
31.00 Employee discount days - IRF							31.00
32.00 Labor & delivery days (see instructions)							32.00
33.00 LTCH non-covered days							33.00

	Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	59,215,604	0	59,215,604	1,864,060.00	31.77
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		1,334,777	0	1,334,777	17,100.00	78.06
5.00	Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	4,189,252	0	4,189,252	137,349.00	30.50
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	2,381,307	0	2,381,307	90,760.00	26.24
10.00	Excluded area salaries (see instructions)		655,288	51,688	706,976	13,219.00	53.48
OTHER WAGES & RELATED COSTS							
11.00	Contract labor (see instructions)		1,573,591	0	1,573,591	50,622.00	31.09
12.00	Contract management and administrative services		0	0	0	0.00	0.00
13.00	Contract labor: Physician-Part A - Administrative		0	0	0	0.00	0.00
14.00	Home office salaries & wage-related costs		1,477,300	0	1,477,300	21,861.00	67.58
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) wkst S-3, Part IV line 24		10,571,629	0	10,571,629		17.00
18.00	Wage-related costs (other)wkst S-3, part IV line 25		2,069	0	2,069		18.00
19.00	Excluded areas		576,002	0	576,002		19.00
20.00	Non-physician anesthetist Part A		0	0	0		20.00
21.00	Non-physician anesthetist Part B		0	0	0		21.00
22.00	Physician Part A - Administrative		0	0	0		22.00
22.01	Physician Part A - Teaching		0	0	0		22.01
23.00	Physician Part B		0	0	0		23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0		24.00
25.00	Interns & residents (in an approved program)		63,286	0	63,286		25.00
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits	4.00	-137,467	277,303	139,836	0.00	0.00
27.00	Administrative & General	5.00	10,727,944	-1,142,718	9,585,226	276,443.00	34.67
28.00	Administrative & General under contract (see inst.)		2,102	0	2,102	17.00	123.65
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00
30.00	Operation of Plant	7.00	1,692,528	0	1,692,528	67,783.00	24.97
31.00	Laundry & Linen Service	8.00	12,681	0	12,681	1,011.00	12.54
32.00	Housekeeping	9.00	1,169,521	0	1,169,521	88,259.00	13.25
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00
34.00	Dietary	10.00	1,119,752	0	1,119,752	75,807.00	14.77
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00
38.00	Nursing Administration	13.00	801,516	0	801,516	17,280.00	46.38
39.00	Central Services and Supply	14.00	235,171	0	235,171	0.00	0.00
40.00	Pharmacy	15.00	1,430,289	102	1,430,391	39,295.00	36.40
41.00	Medical Records & Medical Records Library	16.00	465,786	801,205	1,266,991	53,907.00	23.50

Provider CCN: 140049

Period:
From 05/01/2012
To 04/30/2013

Worksheet S-3
Part II
Date/Time Prepared:
9/27/2013 12:31 pm

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

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140049

Period:
From 05/01/2012
To 04/30/2013

Worksheet S-3
Part III
Date/Time Prepared:
9/27/2013 12:31 pm

	Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from worksheet A-6)	Adjusted Salaries (col.2 + col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly wage (col. 4 + col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	53,693,677	0	53,693,677	1,709,628.00	31.41	1.00
2.00	Excluded area salaries (see instructions)	3,036,595	51,688	3,088,283	103,979.00	29.70	2.00
3.00	Subtotal salaries (line 1 minus line 2)	50,657,082	-51,688	50,605,394	1,605,649.00	31.52	3.00
4.00	Subtotal other wages & related costs (see inst.)	3,050,891	0	3,050,891	72,483.00	42.09	4.00
5.00	Subtotal wage-related costs (see inst.)	10,573,698	0	10,573,698	0.00	20.89	5.00
6.00	Total (sum of lines 3 thru 5)	64,281,671	-51,688	64,229,983	1,678,132.00	38.27	6.00
7.00	Total overhead cost (see instructions)	17,519,823	-64,108	17,455,715	619,802.00	28.16	7.00

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	109,523	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	5,293,949	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	168,053	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	-68,696	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	126,081	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	171,858	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	406,153	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	3,699,562	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	0	19.00
20.00	State or Federal Unemployment Taxes	517,678	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	6,143	22.00
23.00	Tuition Reimbursement	141,325	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	10,571,629	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	2,069	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 140049

Period:
From 05/01/2012
To 04/30/2013

Worksheet S-3
Part V
Date/Time Prepared:
9/27/2013 12:31 pm

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	1,578,487	11,212,987	1.00
2.00	Hospital	1,577,623	11,182,978	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	864	30,009	8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	other	0	0	18.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 140049

Period:
From 05/01/2012
To 04/30/2013

worksheet S-7

Date/Time Prepared:
9/27/2013 12:31 pm

		1.00	2.00	3.00	4.00
1.00	If this facility contains a hospital-based SNF, were all patients under managed care or was there no Medicare utilization? Enter "Y" for yes in column 1 and do not complete the rest of this worksheet.	N			1.00
2.00	Does this hospital have an agreement under either section 1883 or section 1913 for swing beds? Enter "Y" for yes or "N" for no in column 1. If yes, enter the agreement date (mm/dd/yyyy) in column 2.	N			2.00
		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)
		1.00	2.00	3.00	4.00
3.00		RUX	4	0	4 3.00
4.00		RUL	30	0	30 4.00
5.00		RVX	0	0	0 5.00
6.00		RVL	28	0	28 6.00
7.00		RHX	0	0	0 7.00
8.00		RHL	0	0	0 8.00
9.00		RMX	0	0	0 9.00
10.00		RML	0	0	0 10.00
11.00		RLX	0	0	0 11.00
12.00		RUC	849	0	849 12.00
13.00		RUB	995	0	995 13.00
14.00		RUA	3,406	0	3,406 14.00
15.00		RVC	524	0	524 15.00
16.00		RVB	503	0	503 16.00
17.00		RVA	1,561	0	1,561 17.00
18.00		RHC	52	0	52 18.00
19.00		RHB	24	0	24 19.00
20.00		RHA	166	0	166 20.00
21.00		RMC	36	0	36 21.00
22.00		RMB	50	0	50 22.00
23.00		RMA	240	0	240 23.00
24.00		RLB	0	0	0 24.00
25.00		RLA	0	0	0 25.00
26.00		ES3	0	0	0 26.00
27.00		ES2	0	0	0 27.00
28.00		ES1	0	0	0 28.00
29.00		HE2	0	0	0 29.00
30.00		HE1	0	0	0 30.00
31.00		HD2	0	0	0 31.00
32.00		HD1	1	0	1 32.00
33.00		HC2	0	0	0 33.00
34.00		HC1	17	0	17 34.00
35.00		HB2	0	0	0 35.00
36.00		HB1	22	0	22 36.00
37.00		LE2	0	0	0 37.00
38.00		LE1	0	0	0 38.00
39.00		LD2	0	0	0 39.00
40.00		LD1	2	0	2 40.00
41.00		LC2	0	0	0 41.00
42.00		LC1	6	0	6 42.00
43.00		LB2	0	0	0 43.00
44.00		LB1	3	0	3 44.00
45.00		CE2	0	0	0 45.00
46.00		CE1	0	0	0 46.00
47.00		CD2	0	0	0 47.00
48.00		CD1	2	0	2 48.00
49.00		CC2	0	0	0 49.00
50.00		CC1	5	0	5 50.00
51.00		CB2	0	0	0 51.00
52.00		CB1	14	0	14 52.00
53.00		CA2	0	0	0 53.00
54.00		CA1	16	0	16 54.00
55.00		SE3	0	0	0 55.00
56.00		SE2	0	0	0 56.00
57.00		SE1	0	0	0 57.00
58.00		SSC	0	0	0 58.00
59.00		SSB	0	0	0 59.00
60.00		SSA	0	0	0 60.00
61.00		IB2	0	0	0 61.00
62.00		IB1	0	0	0 62.00
63.00		IA2	0	0	0 63.00
64.00		IA1	0	0	0 64.00
65.00		BB2	0	0	0 65.00
66.00		BB1	0	0	0 66.00
67.00		BA2	0	0	0 67.00
68.00		BA1	0	0	0 68.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 140049

Period:
From 05/01/2012
To 04/30/2013

worksheet S-7

Date/Time Prepared:
9/27/2013 12:31 pm

		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
		1.00	2.00	3.00	4.00	
69.00		PE2	0	0	0	69.00
70.00		PE1	0	0	0	70.00
71.00		PD2	0	0	0	71.00
72.00		PD1	3	0	3	72.00
73.00		PC2	0	0	0	73.00
74.00		PC1	6	0	6	74.00
75.00		PB2	0	0	0	75.00
76.00		PB1	3	0	3	76.00
77.00		PA2	0	0	0	77.00
78.00		PA1	17	0	17	78.00
199.00		AAA	0	0	0	199.00
200.00	TOTAL		8,585	0	8,585	200.00
				CBSA at Beginning of Cost Reporting Period	CBSA on/after October 1 of the Cost Reporting Period (if applicable)	
				1.00	2.00	
SNF SERVICES						
201.00	Enter in column 1 the SNF CBSA code or 5 character non-CBSA code if a rural facility, in effect at the beginning of the cost reporting period. Enter in column 2, the code in effect on or after October 1 of the cost reporting period (if applicable).			16974		201.00
				Expenses	Percentage	Associated with Direct Patient Care and Related Expenses?
				1.00	2.00	3.00
A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 202 through 207: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from worksheet G-2, Part I, line 7, column 3. In column 3, enter "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (see instructions)						
202.00	Staffing			0	0.00	202.00
203.00	Recruitment			0	0.00	203.00
204.00	Retention of employees			0	0.00	204.00
205.00	Training			0	0.00	205.00
206.00	OTHER (SPECIFY)			0	0.00	206.00
207.00	Total SNF revenue (worksheet G-2, Part I, line 7, column 3)			8,185,049		207.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

Provider CCN: 140049

Period:
From 05/01/2012
To 04/30/2013

Worksheet S-10

Date/Time Prepared:
9/27/2013 12:31 pm

		1.00	
Uncompensated and indigent care cost computation			
1.00	Cost to charge ratio (worksheet C, Part I line 202 column 3 divided by line 202 column 8)	0.174620	1.00
Medicaid (see instructions for each line)			
2.00	Net revenue from Medicaid	20,896,720	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	1,907,175	5.00
6.00	Medicaid charges	185,978,642	6.00
7.00	Medicaid cost (line 1 times line 6)	32,475,590	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)	9,671,695	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	4,499,097	18.00
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)	9,671,695	19.00
		Uninsured patients	Insured patients
		1.00	2.00
		Total (col. 1 + col. 2)	3.00
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	7,828,037	446,726
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	1,366,932	78,007
22.00	Partial payment by patients approved for charity care	497	0
23.00	Cost of charity care (line 21 minus line 22)	1,366,435	78,007
		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)	48,066,139	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)	1,962,437	27.00
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)	46,103,702	28.00
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)	8,050,628	29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)	9,495,070	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	19,166,765	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140049

Period:
From 05/01/2012
To 04/30/2013

Worksheet A

Date/Time Prepared:
9/27/2013 12:31 pm

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	
GENERAL SERVICE COST CENTERS						
1.00 00100	Cap Rel Costs-Bldg & Fixt	0	0	2,920,740	2,920,740	1.00
2.00 00200	Cap Rel Costs-Mvble Equip	0	0	2,801,389	2,801,389	2.00
2.01 00201	CAP REL COSTS-MVBLE EQUIP-RIVER FOR	0	0	0	0	2.01
4.00 00400	Employee Benefits	-137,467	10,439,163	10,301,696	402,151	4.00
5.00 00500	Administrative & General	10,727,944	25,806,742	36,534,686	-7,271,266	5.00
7.00 00700	Operation of Plant	1,692,528	4,037,878	5,730,406	-181,724	7.00
7.01 00701	OPERATION OF PLANT-RIVER FOREST	0	0	0	179,088	7.01
8.00 00800	Laundry & Linen Service	12,681	641,528	654,209	150,663	8.00
9.00 00900	Housekeeping	1,169,521	517,636	1,687,157	-7,121	9.00
10.00 01000	Dietary	1,119,752	746,507	1,866,259	-22,431	10.00
11.00 01100	CAFETERIA	0	0	0	0	11.00
13.00 01300	Nursing Administration	801,516	58,146	859,662	-4,078	13.00
14.00 01400	Central Services & supply	235,171	262,365	497,536	11,394	14.00
15.00 01500	Pharmacy	1,430,289	3,205,758	4,636,047	-1,433,114	15.00
16.00 01600	Medical Records & Library	465,786	345,158	810,944	943,218	16.00
21.00 02100	I&R Services-Salary & Fringes Apprvd	4,189,252	0	4,189,252	0	21.00
22.00 02200	I&R Services-Other Prgrm Costs Apprvd	0	1,014,431	1,014,431	-6,041	22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	Adults & Pediatrics	9,115,898	2,435,004	11,550,902	-361,435	30.00
31.00 03100	Intensive Care Unit	2,209,423	428,785	2,638,208	-180,141	31.00
43.00 04300	Nursery	784,365	80,490	864,855	-44,520	43.00
44.00 04400	SKILLED NURSING FACILITY	2,381,307	301,734	2,683,041	-88,536	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	Operating Room	3,812,266	7,436,711	11,248,977	-4,266,787	50.00
51.00 05100	Recovery Room	698,323	91,900	790,223	-72,577	51.00
52.00 05200	Labor Room & Delivery Room	2,179,067	425,798	2,604,865	-209,713	52.00
53.00 05300	Anesthesiology	99,416	622,341	721,757	-145,808	53.00
54.00 05400	Radiology - Diagnostic	2,296,354	1,609,289	3,905,643	-267,054	54.00
55.00 05500	Radiology - Therapeutic	0	0	0	0	55.00
55.01 03340	Gastro Intestinal Services	632,195	497,294	1,129,489	-163,798	55.01
55.02 03630	Ultra Sound	572,079	123,425	695,504	-17,162	55.02
56.00 05600	Radioisotope	182,752	273,571	456,323	-142,996	56.00
57.00 05700	CT Scan	534,539	440,220	974,759	-9,928	57.00
58.00 05800	Magnetic Resonance Imaging (MRI)	188,354	217,143	405,497	-2,552	58.00
59.00 05900	Cardiac Catheterization	433,125	1,432,788	1,865,913	-799,225	59.00
60.00 06000	Laboratory	173,030	4,553,645	4,726,675	1,568	60.00
63.00 06300	Blood Storing, Processing, & Trans.	0	798,616	798,616	-2,932	63.00
65.00 06500	Respiratory Therapy	1,071,425	210,355	1,281,780	-53,827	65.00
66.00 06600	Physical Therapy	2,087,587	86,264	2,173,851	-13,233	66.00
67.00 06700	Occupational Therapy	148,242	1,739	149,981	-60	67.00
68.00 06800	Speech Pathology	153,459	-7,562	145,897	15,140	68.00
69.00 06900	Electro cardiology	513,352	101,230	614,582	-12,814	69.00
71.00 07100	Medical Supplies Charged to Patients	0	0	0	2,243,923	71.00
72.00 07200	Implantable Devices Chrgd to Patient	0	0	0	4,095,872	72.00
73.00 07300	Drugs Charged to Patients	0	0	0	5,595,595	73.00
74.00 07400	RENAL DIALYSIS	0	405,216	405,216	-4,792	74.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	Clinic	2,189,825	4,425,435	6,615,260	-292,946	90.00
90.01 04950	Diabetology	64,194	4,709	68,903	-1,846	90.01
90.02 04951	Cancer Center	449,266	4,128,104	4,577,370	-2,836,751	90.02
91.00 09100	Emergency	3,883,500	2,158,839	6,042,339	-377,793	91.00
92.00 09200	Observation Beds (Non-Distinct Part)	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (sum of lines 1-117)	58,560,316	80,358,395	138,918,711	65,740	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	Gift, Flower, Coffee Shop, & Canteen	50,703	64,185	114,888	0	190.00
192.00 19200	Physicians' Private Offices	0	0	0	0	192.00
194.00 07950	Marketing	182,213	140,336	322,549	557,497	194.00
194.01 07951	Hospitalist	0	0	0	0	194.01
194.02 07952	Retail Pharmacy	282,781	677,053	959,834	-619,771	194.02
194.03 07953	Community Relations	3,111	14,834	17,945	-1,396	194.03
194.04 07954	Physician Clinics	136,480	6,586	143,066	-2,070	194.04
194.05 07955	Guest Meals	0	0	0	0	194.05
194.06 07956	Catering Meals	0	0	0	0	194.06
194.07 07957	RIVER FOREST Nonreimbursable	0	0	0	0	194.07
200.00	TOTAL (sum of lines 118-199)	59,215,604	81,261,389	140,476,993	0	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140049

Period:
From 05/01/2012
To 04/30/2013

Worksheet A

Date/Time Prepared:
9/27/2013 12:31 pm

Cost Center Description		Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
GENERAL SERVICE COST CENTERS				
1.00	00100 Cap Rel Costs-Bldg & Fixt	6,410,079	9,330,819	1.00
2.00	00200 Cap Rel Costs-Mvble Equip	4,948,654	7,750,043	2.00
2.01	00201 CAP REL COSTS-MVBLE EQUIP-RIVER FOR	180,823	180,823	2.01
4.00	00400 Employee Benefits	-188,704	10,515,143	4.00
5.00	00500 Administrative & General	-13,855,317	15,408,103	5.00
7.00	00700 Operation of Plant	-44,939	5,503,743	7.00
7.01	00701 OPERATION OF PLANT-RIVER FOREST	0	179,088	7.01
8.00	00800 Laundry & Linen Service	0	804,872	8.00
9.00	00900 Housekeeping	0	1,680,036	9.00
10.00	01000 Dietary	-486,258	1,357,570	10.00
11.00	01100 CAFETERIA	0	0	11.00
13.00	01300 Nursing Administration	0	855,584	13.00
14.00	01400 Central Services & Supply	0	508,930	14.00
15.00	01500 Pharmacy	-3,600	3,199,333	15.00
16.00	01600 Medical Records & Library	-6,052	1,748,110	16.00
21.00	02100 I&R Services-Salary & Fringes Apprvd	0	4,189,252	21.00
22.00	02200 I&R Services-Other Prgrm Costs Apprvd	-35,107	973,283	22.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 Adults & Pediatrics	-1,523,267	9,666,200	30.00
31.00	03100 Intensive Care Unit	-65,714	2,392,353	31.00
43.00	04300 Nursery	0	820,335	43.00
44.00	04400 SKILLED NURSING FACILITY	-14,646	2,579,859	44.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 Operating Room	-397,262	6,584,928	50.00
51.00	05100 Recovery Room	0	717,646	51.00
52.00	05200 Labor Room & Delivery Room	0	2,395,152	52.00
53.00	05300 Anesthesiology	-397,223	178,726	53.00
54.00	05400 Radiology - Diagnostic	-96,234	3,542,355	54.00
55.00	05500 Radiology - Therapeutic	0	0	55.00
55.01	03340 Gastro Intestinal Services	-15,467	950,224	55.01
55.02	03630 Ultra sound	0	678,342	55.02
56.00	05600 Radioisotope	0	313,327	56.00
57.00	05700 CT Scan	0	964,831	57.00
58.00	05800 Magnetic Resonance Imaging (MRI)	0	402,945	58.00
59.00	05900 Cardiac Catheterization	0	1,066,688	59.00
60.00	06000 Laboratory	0	4,728,243	60.00
63.00	06300 Blood Storing, Processing, & Trans.	0	795,684	63.00
65.00	06500 Respiratory Therapy	-9,835	1,218,118	65.00
66.00	06600 Physical Therapy	0	2,160,618	66.00
67.00	06700 Occupational Therapy	0	149,921	67.00
68.00	06800 Speech Pathology	0	161,037	68.00
69.00	06900 Electro cardiology	-51,905	549,863	69.00
71.00	07100 Medical Supplies Charged to Patients	0	2,243,923	71.00
72.00	07200 Implantable Devices Chrgd to Patient	0	4,095,872	72.00
73.00	07300 Drugs Charged to Patients	0	5,595,595	73.00
74.00	07400 RENAL DIALYSIS	0	400,424	74.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 Clinic	-3,862,184	2,460,130	90.00
90.01	04950 Diabetology	-1,107	65,950	90.01
90.02	04951 Cancer Center	0	1,740,619	90.02
91.00	09100 Emergency	-1,310,904	4,353,642	91.00
92.00	09200 Observation Beds (Non-Distinct Part)	0	0	92.00
SPECIAL PURPOSE COST CENTERS				
118.00	SUBTOTALS (sum of lines 1-117)	-10,826,169	128,158,282	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 Gift, Flower, Coffee Shop, & Canteen	0	114,888	190.00
192.00	19200 Physicians' Private Offices	0	0	192.00
194.00	07950 Marketing	0	880,046	194.00
194.01	07951 Hospitalist	0	0	194.01
194.02	07952 Retail Pharmacy	0	340,063	194.02
194.03	07953 Community Relations	0	16,549	194.03
194.04	07954 Physician Clinics	0	140,996	194.04
194.05	07955 Guest Meals	0	0	194.05
194.06	07956 Catering Meals	0	0	194.06
194.07	07957 RIVER FOREST Nonreimbursable	0	0	194.07
200.00	TOTAL (sum of lines 118-199)	-10,826,169	129,650,824	200.00

COST CENTERS USED IN COST REPORT

Provider CCN: 140049

Period:
From 05/01/2012
To 04/30/2013

Worksheet Non-CMS W
Date/Time Prepared:
9/27/2013 12:31 pm

Cost Center Description	CMS Code	Standard Label For Non-Standard Codes	
	1.00	2.00	
GENERAL SERVICE COST CENTERS			
1.00 Cap Rel Costs-Bldg & Fixt	00100		1.00
2.00 Cap Rel Costs-Mvble Equip	00200		2.00
2.01 CAP REL COSTS-MVBLE EQUIP-RIVER FOR	00201		2.01
4.00 Employee Benefits	00400		4.00
5.00 Administrative & General	00500		5.00
7.00 Operation of Plant	00700		7.00
7.01 OPERATION OF PLANT-RIVER FOREST	00701		7.01
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
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
21.00 I&R Services-Salary & Fringes Apprvd	02100		21.00
22.00 I&R Services-Other Prgrm Costs Apprvd	02200		22.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00 Adults & Pediatrics	03000		30.00
31.00 Intensive Care Unit	03100		31.00
43.00 Nursery	04300		43.00
44.00 SKILLED NURSING FACILITY	04400		44.00
ANCILLARY SERVICE COST CENTERS			
50.00 Operating Room	05000		50.00
51.00 Recovery Room	05100		51.00
52.00 Labor Room & Delivery Room	05200		52.00
53.00 Anesthesiology	05300		53.00
54.00 Radiology - Diagnostic	05400		54.00
55.00 Radiology - Therapeutic	05500		55.00
55.01 Gastro Intestinal Services	03340		55.01
55.02 Ultra Sound	03630		55.02
56.00 Radioisotope	05600		56.00
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
63.00 Blood Storing, Processing, & Trans.	06300		63.00
65.00 Respiratory Therapy	06500		65.00
66.00 Physical Therapy	06600		66.00
67.00 Occupational Therapy	06700		67.00
68.00 Speech Pathology	06800		68.00
69.00 Electro cardiology	06900		69.00
71.00 Medical Supplies Charged to Patients	07100		71.00
72.00 Implantable Devices Chrgd to Patient	07200		72.00
73.00 Drugs Charged to Patients	07300		73.00
74.00 RENAL DIALYSIS	07400		74.00
OUTPATIENT SERVICE COST CENTERS			
90.00 Clinic	09000		90.00
90.01 Diabetology	04950		90.01
90.02 Cancer Center	04951		90.02
91.00 Emergency	09100		91.00
92.00 Observation Beds (Non-Distinct Part)	09200		92.00
SPECIAL PURPOSE COST CENTERS			
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 Marketing	07950		194.00
194.01 Hospitalist	07951		194.01
194.02 Retail Pharmacy	07952		194.02
194.03 Community Relations	07953		194.03
194.04 Physician Clinics	07954		194.04
194.05 Guest Meals	07955		194.05
194.06 Catering Meals	07956		194.06
194.07 RIVER FOREST Nonreimbursable	07957		194.07
200.00 TOTAL (sum of lines 118-199)			200.00

		Increases			
	Cost Center 2.00	Line # 3.00	Salary 4.00	Other 5.00	
A - DEPRECIATION					
1.00	Cap Rel Costs-Bldg & Fixt	1.00	0	1,000,098	1.00
2.00	Cap Rel Costs-Mvble Equip	2.00	0	2,422,855	2.00
TOTALS			0	3,422,953	
B - RENTS LEASES					
1.00	Cap Rel Costs-Bldg & Fixt	1.00	0	273,574	1.00
2.00	Cap Rel Costs-Mvble Equip	2.00	0	378,534	2.00
3.00	Laboratory	60.00	0	4,025	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
TOTALS			0	656,133	
C - PROPERTY TAXES					
1.00	Cap Rel Costs-Bldg & Fixt	1.00	0	1,647,068	1.00
TOTALS			0	1,647,068	
D - CHARGEABLE DRUGS					
1.00	Drugs Charged to Patients	73.00	0	5,595,595	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
TOTALS			0	5,595,595	

		Increases			
	Cost Center 2.00	Line # 3.00	Salary 4.00	Other 5.00	
E - LAUNDRY LINEN					
1.00	Laundry & Linen Service	8.00	0	150,663	1.00
2.00	Clinic	90.00	0	420	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
TOTALS			0	151,083	
F - CHARGEABLE SUPPLIES					
1.00	Medical Supplies Charged to Patients	71.00	0	2,243,923	1.00
2.00	Central Services & Supply	14.00	0	17,478	2.00
3.00	Physical Therapy	66.00	0	621	3.00
4.00	Speech Pathology	68.00	0	15,699	4.00
5.00	Physician Clinics	194.04	0	289	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
TOTALS			0	2,278,010	
G - IMPLANTABLE DEVICE					
1.00	Implantable Devices Chrgd to Patient	72.00	0	4,095,872	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
TOTALS			0	4,095,872	
H - TRANSCRIPTION FEES					
1.00	Medical Records & Library	16.00	0	30,077	1.00
TOTALS			0	30,077	

RECLASSIFICATIONS

Provider CCN: 140049

Period:
From 05/01/2012
To 04/30/2013

Worksheet A-6

Date/Time Prepared:
9/27/2013 12:31 pm

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
I - CHICAGO MARKET DEPT 557S					
1.00	Employee Benefits	4.00	277,303	141,285	1.00
2.00	Pharmacy	15.00	102	0	2.00
3.00	Medical Records & Library	16.00	801,205	115,687	3.00
4.00	Operating Room	50.00	7,894	0	4.00
5.00	Emergency	91.00	4,526	0	5.00
6.00	Marketing	194.00	51,688	506,368	6.00
	TOTALS		1,142,718	763,340	
J - RIVER FOREST OPER OF PLT					
1.00	OPERATION OF PLANT-RIVER	7.01	135,778	43,310	1.00
	FOREST				
	TOTALS		135,778	43,310	
500.00	Grand Total: Increases		1,278,496	18,683,441	500.00

		Decreases					
	Cost Center	Line #	Salary	Other	wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
A - DEPRECIATION							
1.00	Administrative & General	5.00	0	3,422,953	9		1.00
2.00		0.00	0	0	9		2.00
	TOTALS		0	3,422,953			
B - RENTS LEASES							
1.00	Employee Benefits	4.00	0	3,062	10		1.00
2.00	Administrative & General	5.00	0	291,839	10		2.00
3.00	Operation of Plant	7.00	0	2,503	0		3.00
4.00	Housekeeping	9.00	0	559	0		4.00
5.00	Dietary	10.00	0	20,835	0		5.00
6.00	Nursing Administration	13.00	0	3,793	0		6.00
7.00	Central Services & Supply	14.00	0	5,884	0		7.00
8.00	Pharmacy	15.00	0	1,118	0		8.00
9.00	Medical Records & Library	16.00	0	3,751	0		9.00
10.00	I&R Services-Other Prgrm	22.00	0	3,889	0		10.00
	TOTALS		0	6,951	0		11.00
11.00	Adults & Pediatrics	30.00	0	2,503	0		12.00
12.00	Intensive Care Unit	31.00	0	559	0		13.00
13.00	Nursery	43.00	0	2,486	0		14.00
14.00	SKILLED NURSING FACILITY	44.00	0	188,610	0		15.00
15.00	Operating Room	50.00	0	4,447	0		16.00
16.00	Labor Room & Delivery Room	52.00	0	43,019	0		17.00
17.00	Radiology - Diagnostic	54.00	0	2,503	0		18.00
18.00	Gastro Intestinal Services	55.01	0	15,649	0		19.00
19.00	Respiratory Therapy	65.00	0	1,434	0		20.00
20.00	Physical Therapy	66.00	0	559	0		21.00
21.00	Speech Pathology	68.00	0	4,530	0		22.00
22.00	Electro cardiology	69.00	0	24,107	0		23.00
23.00	Clinic	90.00	0	1,844	0		24.00
24.00	Diabetology	90.01	0	4,093	0		25.00
25.00	Cancer Center	90.02	0	13,028	0		26.00
26.00	Emergency	91.00	0	559	0		27.00
27.00	Marketing	194.00	0	75	0		28.00
28.00	Community Relations	194.03	0	1,944	0		29.00
29.00	Physician Clinics	194.04	0	656,133	0		
	TOTALS		0	1,647,068	13		1.00
C - PROPERTY TAXES							
1.00	Administrative & General	5.00	0	1,647,068	13		1.00
	TOTALS		0	1,647,068			
D - CHARGEABLE DRUGS							
1.00	Employee Benefits	4.00	0	12,789	0		1.00
2.00	Administrative & General	5.00	0	2,425	0		2.00
3.00	Operation of Plant	7.00	0	18	0		3.00
4.00	Nursing Administration	13.00	0	275	0		4.00
5.00	Pharmacy	15.00	0	1,417,392	0		5.00
6.00	Adults & Pediatrics	30.00	0	70,647	0		6.00
7.00	Intensive Care Unit	31.00	0	30,068	0		7.00
8.00	Nursery	43.00	0	1,959	0		8.00
9.00	SKILLED NURSING FACILITY	44.00	0	4,582	0		9.00
10.00	Operating Room	50.00	0	64,104	0		10.00
11.00	Recovery Room	51.00	0	6,290	0		11.00
12.00	Labor Room & Delivery Room	52.00	0	30,432	0		12.00
13.00	Anesthesiology	53.00	0	53,084	0		13.00
14.00	Radiology - Diagnostic	54.00	0	3,203	0		14.00
15.00	Gastro Intestinal Services	55.01	0	9,620	0		15.00
16.00	Ultra Sound	55.02	0	1,041	0		16.00
17.00	Radioisotope	56.00	0	139,614	0		17.00
18.00	CT Scan	57.00	0	1,172	0		18.00
19.00	Magnetic Resonance Imaging (MRI)	58.00	0	1,700	0		19.00
20.00	Cardiac Catheterization	59.00	0	2,073	0		20.00
21.00	Laboratory	60.00	0	160	0		21.00
22.00	Blood Storing, Processing, & Trans.	63.00	0	2,177	0		22.00
23.00	Respiratory Therapy	65.00	0	2,500	0		23.00
24.00	Physical Therapy	66.00	0	37	0		24.00
25.00	Electro cardiology	69.00	0	319	0		25.00
26.00	RENAL DIALYSIS	74.00	0	2,357	0		26.00
27.00	Clinic	90.00	0	205,351	0		27.00
28.00	Cancer Center	90.02	0	2,802,522	0		28.00
29.00	Emergency	91.00	0	108,005	0		29.00
30.00	Retail Pharmacy	194.02	0	619,264	0		30.00
31.00	Physician Clinics	194.04	0	415	0		31.00
	TOTALS		0	5,595,595			

		Decreases					
	Cost Center	Line #	Salary	Other	wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
E - LAUNDRY LINEN							
1.00	Administrative & General	5.00	0	765	0		1.00
2.00	Central Services & Supply	14.00	0	200	0		2.00
3.00	I&R Services-Other Prgrm Costs Apprvd	22.00	0	2,084	0		3.00
4.00	Adults & Pediatrics	30.00	0	15,191	0		4.00
5.00	Intensive Care Unit	31.00	0	4,517	0		5.00
6.00	SKILLED NURSING FACILITY	44.00	0	1,587	0		6.00
7.00	Operating Room	50.00	0	99,640	0		7.00
8.00	Recovery Room	51.00	0	10	0		8.00
9.00	Labor Room & Delivery Room	52.00	0	677	0		9.00
10.00	Radiology - Diagnostic	54.00	0	4,718	0		10.00
11.00	Gastro Intestinal Services	55.01	0	2	0		11.00
12.00	Ultra Sound	55.02	0	10	0		12.00
13.00	Cardiac Catheterization	59.00	0	416	0		13.00
14.00	Laboratory	60.00	0	1,470	0		14.00
15.00	Physical Therapy	66.00	0	12,383	0		15.00
16.00	Electro cardiology	69.00	0	1,617	0		16.00
17.00	RENAL DIALYSIS	74.00	0	2	0		17.00
18.00	Cancer Center	90.02	0	5,441	0		18.00
19.00	Emergency	91.00	0	353	0		19.00
	TOTALS		0	151,083			
F - CHARGEABLE SUPPLIES							
1.00	Employee Benefits	4.00	0	586	0		1.00
2.00	Administrative & General	5.00	0	158	0		2.00
3.00	Operation of Plant	7.00	0	115	0		3.00
4.00	Housekeeping	9.00	0	6,562	0		4.00
5.00	Dietary	10.00	0	1,596	0		5.00
6.00	Nursing Administration	13.00	0	10	0		6.00
7.00	Pharmacy	15.00	0	14,706	0		7.00
8.00	I&R Services-Other Prgrm Costs Apprvd	22.00	0	68	0		8.00
9.00	Adults & Pediatrics	30.00	0	268,646	0		9.00
10.00	Intensive Care Unit	31.00	0	143,053	0		10.00
11.00	Nursery	43.00	0	42,002	0		11.00
12.00	SKILLED NURSING FACILITY	44.00	0	79,881	0		12.00
13.00	Operating Room	50.00	0	687,302	0		13.00
14.00	Recovery Room	51.00	0	66,277	0		14.00
15.00	Labor Room & Delivery Room	52.00	0	174,157	0		15.00
16.00	Anesthesiology	53.00	0	92,350	0		16.00
17.00	Radiology - Diagnostic	54.00	0	106,368	0		17.00
18.00	Gastro Intestinal Services	55.01	0	130,218	0		18.00
19.00	Ultra Sound	55.02	0	16,111	0		19.00
20.00	Radioisotope	56.00	0	3,382	0		20.00
21.00	CT Scan	57.00	0	8,756	0		21.00
22.00	Magnetic Resonance Imaging (MRI)	58.00	0	852	0		22.00
23.00	Cardiac Catheterization	59.00	0	69,500	0		23.00
24.00	Laboratory	60.00	0	827	0		24.00
25.00	Blood Storing, Processing, & Trans.	63.00	0	755	0		25.00
26.00	Respiratory Therapy	65.00	0	35,678	0		26.00
27.00	Occupational Therapy	67.00	0	60	0		27.00
28.00	Electro cardiology	69.00	0	6,348	0		28.00
29.00	RENAL DIALYSIS	74.00	0	2,433	0		29.00
30.00	Clinic	90.00	0	31,795	0		30.00
31.00	Diabetology	90.01	0	2	0		31.00
32.00	Cancer Center	90.02	0	24,695	0		32.00
33.00	Emergency	91.00	0	260,933	0		33.00
34.00	Retail Pharmacy	194.02	0	507	0		34.00
35.00	Community Relations	194.03	0	1,321	0		35.00
	TOTALS		0	2,278,010			
G - IMPLANTABLE DEVICE							
1.00	Operating Room	50.00	0	3,235,025	0		1.00
2.00	Anesthesiology	53.00	0	374	0		2.00
3.00	Radiology - Diagnostic	54.00	0	79,669	0		3.00
4.00	Gastro Intestinal Services	55.01	0	21,455	0		4.00
5.00	Cardiac Catheterization	59.00	0	727,236	0		5.00
6.00	Clinic	90.00	0	32,113	0		6.00
	TOTALS		0	4,095,872			
H - TRANSCRIPTION FEES							
1.00	Radiology - Diagnostic	54.00	0	30,077	0		1.00
	TOTALS		0	30,077			

		Decreases					
	Cost Center	Line #	Salary	Other	wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
I - CHICAGO MARKET DEPT 5575							
1.00	Administrative & General	5.00	1,142,718	763,340	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
	TOTALS		1,142,718	763,340			
J - RIVER FOREST OPER OF PLT							
1.00	Operation of Plant	7.00	135,778	43,310	0		1.00
	TOTALS		135,778	43,310			
500.00	Grand Total: Decreases		1,278,496	18,683,441			500.00

Increases			Decreases				
Cost Center	Line #	Salary	Cost Center	Line #	Salary		
2.00	3.00	4.00	6.00	7.00	8.00		
A - DEPRECIATION							
1.00	Cap Rel Costs-Bldg & Fixt	1.00	0	Administrative & General	5.00	0	1.00
2.00	Cap Rel Costs-Mvble Equip	2.00	0		0.00	0	2.00
TOTALS			0	TOTALS		0	
B - RENTS LEASES							
1.00	Cap Rel Costs-Bldg & Fixt	1.00	0	Employee Benefits	4.00	0	1.00
2.00	Cap Rel Costs-Mvble Equip	2.00	0	Administrative & General	5.00	0	2.00
3.00	Laboratory	60.00	0	Operation of Plant	7.00	0	3.00
4.00		0.00	0	Housekeeping	9.00	0	4.00
5.00		0.00	0	Dietary	10.00	0	5.00
6.00		0.00	0	Nursing Administration	13.00	0	6.00
7.00		0.00	0	Central Services & Supply	14.00	0	7.00
8.00		0.00	0	Pharmacy	15.00	0	8.00
9.00		0.00	0	Medical Records & Library	16.00	0	9.00
10.00		0.00	0	I&R Services-Other Prgrm	22.00	0	10.00
				Costs Apprvd			
11.00		0.00	0	Adults & Pediatrics	30.00	0	11.00
12.00		0.00	0	Intensive Care Unit	31.00	0	12.00
13.00		0.00	0	Nursery	43.00	0	13.00
14.00		0.00	0	SKILLED NURSING FACILITY	44.00	0	14.00
15.00		0.00	0	Operating Room	50.00	0	15.00
16.00		0.00	0	Labor Room & Delivery Room	52.00	0	16.00
17.00		0.00	0	Radiology - Diagnostic	54.00	0	17.00
18.00		0.00	0	Gastro Intestinal Services	55.01	0	18.00
19.00		0.00	0	Respiratory Therapy	65.00	0	19.00
20.00		0.00	0	Physical Therapy	66.00	0	20.00
21.00		0.00	0	Speech Pathology	68.00	0	21.00
22.00		0.00	0	Electro cardiology	69.00	0	22.00
23.00		0.00	0	Clinic	90.00	0	23.00
24.00		0.00	0	Diabetology	90.01	0	24.00
25.00		0.00	0	Cancer Center	90.02	0	25.00
26.00		0.00	0	Emergency	91.00	0	26.00
27.00		0.00	0	Marketing	194.00	0	27.00
28.00		0.00	0	Community Relations	194.03	0	28.00
29.00		0.00	0	Physician Clinics	194.04	0	29.00
TOTALS			0	TOTALS		0	
C - PROPERTY TAXES							
1.00	Cap Rel Costs-Bldg & Fixt	1.00	0	Administrative & General	5.00	0	1.00
TOTALS			0	TOTALS		0	
D - CHARGEABLE DRUGS							
1.00	Drugs Charged to Patients	73.00	0	Employee Benefits	4.00	0	1.00
2.00		0.00	0	Administrative & General	5.00	0	2.00
3.00		0.00	0	Operation of Plant	7.00	0	3.00
4.00		0.00	0	Nursing Administration	13.00	0	4.00
5.00		0.00	0	Pharmacy	15.00	0	5.00
6.00		0.00	0	Adults & Pediatrics	30.00	0	6.00
7.00		0.00	0	Intensive Care Unit	31.00	0	7.00
8.00		0.00	0	Nursery	43.00	0	8.00
9.00		0.00	0	SKILLED NURSING FACILITY	44.00	0	9.00
10.00		0.00	0	Operating Room	50.00	0	10.00
11.00		0.00	0	Recovery Room	51.00	0	11.00
12.00		0.00	0	Labor Room & Delivery Room	52.00	0	12.00
13.00		0.00	0	Anesthesiology	53.00	0	13.00
14.00		0.00	0	Radiology - Diagnostic	54.00	0	14.00
15.00		0.00	0	Gastro Intestinal Services	55.01	0	15.00
16.00		0.00	0	Ultra Sound	55.02	0	16.00
17.00		0.00	0	Radioisotope	56.00	0	17.00
18.00		0.00	0	CT Scan	57.00	0	18.00
19.00		0.00	0	Magnetic Resonance Imaging (MRI)	58.00	0	19.00
20.00		0.00	0	Cardiac Catheterization	59.00	0	20.00
21.00		0.00	0	Laboratory	60.00	0	21.00
22.00		0.00	0	Blood Storing, Processing, & Trans.	63.00	0	22.00
23.00		0.00	0	Respiratory Therapy	65.00	0	23.00
24.00		0.00	0	Physical Therapy	66.00	0	24.00
25.00		0.00	0	Electro cardiology	69.00	0	25.00
26.00		0.00	0	RENAL DIALYSIS	74.00	0	26.00
27.00		0.00	0	Clinic	90.00	0	27.00
28.00		0.00	0	Cancer Center	90.02	0	28.00
29.00		0.00	0	Emergency	91.00	0	29.00
30.00		0.00	0	Retail Pharmacy	194.02	0	30.00
31.00		0.00	0	Physician Clinics	194.04	0	31.00
TOTALS			0	TOTALS		0	

Increases			Decreases		
Cost Center	Line #	Salary	Cost Center	Line #	Salary
2.00	3.00	4.00	6.00	7.00	8.00
E - LAUNDRY LINEN					
1.00	Laundry & Linen Service	8.00	0Administrative & General	5.00	0 1.00
2.00	Clinic	90.00	0Central Services & Supply	14.00	0 2.00
3.00		0.00	0I&R Services-Other Prgrm	22.00	0 3.00
4.00		0.00	Costs Apprvd		
5.00		0.00	0Adults & Pediatrics	30.00	0 4.00
6.00		0.00	0Intensive Care Unit	31.00	0 5.00
7.00		0.00	0SKILLED NURSING FACILITY	44.00	0 6.00
8.00		0.00	0Operating Room	50.00	0 7.00
9.00		0.00	0Recovery Room	51.00	0 8.00
10.00		0.00	0Labor Room & Delivery Room	52.00	0 9.00
11.00		0.00	0Radiology - Diagnostic	54.00	0 10.00
12.00		0.00	0Gastro Intestinal Services	55.01	0 11.00
13.00		0.00	0Ultra Sound	55.02	0 12.00
14.00		0.00	0Cardiac Catheterization	59.00	0 13.00
15.00		0.00	0Laboratory	60.00	0 14.00
16.00		0.00	0Physical Therapy	66.00	0 15.00
17.00		0.00	0Electro cardiology	69.00	0 16.00
18.00		0.00	0RENAL DIALYSIS	74.00	0 17.00
19.00		0.00	0Cancer Center	90.02	0 18.00
		0.00	0Emergency	91.00	0 19.00
	TOTALS		0TOTALS		0
F - CHARGEABLE SUPPLIES					
1.00	Medical Supplies Charged to Patients	71.00	0Employee Benefits	4.00	0 1.00
2.00	Central Services & Supply	14.00	0Administrative & General	5.00	0 2.00
3.00	Physical Therapy	66.00	0Operation of Plant	7.00	0 3.00
4.00	Speech Pathology	68.00	0Housekeeping	9.00	0 4.00
5.00	Physician Clinics	194.04	0Dietary	10.00	0 5.00
6.00		0.00	0Nursing Administration	13.00	0 6.00
7.00		0.00	0Pharmacy	15.00	0 7.00
8.00		0.00	0I&R Services-Other Prgrm	22.00	0 8.00
9.00		0.00	Costs Apprvd		
10.00		0.00	0Adults & Pediatrics	30.00	0 9.00
11.00		0.00	0Intensive Care Unit	31.00	0 10.00
12.00		0.00	0Nursery	43.00	0 11.00
13.00		0.00	0SKILLED NURSING FACILITY	44.00	0 12.00
14.00		0.00	0Operating Room	50.00	0 13.00
15.00		0.00	0Recovery Room	51.00	0 14.00
16.00		0.00	0Labor Room & Delivery Room	52.00	0 15.00
17.00		0.00	0Anesthesiology	53.00	0 16.00
18.00		0.00	0Radiology - Diagnostic	54.00	0 17.00
19.00		0.00	0Gastro Intestinal Services	55.01	0 18.00
20.00		0.00	0Ultra Sound	55.02	0 19.00
21.00		0.00	0Radioisotope	56.00	0 20.00
22.00		0.00	0CT Scan	57.00	0 21.00
		0.00	0Magnetic Resonance Imaging (MRI)	58.00	0 22.00
23.00		0.00	0Cardiac Catheterization	59.00	0 23.00
24.00		0.00	0Laboratory	60.00	0 24.00
25.00		0.00	0Blood Storing, Processing, & Trans.	63.00	0 25.00
26.00		0.00	0Respiratory Therapy	65.00	0 26.00
27.00		0.00	0Occupational Therapy	67.00	0 27.00
28.00		0.00	0Electro cardiology	69.00	0 28.00
29.00		0.00	0RENAL DIALYSIS	74.00	0 29.00
30.00		0.00	0Clinic	90.00	0 30.00
31.00		0.00	0Diabetology	90.01	0 31.00
32.00		0.00	0Cancer Center	90.02	0 32.00
33.00		0.00	0Emergency	91.00	0 33.00
34.00		0.00	0Retail Pharmacy	194.02	0 34.00
35.00		0.00	0Community Relations	194.03	0 35.00
	TOTALS		0TOTALS		0
G - IMPLANTABLE DEVICE					
1.00	Implantable Devices Chrgd to Patient	72.00	0Operating Room	50.00	0 1.00
2.00		0.00	0Anesthesiology	53.00	0 2.00
3.00		0.00	0Radiology - Diagnostic	54.00	0 3.00
4.00		0.00	0Gastro Intestinal Services	55.01	0 4.00
5.00		0.00	0Cardiac Catheterization	59.00	0 5.00
6.00		0.00	0Clinic	90.00	0 6.00
	TOTALS		0TOTALS		0

Increases			Decreases			
Cost Center	Line #	Salary	Cost Center	Line #	Salary	
2.00	3.00	4.00	6.00	7.00	8.00	
H - TRANSCRIPTION FEES						
1.00	Medical Records & Library	16.00	0	Radiology - Diagnostic	54.00	0
	TOTALS		0	TOTALS		0
I - CHICAGO MARKET DEPT 5575						
1.00	Employee Benefits	4.00	277,303	Administrative & General	5.00	1,142,718
2.00	Pharmacy	15.00	102		0.00	0
3.00	Medical Records & Library	16.00	801,205		0.00	0
4.00	Operating Room	50.00	7,894		0.00	0
5.00	Emergency	91.00	4,526		0.00	0
6.00	Marketing	194.00	51,688		0.00	0
	TOTALS		1,142,718	TOTALS		1,142,718
J - RIVER FOREST OPER OF PLT						
1.00	OPERATION OF PLANT-RIVER FOREST	7.01	135,778	Operation of Plant	7.00	135,778
	TOTALS		135,778	TOTALS		135,778
500.00	Grand Total: Increases		1,278,496	Grand Total: Decreases		1,278,496

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140049

Period:
From 05/01/2012
To 04/30/2013

Worksheet A-7
Part I
Date/Time Prepared:
9/27/2013 12:31 pm

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	1,930,352	0	0	0	1.00
2.00	Land Improvements	2,360,389	0	0	0	2.00
3.00	Buildings and Fixtures	152,018,842	1,027,268	0	1,027,268	3.00
4.00	Building Improvements	0	0	0	0	4.00
5.00	Fixed Equipment	20,640,059	0	0	0	5.00
6.00	Movable Equipment	89,339,276	7,909,264	0	7,909,264	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	266,288,918	8,936,532	0	8,936,532	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	266,288,918	8,936,532	0	8,936,532	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	1,930,352	0			1.00
2.00	Land Improvements	2,360,389	0			2.00
3.00	Buildings and Fixtures	153,046,110	0			3.00
4.00	Building Improvements	0	0			4.00
5.00	Fixed Equipment	20,640,059	0			5.00
6.00	Movable Equipment	97,248,540	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	275,225,450	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	275,225,450	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140049

Period:
From 05/01/2012
To 04/30/2013

Worksheet A-7
Part II
Date/Time Prepared:
9/27/2013 12:31 pm

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	Cap Rel Costs-Bldg & Fixt	0	0	0	0	0	1.00
2.00	Cap Rel Costs-Mvble Equip	0	0	0	0	0	2.00
2.01	CAP REL COSTS-MVBLE EQUIP-RIVER FOR	0	0	0	0	0	2.01
3.00	Total (sum of lines 1-2)	0	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	Cap Rel Costs-Bldg & Fixt	0	0		1.00		
2.00	Cap Rel Costs-Mvble Equip	0	0		2.00		
2.01	CAP REL COSTS-MVBLE EQUIP-RIVER FOR	0	0		2.01		
3.00	Total (sum of lines 1-2)	0	0		3.00		

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140049

Period:
From 05/01/2012
To 04/30/2013

worksheet A-7
Part III
Date/Time Prepared:
9/27/2013 12:31 pm

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	Cap Rel Costs-Bldg & Fixt	155,406,499	0	155,406,499	0.568640	0	1.00
2.00	Cap Rel Costs-Mvble Equip	117,888,599	0	117,888,599	0.431360	0	2.00
2.01	CAP REL COSTS-MVBLE EQUIP-RIVER FOR	0	0	0	0.000000	0	2.01
3.00	Total (sum of lines 1-2)	273,295,098	0	273,295,098	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	Cap Rel Costs-Bldg & Fixt	0	0	0	4,792,530	273,574	1.00
2.00	Cap Rel Costs-Mvble Equip	0	0	0	7,102,797	378,534	2.00
2.01	CAP REL COSTS-MVBLE EQUIP-RIVER FOR	0	0	0	180,823	0	2.01
3.00	Total (sum of lines 1-2)	0	0	0	12,076,150	652,108	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 cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	Cap Rel Costs-Bldg & Fixt	969,932	12,510	3,282,273	0	9,330,819	1.00
2.00	Cap Rel Costs-Mvble Equip	254,000	14,712	0	0	7,750,043	2.00
2.01	CAP REL COSTS-MVBLE EQUIP-RIVER FOR	0	0	0	0	180,823	2.01
3.00	Total (sum of lines 1-2)	1,223,932	27,222	3,282,273	0	17,261,685	3.00

		Expense Classification on Worksheet A To/From which the Amount is to be Adjusted				
Cost Center Description	Basis/Code (2) 1.00	Amount 2.00	Cost Center	Line #	Wkst. A-7 Ref.	
			3.00	4.00	5.00	
1.00	Investment income - Cap Rel Costs-Bldg & Fixt (chapter 2)	0	Cap Rel Costs-Bldg & Fixt	1.00	0 1.00	
2.00	Investment income - Cap Rel Costs-Mvble Equip (chapter 2)	0	Cap Rel Costs-Mvble Equip	2.00	0 2.00	
2.01	Investment income - CAP REL COSTS-MVBLE EQUIP-RIVER FOR (chapter 2)	0	CAP REL COSTS-MVBLE EQUIP-RIVER FOR	2.01	0 2.01	
3.00	Investment income - other (chapter 2)	0		0.00	0 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)	0		0.00	0 7.00	
8.00	Television and radio service (chapter 21)	0		0.00	0 8.00	
9.00	Parking lot (chapter 21)	0		0.00	0 9.00	
10.00	Provider-based physician adjustment	A-8-2 -7,542,959			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 -5,557,200			0 12.00	
13.00	Laundry and linen service	0		0.00	0 13.00	
14.00	Cafeteria-employees and guests	B -486,258	Dietary	10.00	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	0		0.00	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	0		0.00	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 0	Respiratory Therapy	65.00	23.00	
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3 0	Physical Therapy	66.00	24.00	
25.00	Utilization review - physicians' compensation (chapter 21)	0	*** Cost Center Deleted ***	114.00	25.00	
26.00	Depreciation - Cap Rel Costs-Bldg & Fixt	A 3,615,608	Cap Rel Costs-Bldg & Fixt	1.00	9 26.00	
27.00	Depreciation - Cap Rel Costs-Mvble Equip	A 4,695,079	Cap Rel Costs-Mvble Equip	2.00	9 27.00	
27.01	Depreciation - CAP REL COSTS-MVBLE EQUIP-RIVER FOR	0	CAP REL COSTS-MVBLE EQUIP-RIVER FOR	2.01	0 27.01	
28.00	Non-physician Anesthetist	0	*** Cost Center Deleted ***	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	Occupational Therapy	67.00	30.00	
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3 0	Speech Pathology	68.00	31.00	

			Expense Classification on worksheet A To/From Which the Amount is to be Adjusted			
Cost Center Description	Basis/Code (2) 1.00	Amount 2.00	Cost Center 3.00	Line # 4.00	wkst. A-7 Ref. 5.00	32.00
33.00	DIRECT PHONE COSTS	A	-112,583	Administrative & General	5.00	0 33.00
33.01	PBX SALARY	A	-124,777	Administrative & General	5.00	0 33.01
33.02	PBX BENEFITS	A	-18,117	Employee Benefits	4.00	0 33.02
33.03	TELEPHONE DEPRECIATION	A	-8,060	Cap Rel Costs-Mvble Equip	2.00	9 33.03
33.04	TELEVISION DEPRECIATION	A	-7,077	Cap Rel Costs-Mvble Equip	2.00	9 33.04
33.05	TELEVISION CABLE & SATELITE	A	-133,587	Administrative & General	5.00	0 33.05
33.06	BADGE REPLACEMENT	B	-1,170	Employee Benefits	4.00	0 33.06
33.07	RENTAL INCOME	B	-144,230	Administrative & General	5.00	0 33.07
33.08	PCP CAP	B	-33,536	Administrative & General	5.00	0 33.08
33.09	INTEREST & PAYMENTS	B	858	Administrative & General	5.00	0 33.09
33.10	MEDICAL STIPEND FEES	B	-25,000	Administrative & General	5.00	0 33.10
33.11	DOCUMENT REQUEST	B	-52	Administrative & General	5.00	0 33.11
33.12	TRIAL SUBPEONA	B	-6,052	Medical Records & Library	16.00	0 33.12
33.13	RESIDENT STIPENDS	B	-32,344	I&R Services-Other Prgrm Costs Apprvd	22.00	0 33.13
33.14	MATERNAL CHILD CARE CLASSES	B	-8,070	Adults & Pediatrics	30.00	0 33.14
33.15	COPY OF X-RAYS	B	-2,597	Radiology - Diagnostic	54.00	0 33.15
33.16	PT BELONGINGS	B	200	Gastro Intestinal Services	55.01	0 33.16
33.17	RENTAL INCOME	B	-15,667	Gastro Intestinal Services	55.01	0 33.17
33.18	RENTAL INCOME	B	-3,213	Respiratory Therapy	65.00	0 33.18
33.19	INTEREST PAYMENTS	B	-117	Electro cardiology	69.00	0 33.19
33.20	INTEREST PAYMENTS	B	-86,716	Clinic	90.00	0 33.20
33.21	INTEREST PAYMENTS	B	-1,107	Diabetology	90.01	0 33.21
33.22	ADVERTISING	A	-3,778	Administrative & General	5.00	0 33.22
33.23	ADVERTISING	A	-2,763	I&R Services-Other Prgrm Costs Apprvd	22.00	0 33.23
33.24	OTHER EMPLOYEE BENEFITS	A	-465	Employee Benefits	4.00	0 33.24
33.25	OTHER EXPENSE	A	-73,318	Administrative & General	5.00	0 33.25
33.26	OTHER EXPENSE	A	-20,549	Radiology - Diagnostic	54.00	0 33.26
33.27	OTHER EXPENSE	A	-855	Emergency	91.00	0 33.27
33.28	PURCHASED SVCS	A	-1,000	Employee Benefits	4.00	0 33.28
33.29	PURCHASED SVCS	A	-102,134	Administrative & General	5.00	0 33.29
33.30	PURCHASED SVCS	A	-44,939	Operation of Plant	7.00	0 33.30
33.34	PURCHASED SVCS	A	-33,322	Radiology - Diagnostic	54.00	0 33.34
33.36	PURCHASED SVCS	A	-9,723	Electro cardiology	69.00	0 33.36
33.38	PHYSICIAN RECRUITMENT	A	-5,219	Administrative & General	5.00	0 33.38
33.39	PHYSICIAN INCENTIVES	A	-29,876	Clinic	90.00	0 33.39
33.40	PHYSICIAN INTERVIEW	A	-101	Administrative & General	5.00	0 33.40
33.41	PHYSICIAN RELOCATION	A	-283,422	Administrative & General	5.00	0 33.41
33.42	TRAVEL	A	-49,898	Administrative & General	5.00	0 33.42
33.43	TRAVEL	A	-1,296	Radiology - Diagnostic	54.00	0 33.43
33.44	ALCOHOL	A	-1,777	Administrative & General	5.00	0 33.44
33.45	MEALS	A	-8,276	Administrative & General	5.00	0 33.45
33.46	PROPERTY TAXES	A	1,635,205	Cap Rel Costs-Bldg & Fixt	1.00	13 33.46
33.47	DONATIONS/CONTRIBUTIONS	A	-15,030	Administrative & General	5.00	0 33.47
33.48	DONATIONS/CONTRIBUTIONS	A	-1,289	Emergency	91.00	0 33.48
33.49	DUES & SUBSCRIPTION	A	-29,432	Administrative & General	5.00	0 33.49
33.50	DUES & SUBSCRIPTION	A	-2,815	Clinic	90.00	0 33.50
33.51	LOBBYING	A	-30,736	Administrative & General	5.00	0 33.51
33.52	LEGAL	A	-12,836	Administrative & General	5.00	0 33.52
33.53	LEGAL	A	-2,500	Radiology - Diagnostic	54.00	0 33.53
33.54	IDPA TAX ASSESSMENT	A	-5,560,392	Administrative & General	5.00	0 33.54
33.55	PENALTIES & FINES	A	-1,193	Administrative & General	5.00	0 33.55
33.56	NON-PATIENT BAD DEBT EXPENSE	A	-255,949	Administrative & General	5.00	0 33.56
33.57	NON-PATIENT BAD DEBT EXPENSE	A	-4,711	Radiology - Diagnostic	54.00	0 33.57
33.58	PURCHASED SVCS- CHICAGO MKT	A	-13,859	Administrative & General	5.00	0 33.58
33.59	RIVER FOREST DEPRECIATION ADD ON	A	180,823	CAP REL COSTS-MVBLE EQUIP-RIVER FOR	2.01	9 33.59
33.60			0		0.00	0 33.60
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200.)		-10,826,169			50.00

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

Provider CCN: 140049

Period: From 05/01/2012 To 04/30/2013

Worksheet A-8-1

Date/Time Prepared: 9/27/2013 12:31 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED					
HOME OFFICE COSTS:					
1.00	5.00	Administrative & General	PROPERTY INSURANCE	0	40,871 1.00
2.00	5.00	Administrative & General	OTHER INSURANCE	0	9,002 2.00
3.00	54.00	Radiology - Diagnostic	OTHER INSURANCE	0	332 3.00
4.00	5.00	Administrative & General	AUTO INSURANCE	0	4,724 4.00
4.01	5.00	Administrative & General	MALPRACTICE INSURANCE	0	1,976,948 4.01
4.02	4.00	Employee Benefits	WORKERS COMP	0	415,580 4.02
4.03	5.00	Administrative & General	WORKERS COMP	0	90 4.03
4.04	54.00	Radiology - Diagnostic	WORKERS COMP	0	12,157 4.04
4.05	5.00	Administrative & General	INTEREST EXPENSE	0	4,090,756 4.05
4.06	5.00	Administrative & General	INTEREST EXPENSE	0	116,840 4.06
4.07	5.00	Administrative & General	MANAGEMENT FEE	0	1,699,265 4.07
4.08	5.00	Administrative & General	MANAGEMENT FEE	0	625,831 4.08
4.09	1.00	Cap Rel Costs-Bldg & Fixt	DIRECT ALLOC.-INSURANCE	12,510	0 4.09
4.10	2.00	Cap Rel Costs-Mvble Equip	DIRECT ALLOC.-INSURANCE	14,712	0 4.10
4.11	5.00	Administrative & General	DIRECT ALLOC.-PROF. LIABILITY	372,555	0 4.11
4.12	4.00	Employee Benefits	DIRECT ALLOC.-WORKERS COMP	247,628	0 4.12
4.13	1.00	Cap Rel Costs-Bldg & Fixt	DIRECT ALLOC.-INTEREST EXP.	969,932	0 4.13
4.14	2.00	Cap Rel Costs-Mvble Equip	DIRECT ALLOC.-INTEREST EXP.	254,000	0 4.14
4.15	1.00	Cap Rel Costs-Bldg & Fixt	POOLED ALLOC.-CAPITAL	176,824	0 4.15
4.16	5.00	Administrative & General	POOLED ALLOC.-MGMT FEES	1,387,035	0 4.16
4.17	60.00	Laboratory	GENESIS LAB	3,098,154	3,098,154 4.17
4.18	0.00			0	0 4.18
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to worksheet A-8, column 2, line 12.			6,533,350	12,090,550 5.00

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

Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office	
			Name	Percentage of Ownership
1.00	2.00	3.00	4.00	5.00
B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:				

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

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

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

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

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

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

Provider CCN: 140049

Period:
From 05/01/2012
To 04/30/2013

Worksheet A-8-1

Date/Time Prepared:
9/27/2013 12:31 pm

	Net Adjustments (col. 4 minus col. 5)*	6.00	wkst. A-7 Ref.	7.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	-40,871		0		1.00
2.00	-9,002		0		2.00
3.00	-332		0		3.00
4.00	-4,724		0		4.00
4.01	-1,976,948		0		4.01
4.02	-415,580		0		4.02
4.03	-90		0		4.03
4.04	-12,157		0		4.04
4.05	-4,090,756		0		4.05
4.06	-116,840		0		4.06
4.07	-1,699,265		0		4.07
4.08	-625,831		0		4.08
4.09	12,510		12		4.09
4.10	14,712		12		4.10
4.11	372,555		0		4.11
4.12	247,628		0		4.12
4.13	969,932		11		4.13
4.14	254,000		11		4.14
4.15	176,824		9		4.15
4.16	1,387,035		0		4.16
4.17	0		0		4.17
4.18	0		0		4.18
5.00	-5,557,200				5.00

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

Related Organization(s) and/or Home Office	Type of Business	6.00
B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:		

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

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

6.00	HLTHCARE		6.00
7.00			7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140049

Period:
From 05/01/2012
To 04/30/2013

Worksheet A-8-2

Date/Time Prepared:
9/27/2013 12:31 pm

	1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00
Wkst. A Line #	Cost Center/Physician Identifier		Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
1.00	5.00	Administrative & General	30,323	30,323	0	0	0	1.00
2.00	15.00	Pharmacy	3,600	3,600	0	0	0	2.00
3.00	30.00	Adults & Pediatrics	1,515,197	1,515,197	0	0	0	3.00
4.00	31.00	Intensive Care Unit	103,284	17,244	86,040	177,200	441	4.00
5.00	44.00	SKILLED NURSING FACILITY	36,029	8,101	27,928	177,200	251	5.00
6.00	50.00	Operating Room	397,262	397,262	0	0	0	6.00
7.00	53.00	Anesthesiology	397,223	397,223	0	0	0	7.00
8.00	54.00	Radiology - Diagnostic	18,770	18,770	0	0	0	8.00
9.00	65.00	Respiratory Therapy	12,756	2,126	10,630	177,200	72	9.00
10.00	69.00	Electro cardiology	48,540	29,073	19,467	177,200	76	10.00
11.00	90.00	Clinic	3,742,777	3,742,777	0	0	0	11.00
12.00	91.00	Emergency	1,308,760	1,308,760	0	0	0	12.00
200.00			7,614,521	7,470,456	144,065		840	200.00

	1.00	2.00	8.00	9.00	12.00	13.00	14.00	15.00
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	5.00	Administrative & General	0	0	0	0	0	1.00
2.00	15.00	Pharmacy	0	0	0	0	0	2.00
3.00	30.00	Adults & Pediatrics	0	0	0	0	0	3.00
4.00	31.00	Intensive Care Unit	37,570	1,879	0	0	0	4.00
5.00	44.00	SKILLED NURSING FACILITY	21,383	1,069	0	0	0	5.00
6.00	50.00	Operating Room	0	0	0	0	0	6.00
7.00	53.00	Anesthesiology	0	0	0	0	0	7.00
8.00	54.00	Radiology - Diagnostic	0	0	0	0	0	8.00
9.00	65.00	Respiratory Therapy	6,134	307	0	0	0	9.00
10.00	69.00	Electro cardiology	6,475	324	0	0	0	10.00
11.00	90.00	Clinic	0	0	0	0	0	11.00
12.00	91.00	Emergency	0	0	0	0	0	12.00
200.00			71,562	3,579	0	0	0	200.00

	1.00	2.00	15.00	16.00	17.00	18.00	19.00
Wkst. A Line #	Cost Center/Physician Identifier		Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
1.00	5.00	Administrative & General	0	0	0	30,323	1.00
2.00	15.00	Pharmacy	0	0	0	3,600	2.00
3.00	30.00	Adults & Pediatrics	0	0	0	1,515,197	3.00
4.00	31.00	Intensive Care Unit	0	37,570	48,470	65,714	4.00
5.00	44.00	SKILLED NURSING FACILITY	0	21,383	6,545	14,646	5.00
6.00	50.00	Operating Room	0	0	0	397,262	6.00
7.00	53.00	Anesthesiology	0	0	0	397,223	7.00
8.00	54.00	Radiology - Diagnostic	0	0	0	18,770	8.00
9.00	65.00	Respiratory Therapy	0	6,134	4,496	6,622	9.00
10.00	69.00	Electro cardiology	0	6,475	12,992	42,065	10.00
11.00	90.00	Clinic	0	0	0	3,742,777	11.00
12.00	91.00	Emergency	0	0	0	1,308,760	12.00
200.00			0	71,562	72,503	7,542,959	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140049

Period:
From 05/01/2012
To 04/30/2013

Worksheet B
Part I
Date/Time Prepared:
9/27/2013 12:31 pm

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7) 0	CAPITAL RELATED COSTS			Employee Benefits 4.00
			Bldg & Fixt 1.00	Mvble Equip 2.00	MVBLE EQUIP-RIVER FOR 2.01	
GENERAL SERVICE COST CENTERS						
1.00	00100 Cap Rel Costs-Bldg & Fixt	9,330,819	9,330,819			1.00
2.00	00200 Cap Rel Costs-Mvble Equip	7,750,043		7,750,043		2.00
2.01	00201 CAP REL COSTS-MVBLE EQUIP-RIVER FOR	180,823		0	180,823	2.01
4.00	00400 Employee Benefits	10,515,143	0	0	0	4.00
5.00	00500 Administrative & General	15,408,103	605,420	502,853	0	1,706,122
7.00	00700 Operation of Plant	5,503,743	2,415,234	2,006,054	0	277,092
7.01	00701 OPERATION OF PLANT-RIVER FOREST	179,088	0	0	0	24,168
8.00	00800 Laundry & Linen Service	804,872	31,275	25,977	0	2,257
9.00	00900 Housekeeping	1,680,036	69,239	57,509	0	208,168
10.00	01000 Dietary	1,357,570	313,156	260,103	0	199,309
11.00	01100 CAFETERIA	0	0	0	0	0
13.00	01300 Nursing Administration	855,584	27,049	22,466	0	142,665
14.00	01400 Central Services & Supply	508,930	113,359	94,154	0	41,859
15.00	01500 Pharmacy	3,199,333	67,787	56,303	0	254,601
16.00	01600 Medical Records & Library	1,748,110	13,267	11,020	0	225,517
21.00	02100 I&R Services-Salary & Fringes Apprvd	4,189,252	0	0	0	745,662
22.00	02200 I&R Services-Other Prgrm Costs Apprvd	973,283	149,485	124,160	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 Adults & Pediatrics	9,666,200	1,182,210	981,927	0	1,622,575
31.00	03100 Intensive Care Unit	2,392,353	289,378	240,354	0	393,264
43.00	04300 Nursery	820,335	15,031	12,485	0	139,612
44.00	04400 SKILLED NURSING FACILITY	2,579,859	297,353	246,977	0	423,858
ANCILLARY SERVICE COST CENTERS						
50.00	05000 Operating Room	6,584,928	523,226	434,584	0	679,966
51.00	05100 Recovery Room	717,646	0	0	0	124,297
52.00	05200 Labor Room & Delivery Room	2,395,152	323,318	268,543	0	387,861
53.00	05300 Anesthesiology	178,726	13,065	10,852	0	17,695
54.00	05400 Radiology - Diagnostic	3,542,355	377,232	313,323	31,557	408,737
55.00	05500 Radiology - Therapeutic	0	0	0	0	0
55.01	03340 Gastro Intestinal Services	950,224	358,562	297,817	0	112,527
55.02	03630 Ultra sound	678,342	0	0	0	101,827
56.00	05600 Radioisotope	313,327	52,885	43,925	0	32,529
57.00	05700 CT Scan	964,831	0	0	0	95,145
58.00	05800 Magnetic Resonance Imaging (MRI)	402,945	0	0	0	33,526
59.00	05900 Cardiac Catheterization	1,066,688	56,339	46,795	0	77,094
60.00	06000 Laboratory	4,728,243	269,955	224,221	727	30,798
63.00	06300 Blood Storing, Processing, & Trans.	795,684	12,440	10,333	0	0
65.00	06500 Respiratory Therapy	1,218,118	64,149	53,281	0	190,707
66.00	06600 Physical Therapy	2,160,618	45,204	37,546	9,627	371,578
67.00	06700 Occupational Therapy	149,921	0	0	0	26,386
68.00	06800 Speech Pathology	161,037	27,490	22,833	0	27,315
69.00	06900 Electro cardiology	549,863	51,874	43,086	7,952	91,374
71.00	07100 Medical Supplies Charged to Patients	2,243,923	0	0	0	0
72.00	07200 Implantable Devices Chrgd to Patient	4,095,872	0	0	0	0
73.00	07300 Drugs Charged to Patients	5,595,595	0	0	0	0
74.00	07400 RENAL DIALYSIS	400,424	9,831	8,165	0	0
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 Clinic	2,460,130	114,921	95,452	0	389,776
90.01	04950 Diabetology	65,950	0	0	0	11,426
90.02	04951 Cancer Center	1,740,619	0	0	26,723	79,967
91.00	09100 Emergency	4,353,642	694,596	576,922	0	692,045
92.00	09200 Observation Beds (Non-Distinct Part)					
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (sum of lines 1-117)	128,158,282	8,584,330	7,130,020	76,586	10,389,305
NONREIMBURSABLE COST CENTERS						
190.00	19000 Gift, Flower, Coffee Shop, & Canteen	114,888	40,481	33,623	0	9,025
192.00	19200 Physicians' Private Offices	0	646,434	536,919	0	0
194.00	07950 Marketing	880,046	0	0	0	41,633
194.01	07951 Hospitalist	0	0	0	0	0
194.02	07952 Retail Pharmacy	340,063	0	0	727	50,333
194.03	07953 Community Relations	16,549	0	0	0	554
194.04	07954 Physician Clinics	140,996	59,574	49,481	0	24,293
194.05	07955 Guest Meals	0	0	0	0	0
194.06	07956 Catering Meals	0	0	0	0	0
194.07	07957 RIVER FOREST Nonreimbursable	0	0	0	103,510	0
200.00	Cross Foot Adjustments					
201.00	Negative Cost Centers					
202.00	TOTAL (sum lines 118-201)	129,650,824	9,330,819	7,750,043	180,823	10,515,143

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140049

Period:
From 05/01/2012
To 04/30/2013

Worksheet B
Part I
Date/Time Prepared:
9/27/2013 12:31 pm

Cost Center Description		Subtotal	Administrative & General	Operation of Plant	OPERATION OF PLANT-RIVER FOREST	Laundry & Linen Service	
		4A	5.00	7.00	7.01	8.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	Cap Rel Costs-Bldg & Fixt					1.00
2.00	00200	Cap Rel Costs-Mvble Equip					2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP-RIVER FOR					2.01
4.00	00400	Employee Benefits					4.00
5.00	00500	Administrative & General	18,222,498	18,222,498			5.00
7.00	00700	Operation of Plant	10,202,123	1,668,414	11,870,537		7.00
7.01	00701	OPERATION OF PLANT-RIVER FOREST	203,256	33,240	0	236,496	7.01
8.00	00800	Laundry & Linen Service	864,381	141,357	58,834	0	1,064,572
9.00	00900	Housekeeping	2,014,952	329,517	130,251	0	0
10.00	01000	Dietary	2,130,138	348,354	589,102	0	0
11.00	01100	CAFETERIA	0	0	0	0	0
13.00	01300	Nursing Administration	1,047,764	171,347	50,884	0	0
14.00	01400	Central Services & Supply	758,302	124,010	213,248	0	865
15.00	01500	Pharmacy	3,578,024	585,136	127,520	0	0
16.00	01600	Medical Records & Library	1,997,914	326,731	24,958	0	0
21.00	02100	I&R Services-Salary & Fringes Apprvd	4,934,914	807,036	0	0	0
22.00	02200	I&R Services-Other Prgrm Costs Apprvd	1,246,928	203,918	281,208	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	Adults & Pediatrics	13,452,912	2,199,988	2,223,944	0	475,460
31.00	03100	Intensive Care Unit	3,315,349	542,179	544,372	0	101,684
43.00	04300	Nursery	987,463	161,486	28,276	0	0
44.00	04400	SKILLED NURSING FACILITY	3,548,047	580,233	559,374	0	122,517
ANCILLARY SERVICE COST CENTERS							
50.00	05000	Operating Room	8,222,704	1,344,708	984,280	0	114,000
51.00	05100	Recovery Room	841,943	137,688	0	0	0
52.00	05200	Labor Room & Delivery Room	3,374,874	551,913	608,218	0	5,144
53.00	05300	Anesthesiology	220,338	36,033	24,578	0	0
54.00	05400	Radiology - Diagnostic	4,673,204	764,237	709,640	41,272	58,597
55.00	05500	Radiology - Therapeutic	0	0	0	0	0
55.01	03340	Gastro Intestinal Services	1,719,130	281,140	674,519	0	17,243
55.02	03630	Ultra Sound	780,169	127,586	0	0	0
56.00	05600	Radioisotope	442,666	72,392	99,486	0	0
57.00	05700	CT Scan	1,059,976	173,344	0	0	0
58.00	05800	Magnetic Resonance Imaging (MRI)	436,471	71,379	0	0	0
59.00	05900	Cardiac Catheterization	1,246,916	203,916	105,984	0	1,962
60.00	06000	Laboratory	5,253,944	859,209	507,834	951	0
63.00	06300	Blood Storing, Processing, & Trans.	818,457	133,847	23,402	0	0
65.00	06500	Respiratory Therapy	1,526,255	249,598	120,676	0	1,805
66.00	06600	Physical Therapy	2,624,573	429,212	85,036	12,591	5,498
67.00	06700	Occupational Therapy	176,307	28,833	0	0	0
68.00	06800	Speech Pathology	238,675	39,032	51,713	0	0
69.00	06900	Electro cardiology	744,149	121,695	97,585	10,400	852
71.00	07100	Medical Supplies Charged to Patients	2,243,923	366,962	0	0	0
72.00	07200	Implantable Devices Chrgd to Patient	4,095,872	669,823	0	0	0
73.00	07300	Drugs Charged to Patients	5,595,595	915,081	0	0	0
74.00	07400	RENAL DIALYSIS	418,420	68,427	18,494	0	1,789
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	Clinic	3,060,279	500,466	216,186	0	4,642
90.01	04950	Diabetology	77,376	12,654	0	0	0
90.02	04951	Cancer Center	1,847,309	302,102	0	34,951	0
91.00	09100	Emergency	6,317,205	1,033,090	1,306,658	0	152,514
92.00	09200	Observation Beds (Non-Distinct Part)	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (sum of lines 1-117)	126,561,695	17,717,313	10,466,260	100,165	1,064,572
NONREIMBURSABLE COST CENTERS							
190.00	19000	Gift, Flower, Coffee Shop, & Canteen	198,017	32,383	76,153	0	0
192.00	19200	Physicians' Private Offices	1,183,353	193,521	1,216,056	0	0
194.00	07950	Marketing	921,679	150,728	0	0	0
194.01	07951	Hospitalist	0	0	0	0	0
194.02	07952	Retail Pharmacy	391,123	63,963	0	951	0
194.03	07953	Community Relations	17,103	2,797	0	0	0
194.04	07954	Physician Clinics	274,344	44,865	112,068	0	0
194.05	07955	Guest Meals	0	0	0	0	0
194.06	07956	Catering Meals	0	0	0	0	0
194.07	07957	RIVER FOREST Nonreimbursable	103,510	16,928	0	135,380	0
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)	129,650,824	18,222,498	11,870,537	236,496	1,064,572

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140049

Period:
From 05/01/2012
To 04/30/2013

Worksheet B
Part I
Date/Time Prepared:
9/27/2013 12:31 pm

Cost Center Description		Housekeeping	Dietary	CAFETERIA	Nursing Administration	Central Services & Supply	
		9.00	10.00	11.00	13.00	14.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
2.01	00201						2.01
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
7.01	00701						7.01
8.00	00800						8.00
9.00	00900	2,474,720					9.00
10.00	01000	139,303	3,206,897				10.00
11.00	01100	0	1,549,296	1,549,296			11.00
13.00	01300	12,032	0	27,294	1,309,321		13.00
14.00	01400	50,426	0	8,008	0	1,154,859	14.00
15.00	01500	30,154	0	48,709	0	0	15.00
16.00	01600	5,902	0	43,145	0	0	16.00
21.00	02100	0	0	142,657	0	0	21.00
22.00	02200	66,496	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	525,892	829,416	310,441	468,668	0	30.00
31.00	03100	128,726	97,146	75,237	102,197	0	31.00
43.00	04300	6,686	0	26,710	29,284	0	43.00
44.00	04400	132,273	372,423	81,091	147,856	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	232,750	0	130,088	190,033	0	50.00
51.00	05100	0	0	23,780	26,766	0	51.00
52.00	05200	143,823	0	74,204	96,293	0	52.00
53.00	05300	5,812	0	3,385	6,561	0	53.00
54.00	05400	167,806	0	78,198	0	0	54.00
55.00	05500	0	0	0	0	0	55.00
55.01	03340	159,501	0	21,528	33,659	0	55.01
55.02	03630	0	0	19,481	0	0	55.02
56.00	05600	23,525	0	6,223	0	0	56.00
57.00	05700	0	0	18,203	0	0	57.00
58.00	05800	0	0	6,414	0	0	58.00
59.00	05900	25,062	0	14,749	0	0	59.00
60.00	06000	120,086	0	5,892	0	0	60.00
63.00	06300	5,534	0	0	0	0	63.00
65.00	06500	28,536	0	36,485	0	0	65.00
66.00	06600	20,108	0	71,089	0	0	66.00
67.00	06700	0	0	5,048	0	0	67.00
68.00	06800	12,228	0	5,226	0	0	68.00
69.00	06900	23,076	0	17,481	0	0	69.00
71.00	07100	0	0	0	0	408,753	71.00
72.00	07200	0	0	0	0	746,106	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	4,373	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	51,121	0	74,570	0	0	90.00
90.01	04950	0	0	2,186	0	0	90.01
90.02	04951	0	0	15,299	0	0	90.02
91.00	09100	308,981	0	132,399	208,004	0	91.00
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
118.00		2,430,212	2,848,281	1,525,220	1,309,321	1,154,859	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	18,008	0	1,727	0	0	190.00
192.00	19200	0	358,616	0	0	0	192.00
194.00	07950	0	0	7,965	0	0	194.00
194.01	07951	0	0	0	0	0	194.01
194.02	07952	0	0	9,630	0	0	194.02
194.03	07953	0	0	106	0	0	194.03
194.04	07954	26,500	0	4,648	0	0	194.04
194.05	07955	0	0	0	0	0	194.05
194.06	07956	0	0	0	0	0	194.06
194.07	07957	0	0	0	0	0	194.07
200.00		0	0	0	0	0	200.00
201.00		0	0	0	0	0	201.00
202.00		2,474,720	3,206,897	1,549,296	1,309,321	1,154,859	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140049

Period:
From 05/01/2012
To 04/30/2013

Worksheet B
Part I
Date/Time Prepared:
9/27/2013 12:31 pm

Cost Center Description	INTERNS & RESIDENTS				Subtotal	
	Pharmacy	Medical Records & Library	Services-Salary & Fringes	Services-Other Prgrm Costs		
			21.00	22.00		
GENERAL SERVICE COST CENTERS						
1.00 00100 Cap Rel Costs-Bldg & Fixt						1.00
2.00 00200 Cap Rel Costs-Mvble Equip						2.00
2.01 00201 CAP REL COSTS-MVBLE EQUIP-RIVER FOR						2.01
4.00 00400 Employee Benefits						4.00
5.00 00500 Administrative & General						5.00
7.00 00700 Operation of Plant						7.00
7.01 00701 OPERATION OF PLANT-RIVER FOREST						7.01
8.00 00800 Laundry & Linen Service						8.00
9.00 00900 Housekeeping						9.00
10.00 01000 Dietary						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 Nursing Administration						13.00
14.00 01400 Central Services & Supply						14.00
15.00 01500 Pharmacy	4,369,543					15.00
16.00 01600 Medical Records & Library	0	2,398,650				16.00
21.00 02100 I&R Services-Salary & Fringes Apprvd	0	0	5,884,607			21.00
22.00 02200 I&R Services-Other Prgrm Costs Apprvd	0	0	0	1,798,550		22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 Adults & Pediatrics	0	238,923	5,823,683	1,779,929	28,329,256	30.00
31.00 03100 Intensive Care Unit	0	37,841	0	0	4,944,731	31.00
43.00 04300 Nursery	0	38,612	0	0	1,278,517	43.00
44.00 04400 SKILLED NURSING FACILITY	0	29,450	0	0	5,573,264	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 Operating Room	0	264,888	60,924	18,621	11,562,996	50.00
51.00 05100 Recovery Room	0	48,777	0	0	1,078,954	51.00
52.00 05200 Labor Room & Delivery Room	0	119,545	0	0	4,974,014	52.00
53.00 05300 Anesthesiology	0	26,859	0	0	323,566	53.00
54.00 05400 Radiology - Diagnostic	0	92,109	0	0	6,585,063	54.00
55.00 05500 Radiology - Therapeutic	0	0	0	0	0	55.00
55.01 03340 Gastro Intestinal Services	0	65,827	0	0	2,972,547	55.01
55.02 03630 Ultra Sound	0	38,722	0	0	965,958	55.02
56.00 05600 Radioisotope	0	16,743	0	0	661,035	56.00
57.00 05700 CT Scan	0	132,270	0	0	1,383,793	57.00
58.00 05800 Magnetic Resonance Imaging (MRI)	0	28,614	0	0	542,878	58.00
59.00 05900 Cardiac Catheterization	0	56,049	0	0	1,654,638	59.00
60.00 06000 Laboratory	0	235,490	0	0	6,983,406	60.00
63.00 06300 Blood Storing, Processing, & Trans.	0	22,605	0	0	1,003,845	63.00
65.00 06500 Respiratory Therapy	0	65,117	0	0	2,028,472	65.00
66.00 06600 Physical Therapy	0	53,919	0	0	3,302,026	66.00
67.00 06700 Occupational Therapy	0	5,216	0	0	215,404	67.00
68.00 06800 Speech Pathology	0	3,833	0	0	350,707	68.00
69.00 06900 Electro cardiology	0	52,517	0	0	1,067,755	69.00
71.00 07100 Medical Supplies Charged to Patients	0	86,712	0	0	3,106,350	71.00
72.00 07200 Implantable Devices Chrgd to Patient	0	49,806	0	0	5,561,607	72.00
73.00 07300 Drugs Charged to Patients	4,369,543	213,639	0	0	11,093,858	73.00
74.00 07400 RENAL DIALYSIS	0	6,999	0	0	518,502	74.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 Clinic	0	29,589	0	0	3,936,853	90.00
90.01 04950 Diabetology	0	118	0	0	92,334	90.01
90.02 04951 Cancer Center	0	74,592	0	0	2,274,253	90.02
91.00 09100 Emergency	0	263,269	0	0	9,722,120	91.00
92.00 09200 Observation Beds (Non-Distinct Part)						92.00
SPECIAL PURPOSE COST CENTERS						
118.00 SUBTOTALS (sum of lines 1-117)	4,369,543	2,398,650	5,884,607	1,798,550	124,088,702	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 Gift, Flower, Coffee Shop, & Canteen	0	0	0	0	326,288	190.00
192.00 19200 Physicians' Private Offices	0	0	0	0	2,951,546	192.00
194.00 07950 Marketing	0	0	0	0	1,080,372	194.00
194.01 07951 Hospitalist	0	0	0	0	0	194.01
194.02 07952 Retail Pharmacy	0	0	0	0	465,667	194.02
194.03 07953 Community Relations	0	0	0	0	20,006	194.03
194.04 07954 Physician Clinics	0	0	0	0	462,425	194.04
194.05 07955 Guest Meals	0	0	0	0	0	194.05
194.06 07956 Catering Meals	0	0	0	0	0	194.06
194.07 07957 RIVER FOREST Nonreimbursable	0	0	0	0	255,818	194.07
200.00 Cross Foot Adjustments	0	0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	4,369,543	2,398,650	5,884,607	1,798,550	129,650,824	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140049

Period:
From 05/01/2012
To 04/30/2013

Worksheet B
Part I
Date/Time Prepared:
9/27/2013 12:31 pm

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	Cap Rel Costs-Bldg & Fixt		1.00
2.00	00200	Cap Rel Costs-Mvble Equip		2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP-RIVER FOR		2.01
4.00	00400	Employee Benefits		4.00
5.00	00500	Administrative & General		5.00
7.00	00700	Operation of Plant		7.00
7.01	00701	OPERATION OF PLANT-RIVER FOREST		7.01
8.00	00800	Laundry & Linen Service		8.00
9.00	00900	Housekeeping		9.00
10.00	01000	Dietary		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	Nursing Administration		13.00
14.00	01400	Central Services & Supply		14.00
15.00	01500	Pharmacy		15.00
16.00	01600	Medical Records & Library		16.00
21.00	02100	I&R Services-Salary & Fringes Apprvd		21.00
22.00	02200	I&R Services-Other Prgrm Costs Apprvd		22.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	Adults & Pediatrics	-7,603,612	30.00
31.00	03100	Intensive Care Unit	0	31.00
43.00	04300	Nursery	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	44.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	Operating Room	-79,545	50.00
51.00	05100	Recovery Room	0	51.00
52.00	05200	Labor Room & Delivery Room	0	52.00
53.00	05300	Anesthesiology	0	53.00
54.00	05400	Radiology - Diagnostic	0	54.00
55.00	05500	Radiology - Therapeutic	0	55.00
55.01	03340	Gastro Intestinal Services	0	55.01
55.02	03630	Ultra Sound	0	55.02
56.00	05600	Radioisotope	0	56.00
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	0	60.00
63.00	06300	Blood Storing, Processing, & Trans.	0	63.00
65.00	06500	Respiratory Therapy	0	65.00
66.00	06600	Physical Therapy	0	66.00
67.00	06700	Occupational Therapy	0	67.00
68.00	06800	Speech Pathology	0	68.00
69.00	06900	Electro cardiology	0	69.00
71.00	07100	Medical Supplies Charged to Patients	0	71.00
72.00	07200	Implantable Devices Chrgd to Patient	0	72.00
73.00	07300	Drugs Charged to Patients	0	73.00
74.00	07400	RENAL DIALYSIS	0	74.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	Clinic	0	90.00
90.01	04950	Diabetology	0	90.01
90.02	04951	Cancer Center	0	90.02
91.00	09100	Emergency	0	91.00
92.00	09200	Observation Beds (Non-Distinct Part)	0	92.00
SPECIAL PURPOSE COST CENTERS				
118.00		SUBTOTALS (sum of lines 1-117)	-7,683,157	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	Gift, Flower, Coffee Shop, & Canteen	0	190.00
192.00	19200	Physicians' Private Offices	0	192.00
194.00	07950	Marketing	0	194.00
194.01	07951	Hospitalist	0	194.01
194.02	07952	Retail Pharmacy	0	194.02
194.03	07953	Community Relations	0	194.03
194.04	07954	Physician Clinics	0	194.04
194.05	07955	Guest Meals	0	194.05
194.06	07956	Catering Meals	0	194.06
194.07	07957	RIVER FOREST Nonreimbursable	0	194.07
200.00		Cross Foot Adjustments	0	200.00
201.00		Negative Cost Centers	0	201.00
202.00		TOTAL (sum lines 118-201)	-7,683,157	202.00

Cost Center Description		Statistics Code	Statistics Description	
		1.00	2.00	
GENERAL SERVICE COST CENTERS				
1.00	Cap Rel Costs-Bldg & Fixt	1	Square Feet	1.00
2.00	Cap Rel Costs-Mvble Equip	1	Square Feet	2.00
2.01	CAP REL COSTS-MVBLE EQUIP-RIVER FOR	3	SQUARE FEET	2.01
4.00	Employee Benefits	5	GROSS SALARIES	4.00
5.00	Administrative & General	-5	Accum. Cost	5.00
7.00	Operation of Plant	1	Square Feet	7.00
7.01	OPERATION OF PLANT-RIVER FOREST	3	SQUARE FEET	7.01
8.00	Laundry & Linen Service	8	Pounds of Laundry	8.00
9.00	Housekeeping	4	SQUARE FEET	9.00
10.00	Dietary	10	Meals Served	10.00
11.00	CAFETERIA	5	GROSS SALARIES	11.00
13.00	Nursing Administration	13	Direct Nurs. Hrs.	13.00
14.00	Central Services & supply	14	Costed Requis.	14.00
15.00	Pharmacy	15	Costed Requis.	15.00
16.00	Medical Records & Library	C	Gross Charges	16.00
21.00	I&R Services-Salary & Fringes Apprvd	21	Assigned Time	21.00
22.00	I&R Services-Other Prgrm Costs Apprvd	21	Assigned Time	22.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140049

Period:
From 05/01/2012
To 04/30/2013

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description		CAPITAL RELATED COSTS				Subtotal	
		Directly Assigned New Capital Related Costs	Bldg & Fixt	Mvble Equip	MVBLE EQUIP-RIVER FOR		
			0	1.00	2.00		
GENERAL SERVICE COST CENTERS							
1.00	00100	Cap Rel Costs-Bldg & Fixt					1.00
2.00	00200	Cap Rel Costs-Mvble Equip					2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP-RIVER FOR					2.01
4.00	00400	Employee Benefits	0	0	0	0	4.00
5.00	00500	Administrative & General	0	605,420	502,853	0	1,108,273
7.00	00700	Operation of Plant	0	2,415,234	2,006,054	0	4,421,288
7.01	00701	OPERATION OF PLANT-RIVER FOREST	0	0	0	0	7.01
8.00	00800	Laundry & Linen Service	0	31,275	25,977	0	57,252
9.00	00900	Housekeeping	0	69,239	57,509	0	126,748
10.00	01000	Dietary	0	313,156	260,103	0	573,259
11.00	01100	CAFETERIA	0	0	0	0	11.00
13.00	01300	Nursing Administration	0	27,049	22,466	0	49,515
14.00	01400	Central Services & Supply	0	113,359	94,154	0	207,513
15.00	01500	Pharmacy	0	67,787	56,303	0	124,090
16.00	01600	Medical Records & Library	0	13,267	11,020	0	24,287
21.00	02100	I&R Services-Salary & Fringes Apprvd	0	0	0	0	21.00
22.00	02200	I&R Services-Other Prgrm Costs Apprvd	0	149,485	124,160	0	273,645
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	Adults & Pediatrics	0	1,182,210	981,927	0	2,164,137
31.00	03100	Intensive Care Unit	0	289,378	240,354	0	529,732
43.00	04300	Nursery	0	15,031	12,485	0	27,516
44.00	04400	SKILLED NURSING FACILITY	0	297,353	246,977	0	544,330
ANCILLARY SERVICE COST CENTERS							
50.00	05000	Operating Room	0	523,226	434,584	0	957,810
51.00	05100	Recovery Room	0	0	0	0	51.00
52.00	05200	Labor Room & Delivery Room	0	323,318	268,543	0	591,861
53.00	05300	Anesthesiology	0	13,065	10,852	0	23,917
54.00	05400	Radiology - Diagnostic	0	377,232	313,323	31,557	722,112
55.00	05500	Radiology - Therapeutic	0	0	0	0	55.00
55.01	03340	Gastro Intestinal Services	0	358,562	297,817	0	656,379
55.02	03630	Ultra Sound	0	0	0	0	55.02
56.00	05600	Radioisotope	0	52,885	43,925	0	96,810
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	56,339	46,795	0	103,134
60.00	06000	Laboratory	0	269,955	224,221	727	494,903
63.00	06300	Blood Storing, Processing, & Trans.	0	12,440	10,333	0	22,773
65.00	06500	Respiratory Therapy	0	64,149	53,281	0	117,430
66.00	06600	Physical Therapy	0	45,204	37,546	9,627	92,377
67.00	06700	Occupational Therapy	0	0	0	0	67.00
68.00	06800	Speech Pathology	0	27,490	22,833	0	50,323
69.00	06900	Electro cardiology	0	51,874	43,086	7,952	102,912
71.00	07100	Medical Supplies Charged to Patients	0	0	0	0	71.00
72.00	07200	Implantable Devices Chrgd to Patient	0	0	0	0	72.00
73.00	07300	Drugs Charged to Patients	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	9,831	8,165	0	17,996
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	Clinic	0	114,921	95,452	0	210,373
90.01	04950	Diabetology	0	0	0	0	90.01
90.02	04951	Cancer Center	0	0	0	26,723	26,723
91.00	09100	Emergency	0	694,596	576,922	0	1,271,518
92.00	09200	Observation Beds (Non-Distinct Part)	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (sum of lines 1-117)	0	8,584,330	7,130,020	76,586	15,790,936
NONREIMBURSABLE COST CENTERS							
190.00	19000	Gift, Flower, Coffee Shop, & Canteen	0	40,481	33,623	0	74,104
192.00	19200	Physicians' Private Offices	0	646,434	536,919	0	1,183,353
194.00	07950	Marketing	0	0	0	0	194.00
194.01	07951	Hospitalist	0	0	0	0	194.01
194.02	07952	Retail Pharmacy	0	0	0	727	727
194.03	07953	Community Relations	0	0	0	0	194.03
194.04	07954	Physician Clinics	0	59,574	49,481	0	109,055
194.05	07955	Guest Meals	0	0	0	0	194.05
194.06	07956	Catering Meals	0	0	0	0	194.06
194.07	07957	RIVER FOREST Nonreimbursable	0	0	0	103,510	103,510
200.00		Cross Foot Adjustments	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	9,330,819	7,750,043	180,823	17,261,685

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140049

Period:
From 05/01/2012
To 04/30/2013

Worksheet B
Part II
Date/Time Prepared:
9/27/2013 12:31 pm

Cost Center Description		Employee Benefits	Administrative & General	Operation of Plant	OPERATION OF PLANT-RIVER FOREST	Laundry & Linen Service	
		4.00	5.00	7.00	7.01	8.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	Cap Rel Costs-Bldg & Fixt					1.00
2.00	00200	Cap Rel Costs-Mvble Equip					2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP-RIVER FOR					2.01
4.00	00400	Employee Benefits	0				4.00
5.00	00500	Administrative & General	0	1,108,273			5.00
7.00	00700	Operation of Plant	0	101,470	4,522,758		7.00
7.01	00701	OPERATION OF PLANT-RIVER FOREST	0	2,022	0	2,022	7.01
8.00	00800	Laundry & Linen Service	0	8,597	22,416	0	88,265
9.00	00900	Housekeeping	0	20,041	49,627	0	0
10.00	01000	Dietary	0	21,186	224,452	0	0
11.00	01100	CAFETERIA	0	0	0	0	0
13.00	01300	Nursing Administration	0	10,421	19,387	0	0
14.00	01400	Central Services & Supply	0	7,542	81,249	0	72
15.00	01500	Pharmacy	0	35,587	48,586	0	0
16.00	01600	Medical Records & Library	0	19,871	9,509	0	0
21.00	02100	I&R Services-salary & Fringes Apprvd	0	49,083	0	0	0
22.00	02200	I&R Services-Other Prgrm Costs Apprvd	0	12,402	107,142	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	Adults & Pediatrics	0	133,808	847,342	0	39,419
31.00	03100	Intensive Care Unit	0	32,974	207,409	0	8,431
43.00	04300	Nursery	0	9,821	10,773	0	0
44.00	04400	SKILLED NURSING FACILITY	0	35,289	213,125	0	10,158
ANCILLARY SERVICE COST CENTERS							
50.00	05000	Operating Room	0	81,783	375,018	0	9,452
51.00	05100	Recovery Room	0	8,374	0	0	0
52.00	05200	Labor Room & Delivery Room	0	33,566	231,735	0	427
53.00	05300	Anesthesiology	0	2,191	9,364	0	0
54.00	05400	Radiology - Diagnostic	0	46,480	270,378	353	4,858
55.00	05500	Radiology - Therapeutic	0	0	0	0	0
55.01	03340	Gastro Intestinal Services	0	17,098	256,996	0	1,430
55.02	03630	Ultra Sound	0	7,760	0	0	0
56.00	05600	Radioisotope	0	4,403	37,905	0	0
57.00	05700	CT Scan	0	10,543	0	0	0
58.00	05800	Magnetic Resonance Imaging (MRI)	0	4,341	0	0	0
59.00	05900	Cardiac Catheterization	0	12,402	40,381	0	163
60.00	06000	Laboratory	0	52,256	193,488	8	0
63.00	06300	Blood Storing, Processing, & Trans.	0	8,140	8,916	0	0
65.00	06500	Respiratory Therapy	0	15,180	45,978	0	150
66.00	06600	Physical Therapy	0	26,104	32,399	108	456
67.00	06700	Occupational Therapy	0	1,754	0	0	0
68.00	06800	Speech Pathology	0	2,374	19,703	0	0
69.00	06900	Electro cardiology	0	7,401	37,180	89	71
71.00	07100	Medical Supplies Charged to Patients	0	22,318	0	0	0
72.00	07200	Implantable Devices Chrgd to Patient	0	40,738	0	0	0
73.00	07300	Drugs Charged to Patients	0	55,654	0	0	0
74.00	07400	RENAL DIALYSIS	0	4,162	7,046	0	148
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	Clinic	0	30,438	82,368	0	385
90.01	04950	Diabetology	0	770	0	0	0
90.02	04951	Cancer Center	0	18,373	0	299	0
91.00	09100	Emergency	0	62,831	497,846	0	12,645
92.00	09200	Observation Beds (Non-Distinct Part)	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (sum of lines 1-117)	0	1,077,548	3,987,718	857	88,265
NONREIMBURSABLE COST CENTERS							
190.00	19000	Gift, Flower, Coffee Shop, & Canteen	0	1,969	29,015	0	0
192.00	19200	Physicians' Private Offices	0	11,770	463,326	0	0
194.00	07950	Marketing	0	9,167	0	0	0
194.01	07951	Hospitalist	0	0	0	0	0
194.02	07952	Retail Pharmacy	0	3,890	0	8	0
194.03	07953	Community Relations	0	170	0	0	0
194.04	07954	Physician Clinics	0	2,729	42,699	0	0
194.05	07955	Guest Meals	0	0	0	0	0
194.06	07956	Catering Meals	0	0	0	0	0
194.07	07957	RIVER FOREST Nonreimbursable	0	1,030	0	1,157	0
200.00		Cross Foot Adjustments	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	0	1,108,273	4,522,758	2,022	88,265

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140049

Period:
From 05/01/2012
To 04/30/2013

Worksheet B
Part II
Date/Time Prepared:
9/27/2013 12:31 pm

Cost Center Description		Housekeeping	Dietary	CAFETERIA	Nursing Administration	Central Services & Supply	
		9.00	10.00	11.00	13.00	14.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
2.01	00201						2.01
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
7.01	00701						7.01
8.00	00800						8.00
9.00	00900	196,416					9.00
10.00	01000	11,056	829,953				10.00
11.00	01100	0	400,961	400,961			11.00
13.00	01300	955	0	7,064	87,342		13.00
14.00	01400	4,002	0	2,073	0	302,451	14.00
15.00	01500	2,393	0	12,606	0	0	15.00
16.00	01600	468	0	11,166	0	0	16.00
21.00	02100	0	0	36,920	0	0	21.00
22.00	02200	5,278	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	41,742	214,655	80,343	31,263	0	30.00
31.00	03100	10,217	25,142	19,472	6,817	0	31.00
43.00	04300	531	0	6,913	1,953	0	43.00
44.00	04400	10,498	96,384	20,986	9,863	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	18,473	0	33,667	12,677	0	50.00
51.00	05100	0	0	6,154	1,786	0	51.00
52.00	05200	11,415	0	19,204	6,424	0	52.00
53.00	05300	461	0	876	438	0	53.00
54.00	05400	13,319	0	20,238	0	0	54.00
55.00	05500	0	0	0	0	0	55.00
55.01	03340	12,659	0	5,572	2,245	0	55.01
55.02	03630	0	0	5,042	0	0	55.02
56.00	05600	1,867	0	1,611	0	0	56.00
57.00	05700	0	0	4,711	0	0	57.00
58.00	05800	0	0	1,660	0	0	58.00
59.00	05900	1,989	0	3,817	0	0	59.00
60.00	06000	9,531	0	1,525	0	0	60.00
63.00	06300	439	0	0	0	0	63.00
65.00	06500	2,265	0	9,442	0	0	65.00
66.00	06600	1,596	0	18,398	0	0	66.00
67.00	06700	0	0	1,306	0	0	67.00
68.00	06800	971	0	1,352	0	0	68.00
69.00	06900	1,831	0	4,524	0	0	69.00
71.00	07100	0	0	0	0	107,051	71.00
72.00	07200	0	0	0	0	195,400	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	347	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	4,057	0	19,299	0	0	90.00
90.01	04950	0	0	566	0	0	90.01
90.02	04951	0	0	3,959	0	0	90.02
91.00	09100	24,524	0	34,265	13,876	0	91.00
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
118.00		192,884	737,142	394,731	87,342	302,451	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	1,429	0	447	0	0	190.00
192.00	19200	0	92,811	0	0	0	192.00
194.00	07950	0	0	2,061	0	0	194.00
194.01	07951	0	0	0	0	0	194.01
194.02	07952	0	0	2,492	0	0	194.02
194.03	07953	0	0	27	0	0	194.03
194.04	07954	2,103	0	1,203	0	0	194.04
194.05	07955	0	0	0	0	0	194.05
194.06	07956	0	0	0	0	0	194.06
194.07	07957	0	0	0	0	0	194.07
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		196,416	829,953	400,961	87,342	302,451	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140049

Period:
From 05/01/2012
To 04/30/2013

Worksheet B
Part II
Date/Time Prepared:
9/27/2013 12:31 pm

Cost Center Description	Pharmacy	Medical Records & Library	INTERNS & RESIDENTS		Subtotal	
			Services-Salary & Fringes	Services-Other Prgrm Costs		
	15.00	16.00	21.00	22.00	24.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 Cap Rel Costs-Bldg & Fixt						1.00
2.00 00200 Cap Rel Costs-Mvble Equip						2.00
2.01 00201 CAP REL COSTS-MVBLE EQUIP-RIVER FOR						2.01
4.00 00400 Employee Benefits						4.00
5.00 00500 Administrative & General						5.00
7.00 00700 Operation of Plant						7.00
7.01 00701 OPERATION OF PLANT-RIVER FOREST						7.01
8.00 00800 Laundry & Linen Service						8.00
9.00 00900 Housekeeping						9.00
10.00 01000 Dietary						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 Nursing Administration						13.00
14.00 01400 Central Services & Supply						14.00
15.00 01500 Pharmacy	223,262					15.00
16.00 01600 Medical Records & Library	0	65,301				16.00
21.00 02100 I&R Services-Salary & Fringes Apprvd	0	0	86,003			21.00
22.00 02200 I&R Services-Other Prgrm Costs Apprvd	0	0		398,467		22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 Adults & Pediatrics	0	6,508			3,559,217	30.00
31.00 03100 Intensive Care Unit	0	1,031			841,225	31.00
43.00 04300 Nursery	0	1,052			58,559	43.00
44.00 04400 SKILLED NURSING FACILITY	0	802			941,435	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 Operating Room	0	7,179			1,496,059	50.00
51.00 05100 Recovery Room	0	1,329			17,643	51.00
52.00 05200 Labor Room & Delivery Room	0	3,256			897,888	52.00
53.00 05300 Anesthesiology	0	732			37,979	53.00
54.00 05400 Radiology - Diagnostic	0	2,509			1,080,247	54.00
55.00 05500 Radiology - Therapeutic	0	0			0	55.00
55.01 03340 Gastro Intestinal Services	0	1,793			954,172	55.01
55.02 03630 Ultra Sound	0	1,055			13,857	55.02
56.00 05600 Radioisotope	0	456			143,052	56.00
57.00 05700 CT Scan	0	3,603			18,857	57.00
58.00 05800 Magnetic Resonance Imaging (MRI)	0	779			6,780	58.00
59.00 05900 Cardiac Catheterization	0	1,527			163,413	59.00
60.00 06000 Laboratory	0	6,414			758,125	60.00
63.00 06300 Blood Storing, Processing, & Trans.	0	616			40,884	63.00
65.00 06500 Respiratory Therapy	0	1,774			192,219	65.00
66.00 06600 Physical Therapy	0	1,469			172,907	66.00
67.00 06700 Occupational Therapy	0	142			3,202	67.00
68.00 06800 Speech Pathology	0	104			74,827	68.00
69.00 06900 Electro cardiology	0	1,430			155,438	69.00
71.00 07100 Medical Supplies Charged to Patients	0	2,362			131,731	71.00
72.00 07200 Implantable Devices Chrgd to Patient	0	1,357			237,495	72.00
73.00 07300 Drugs Charged to Patients	223,262	5,819			284,735	73.00
74.00 07400 RENAL DIALYSIS	0	191			29,890	74.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 Clinic	0	806			347,726	90.00
90.01 04950 Diabetology	0	3			1,339	90.01
90.02 04951 Cancer Center	0	2,032			51,386	90.02
91.00 09100 Emergency	0	7,171			1,924,676	91.00
92.00 09200 Observation Beds (Non-Distinct Part)						92.00
SPECIAL PURPOSE COST CENTERS						
118.00 SUBTOTALS (sum of lines 1-117)	223,262	65,301	0	0	14,636,963	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 Gift, Flower, Coffee Shop, & Canteen	0	0			106,964	190.00
192.00 19200 Physicians' Private Offices	0	0			1,751,260	192.00
194.00 07950 Marketing	0	0			11,228	194.00
194.01 07951 Hospitalist	0	0			0	194.01
194.02 07952 Retail Pharmacy	0	0			7,117	194.02
194.03 07953 Community Relations	0	0			197	194.03
194.04 07954 Physician Clinics	0	0			157,789	194.04
194.05 07955 Guest Meals	0	0			0	194.05
194.06 07956 Catering Meals	0	0			0	194.06
194.07 07957 RIVER FOREST Nonreimbursable	0	0			105,697	194.07
200.00 Cross Foot Adjustments			86,003	398,467	484,470	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	223,262	65,301	86,003	398,467	17,261,685	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140049

Period:
From 05/01/2012
To 04/30/2013

Worksheet B
Part II
Date/Time Prepared:
9/27/2013 12:31 pm

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100 Cap Rel Costs-Bldg & Fixt			1.00
2.00	00200 Cap Rel Costs-Mvble Equip			2.00
2.01	00201 CAP REL COSTS-MVBLE EQUIP-RIVER FOR			2.01
4.00	00400 Employee Benefits			4.00
5.00	00500 Administrative & General			5.00
7.00	00700 Operation of Plant			7.00
7.01	00701 OPERATION OF PLANT-RIVER FOREST			7.01
8.00	00800 Laundry & Linen Service			8.00
9.00	00900 Housekeeping			9.00
10.00	01000 Dietary			10.00
11.00	01100 CAFETERIA			11.00
13.00	01300 Nursing Administration			13.00
14.00	01400 Central Services & Supply			14.00
15.00	01500 Pharmacy			15.00
16.00	01600 Medical Records & Library			16.00
21.00	02100 I&R Services-Salary & Fringes Apprvd			21.00
22.00	02200 I&R Services-Other Prgrm Costs Apprvd			22.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 Adults & Pediatrics	0	3,559,217	30.00
31.00	03100 Intensive Care Unit	0	841,225	31.00
43.00	04300 Nursery	0	58,559	43.00
44.00	04400 SKILLED NURSING FACILITY	0	941,435	44.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 Operating Room	0	1,496,059	50.00
51.00	05100 Recovery Room	0	17,643	51.00
52.00	05200 Labor Room & Delivery Room	0	897,888	52.00
53.00	05300 Anesthesiology	0	37,979	53.00
54.00	05400 Radiology - Diagnostic	0	1,080,247	54.00
55.00	05500 Radiology - Therapeutic	0	0	55.00
55.01	03340 Gastro Intestinal Services	0	954,172	55.01
55.02	03630 Ultra Sound	0	13,857	55.02
56.00	05600 Radioisotope	0	143,052	56.00
57.00	05700 CT Scan	0	18,857	57.00
58.00	05800 Magnetic Resonance Imaging (MRI)	0	6,780	58.00
59.00	05900 Cardiac catheterization	0	163,413	59.00
60.00	06000 Laboratory	0	758,125	60.00
63.00	06300 Blood Storing, Processing, & Trans.	0	40,884	63.00
65.00	06500 Respiratory Therapy	0	192,219	65.00
66.00	06600 Physical Therapy	0	172,907	66.00
67.00	06700 Occupational Therapy	0	3,202	67.00
68.00	06800 Speech Pathology	0	74,827	68.00
69.00	06900 Electro cardiology	0	155,438	69.00
71.00	07100 Medical Supplies Charged to Patients	0	131,731	71.00
72.00	07200 Implantable Devices Chrgd to Patient	0	237,495	72.00
73.00	07300 Drugs Charged to Patients	0	284,735	73.00
74.00	07400 RENAL DIALYSIS	0	29,890	74.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 Clinic	0	347,726	90.00
90.01	04950 Diabetology	0	1,339	90.01
90.02	04951 Cancer Center	0	51,386	90.02
91.00	09100 Emergency	0	1,924,676	91.00
92.00	09200 Observation Beds (Non-Distinct Part)	0		92.00
SPECIAL PURPOSE COST CENTERS				
118.00	SUBTOTALS (sum of lines 1-117)	0	14,636,963	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 Gift, Flower, Coffee Shop, & Canteen	0	106,964	190.00
192.00	19200 Physicians' Private Offices	0	1,751,260	192.00
194.00	07950 Marketing	0	11,228	194.00
194.01	07951 Hospitalist	0	0	194.01
194.02	07952 Retail Pharmacy	0	7,117	194.02
194.03	07953 Community Relations	0	197	194.03
194.04	07954 Physician Clinics	0	157,789	194.04
194.05	07955 Guest Meals	0	0	194.05
194.06	07956 Catering Meals	0	0	194.06
194.07	07957 RIVER FOREST Nonreimbursable	0	105,697	194.07
200.00	Cross Foot Adjustments	0	484,470	200.00
201.00	Negative Cost Centers	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	17,261,685	202.00

Cost Center Description		CAPITAL RELATED COSTS				Employee Benefits (GROSS SALARIES)	Reconciliation	
		Bldg & Fixt (Square Feet)	Mvble Equip (Square Feet)	MVBLE EQUIP-RIVER FOR (SQUARE FEET)				
		1.00	2.00	2.01	4.00			
GENERAL SERVICE COST CENTERS								
1.00	00100	Cap Rel Costs-Bldg & Fixt	507,784					1.00
2.00	00200	Cap Rel Costs-Mvble Equip		507,784				2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP-RIVER FOR		0	77,815			2.01
4.00	00400	Employee Benefits	0	0	0	59,075,768		4.00
5.00	00500	Administrative & General	32,947	32,947	0	9,585,226	-18,222,498	5.00
7.00	00700	Operation of Plant	131,437	131,437	0	1,556,750	0	7.00
7.01	00701	OPERATION OF PLANT-RIVER FOREST	0	0	0	135,778	0	7.01
8.00	00800	Laundry & Linen Service	1,702	1,702	0	12,681	0	8.00
9.00	00900	Housekeeping	3,768	3,768	0	1,169,521	0	9.00
10.00	01000	Dietary	17,042	17,042	0	1,119,752	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	Nursing Administration	1,472	1,472	0	801,516	0	13.00
14.00	01400	Central Services & Supply	6,169	6,169	0	235,171	0	14.00
15.00	01500	Pharmacy	3,689	3,689	0	1,430,391	0	15.00
16.00	01600	Medical Records & Library	722	722	0	1,266,991	0	16.00
21.00	02100	I&R Services-Salary & Fringes Apprvd	0	0	0	4,189,252	0	21.00
22.00	02200	I&R Services-Other Prgrm Costs Apprvd	8,135	8,135	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	Adults & Pediatrics	64,336	64,336	0	9,115,898	0	30.00
31.00	03100	Intensive Care Unit	15,748	15,748	0	2,209,423	0	31.00
43.00	04300	Nursery	818	818	0	784,365	0	43.00
44.00	04400	SKILLED NURSING FACILITY	16,182	16,182	0	2,381,307	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	Operating Room	28,474	28,474	0	3,820,160	0	50.00
51.00	05100	Recovery Room	0	0	0	698,323	0	51.00
52.00	05200	Labor Room & Delivery Room	17,595	17,595	0	2,179,067	0	52.00
53.00	05300	Anesthesiology	711	711	0	99,416	0	53.00
54.00	05400	Radiology - Diagnostic	20,529	20,529	13,580	2,296,354	0	54.00
55.00	05500	Radiology - Therapeutic	0	0	0	0	0	55.00
55.01	03340	Gastro Intestinal Services	19,513	19,513	0	632,195	0	55.01
55.02	03630	Ultra sound	0	0	0	572,079	0	55.02
56.00	05600	Radioisotope	2,878	2,878	0	182,752	0	56.00
57.00	05700	CT Scan	0	0	0	534,539	0	57.00
58.00	05800	Magnetic Resonance Imaging (MRI)	0	0	0	188,354	0	58.00
59.00	05900	Cardiac Catheterization	3,066	3,066	0	433,125	0	59.00
60.00	06000	Laboratory	14,691	14,691	313	173,030	0	60.00
63.00	06300	Blood Storing, Processing, & Trans.	677	677	0	0	0	63.00
65.00	06500	Respiratory Therapy	3,491	3,491	0	1,071,425	0	65.00
66.00	06600	Physical Therapy	2,460	2,460	4,143	2,087,587	0	66.00
67.00	06700	Occupational Therapy	0	0	0	148,242	0	67.00
68.00	06800	Speech Pathology	1,496	1,496	0	153,459	0	68.00
69.00	06900	Electro cardiology	2,823	2,823	3,422	513,352	0	69.00
71.00	07100	Medical Supplies Charged to Patients	0	0	0	0	0	71.00
72.00	07200	Implantable Devices Chrgd to Patient	0	0	0	0	0	72.00
73.00	07300	Drugs charged to Patients	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	535	535	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	Clinic	6,254	6,254	0	2,189,825	0	90.00
90.01	04950	Diabetology	0	0	0	64,194	0	90.01
90.02	04951	Cancer Center	0	0	11,500	449,266	0	90.02
91.00	09100	Emergency	37,800	37,800	0	3,888,026	0	91.00
92.00	09200	Observation Beds (Non-Distinct Part)						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (sum of lines 1-117)	467,160	467,160	32,958	58,368,792	-18,222,498	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	Gift, Flower, Coffee Shop, & Canteen	2,203	2,203	0	50,703	0	190.00
192.00	19200	Physicians' Private Offices	35,179	35,179	0	0	0	192.00
194.00	07950	Marketing	0	0	0	233,901	0	194.00
194.01	07951	Hospitalist	0	0	0	0	0	194.01
194.02	07952	Retail Pharmacy	0	0	313	282,781	0	194.02
194.03	07953	Community Relations	0	0	0	3,111	0	194.03
194.04	07954	Physician Clinics	3,242	3,242	0	136,480	0	194.04
194.05	07955	Guest Meals	0	0	0	0	0	194.05
194.06	07956	Catering Meals	0	0	0	0	0	194.06
194.07	07957	RIVER FOREST Nonreimbursable	0	0	44,544	0	0	194.07
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)	9,330,819	7,750,043	180,823	10,515,143		202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140049

Period:
From 05/01/2012
To 04/30/2013

Worksheet B-1

Date/Time Prepared:
9/27/2013 12:31 pm

Cost Center Description	CAPITAL RELATED COSTS				Employee Benefits (GROSS SALARIES)	Reconciliation	
	Bldg & Fixt (Square Feet)	Mvble Equip (Square Feet)	MVBLE EQUIP-RIVER FOR (SQUARE FEET)				
	1.00	2.00	2.01	4.00			
203.00	Unit cost multiplier (wkst. B, Part I)	18.375567	15.262480	2.323755	0.177994	SA	203.00
204.00	Cost to be allocated (per wkst. B, Part II)				0		204.00
205.00	Unit cost multiplier (wkst. B, Part II)				0.000000		205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140049

Period:
From 05/01/2012
To 04/30/2013

Worksheet B-1

Date/Time Prepared:
9/27/2013 12:31 pm

Cost Center Description		Administrative & General (Accum. Cost)	Operation of Plant (Square Feet)	OPERATION OF PLANT-RIVER FOREST (SQUARE FEET)	Laundry & Linen Service (Pounds of Laundry)	Housekeeping (SQUARE FEET)	
		5.00	7.00	7.01	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	Cap Rel Costs-Bldg & Fixt					1.00
2.00	00200	Cap Rel Costs-Mvble Equip					2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP-RIVER FOR					2.01
4.00	00400	Employee Benefits					4.00
5.00	00500	Administrative & General	111,428,326				5.00
7.00	00700	Operation of Plant	10,202,123	343,400			7.00
7.01	00701	OPERATION OF PLANT-RIVER FOREST	203,256	0	77,815		7.01
8.00	00800	Laundry & Linen Service	864,381	1,702	0	1,050,451	8.00
9.00	00900	Housekeeping	2,014,957	3,768	0	0	302,751
10.00	01000	Dietary	2,130,138	17,042	0	0	17,042
11.00	01100	CAFETERIA	0	0	0	0	0
13.00	01300	Nursing Administration	1,047,764	1,472	0	0	1,472
14.00	01400	Central Services & Supply	758,302	6,169	0	854	6,169
15.00	01500	Pharmacy	3,578,024	3,689	0	0	3,689
16.00	01600	Medical Records & Library	1,997,914	722	0	0	722
21.00	02100	I&R Services-Salary & Fringes Apprvd	4,934,914	0	0	0	0
22.00	02200	I&R Services-Other Prgrm Costs Apprvd	1,246,928	8,135	0	0	8,135
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	Adults & Pediatrics	13,452,912	64,336	0	469,153	64,336
31.00	03100	Intensive Care Unit	3,315,349	15,748	0	100,335	15,748
43.00	04300	Nursery	987,463	818	0	0	818
44.00	04400	SKILLED NURSING FACILITY	3,548,047	16,182	0	120,892	16,182
ANCILLARY SERVICE COST CENTERS							
50.00	05000	Operating Room	8,222,704	28,474	0	112,488	28,474
51.00	05100	Recovery Room	841,943	0	0	0	0
52.00	05200	Labor Room & Delivery Room	3,374,874	17,595	0	5,076	17,595
53.00	05300	Anesthesiology	220,338	711	0	0	711
54.00	05400	Radiology - Diagnostic	4,673,204	20,529	13,580	57,820	20,529
55.00	05500	Radiology - Therapeutic	0	0	0	0	0
55.01	03340	Gastro Intestinal Services	1,719,130	19,513	0	17,014	19,513
55.02	03630	Ultra Sound	780,169	0	0	0	0
56.00	05600	Radioisotope	442,666	2,878	0	0	2,878
57.00	05700	CT Scan	1,059,976	0	0	0	0
58.00	05800	Magnetic Resonance Imaging (MRI)	436,471	0	0	0	0
59.00	05900	Cardiac catheterization	1,246,916	3,066	0	1,936	3,066
60.00	06000	Laboratory	5,253,944	14,691	313	0	14,691
63.00	06300	Blood Storing, Processing, & Trans.	818,457	677	0	0	677
65.00	06500	Respiratory Therapy	1,526,255	3,491	0	1,781	3,491
66.00	06600	Physical Therapy	2,624,573	2,460	4,143	5,425	2,460
67.00	06700	Occupational Therapy	176,307	0	0	0	0
68.00	06800	Speech Pathology	238,675	1,496	0	0	1,496
69.00	06900	Electro cardiology	744,149	2,823	3,422	841	2,823
71.00	07100	Medical Supplies Charged to Patients	2,243,923	0	0	0	0
72.00	07200	Implantable Devices Chrgd to Patient	4,095,872	0	0	0	0
73.00	07300	Drugs Charged to Patients	5,595,595	0	0	0	0
74.00	07400	RENAL DIALYSIS	418,420	535	0	1,765	535
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	Clinic	3,060,279	6,254	0	4,580	6,254
90.01	04950	Diabetology	77,376	0	0	0	0
90.02	04951	Cancer Center	1,847,309	0	11,500	0	0
91.00	09100	Emergency	6,317,205	37,800	0	150,491	37,800
92.00	09200	Observation Beds (Non-Distinct Part)					
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (sum of lines 1-117)	108,339,197	302,776	32,958	1,050,451	297,306
NONREIMBURSABLE COST CENTERS							
190.00	19000	Gift, Flower, Coffee Shop, & Canteen	198,017	2,203	0	0	2,203
192.00	19200	Physicians' private Offices	1,183,353	35,179	0	0	0
194.00	07950	Marketing	921,679	0	0	0	0
194.01	07951	Hospitalist	0	0	0	0	0
194.02	07952	Retail Pharmacy	391,123	0	313	0	0
194.03	07953	Community Relations	17,103	0	0	0	0
194.04	07954	Physician Clinics	274,344	3,242	0	0	3,242
194.05	07955	Guest Meals	0	0	0	0	0
194.06	07956	Catering Meals	0	0	0	0	0
194.07	07957	RIVER FOREST Nonreimbursable	103,510	0	44,544	0	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers					
202.00		Cost to be allocated (per wkst. B, Part I)	18,222,498	11,870,537	236,496	1,064,572	2,474,720
203.00		Unit cost multiplier (Wkst. B, Part I)	0.163536	34.567667	3.039208	1.013443	8.174110

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140049

Period:
From 05/01/2012
To 04/30/2013

Worksheet B-1

Date/Time Prepared:
9/27/2013 12:31 pm

Cost Center Description		Administrative & General (Accum. Cost)	Operation of Plant (Square Feet)	OPERATION OF PLANT-RIVER FOREST (SQUARE FEET)	Laundry & Linen Service (Pounds of Laundry)	Housekeeping (SQUARE FEET)	
		5.00	7.00	7.01	8.00	9.00	
204.00	Cost to be allocated (per wkst. B, Part II)	1,108,273	4,522,758	2,022	88,265	196,416	204.00
205.00	Unit cost multiplier (wkst. B, Part II)	0.009946	13.170524	0.025985	0.084026	0.648771	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140049

Period:
From 05/01/2012
To 04/30/2013

Worksheet B-1

Date/Time Prepared:
9/27/2013 12:31 pm

Cost Center Description		Dietary (Meals Served)	CAFETERIA (GROSS SALARIES)	Nursing Administration (Direct Nurs. Hrs.)	Central Services & Supply (Costed Requis.)	Pharmacy (Costed Requis.)		
		10.00	11.00	13.00	14.00	15.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	Cap Rel Costs-Bldg & Fixt					1.00	
2.00	00200	Cap Rel Costs-Mvble Equip					2.00	
2.01	00201	CAP REL COSTS-MVBLE EQUIP-RIVER FOR					2.01	
4.00	00400	Employee Benefits					4.00	
5.00	00500	Administrative & General					5.00	
7.00	00700	Operation of Plant					7.00	
7.01	00701	OPERATION OF PLANT-RIVER FOREST					7.01	
8.00	00800	Laundry & Linen Service					8.00	
9.00	00900	Housekeeping					9.00	
10.00	01000	Dietary	442,910				10.00	
11.00	01100	CAFETERIA	213,976	45,496,060			11.00	
13.00	01300	Nursing Administration	0	801,516	803,858		13.00	
14.00	01400	Central Services & Supply	0	235,171	0	6,339,795	14.00	
15.00	01500	Pharmacy	0	1,430,391	0	0	15.00	
16.00	01600	Medical Records & Library	0	1,266,991	0	0	16.00	
21.00	02100	I&R Services-Salary & Fringes Apprvd	0	4,189,252	0	0	21.00	
22.00	02200	I&R Services-Other Prgrm Costs Apprvd	0	0	0	0	22.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	Adults & Pediatrics	114,552	9,115,898	287,739	0	30.00	
31.00	03100	Intensive Care Unit	13,417	2,209,423	62,744	0	31.00	
43.00	04300	Nursery	0	784,365	17,979	0	43.00	
44.00	04400	SKILLED NURSING FACILITY	51,436	2,381,307	90,776	0	44.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	Operating Room	0	3,820,160	116,671	0	50.00	
51.00	05100	Recovery Room	0	698,323	16,433	0	51.00	
52.00	05200	Labor Room & Delivery Room	0	2,179,067	59,119	0	52.00	
53.00	05300	Anesthesiology	0	99,416	4,028	0	53.00	
54.00	05400	Radiology - Diagnostic	0	2,296,354	0	0	54.00	
55.00	05500	Radiology - Therapeutic	0	0	0	0	55.00	
55.01	03340	Gastro Intestinal Services	0	632,195	20,665	0	55.01	
55.02	03630	Ultra Sound	0	572,079	0	0	55.02	
56.00	05600	Radioisotope	0	182,752	0	0	56.00	
57.00	05700	CT Scan	0	534,539	0	0	57.00	
58.00	05800	Magnetic Resonance Imaging (MRI)	0	188,354	0	0	58.00	
59.00	05900	Cardiac catheterization	0	433,125	0	0	59.00	
60.00	06000	Laboratory	0	173,030	0	0	60.00	
63.00	06300	Blood Storing, Processing, & Trans.	0	0	0	0	63.00	
65.00	06500	Respiratory Therapy	0	1,071,425	0	0	65.00	
66.00	06600	Physical Therapy	0	2,087,587	0	0	66.00	
67.00	06700	Occupational Therapy	0	148,242	0	0	67.00	
68.00	06800	Speech Pathology	0	153,459	0	0	68.00	
69.00	06900	Electro cardiology	0	513,352	0	0	69.00	
71.00	07100	Medical Supplies Charged to Patients	0	0	0	2,243,923	71.00	
72.00	07200	Implantable Devices Chrgd to Patient	0	0	0	4,095,872	72.00	
73.00	07300	Drugs Charged to Patients	0	0	0	0	73.00	
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00	
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	Clinic	0	2,189,825	0	0	90.00	
90.01	04950	Diabetology	0	64,194	0	0	90.01	
90.02	04951	Cancer Center	0	449,266	0	0	90.02	
91.00	09100	Emergency	0	3,888,026	127,704	0	91.00	
92.00	09200	Observation Beds (Non-Distinct Part)	0	0	0	0	92.00	
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (sum of lines 1-117)	393,381	44,789,084	803,858	6,339,795	5,595,595	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	Gift, Flower, Coffee Shop, & Canteen	0	50,703	0	0	0	190.00
192.00	19200	Physicians' Private Offices	49,529	0	0	0	0	192.00
194.00	07950	Marketing	0	233,901	0	0	0	194.00
194.01	07951	Hospitalist	0	0	0	0	0	194.01
194.02	07952	Retail Pharmacy	0	282,781	0	0	0	194.02
194.03	07953	Community Relations	0	3,111	0	0	0	194.03
194.04	07954	Physician Clinics	0	136,480	0	0	0	194.04
194.05	07955	Guest Meals	0	0	0	0	0	194.05
194.06	07956	Catering Meals	0	0	0	0	0	194.06
194.07	07957	RIVER FOREST Nonreimbursable	0	0	0	0	0	194.07
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)	3,206,897	1,549,296	1,309,321	1,154,859	4,369,543	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	7.240516	0.034053	1.628796	0.182160	0.780890	203.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140049

Period:
From 05/01/2012
To 04/30/2013

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		Dietary (Meals Served)	CAFETERIA (GROSS SALARIES)	Nursing Administration (Direct Nurs. Hrs.)	Central Services & Supply (Costed Requis.)	Pharmacy (Costed Requis.)	
		10.00	11.00	13.00	14.00	15.00	
204.00	Cost to be allocated (per wkst. B, Part II)	829,953	400,961	87,342	302,451	223,262	204.00
205.00	Unit cost multiplier (wkst. B, Part II)	1.873864	0.008813	0.108654	0.047707	0.039900	205.00

Cost Center Description	Medical Records & Library (Gross Charges)	INTERNS & RESIDENTS		
		Services-Salary & Fringes (Assigned Time)	Services-Other Prgrm Costs (Assigned Time)	
	16.00	21.00	22.00	
GENERAL SERVICE COST CENTERS				
1.00 00100	Cap Rel Costs-Bldg & Fixt			1.00
2.00 00200	Cap Rel Costs-Mvble Equip			2.00
2.01 00201	CAP REL COSTS-MVBLE EQUIP-RIVER FOR			2.01
4.00 00400	Employee Benefits			4.00
5.00 00500	Administrative & General			5.00
7.00 00700	Operation of Plant			7.00
7.01 00701	OPERATION OF PLANT-RIVER FOREST			7.01
8.00 00800	Laundry & Linen Service			8.00
9.00 00900	Housekeeping			9.00
10.00 01000	Dietary			10.00
11.00 01100	CAFETERIA			11.00
13.00 01300	Nursing Administration			13.00
14.00 01400	Central Services & Supply			14.00
15.00 01500	Pharmacy			15.00
16.00 01600	Medical Records & Library	666,622,879		16.00
21.00 02100	I&R Services-Salary & Fringes Apprvd	0	5,409	21.00
22.00 02200	I&R Services-Other Prgrm Costs Apprvd	0	5,409	22.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00 03000	Adults & Pediatrics	66,404,383	5,353	30.00
31.00 03100	Intensive Care Unit	10,517,159	0	31.00
43.00 04300	Nursery	10,731,598	0	43.00
44.00 04400	SKILLED NURSING FACILITY	8,185,049	0	44.00
ANCILLARY SERVICE COST CENTERS				
50.00 05000	Operating Room	73,582,485	56	50.00
51.00 05100	Recovery Room	13,556,657	0	51.00
52.00 05200	Labor Room & Delivery Room	33,225,283	0	52.00
53.00 05300	Anesthesiology	7,464,911	0	53.00
54.00 05400	Radiology - Diagnostic	25,599,978	0	54.00
55.00 05500	Radiology - Therapeutic	0	0	55.00
55.01 03340	Gastro Intestinal Services	18,295,444	0	55.01
55.02 03630	Ultra Sound	10,762,128	0	55.02
56.00 05600	Radioisotope	4,653,335	0	56.00
57.00 05700	CT Scan	36,762,099	0	57.00
58.00 05800	Magnetic Resonance Imaging (MRI)	7,952,714	0	58.00
59.00 05900	Cardiac Catheterization	15,577,800	0	59.00
60.00 06000	Laboratory	65,450,260	0	60.00
63.00 06300	Blood Storing, Processing, & Trans.	6,282,651	0	63.00
65.00 06500	Respiratory Therapy	18,098,202	0	65.00
66.00 06600	Physical Therapy	14,985,780	0	66.00
67.00 06700	Occupational Therapy	1,449,790	0	67.00
68.00 06800	Speech Pathology	1,065,207	0	68.00
69.00 06900	Electro cardiology	14,596,122	0	69.00
71.00 07100	Medical Supplies Charged to Patients	24,099,936	0	71.00
72.00 07200	Implantable Devices Chrgd to Patient	13,842,636	0	72.00
73.00 07300	Drugs Charged to Patients	59,377,187	0	73.00
74.00 07400	RENAL DIALYSIS	1,945,206	0	74.00
OUTPATIENT SERVICE COST CENTERS				
90.00 09000	Clinic	8,223,756	0	90.00
90.01 04950	Diabetology	32,765	0	90.01
90.02 04951	Cancer Center	20,731,541	0	90.02
91.00 09100	Emergency	73,170,817	0	91.00
92.00 09200	Observation Beds (Non-Distinct Part)			92.00
SPECIAL PURPOSE COST CENTERS				
118.00	SUBTOTALS (sum of lines 1-117)	666,622,879	5,409	118.00
NONREIMBURSABLE COST CENTERS				
190.00 19000	Gift, Flower, Coffee Shop, & Canteen	0	0	190.00
192.00 19200	Physicians' Private Offices	0	0	192.00
194.00 07950	Marketing	0	0	194.00
194.01 07951	Hospitalist	0	0	194.01
194.02 07952	Retail Pharmacy	0	0	194.02
194.03 07953	Community Relations	0	0	194.03
194.04 07954	Physician Clinics	0	0	194.04
194.05 07955	Guest Meals	0	0	194.05
194.06 07956	Catering Meals	0	0	194.06
194.07 07957	RIVER FOREST Nonreimbursable	0	0	194.07
200.00	Cross Foot Adjustments			200.00
201.00	Negative Cost Centers			201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140049

Period:
From 05/01/2012
To 04/30/2013

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		INTERNS & RESIDENTS			
		Medical Records & Library (Gross Charges)	Services-Salar y & Fringes (Assigned Time)	Services-Other Prgrm Costs (Assigned Time)	
202.00	Cost to be allocated (per wkst. B, Part I)	2,398,650	5,884,607	1,798,550	202.00
203.00	Unit cost multiplier (wkst. B, Part I)	0.003598	1,087.928822	332.510630	203.00
204.00	Cost to be allocated (per wkst. B, Part II)	65,301	86,003	398,467	204.00
205.00	Unit cost multiplier (wkst. B, Part II)	0.000098	15.899982	73.667406	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140049

Period:
From 05/01/2012
To 04/30/2013

Worksheet C
Part I
Date/Time Prepared:
9/27/2013 12:31 pm

		Title XVIII		Hospital		PPS	
Cost Center Description		Total Cost (From Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs	
				Total Costs	RCE Disallowance		
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 Adults & Pediatrics	20,725,644		20,725,644	0	20,725,644	30.00
31.00	03100 Intensive Care Unit	4,944,731		4,944,731	48,470	4,993,201	31.00
43.00	04300 Nursery	1,278,517		1,278,517	0	1,278,517	43.00
44.00	04400 SKILLED NURSING FACILITY	5,573,264		5,573,264	6,545	5,579,809	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 Operating Room	11,483,451		11,483,451	0	11,483,451	50.00
51.00	05100 Recovery Room	1,078,954		1,078,954	0	1,078,954	51.00
52.00	05200 Labor Room & Delivery Room	4,974,014		4,974,014	0	4,974,014	52.00
53.00	05300 Anesthesiology	323,566		323,566	0	323,566	53.00
54.00	05400 Radiology - Diagnostic	6,585,063		6,585,063	0	6,585,063	54.00
55.00	05500 Radiology - Therapeutic	0		0	0	0	55.00
55.01	03340 Gastro Intestinal Services	2,972,547		2,972,547	0	2,972,547	55.01
55.02	03630 Ultra Sound	965,958		965,958	0	965,958	55.02
56.00	05600 Radioisotope	661,035		661,035	0	661,035	56.00
57.00	05700 CT Scan	1,383,793		1,383,793	0	1,383,793	57.00
58.00	05800 Magnetic Resonance Imaging (MRI)	542,878		542,878	0	542,878	58.00
59.00	05900 Cardiac Catheterization	1,654,638		1,654,638	0	1,654,638	59.00
60.00	06000 Laboratory	6,983,406		6,983,406	0	6,983,406	60.00
63.00	06300 Blood Storing, Processing, & Trans.	1,003,845		1,003,845	0	1,003,845	63.00
65.00	06500 Respiratory Therapy	2,028,472		2,028,472	4,496	2,032,968	65.00
66.00	06600 Physical Therapy	3,302,026	0	3,302,026	0	3,302,026	66.00
67.00	06700 Occupational Therapy	215,404	0	215,404	0	215,404	67.00
68.00	06800 Speech Pathology	350,707	0	350,707	0	350,707	68.00
69.00	06900 Electro cardiology	1,067,755		1,067,755	12,992	1,080,747	69.00
71.00	07100 Medical Supplies Charged to Patients	3,106,350		3,106,350	0	3,106,350	71.00
72.00	07200 Implantable Devices Chrgd to Patient	5,561,607		5,561,607	0	5,561,607	72.00
73.00	07300 Drugs Charged to Patients	11,093,858		11,093,858	0	11,093,858	73.00
74.00	07400 RENAL DIALYSIS	518,502		518,502	0	518,502	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 Clinic	3,936,853		3,936,853	0	3,936,853	90.00
90.01	04950 Diabetology	92,334		92,334	0	92,334	90.01
90.02	04951 Cancer Center	2,274,253		2,274,253	0	2,274,253	90.02
91.00	09100 Emergency	9,722,120		9,722,120	0	9,722,120	91.00
92.00	09200 Observation Beds (Non-Distinct Part)	1,276,717		1,276,717	0	1,276,717	92.00
200.00	Subtotal (see instructions)	117,682,262	0	117,682,262	72,503	117,754,765	200.00
201.00	Less Observation Beds	1,276,717		1,276,717		1,276,717	201.00
202.00	Total (see instructions)	116,405,545	0	116,405,545	72,503	116,478,048	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140049

Period:
From 05/01/2012
To 04/30/2013

Worksheet C
Part I
Date/Time Prepared:
9/27/2013 12:31 pm

		Title XVIII			Hospital	PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				
	9.00	10.00					
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	Adults & Pediatrics	62,614,935		62,614,935		30.00
31.00	03100	Intensive Care Unit	10,517,159		10,517,159		31.00
43.00	04300	Nursery	10,731,598		10,731,598		43.00
44.00	04400	SKILLED NURSING FACILITY	8,185,049		8,185,049		44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	Operating Room	36,563,764	37,018,721	73,582,485	0.156062	50.00
51.00	05100	Recovery Room	6,857,120	6,699,537	13,556,657	0.079589	51.00
52.00	05200	Labor Room & Delivery Room	32,184,537	1,040,746	33,225,283	0.149706	52.00
53.00	05300	Anesthesiology	3,842,386	3,622,525	7,464,911	0.043345	53.00
54.00	05400	Radiology - Diagnostic	5,434,953	20,165,025	25,599,978	0.257229	54.00
55.00	05500	Radiology - Therapeutic	0	0	0	0.000000	55.00
55.01	03340	Gastro Intestinal Services	3,127,014	15,168,430	18,295,444	0.162475	55.01
55.02	03630	Ultra sound	2,263,360	8,498,768	10,762,128	0.089755	55.02
56.00	05600	Radioisotope	1,332,460	3,320,875	4,653,335	0.142056	56.00
57.00	05700	CT scan	11,770,858	24,991,241	36,762,099	0.037642	57.00
58.00	05800	Magnetic Resonance Imaging (MRI)	1,737,623	6,215,091	7,952,714	0.068263	58.00
59.00	05900	Cardiac catheterization	7,140,687	8,437,113	15,577,800	0.106218	59.00
60.00	06000	Laboratory	44,570,420	20,879,840	65,450,260	0.106698	60.00
63.00	06300	Blood Storing, Processing, & Trans.	5,313,002	969,649	6,282,651	0.159780	63.00
65.00	06500	Respiratory Therapy	14,876,697	3,221,505	18,098,202	0.112081	65.00
66.00	06600	Physical Therapy	10,021,573	4,964,207	14,985,780	0.220344	66.00
67.00	06700	Occupational Therapy	1,400,629	49,161	1,449,790	0.148576	67.00
68.00	06800	Speech Pathology	1,016,114	49,093	1,065,207	0.329238	68.00
69.00	06900	Electro cardiology	6,488,331	8,107,791	14,596,122	0.073153	69.00
71.00	07100	Medical Supplies Charged to Patients	12,119,919	11,980,017	24,099,936	0.128895	71.00
72.00	07200	Implantable Devices Chrgd to Patient	8,097,183	5,745,453	13,842,636	0.401774	72.00
73.00	07300	Drugs Charged to Patients	42,451,246	16,925,941	59,377,187	0.186837	73.00
74.00	07400	RENAL DIALYSIS	1,793,874	151,332	1,945,206	0.266554	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	Clinic	0	8,223,756	8,223,756	0.478717	90.00
90.01	04950	Diabetology	0	32,765	32,765	2.818068	90.01
90.02	04951	Cancer Center	114,585	20,616,956	20,731,541	0.109700	90.02
91.00	09100	Emergency	15,552,304	57,618,513	73,170,817	0.132869	91.00
92.00	09200	Observation Beds (Non-Distinct Part)	91,512	3,697,936	3,789,448	0.336914	92.00
200.00		Subtotal (see instructions)	368,210,892	298,411,987	666,622,879		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	368,210,892	298,411,987	666,622,879		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140049

Period:
From 05/01/2012
To 04/30/2013

Worksheet C
Part I
Date/Time Prepared:
9/27/2013 12:31 pm

Title XVIII

Hospital

PPS

Cost Center Description		PPS Inpatient Ratio	
		11.00	
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 Adults & Pediatrics		30.00
31.00	03100 Intensive Care Unit		31.00
43.00	04300 Nursery		43.00
44.00	04400 SKILLED NURSING FACILITY		44.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 Operating Room	0.156062	50.00
51.00	05100 Recovery Room	0.079589	51.00
52.00	05200 Labor Room & Delivery Room	0.149706	52.00
53.00	05300 Anesthesiology	0.043345	53.00
54.00	05400 Radiology - Diagnostic	0.257229	54.00
55.00	05500 Radiology - Therapeutic	0.000000	55.00
55.01	03340 Gastro Intestinal Services	0.162475	55.01
55.02	03630 Ultra Sound	0.089755	55.02
56.00	05600 Radioisotope	0.142056	56.00
57.00	05700 CT Scan	0.037642	57.00
58.00	05800 Magnetic Resonance Imaging (MRI)	0.068263	58.00
59.00	05900 Cardiac Catheterization	0.106218	59.00
60.00	06000 Laboratory	0.106698	60.00
63.00	06300 Blood Storing, Processing, & Trans.	0.159780	63.00
65.00	06500 Respiratory Therapy	0.112330	65.00
66.00	06600 Physical Therapy	0.220344	66.00
67.00	06700 occupational Therapy	0.148576	67.00
68.00	06800 Speech Pathology	0.329238	68.00
69.00	06900 Electro cardiology	0.074043	69.00
71.00	07100 Medical Supplies Charged to Patients	0.128895	71.00
72.00	07200 Implantable Devices Chrgd to Patient	0.401774	72.00
73.00	07300 Drugs Charged to Patients	0.186837	73.00
74.00	07400 RENAL DIALYSIS	0.266554	74.00
OUTPATIENT SERVICE COST CENTERS			
90.00	09000 Clinic	0.478717	90.00
90.01	04950 Diabetology	2.818068	90.01
90.02	04951 Cancer Center	0.109700	90.02
91.00	09100 Emergency	0.132869	91.00
92.00	09200 Observation Beds (Non-Distinct Part)	0.336914	92.00
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: 140049

Period:
From 05/01/2012
To 04/30/2013

Worksheet D
Part I
Date/Time Prepared:
9/27/2013 12:31 pm

Cost Center Description		Capital Related Cost (From Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Hospital Total Patient Days	PPS Per Diem (col. 3 / col. 4)		
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00		
30.00	Adults & Pediatrics	3,559,217	0	3,559,217	28,441	125.14	30.00	
31.00	Intensive Care Unit	841,225		841,225	3,126	269.11	31.00	
43.00	Nursery	58,559		58,559	4,818	12.15	43.00	
44.00	SKILLED NURSING FACILITY	941,435		941,435	11,984	78.56	44.00	
200.00	Total (lines 30-199)	5,400,436		5,400,436	48,369		200.00	
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)					
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00					
30.00	Adults & Pediatrics	9,226	1,154,542					30.00
31.00	Intensive Care Unit	1,275	343,115					31.00
43.00	Nursery	0	0					43.00
44.00	SKILLED NURSING FACILITY	8,585	674,438					44.00
200.00	Total (lines 30-199)	19,086	2,172,095					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 140049

Period:
From 05/01/2012
To 04/30/2013

Worksheet D
Part II
Date/Time Prepared:
9/27/2013 12:31 pm

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)	Hospital Inpatient Program Charges	Capital Costs (column 3 x column 4)	PPS
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 Operating Room	1,496,059	73,582,485	0.020332	13,641,448	277,358	50.00
51.00	05100 Recovery Room	17,643	13,556,657	0.001301	2,167,029	2,819	51.00
52.00	05200 Labor Room & Delivery Room	897,888	33,225,283	0.027024	98,282	2,656	52.00
53.00	05300 Anesthesiology	37,979	7,464,911	0.005088	1,342,511	6,831	53.00
54.00	05400 Radiology - Diagnostic	1,080,247	25,599,978	0.042197	2,352,399	99,264	54.00
55.00	05500 Radiology - Therapeutic	0	0	0.000000	0	0	55.00
55.01	03340 Gastro Intestinal Services	954,172	18,295,444	0.052154	1,225,735	63,927	55.01
55.02	03630 Ultra Sound	13,857	10,762,128	0.001288	322,248	415	55.02
56.00	05600 Radioisotope	143,052	4,653,335	0.030742	565,171	17,374	56.00
57.00	05700 CT Scan	18,857	36,762,099	0.000513	3,915,044	2,008	57.00
58.00	05800 Magnetic Resonance Imaging (MRI)	6,780	7,952,714	0.000853	568,160	485	58.00
59.00	05900 Cardiac Catheterization	163,413	15,577,800	0.010490	2,432,257	25,514	59.00
60.00	06000 Laboratory	758,125	65,450,260	0.011583	16,359,743	189,495	60.00
63.00	06300 Blood Storing, Processing, & Trans.	40,884	6,282,651	0.006507	1,274,427	8,293	63.00
65.00	06500 Respiratory Therapy	192,219	18,098,202	0.010621	3,326,683	35,333	65.00
66.00	06600 Physical Therapy	172,907	14,985,780	0.011538	1,002,962	11,572	66.00
67.00	06700 Occupational Therapy	3,202	1,449,790	0.002209	706,477	1,561	67.00
68.00	06800 Speech Pathology	74,827	1,065,207	0.070246	191,771	13,471	68.00
69.00	06900 Electro cardiology	155,438	14,596,122	0.010649	2,894,292	30,821	69.00
71.00	07100 Medical Supplies Charged to Patients	131,731	24,099,936	0.005466	3,283,167	17,946	71.00
72.00	07200 Implantable Devices Chrgd to Patient	237,495	13,842,636	0.017157	5,821,433	99,878	72.00
73.00	07300 Drugs Charged to Patients	284,735	59,377,187	0.004795	14,653,980	70,266	73.00
74.00	07400 RENAL DIALYSIS	29,890	1,945,206	0.015366	1,068,194	16,414	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 Clinic	347,726	8,223,756	0.042283	0	0	90.00
90.01	04950 Diabetology	1,339	32,765	0.040867	0	0	90.01
90.02	04951 Cancer Center	51,386	20,731,541	0.002479	0	0	90.02
91.00	09100 Emergency	1,924,676	73,170,817	0.026304	3,613,486	95,049	91.00
92.00	09200 Observation Beds (Non-Distinct Part)	219,251	3,789,448	0.057858	0	0	92.00
200.00	Total (lines 50-199)	9,455,778	574,574,138		82,826,899	1,088,750	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140049

Period:
From 05/01/2012
To 04/30/2013

Worksheet D
Part III
Date/Time Prepared:
9/27/2013 12:31 pm

		Title XVIII			Hospital	PPS		
Cost Center Description		Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)		
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000 Adults & Pediatrics	0	0	0	0	0	30.00	
31.00	03100 Intensive Care Unit	0	0	0	0	0	31.00	
43.00	04300 Nursery	0	0	0	0	0	43.00	
44.00	04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00	
200.00	Total (lines 30-199)	0	0	0	0	0	200.00	
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	28,441	0.00	9,226	0	0	30.00	
31.00	03100 Intensive Care Unit	3,126	0.00	1,275	0	0	31.00	
43.00	04300 Nursery	4,818	0.00	0	0	0	43.00	
44.00	04400 SKILLED NURSING FACILITY	11,984	0.00	8,585	0	0	44.00	
200.00	Total (lines 30-199)	48,369		19,086	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
43.00	04300 Nursery	0	0					43.00
44.00	04400 SKILLED NURSING FACILITY	0	0					44.00
200.00	Total (lines 30-199)	0	0					200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140049

Period:
From 05/01/2012
To 04/30/2013

Worksheet D
Part IV
Date/Time Prepared:
9/27/2013 12:31 pm

Cost Center Description	Title XVIII				Hospital	PPS	Total Cost (sum of col 1 through col. 4) 5.00	
	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost				
	1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	Operating Room	0	0	0	0	0	50.00
51.00	05100	Recovery Room	0	0	0	0	0	51.00
52.00	05200	Labor Room & Delivery 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
55.01	03340	Gastro Intestinal Services	0	0	0	0	0	55.01
55.02	03630	Ultra Sound	0	0	0	0	0	55.02
56.00	05600	Radioisotope	0	0	0	0	0	56.00
57.00	05700	CT Scan	0	0	0	0	0	57.00
58.00	05800	Magnetic Resonance Imaging (MRI)	0	0	0	0	0	58.00
59.00	05900	Cardiac Catheterization	0	0	0	0	0	59.00
60.00	06000	Laboratory	0	0	0	0	0	60.00
63.00	06300	Blood Storing, Processing, & Trans.	0	0	0	0	0	63.00
65.00	06500	Respiratory Therapy	0	0	0	0	0	65.00
66.00	06600	Physical Therapy	0	0	0	0	0	66.00
67.00	06700	Occupational Therapy	0	0	0	0	0	67.00
68.00	06800	Speech Pathology	0	0	0	0	0	68.00
69.00	06900	Electro cardiology	0	0	0	0	0	69.00
71.00	07100	Medical Supplies Charged to Patients	0	0	0	0	0	71.00
72.00	07200	Implantable Devices Chrgd to Patient	0	0	0	0	0	72.00
73.00	07300	Drugs Charged to Patients	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	Clinic	0	0	0	0	0	90.00
90.01	04950	Diabetology	0	0	0	0	0	90.01
90.02	04951	Cancer Center	0	0	0	0	0	90.02
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: 140049

Period:
From 05/01/2012
To 04/30/2013

Worksheet D
Part IV
Date/Time Prepared:
9/27/2013 12:31 pm

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	PPS
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 Operating Room	0	73,582,485	0.000000	0.000000	13,641,448	50.00
51.00	05100 Recovery Room	0	13,556,657	0.000000	0.000000	2,167,029	51.00
52.00	05200 Labor Room & Delivery Room	0	33,225,283	0.000000	0.000000	98,282	52.00
53.00	05300 Anesthesiology	0	7,464,911	0.000000	0.000000	1,342,511	53.00
54.00	05400 Radiology - Diagnostic	0	25,599,978	0.000000	0.000000	2,352,399	54.00
55.00	05500 Radiology - Therapeutic	0	0	0.000000	0.000000	0	55.00
55.01	03340 Gastro Intestinal Services	0	18,295,444	0.000000	0.000000	1,225,735	55.01
55.02	03630 Ultra sound	0	10,762,128	0.000000	0.000000	322,248	55.02
56.00	05600 Radioisotope	0	4,653,335	0.000000	0.000000	565,171	56.00
57.00	05700 CT Scan	0	36,762,099	0.000000	0.000000	3,915,044	57.00
58.00	05800 Magnetic Resonance Imaging (MRI)	0	7,952,714	0.000000	0.000000	568,160	58.00
59.00	05900 Cardiac Catheterization	0	15,577,800	0.000000	0.000000	2,432,257	59.00
60.00	06000 Laboratory	0	65,450,260	0.000000	0.000000	16,359,743	60.00
63.00	06300 Blood Storing, Processing, & Trans.	0	6,282,651	0.000000	0.000000	1,274,427	63.00
65.00	06500 Respiratory Therapy	0	18,098,202	0.000000	0.000000	3,326,683	65.00
66.00	06600 Physical Therapy	0	14,985,780	0.000000	0.000000	1,002,962	66.00
67.00	06700 Occupational Therapy	0	1,449,790	0.000000	0.000000	706,477	67.00
68.00	06800 Speech Pathology	0	1,065,207	0.000000	0.000000	191,771	68.00
69.00	06900 Electro cardiology	0	14,596,122	0.000000	0.000000	2,894,292	69.00
71.00	07100 Medical Supplies Charged to Patients	0	24,099,936	0.000000	0.000000	3,283,167	71.00
72.00	07200 Implantable Devices Chrgd to Patient	0	13,842,636	0.000000	0.000000	5,821,433	72.00
73.00	07300 Drugs Charged to Patients	0	59,377,187	0.000000	0.000000	14,653,980	73.00
74.00	07400 RENAL DIALYSIS	0	1,945,206	0.000000	0.000000	1,068,194	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 Clinic	0	8,223,756	0.000000	0.000000	0	90.00
90.01	04950 Diabetology	0	32,765	0.000000	0.000000	0	90.01
90.02	04951 Cancer Center	0	20,731,541	0.000000	0.000000	0	90.02
91.00	09100 Emergency	0	73,170,817	0.000000	0.000000	3,613,486	91.00
92.00	09200 Observation Beds (Non-Distinct Part)	0	3,789,448	0.000000	0.000000	0	92.00
200.00	Total (lines 50-199)	0	574,574,138			82,826,899	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140049

Period:
From 05/01/2012
To 04/30/2013

Worksheet D
Part IV
Date/Time Prepared:
9/27/2013 12:31 pm

Cost Center Description		Title XVIII			Hospital	PPS		
		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School		
		11.00	12.00	13.00	21.00	22.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	Operating Room	0	11,728,351	0	0	0	50.00
51.00	05100	Recovery Room	0	2,619,333	0	0	0	51.00
52.00	05200	Labor Room & Delivery Room	0	2,418	0	0	0	52.00
53.00	05300	Anesthesiology	0	849,637	0	0	0	53.00
54.00	05400	Radiology - Diagnostic	0	3,429,072	0	0	0	54.00
55.00	05500	Radiology - Therapeutic	0	0	0	0	0	55.00
55.01	03340	Gastro Intestinal Services	0	3,708,801	0	0	0	55.01
55.02	03630	Ultra sound	0	583,976	0	0	0	55.02
56.00	05600	Radioisotope	0	1,142,732	0	0	0	56.00
57.00	05700	CT Scan	0	4,975,129	0	0	0	57.00
58.00	05800	Magnetic Resonance Imaging (MRI)	0	1,279,773	0	0	0	58.00
59.00	05900	Cardiac Catheterization	0	2,661,572	0	0	0	59.00
60.00	06000	Laboratory	0	10,755,433	0	0	0	60.00
63.00	06300	Blood Storing, Processing, & Trans.	0	384,412	0	0	0	63.00
65.00	06500	Respiratory Therapy	0	301,287	0	0	0	65.00
66.00	06600	Physical Therapy	0	0	0	0	0	66.00
67.00	06700	Occupational Therapy	0	1,464	0	0	0	67.00
68.00	06800	Speech Pathology	0	0	0	0	0	68.00
69.00	06900	Electro cardiology	0	2,672,904	0	0	0	69.00
71.00	07100	Medical Supplies Charged to Patients	0	3,300,184	0	0	0	71.00
72.00	07200	Implantable Devices Chrgd to Patient	0	2,475,173	0	0	0	72.00
73.00	07300	Drugs Charged to Patients	0	3,343,289	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	90,562	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	Clinic	0	211,255	0	0	0	90.00
90.01	04950	Diabetology	0	0	0	0	0	90.01
90.02	04951	Cancer Center	0	3,096	0	0	0	90.02
91.00	09100	Emergency	0	6,118,366	0	0	0	91.00
92.00	09200	Observation Beds (Non-Distinct Part)	0	1,043,961	0	0	0	92.00
200.00		Total (lines 50-199)	0	63,682,180	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140049

Period:
From 05/01/2012
To 04/30/2013

Worksheet D
Part IV
Date/Time Prepared:
9/27/2013 12:31 pm

Cost Center Description		PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	Title XVIII	Hospital	PPS
		23.00	24.00			
ANCILLARY SERVICE COST CENTERS						
50.00	05000	Operating Room	0	0		50.00
51.00	05100	Recovery Room	0	0		51.00
52.00	05200	Labor Room & Delivery 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
55.01	03340	Gastro Intestinal Services	0	0		55.01
55.02	03630	Ultra Sound	0	0		55.02
56.00	05600	Radioisotope	0	0		56.00
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
63.00	06300	Blood Storing, Processing, & Trans.	0	0		63.00
65.00	06500	Respiratory Therapy	0	0		65.00
66.00	06600	Physical Therapy	0	0		66.00
67.00	06700	Occupational Therapy	0	0		67.00
68.00	06800	Speech Pathology	0	0		68.00
69.00	06900	Electro cardiology	0	0		69.00
71.00	07100	Medical Supplies Charged to Patients	0	0		71.00
72.00	07200	Implantable Devices Chrgd to Patient	0	0		72.00
73.00	07300	Drugs Charged to Patients	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	Clinic	0	0		90.00
90.01	04950	Diabetology	0	0		90.01
90.02	04951	Cancer Center	0	0		90.02
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: 140049

Period:
From 05/01/2012
To 04/30/2013

Worksheet D
Part V
Date/Time Prepared:
9/27/2013 12:31 pm

		Title XVIII		Hospital		PPS		
Cost Center Description		Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		PPS Services (see inst.)	
			PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	5.00		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	Operating Room	0.156062	11,728,351	0	0	1,830,350	50.00
51.00	05100	Recovery Room	0.079589	2,619,333	0	0	208,470	51.00
52.00	05200	Labor Room & Delivery Room	0.149706	2,418	0	0	362	52.00
53.00	05300	Anesthesiology	0.043345	849,637	0	0	36,828	53.00
54.00	05400	Radiology - Diagnostic	0.257229	3,429,072	0	0	882,057	54.00
55.00	05500	Radiology - Therapeutic	0.000000	0	0	0	0	55.00
55.01	03340	Gastro Intestinal Services	0.162475	3,708,801	0	0	602,587	55.01
55.02	03630	Ultra Sound	0.089755	583,976	0	0	52,415	55.02
56.00	05600	Radioisotope	0.142056	1,142,732	0	0	162,332	56.00
57.00	05700	CT Scan	0.037642	4,975,129	0	0	187,274	57.00
58.00	05800	Magnetic Resonance Imaging (MRI)	0.068263	1,279,773	0	0	87,361	58.00
59.00	05900	Cardiac Catheterization	0.106218	2,661,572	0	0	282,707	59.00
60.00	06000	Laboratory	0.106698	10,755,433	0	55,514	1,147,583	60.00
63.00	06300	Blood Storing, Processing, & Trans.	0.159780	384,412	0	0	61,421	63.00
65.00	06500	Respiratory Therapy	0.112081	301,287	0	0	33,769	65.00
66.00	06600	Physical Therapy	0.220344	0	0	0	0	66.00
67.00	06700	Occupational Therapy	0.148576	1,464	0	0	218	67.00
68.00	06800	Speech Pathology	0.329238	0	0	0	0	68.00
69.00	06900	Electro cardiology	0.073153	2,672,904	0	0	195,531	69.00
71.00	07100	Medical Supplies Charged to Patients	0.128895	3,300,184	0	0	425,377	71.00
72.00	07200	Implantable Devices Chrgd to Patient	0.401774	2,475,173	0	0	994,460	72.00
73.00	07300	Drugs Charged to Patients	0.186837	3,343,289	0	0	624,650	73.00
74.00	07400	RENAL DIALYSIS	0.266554	90,562	0	0	24,140	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	Clinic	0.478717	211,255	0	0	101,131	90.00
90.01	04950	Diabetology	2.818068	0	0	0	0	90.01
90.02	04951	Cancer Center	0.109700	3,096	0	0	340	90.02
91.00	09100	Emergency	0.132869	6,118,366	0	0	812,941	91.00
92.00	09200	Observation Beds (Non-Distinct Part)	0.336914	1,043,961	0	0	351,725	92.00
200.00		Subtotal (see instructions)		63,682,180	0	55,514	9,106,029	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		63,682,180	0	55,514	9,106,029	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 140049

Period:
From 05/01/2012
To 04/30/2013

Worksheet D
Part V
Date/Time Prepared:
9/27/2013 12:31 pm

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
51.00	05100 Recovery Room	0	0	51.00
52.00	05200 Labor Room & Delivery 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
55.01	03340 Gastro Intestinal Services	0	0	55.01
55.02	03630 Ultra Sound	0	0	55.02
56.00	05600 Radioisotope	0	0	56.00
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	5,923	60.00
63.00	06300 Blood Storing, Processing, & Trans.	0	0	63.00
65.00	06500 Respiratory Therapy	0	0	65.00
66.00	06600 Physical Therapy	0	0	66.00
67.00	06700 Occupational Therapy	0	0	67.00
68.00	06800 Speech Pathology	0	0	68.00
69.00	06900 Electro cardiology	0	0	69.00
71.00	07100 Medical Supplies Charged to Patients	0	0	71.00
72.00	07200 Implantable Devices Chrgd to Patient	0	0	72.00
73.00	07300 Drugs Charged to Patients	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 Clinic	0	0	90.00
90.01	04950 Diabetology	0	0	90.01
90.02	04951 Cancer Center	0	0	90.02
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	5,923	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 +/- line 201)	0	5,923	202.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140049
Component CCN: 145743

Period:
From 05/01/2012
To 04/30/2013

Worksheet D
Part IV
Date/Time Prepared:
9/27/2013 12:31 pm

Title XVIII

Skilled Nursing Facility

PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 Operating Room	0	0	0	0	0	50.00
51.00	05100 Recovery Room	0	0	0	0	0	51.00
52.00	05200 Labor Room & Delivery 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
55.01	03340 Gastro Intestinal Services	0	0	0	0	0	55.01
55.02	03630 Ultra sound	0	0	0	0	0	55.02
56.00	05600 Radioisotope	0	0	0	0	0	56.00
57.00	05700 CT Scan	0	0	0	0	0	57.00
58.00	05800 Magnetic Resonance Imaging (MRI)	0	0	0	0	0	58.00
59.00	05900 Cardiac Catheterization	0	0	0	0	0	59.00
60.00	06000 Laboratory	0	0	0	0	0	60.00
63.00	06300 Blood Storing, Processing, & Trans.	0	0	0	0	0	63.00
65.00	06500 Respiratory Therapy	0	0	0	0	0	65.00
66.00	06600 Physical Therapy	0	0	0	0	0	66.00
67.00	06700 Occupational Therapy	0	0	0	0	0	67.00
68.00	06800 Speech Pathology	0	0	0	0	0	68.00
69.00	06900 Electro cardiology	0	0	0	0	0	69.00
71.00	07100 Medical Supplies Charged to Patients	0	0	0	0	0	71.00
72.00	07200 Implantable Devices Chrgd to Patient	0	0	0	0	0	72.00
73.00	07300 Drugs Charged to Patients	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 Clinic	0	0	0	0	0	90.00
90.01	04950 Diabetology	0	0	0	0	0	90.01
90.02	04951 Cancer Center	0	0	0	0	0	90.02
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: 140049

Period:
From 05/01/2012
To 04/30/2013

Worksheet D
Part IV
Date/Time Prepared:
9/27/2013 12:31 pm

Component CCN: 145743

Title XVIII

Skilled Nursing
Facility

PPS

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 + col. 7)	Outpatient Ratio of Cost to Charges (col. 6 + col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 Operating Room	0	73,582,485	0.000000	0.000000	336	50.00
51.00	05100 Recovery Room	0	13,556,657	0.000000	0.000000	0	51.00
52.00	05200 Labor Room & Delivery Room	0	33,225,283	0.000000	0.000000	0	52.00
53.00	05300 Anesthesiology	0	7,464,911	0.000000	0.000000	0	53.00
54.00	05400 Radiology - Diagnostic	0	25,599,978	0.000000	0.000000	122,683	54.00
55.00	05500 Radiology - Therapeutic	0	0	0.000000	0.000000	0	55.00
55.01	03340 Gastro Intestinal Services	0	18,295,444	0.000000	0.000000	1,958	55.01
55.02	03630 Ultra sound	0	10,762,128	0.000000	0.000000	8,116	55.02
56.00	05600 Radioisotope	0	4,653,335	0.000000	0.000000	3,397	56.00
57.00	05700 CT Scan	0	36,762,099	0.000000	0.000000	4,867	57.00
58.00	05800 Magnetic Resonance Imaging (MRI)	0	7,952,714	0.000000	0.000000	0	58.00
59.00	05900 Cardiac Catheterization	0	15,577,800	0.000000	0.000000	23,633	59.00
60.00	06000 Laboratory	0	65,450,260	0.000000	0.000000	2,655,719	60.00
63.00	06300 Blood Storing, Processing, & Trans.	0	6,282,651	0.000000	0.000000	66,764	63.00
65.00	06500 Respiratory Therapy	0	18,098,202	0.000000	0.000000	200,017	65.00
66.00	06600 Physical Therapy	0	14,985,780	0.000000	0.000000	5,781,646	66.00
67.00	06700 Occupational Therapy	0	1,449,790	0.000000	0.000000	0	67.00
68.00	06800 Speech Pathology	0	1,065,207	0.000000	0.000000	416,607	68.00
69.00	06900 Electro cardiology	0	14,596,122	0.000000	0.000000	66,149	69.00
71.00	07100 Medical Supplies Charged to Patients	0	24,099,936	0.000000	0.000000	941,924	71.00
72.00	07200 Implantable Devices Chrgd to Patient	0	13,842,636	0.000000	0.000000	244	72.00
73.00	07300 Drugs Charged to Patients	0	59,377,187	0.000000	0.000000	4,253,105	73.00
74.00	07400 RENAL DIALYSIS	0	1,945,206	0.000000	0.000000	943	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 Clinic	0	8,223,756	0.000000	0.000000	0	90.00
90.01	04950 Diabetology	0	32,765	0.000000	0.000000	0	90.01
90.02	04951 Cancer Center	0	20,731,541	0.000000	0.000000	0	90.02
91.00	09100 Emergency	0	73,170,817	0.000000	0.000000	0	91.00
92.00	09200 Observation Beds (Non-Distinct Part)	0	3,789,448	0.000000	0.000000	0	92.00
200.00	Total (lines 50-199)	0	574,574,138			14,548,108	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140049

Period:
From 05/01/2012
To 04/30/2013

Worksheet D
Part IV
Date/Time Prepared:
9/27/2013 12:31 pm

Component CCN: 145743

Title XVIII

Skilled Nursing
Facility

PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 Operating Room	0	0	0	0	0	50.00
51.00	05100 Recovery Room	0	0	0	0	0	51.00
52.00	05200 Labor Room & Delivery 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
55.01	03340 Gastro intestinal Services	0	0	0	0	0	55.01
55.02	03630 Ultra sound	0	0	0	0	0	55.02
56.00	05600 Radioisotope	0	0	0	0	0	56.00
57.00	05700 CT Scan	0	0	0	0	0	57.00
58.00	05800 Magnetic Resonance Imaging (MRI)	0	0	0	0	0	58.00
59.00	05900 Cardiac Catheterization	0	0	0	0	0	59.00
60.00	06000 Laboratory	0	0	0	0	0	60.00
63.00	06300 Blood Storing, Processing, & Trans.	0	0	0	0	0	63.00
65.00	06500 Respiratory Therapy	0	0	0	0	0	65.00
66.00	06600 Physical Therapy	0	0	0	0	0	66.00
67.00	06700 Occupational Therapy	0	0	0	0	0	67.00
68.00	06800 Speech Pathology	0	0	0	0	0	68.00
69.00	06900 Electro cardiology	0	0	0	0	0	69.00
71.00	07100 Medical Supplies Charged to Patients	0	0	0	0	0	71.00
72.00	07200 Implantable Devices Chrgd to Patient	0	0	0	0	0	72.00
73.00	07300 Drugs Charged to Patients	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 Clinic	0	0	0	0	0	90.00
90.01	04950 Diabetology	0	0	0	0	0	90.01
90.02	04951 Cancer Center	0	0	0	0	0	90.02
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: 140049
Component CCN: 145743

Period:
From 05/01/2012
To 04/30/2013

Worksheet D
Part IV
Date/Time Prepared:
9/27/2013 12:31 pm
PPS

Title XVIII

Skilled Nursing Facility

Cost Center Description		PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	
		23.00	24.00	
ANCILLARY SERVICE COST CENTERS				
50.00	05000 Operating Room	0	0	50.00
51.00	05100 Recovery Room	0	0	51.00
52.00	05200 Labor Room & Delivery 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
55.01	03340 Gastro Intestinal Services	0	0	55.01
55.02	03630 Ultra Sound	0	0	55.02
56.00	05600 Radioisotope	0	0	56.00
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
63.00	06300 Blood Storing, Processing, & Trans.	0	0	63.00
65.00	06500 Respiratory Therapy	0	0	65.00
66.00	06600 Physical Therapy	0	0	66.00
67.00	06700 Occupational Therapy	0	0	67.00
68.00	06800 Speech Pathology	0	0	68.00
69.00	06900 Electro cardiology	0	0	69.00
71.00	07100 Medical Supplies Charged to Patients	0	0	71.00
72.00	07200 Implantable Devices Chrgd to Patient	0	0	72.00
73.00	07300 Drugs Charged to Patients	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 Clinic	0	0	90.00
90.01	04950 Diabetology	0	0	90.01
90.02	04951 Cancer Center	0	0	90.02
91.00	09100 Emergency	0	0	91.00
92.00	09200 Observation Beds (Non-Distinct Part)	0	0	92.00
200.00	Total (lines 50-199)	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140049

Period:
From 05/01/2012
To 04/30/2013

Worksheet D-1

Date/Time Prepared:
9/27/2013 12:31 pm

Title XVIII

Hospital

PPS

Cost Center Description

1.00

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	28,441	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	28,441	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)	26,689	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	9,226	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles v or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles v or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	0	14.00
15.00	Total nursery days (title v or XIX only)	0	15.00
16.00	Nursery days (title v or XIX only)	0	16.00

SWING BED ADJUSTMENT

17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period	0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)	20,725,644	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)	0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)	0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)	0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)	0	25.00
26.00	Total swing-bed cost (see instructions)	0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	20,725,644	27.00

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28.00	General inpatient routine service charges (excluding swing-bed charges)	73,346,533	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	73,346,533	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.282572	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	2,748.19	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	20,725,644	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)	728.72	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	6,723,171	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)	6,723,171	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140049

Period:
From 05/01/2012
To 04/30/2013

Worksheet D-1
Date/Time Prepared:
9/27/2013 12:31 pm

Cost Center Description	Title XVIII			Hospital	PPS	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
	1.00	2.00	3.00	4.00	5.00	
42.00 Nursery (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units						
43.00 Intensive Care Unit	4,993,201	3,126	1,597.31	1,275	2,036,570	43.00
44.00 CORONARY CARE UNIT						44.00
45.00 BURN INTENSIVE CARE UNIT						45.00
46.00 SURGICAL INTENSIVE CARE UNIT						46.00
47.00 OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						
48.00 Program inpatient ancillary service cost (wkst. D-3, col. 3, line 200)					12,923,366	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					21,683,107	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)					1,497,657	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from wkst. D, sum of Parts II and IV)					1,088,750	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					2,586,407	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					19,096,700	53.00
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00 Program discharges					0	54.00
55.00 Target amount per discharge					0.00	55.00
56.00 Target amount (line 54 x line 55)					0	56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00 Bonus payment (see instructions)					0	58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00 Relief payment (see instructions)					0	62.00
63.00 Allowable inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY						
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00 Program routine service cost (line 9 x line 71)						72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from worksheet B, Part II, column 26, line 45)						75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00 Program capital-related costs (line 9 x line 76)						77.00
78.00 Inpatient routine service cost (line 74 minus line 77)						78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00 Inpatient routine service cost per diem limitation						81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00 Reasonable inpatient routine service costs (see instructions)						83.00
84.00 Program inpatient ancillary services (see instructions)						84.00
85.00 utilization review - physician compensation (see instructions)						85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00 Total observation bed days (see instructions)					1,752	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					728.72	88.00
89.00 observation bed cost (line 87 x line 88) (see instructions)					1,276,717	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140049

Period:
From 05/01/2012
To 04/30/2013

Worksheet D-1

Date/Time Prepared:
9/27/2013 12:31 pm

Cost Center Description	Cost	Title XVIII		Hospital	PPS	
		Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00 Capital-related cost	3,559,217	20,725,644	0.171730	1,276,717	219,251	90.00
91.00 Nursing School cost	0	20,725,644	0.000000	1,276,717	0	91.00
92.00 Allied health cost	0	20,725,644	0.000000	1,276,717	0	92.00
93.00 All other Medical Education	0	20,725,644	0.000000	1,276,717	0	93.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140049	Period: From 05/01/2012 To 04/30/2013	Worksheet D-1
Component CCN: 145743		Date/Time Prepared: 9/27/2013 12:31 pm
Title XVIII	Skilled Nursing Facility	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)	11,984	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	11,984	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)	11,984	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)	8,585	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	0	14.00
15.00	Total nursery days (title V or XIX only)	0	15.00
16.00	Nursery days (title V or XIX only)	0	16.00
SWING BED ADJUSTMENT			
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period	0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)	5,579,809	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)	0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)	0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)	0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)	0	25.00
26.00	Total swing-bed cost (see instructions)	0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	5,579,809	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28.00	General inpatient routine service charges (excluding swing-bed charges)	8,185,049	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	8,185,049	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.681707	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)	683.00	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)	5,579,809	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY			
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS			
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140049

Period: From 05/01/2012

Worksheet D-1

Component CCN: 145743

To 04/30/2013

Date/Time Prepared: 9/27/2013 12:31 pm

Title XVIII

skilled Nursing Facility

PPS

Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
	1.00	2.00	3.00	4.00	5.00	
42.00 Nursery (title V & XIX only)						42.00
Intensive Care Type Inpatient Hospital Units						
43.00 Intensive Care Unit						43.00
44.00 CORONARY CARE UNIT						44.00
45.00 BURN INTENSIVE CARE UNIT						45.00
46.00 SURGICAL INTENSIVE CARE UNIT						46.00
47.00 OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						
					1.00	
48.00 Program inpatient ancillary service cost (wkst. D-3, col. 3, line 200)						48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						49.00
PASS THROUGH COST ADJUSTMENTS						
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)						52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						53.00
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00 Program discharges						54.00
55.00 Target amount per discharge						55.00
56.00 Target amount (line 54 x line 55)						56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						57.00
58.00 Bonus payment (see instructions)						58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						61.00
62.00 Relief payment (see instructions)						62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)						63.00
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY						
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)					5,579,809	70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)			465.60			71.00
72.00 Program routine service cost (line 9 x line 71)			3,997,176			72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)			0			73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)			3,997,176			74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)			0			75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)			0.00			76.00
77.00 Program capital-related costs (line 9 x line 76)			0			77.00
78.00 Inpatient routine service cost (line 74 minus line 77)			0			78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)			0			79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)			0			80.00
81.00 Inpatient routine service cost per diem limitation			0.00			81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)			0			82.00
83.00 Reasonable inpatient routine service costs (see instructions)			3,997,176			83.00
84.00 Program inpatient ancillary services (see instructions)			2,684,626			84.00
85.00 Utilization review - physician compensation (see instructions)			0			85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)			6,681,802			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: 140049
 Component CCN: 145743

Period:
 From 05/01/2012
 To 04/30/2013

Worksheet D-1
 Date/Time Prepared:
 9/27/2013 12:31 pm
 PPS

Title XVIII

Skilled Nursing Facility

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

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140049	Period: From 05/01/2012 To 04/30/2013	Worksheet D-3 Date/Time Prepared: 9/27/2013 12:31 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	PPS Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 Adults & Pediatrics		23,383,752		30.00
31.00	03100 Intensive Care Unit		4,303,737		31.00
43.00	04300 Nursery				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 Operating Room	0.156062	13,641,448	2,128,912	50.00
51.00	05100 Recovery Room	0.079589	2,167,029	172,472	51.00
52.00	05200 Labor Room & Delivery Room	0.149706	98,282	14,713	52.00
53.00	05300 Anesthesiology	0.043345	1,342,511	58,191	53.00
54.00	05400 Radiology - Diagnostic	0.257229	2,352,399	605,105	54.00
55.00	05500 Radiology - Therapeutic	0.000000	0	0	55.00
55.01	03340 Gastro Intestinal Services	0.162475	1,225,735	199,151	55.01
55.02	03630 Ultra Sound	0.089755	322,248	28,923	55.02
56.00	05600 Radioisotope	0.142056	565,171	80,286	56.00
57.00	05700 CT Scan	0.037642	3,915,044	147,370	57.00
58.00	05800 Magnetic Resonance Imaging (MRI)	0.068263	568,160	38,784	58.00
59.00	05900 Cardiac Catheterization	0.106218	2,432,257	258,349	59.00
60.00	06000 Laboratory	0.106698	16,359,743	1,745,552	60.00
63.00	06300 Blood Storing, Processing, & Trans.	0.159780	1,274,427	203,628	63.00
65.00	06500 Respiratory Therapy	0.112330	3,326,683	373,686	65.00
66.00	06600 Physical Therapy	0.220344	1,002,962	220,997	66.00
67.00	06700 Occupational Therapy	0.148576	706,477	104,966	67.00
68.00	06800 Speech Pathology	0.329238	191,771	63,138	68.00
69.00	06900 Electro cardiology	0.074043	2,894,292	214,302	69.00
71.00	07100 Medical Supplies Charged to Patients	0.128895	3,283,167	423,184	71.00
72.00	07200 Implantable Devices Chrgd to Patient	0.401774	5,821,433	2,338,900	72.00
73.00	07300 Drugs Charged to Patients	0.186837	14,653,980	2,737,906	73.00
74.00	07400 RENAL DIALYSIS	0.266554	1,068,194	284,731	74.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 Clinic	0.478717	0	0	90.00
90.01	04950 Diabetology	2.818068	0	0	90.01
90.02	04951 Cancer Center	0.109700	0	0	90.02
91.00	09100 Emergency	0.132869	3,613,486	480,120	91.00
92.00	09200 Observation Beds (Non-Distinct Part)	0.336914	0	0	92.00
200.00	Total (sum of lines 50-94 and 96-98)		82,826,899	12,923,366	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)		82,826,899		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 140049

Period:

Worksheet D-3

Component CCN: 145743

From 05/01/2012
To 04/30/2013

Date/Time Prepared:
9/27/2013 12:31 pm

Title XVIII

Skilled Nursing
Facility

PPS

Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 Adults & Pediatrics		0		30.00
31.00	03100 Intensive Care Unit		0		31.00
43.00	04300 Nursery				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 Operating Room	0.156062	336	52	50.00
51.00	05100 Recovery Room	0.079589	0	0	51.00
52.00	05200 Labor Room & Delivery Room	0.149706	0	0	52.00
53.00	05300 Anesthesiology	0.043345	0	0	53.00
54.00	05400 Radiology - Diagnostic	0.257229	122,683	31,558	54.00
55.00	05500 Radiology - Therapeutic	0.000000	0	0	55.00
55.01	03340 Gastro Intestinal Services	0.162475	1,958	318	55.01
55.02	03630 Ultra Sound	0.089755	8,116	728	55.02
56.00	05600 Radioisotope	0.142056	3,397	483	56.00
57.00	05700 CT Scan	0.037642	4,867	183	57.00
58.00	05800 Magnetic Resonance Imaging (MRI)	0.068263	0	0	58.00
59.00	05900 Cardiac Catheterization	0.106218	23,633	2,510	59.00
60.00	06000 Laboratory	0.106698	2,655,719	283,360	60.00
63.00	06300 Blood Storing, Processing, & Trans.	0.159780	66,764	10,668	63.00
65.00	06500 Respiratory Therapy	0.112081	200,017	22,418	65.00
66.00	06600 Physical Therapy	0.220344	5,781,646	1,273,951	66.00
67.00	06700 Occupational Therapy	0.148576	0	0	67.00
68.00	06800 Speech Pathology	0.329238	416,607	137,163	68.00
69.00	06900 Electro cardiology	0.073153	66,149	4,839	69.00
71.00	07100 Medical Supplies Charged to Patients	0.128895	941,924	121,409	71.00
72.00	07200 Implantable Devices Chrgd to Patient	0.401774	244	98	72.00
73.00	07300 Drugs Charged to Patients	0.186837	4,253,105	794,637	73.00
74.00	07400 RENAL DIALYSIS	0.266554	943	251	74.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 Clinic	0.478717	0	0	90.00
90.01	04950 Diabetology	2.818068	0	0	90.01
90.02	04951 Cancer Center	0.109700	0	0	90.02
91.00	09100 Emergency	0.132869	0	0	91.00
92.00	09200 Observation Beds (Non-Distinct Part)	0.336914	0	0	92.00
200.00	Total (sum of lines 50-94 and 96-98)		14,548,108	2,684,626	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)		14,548,108		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 140049

Period:
From 05/01/2012
To 04/30/2013

Worksheet E
Part A
Date/Time Prepared:
9/27/2013 12:31 pm

		Title XVIII		Hospital		PPS	
				before 1/1	on/after 1/1		
				1.00	1.01		
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS							
1.00	DRG Amounts Other than Outlier Payments		19,608,336				1.00
2.00	Outlier payments for discharges. (see instructions)		179,640				2.00
2.01	Outlier reconciliation amount		0				2.01
3.00	Managed Care Simulated Payments		4,378,219				3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		147.20				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)		55.47				5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00				6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00				7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00				7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.		-0.33				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)		55.14				9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		54.09				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)		54.09				12.00
13.00	Total allowable FTE count for the prior year.		52.26				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.		48.40				14.00
15.00	Sum of lines 12 through 14 divided by 3.		51.58				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		51.58				18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.350408				19.00
20.00	Prior year resident to bed ratio (see instructions)		0.347058				20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.347058				21.00
22.00	IME payment adjustment (see instructions)		4,152,648				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)		4,152,648				29.00
Disproportionate Share Adjustment							
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		9.82				30.00
31.00	Percentage of Medicaid patient days to total days reported on worksheet S-2, Part I, line 24. (see instructions)		37.28				31.00
32.00	Sum of lines 30 and 31		47.10				32.00
33.00	Allowable disproportionate share percentage (see instructions)		28.07				33.00
34.00	Disproportionate share adjustment (see instructions)		5,504,060				34.00
Additional payment for high percentage of ESRD beneficiary discharges							
40.00	Total Medicare discharges on worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0				40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)		0		0		41.00
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00				42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)		0				43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000				44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00		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)		29,444,684				47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only.(see instructions)		0				48.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140049	Period: From 05/01/2012 To 04/30/2013	Worksheet E Part A Date/Time Prepared: 9/27/2013 12:31 pm
		Title XVIII	Hospital	PPS
			before 1/1	on/after 1/1
			1.00	1.01
49.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)		29,444,684	49.00
50.00	Payment for inpatient program capital (from worksheet L, Parts I, II, as applicable)		2,049,885	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).		2,283,998	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		0	54.00
55.00	Net organ acquisition cost (worksheet D-4 Part III, col. 1, line 69)		0	55.00
56.00	Cost of teaching physicians (worksheet D-5, Part II, col. 3, line 20)		0	56.00
57.00	Routine service other pass through costs (from wkst D, Part III, column 9, lines 30-35).		0	57.00
58.00	Ancillary service other pass through costs worksheet D, Part IV, col. 11 line 200)		0	58.00
59.00	Total (sum of amounts on lines 49 through 58)		33,778,567	59.00
60.00	Primary payer payments		0	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		33,778,567	61.00
62.00	Deductibles billed to program beneficiaries		1,897,516	62.00
63.00	Coinurance billed to program beneficiaries		76,299	63.00
64.00	Allowable bad debts (see instructions)		1,361,281	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		952,897	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		1,002,084	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		32,757,649	67.00
68.00	Credits received from manufacturers for replaced devices applicable to MS-DRG (see instructions)		0	68.00
69.00	Outlier payments reconciliation (Sum of lines 93, 95 and 96).(For SCH see instructions)		0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00
70.93	HVBP incentive payment (see instructions)		-32,731	70.93
70.94	Hospital readmissions reduction adjustment (see instructions)		-13,858	70.94
70.95	Recovery of Accelerated Depreciation		0	70.95
70.96	Low Volume Payment-1		0	70.96
70.97	Low Volume Payment-2		0	70.97
70.98	Low Volume Payment-3		0	70.98
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		32,711,060	71.00
72.00	Interim payments		32,624,460	72.00
73.00	Tentative settlement (for contractor use only)		0	73.00
74.00	Balance due provider (Program) (line 71 minus the sum of lines 72 and 73)		86,600	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		400,902	75.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Operating outlier amount from worksheet E, Part A line 2 (see instructions)		0	90.00
91.00	Capital outlier from worksheet L, Part I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the Time Value of Money		0.00	94.00
95.00	Time value of Money for operating expenses(see instructions)		0	95.00
96.00	Time value of Money for capital related expenses (see instructions)		0	96.00

CALCULATION OF DSH PAYMENT PERCENTAGE	Provider CCN: 140049	Period: From 05/01/2012 To 04/30/2013	Worksheet DSH Date/Time Prepared: 9/27/2013 12:31 pm
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Original .mcrx values	Adjusted .mcrx values	HFS Look Up	Hospital Override Value	Revised Value	PPS
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)	9.82	0.00	0.00	0.00	1.00
2.00	Percentage of Medicaid patient days to total days (From line 27)	37.28	0.00		37.28	2.00
3.00	Sum of lines 1 and 2, if less than 15% DSH Payment Percentage = 0	47.10	0.00		37.28	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)	147.20	0.00		147.20	5.00
6.00	Disproportionate Share Payment Percentage (transfer to worksheet E, Part A, line 33)	28.07	0.00		19.97	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 geater 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)	9.82	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")	No			No	13.00
14.00	Medicare SSI ratio (Previous from E-3, Part III, line 2 - Revised from CMS)	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)	10,121	0		10,121	15.00
16.00	In-State Medicaid eligible unpaid paid days (Worksheet S-2, line 24, column 2)	1,527	0		1,527	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)	1,263	0		1,263	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)	12,911	0		12,911	21.00
22.00	Total patient days (Worksheet S-3, Part I, Column 8, Line 14)	34,633	0		34,633	22.00
23.00	Plus total labor room days (Worksheet S-3, Part I, Column 8, Line 32)	0	0		0	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)	34,633	0		34,633	26.00
27.00	Percentage of Medicaid patient days to total days (Line 21 divided by line 26)	37.28	0.00		37.28	27.00

CALCULATION OF DSH PAYMENT PERCENTAGE

Provider CCN: 140049

Period:
From 05/01/2012
To 04/30/2013

Worksheet DSH
Date/Time Prepared:
9/27/2013 12:31 pm

		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	28.07		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		28.07		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.		28.07		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 ammendment? (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: 140049

Period:
From 05/01/2012
To 04/30/2013

Worksheet DSH

Date/Time Prepared:
9/27/2013 12:31 pm

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	19.97	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	19.97	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.	19.97	31.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140049	Period: From 05/01/2012 To 04/30/2013	Worksheet E Part B Date/Time Prepared: 9/27/2013 12:31 pm
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		5,923	1.00
2.00	Medical and other services reimbursed under OPPI (see instructions)		9,106,029	2.00
3.00	PPS payments		11,467,972	3.00
4.00	Outlier payment (see instructions)		20,920	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)		5,923	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		55,514	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)		55,514	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)		55,514	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		49,591	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)		5,923	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)		11,488,892	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)		2,455,256	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		9,039,559	27.00
28.00	Direct graduate medical education payments (from worksheet E-4, line 50)		696,590	28.00
29.00	ESRD direct medical education costs (from worksheet E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		9,736,149	30.00
31.00	Primary payer payments		2,429	31.00
32.00	Subtotal (line 30 minus line 31)		9,733,720	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		1,442,200	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		1,009,540	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		1,220,764	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		10,743,260	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.98	AB Re-billing demo amount (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (line 37 plus or minus lines 39 minus 38)		10,743,260	40.00
41.00	Interim payments		10,037,475	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (line 40 minus the sum of lines 41, and 42)		705,785	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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN: 140049		Period: From 05/01/2012 To 04/30/2013		Worksheet E-1 Part I Date/Time Prepared: 9/27/2013 12:31 pm	
		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		32,029,032		10,026,189		1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0		2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						3.00
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER	10/12/2012	351,437	03/13/2013	11,286		3.01
3.02		03/13/2013	243,991		0		3.02
3.03			0		0		3.03
3.04			0		0		3.04
3.05			0		0		3.05
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0		3.50
3.51			0		0		3.51
3.52			0		0		3.52
3.53			0		0		3.53
3.54			0		0		3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		595,428		11,286		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)		32,624,460		10,037,475		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		86,600		705,785		6.01
6.02	SETTLEMENT TO PROGRAM		0		0		6.02
7.00	Total Medicare program liability (see instructions)		32,711,060		10,743,260		7.00
				Contractor Number	Date (Mo/Day/Yr)		
			0	1.00	2.00		
8.00	Name of Contractor						8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140049
Component CCN: 145743

Period:
From 05/01/2012
To 04/30/2013

Worksheet E-1
Part I
Date/Time Prepared:
9/27/2013 12:31 pm

Title XVIII

Skilled Nursing
Facility

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		3,899,730		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to wkst. E or wkst. E-3, line and column as appropriate)		3,899,730		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		3,899,730		0	7.00
			0			
				Contractor Number	Date (Mo/Day/Yr)	
				1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 140049	Period: From 05/01/2012	Worksheet E-3
	Component CCN: 145743	To 04/30/2013	Part VI Date/Time Prepared: 9/27/2013 12:31 pm
	Title XVIII	skilled Nursing Facility	PPS

			1.00	
PART VI - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES				
PROSPECTIVE PAYMENT AMOUNT (SEE INSTRUCTIONS)				
1.00	Resource Utilization Group Payment (RUGS)		4,188,324	1.00
2.00	Routine service other pass through costs		0	2.00
3.00	Ancillary service other pass through costs		0	3.00
4.00	Subtotal (sum of lines 1 through 3)		4,188,324	4.00
COMPUTATION OF NET COST OF COVERED SERVICES				
5.00	Medical and other services (Do not use this line as vaccine costs are included in line 1 of w/s E, Part B. This line is now shaded.)			5.00
6.00	Deductible		0	6.00
7.00	Coinsurance		288,594	7.00
8.00	Allowable bad debts (see instructions)		0	8.00
9.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	9.00
10.00	Allowable reimbursable bad debts (see instructions)		0	10.00
11.00	Utilization review		0	11.00
12.00	Subtotal (Sum of lines 4, 5 minus 6 & 7 plus 10 and 11)(see Instructions)		3,899,730	12.00
13.00	Inpatient primary payer payments		0	13.00
14.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	14.00
14.99	Recovery of Accelerated Depreciation		0	14.99
15.00	Subtotal (line 12 minus 13 ± lines 14)		3,899,730	15.00
16.00	Interim payments		3,899,730	16.00
17.00	Tentative settlement (for contractor use only)		0	17.00
18.00	Balance due provider/program (line 15 minus the sum of lines 16 and 17)		0	18.00
19.00	Protested amounts (nonallowable cost report items) in accordance with CMS 19 Pub. 15-2, section 115.2		0	19.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT
MEDICAL EDUCATION COSTS

Provider CCN: 140049

Period:
From 05/01/2012
To 04/30/2013

Worksheet E-4

Date/Time Prepared:
9/27/2013 12:31 pm

		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.				57.10 1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)				0.00 2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA				0.00 3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)				0.00 3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))				-1.75 4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)				0.00 4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)				0.00 4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus line 4.01 plus line 4.02 plus applicable subscripts)				55.35 5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)				54.09 6.00
7.00	Enter the lesser of line 5 or line 6				54.09 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.	49.37	4.13	53.50	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.	49.37	4.13	53.50	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	49.37	4.13		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	51.32	0.49		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	48.76	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	49.82	1.54		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	49.82	1.54		17.00
18.00	Per resident amount	136,151.25	128,988.46		18.00
19.00	Approved amount for resident costs	6,783,055	198,642	6,981,697	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)				0.00 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)				6,981,697 25.00
		Inpatient Part	Managed care		
		A			
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days	10,501	2,594		26.00
27.00	Total Inpatient Days (see instructions)	29,815	29,815		27.00
28.00	Ratio of inpatient days to total inpatient days	0.352205	0.087003		28.00
29.00	Program direct GME amount	2,458,989	607,429		29.00
30.00	Reduction for direct GME payments for Medicare managed care		85,830		30.00
31.00	Net Program direct GME amount			2,980,588	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140049	Period: From 05/01/2012 To 04/30/2013	worksheet E-4 Date/Time Prepared: 9/27/2013 12:31 pm
		Title XVIII	Hospital	PPS
		1.00		
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from worksheet B, Part I, sum of columns 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (worksheet C, Part I, column 8, sum of lines 74 and 94)		1,945,206	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)		29,868,607	37.00
38.00	Organ acquisition costs (worksheet D-4, Part III, column 1, line 69)		0	38.00
39.00	Cost of teaching physicians (worksheet D-5, Part II, column 3, line 20)		0	39.00
40.00	Primary payer payments (see instructions)		0	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		29,868,607	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		9,111,952	42.00
43.00	Primary payer payments (see instructions)		2,429	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		9,109,523	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		38,978,130	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.766291	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.233709	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		2,980,588	48.00
49.00	Part A Medicare GME payment (line 46 x 48)(title XVIII only)(see instructions)		2,283,998	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		696,590	50.00

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

Provider CCN: 140049

Period:
From 05/01/2012
To 04/30/2013

Worksheet G

Date/Time Prepared:
9/27/2013 12:31 pm

	General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
	1.00	2.00	3.00	4.00	
CURRENT ASSETS					
1.00 Cash on hand in banks	-1,935,638	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	35,608,855	0	0	0	4.00
5.00 Other receivable	2,630,874	0	0	0	5.00
6.00 Allowances for uncollectible notes and accounts receivable	-12,030,357	0	0	0	6.00
7.00 Inventory	2,965,532	0	0	0	7.00
8.00 Prepaid expenses	1,102,393	0	0	0	8.00
9.00 Other current assets	0	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)	28,341,659	0	0	0	11.00
FIXED ASSETS					
12.00 Land	3,170,000	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	15,552,065	0	0	0	15.00
16.00 Accumulated depreciation	0	0	0	0	16.00
17.00 Leasehold improvements	0	0	0	0	17.00
18.00 Accumulated depreciation	0	0	0	0	18.00
19.00 Fixed equipment	0	0	0	0	19.00
20.00 Accumulated depreciation	0	0	0	0	20.00
21.00 Automobiles and trucks	0	0	0	0	21.00
22.00 Accumulated depreciation	0	0	0	0	22.00
23.00 Major movable equipment	15,430,892	0	0	0	23.00
24.00 Accumulated depreciation	-6,885,367	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	354,641	0	0	0	29.00
30.00 Total fixed assets (sum of lines 12-29)	27,622,231	0	0	0	30.00
OTHER ASSETS					
31.00 Investments	766,167	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	30,000	0	0	0	34.00
35.00 Total other assets (sum of lines 31-34)	796,167	0	0	0	35.00
36.00 Total assets (sum of lines 11, 30, and 35)	56,760,057	0	0	0	36.00
CURRENT LIABILITIES					
37.00 Accounts payable	6,587,031	0	0	0	37.00
38.00 Salaries, wages, and fees payable	7,405,134	0	0	0	38.00
39.00 Payroll taxes payable	0	0	0	0	39.00
40.00 Notes and loans payable (short term)	-123,372	0	0	0	40.00
41.00 Deferred income	0	0	0	0	41.00
42.00 Accelerated payments	0	0	0	0	42.00
43.00 Due to other funds	0	0	0	0	43.00
44.00 Other current liabilities	0	0	0	0	44.00
45.00 Total current liabilities (sum of lines 37 thru 44)	13,868,793	0	0	0	45.00
LONG TERM LIABILITIES					
46.00 Mortgage payable	41,923,065	0	0	0	46.00
47.00 Notes payable	2,958,496	0	0	0	47.00
48.00 Unsecured loans	0	0	0	0	48.00
49.00 Other long term liabilities	678,423	0	0	0	49.00
50.00 Total long term liabilities (sum of lines 46 thru 49)	45,559,984	0	0	0	50.00
51.00 Total liabilities (sum of lines 45 and 50)	59,428,777	0	0	0	51.00
CAPITAL ACCOUNTS					
52.00 General fund balance	-2,668,720	0	0	0	52.00
53.00 Specific purpose fund	0	0	0	0	53.00
54.00 Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00 Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00 Governing body created - endowment fund balance	0	0	0	0	56.00
57.00 Plant fund balance - invested in plant	0	0	0	0	57.00
58.00 Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00 Total fund balances (sum of lines 52 thru 58)	-2,668,720	0	0	0	59.00
60.00 Total liabilities and fund balances (sum of lines 51 and 59)	56,760,057	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140049

Period:
From 05/01/2012
To 04/30/2013

Worksheet G-1

Date/Time Prepared:
9/27/2013 12:31 pm

		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		-83,381,649		0		1.00
2.00	Net income (loss) (from wkst. G-3, line 29)		-7,490,195				2.00
3.00	Total (sum of line 1 and line 2)		-90,871,844		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		-90,871,844		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		-90,871,844		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	Additions (credit adjustments) (specify)		0				4.00
5.00			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	Deductions (debit adjustments) (specify)		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: 140049

Period:
From 05/01/2012
To 04/30/2013

Worksheet G-2
Parts I & II
Date/Time Prepared:
9/27/2013 12:31 pm

Cost Center Description		Inpatient 1.00	Outpatient 2.00	Total 3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	73,346,533		73,346,533	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	8,185,049		8,185,049	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)	81,531,582		81,531,582	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	Intensive Care Unit	10,517,159		10,517,159	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	10,517,159		10,517,159	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	92,048,741		92,048,741	17.00
18.00	Ancillary services	260,403,750	208,222,064	468,625,814	18.00
19.00	Outpatient services	15,758,401	90,771,669	106,530,070	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (DIETARY)	0	33,791	33,791	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to wkst. G-3, line 1)	368,210,892	299,027,524	667,238,416	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per wkst. A, column 3, line 200)		140,476,993		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to wkst. G-3, line 4)		140,476,993		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140049

Period:
From 05/01/2012
To 04/30/2013

Worksheet G-3

Date/Time Prepared:
9/27/2013 12:31 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	667,238,416	1.00
2.00	Less contractual allowances and discounts on patients' accounts	537,539,523	2.00
3.00	Net patient revenues (line 1 minus line 2)	129,698,893	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	140,476,993	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-10,778,100	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and telegraph service	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	482,673	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	1,521,724	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OPERATING REVENUE	394,426	24.00
24.01	RETAIL PHARMACY	889,079	24.01
25.00	Total other income (sum of lines 6-24)	3,287,902	25.00
26.00	Total (line 5 plus line 25)	-7,490,198	26.00
27.00	OTHER EXPENSES (ROUNDING)	-3	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	-3	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-7,490,195	29.00

CALCULATION OF CAPITAL PAYMENT

Provider CCN: 140049

Period:
From 05/01/2012
To 04/30/2013

Worksheet L
Parts I-III
Date/Time Prepared:
9/27/2013 12:31 pm

		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,570,171	1.00
2.00	Capital DRG outlier payments		16,200	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		81.68	3.00
4.00	Number of interns & residents (see instructions)		51.58	4.00
5.00	Indirect medical education percentage (see instructions)		19.51	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)		306,340	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		9.82	7.00
8.00	Percentage of Medicaid patient days to total days reported on worksheet S-3, Part I (see instructions)		37.28	8.00
9.00	Sum of lines 7 and 8		47.10	9.00
10.00	Allowable disproportionate share percentage (see instructions)		10.01	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		157,174	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		2,049,885	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