

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: 140054	Period: From 10/01/2012 To 09/30/2013	Worksheet S Parts I-III Date/Time Prepared: 2/19/2014 7:58 am
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PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report	Date: 2/19/2014	Time: 7:58 am
	2. <input type="checkbox"/> Manually submitted cost report		
	3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by MACNEAL HOSPITAL (140054) for the cost reporting period beginning 10/01/2012 and ending 09/30/2013 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: 2/19/2014 Time: 7:58 am
 OHV7fC3gJPQZiANdnnNhb4PJFHjUw0
 jpeKd0ewhvtuG058IBywh2G0Uz781w
 rrES18fQLn0MqxPz
 PI: Date: 2/19/2014 Time: 7:58 am
 wgVJmPaNkIN6prxOQG8XPL91JtnHY0
 7.b3u0K9eIpesOQKV62vTPPwai48yR
 x8aL0ntc8R0.eHZK

(Signed)

Officer or Administrator of Provider(s)

Title

Date

	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	1,969,018	498,143	0	0	1.00
2.00 Subprovider - IPF	0	1,305	1		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
7.00 SKILLED NURSING FACILITY	0	2,021	0		0	7.00
9.00 HOME HEALTH AGENCY I	0	1	0		0	9.00
200.00 Total	0	1,972,345	498,144	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: 140054	Period: From 10/01/2012 To 09/30/2013	worksheet 5 Parts I-III Date/Time Prepared: 2/19/2014 7:58 am
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Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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rrES1BfQln0MqxPz
PI: Date: 2/19/2014 Time: 7:58 am
wgVJmPaNkIN6prxOQG8XPL91JtnHY0
7.b3u0K9eIpesOQKV62vTPPwai48yR
x8aL0ntC8R0.eHZK

(Signed)

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		Part A 2.00	Part B 3.00			
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FORM APPROVED
OMB NO. 0938-0050

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 140054	Period: From 10/01/2012 To 09/30/2013	Worksheet S Parts I-III Date/Time Prepared: 2/19/2014 8:18 am
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PART I - COST REPORT STATUS

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Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN
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Officer or Administrator of Provider(s)

Title

Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
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200.00 Total	0	1,972,345	498,144	0	0	200.00

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140054	Period: From 10/01/2012 To 09/30/2013	worksheet S-2 Part I Date/Time Prepared: 2/19/2014 8:18 am
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1.00	2.00		3.00		4.00			
Hospital and Hospital Health Care Complex Address:								
1.00	Street: 3249 SOUTH OAK PARK AVENUE		PO BOX:					
2.00	City: BERWYN		State: IL		Zip Code: 60402		County: COOK	

	Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
						V	XVIII	XIX	
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00		

Hospital and Hospital-Based Component Identification:										
3.00	Hospital	MACNEAL HOSPITAL	140054	16974	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF	MACNEAL PSYCH UNIT	14S054	16974	4	10/01/1984	N	P	O	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	M.H. TRANSITIONAL CARE UNIT	145848	16974		10/01/1995	N	P	O	9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA	MACNEAL HOME HEALTH	147285	16974		10/01/1984	N	P	N	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)	10/01/2012	09/30/2013	20.00
21.00	Type of Control (see instructions)	6		21.00

Inpatient PPS Information				
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.	Y	N	22.00
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.	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	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.	14,762	0	0	0	4,729	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 S	Date of Geogr	
		1.00	2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1		26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1		27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0		35.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140054	Period: From 10/01/2012 To 09/30/2013	Worksheet S-2 Part I Date/Time Prepared: 2/19/2014 8:18 am			
		Beginning: 1.00	Ending: 2.00				
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.				36.00		
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0			37.00		
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.				38.00		
		Y/N 1.00	Y/N 2.00				
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)				39.00		
		V 1.00	XVIII 2.00	XIX 3.00			
Prospective Payment System (PPS)-Capital							
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N	45.00		
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete worksheet L, Part III and L-1, Parts I through III.	N	N	N	46.00		
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N	47.00		
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00		
Teaching Hospitals							
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y			56.00		
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete worksheet E-4. If column 2 is "N", complete worksheet D, Part III & IV and D-2, Part II, if applicable.	N			57.00		
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete worksheet D-5.	N			58.00		
59.00	Are costs claimed on line 100 of worksheet A? If yes, complete worksheet D-2, Part I.	N			59.00		
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N			60.00		
		Y/N 1.00	IME 2.00	Direct GME 3.00	IME 4.00	Direct GME 5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00			61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN and general surgery) added as a result of section 5503. (see instructions)		0.00	0.00			61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00			61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).		0.00	0.00			61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00			61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00			61.06
		Program Name 1.00	Program Code 2.00	Unweighted IME FTE Count 3.00	Unweighted Direct GME FTE Count 4.00		
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.			0.00	0.00	61.10	

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		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count		
		1.00	2.00	3.00	4.00		
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.			0.00	0.00	61.20	
					1.00		
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)				0.00	62.00	
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)				0.00	62.01	
Teaching Hospitals that Claim Residents in Non-Provider Settings							
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)				Y	63.00	
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
				1.00	2.00	3.00	
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.							
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.70	28.06	0.024339	64.00
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2 the program code, enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY MEDICINE	1350	6.24	28.31	0.180608	65.00
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
				1.00	2.00	3.00	
Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.27	24.90	0.010727	66.00

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			V 1.00	XIX 2.00		
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)					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.		N			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.		2			118.00
		Premiums	Losses	Insurance		
		1.00	2.00	3.00		
118.01	List amounts of malpractice premiums and paid losses:	1,913,166	0	0		118.01
			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					119.00
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		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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140054	Period: From 10/01/2012 To 09/30/2013	Worksheet S-2 Part I Date/Time Prepared: 2/19/2014 8:18 am		
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 HLTH SYSTEMS	Contractor's Name: CAHABA GBA		Contractor's Number: 10101		
142.00	Street: 20 BURTON HILLS BLVD, SUITE 100	PO Box:				
143.00	City: NASHVILLE	State: AL	Zip Code: 35242			
				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
				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
		0	1.00	2.00	3.00	4.00
						FTE/Campus
						5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5				0.00	
				1.00		
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act						
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.				N	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					0168.00
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)					0.00169.00
				Beginning	Ending	
				1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)					

		Y/N	Date	
		1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.				
COMPLETED BY ALL HOSPITALS				
Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00
		Y/N	Date	V/I
		1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y		3.00
		Y/N	Type	Date
		1.00	2.00	3.00
Financial Data and Reports				
4.00	Column 1: were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	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
			Y/N	
			1.00	
			Part A	Part B
			Y/N	Y/N
			1.00	2.00
			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	01/02/2014	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.			N	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			Y	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	06/30/2013
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			N	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			N	40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	ZEBIA		NELSON	41.00
42.00	Enter the employer/company name of the cost report preparer.	NELSON, JONES & CO. INC			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	410 480 8498		ZEBNELSON@AOL.COM	43.00

		Part B	
		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)	01/02/2014	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

		Title V	Title XIX	
		1.00	2.00	
TITLES V AND/OR XIX FOLLOWING MEDICARE				
1.00	Do Title V or XIX follow Medicare (Title XVIII) for the Interns and Residence post stepdown adjustments on w/s B, Part I, column 25? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	1.00
2.00	Do Title V or XIX follow Medicare (Title XVIII) for the reporting of charges on w/s C, Part I (e.g. net of Physician's component)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	2.00
3.00	Do Title V or XIX follow Medicare (Title XVIII) for the calculation of Observation Bed Cost on w/s D-1, Part IV, line 89? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	3.00
		Inpatient	Outpatient	
		1.00	2.00	
CRITICAL ACCESS HOSPITALS				
4.00	Does Title V follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.	N	N	4.00
5.00	Does Title XIX follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.	N	N	5.00
		Title V	Title XIX	
		1.00	2.00	
RCE DISALLOWANCE				
6.00	Do Title V or XIX follow Medicare and add back the RCE Disallowance on w/s C, Part I column 4? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	6.00
PASS THROUGH COST				
7.00	Do Title V or XIX follow Medicare when cost reimbursed (payment system is "0") for worksheets D, parts I through IV? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	7.00

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	234	85,410	0.00	0	1.00
2.00 HMO and other (see instructions)						2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF					0	5.00
6.00 Hospital Adults & Peds. Swing Bed NF					0	6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		234	85,410	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	17	6,205	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)		251	91,615	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	25	9,125		0	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	44.00	40	14,600		0	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		316				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)		9	3,285			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

Component	I/P Days / O/P visits / Trips			Full Time Equivalents		
	Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	15,977	14,762	50,505			1.00
2.00 HMO and other (see instructions)	6,893	4,729				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			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	15,977	14,762	50,505			7.00
8.00 INTENSIVE CARE UNIT	2,190	0	5,121			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	4,259			13.00
14.00 Total (see instructions)	18,167	14,762	59,885	100.11	1,449.10	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	5,844	0	7,628	0.58	37.40	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	8,313	0	12,768	0.00	49.10	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	32,422	0	68,073	0.00	47.66	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)				100.69	1,583.26	27.00
28.00 Observation Bed Days		0	2,729			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
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00

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)(see instructions for col. 2 for the portion of LDP room available beds)		0	3,971	2,710	14,790	1.00	
2.00 HMO and other (see instructions)			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	3,971	2,710	14,790	14.00	
15.00 CAH visits						15.00	
16.00 SUBPROVIDER - IPF	0.00	0	673	0	1,208	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	0.00					22.00	
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00	
24.00 HOSPICE						24.00	
24.10 HOSPICE (non-distinct part)						24.10	
25.00 CMHC - CMHC						25.00	
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	
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01	
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	102,741,453	0	102,741,453	3,293,175.00	31.20
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		1,901,668	0	1,901,668	23,680.00	80.31
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	7,531,490	-2,378,362	5,153,128	201,930.00	25.52
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	2,758,786	0	2,758,786	102,118.00	27.02
10.00	Excluded area salaries (see instructions)		11,377,409	-315,662	11,061,747	267,130.00	41.41
OTHER WAGES & RELATED COSTS							
11.00	Contract labor (see instructions)		2,280,849	0	2,280,849	77,594.00	29.39
12.00	Contract management and administrative services		366,364	0	366,364	8,872.00	41.29
13.00	Contract labor: Physician-Part A - Administrative		171,516	0	171,516	1,387.00	123.66
14.00	Home office salaries & wage-related costs		1,743,128	0	1,743,128	22,295.00	78.18
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) (see instructions)		15,328,339	0	15,328,339		17.00
18.00	Wage-related costs (other) (see instructions)		79,208	0	79,208		18.00
19.00	Excluded areas		1,107,839	0	1,107,839		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		303,298	0	303,298		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)		754,634	0	754,634		25.00
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	2,676,002	-977,009	1,698,993	50,035.00	33.96
27.00	Administrative & General	5.00	13,327,254	3,089,441	16,416,695	497,256.00	33.01
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00	0.00
29.00	Maintenance & Repairs	6.00	1,593,160	0	1,593,160	53,833.00	29.59
30.00	Operation of Plant	7.00	0	0	0	0.00	0.00
31.00	Laundry & Linen Service	8.00	497,070	0	497,070	29,758.00	16.70
32.00	Housekeeping	9.00	1,976,929	0	1,976,929	153,168.00	12.91
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00
34.00	Dietary	10.00	2,226,560	0	2,226,560	141,474.00	15.74
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	1,543,463	-45,507	1,497,956	36,703.00	40.81
39.00	Central Services and Supply	14.00	328,658	0	328,658	22,629.00	14.52
40.00	Pharmacy	15.00	2,276,871	-54,185	2,222,686	59,518.00	37.34
41.00	Medical Records & Medical Records Library	16.00	3,674,855	-1,742,585	1,932,270	78,070.00	24.75

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140054

Period:
From 10/01/2012
To 09/30/2013

Worksheet S-3
Part II
Date/Time Prepared:
2/19/2014 8:18 am

	Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	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	42.00
43.00	Other General Service	18.00	0	0	0	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140054

Period:
From 10/01/2012
To 09/30/2013

Worksheet S-3
Part III
Date/Time Prepared:
2/19/2014 8:18 am

	Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	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)	93,308,295	2,378,362	95,686,657	3,067,565.00	31.19	1.00
2.00	Excluded area salaries (see instructions)	14,136,195	-315,662	13,820,533	369,248.00	37.43	2.00
3.00	Subtotal salaries (line 1 minus line 2)	79,172,100	2,694,024	81,866,124	2,698,317.00	30.34	3.00
4.00	Subtotal other wages & related costs (see inst.)	4,561,857	0	4,561,857	110,148.00	41.42	4.00
5.00	Subtotal wage-related costs (see inst.)	15,407,547	0	15,407,547	0.00	18.82	5.00
6.00	Total (sum of lines 3 thru 5)	99,141,504	2,694,024	101,835,528	2,808,465.00	36.26	6.00
7.00	Total overhead cost (see instructions)	30,120,822	270,155	30,390,977	1,122,444.00	27.08	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 140054

Period:
From 10/01/2012
To 09/30/2013

Worksheet S-3
Part IV
Date/Time Prepared:
2/19/2014 8:18 am

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	126,380	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	8,224,516	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	304,855	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	31,367	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	461,798	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	-121,775	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'workers' Compensation Insurance	989,128	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	3,561,115	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	1,158,881	20.00
OTHER			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	592,074	23.00
24.00	Total wage Related cost (Sum of lines 1 -23)	15,328,339	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	79,208	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 140054

Period:
From 10/01/2012
To 09/30/2013

Worksheet S-3
Part V
Date/Time Prepared:
2/19/2014 8:18 am

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	3,443,430	17,573,318	1.00
2.00	Hospital	3,245,291	16,465,529	2.00
3.00	Subprovider - IPF	0	-532	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	2,623	-231	8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	195,516	1,108,552	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

HOME HEALTH AGENCY STATISTICAL DATA	Provider CCN: 140054 Component CCN: 147285	Period: From 10/01/2012 To 09/30/2013	Worksheet S-4 Date/Time Prepared: 2/19/2014 8:18 am
		Home Health Agency I	PPS

0.00	County	1.00				0.00
		COOK				
		Title V 1.00	Title XVIII 2.00	Title XIX 3.00	Other 4.00	Total 5.00

1.00	HOME HEALTH AGENCY STATISTICAL DATA						
	Home Health Aide Hours	0	868	0	0	868	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	4,216.00	0.00	4,396.00	8,612.00	2.00

		Number of Employees (Full Time Equivalent)				
	Enter the number of hours in your normal work week		Staff	Contract	Total	
		0	1.00	2.00	3.00	

HOME HEALTH AGENCY - NUMBER OF EMPLOYEES							
3.00	Administrator and Assistant Administrator(s)		40.00	0.45	0.00	0.45	3.00
4.00	Director(s) and Assistant Director(s)			0.00	0.00	0.00	4.00
5.00	Other Administrative Personnel			7.25	0.00	7.25	5.00
6.00	Direct Nursing Service			13.95	0.00	13.95	6.00
7.00	Nursing Supervisor			1.35	0.00	1.35	7.00
8.00	Physical Therapy Service			5.40	0.09	5.49	8.00
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service			0.90	0.09	0.99	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00
12.00	Speech Pathology Service			0.27	0.09	0.36	12.00
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00
14.00	Medical Social Service			0.23	0.00	0.23	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			0.68	0.00	0.68	16.00
17.00	Home Health Aide Supervisor			0.00	0.00	0.00	17.00
18.00	Other (specify)			0.00	0.00	0.00	18.00

HOME HEALTH AGENCY CBSA CODES							
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.			1			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).		16974				20.00

		Full Episodes					
		without Outliers	with Outliers	LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		1.00	2.00	3.00	4.00	5.00	

PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	18,210	386	882	380	19,858	21.00
22.00	Skilled Nursing Visit Charges	3,252,050	69,342	150,681	66,600	3,538,673	22.00
23.00	Physical Therapy Visits	8,985	36	66	203	9,290	23.00
24.00	Physical Therapy Visit Charges	1,754,679	7,092	12,411	39,006	1,813,188	24.00
25.00	Occupational Therapy Visits	2,185	8	17	52	2,262	25.00
26.00	Occupational Therapy Visit Charges	427,687	1,576	3,152	10,244	442,659	26.00
27.00	Speech Pathology Visits	216	0	0	1	217	27.00
28.00	Speech Pathology Visit Charges	45,369	0	0	213	45,582	28.00
29.00	Medical Social Service Visits	342	7	22	13	384	29.00
30.00	Medical Social Service Visit Charges	98,496	2,016	5,760	3,744	110,016	30.00
31.00	Home Health Aide Visits	392	13	3	3	411	31.00
32.00	Home Health Aide Visit Charges	32,144	1,066	246	246	33,702	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	30,330	450	990	652	32,422	33.00
34.00	Other Charges	140,696	4,325	5,223	1,070	151,314	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	5,751,121	85,417	177,473	121,123	6,135,134	35.00
36.00	Total Number of Episodes (standard/non outlier)	0		0	0	0	36.00
37.00	Total Number of Outlier Episodes		0		0	0	37.00
38.00	Total Non-Routine Medical Supply Charges	0	0	0	0	0	38.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 140054

Period:
From 10/01/2012
To 09/30/2013

Worksheet S-7

Date/Time Prepared:
2/19/2014 8:18 am

		1.00	2.00		
1.00	If this facility contains a hospital-based SNF, were all patients under managed care or was there no Medicare utilization? Enter "Y" for yes in column 1 and do not complete the rest of this worksheet.	N			1.00
2.00	Does this hospital have an agreement under either section 1883 or section 1913 for swing beds? Enter "Y" for yes or "N" for no in column 1. If yes, enter the agreement date (mm/dd/yyyy) in column 2.	N			2.00
		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)
		1.00	2.00	3.00	4.00
3.00		RUX	0	0	0 3.00
4.00		RUL	0	0	0 4.00
5.00		RVX	7	0	7 5.00
6.00		RVL	207	0	207 6.00
7.00		RHX	0	0	0 7.00
8.00		RHL	210	0	210 8.00
9.00		RMX	83	0	83 9.00
10.00		RML	177	0	177 10.00
11.00		RLX	0	0	0 11.00
12.00		RUC	14	0	14 12.00
13.00		RUB	82	0	82 13.00
14.00		RUA	79	0	79 14.00
15.00		RVC	77	0	77 15.00
16.00		RVB	1,260	0	1,260 16.00
17.00		RVA	1,212	0	1,212 17.00
18.00		RHC	53	0	53 18.00
19.00		RHB	1,561	0	1,561 19.00
20.00		RHA	1,554	0	1,554 20.00
21.00		RMC	46	0	46 21.00
22.00		RMB	499	0	499 22.00
23.00		RMA	602	0	602 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	49	0	49 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	5	0	5 32.00
33.00		HC2	0	0	0 33.00
34.00		HC1	15	0	15 34.00
35.00		HB2	0	0	0 35.00
36.00		HB1	202	0	202 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	0	0	0 40.00
41.00		LC2	0	0	0 41.00
42.00		LC1	40	0	40 42.00
43.00		LB2	0	0	0 43.00
44.00		LB1	23	0	23 44.00
45.00		CE2	0	0	0 45.00
46.00		CE1	0	0	0 46.00
47.00		CD2	0	0	0 47.00
48.00		CD1	0	0	0 48.00
49.00		CC2	0	0	0 49.00
50.00		CC1	41	0	41 50.00
51.00		CB2	0	0	0 51.00
52.00		CB1	110	0	110 52.00
53.00		CA2	0	0	0 53.00
54.00		CA1	34	0	34 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	23	0	23 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: 140054

Period:
From 10/01/2012
To 09/30/2013

Worksheet S-7

Date/Time Prepared:
2/19/2014 8:18 am

	Group	SNF Days	Swing Bed Days	SNF	Total (sum of col. 2 + 3)	
					1.00	2.00
69.00	PE2	0	0	0	0	69.00
70.00	PE1	0	0	0	0	70.00
71.00	PD2	0	0	0	0	71.00
72.00	PD1	0	0	0	0	72.00
73.00	PC2	0	0	0	0	73.00
74.00	PC1	9	0	0	9	74.00
75.00	PB2	0	0	0	0	75.00
76.00	PB1	39	0	0	39	76.00
77.00	PA2	0	0	0	0	77.00
78.00	PA1	0	0	0	0	78.00
199.00	AAA	0	0	0	0	199.00
200.00	TOTAL	8,313	0	0	8,313	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).	Expenses	Percentage
		1.00	2.00
			Associated with Direct Patient Care and Related Expenses?
			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)	7,016,329		207.00

				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)			0.169665	1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid			24,184,047	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			2,465,377	5.00
6.00	Medicaid charges			206,257,684	6.00
7.00	Medicaid cost (line 1 times line 6)			34,994,710	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)			8,345,286	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			14,453,183	18.00
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)			8,345,286	19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	9,930,061	82,024	10,012,085	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	1,684,784	13,917	1,698,701	21.00
22.00	Partial payment by patients approved for charity care	59,082	2,098	61,180	22.00
23.00	Cost of charity care (line 21 minus line 22)	1,625,702	11,819	1,637,521	23.00
				1.00	
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?			N	24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit			0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)			50,919,271	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)			1,759,982	27.00
28.00	Non-Medicare and Non-Reimbursable Medicare bad debt expense (line 26 minus line 27)			49,159,289	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)			8,340,611	29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)			9,978,132	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			18,323,418	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140054

Period:
From 10/01/2012
To 09/30/2013

Worksheet A

Date/Time Prepared:
2/19/2014 8:18 am

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		0	0	9,137,995	9,137,995	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	8,864,533	8,864,533	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,676,002	17,467,873	20,143,875	-1,385,191	18,758,684	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	13,327,254	49,859,866	63,187,120	-10,628,513	52,558,607	5.00
6.00	00600	MAINTENANCE & REPAIRS	1,593,160	6,881,977	8,475,137	-760,178	7,714,959	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	497,070	296,081	793,151	135,397	928,548	8.00
9.00	00900	HOUSEKEEPING	1,976,929	770,445	2,747,374	-27,724	2,719,650	9.00
10.00	01000	DIETARY	2,226,560	1,008,594	3,235,154	-820	3,234,334	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	1,543,463	597,820	2,141,283	-48,847	2,092,436	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	328,658	615,952	944,610	349,142	1,293,752	14.00
15.00	01500	PHARMACY	2,276,871	5,093,612	7,370,483	-2,451,710	4,918,773	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,674,855	682,956	4,357,811	-2,024,897	2,332,914	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	7,531,490	0	7,531,490	-2,378,362	5,153,128	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	2,570,230	2,570,230	2,423,869	4,994,099	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	18,512,641	2,332,358	20,844,999	-920,411	19,924,588	30.00
31.00	03100	INTENSIVE CARE UNIT	3,569,627	698,652	4,268,279	-434,412	3,833,867	31.00
40.00	04000	SUBPROVIDER - IPF	2,531,073	200,988	2,732,061	-24,162	2,707,899	40.00
43.00	04300	NURSERY	1,037,930	437,637	1,475,567	-109,708	1,365,859	43.00
44.00	04400	SKILLED NURSING FACILITY	2,758,786	268,689	3,027,475	-136,078	2,891,397	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,232,767	14,046,695	18,279,462	-6,911,938	11,367,524	50.00
51.00	05100	RECOVERY ROOM	726,749	68,152	794,901	-43,762	751,139	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,612,947	1,583,592	3,196,539	-137,492	3,059,047	52.00
53.00	05300	ANESTHESIOLOGY	448,587	1,364,717	1,813,304	-760,965	1,052,339	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,367,052	864,586	3,231,638	-371,166	2,860,472	54.00
56.00	05600	RADIOISOTOPE	271,388	367,099	638,487	-6,829	631,658	56.00
56.01	03630	ULTRA SOUND	872,060	31,269	903,329	-12,217	891,112	56.01
56.02	03440	MAMMOGRAPHY	714,052	249,717	963,769	-157,030	806,739	56.02
57.00	05700	CT SCAN	700,531	513,037	1,213,568	-329,095	884,473	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	514,642	394,274	908,916	-58,301	850,615	58.00
59.00	05900	CARDIAC CATHETERIZATION	813,780	5,450,668	6,264,448	-3,743,684	2,520,764	59.00
59.01	05901	GASTRO INTESTINAL	1,665,830	974,633	2,640,463	-224,186	2,416,277	59.01
60.00	06000	LABORATORY	0	4,743,864	4,743,864	-1,596	4,742,268	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	962,748	962,748	0	962,748	63.00
65.00	06500	RESPIRATORY THERAPY	1,177,343	391,770	1,569,113	-190,028	1,379,085	65.00
66.00	06600	PHYSICAL THERAPY	2,443,500	95,083	2,538,583	-19,802	2,518,781	66.00
66.01	06601	TCU REHAB	769,057	20,708	789,765	-2,893	786,872	66.01
68.00	06800	SPEECH PATHOLOGY	132,464	62,402	194,866	-53,711	141,155	68.00
69.00	06900	ELECTROCARDIOLOGY	669,715	51,726	721,441	-17,362	704,079	69.00
69.01	06901	CARDIAC HEHAB	177,845	13,914	191,759	-2,505	189,254	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	4,033,652	4,033,652	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	9,200,338	9,200,338	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	3,504,554	3,504,554	73.00
74.00	07400	RENAL DIALYSIS	0	470,139	470,139	0	470,139	74.00
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	5,040,890	1,462,762	6,503,652	-550,554	5,953,098	91.00
91.01	09101	FAMILY PRACTICES	2,145,224	3,032,156	5,177,380	-561,835	4,615,545	91.01
91.02	09102	PSYCH DAY HOSPITAL	170,798	15,060	185,858	0	185,858	91.02
91.03	09103	WOUND CARE	165,527	120,914	286,441	-94,044	192,397	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	6,184,862	2,298,122	8,482,984	-318,513	8,164,471	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	100,079,979	129,433,537	229,513,516	1,748,959	231,262,475	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	550	550	0	550	190.00
191.00	19100	RESEARCH	45,102	4,781	49,883	-37,413	12,470	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	MARKETING	608,912	1,613,137	2,222,049	-1,410,542	811,507	194.00
194.01	07951	MACNEAL SCHOOL	1,801,741	596,670	2,398,411	-298,127	2,100,284	194.01
194.02	07952	COMMUNITY RELATIONS	205,719	44,144	249,863	-2,877	246,986	194.02
194.03	07953	RETAIL PHARMACY	0	0	0	0	0	194.03
194.04	07954	HOME DELIVERED MEALS	0	0	0	0	0	194.04
194.05	07955	CATERED MEALS	0	0	0	0	0	194.05
194.06	07956	VACANT SPACE	0	0	0	0	0	194.06
200.00		TOTAL (SUM OF LINES 118-199)	102,741,453	131,692,819	234,434,272	0	234,434,272	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140054

Period:
From 10/01/2012
To 09/30/2013

Worksheet A

Date/Time Prepared:
2/19/2014 8:18 am

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	-1,739,273	7,398,722	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-525,970	8,338,563	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-612,443	18,146,241	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-26,997,149	25,561,458	5.00
6.00	00600	MAINTENANCE & REPAIRS	-204,274	7,510,685	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	-19,903	908,645	8.00
9.00	00900	HOUSEKEEPING	-80	2,719,570	9.00
10.00	01000	DIETARY	-634,672	2,599,662	10.00
11.00	01100	CAFETERIA	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	-234,141	1,858,295	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,293,752	14.00
15.00	01500	PHARMACY	0	4,918,773	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-90,245	2,242,669	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	5,153,128	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	-1,476,241	3,517,858	22.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-438,173	19,486,415	30.00
31.00	03100	INTENSIVE CARE UNIT	-86,041	3,747,826	31.00
40.00	04000	SUBPROVIDER - IPF	-62,950	2,644,949	40.00
43.00	04300	NURSERY	-296,506	1,069,353	43.00
44.00	04400	SKILLED NURSING FACILITY	-24,681	2,866,716	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-684,243	10,683,281	50.00
51.00	05100	RECOVERY ROOM	0	751,139	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-1,366,382	1,692,665	52.00
53.00	05300	ANESTHESIOLOGY	-401,741	650,598	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-4,438	2,856,034	54.00
56.00	05600	RADIOISOTOPE	0	631,658	56.00
56.01	03630	ULTRA SOUND	0	891,112	56.01
56.02	03440	MAMMOGRAPHY	0	806,739	56.02
57.00	05700	CT SCAN	0	884,473	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	850,615	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	2,520,764	59.00
59.01	05901	GASTRO INTESTINAL	0	2,416,277	59.01
60.00	06000	LABORATORY	-335	4,741,933	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	962,748	63.00
65.00	06500	RESPIRATORY THERAPY	-52	1,379,033	65.00
66.00	06600	PHYSICAL THERAPY	0	2,518,781	66.00
66.01	06601	TCU REHAB	0	786,872	66.01
68.00	06800	SPEECH PATHOLOGY	0	141,155	68.00
69.00	06900	ELECTROCARDIOLOGY	-195,430	508,649	69.00
69.01	06901	CARDIAC HEHAB	0	189,254	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	4,033,652	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	9,200,338	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	3,504,554	73.00
74.00	07400	RENAL DIALYSIS	0	470,139	74.00
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	-300,352	5,652,746	91.00
91.01	09101	FAMILY PRACTICES	-2,101,058	2,514,487	91.01
91.02	09102	PSYCH DAY HOSPITAL	-6,614	179,244	91.02
91.03	09103	WOUND CARE	-1,786	190,611	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY	-67,035	8,097,436	101.00
SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1-117)	-38,572,208	192,690,267	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	550	190.00
191.00	19100	RESEARCH	0	12,470	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
194.00	07950	MARKETING	0	811,507	194.00
194.01	07951	MACNEAL SCHOOL	0	2,100,284	194.01
194.02	07952	COMMUNITY RELATIONS	0	246,986	194.02
194.03	07953	RETAIL PHARMACY	0	0	194.03
194.04	07954	HOME DELIVERED MEALS	0	0	194.04
194.05	07955	CATERED MEALS	0	0	194.05
194.06	07956	VACANT SPACE	0	0	194.06
200.00		TOTAL (SUM OF LINES 118-199)	-38,572,208	195,862,064	200.00

COST CENTERS USED IN COST REPORT

Provider CCN: 140054

Period:
From 10/01/2012
To 09/30/2013

worksheet Non-CMS W

Date/Time Prepared:
2/19/2014 8:18 am

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
4.00	EMPLOYEE BENEFITS DEPARTMENT	00400		4.00
5.00	ADMINISTRATIVE & GENERAL	00500		5.00
6.00	MAINTENANCE & REPAIRS	00600		6.00
8.00	LAUNDRY & LINEN SERVICE	00800		8.00
9.00	HOUSEKEEPING	00900		9.00
10.00	DIETARY	01000		10.00
11.00	CAFETERIA	01100		11.00
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 PRGM 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
40.00	SUBPROVIDER - IPF	04000		40.00
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	DELIVERY ROOM & LABOR ROOM	05200		52.00
53.00	ANESTHESIOLOGY	05300		53.00
54.00	RADIOLOGY-DIAGNOSTIC	05400		54.00
56.00	RADIOISOTOPE	05600		56.00
56.01	ULTRA SOUND	03630		56.01
56.02	MAMMOGRAPHY	03440		56.02
57.00	CT SCAN	05700		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	05800		58.00
59.00	CARDIAC CATHETERIZATION	05900		59.00
59.01	GASTRO INTESTINAL	05901		59.01
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
66.01	TCU REHAB	06601		66.01
68.00	SPEECH PATHOLOGY	06800		68.00
69.00	ELECTROCARDIOLOGY	06900		69.00
69.01	CARDIAC HEHAB	06901		69.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	07100		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	07200		72.00
73.00	DRUGS CHARGED TO PATIENTS	07300		73.00
74.00	RENAL DIALYSIS	07400		74.00
OUTPATIENT SERVICE COST CENTERS				
91.00	EMERGENCY	09100		91.00
91.01	FAMILY PRACTICES	09101		91.01
91.02	PSYCH DAY HOSPITAL	09102		91.02
91.03	WOUND CARE	09103		91.03
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	09200		92.00
OTHER REIMBURSABLE COST CENTERS				
101.00	HOME HEALTH AGENCY	10100		101.00
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
191.00	RESEARCH	19100		191.00
192.00	PHYSICIANS' PRIVATE OFFICES	19200		192.00
194.00	MARKETING	07950		194.00
194.01	MACNEAL SCHOOL	07951		194.01
194.02	COMMUNITY RELATIONS	07952		194.02
194.03	RETAIL PHARMACY	07953		194.03
194.04	HOME DELIVERED MEALS	07954		194.04
194.05	CATERED MEALS	07955		194.05
194.06	VACANT SPACE	07956		194.06
200.00	TOTAL (SUM OF LINES 118-199)			200.00

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - PROPERTY TAXES					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	2,951,773	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
TOTALS			0	2,951,773	
B - DEPRECIATION EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	4,171,609	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	8,718,078	2.00
TOTALS			0	12,889,687	
C - RENTS LEASES					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	2,014,613	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	146,455	2.00
3.00	MAINTENANCE & REPAIRS	6.00	0	93,625	3.00
4.00	DIETARY	10.00	0	1,349	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
TOTALS			0	2,256,042	
D - CHARGEABLE DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	3,504,554	1.00
2.00	LABORATORY	60.00	0	60	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
TOTALS			0	3,504,614	
E - CHARGEABLE SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	4,033,652	1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	550,456	2.00
3.00	MAINTENANCE & REPAIRS	6.00	0	23	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00

	Increases					
	Cost Center 2.00	Line # 3.00	Salary 4.00	Other 5.00		
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
	TOTALS		0	4,584,131		
F - INTERNS RESIDENTS						
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	45,507	0		1.00
	TOTALS		45,507	0		
G - IMPLANTABLE DEVICE						
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	9,200,338		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
	TOTALS		0	9,200,338		
H - LINEN						
1.00	LAUNDRY & LINEN SERVICE	8.00	0	135,412		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
	TOTALS		0	135,412		

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
I - CHICAGO MKT CHAGEBACKS					
1.00	ADMINISTRATIVE & GENERAL	5.00	5,070,481	2,660,344	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			5,070,481	2,660,344	
J - REGIONAL ALLOCATIONS DEPT 5575					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	578,939	232,997	1.00
2.00	MEDICAL RECORDS & LIBRARY	16.00	1,299,976	211,308	2.00
3.00	RESEARCH	191.00	11,275	1,195	3.00
4.00	MARKETING	194.00	90,850	339,536	4.00
TOTALS			1,981,040	785,036	
K - NON-I&R SALARY					
1.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	2,423,869	0	1.00
TOTALS			2,423,869	0	
500.00	Grand Total: Increases		9,520,897	38,967,377	500.00

		Decreases					
Cost Center		Line #	Salary	Other	wkst. A-7	Ref.	
6.00		7.00	8.00	9.00	10.00		
A - PROPERTY TAXES							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	2,286,200		13	1.00
2.00	MAINTENANCE & REPAIRS	6.00	0	615,271		0	2.00
3.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	50,302		0	3.00
TOTALS			0	2,951,773			
B - DEPRECIATION EXPENSE							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	12,724,843		9	1.00
2.00	MAINTENANCE & REPAIRS	6.00	0	164,844		9	2.00
TOTALS			0	12,889,687			
C - RENTS LEASES							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	4,967		10	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	582,101		10	2.00
3.00	NURSING ADMINISTRATION	13.00	0	142		0	3.00
4.00	CENTRAL SERVICES & SUPPLY	14.00	0	201,314		0	4.00
5.00	ADULTS & PEDIATRICS	30.00	0	310		0	5.00
6.00	INTENSIVE CARE UNIT	31.00	0	43,315		0	6.00
7.00	SKILLED NURSING FACILITY	44.00	0	700		0	7.00
8.00	OPERATING ROOM	50.00	0	53,039		0	8.00
9.00	ANESTHESIOLOGY	53.00	0	136,757		0	9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	105,991		0	10.00
11.00	CT SCAN	57.00	0	304,870		0	11.00
12.00	RESPIRATORY THERAPY	65.00	0	116,047		0	12.00
13.00	FAMILY PRACTICES	91.01	0	227,877		0	13.00
14.00	WOUND CARE	91.03	0	56,158		0	14.00
15.00	HOME HEALTH AGENCY	101.00	0	122,173		0	15.00
16.00	MACNEAL SCHOOL	194.01	0	298,101		0	16.00
17.00	COMMUNITY RELATIONS	194.02	0	2,180		0	17.00
TOTALS			0	2,256,042			
D - CHARGEABLE DRUGS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	11,173		0	1.00
2.00	PHARMACY	15.00	0	2,369,411		0	2.00
3.00	ADULTS & PEDIATRICS	30.00	0	112,990		0	3.00
4.00	INTENSIVE CARE UNIT	31.00	0	40,988		0	4.00
5.00	SUBPROVIDER - IPF	40.00	0	762		0	5.00
6.00	NURSERY	43.00	0	41,145		0	6.00
7.00	SKILLED NURSING FACILITY	44.00	0	7,174		0	7.00
8.00	OPERATING ROOM	50.00	0	84,675		0	8.00
9.00	RECOVERY ROOM	51.00	0	5,010		0	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0	31,335		0	10.00
11.00	ANESTHESIOLOGY	53.00	0	298,130		0	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	5,783		0	12.00
13.00	RADIOISOTOPE	56.00	0	2,283		0	13.00
14.00	ULTRA SOUND	56.01	0	125		0	14.00
15.00	MAMMOGRAPHY	56.02	0	3,108		0	15.00
16.00	CT SCAN	57.00	0	5,363		0	16.00
17.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	1,614		0	17.00
18.00	CARDIAC CATHETERIZATION	59.00	0	9,735		0	18.00
19.00	GASTRO INTESTINAL	59.01	0	35,507		0	19.00
20.00	RESPIRATORY THERAPY	65.00	0	1,251		0	20.00
21.00	PHYSICAL THERAPY	66.00	0	253		0	21.00
22.00	ELECTROCARDIOLOGY	69.00	0	2,023		0	22.00
23.00	CARDIAC HEHAB	69.01	0	7		0	23.00
24.00	EMERGENCY	91.00	0	157,570		0	24.00
25.00	FAMILY PRACTICES	91.01	0	268,460		0	25.00
26.00	WOUND CARE	91.03	0	5,388		0	26.00
27.00	HOME HEALTH AGENCY	101.00	0	3,348		0	27.00
28.00	MACNEAL SCHOOL	194.01	0	3		0	28.00
TOTALS			0	3,504,614			
E - CHARGEABLE SUPPLIES							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,445		0	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	105		0	2.00
3.00	LAUNDRY & LINEN SERVICE	8.00	0	15		0	3.00
4.00	HOUSEKEEPING	9.00	0	18,901		0	4.00
5.00	DIETARY	10.00	0	79		0	5.00
6.00	NURSING ADMINISTRATION	13.00	0	3,197		0	6.00
7.00	PHARMACY	15.00	0	23,770		0	7.00
8.00	MEDICAL RECORDS & LIBRARY	16.00	0	11		0	8.00
9.00	ADULTS & PEDIATRICS	30.00	0	772,381		0	9.00
10.00	INTENSIVE CARE UNIT	31.00	0	345,010		0	10.00
11.00	SUBPROVIDER - IPF	40.00	0	19,032		0	11.00
12.00	NURSERY	43.00	0	68,263		0	12.00
13.00	SKILLED NURSING FACILITY	44.00	0	122,995		0	13.00

RECLASSIFICATIONS

Provider CCN: 140054

Period:
From 10/01/2012
To 09/30/2013

worksheet A-6

Date/Time Prepared:
2/19/2014 8:18 am

		Decreases			wkst. A-7 Ref.		
	Cost Center	Line #	Salary	Other			
	6.00	7.00	8.00	9.00	10.00		
14.00	OPERATING ROOM	50.00	0	1,411,253	0		14.00
15.00	RECOVERY ROOM	51.00	0	38,691	0		15.00
16.00	DELIVERY ROOM & LABOR ROOM	52.00	0	104,668	0		16.00
17.00	ANESTHESIOLOGY	53.00	0	325,163	0		17.00
18.00	RADIOLOGY-DIAGNOSTIC	54.00	0	114,689	0		18.00
19.00	RADIOISOTOPE	56.00	0	4,546	0		19.00
20.00	ULTRA SOUND	56.01	0	9,686	0		20.00
21.00	MAMMOGRAPHY	56.02	0	153,922	0		21.00
22.00	CT SCAN	57.00	0	14,866	0		22.00
23.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	5,937	0		23.00
24.00	CARDIAC CATHETERIZATION	59.00	0	53,625	0		24.00
25.00	GASTRO INTESTINAL	59.01	0	158,517	0		25.00
26.00	LABORATORY	60.00	0	1,656	0		26.00
27.00	RESPIRATORY THERAPY	65.00	0	72,730	0		27.00
28.00	PHYSICAL THERAPY	66.00	0	18,699	0		28.00
29.00	TCU REHAB	66.01	0	2,893	0		29.00
30.00	SPEECH PATHOLOGY	68.00	0	53,711	0		30.00
31.00	ELECTROCARDIOLOGY	69.00	0	15,321	0		31.00
32.00	CARDIAC HEHAB	69.01	0	2,498	0		32.00
33.00	EMERGENCY	91.00	0	383,872	0		33.00
34.00	FAMILY PRACTICES	91.01	0	35,782	0		34.00
35.00	WOUND CARE	91.03	0	32,490	0		35.00
36.00	HOME HEALTH AGENCY	101.00	0	192,992	0		36.00
37.00	MACNEAL SCHOOL	194.01	0	23	0		37.00
38.00	COMMUNITY RELATIONS	194.02	0	697	0		38.00
TOTALS			0	4,584,131			
F - INTERNS RESIDENTS							
1.00	NURSING ADMINISTRATION	13.00	45,507	0	0		1.00
TOTALS			45,507	0			
G - IMPLANTABLE DEVICE							
1.00	MAINTENANCE & REPAIRS	6.00	0	4,310	0		1.00
2.00	DIETARY	10.00	0	2,089	0		2.00
3.00	PHARMACY	15.00	0	780	0		3.00
4.00	OPERATING ROOM	50.00	0	5,313,703	0		4.00
5.00	ANESTHESIOLOGY	53.00	0	886	0		5.00
6.00	RADIOLOGY-DIAGNOSTIC	54.00	0	141,466	0		6.00
7.00	CT SCAN	57.00	0	3,996	0		7.00
8.00	CARDIAC CATHETERIZATION	59.00	0	3,675,124	0		8.00
9.00	GASTRO INTESTINAL	59.01	0	27,665	0		9.00
10.00	PHYSICAL THERAPY	66.00	0	815	0		10.00
11.00	EMERGENCY	91.00	0	932	0		11.00
12.00	FAMILY PRACTICES	91.01	0	28,572	0		12.00
TOTALS			0	9,200,338			
H - LINEN							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	4	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	13	0		2.00
3.00	HOUSEKEEPING	9.00	0	8,823	0		3.00
4.00	DIETARY	10.00	0	1	0		4.00
5.00	NURSING ADMINISTRATION	13.00	0	1	0		5.00
6.00	PHARMACY	15.00	0	2,844	0		6.00
7.00	ADULTS & PEDIATRICS	30.00	0	34,730	0		7.00
8.00	INTENSIVE CARE UNIT	31.00	0	5,099	0		8.00
9.00	SUBPROVIDER - IPF	40.00	0	4,368	0		9.00
10.00	NURSERY	43.00	0	300	0		10.00
11.00	SKILLED NURSING FACILITY	44.00	0	5,209	0		11.00
12.00	OPERATING ROOM	50.00	0	49,268	0		12.00
13.00	RECOVERY ROOM	51.00	0	61	0		13.00
14.00	DELIVERY ROOM & LABOR ROOM	52.00	0	1,489	0		14.00
15.00	ANESTHESIOLOGY	53.00	0	29	0		15.00
16.00	RADIOLOGY-DIAGNOSTIC	54.00	0	3,237	0		16.00
17.00	ULTRA SOUND	56.01	0	2,406	0		17.00
18.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	448	0		18.00
19.00	CARDIAC CATHETERIZATION	59.00	0	5,200	0		19.00
20.00	GASTRO INTESTINAL	59.01	0	2,497	0		20.00
21.00	PHYSICAL THERAPY	66.00	0	35	0		21.00
22.00	ELECTROCARDIOLOGY	69.00	0	18	0		22.00
23.00	EMERGENCY	91.00	0	8,180	0		23.00
24.00	FAMILY PRACTICES	91.01	0	1,144	0		24.00
25.00	WOUND CARE	91.03	0	8	0		25.00
TOTALS			0	135,412			

RECLASSIFICATIONS

Provider CCN: 140054

Period:
From 10/01/2012
To 09/30/2013

worksheet A-6

Date/Time Prepared:
2/19/2014 8:18 am

		Decreases					
	Cost Center	Line #	Salary	Other	wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
I - CHICAGO MKT CHAGEBACKS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	1,555,948	623,590	0	1.00	
2.00	MAINTENANCE & REPAIRS	6.00	0	69,401	0	2.00	
3.00	PHARMACY	15.00	54,185	720	0	3.00	
4.00	MEDICAL RECORDS & LIBRARY	16.00	3,042,561	493,609	0	4.00	
5.00	RESEARCH	191.00	45,101	4,782	0	5.00	
6.00	MARKETING	194.00	372,686	1,468,242	0	6.00	
	TOTALS		5,070,481	2,660,344			
J - REGIONAL ALLOCATIONS DEPT 5575							
1.00	ADMINISTRATIVE & GENERAL	5.00	1,981,040	785,036	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	
	TOTALS		1,981,040	785,036			
K - NON-I&R SALARY							
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	2,423,869	0	0	1.00	
	TOTALS		2,423,869	0			
500.00	Grand Total: Decreases		9,520,897	38,967,377		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 - PROPERTY TAXES					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0 ADMINISTRATIVE & GENERAL	5.00	0 1.00
2.00		0.00	0 MAINTENANCE & REPAIRS	6.00	0 2.00
3.00		0.00	0 MAGNETIC RESONANCE IMAGING (MRI)	58.00	0 3.00
TOTALS			0 TOTALS		
B - DEPRECIATION EXPENSE					
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 MAINTENANCE & REPAIRS	6.00	0 2.00
TOTALS			0 TOTALS		
C - RENTS LEASES					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0 EMPLOYEE BENEFITS DEPARTMENT	4.00	0 1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0 ADMINISTRATIVE & GENERAL	5.00	0 2.00
3.00	MAINTENANCE & REPAIRS	6.00	0 NURSING ADMINISTRATION	13.00	0 3.00
4.00	DIETARY	10.00	0 CENTRAL SERVICES & SUPPLY	14.00	0 4.00
5.00		0.00	0 ADULTS & PEDIATRICS	30.00	0 5.00
6.00		0.00	0 INTENSIVE CARE UNIT	31.00	0 6.00
7.00		0.00	0 SKILLED NURSING FACILITY	44.00	0 7.00
8.00		0.00	0 OPERATING ROOM	50.00	0 8.00
9.00		0.00	0 ANESTHESIOLOGY	53.00	0 9.00
10.00		0.00	0 RADIOLOGY-DIAGNOSTIC	54.00	0 10.00
11.00		0.00	0 CT SCAN	57.00	0 11.00
12.00		0.00	0 RESPIRATORY THERAPY	65.00	0 12.00
13.00		0.00	0 FAMILY PRACTICES	91.01	0 13.00
14.00		0.00	0 WOUND CARE	91.03	0 14.00
15.00		0.00	0 HOME HEALTH AGENCY	101.00	0 15.00
16.00		0.00	0 MACNEAL SCHOOL	194.01	0 16.00
17.00		0.00	0 COMMUNITY RELATIONS	194.02	0 17.00
TOTALS			0 TOTALS		
D - CHARGEABLE DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0 EMPLOYEE BENEFITS DEPARTMENT	4.00	0 1.00
2.00	LABORATORY	60.00	0 PHARMACY	15.00	0 2.00
3.00		0.00	0 ADULTS & PEDIATRICS	30.00	0 3.00
4.00		0.00	0 INTENSIVE CARE UNIT	31.00	0 4.00
5.00		0.00	0 SUBPROVIDER - IPF	40.00	0 5.00
6.00		0.00	0 NURSERY	43.00	0 6.00
7.00		0.00	0 SKILLED NURSING FACILITY	44.00	0 7.00
8.00		0.00	0 OPERATING ROOM	50.00	0 8.00
9.00		0.00	0 RECOVERY ROOM	51.00	0 9.00
10.00		0.00	0 DELIVERY ROOM & LABOR ROOM	52.00	0 10.00
11.00		0.00	0 ANESTHESIOLOGY	53.00	0 11.00
12.00		0.00	0 RADIOLOGY-DIAGNOSTIC	54.00	0 12.00
13.00		0.00	0 RADIOISOTOPE	56.00	0 13.00
14.00		0.00	0 ULTRA SOUND	56.01	0 14.00
15.00		0.00	0 MAMMOGRAPHY	56.02	0 15.00
16.00		0.00	0 CT SCAN	57.00	0 16.00
17.00		0.00	0 MAGNETIC RESONANCE IMAGING (MRI)	58.00	0 17.00
18.00		0.00	0 CARDIAC CATHETERIZATION	59.00	0 18.00
19.00		0.00	0 GASTRO INTESTINAL	59.01	0 19.00
20.00		0.00	0 RESPIRATORY THERAPY	65.00	0 20.00
21.00		0.00	0 PHYSICAL THERAPY	66.00	0 21.00
22.00		0.00	0 ELECTROCARDIOLOGY	69.00	0 22.00
23.00		0.00	0 CARDIAC HEHAB	69.01	0 23.00
24.00		0.00	0 EMERGENCY	91.00	0 24.00
25.00		0.00	0 FAMILY PRACTICES	91.01	0 25.00
26.00		0.00	0 WOUND CARE	91.03	0 26.00
27.00		0.00	0 HOME HEALTH AGENCY	101.00	0 27.00
28.00		0.00	0 MACNEAL SCHOOL	194.01	0 28.00
TOTALS			0 TOTALS		
E - CHARGEABLE SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0 EMPLOYEE BENEFITS DEPARTMENT	4.00	0 1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0 ADMINISTRATIVE & GENERAL	5.00	0 2.00
3.00	MAINTENANCE & REPAIRS	6.00	0 LAUNDRY & LINEN SERVICE	8.00	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 PHARMACY	15.00	0 7.00
8.00		0.00	0 MEDICAL RECORDS & LIBRARY	16.00	0 8.00
9.00		0.00	0 ADULTS & PEDIATRICS	30.00	0 9.00
10.00		0.00	0 INTENSIVE CARE UNIT	31.00	0 10.00
11.00		0.00	0 SUBPROVIDER - IPF	40.00	0 11.00
12.00		0.00	0 NURSERY	43.00	0 12.00

	Increases			Decreases				
	Cost Center	Line #	Salary	Cost Center	Line #	Salary		
	2.00	3.00	4.00	6.00	7.00	8.00		
13.00		0.00		0 SKILLED NURSING FACILITY	44.00	0	13.00	
14.00		0.00		0 OPERATING ROOM	50.00	0	14.00	
15.00		0.00		0 RECOVERY ROOM	51.00	0	15.00	
16.00		0.00		0 DELIVERY ROOM & LABOR ROOM	52.00	0	16.00	
17.00		0.00		0 ANESTHESIOLOGY	53.00	0	17.00	
18.00		0.00		0 RADIOLOGY-DIAGNOSTIC	54.00	0	18.00	
19.00		0.00		0 RADIOISOTOPE	56.00	0	19.00	
20.00		0.00		0 ULTRA SOUND	56.01	0	20.00	
21.00		0.00		0 MAMMOGRAPHY	56.02	0	21.00	
22.00		0.00		0 CT SCAN	57.00	0	22.00	
23.00		0.00		0 MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	23.00	
24.00		0.00		0 CARDIAC CATHETERIZATION	59.00	0	24.00	
25.00		0.00		0 GASTRO INTESTINAL	59.01	0	25.00	
26.00		0.00		0 LABORATORY	60.00	0	26.00	
27.00		0.00		0 RESPIRATORY THERAPY	65.00	0	27.00	
28.00		0.00		0 PHYSICAL THERAPY	66.00	0	28.00	
29.00		0.00		0 TCU REHAB	66.01	0	29.00	
30.00		0.00		0 SPEECH PATHOLOGY	68.00	0	30.00	
31.00		0.00		0 ELECTROCARDIOLOGY	69.00	0	31.00	
32.00		0.00		0 CARDIAC HEHAB	69.01	0	32.00	
33.00		0.00		0 EMERGENCY	91.00	0	33.00	
34.00		0.00		0 FAMILY PRACTICES	91.01	0	34.00	
35.00		0.00		0 WOUND CARE	91.03	0	35.00	
36.00		0.00		0 HOME HEALTH AGENCY	101.00	0	36.00	
37.00		0.00		0 MACNEAL SCHOOL	194.01	0	37.00	
38.00		0.00		0 COMMUNITY RELATIONS	194.02	0	38.00	
				0 TOTALS		0		
F - INTERNS RESIDENTS								
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	45,507	NURSING ADMINISTRATION	13.00	45,507	1.00	
	TOTALS		45,507	TOTALS		45,507		
G - IMPLANTABLE DEVICE								
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00		0 MAINTENANCE & REPAIRS	6.00	0	1.00	
2.00		0.00		0 DIETARY	10.00	0	2.00	
3.00		0.00		0 PHARMACY	15.00	0	3.00	
4.00		0.00		0 OPERATING ROOM	50.00	0	4.00	
5.00		0.00		0 ANESTHESIOLOGY	53.00	0	5.00	
6.00		0.00		0 RADIOLOGY-DIAGNOSTIC	54.00	0	6.00	
7.00		0.00		0 CT SCAN	57.00	0	7.00	
8.00		0.00		0 CARDIAC CATHETERIZATION	59.00	0	8.00	
9.00		0.00		0 GASTRO INTESTINAL	59.01	0	9.00	
10.00		0.00		0 PHYSICAL THERAPY	66.00	0	10.00	
11.00		0.00		0 EMERGENCY	91.00	0	11.00	
12.00		0.00		0 FAMILY PRACTICES	91.01	0	12.00	
	TOTALS			0 TOTALS		0		
H - LINEN								
1.00	LAUNDRY & LINEN SERVICE	8.00		0 EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1.00	
2.00		0.00		0 ADMINISTRATIVE & GENERAL	5.00	0	2.00	
3.00		0.00		0 HOUSEKEEPING	9.00	0	3.00	
4.00		0.00		0 DIETARY	10.00	0	4.00	
5.00		0.00		0 NURSING ADMINISTRATION	13.00	0	5.00	
6.00		0.00		0 PHARMACY	15.00	0	6.00	
7.00		0.00		0 ADULTS & PEDIATRICS	30.00	0	7.00	
8.00		0.00		0 INTENSIVE CARE UNIT	31.00	0	8.00	
9.00		0.00		0 SUBPROVIDER - IPF	40.00	0	9.00	
10.00		0.00		0 NURSERY	43.00	0	10.00	
11.00		0.00		0 SKILLED NURSING FACILITY	44.00	0	11.00	
12.00		0.00		0 OPERATING ROOM	50.00	0	12.00	
13.00		0.00		0 RECOVERY ROOM	51.00	0	13.00	
14.00		0.00		0 DELIVERY ROOM & LABOR ROOM	52.00	0	14.00	
15.00		0.00		0 ANESTHESIOLOGY	53.00	0	15.00	
16.00		0.00		0 RADIOLOGY-DIAGNOSTIC	54.00	0	16.00	
17.00		0.00		0 ULTRA SOUND	56.01	0	17.00	
18.00		0.00		0 MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	18.00	
19.00		0.00		0 CARDIAC CATHETERIZATION	59.00	0	19.00	
20.00		0.00		0 GASTRO INTESTINAL	59.01	0	20.00	
21.00		0.00		0 PHYSICAL THERAPY	66.00	0	21.00	
22.00		0.00		0 ELECTROCARDIOLOGY	69.00	0	22.00	
23.00		0.00		0 EMERGENCY	91.00	0	23.00	
24.00		0.00		0 FAMILY PRACTICES	91.01	0	24.00	
25.00		0.00		0 WOUND CARE	91.03	0	25.00	

Increases			Decreases				
Cost Center	Line #	Salary	Cost Center	Line #	Salary		
2.00	3.00	4.00	6.00	7.00	8.00		
TOTALS			TOTALS				
			0				
I - CHICAGO MKT CHAGEBACKS							
1.00	ADMINISTRATIVE & GENERAL	5.00	5,070,481	EMPLOYEE BENEFITS DEPARTMENT	4.00	1,555,948	1.00
2.00		0.00		MAINTENANCE & REPAIRS	6.00	0	2.00
3.00		0.00		PHARMACY	15.00	54,185	3.00
4.00		0.00		MEDICAL RECORDS & LIBRARY	16.00	3,042,561	4.00
5.00		0.00		RESEARCH	191.00	45,101	5.00
6.00		0.00		MARKETING	194.00	372,686	6.00
TOTALS			TOTALS				
			5,070,481				
			0				
			5,070,481				
J - REGIONAL ALLOCATIONS DEPT 5575							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	578,939	ADMINISTRATIVE & GENERAL	5.00	1,981,040	1.00
2.00	MEDICAL RECORDS & LIBRARY	16.00	1,299,976		0.00	0	2.00
3.00	RESEARCH	191.00	11,275		0.00	0	3.00
4.00	MARKETING	194.00	90,850		0.00	0	4.00
TOTALS			TOTALS				
			1,981,040				
			1,981,040				
K - NON-I&R SALARY							
1.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	2,423,869	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	2,423,869	1.00
TOTALS			TOTALS				
			2,423,869				
			2,423,869				
500.00	Grand Total: Increases		9,520,897	Grand Total: Decreases		9,520,897	500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140054

Period:
From 10/01/2012
To 09/30/2013

Worksheet A-7
Part I
Date/Time Prepared:
2/19/2014 8:18 am

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	0	0	0	0	1.00
2.00	Land Improvements	3,624,969	0	0	756,978	2.00
3.00	Buildings and Fixtures	123,924,688	2,837,948	0	1,119,903	3.00
4.00	Building Improvements	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	5.00
6.00	Movable Equipment	190,291,357	4,070,389	0	967,503	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	317,841,014	6,908,337	0	2,844,384	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	317,841,014	6,908,337	0	2,844,384	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	0	0			1.00
2.00	Land Improvements	2,867,991	0			2.00
3.00	Buildings and Fixtures	125,642,733	0			3.00
4.00	Building Improvements	0	0			4.00
5.00	Fixed Equipment	0	0			5.00
6.00	Movable Equipment	193,394,243	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	321,904,967	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	321,904,967	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140054

Period:
From 10/01/2012
To 09/30/2013

Worksheet A-7
Part II
Date/Time Prepared:
2/19/2014 8:18 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	0	3.00
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
3.00	Total (sum of lines 1-2)	0	0				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140054

Period:
From 10/01/2012
To 09/30/2013

Worksheet A-7
Part III
Date/Time Prepared:
2/19/2014 8:18 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	128,510,724	0	128,510,724	0.399219	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	193,394,242	0	193,394,242	0.600781	0	2.00
3.00	Total (sum of lines 1-2)	321,904,966	0	321,904,966	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	2,676,898	2,014,613	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	8,175,619	146,455	2.00
3.00	Total (sum of lines 1-2)	0	0	0	10,852,517	2,161,068	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	203,912	136,725	2,366,574	0	7,398,722	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	16,489	0	0	8,338,563	2.00
3.00	Total (sum of lines 1-2)	203,912	153,214	2,366,574	0	15,737,285	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN:140054

Period:
From 10/01/2012
To 09/30/2013

Worksheet A-8

Date/Time Prepared:
2/19/2014 8:18 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From which the Amount is to be Adjusted			
			Cost Center	Line #	Wkst. A-7 Ref.	
			1.00	2.00	3.00	4.00
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
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)	B	-233,208	ADMINISTRATIVE & GENERAL	5.00	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	-6,075,527			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	-9,851,414			0	12.00
13.00 Laundry and linen service		0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-609,358	DIETARY	10.00	0	14.00
15.00 Rental of quarters to employee and others	B	-203,970	MAINTENANCE & REPAIRS	6.00	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	B	-2,221	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00 Nursing school (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00 Vending machines	B	-25,317	DIETARY	10.00	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	-1,809,802	CAP REL COSTS-BLDG & FIXT	1.00	9	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP	A	-527,543	CAP REL COSTS-MVBLE EQUIP	2.00	9	27.00
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	*** Cost Center Deleted ***	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00 PATIENT PHONES-DIRECT	A	-329,783	ADMINISTRATIVE & GENERAL	5.00	0	33.00
33.01 PATIENT PHONES-BENEFITS	A	-9,057	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.01

ADJUSTMENTS TO EXPENSES

Provider CCN: 140054

Period:
From 10/01/2012
To 09/30/2013

Worksheet A-8

Date/Time Prepared:
2/19/2014 8:18 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From which the Amount is to be Adjusted			Line #	wkst. A-7 Ref.
			1.00	2.00	3.00		
33.02 PATIENT PHONES-DEPREC.	A	-2,937			CAP REL COSTS-MVBLE EQUIP	2.00	9 33.02
33.03 TELEVISION	A	-11,979			CAP REL COSTS-MVBLE EQUIP	2.00	9 33.03
33.04 OTHER OPERATING REVENUE	B	-20			EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.04
33.05 RENT INCOME	B	-2,630			ADMINISTRATIVE & GENERAL	5.00	0 33.05
33.06 OTHER OPERATING REVENUE	B	-3,853,829			ADMINISTRATIVE & GENERAL	5.00	0 33.06
33.07 OTHER OPERATING REVENUE	B	-19,903			LAUNDRY & LINEN SERVICE	8.00	0 33.07
33.08 OTHER OPERATING REVENUE	B	-1,000			NURSING ADMINISTRATION	13.00	0 33.08
33.09 OTHER OPERATING REVENUE	B	-40,241			MEDICAL RECORDS & LIBRARY	16.00	0 33.09
33.10 OTHER OPERATING REVENUE	B	-159,750			I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0 33.10
33.11 FIRST PHOTO BABY PICTURES	B	-5,158			NURSERY	43.00	0 33.11
33.12 OTHER OPERATING REVENUE	B	-1,949			RADIOLOGY-DIAGNOSTIC	54.00	0 33.12
33.13 OTHER OPERATING REVENUE	B	-2			LABORATORY	60.00	0 33.13
33.14 OTHER OPERATING REVENUE	B	-6			ELECTROCARDIOLOGY	69.00	0 33.14
33.15 OTHER OPERATING REVENUE	B	4,436			FAMILY PRACTICES	91.01	0 33.15
33.16 OTHER OPERATING REVENUE	B	-1,122			HOME HEALTH AGENCY	101.00	0 33.16
33.17 INTEREST INCOME	B	-6,567			ADMINISTRATIVE & GENERAL	5.00	0 33.17
33.18 ADVERTISING	A	-5,153			ADMINISTRATIVE & GENERAL	5.00	0 33.18
33.19 ADVERTISING	A	-5,882			I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0 33.19
33.20 ADVERTISING	A	-196			ADULTS & PEDIATRICS	30.00	0 33.20
33.21 ADVERTISING	A	-196			NURSERY	43.00	0 33.21
33.22 ADVERTISING	A	-196			DELIVERY ROOM & LABOR ROOM	52.00	0 33.22
33.23 ADVERTISING	A	-794			EMERGENCY	91.00	0 33.23
33.24 ADVERTISING	A	-4,523			FAMILY PRACTICES	91.01	0 33.24
33.25 OTHER OPERATING EXPENSES	A	-69,154			ADMINISTRATIVE & GENERAL	5.00	0 33.25
33.26 OTHER OPERATING EXPENSES	A	-80			HOUSEKEEPING	9.00	0 33.26
33.27 OTHER OPERATING EXPENSES	A	-833			NURSING ADMINISTRATION	13.00	0 33.27
33.28 OTHER OPERATING EXPENSES	A	-758			ADULTS & PEDIATRICS	30.00	0 33.28
33.29 OTHER OPERATING EXPENSES	A	-108			INTENSIVE CARE UNIT	31.00	0 33.29
33.30 OTHER OPERATING EXPENSES	A	-102			SUBPROVIDER - IPF	40.00	0 33.30
33.31 OTHER OPERATING EXPENSES	A	-1,105			SKILLED NURSING FACILITY	44.00	0 33.31
33.32 OTHER OPERATING EXPENSES	A	-35			DELIVERY ROOM & LABOR ROOM	52.00	0 33.32
33.33 OTHER OPERATING EXPENSES	A	-1,060			RADIOLOGY-DIAGNOSTIC	54.00	0 33.33
33.34 OTHER OPERATING EXPENSES	A	-52			RESPIRATORY THERAPY	65.00	0 33.34
33.35 OTHER OPERATING EXPENSES	A	-610			EMERGENCY	91.00	0 33.35
33.36 OTHER OPERATING EXPENSES	A	-14,262			FAMILY PRACTICES	91.01	0 33.36
33.37 OTHER OPERATING EXPENSES	A	-45			HOME HEALTH AGENCY	101.00	0 33.37
33.38 PHYSICIAN RECRUITMENT	A	-30,230			ADMINISTRATIVE & GENERAL	5.00	0 33.38
33.39 PHYSICIAN RECRUITMENT	A	-4,735			EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.39
33.40 NON-ALLOWABLE MEALS	A	-8,377			ADMINISTRATIVE & GENERAL	5.00	0 33.40
33.41 NON-ALLOWABLE MEALS	A	-12,417			NURSING ADMINISTRATION	13.00	0 33.41
33.42 NON-ALLOWABLE MEALS	A	-1,529			FAMILY PRACTICES	91.01	0 33.42
33.43 NON-ALLOWABLE TRAVEL	A	-37,629			ADMINISTRATIVE & GENERAL	5.00	0 33.43
33.44 NON-ALLOWABLE TRAVEL	A	-908			NURSING ADMINISTRATION	13.00	0 33.44
33.45 NON-ALLOWABLE TRAVEL	A	-1,341			RADIOLOGY-DIAGNOSTIC	54.00	0 33.45
33.46 NON-ALLOWABLE TRAVEL	A	-5,709			FAMILY PRACTICES	91.01	0 33.46
33.47 NON-ALLOWABLE TRAVEL	A	-1,786			WOUND CARE	91.03	0 33.47
33.48 DUES & SUBSCRIPTIONS	A	-54,516			ADMINISTRATIVE & GENERAL	5.00	0 33.48
33.49 DUES & SUBSCRIPTIONS	A	-2,800			SKILLED NURSING FACILITY	44.00	0 33.49
33.50 DUES & SUBSCRIPTIONS	A	-5,441			FAMILY PRACTICES	91.01	0 33.50
33.51 DUES & SUBSCRIPTIONS	A	-3,350			HOME HEALTH AGENCY	101.00	0 33.51
33.52 LOBBYING DUES	A	-69,610			ADMINISTRATIVE & GENERAL	5.00	0 33.52
33.53 PURCHASED SERVICES	A	-24,608			ADMINISTRATIVE & GENERAL	5.00	0 33.53
33.54 PURCHASED SERVICES <\$1,000	A	-1,960			EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.54
33.55 PURCHASED SERVICES <\$1,000	A	-813			ADMINISTRATIVE & GENERAL	5.00	0 33.55
33.56 PURCHASED SERVICES <\$1,000	A	-269			ADULTS & PEDIATRICS	30.00	0 33.56
33.57 PURCHASED SERVICES <\$1,000	A	-269			SUBPROVIDER - IPF	40.00	0 33.57
33.58 PURCHASED SERVICES <\$1,000	A	-55			OPERATING ROOM	50.00	0 33.58
33.59 DONATIONS & CONTRIBUTIONS	A	-39,619			ADMINISTRATIVE & GENERAL	5.00	0 33.59
33.60 DONATIONS & CONTRIBUTIONS	A	-3,750			ADULTS & PEDIATRICS	30.00	0 33.60
33.61 DONATIONS & CONTRIBUTIONS	A	-1,100			FAMILY PRACTICES	91.01	0 33.61
33.62 PATIENT TRANSPORTATION	A	-105			EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.62
33.63 PATIENT TRANSPORTATION	A	15,770			ADMINISTRATIVE & GENERAL	5.00	0 33.63
33.64 PATIENT TRANSPORTATION	A	-922			NURSING ADMINISTRATION	13.00	0 33.64
33.65 PATIENT TRANSPORTATION	A	-255			I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0 33.65
33.66 PATIENT TRANSPORTATION	A	-10,524			ADULTS & PEDIATRICS	30.00	0 33.66
33.67 PATIENT TRANSPORTATION	A	-34			INTENSIVE CARE UNIT	31.00	0 33.67

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on worksheet A To/From which the Amount is to be Adjusted				Ref.
			Cost Center	Line #	wkst. A-7		
			1.00	2.00	3.00	4.00	
33.68 PATIENT TRANSPORTATION	A	-711	SUBPROVIDER - IPF	40.00		0	33.68
33.69 PATIENT TRANSPORTATION	A	-87	DELIVERY ROOM & LABOR ROOM	52.00		0	33.69
33.70 PATIENT TRANSPORTATION	A	-88	RADIOLOGY-DIAGNOSTIC	54.00		0	33.70
33.71 PATIENT TRANSPORTATION	A	-10,948	EMERGENCY	91.00		0	33.71
33.72 PATIENT TRANSPORTATION	A	-11,571	FAMILY PRACTICES	91.01		0	33.72
33.73 ALCOHOL & LIQUOR	A	-145	EMPLOYEE BENEFITS DEPARTMENT	4.00		0	33.73
33.74 ALCOHOL & LIQUOR	A	-1,674	ADMINISTRATIVE & GENERAL	5.00		0	33.74
33.75 ALCOHOL & LIQUOR	A	-623	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00		0	33.75
33.76 ALCOHOL & LIQUOR	A	-53	HOME HEALTH AGENCY	101.00		0	33.76
33.77 EQUITY METHOD INVEST INCOME	A	250,525	ADMINISTRATIVE & GENERAL	5.00		0	33.77
33.78 NON-PATIENT BAD DEBT EXPENSE	A	-402,262	ADMINISTRATIVE & GENERAL	5.00		0	33.78
33.79 OTHER NON OPERATING REV	A	-82,481	ADMINISTRATIVE & GENERAL	5.00		0	33.79
33.80 NON REIMBURSEABLE ME	A	-2,690	ADMINISTRATIVE & GENERAL	5.00		0	33.80
33.81 PENALTIES & FINES	A	-1,341	ADMINISTRATIVE & GENERAL	5.00		0	33.81
33.82 PHYSICIAN INCENTIVES	A	62,772	FAMILY PRACTICES	91.01		0	33.82
33.83 MSO FEES	A	27,060	ADMINISTRATIVE & GENERAL	5.00		0	33.83
33.84 MSO FEES	A	3	DIETARY	10.00		0	33.84
33.85 MSO FEES	A	-47,783	MEDICAL RECORDS & LIBRARY	16.00		0	33.85
33.86 MSO FEES	A	-40	ADULTS & PEDIATRICS	30.00		0	33.86
33.87 MSO FEES	A	-333	LABORATORY	60.00		0	33.87
33.88 MSO FEES	A	-24,589	ELECTROCARDIOLOGY	69.00		0	33.88
33.89 MSO FEES	A	-336,336	FAMILY PRACTICES	91.01		0	33.89
33.90 OFFICE OF PRESIDENT PHYSICIAN	A	-1,272	ADMINISTRATIVE & GENERAL	5.00		0	33.90
33.91 PHYSICIAN CONTINUING EDUCATION	A	-63,301	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00		0	33.91
33.92 PHYSICIAN INTERVIEW EXP	A	-155	ADMINISTRATIVE & GENERAL	5.00		0	33.92
33.93 PHYSICIAN RELOCATION EXPENSE	A	71,906	ADMINISTRATIVE & GENERAL	5.00		0	33.93
33.94 EMPLOYEE BENEFITS	A	-19,499	EMPLOYEE BENEFITS DEPARTMENT	4.00		0	33.94
33.95 FLOWERS (EST. FROM PY \$)	A	-3,000	ADMINISTRATIVE & GENERAL	5.00		0	33.95
33.96 PROPERTY TAXES TO STATEMENTS	A	-585,199	CAP REL COSTS-BLDG & FIXT	1.00		13	33.96
33.97 LEGAL	A	-1,811	ADMINISTRATIVE & GENERAL	5.00		0	33.97
33.98 MEDICAL STAFF RELATIONS	A	-112,836	ADMINISTRATIVE & GENERAL	5.00		0	33.98
33.99 MEDICAL STAFF RELATIONS	A	-10,633	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00		0	33.99
34.00 IDPA TAX ASSESSMENT	A	-13,069,121	ADMINISTRATIVE & GENERAL	5.00		0	34.00
34.01		0		0.00		0	34.01
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200.)		-38,572,208					50.00

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

Provider CCN: 140054

Period: From 10/01/2012 To 09/30/2013

Worksheet A-8-1

Date/Time Prepared: 2/19/2014 8:18 am

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	AUTO INSURANCE	0	10,516	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	PROPERTY INSURANCE	0	54,691	2.00
3.00	5.00	ADMINISTRATIVE & GENERAL	MALPRACTICE INSURANCE	0	2,572,885	3.00
4.00	22.00	I&R SERVICES-OTHER PRGM COST	MALPRACTICE INSURANCE	0	1,235,797	4.00
4.01	101.00	HOME HEALTH AGENCY	MALPRACTICE INSURANCE	0	62,465	4.01
4.02	4.00	EMPLOYEE BENEFITS DEPARTMENT	WORKERS COMP	0	1,057,370	4.02
4.03	5.00	ADMINISTRATIVE & GENERAL	WORKERS COMP	0	25	4.03
4.04	5.00	ADMINISTRATIVE & GENERAL	ITS OPERATIONS	0	1,472,601	4.04
4.05	5.00	ADMINISTRATIVE & GENERAL	INTEREST EXPENSE	0	8,536,003	4.05
4.06	5.00	ADMINISTRATIVE & GENERAL	CORPORATE OVERHEAD	0	2,723,476	4.06
4.07	1.00	CAP REL COSTS-BLDG & FIXT	DIRECT ALLOC.-INSURANCE	136,725	0	4.07
4.08	2.00	CAP REL COSTS-MVBLE EQUIP	DIRECT ALLOC.-INSURANCE	16,489	0	4.08
4.09	5.00	ADMINISTRATIVE & GENERAL	DIRECT ALLOC.-PROF. LIABILIT	2,358,694	0	4.09
4.10	4.00	EMPLOYEE BENEFITS DEPARTMENT	DIRECT ALLOC.-WORKERS COMP	537,807	0	4.10
4.11	1.00	CAP REL COSTS-BLDG & FIXT	DIRECT ALLOC.-INTEREST EXP.	203,912	0	4.11
4.12	5.00	ADMINISTRATIVE & GENERAL	DIRECT ALLOC.-INTEREST EXP.	226,227	0	4.12
4.13	1.00	CAP REL COSTS-BLDG & FIXT	POOLED ALLOC.-CAPITAL	315,091	0	4.13
4.14	5.00	ADMINISTRATIVE & GENERAL	POOLED ALLOC.-MGMT FEES	4,267,662	0	4.14
4.15	60.00	LABORATORY	GENESIS CLINICAL LAB	3,737,171	3,737,171	4.15
4.16	5.00	ADMINISTRATIVE & GENERAL	FINANCE DEPT.	579,846	710,679	4.16
4.17	4.00	EMPLOYEE BENEFITS DEPARTMENT	FINANCE DEPT.	368,693	426,052	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.		12,748,317	22,599,731	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	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: 140054

Period:
From 10/01/2012
To 09/30/2013

Worksheet A-8-1

Date/Time Prepared:
2/19/2014 8:18 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	-10,516	0		1.00
2.00	-54,691	0		2.00
3.00	-2,572,885	0		3.00
4.00	-1,235,797	0		4.00
4.01	-62,465	0		4.01
4.02	-1,057,370	0		4.02
4.03	-25	0		4.03
4.04	-1,472,601	0		4.04
4.05	-8,536,003	0		4.05
4.06	-2,723,476	0		4.06
4.07	136,725	12		4.07
4.08	16,489	12		4.08
4.09	2,358,694	0		4.09
4.10	537,807	0		4.10
4.11	203,912	11		4.11
4.12	226,227	0		4.12
4.13	315,091	9		4.13
4.14	4,267,662	0		4.14
4.15	0	0		4.15
4.16	-130,833	0		4.16
4.17	-57,359	0		4.17
4.18	0	0		4.18
5.00	-9,851,414			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: 140054

Period:
From 10/01/2012
To 09/30/2013

Worksheet A-8-2

Date/Time Prepared:
2/19/2014 8:18 am

	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	269,764	269,564	200	177,200	2	1.00
2.00	6.00	MAINTENANCE & REPAIRS	304	304	0	0	0	2.00
3.00	13.00	NURSING ADMINISTRATION	221,469	216,468	5,001	177,200	40	3.00
4.00	30.00	ADULTS & PEDIATRICS	435,415	418,207	17,208	177,200	150	4.00
5.00	31.00	INTENSIVE CARE UNIT	143,319	58,800	84,519	177,200	674	5.00
6.00	40.00	SUBPROVIDER - IPF	87,206	47,158	40,048	154,100	342	6.00
7.00	43.00	NURSERY	291,152	291,152	0	0	0	7.00
8.00	44.00	SKILLED NURSING FACILITY	20,776	20,776	0	0	0	8.00
9.00	50.00	OPERATING ROOM	684,188	684,188	0	0	0	9.00
10.00	52.00	DELIVERY ROOM & LABOR ROOM	1,366,064	1,366,064	0	0	0	10.00
11.00	53.00	ANESTHESIOLOGY	412,334	395,834	16,500	200,300	110	11.00
12.00	69.00	ELECTROCARDIOLOGY	170,835	170,835	0	0	0	12.00
13.00	91.00	EMERGENCY	288,000	288,000	0	0	0	13.00
14.00	91.01	FAMILY PRACTICES	1,787,795	1,787,795	0	0	0	14.00
15.00	91.02	PSYCH DAY HOSPITAL	11,800	3,760	8,040	154,100	70	15.00
200.00			6,190,421	6,018,905	171,516		1,388	200.00
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	170	9	0	0	0	1.00
2.00	6.00	MAINTENANCE & REPAIRS	0	0	0	0	0	2.00
3.00	13.00	NURSING ADMINISTRATION	3,408	170	0	0	0	3.00
4.00	30.00	ADULTS & PEDIATRICS	12,779	639	0	0	0	4.00
5.00	31.00	INTENSIVE CARE UNIT	57,420	2,871	0	0	0	5.00
6.00	40.00	SUBPROVIDER - IPF	25,338	1,267	0	0	0	6.00
7.00	43.00	NURSERY	0	0	0	0	0	7.00
8.00	44.00	SKILLED NURSING FACILITY	0	0	0	0	0	8.00
9.00	50.00	OPERATING ROOM	0	0	0	0	0	9.00
10.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	10.00
11.00	53.00	ANESTHESIOLOGY	10,593	530	0	0	0	11.00
12.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	12.00
13.00	91.00	EMERGENCY	0	0	0	0	0	13.00
14.00	91.01	FAMILY PRACTICES	0	0	0	0	0	14.00
15.00	91.02	PSYCH DAY HOSPITAL	5,186	259	0	0	0	15.00
200.00			114,894	5,745	0	0	0	200.00
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.00	ADMINISTRATIVE & GENERAL	0	170	30	269,594	1.00	
2.00	6.00	MAINTENANCE & REPAIRS	0	0	0	304	2.00	
3.00	13.00	NURSING ADMINISTRATION	0	3,408	1,593	218,061	3.00	
4.00	30.00	ADULTS & PEDIATRICS	0	12,779	4,429	422,636	4.00	
5.00	31.00	INTENSIVE CARE UNIT	0	57,420	27,099	85,899	5.00	
6.00	40.00	SUBPROVIDER - IPF	0	25,338	14,710	61,868	6.00	
7.00	43.00	NURSERY	0	0	0	291,152	7.00	
8.00	44.00	SKILLED NURSING FACILITY	0	0	0	20,776	8.00	
9.00	50.00	OPERATING ROOM	0	0	0	684,188	9.00	
10.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	1,366,064	10.00	
11.00	53.00	ANESTHESIOLOGY	0	10,593	5,907	401,741	11.00	
12.00	69.00	ELECTROCARDIOLOGY	0	0	0	170,835	12.00	
13.00	91.00	EMERGENCY	0	0	0	288,000	13.00	
14.00	91.01	FAMILY PRACTICES	0	0	0	1,787,795	14.00	
15.00	91.02	PSYCH DAY HOSPITAL	0	5,186	2,854	6,614	15.00	
200.00			0	114,894	56,622	6,075,527	200.00	

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140054

Period:
From 10/01/2012
To 09/30/2013

Worksheet B
Part I
Date/Time Prepared:
2/19/2014 8:18 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal		
		BLDG & FIXT	MVBLE EQUIP				
	0	1.00	2.00	4.00	4A		
GENERAL SERVICE COST CENTERS							
1.00 00100	CAP REL COSTS-BLDG & FIXT	7,398,722	7,398,722			1.00	
2.00 00200	CAP REL COSTS-MVBLE EQUIP	8,338,563		8,338,563		2.00	
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	18,146,241	0	0	18,146,241	4.00	
5.00 00500	ADMINISTRATIVE & GENERAL	25,561,458	750,959	876,414	2,948,274	5.00	
6.00 00600	MAINTENANCE & REPAIRS	7,510,685	3,001,251	3,502,636	286,116	6.00	
8.00 00800	LAUNDRY & LINEN SERVICE	908,645	4,728	5,518	89,269	8.00	
9.00 00900	HOUSEKEEPING	2,719,570	61,803	72,128	355,037	9.00	
10.00 01000	DIETARY	2,599,662	179,430	209,405	399,868	10.00	
11.00 01100	CAFETERIA	0	67,803	79,130	0	11.00	
13.00 01300	NURSING ADMINISTRATION	1,858,295	13,866	16,183	269,018	13.00	
14.00 01400	CENTRAL SERVICES & SUPPLY	1,293,752	38,645	45,101	59,024	14.00	
15.00 01500	PHARMACY	4,918,773	47,793	55,778	399,172	15.00	
16.00 01600	MEDICAL RECORDS & LIBRARY	2,242,669	49,793	58,112	347,016	16.00	
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	5,153,128	0	0	925,450	21.00	
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	3,517,858	57,947	67,627	435,303	22.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	19,486,415	880,688	1,027,815	3,324,710	30.00	
31.00 03100	INTENSIVE CARE UNIT	3,747,826	77,638	90,609	641,069	31.00	
40.00 04000	SUBPROVIDER - IPF	2,644,949	123,514	144,148	454,555	40.00	
43.00 04300	NURSERY	1,069,353	34,983	40,828	186,402	43.00	
44.00 04400	SKILLED NURSING FACILITY	2,866,716	121,227	141,479	495,450	44.00	
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	10,683,281	292,913	341,847	760,163	50.00	
51.00 05100	RECOVERY ROOM	751,139	27,199	31,743	130,517	51.00	
52.00 05200	DELIVERY ROOM & LABOR ROOM	1,692,665	76,777	89,603	289,669	52.00	
53.00 05300	ANESTHESIOLOGY	650,598	1,846	2,154	80,562	53.00	
54.00 05400	RADIOLOGY-DIAGNOSTIC	2,856,034	210,239	245,361	425,099	54.00	
56.00 05600	RADIOISOTOPE	631,658	20,030	23,376	48,739	56.00	
56.01 03630	ULTRA SOUND	891,112	0	0	156,613	56.01	
56.02 03440	MAMMOGRAPHY	806,739	46,286	54,018	128,237	56.02	
57.00 05700	CT SCAN	884,473	18,974	22,143	125,808	57.00	
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	850,615	0	0	92,425	58.00	
59.00 05900	CARDIAC CATHETERIZATION	2,520,764	38,676	45,137	146,147	59.00	
59.01 05901	GASTRO INTESTINAL	2,416,277	71,505	83,451	299,166	59.01	
60.00 06000	LABORATORY	4,741,933	189,952	221,686	0	60.00	
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	962,748	10,984	12,819	0	63.00	
65.00 06500	RESPIRATORY THERAPY	1,379,033	21,702	25,327	211,439	65.00	
66.00 06600	PHYSICAL THERAPY	2,518,781	82,623	96,426	438,828	66.00	
66.01 06601	TCU REHAB	786,872	27,486	32,078	138,115	66.01	
68.00 06800	SPEECH PATHOLOGY	141,155	13,497	15,752	23,789	68.00	
69.00 06900	ELECTROCARDIOLOGY	508,649	5,456	6,368	120,274	69.00	
69.01 06901	CARDIAC HEHAB	189,254	75,238	87,808	31,939	69.01	
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	4,033,652	0	0	0	71.00	
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	9,200,338	0	0	0	72.00	
73.00 07300	DRUGS CHARGED TO PATIENTS	3,504,554	0	0	0	73.00	
74.00 07400	RENAL DIALYSIS	470,139	3,026	3,531	0	74.00	
OUTPATIENT SERVICE COST CENTERS							
91.00 09100	EMERGENCY	5,652,746	134,047	156,440	905,293	91.00	
91.01 09101	FAMILY PRACTICES	2,514,487	132,344	154,454	385,261	91.01	
91.02 09102	PSYCH DAY HOSPITAL	179,244	54,029	63,055	30,674	91.02	
91.03 09103	WOUND CARE	190,611	0	0	29,727	91.03	
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00	
OTHER REIMBURSABLE COST CENTERS							
101.00 10100	HOME HEALTH AGENCY	8,097,436	63,321	73,899	1,110,739	9,345,395	101.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	192,690,267	7,130,218	8,321,387	17,724,956	191,983,302	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	550	10,051	0	0	10,601	190.00
191.00 19100	RESEARCH	12,470	0	0	2,025	14,495	191.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	170,815	0	0	170,815	192.00
194.00 07950	MARKETING	811,507	14,717	17,176	58,740	902,140	194.00
194.01 07951	MACNEAL SCHOOL	2,100,284	0	0	323,575	2,423,859	194.01
194.02 07952	COMMUNITY RELATIONS	246,986	0	0	36,945	283,931	194.02
194.03 07953	RETAIL PHARMACY	0	0	0	0	0	194.03
194.04 07954	HOME DELIVERED MEALS	0	0	0	0	0	194.04
194.05 07955	CATERED MEALS	0	0	0	0	0	194.05
194.06 07956	VACANT SPACE	0	72,921	0	0	72,921	194.06
200.00	Cross Foot Adjustments					0	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140054

Period:
From 10/01/2012
To 09/30/2013

Worksheet B
Part I
Date/Time Prepared:
2/19/2014 8:18 am

Cost Center Description	Net Expenses for Cost Allocation (from wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
201.00 Negative Cost Centers						201.00
202.00 TOTAL (sum lines 118-201)	195,862,064	7,398,722	8,338,563	18,146,241	195,862,064	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140054

Period:
From 10/01/2012
To 09/30/2013

Worksheet B
Part I
Date/Time Prepared:
2/19/2014 8:18 am

Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.00	6.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500	30,137,105					5.00
6.00	00600	2,600,580	16,901,268				6.00
8.00	00800	183,334	21,914	1,213,408			8.00
9.00	00900	583,473	286,452	0	4,078,463		9.00
10.00	01000	616,174	831,642	0	204,414	5,040,595	10.00
11.00	01100	26,720	314,260	0	77,244	1,645,200	11.00
13.00	01300	392,316	64,269	0	15,797	0	13.00
14.00	01400	261,232	179,115	22,441	44,026	0	14.00
15.00	01500	985,903	221,518	0	54,448	0	15.00
16.00	01600	490,557	230,787	0	56,726	0	16.00
21.00	02100	1,105,389	0	0	0	0	21.00
22.00	02200	741,718	268,578	0	66,015	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	4,495,284	4,081,913	383,751	1,003,317	1,510,504	30.00
31.00	03100	828,716	359,847	59,440	88,449	153,160	31.00
40.00	04000	612,319	572,476	46,961	140,712	228,141	40.00
43.00	04300	242,145	162,145	16,392	39,855	0	43.00
44.00	04400	659,183	561,875	78,886	138,106	381,862	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	2,196,421	1,357,627	113,836	333,699	0	50.00
51.00	05100	171,048	126,065	27,207	30,986	0	51.00
52.00	05200	390,744	355,854	45,664	87,467	0	52.00
53.00	05300	133,689	8,556	5,906	2,103	0	53.00
54.00	05400	679,525	974,440	65,524	239,513	0	54.00
56.00	05600	131,624	92,838	0	22,819	0	56.00
56.01	03630	190,529	0	0	0	0	56.01
56.02	03440	188,266	214,530	16,267	52,730	0	56.02
57.00	05700	191,197	87,942	0	21,616	0	57.00
58.00	05800	171,492	0	0	0	0	58.00
59.00	05900	500,219	179,258	11,137	44,061	0	59.00
59.01	05901	521,982	331,421	51,346	81,462	0	59.01
60.00	06000	937,177	880,414	0	216,402	0	60.00
63.00	06300	179,404	50,911	0	12,514	0	63.00
65.00	06500	297,780	100,586	0	24,724	0	65.00
66.00	06600	570,401	382,950	23,282	94,127	0	66.00
66.01	06601	179,041	127,396	0	31,313	0	66.01
68.00	06800	35,314	62,557	0	15,376	0	68.00
69.00	06900	116,520	25,289	60,096	6,216	0	69.00
69.01	06901	69,874	348,724	513	85,715	0	69.01
71.00	07100	733,520	0	0	0	0	71.00
72.00	07200	1,673,081	0	0	0	0	72.00
73.00	07300	637,303	0	0	0	0	73.00
74.00	07400	86,687	14,023	0	3,447	0	74.00
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	1,245,404	621,295	137,922	152,712	0	91.00
91.01	09101	579,473	613,404	2,439	150,772	0	91.01
91.02	09102	59,465	250,419	0	61,552	0	91.02
91.03	09103	40,068	0	0	0	0	91.03
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	1,699,460	293,487	0	72,138	0	101.00
SPECIAL PURPOSE COST CENTERS							
118.00		29,431,751	15,656,777	1,169,010	3,772,573	3,918,867	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	1,928	46,585	0	11,450	0	190.00
191.00	19100	2,636	0	0	0	0	191.00
192.00	19200	31,063	791,711	44,066	194,599	0	192.00
194.00	07950	164,054	68,214	0	16,767	0	194.00
194.01	07951	440,779	0	332	0	71,301	194.01
194.02	07952	51,633	0	0	0	0	194.02
194.03	07953	0	0	0	0	0	194.03
194.04	07954	0	0	0	0	0	194.04
194.05	07955	0	0	0	0	1,050,427	194.05
194.06	07956	13,261	337,981	0	83,074	0	194.06
200.00							200.00
201.00							201.00
202.00		30,137,105	16,901,268	1,213,408	4,078,463	5,040,595	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140054

Period:
From 10/01/2012
To 09/30/2013

Worksheet B
Part I
Date/Time Prepared:
2/19/2014 8:18 am

Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	2,210,357					11.00
13.00	01300	34,148	2,663,892				13.00
14.00	01400	21,050	0	1,964,386			14.00
15.00	01500	55,353	5,391	0	6,744,129		15.00
16.00	01600	72,611	0	0	0	3,548,271	16.00
21.00	02100	187,824	0	0	0	0	21.00
22.00	02200	39,739	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	559,737	1,228,464	0	0	313,336	30.00
31.00	03100	81,278	262,248	0	0	63,724	31.00
40.00	04000	72,359	152,115	0	0	42,797	40.00
43.00	04300	23,875	78,478	0	0	21,401	43.00
44.00	04400	95,015	122,705	0	0	24,010	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	139,340	128,368	0	0	391,794	50.00
51.00	05100	17,161	58,227	0	0	72,935	51.00
52.00	05200	35,115	107,104	0	0	73,821	52.00
53.00	05300	14,878	29,022	0	0	139,476	53.00
54.00	05400	75,667	16,225	0	0	137,632	54.00
56.00	05600	5,611	0	0	0	40,930	56.00
56.01	03630	19,425	0	0	0	68,886	56.01
56.02	03440	18,535	1,174	0	0	66,294	56.02
57.00	05700	18,419	5,666	0	0	264,885	57.00
58.00	05800	15,710	0	0	0	109,954	58.00
59.00	05900	16,871	43,876	0	0	130,062	59.00
59.01	05901	50,903	99,367	0	0	103,529	59.01
60.00	06000	66,826	0	0	0	257,782	60.00
63.00	06300	0	0	0	0	9,060	63.00
65.00	06500	36,354	0	0	0	27,347	65.00
66.00	06600	77,138	0	0	0	71,735	66.00
66.01	06601	0	0	0	0	6,910	66.01
68.00	06800	2,883	0	0	0	3,439	68.00
69.00	06900	18,612	10,354	0	0	94,246	69.00
69.01	06901	6,714	3,624	0	0	6,481	69.01
71.00	07100	0	0	598,735	0	217,890	71.00
72.00	07200	0	0	1,365,651	0	114,822	72.00
73.00	07300	0	0	0	6,744,129	294,494	73.00
74.00	07400	0	0	0	0	3,897	74.00
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	145,569	293,629	0	0	274,405	91.00
91.01	09101	0	0	0	0	42,935	91.01
91.02	09102	5,611	5,920	0	0	7,504	91.02
91.03	09103	3,734	6,476	0	0	6,341	91.03
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	92,248	4,982	0	0	43,517	101.00
SPECIAL PURPOSE COST CENTERS							
118.00		2,126,313	2,663,415	1,964,386	6,744,129	3,548,271	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
191.00	19100	290	0	0	0	0	191.00
192.00	19200	0	0	0	0	0	192.00
194.00	07950	9,480	477	0	0	0	194.00
194.01	07951	69,012	0	0	0	0	194.01
194.02	07952	5,262	0	0	0	0	194.02
194.03	07953	0	0	0	0	0	194.03
194.04	07954	0	0	0	0	0	194.04
194.05	07955	0	0	0	0	0	194.05
194.06	07956	0	0	0	0	0	194.06
200.00							200.00
201.00							201.00
202.00		2,210,357	2,663,892	1,964,386	6,744,129	3,548,271	202.00

Cost Center Description	INTERNS & RESIDENTS		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total			
	SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS						
	21.00	22.00					24.00	25.00
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00		
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00		
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00		
5.00	00500	ADMINISTRATIVE & GENERAL				5.00		
6.00	00600	MAINTENANCE & REPAIRS				6.00		
8.00	00800	LAUNDRY & LINEN SERVICE				8.00		
9.00	00900	HOUSEKEEPING				9.00		
10.00	01000	DIETARY				10.00		
11.00	01100	CAFETERIA				11.00		
13.00	01300	NURSING ADMINISTRATION				13.00		
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00		
15.00	01500	PHARMACY				15.00		
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00		
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	7,371,791			21.00		
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	5,194,785		22.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	4,277,088	3,013,997	45,587,019	-7,291,085	38,295,934	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	6,454,004	0	6,454,004	31.00
40.00	04000	SUBPROVIDER - IPF	42,463	29,923	5,307,432	-72,386	5,235,046	40.00
43.00	04300	NURSERY	0	0	1,915,857	0	1,915,857	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	5,686,514	0	5,686,514	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	359,475	253,316	17,352,080	-612,791	16,739,289	50.00
51.00	05100	RECOVERY ROOM	0	0	1,444,227	0	1,444,227	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	3,244,483	0	3,244,483	52.00
53.00	05300	ANESTHESIOLOGY	0	0	1,068,790	0	1,068,790	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	5,925,259	0	5,925,259	54.00
56.00	05600	RADIOISOTOPE	0	0	1,017,625	0	1,017,625	56.00
56.01	03630	ULTRA SOUND	0	0	1,326,565	0	1,326,565	56.01
56.02	03440	MAMMOGRAPHY	0	0	1,593,076	0	1,593,076	56.02
57.00	05700	CT SCAN	0	0	1,641,123	0	1,641,123	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	1,240,196	0	1,240,196	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	3,676,208	0	3,676,208	59.00
59.01	05901	GASTRO INTESTINAL	0	0	4,110,409	0	4,110,409	59.01
60.00	06000	LABORATORY	0	0	7,512,172	0	7,512,172	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	1,238,440	0	1,238,440	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	2,124,292	0	2,124,292	65.00
66.00	06600	PHYSICAL THERAPY	0	0	4,356,291	0	4,356,291	66.00
66.01	06601	TCU REHAB	0	0	1,329,211	0	1,329,211	66.01
68.00	06800	SPEECH PATHOLOGY	0	0	313,762	0	313,762	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	972,080	0	972,080	69.00
69.01	06901	CARDIAC HEHAB	0	0	905,884	0	905,884	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	5,583,797	0	5,583,797	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	12,353,892	0	12,353,892	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	11,180,480	0	11,180,480	73.00
74.00	07400	RENAL DIALYSIS	0	0	584,750	0	584,750	74.00
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	218,906	154,260	10,092,628	-373,166	9,719,462	91.00
91.01	09101	FAMILY PRACTICES	2,473,859	1,743,289	8,792,717	-4,217,148	4,575,569	91.01
91.02	09102	PSYCH DAY HOSPITAL	0	0	717,473	0	717,473	91.02
91.03	09103	WOUND CARE	0	0	276,957	0	276,957	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	11,551,227	0	11,551,227	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	7,371,791	5,194,785	188,476,920	-12,566,576	175,910,344	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	70,564	0	70,564	190.00
191.00	19100	RESEARCH	0	0	17,421	0	17,421	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	1,232,254	0	1,232,254	192.00
194.00	07950	MARKETING	0	0	1,161,132	0	1,161,132	194.00
194.01	07951	MACNEAL SCHOOL	0	0	3,005,283	0	3,005,283	194.01
194.02	07952	COMMUNITY RELATIONS	0	0	340,826	0	340,826	194.02
194.03	07953	RETAIL PHARMACY	0	0	0	0	0	194.03
194.04	07954	HOME DELIVERED MEALS	0	0	0	0	0	194.04
194.05	07955	CATERED MEALS	0	0	1,050,427	0	1,050,427	194.05
194.06	07956	VACANT SPACE	0	0	507,237	0	507,237	194.06
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140054

Period:
From 10/01/2012
To 09/30/2013

Worksheet B
Part I
Date/Time Prepared:
2/19/2014 8:18 am

Cost Center Description		INTERNS & RESIDENTS		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
		21.00	22.00				24.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	7,371,791	5,194,785	195,862,064	-12,566,576	183,295,488	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	2	SQUARE FEET	2.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	5	GROSS SALARIES	4.00
5.00	ADMINISTRATIVE & GENERAL	-5	ACCUM. COST	5.00
6.00	MAINTENANCE & REPAIRS	1	SQUARE FEET	6.00
8.00	LAUNDRY & LINEN SERVICE	8	POUNDS OF LAUNDRY	8.00
9.00	HOUSEKEEPING	1	SQUARE FEET	9.00
10.00	DIETARY	10	MEALS SERVED	10.00
11.00	CAFETERIA	11	FTES	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 PRGM COSTS APPRVD	21	ASSIGNED TIME	22.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140054

Period:
From 10/01/2012
To 09/30/2013

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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT
		BLDG & FIXT	MVBLE EQUIP		
		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
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	0	750,959	876,414	5.00
6.00 00600	MAINTENANCE & REPAIRS	0	3,001,251	3,502,636	6.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	4,728	5,518	8.00
9.00 00900	HOUSEKEEPING	0	61,803	72,128	9.00
10.00 01000	DIEIARY	0	179,430	209,405	10.00
11.00 01100	CAFETERIA	0	67,803	79,130	11.00
13.00 01300	NURSING ADMINISTRATION	0	13,866	16,183	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	38,645	45,101	14.00
15.00 01500	PHARMACY	0	47,793	55,778	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	49,793	58,112	16.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	57,947	67,627	22.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000	ADULTS & PEDIATRICS	0	880,688	1,027,815	30.00
31.00 03100	INTENSIVE CARE UNIT	0	77,638	90,609	31.00
40.00 04000	SUBPROVIDER - IPF	0	123,514	144,148	40.00
43.00 04300	NURSERY	0	34,983	40,828	43.00
44.00 04400	SKILLED NURSING FACILITY	0	121,227	141,479	44.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000	OPERATING ROOM	0	292,913	341,847	50.00
51.00 05100	RECOVERY ROOM	0	27,199	31,743	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	76,777	89,603	52.00
53.00 05300	ANESTHESIOLOGY	0	1,846	2,154	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	210,239	245,361	54.00
56.00 05600	RADIOISOTOPE	0	20,030	23,376	56.00
56.01 03630	ULTRA SOUND	0	0	0	56.01
56.02 03440	MAMMOGRAPHY	0	46,286	54,018	56.02
57.00 05700	CT SCAN	0	18,974	22,143	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	38,676	45,137	59.00
59.01 05901	GASTRO INTESTINAL	0	71,505	83,451	59.01
60.00 06000	LABORATORY	0	189,952	221,686	60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	10,984	12,819	63.00
65.00 06500	RESPIRATORY THERAPY	0	21,702	25,327	65.00
66.00 06600	PHYSICAL THERAPY	0	82,623	96,426	66.00
66.01 06601	TCU REHAB	0	27,486	32,078	66.01
68.00 06800	SPEECH PATHOLOGY	0	13,497	15,752	68.00
69.00 06900	ELECTROCARDIOLOGY	0	5,456	6,368	69.00
69.01 06901	CARDIAC HEHAB	0	75,238	87,808	69.01
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	0	3,026	3,531	74.00
OUTPATIENT SERVICE COST CENTERS					
91.00 09100	EMERGENCY	0	134,047	156,440	91.00
91.01 09101	FAMILY PRACTICES	0	132,344	154,454	91.01
91.02 09102	PSYCH DAY HOSPITAL	0	54,029	63,055	91.02
91.03 09103	WOUND CARE	0	0	0	91.03
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
101.00 10100	HOME HEALTH AGENCY	0	63,321	73,899	101.00
SPECIAL PURPOSE COST CENTERS					
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	7,130,218	8,321,387	118.00
NONREIMBURSABLE COST CENTERS					
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	10,051	0	190.00
191.00 19100	RESEARCH	0	0	0	191.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	170,815	0	192.00
194.00 07950	MARKETING	0	14,717	17,176	194.00
194.01 07951	MACNEAL SCHOOL	0	0	0	194.01
194.02 07952	COMMUNITY RELATIONS	0	0	0	194.02
194.03 07953	RETAIL PHARMACY	0	0	0	194.03
194.04 07954	HOME DELIVERED MEALS	0	0	0	194.04
194.05 07955	CATERED MEALS	0	0	0	194.05
194.06 07956	VACANT SPACE	0	72,921	0	194.06
200.00	Cross Foot Adjustments				200.00
201.00	Negative Cost Centers		0	0	201.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140054

Period:
From 10/01/2012
To 09/30/2013

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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	2A	4.00	
202.00 TOTAL (sum lines 118-201)	0	7,398,722	8,338,563	15,737,285		0 202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140054

Period:
From 10/01/2012
To 09/30/2013

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Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY		
		5.00	6.00	8.00	9.00	10.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.00	00500	ADMINISTRATIVE & GENERAL	1,627,373				5.00	
6.00	00600	MAINTENANCE & REPAIRS	140,433	6,644,320			6.00	
8.00	00800	LAUNDRY & LINEN SERVICE	9,900	8,615	28,761		8.00	
9.00	00900	HOUSEKEEPING	31,508	112,611	0	278,050	9.00	
10.00	01000	DIETARY	33,274	326,940	0	13,936	10.00	
11.00	01100	CAFETERIA	1,443	123,544	0	5,266	11.00	
13.00	01300	NURSING ADMINISTRATION	21,185	25,266	0	1,077	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	14,107	70,415	532	3,001	14.00	
15.00	01500	PHARMACY	53,239	87,084	0	3,712	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	26,490	90,728	0	3,867	16.00	
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	59,692	0	0	0	21.00	
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	40,053	105,585	0	4,501	22.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	242,702	1,604,704	9,095	68,401	228,642	30.00
31.00	03100	INTENSIVE CARE UNIT	44,751	141,465	1,409	6,030	23,183	31.00
40.00	04000	SUBPROVIDER - IPF	33,066	225,055	1,113	9,593	34,533	40.00
43.00	04300	NURSERY	13,076	63,743	389	2,717	0	43.00
44.00	04400	SKILLED NURSING FACILITY	35,596	220,887	1,870	9,415	57,802	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	118,608	533,718	2,698	22,750	0	50.00
51.00	05100	RECOVERY ROOM	9,237	49,560	645	2,112	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	21,100	139,895	1,082	5,963	0	52.00
53.00	05300	ANESTHESIOLOGY	7,219	3,364	140	143	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	36,695	383,077	1,553	16,329	0	54.00
56.00	05600	RADIOISOTOPE	7,108	36,497	0	1,556	0	56.00
56.01	03630	ULTRA SOUND	10,289	0	0	0	0	56.01
56.02	03440	MAMMOGRAPHY	10,166	84,337	386	3,595	0	56.02
57.00	05700	CT SCAN	10,325	34,572	0	1,474	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	9,261	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	27,012	70,471	264	3,004	0	59.00
59.01	05901	GASTRO INTESTINAL	28,187	130,290	1,217	5,554	0	59.01
60.00	06000	LABORATORY	50,608	346,113	0	14,753	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	9,688	20,014	0	853	0	63.00
65.00	06500	RESPIRATORY THERAPY	16,080	39,543	0	1,686	0	65.00
66.00	06600	PHYSICAL THERAPY	30,802	150,547	552	6,417	0	66.00
66.01	06601	TCU REHAB	9,668	50,083	0	2,135	0	66.01
68.00	06800	SPEECH PATHOLOGY	1,907	24,593	0	1,048	0	68.00
69.00	06900	ELECTROCARDIOLOGY	6,292	9,942	1,424	424	0	69.00
69.01	06901	CARDIAC HEHAB	3,773	137,092	12	5,844	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	39,610	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	90,347	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	34,415	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	4,681	5,513	0	235	0	74.00
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	67,253	244,247	3,269	10,411	0	91.00
91.01	09101	FAMILY PRACTICES	31,292	241,145	58	10,279	0	91.01
91.02	09102	PSYCH DAY HOSPITAL	3,211	98,446	0	4,196	0	91.02
91.03	09103	WOUND CARE	2,164	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	91,772	115,377	0	4,918	0	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,589,285	6,155,078	27,708	257,195	593,191	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	104	18,314	0	781	0	190.00
191.00	19100	RESEARCH	142	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,677	311,242	1,045	13,267	0	192.00
194.00	07950	MARKETING	8,859	26,817	0	1,143	0	194.00
194.01	07951	MACNEAL SCHOOL	23,802	0	8	0	10,793	194.01
194.02	07952	COMMUNITY RELATIONS	2,788	0	0	0	0	194.02
194.03	07953	RETAIL PHARMACY	0	0	0	0	0	194.03
194.04	07954	HOME DELIVERED MEALS	0	0	0	0	0	194.04
194.05	07955	CATERED MEALS	0	0	0	0	159,001	194.05
194.06	07956	VACANT SPACE	716	132,869	0	5,664	0	194.06
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,627,373	6,644,320	28,761	278,050	762,985	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140054

Period:
From 10/01/2012
To 09/30/2013

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Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	526,217					11.00
13.00	01300	8,130	85,707				13.00
14.00	01400	5,011	0	176,812			14.00
15.00	01500	13,178	173	0	260,957		15.00
16.00	01600	17,286	0	0	0	246,276	16.00
21.00	02100	44,715	0	0	0	0	21.00
22.00	02200	9,461	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	133,256	39,526	0	0	21,792	30.00
31.00	03100	19,350	8,437	0	0	4,432	31.00
40.00	04000	17,226	4,894	0	0	2,977	40.00
43.00	04300	5,684	2,525	0	0	1,488	43.00
44.00	04400	22,620	3,948	0	0	1,670	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	33,172	4,130	0	0	26,742	50.00
51.00	05100	4,086	1,873	0	0	5,073	51.00
52.00	05200	8,360	3,446	0	0	5,134	52.00
53.00	05300	3,542	934	0	0	9,701	53.00
54.00	05400	18,014	522	0	0	9,572	54.00
56.00	05600	1,336	0	0	0	2,847	56.00
56.01	03630	4,624	0	0	0	4,791	56.01
56.02	03440	4,413	38	0	0	4,611	56.02
57.00	05700	4,385	182	0	0	18,423	57.00
58.00	05800	3,740	0	0	0	7,647	58.00
59.00	05900	4,016	1,412	0	0	9,046	59.00
59.01	05901	12,118	3,197	0	0	7,200	59.01
60.00	06000	15,909	0	0	0	17,929	60.00
63.00	06300	0	0	0	0	630	63.00
65.00	06500	8,655	0	0	0	1,902	65.00
66.00	06600	18,364	0	0	0	4,989	66.00
66.01	06601	0	0	0	0	481	66.01
68.00	06800	686	0	0	0	239	68.00
69.00	06900	4,431	333	0	0	6,555	69.00
69.01	06901	1,598	117	0	0	451	69.01
71.00	07100	0	0	53,890	0	15,154	71.00
72.00	07200	0	0	122,922	0	7,986	72.00
73.00	07300	0	0	0	260,957	20,482	73.00
74.00	07400	0	0	0	0	271	74.00
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	34,656	9,447	0	0	19,085	91.00
91.01	09101	0	0	0	0	2,986	91.01
91.02	09102	1,336	190	0	0	522	91.02
91.03	09103	889	208	0	0	441	91.03
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	21,961	160	0	0	3,027	101.00
SPECIAL PURPOSE COST CENTERS							
118.00		506,208	85,692	176,812	260,957	246,276	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
191.00	19100	69	0	0	0	0	191.00
192.00	19200	0	0	0	0	0	192.00
194.00	07950	2,257	15	0	0	0	194.00
194.01	07951	16,430	0	0	0	0	194.01
194.02	07952	1,253	0	0	0	0	194.02
194.03	07953	0	0	0	0	0	194.03
194.04	07954	0	0	0	0	0	194.04
194.05	07955	0	0	0	0	0	194.05
194.06	07956	0	0	0	0	0	194.06
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		526,217	85,707	176,812	260,957	246,276	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140054

Period:
From 10/01/2012
To 09/30/2013

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Cost Center Description	INTERNS & RESIDENTS		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total
	SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM 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
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 00500 ADMINISTRATIVE & GENERAL					5.00
6.00 00600 MAINTENANCE & REPAIRS					6.00
8.00 00800 LAUNDRY & LINEN SERVICE					8.00
9.00 00900 HOUSEKEEPING					9.00
10.00 01000 DIETARY					10.00
11.00 01100 CAFETERIA					11.00
13.00 01300 NURSING ADMINISTRATION					13.00
14.00 01400 CENTRAL SERVICES & SUPPLY					14.00
15.00 01500 PHARMACY					15.00
16.00 01600 MEDICAL RECORDS & LIBRARY					16.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	104,407				21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD		285,174			22.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000 ADULTS & PEDIATRICS			4,256,621	0	30.00
31.00 03100 INTENSIVE CARE UNIT			417,304	0	31.00
40.00 04000 SUBPROVIDER - IPF			596,119	0	40.00
43.00 04300 NURSERY			165,433	0	43.00
44.00 04400 SKILLED NURSING FACILITY			616,514	0	44.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM			1,376,578	0	50.00
51.00 05100 RECOVERY ROOM			131,528	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM			351,360	0	52.00
53.00 05300 ANESTHESIOLOGY			29,043	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC			921,362	0	54.00
56.00 05600 RADIOISOTOPE			92,750	0	56.00
56.01 03630 ULTRA SOUND			19,704	0	56.01
56.02 03440 MAMMOGRAPHY			207,850	0	56.02
57.00 05700 CT SCAN			110,478	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)			20,648	0	58.00
59.00 05900 CARDIAC CATHETERIZATION			199,038	0	59.00
59.01 05901 GASTRO INTESTINAL			342,719	0	59.01
60.00 06000 LABORATORY			856,950	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.			54,988	0	63.00
65.00 06500 RESPIRATORY THERAPY			114,895	0	65.00
66.00 06600 PHYSICAL THERAPY			390,720	0	66.00
66.01 06601 TCU REHAB			121,931	0	66.01
68.00 06800 SPEECH PATHOLOGY			57,722	0	68.00
69.00 06900 ELECTROCARDIOLOGY			41,225	0	69.00
69.01 06901 CARDIAC HEHAB			311,933	0	69.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS			108,654	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS			221,255	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS			315,854	0	73.00
74.00 07400 RENAL DIALYSIS			17,257	0	74.00
OUTPATIENT SERVICE COST CENTERS					
91.00 09100 EMERGENCY			678,855	0	91.00
91.01 09101 FAMILY PRACTICES			572,558	0	91.01
91.02 09102 PSYCH DAY HOSPITAL			224,985	0	91.02
91.03 09103 WOUND CARE			3,702	0	91.03
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)				0	92.00
OTHER REIMBURSABLE COST CENTERS					
101.00 10100 HOME HEALTH AGENCY			374,435	0	101.00
SPECIAL PURPOSE COST CENTERS					
118.00	SUBTOTALS (SUM OF LINES 1-117)		0	0	14,322,968
NONREIMBURSABLE COST CENTERS					
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN			29,250	0	190.00
191.00 19100 RESEARCH			211	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES			498,046	0	192.00
194.00 07950 MARKETING			70,984	0	194.00
194.01 07951 MACNEAL SCHOOL			51,033	0	194.01
194.02 07952 COMMUNITY RELATIONS			4,041	0	194.02
194.03 07953 RETAIL PHARMACY			0	0	194.03
194.04 07954 HOME DELIVERED MEALS			0	0	194.04
194.05 07955 CATERED MEALS			159,001	0	194.05
194.06 07956 VACANT SPACE			212,170	0	194.06
200.00	Cross Foot Adjustments	104,407	285,174	389,581	200.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140054

Period:
From 10/01/2012
To 09/30/2013

Worksheet B
Part II
Date/Time Prepared:
2/19/2014 8:18 am

Cost Center Description	INTERNS & RESIDENTS		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS			
	21.00	22.00			
201.00 Negative Cost Centers	0	0	0	0	0
202.00 TOTAL (sum lines 118-201)	104,407	285,174	15,737,285	0	15,737,285
					201.00
					202.00

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQ. FEET)	MVBLE EQUIP (SQ. FEET)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	721,400				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		696,655			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	101,042,460		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	73,221	73,221	16,416,695	-30,137,105	5.00
6.00 00600	MAINTENANCE & REPAIRS	292,632	292,632	1,593,160	0	6.00
8.00 00800	LAUNDRY & LINEN SERVICE	461	461	497,070	0	8.00
9.00 00900	HOUSEKEEPING	6,026	6,026	1,976,929	0	9.00
10.00 01000	DIETARY	17,495	17,495	2,226,560	0	10.00
11.00 01100	CAFETERIA	6,611	6,611	0	0	11.00
13.00 01300	NURSING ADMINISTRATION	1,352	1,352	1,497,956	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	3,768	3,768	328,658	0	14.00
15.00 01500	PHARMACY	4,660	4,660	2,222,686	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	4,855	4,855	1,932,270	0	16.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	5,153,128	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	5,650	5,650	2,423,869	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	85,870	85,870	18,512,641	0	30.00
31.00 03100	INTENSIVE CARE UNIT	7,570	7,570	3,569,627	0	31.00
40.00 04000	SUBPROVIDER - IPF	12,043	12,043	2,531,073	0	40.00
43.00 04300	NURSERY	3,411	3,411	1,037,930	0	43.00
44.00 04400	SKILLED NURSING FACILITY	11,820	11,820	2,758,786	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	28,560	28,560	4,232,767	0	50.00
51.00 05100	RECOVERY ROOM	2,652	2,652	726,749	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	7,486	7,486	1,612,947	0	52.00
53.00 05300	ANESTHESIOLOGY	180	180	448,587	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	20,499	20,499	2,367,052	0	54.00
56.00 05600	RADIOISOTOPE	1,953	1,953	271,388	0	56.00
56.01 03630	ULTRA SOUND	0	0	872,060	0	56.01
56.02 03440	MAMMOGRAPHY	4,513	4,513	714,052	0	56.02
57.00 05700	CT SCAN	1,850	1,850	700,531	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	514,642	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	3,771	3,771	813,780	0	59.00
59.01 05901	GASTRO INTESTINAL	6,972	6,972	1,665,830	0	59.01
60.00 06000	LABORATORY	18,521	18,521	0	0	60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	1,071	1,071	0	0	63.00
65.00 06500	RESPIRATORY THERAPY	2,116	2,116	1,177,343	0	65.00
66.00 06600	PHYSICAL THERAPY	8,056	8,056	2,443,500	0	66.00
66.01 06601	TCU REHAB	2,680	2,680	769,057	0	66.01
68.00 06800	SPEECH PATHOLOGY	1,316	1,316	132,464	0	68.00
69.00 06900	ELECTROCARDIOLOGY	532	532	669,715	0	69.00
69.01 06901	CARDIAC HEHAB	7,336	7,336	177,845	0	69.01
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	295	295	0	0	74.00
OUTPATIENT SERVICE COST CENTERS						
91.00 09100	EMERGENCY	13,070	13,070	5,040,890	0	91.00
91.01 09101	FAMILY PRACTICES	12,904	12,904	2,145,224	0	91.01
91.02 09102	PSYCH DAY HOSPITAL	5,268	5,268	170,798	0	91.02
91.03 09103	WOUND CARE	0	0	165,527	0	91.03
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS						
101.00 10100	HOME HEALTH AGENCY	6,174	6,174	6,184,862	0	101.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1-117)	695,220	695,220	98,696,648	-30,137,105	161,846,197
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	980	0	0	0	190.00
191.00 19100	RESEARCH	0	0	11,276	0	191.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	16,655	0	0	0	192.00
194.00 07950	MARKETING	1,435	1,435	327,076	0	194.00
194.01 07951	MACNEAL SCHOOL	0	0	1,801,741	0	194.01
194.02 07952	COMMUNITY RELATIONS	0	0	205,719	0	194.02
194.03 07953	RETAIL PHARMACY	0	0	0	0	194.03
194.04 07954	HOME DELIVERED MEALS	0	0	0	0	194.04
194.05 07955	CATERED MEALS	0	0	0	0	194.05
194.06 07956	VACANT SPACE	7,110	0	0	0	194.06
200.00	Cross Foot Adjustments					200.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140054

Period:
From 10/01/2012
To 09/30/2013

Worksheet B-1

Date/Time Prepared:
2/19/2014 8:18 am

Cost Center Description	CAPITAL RELATED COSTS			Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)		
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)				
	1.00	2.00	4.00				
201.00	Negative Cost Centers					201.00	
202.00	Cost to be allocated (per wkst. B, Part I)					202.00	
203.00	7,398,722	8,338,563	18,146,241		30,137,105		
204.00	Unit cost multiplier (wkst. B, Part I)					0.181850	203.00
204.00	Cost to be allocated (per wkst. B, Part II)					1,627,373	204.00
205.00	Unit cost multiplier (wkst. B, Part II)					0.009820	205.00
	10.256060	11.969430	0.179590	5A			
			0				
			0.000000				

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140054

Period:
From 10/01/2012
To 09/30/2013

Worksheet B-1

Date/Time Prepared:
2/19/2014 8:18 am

Cost Center Description		MAINTENANCE & REPAIRS (SQARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTES)	
		6.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600	355,547					6.00
8.00	00800	461	1,845,480				8.00
9.00	00900	6,026	0	349,060			9.00
10.00	01000	17,495	0	17,495	699,945		10.00
11.00	01100	6,611	0	6,611	228,455	114,246	11.00
13.00	01300	1,352	0	1,352	0	1,765	13.00
14.00	01400	3,768	34,130	3,768	0	1,088	14.00
15.00	01500	4,660	0	4,660	0	2,861	15.00
16.00	01600	4,855	0	4,855	0	3,753	16.00
21.00	02100	0	0	0	0	9,708	21.00
22.00	02200	5,650	0	5,650	0	2,054	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	85,870	583,651	85,870	209,751	28,931	30.00
31.00	03100	7,570	90,402	7,570	21,268	4,201	31.00
40.00	04000	12,043	71,424	12,043	31,680	3,740	40.00
43.00	04300	3,411	24,930	3,411	0	1,234	43.00
44.00	04400	11,820	119,978	11,820	53,026	4,911	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	28,560	173,134	28,560	0	7,202	50.00
51.00	05100	2,652	41,379	2,652	0	887	51.00
52.00	05200	7,486	69,450	7,486	0	1,815	52.00
53.00	05300	180	8,983	180	0	769	53.00
54.00	05400	20,499	99,656	20,499	0	3,911	54.00
56.00	05600	1,953	0	1,953	0	290	56.00
56.01	03630	0	0	0	0	1,004	56.01
56.02	03440	4,513	24,741	4,513	0	958	56.02
57.00	05700	1,850	0	1,850	0	952	57.00
58.00	05800	0	0	0	0	812	58.00
59.00	05900	3,771	16,939	3,771	0	872	59.00
59.01	05901	6,972	78,092	6,972	0	2,631	59.01
60.00	06000	18,521	0	18,521	0	3,454	60.00
63.00	06300	1,071	0	1,071	0	0	63.00
65.00	06500	2,116	0	2,116	0	1,879	65.00
66.00	06600	8,056	35,409	8,056	0	3,987	66.00
66.01	06601	2,680	0	2,680	0	0	66.01
68.00	06800	1,316	0	1,316	0	149	68.00
69.00	06900	532	91,401	532	0	962	69.00
69.01	06901	7,336	780	7,336	0	347	69.01
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	295	0	295	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	13,070	209,766	13,070	0	7,524	91.00
91.01	09101	12,904	3,710	12,904	0	0	91.01
91.02	09102	5,268	0	5,268	0	290	91.02
91.03	09103	0	0	0	0	193	91.03
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	6,174	0	6,174	0	4,768	101.00
SPECIAL PURPOSE COST CENTERS							
118.00		329,367	1,777,955	322,880	544,180	109,902	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	980	0	980	0	0	190.00
191.00	19100	0	0	0	0	15	191.00
192.00	19200	16,655	67,020	16,655	0	0	192.00
194.00	07950	1,435	0	1,435	0	490	194.00
194.01	07951	0	505	0	9,901	3,567	194.01
194.02	07952	0	0	0	0	272	194.02
194.03	07953	0	0	0	0	0	194.03
194.04	07954	0	0	0	0	0	194.04
194.05	07955	0	0	0	145,864	0	194.05
194.06	07956	7,110	0	7,110	0	0	194.06
200.00							200.00
201.00							201.00
202.00		16,901,268	1,213,408	4,078,463	5,040,595	2,210,357	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140054

Period:
From 10/01/2012
To 09/30/2013

Worksheet B-1

Date/Time Prepared:
2/19/2014 8:18 am

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTES)	
		6.00	8.00	9.00	10.00	11.00	
203.00	Unit cost multiplier (wkst. B, Part I)	47.535960	0.657503	11.684132	7.201416	19.347347	203.00
204.00	Cost to be allocated (per wkst. B, Part II)	6,644,320	28,761	278,050	762,985	526,217	204.00
205.00	Unit cost multiplier (wkst. B, Part II)	18.687600	0.015585	0.796568	1.090064	4.605999	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140054

Period:
From 10/01/2012
To 09/30/2013

Worksheet B-1

Date/Time Prepared:
2/19/2014 8:18 am

Cost Center Description	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (ASSIGNED TIME)		
	13.00	14.00	15.00	16.00	21.00		
GENERAL SERVICE COST CENTERS							
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00	
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00	
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00	
5.00 00500 ADMINISTRATIVE & GENERAL						5.00	
6.00 00600 MAINTENANCE & REPAIRS						6.00	
8.00 00800 LAUNDRY & LINEN SERVICE						8.00	
9.00 00900 HOUSEKEEPING						9.00	
10.00 01000 DIETARY						10.00	
11.00 01100 CAFETERIA						11.00	
13.00 01300 NURSING ADMINISTRATION	1,016,471					13.00	
14.00 01400 CENTRAL SERVICES & SUPPLY	0	13,233,990				14.00	
15.00 01500 PHARMACY	2,057	0	3,504,554			15.00	
16.00 01600 MEDICAL RECORDS & LIBRARY	0	0	0	1,036,811,936		16.00	
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	10,069	21.00	
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS	468,749	0	0	91,565,044	5,842	30.00	
31.00 03100 INTENSIVE CARE UNIT	100,067	0	0	18,621,985	0	31.00	
40.00 04000 SUBPROVIDER - IPF	58,043	0	0	12,506,484	58	40.00	
43.00 04300 NURSERY	29,945	0	0	6,253,833	0	43.00	
44.00 04400 SKILLED NURSING FACILITY	46,821	0	0	7,016,329	0	44.00	
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	48,982	0	0	114,404,431	491	50.00	
51.00 05100 RECOVERY ROOM	22,218	0	0	21,313,703	0	51.00	
52.00 05200 DELIVERY ROOM & LABOR ROOM	40,868	0	0	21,572,394	0	52.00	
53.00 05300 ANESTHESIOLOGY	11,074	0	0	40,758,751	0	53.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	6,191	0	0	40,219,666	0	54.00	
56.00 05600 RADIOISOTOPE	0	0	0	11,960,898	0	56.00	
56.01 03630 ULTRA SOUND	0	0	0	20,130,434	0	56.01	
56.02 03440 MAMMOGRAPHY	448	0	0	19,372,824	0	56.02	
57.00 05700 CT SCAN	2,162	0	0	77,406,525	0	57.00	
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	32,131,646	0	58.00	
59.00 05900 CARDIAC CATHETERIZATION	16,742	0	0	38,007,540	0	59.00	
59.01 05901 GASTRO INTESTINAL	37,916	0	0	30,253,983	0	59.01	
60.00 06000 LABORATORY	0	0	0	75,330,865	0	60.00	
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	2,647,596	0	63.00	
65.00 06500 RESPIRATORY THERAPY	0	0	0	7,991,668	0	65.00	
66.00 06600 PHYSICAL THERAPY	0	0	0	20,962,756	0	66.00	
66.01 06601 TCU REHAB	0	0	0	2,019,385	0	66.01	
68.00 06800 SPEECH PATHOLOGY	0	0	0	1,004,923	0	68.00	
69.00 06900 ELECTROCARDIOLOGY	3,951	0	0	27,541,179	0	69.00	
69.01 06901 CARDIAC HEHAB	1,383	0	0	1,894,006	0	69.01	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	4,033,652	0	63,673,278	0	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	9,200,338	0	33,553,916	0	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	3,504,554	86,059,116	0	73.00	
74.00 07400 RENAL DIALYSIS	0	0	0	1,138,941	0	74.00	
OUTPATIENT SERVICE COST CENTERS							
91.00 09100 EMERGENCY	112,041	0	0	80,188,362	299	91.00	
91.01 09101 FAMILY PRACTICES	0	0	0	12,546,733	3,379	91.01	
91.02 09102 PSYCH DAY HOSPITAL	2,259	0	0	2,192,784	0	91.02	
91.03 09103 WOUND CARE	2,471	0	0	1,852,988	0	91.03	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00	
OTHER REIMBURSABLE COST CENTERS							
101.00 10100 HOME HEALTH AGENCY	1,901	0	0	12,716,970	0	101.00	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)					10,069	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00	
191.00 19100 RESEARCH	0	0	0	0	0	191.00	
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00	
194.00 07950 MARKETING	182	0	0	0	0	194.00	
194.01 07951 MACNEAL SCHOOL	0	0	0	0	0	194.01	
194.02 07952 COMMUNITY RELATIONS	0	0	0	0	0	194.02	
194.03 07953 RETAIL PHARMACY	0	0	0	0	0	194.03	
194.04 07954 HOME DELIVERED MEALS	0	0	0	0	0	194.04	
194.05 07955 CATERED MEALS	0	0	0	0	0	194.05	
194.06 07956 VACANT SPACE	0	0	0	0	0	194.06	
200.00	Cross Foot Adjustments						200.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140054

Period:
From 10/01/2012
To 09/30/2013

worksheet B-1
Date/Time Prepared:
2/19/2014 8:18 am

Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY	INTERNS & RESIDENTS	
		(DIRECT NURS. HRS.)	(COSTED REQUIS.)		(GROSS CHARGES)	SERVICES-SALAR Y & FRINGES (ASSIGNED TIME)	
		13.00	14.00	15.00	16.00	21.00	
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per wkst. B, Part I)	2,663,892	1,964,386	6,744,129	3,548,271	7,371,791	202.00
203.00	Unit cost multiplier (wkst. B, Part I)	2.620726	0.148435	1.924390	0.003422	732.127421	203.00
204.00	Cost to be allocated (per wkst. B, Part II)	85,707	176,812	260,957	246,276	104,407	204.00
205.00	Unit cost multiplier (wkst. B, Part II)	0.084318	0.013360	0.074462	0.000238	10.369153	205.00

Cost Center Description		INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	22.00
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	5.00
6.00	00600	MAINTENANCE & REPAIRS	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	10,069
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	5,842
31.00	03100	INTENSIVE CARE UNIT	0
40.00	04000	SUBPROVIDER - IPF	58
43.00	04300	NURSERY	0
44.00	04400	SKILLED NURSING FACILITY	0
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	491
51.00	05100	RECOVERY ROOM	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0
53.00	05300	ANESTHESIOLOGY	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0
56.00	05600	RADIOISOTOPE	0
56.01	03630	ULTRA SOUND	0
56.02	03440	MAMMOGRAPHY	0
57.00	05700	CT SCAN	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0
59.00	05900	CARDIAC CATHETERIZATION	0
59.01	05901	GASTRO INTESTINAL	0
60.00	06000	LABORATORY	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0
65.00	06500	RESPIRATORY THERAPY	0
66.00	06600	PHYSICAL THERAPY	0
66.01	06601	TCU REHAB	0
68.00	06800	SPEECH PATHOLOGY	0
69.00	06900	ELECTROCARDIOLOGY	0
69.01	06901	CARDIAC HEHAB	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0
74.00	07400	RENAL DIALYSIS	0
OUTPATIENT SERVICE COST CENTERS			
91.00	09100	EMERGENCY	299
91.01	09101	FAMILY PRACTICES	3,379
91.02	09102	PSYCH DAY HOSPITAL	0
91.03	09103	WOUND CARE	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0
OTHER REIMBURSABLE COST CENTERS			
101.00	10100	HOME HEALTH AGENCY	0
SPECIAL PURPOSE COST CENTERS			
118.00		SUBTOTALS (SUM OF LINES 1-117)	10,069
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0
191.00	19100	RESEARCH	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0
194.00	07950	MARKETING	0
194.01	07951	MACNEAL SCHOOL	0
194.02	07952	COMMUNITY RELATIONS	0
194.03	07953	RETAIL PHARMACY	0
194.04	07954	HOME DELIVERED MEALS	0
194.05	07955	CATERED MEALS	0
194.06	07956	VACANT SPACE	0
200.00		Cross Foot Adjustments	200.00
201.00		Negative Cost Centers	201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140054

Period:
From 10/01/2012
To 09/30/2013

Worksheet B-1
Date/Time Prepared:
2/19/2014 8:18 am

Cost Center Description	INTERNS & RESIDENTS		
	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)		
	22.00		
202.00 Cost to be allocated (per wkst. B, Part I)	5,194,785		202.00
203.00 Unit cost multiplier (wkst. B, Part I)	515.918661		203.00
204.00 Cost to be allocated (per wkst. B, Part II)	285,174		204.00
205.00 Unit cost multiplier (wkst. B, Part II)	28.321978		205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140054

Period:
From 10/01/2012
To 09/30/2013

Worksheet C
Part I
Date/Time Prepared:
2/19/2014 8:18 am

		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		38,295,934		38,295,934	4,429	38,300,363	30.00
31.00	03100 INTENSIVE CARE UNIT		6,454,004		6,454,004	27,099	6,481,103	31.00
40.00	04000 SUBPROVIDER - IPF		5,235,046		5,235,046	14,710	5,249,756	40.00
43.00	04300 NURSERY		1,915,857		1,915,857	0	1,915,857	43.00
44.00	04400 SKILLED NURSING FACILITY		5,686,514		5,686,514	0	5,686,514	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000 OPERATING ROOM		16,739,289		16,739,289	0	16,739,289	50.00
51.00	05100 RECOVERY ROOM		1,444,227		1,444,227	0	1,444,227	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		3,244,483		3,244,483	0	3,244,483	52.00
53.00	05300 ANESTHESIOLOGY		1,068,790		1,068,790	5,907	1,074,697	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		5,925,259		5,925,259	0	5,925,259	54.00
56.00	05600 RADIOISOTOPE		1,017,625		1,017,625	0	1,017,625	56.00
56.01	03630 ULTRA SOUND		1,326,565		1,326,565	0	1,326,565	56.01
56.02	03440 MAMMOGRAPHY		1,593,076		1,593,076	0	1,593,076	56.02
57.00	05700 CT SCAN		1,641,123		1,641,123	0	1,641,123	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		1,240,196		1,240,196	0	1,240,196	58.00
59.00	05900 CARDIAC CATHETERIZATION		3,676,208		3,676,208	0	3,676,208	59.00
59.01	05901 GASTRO INTESTINAL		4,110,409		4,110,409	0	4,110,409	59.01
60.00	06000 LABORATORY		7,512,172		7,512,172	0	7,512,172	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.		1,238,440		1,238,440	0	1,238,440	63.00
65.00	06500 RESPIRATORY THERAPY	0	2,124,292	0	2,124,292	0	2,124,292	65.00
66.00	06600 PHYSICAL THERAPY	0	4,356,291	0	4,356,291	0	4,356,291	66.00
66.01	06601 TCU REHAB	0	1,329,211	0	1,329,211	0	1,329,211	66.01
68.00	06800 SPEECH PATHOLOGY	0	313,762	0	313,762	0	313,762	68.00
69.00	06900 ELECTROCARDIOLOGY		972,080		972,080	0	972,080	69.00
69.01	06901 CARDIAC HEHAB		905,884		905,884	0	905,884	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		5,583,797		5,583,797	0	5,583,797	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		12,353,892		12,353,892	0	12,353,892	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		11,180,480		11,180,480	0	11,180,480	73.00
74.00	07400 RENAL DIALYSIS		584,750		584,750	0	584,750	74.00
OUTPATIENT SERVICE COST CENTERS								
91.00	09100 EMERGENCY		9,719,462		9,719,462	0	9,719,462	91.00
91.01	09101 FAMILY PRACTICES		4,575,569		4,575,569	0	4,575,569	91.01
91.02	09102 PSYCH DAY HOSPITAL		717,473		717,473	2,854	720,327	91.02
91.03	09103 WOUND CARE		276,957		276,957	0	276,957	91.03
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		1,963,434		1,963,434	0	1,963,434	92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100 HOME HEALTH AGENCY		11,551,227		11,551,227	0	11,551,227	101.00
200.00	Subtotal (see instructions)	0	177,873,778	0	177,873,778	54,999	177,928,777	200.00
201.00	Less Observation Beds		1,963,434		1,963,434	0	1,963,434	201.00
202.00	Total (see instructions)	0	175,910,344	0	175,910,344	54,999	175,965,343	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140054

Period:
From 10/01/2012
To 09/30/2013

Worksheet C
Part I
Date/Time Prepared:
2/19/2014 8:18 am

		Title XVIII			Hospital	PPS	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	81,479,054		81,479,054		30.00
31.00	03100	INTENSIVE CARE UNIT	18,621,985		18,621,985		31.00
40.00	04000	SUBPROVIDER - IPF	12,506,484		12,506,484		40.00
43.00	04300	NURSERY	6,253,833		6,253,833		43.00
44.00	04400	SKILLED NURSING FACILITY	7,016,329		7,016,329		44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	53,570,637	60,833,794	114,404,431	0.146317	50.00
51.00	05100	RECOVERY ROOM	7,960,487	13,353,216	21,313,703	0.067760	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	21,572,394	0	21,572,394	0.150400	52.00
53.00	05300	ANESTHESIOLOGY	16,194,947	24,563,804	40,758,751	0.026222	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,692,721	30,526,945	40,219,666	0.147322	54.00
56.00	05600	RADIOISOTOPE	2,589,886	9,371,012	11,960,898	0.085079	56.00
56.01	03630	ULTRA SOUND	4,857,377	15,273,057	20,130,434	0.065898	56.01
56.02	03440	MAMMOGRAPHY	25,115	19,347,709	19,372,824	0.082233	56.02
57.00	05700	CT SCAN	27,513,441	49,893,084	77,406,525	0.021201	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,917,833	27,213,813	32,131,646	0.038597	58.00
59.00	05900	CARDIAC CATHETERIZATION	24,677,873	13,329,667	38,007,540	0.096723	59.00
59.01	05901	GASTRO INTESTINAL	6,773,324	23,480,659	30,253,983	0.135863	59.01
60.00	06000	LABORATORY	44,490,107	30,840,758	75,330,865	0.099722	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,109,463	538,133	2,647,596	0.467760	63.00
65.00	06500	RESPIRATORY THERAPY	7,185,290	806,378	7,991,668	0.265813	65.00
66.00	06600	PHYSICAL THERAPY	9,441,453	11,521,303	20,962,756	0.207811	66.00
66.01	06601	TCU REHAB	2,019,383	2	2,019,385	0.658226	66.01
68.00	06800	SPEECH PATHOLOGY	4,859	1,000,064	1,004,923	0.312225	68.00
69.00	06900	ELECTROCARDIOLOGY	13,720,558	13,820,621	27,541,179	0.035296	69.00
69.01	06901	CARDIAC HEHAB	576	1,893,430	1,894,006	0.478290	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	29,730,842	33,942,436	63,673,278	0.087695	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	21,602,480	11,951,436	33,553,916	0.368180	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	60,262,630	25,796,486	86,059,116	0.129916	73.00
74.00	07400	RENAL DIALYSIS	1,050,191	88,750	1,138,941	0.513416	74.00
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	24,052,828	56,135,534	80,188,362	0.121208	91.00
91.01	09101	FAMILY PRACTICES	0	12,546,733	12,546,733	0.364682	91.01
91.02	09102	PSYCH DAY HOSPITAL	0	2,192,784	2,192,784	0.327197	91.02
91.03	09103	WOUND CARE	6,177	1,846,811	1,852,988	0.149465	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,029,439	9,056,551	10,085,990	0.194669	92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	12,716,970	12,716,970		101.00
200.00		Subtotal (see instructions)	522,929,996	513,881,940	1,036,811,936		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	522,929,996	513,881,940	1,036,811,936		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140054

Period:
From 10/01/2012
To 09/30/2013

Worksheet C
Part I
Date/Time Prepared:
2/19/2014 8:18 am

Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital	PPS
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
40.00	04000	SUBPROVIDER - IPF			40.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.146317		50.00
51.00	05100	RECOVERY ROOM	0.067760		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.150400		52.00
53.00	05300	ANESTHESIOLOGY	0.026367		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.147322		54.00
56.00	05600	RADIOISOTOPE	0.085079		56.00
56.01	03630	ULTRA SOUND	0.065898		56.01
56.02	03440	MAMMOGRAPHY	0.082233		56.02
57.00	05700	CT SCAN	0.021201		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.038597		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.096723		59.00
59.01	05901	GASTRO INTESTINAL	0.135863		59.01
60.00	06000	LABORATORY	0.099722		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.467760		63.00
65.00	06500	RESPIRATORY THERAPY	0.265813		65.00
66.00	06600	PHYSICAL THERAPY	0.207811		66.00
66.01	06601	TCU REHAB	0.658226		66.01
68.00	06800	SPEECH PATHOLOGY	0.312225		68.00
69.00	06900	ELECTROCARDIOLOGY	0.035296		69.00
69.01	06901	CARDIAC HEHAB	0.478290		69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.087695		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.368180		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.129916		73.00
74.00	07400	RENAL DIALYSIS	0.513416		74.00
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.121208		91.00
91.01	09101	FAMILY PRACTICES	0.364682		91.01
91.02	09102	PSYCH DAY HOSPITAL	0.328499		91.02
91.03	09103	WOUND CARE	0.149465		91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.194669		92.00
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY			101.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

		Title XIX		Hospital		Cost		
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	38,295,934		38,295,934	4,429	38,300,363	30.00
31.00	03100	INTENSIVE CARE UNIT	6,454,004		6,454,004	27,099	6,481,103	31.00
40.00	04000	SUBPROVIDER - IPF	5,235,046		5,235,046	14,710	5,249,756	40.00
43.00	04300	NURSERY	1,915,857		1,915,857	0	1,915,857	43.00
44.00	04400	SKILLED NURSING FACILITY	5,686,514		5,686,514	0	5,686,514	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	16,739,289		16,739,289	0	16,739,289	50.00
51.00	05100	RECOVERY ROOM	1,444,227		1,444,227	0	1,444,227	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,244,483		3,244,483	0	3,244,483	52.00
53.00	05300	ANESTHESIOLOGY	1,068,790		1,068,790	5,907	1,074,697	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,925,259		5,925,259	0	5,925,259	54.00
56.00	05600	RADIOISOTOPE	1,017,625		1,017,625	0	1,017,625	56.00
56.01	03630	ULTRA SOUND	1,326,565		1,326,565	0	1,326,565	56.01
56.02	03440	MAMMOGRAPHY	1,593,076		1,593,076	0	1,593,076	56.02
57.00	05700	CT SCAN	1,641,123		1,641,123	0	1,641,123	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,240,196		1,240,196	0	1,240,196	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,676,208		3,676,208	0	3,676,208	59.00
59.01	05901	GASTRO INTESTINAL	4,110,409		4,110,409	0	4,110,409	59.01
60.00	06000	LABORATORY	7,512,172		7,512,172	0	7,512,172	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,238,440		1,238,440	0	1,238,440	63.00
65.00	06500	RESPIRATORY THERAPY	2,124,292	0	2,124,292	0	2,124,292	65.00
66.00	06600	PHYSICAL THERAPY	4,356,291	0	4,356,291	0	4,356,291	66.00
66.01	06601	TCU REHAB	1,329,211	0	1,329,211	0	1,329,211	66.01
68.00	06800	SPEECH PATHOLOGY	313,762	0	313,762	0	313,762	68.00
69.00	06900	ELECTROCARDIOLOGY	972,080		972,080	0	972,080	69.00
69.01	06901	CARDIAC REHAB	905,884		905,884	0	905,884	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	5,583,797		5,583,797	0	5,583,797	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	12,353,892		12,353,892	0	12,353,892	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	11,180,480		11,180,480	0	11,180,480	73.00
74.00	07400	RENAL DIALYSIS	584,750		584,750	0	584,750	74.00
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	9,719,462		9,719,462	0	9,719,462	91.00
91.01	09101	FAMILY PRACTICES	4,575,569		4,575,569	0	4,575,569	91.01
91.02	09102	PSYCH DAY HOSPITAL	717,473		717,473	2,854	720,327	91.02
91.03	09103	WOUND CARE	276,957		276,957	0	276,957	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,963,434		1,963,434	0	1,963,434	92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	11,551,227		11,551,227	0	11,551,227	101.00
200.00		Subtotal (see instructions)	177,873,778	0	177,873,778	54,999	177,928,777	200.00
201.00		Less Observation Beds	1,963,434		1,963,434	0	1,963,434	201.00
202.00		Total (see instructions)	175,910,344	0	175,910,344	54,999	175,965,343	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140054

Period:
From 10/01/2012
To 09/30/2013

Worksheet C
Part I
Date/Time Prepared:
2/19/2014 8:18 am

			Title XIX			Hospital	Cost
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				
9.00	10.00						
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	81,479,054		81,479,054		30.00
31.00	03100	INTENSIVE CARE UNIT	18,621,985		18,621,985		31.00
40.00	04000	SUBPROVIDER - IPF	12,506,484		12,506,484		40.00
43.00	04300	NURSERY	6,253,833		6,253,833		43.00
44.00	04400	SKILLED NURSING FACILITY	7,016,329		7,016,329		44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	53,570,637	60,833,794	114,404,431	0.146317	50.00
51.00	05100	RECOVERY ROOM	7,960,487	13,353,216	21,313,703	0.067760	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	21,572,394	0	21,572,394	0.150400	52.00
53.00	05300	ANESTHESIOLOGY	16,194,947	24,563,804	40,758,751	0.026222	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,692,721	30,526,945	40,219,666	0.147322	54.00
56.00	05600	RADIOISOTOPE	2,589,886	9,371,012	11,960,898	0.085079	56.00
56.01	03630	ULTRA SOUND	4,857,377	15,273,057	20,130,434	0.065898	56.01
56.02	03440	MAMMOGRAPHY	25,115	19,347,709	19,372,824	0.082233	56.02
57.00	05700	CT SCAN	27,513,441	49,893,084	77,406,525	0.021201	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,917,833	27,213,813	32,131,646	0.038597	58.00
59.00	05900	CARDIAC CATHETERIZATION	24,677,873	13,329,667	38,007,540	0.096723	59.00
59.01	05901	GASTRO INTESTINAL	6,773,324	23,480,659	30,253,983	0.135863	59.01
60.00	06000	LABORATORY	44,490,107	30,840,758	75,330,865	0.099722	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,109,463	538,133	2,647,596	0.467760	63.00
65.00	06500	RESPIRATORY THERAPY	7,185,290	806,378	7,991,668	0.265813	65.00
66.00	06600	PHYSICAL THERAPY	9,441,453	11,521,303	20,962,756	0.207811	66.00
66.01	06601	TCU REHAB	2,019,383	2	2,019,385	0.658226	66.01
68.00	06800	SPEECH PATHOLOGY	4,859	1,000,064	1,004,923	0.312225	68.00
69.00	06900	ELECTROCARDIOLOGY	13,720,558	13,820,621	27,541,179	0.035296	69.00
69.01	06901	CARDIAC HEHAB	576	1,893,430	1,894,006	0.478290	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	29,730,842	33,942,436	63,673,278	0.087695	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	21,602,480	11,951,436	33,553,916	0.368180	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	60,262,630	25,796,486	86,059,116	0.129916	73.00
74.00	07400	RENAL DIALYSIS	1,050,191	88,750	1,138,941	0.513416	74.00
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	24,052,828	56,135,534	80,188,362	0.121208	91.00
91.01	09101	FAMILY PRACTICES	0	12,546,733	12,546,733	0.364682	91.01
91.02	09102	PSYCH DAY HOSPITAL	0	2,192,784	2,192,784	0.327197	91.02
91.03	09103	WOUND CARE	6,177	1,846,811	1,852,988	0.149465	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,029,439	9,056,551	10,085,990	0.194669	92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	12,716,970	12,716,970		101.00
200.00		Subtotal (see instructions)	522,929,996	513,881,940	1,036,811,936		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	522,929,996	513,881,940	1,036,811,936		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140054

Period:
From 10/01/2012
To 09/30/2013

Worksheet C
Part I
Date/Time Prepared:
2/19/2014 8:18 am

Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital	Cost
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
40.00	04000	SUBPROVIDER - IPF			40.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.000000		50.00
51.00	05100	RECOVERY ROOM	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
56.00	05600	RADIOISOTOPE	0.000000		56.00
56.01	03630	ULTRA SOUND	0.000000		56.01
56.02	03440	MAMMOGRAPHY	0.000000		56.02
57.00	05700	CT SCAN	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		59.00
59.01	05901	GASTRO INTESTINAL	0.000000		59.01
60.00	06000	LABORATORY	0.000000		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
65.00	06500	RESPIRATORY THERAPY	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	0.000000		66.00
66.01	06601	TCU REHAB	0.000000		66.01
68.00	06800	SPEECH PATHOLOGY	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		69.00
69.01	06901	CARDIAC HEHAB	0.000000		69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400	RENAL DIALYSIS	0.000000		74.00
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.000000		91.00
91.01	09101	FAMILY PRACTICES	0.000000		91.01
91.02	09102	PSYCH DAY HOSPITAL	0.000000		91.02
91.03	09103	WOUND CARE	0.000000		91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY			101.00
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: 140054

Period:
From 10/01/2012
To 09/30/2013

Worksheet D
Part I
Date/Time Prepared:
2/19/2014 8:18 am

Cost Center Description		Title XVIII			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)		
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	4,256,621	0	4,256,621	53,234	79.96	30.00	
31.00	INTENSIVE CARE UNIT	417,304		417,304	5,121	81.49	31.00	
40.00	SUBPROVIDER - IPF	596,119	0	596,119	7,628	78.15	40.00	
43.00	NURSERY	165,433		165,433	4,259	38.84	43.00	
44.00	SKILLED NURSING FACILITY	616,514		616,514	12,768	48.29	44.00	
200.00	Total (lines 30-199)	6,051,991		6,051,991	83,010		200.00	
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)					
		6.00	7.00					
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	15,977	1,277,521					30.00
31.00	INTENSIVE CARE UNIT	2,190	178,463					31.00
40.00	SUBPROVIDER - IPF	5,844	456,709					40.00
43.00	NURSERY	0	0					43.00
44.00	SKILLED NURSING FACILITY	8,313	401,435					44.00
200.00	Total (lines 30-199)	32,324	2,314,128					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 140054

Period:
From 10/01/2012
To 09/30/2013

Worksheet D
Part II
Date/Time Prepared:
2/19/2014 8:18 am

Cost Center Description		Title XVIII			Hospital	PPS		
		Capital Related Cost (from wkst. B, Part II, col. 26)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,376,578	114,404,431	0.012033	16,972,605	204,231	50.00
51.00	05100	RECOVERY ROOM	131,528	21,313,703	0.006171	2,254,628	13,913	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	351,360	21,572,394	0.016287	23,804	388	52.00
53.00	05300	ANESTHESIOLOGY	29,043	40,758,751	0.000713	4,343,028	3,097	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	921,362	40,219,666	0.022908	4,018,631	92,059	54.00
56.00	05600	RADIOISOTOPE	92,750	11,960,898	0.007754	970,514	7,525	56.00
56.01	03630	ULTRA SOUND	19,704	20,130,434	0.000979	1,904,730	1,865	56.01
56.02	03440	MAMMOGRAPHY	207,850	19,372,824	0.010729	1,956	21	56.02
57.00	05700	CT SCAN	110,478	77,406,525	0.001427	9,678,001	13,811	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	20,648	32,131,646	0.000643	1,702,746	1,095	58.00
59.00	05900	CARDIAC CATHETERIZATION	199,038	38,007,540	0.005237	8,588,933	44,980	59.00
59.01	05901	GASTRO INTESTINAL	342,719	30,253,983	0.011328	2,238,863	25,362	59.01
60.00	06000	LABORATORY	856,950	75,330,865	0.011376	16,257,418	184,944	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	54,988	2,647,596	0.020769	369,448	7,673	63.00
65.00	06500	RESPIRATORY THERAPY	114,895	7,991,668	0.014377	2,601,106	37,396	65.00
66.00	06600	PHYSICAL THERAPY	390,720	20,962,756	0.018639	4,456,353	83,062	66.00
66.01	06601	TCU REHAB	121,931	2,019,385	0.060380	0	0	66.01
68.00	06800	SPEECH PATHOLOGY	57,722	1,004,923	0.057439	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	41,225	27,541,179	0.001497	6,000,310	8,982	69.00
69.01	06901	CARDIAC HEHAB	311,933	1,894,006	0.164695	315	52	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	108,654	63,673,278	0.001706	8,699,068	14,841	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	221,255	33,553,916	0.006594	8,490,482	55,986	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	315,854	86,059,116	0.003670	18,840,486	69,145	73.00
74.00	07400	RENAL DIALYSIS	17,257	1,138,941	0.015152	589,469	8,932	74.00
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	678,855	80,188,362	0.008466	8,485,806	71,841	91.00
91.01	09101	FAMILY PRACTICES	572,558	12,546,733	0.045634	0	0	91.01
91.02	09102	PSYCH DAY HOSPITAL	224,985	2,192,784	0.102602	0	0	91.02
91.03	09103	WOUND CARE	3,702	1,852,988	0.001998	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	218,212	10,085,990	0.021635	566,983	12,267	92.00
200.00		Total (lines 50-199)	8,114,754	898,217,281		128,055,683	963,468	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140054

Period:
From 10/01/2012
To 09/30/2013

Worksheet D
Part III
Date/Time Prepared:
2/19/2014 8:18 am

Cost Center Description		Title XVIII			Hospital	PPS	Total Costs (sum of cols. 1 through 3, minus col. 4)
		Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	4.00	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
43.00	04300	NURSERY	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
200.00		Total (lines 30-199)	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	53,234	0.00	15,977	0	30.00
31.00	03100	INTENSIVE CARE UNIT	5,121	0.00	2,190	0	31.00
40.00	04000	SUBPROVIDER - IPF	7,628	0.00	5,844	0	40.00
43.00	04300	NURSERY	4,259	0.00	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	12,768	0.00	8,313	0	44.00
200.00		Total (lines 30-199)	83,010		32,324	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
40.00	04000	SUBPROVIDER - IPF	0	0			40.00
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: 140054

Period:
From 10/01/2012
To 09/30/2013

Worksheet D
Part IV
Date/Time Prepared:
2/19/2014 8:18 am

Cost Center Description		Title XVIII			Hospital	PPS	Total Cost (sum of col 1 through col. 4)	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost			
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03630	ULTRA SOUND	0	0	0	0	0	56.01
56.02	03440	MAMMOGRAPHY	0	0	0	0	0	56.02
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
59.01	05901	GASTRO INTESTINAL	0	0	0	0	0	59.01
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
66.01	06601	TCU REHAB	0	0	0	0	0	66.01
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	06901	CARDIAC HEHAB	0	0	0	0	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
91.01	09101	FAMILY PRACTICES	0	0	0	0	0	91.01
91.02	09102	PSYCH DAY HOSPITAL	0	0	0	0	0	91.02
91.03	09103	WOUND CARE	0	0	0	0	0	91.03
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: 140054

Period:
From 10/01/2012
To 09/30/2013

Worksheet D
Part IV
Date/Time Prepared:
2/19/2014 8:18 am

Cost Center Description		Title XVIII			Hospital		PPS		
		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from wkst. C. Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges			
		6.00	7.00	8.00	9.00	10.00			
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	114,404,431	0.000000	0.000000	16,972,605	50.00	
51.00	05100	RECOVERY ROOM	0	21,313,703	0.000000	0.000000	2,254,628	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	21,572,394	0.000000	0.000000	23,804	52.00	
53.00	05300	ANESTHESIOLOGY	0	40,758,751	0.000000	0.000000	4,343,028	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	40,219,666	0.000000	0.000000	4,018,631	54.00	
56.00	05600	RADIOISOTOPE	0	11,960,898	0.000000	0.000000	970,514	56.00	
56.01	03630	ULTRA SOUND	0	20,130,434	0.000000	0.000000	1,904,730	56.01	
56.02	03440	MAMMOGRAPHY	0	19,372,824	0.000000	0.000000	1,956	56.02	
57.00	05700	CT SCAN	0	77,406,525	0.000000	0.000000	9,678,001	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	32,131,646	0.000000	0.000000	1,702,746	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0	38,007,540	0.000000	0.000000	8,588,933	59.00	
59.01	05901	GASTRO INTESTINAL	0	30,253,983	0.000000	0.000000	2,238,863	59.01	
60.00	06000	LABORATORY	0	75,330,865	0.000000	0.000000	16,257,418	60.00	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	2,647,596	0.000000	0.000000	369,448	63.00	
65.00	06500	RESPIRATORY THERAPY	0	7,991,668	0.000000	0.000000	2,601,106	65.00	
66.00	06600	PHYSICAL THERAPY	0	20,962,756	0.000000	0.000000	4,456,353	66.00	
66.01	06601	TCU REHAB	0	2,019,385	0.000000	0.000000	0	66.01	
68.00	06800	SPEECH PATHOLOGY	0	1,004,923	0.000000	0.000000	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	0	27,541,179	0.000000	0.000000	6,000,310	69.00	
69.01	06901	CARDIAC HEHAB	0	1,894,006	0.000000	0.000000	315	69.01	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	63,673,278	0.000000	0.000000	8,699,068	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	33,553,916	0.000000	0.000000	8,490,482	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	86,059,116	0.000000	0.000000	18,840,486	73.00	
74.00	07400	RENAL DIALYSIS	0	1,138,941	0.000000	0.000000	589,469	74.00	
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY	0	80,188,362	0.000000	0.000000	8,485,806	91.00	
91.01	09101	FAMILY PRACTICES	0	12,546,733	0.000000	0.000000	0	91.01	
91.02	09102	PSYCH DAY HOSPITAL	0	2,192,784	0.000000	0.000000	0	91.02	
91.03	09103	WOUND CARE	0	1,852,988	0.000000	0.000000	0	91.03	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	10,085,990	0.000000	0.000000	566,983	92.00	
200.00		Total (lines 50-199)	0	898,217,281			128,055,683	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140054

Period:
From 10/01/2012
To 09/30/2013

Worksheet D
Part IV
Date/Time Prepared:
2/19/2014 8:18 am

Cost Center Description		Title XVIII			Hospital		PPS	
		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges before 1/1	Outpatient Program Charges on/after 1/1	Outpatient Program Pass-Through Costs (col. 9 x col. 12) before 1/1	Outpatient Program Pass-Through Costs (col. 9 x col. 12) on/after 1/1		
		11.00	12.00	12.01	13.00	13.01		
ANCILLARY SERVICE COST CENTERS								
50.00	05000 OPERATING ROOM	0	15,162,369	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	3,169,590	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	5,685,897	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	4,109,369	0	0	0	0	54.00
56.00	05600 RADIOISOTOPE	0	2,426,480	0	0	0	0	56.00
56.01	03630 ULTRA SOUND	0	2,113,549	0	0	0	0	56.01
56.02	03440 MAMMOGRAPHY	0	0	0	0	0	0	56.02
57.00	05700 CT SCAN	0	12,047,403	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	4,931,131	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	2,814,479	0	0	0	0	59.00
59.01	05901 GASTRO INTESTINAL	0	4,712,166	0	0	0	0	59.01
60.00	06000 LABORATORY	0	2,970,339	0	0	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	48,721	0	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	165,044	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	193,733	0	0	0	0	66.00
66.01	06601 TCU REHAB	0	0	0	0	0	0	66.01
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	3,222,290	0	0	0	0	69.00
69.01	06901 CARDIAC REHAB	0	1,051,983	0	0	0	0	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	7,752,351	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	5,085,950	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	6,880,960	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	39,241	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
91.00	09100 EMERGENCY	0	6,593,708	0	0	0	0	91.00
91.01	09101 FAMILY PRACTICES	0	0	0	0	0	0	91.01
91.02	09102 PSYCH DAY HOSPITAL	0	386,200	0	0	0	0	91.02
91.03	09103 WOUND CARE	0	0	0	0	0	0	91.03
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	2,679,982	0	0	0	0	92.00
200.00	Total (lines 50-199)	0	94,242,935	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140054

Period:
From 10/01/2012
To 09/30/2013

Worksheet D
Part IV
Date/Time Prepared:
2/19/2014 8:18 am

Cost Center Description		Title XVIII			Hospital	PPS	
		PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost		
		21.00	22.00	23.00	24.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
56.01	03630	ULTRA SOUND	0	0	0	0	56.01
56.02	03440	MAMMOGRAPHY	0	0	0	0	56.02
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
59.01	05901	GASTRO INTESTINAL	0	0	0	0	59.01
60.00	06000	LABORATORY	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
66.01	06601	TCU REHAB	0	0	0	0	66.01
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
69.01	06901	CARDIAC HEHAB	0	0	0	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	0	0	0	0	91.00
91.01	09101	FAMILY PRACTICES	0	0	0	0	91.01
91.02	09102	PSYCH DAY HOSPITAL	0	0	0	0	91.02
91.03	09103	WOUND CARE	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 140054

Period:
From 10/01/2012
To 09/30/2013

Worksheet D
Part V
Date/Time Prepared:
2/19/2014 8:18 am

		Title XVIII		Hospital		PPS	
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges					
		PPS Reimbursed Services (see inst.) before 1/1	PPS Reimbursed Services (see inst.) on/after 1/1	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
		1.00	2.00	2.01	3.00	4.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.146317	15,162,369	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0.067760	3,169,590	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.150400	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.026222	5,685,897	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.147322	4,109,369	0	0	0	54.00
56.00	05600 RADIOISOTOPE	0.085079	2,426,480	0	0	0	56.00
56.01	03630 ULTRA SOUND	0.065898	2,113,549	0	0	0	56.01
56.02	03440 MAMMOGRAPHY	0.082233	0	0	0	0	56.02
57.00	05700 CT SCAN	0.021201	12,047,403	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.038597	4,931,131	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.096723	2,814,479	0	0	0	59.00
59.01	05901 GASTRO INTESTINAL	0.135863	4,712,166	0	0	0	59.01
60.00	06000 LABORATORY	0.099722	2,970,339	0	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.467760	48,721	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.265813	165,044	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.207811	193,733	0	0	0	66.00
66.01	06601 TCU REHAB	0.658226	0	0	0	0	66.01
68.00	06800 SPEECH PATHOLOGY	0.312225	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.035296	3,222,290	0	0	0	69.00
69.01	06901 CARDIAC HEHAB	0.478290	1,051,983	0	0	0	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.087695	7,752,351	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.368180	5,085,950	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.129916	6,880,960	0	0	32,775	73.00
74.00	07400 RENAL DIALYSIS	0.513416	39,241	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	0.121208	6,593,708	0	0	0	91.00
91.01	09101 FAMILY PRACTICES	0.364682	0	0	0	0	91.01
91.02	09102 PSYCH DAY HOSPITAL	0.327197	386,200	0	0	0	91.02
91.03	09103 WOUND CARE	0.149465	0	0	0	0	91.03
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.194669	2,679,982	0	0	0	92.00
200.00	Subtotal (see instructions)		94,242,935	0	0	32,775	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges					0	201.00
202.00	Net Charges (line 200 +/- line 201)		94,242,935	0	0	32,775	202.00

		Title XVIII			Hospital	PPS	
Cost Center Description		Costs					
		PPS Services (see inst.) before 1/1	PPS Services (see inst.) on/after 1/1	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
		5.00	5.01	6.00	7.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	2,218,512	0	0	0		50.00
51.00	05100 RECOVERY ROOM	214,771	0	0	0		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0		52.00
53.00	05300 ANESTHESIOLOGY	149,096	0	0	0		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	605,400	0	0	0		54.00
56.00	05600 RADIOISOTOPE	206,442	0	0	0		56.00
56.01	03630 ULTRA SOUND	139,279	0	0	0		56.01
56.02	03440 MAMMOGRAPHY	0	0	0	0		56.02
57.00	05700 CT SCAN	255,417	0	0	0		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	190,327	0	0	0		58.00
59.00	05900 CARDIAC CATHETERIZATION	272,225	0	0	0		59.00
59.01	05901 GASTRO INTESTINAL	640,209	0	0	0		59.01
60.00	06000 LABORATORY	296,208	0	0	0		60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	22,790	0	0	0		63.00
65.00	06500 RESPIRATORY THERAPY	43,871	0	0	0		65.00
66.00	06600 PHYSICAL THERAPY	40,260	0	0	0		66.00
66.01	06601 TCU REHAB	0	0	0	0		66.01
68.00	06800 SPEECH PATHOLOGY	0	0	0	0		68.00
69.00	06900 ELECTROCARDIOLOGY	113,734	0	0	0		69.00
69.01	06901 CARDIAC REHAB	503,153	0	0	0		69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	679,842	0	0	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	1,872,545	0	0	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	893,947	0	0	4,258		73.00
74.00	07400 RENAL DIALYSIS	20,147	0	0	0		74.00
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	799,210	0	0	0		91.00
91.01	09101 FAMILY PRACTICES	0	0	0	0		91.01
91.02	09102 PSYCH DAY HOSPITAL	126,363	0	0	0		91.02
91.03	09103 WOUND CARE	0	0	0	0		91.03
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	521,709	0	0	0		92.00
200.00	Subtotal (see instructions)	10,825,457	0	0	4,258		200.00
201.00	Less PBP Clinic Lab. Services-Program Only charges				0		201.00
202.00	Net Charges (line 200 +/- line 201)	10,825,457	0	0	4,258		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS	Provider CCN: 140054 Component CCN: 14S054	Period: From 10/01/2012 To 09/30/2013	Worksheet D Part II Date/Time Prepared: 2/19/2014 8:18 am
Title XVIII		Subprovider - IPF	PPS

Cost Center Description	Capital Related Cost (from wkst. B, Part II, col. 26)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	1,376,578	114,404,431	0.012033	10,844	130 50.00
51.00	05100 RECOVERY ROOM	131,528	21,313,703	0.006171	63,570	392 51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	351,360	21,572,394	0.016287	0	0 52.00
53.00	05300 ANESTHESIOLOGY	29,043	40,758,751	0.000713	61,848	44 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	921,362	40,219,666	0.022908	50,444	1,156 54.00
56.00	05600 RADIOISOTOPE	92,750	11,960,898	0.007754	5,090	39 56.00
56.01	03630 ULTRA SOUND	19,704	20,130,434	0.000979	20,104	20 56.01
56.02	03440 MAMMOGRAPHY	207,850	19,372,824	0.010729	0	0 56.02
57.00	05700 CT SCAN	110,478	77,406,525	0.001427	87,144	124 57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	20,648	32,131,646	0.000643	5,825	4 58.00
59.00	05900 CARDIAC CATHETERIZATION	199,038	38,007,540	0.005237	0	0 59.00
59.01	05901 GASTRO INTESTINAL	342,719	30,253,983	0.011328	1,857	21 59.01
60.00	06000 LABORATORY	856,950	75,330,865	0.011376	773,031	8,794 60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	54,988	2,647,596	0.020769	0	0 63.00
65.00	06500 RESPIRATORY THERAPY	114,895	7,991,668	0.014377	18,882	271 65.00
66.00	06600 PHYSICAL THERAPY	390,720	20,962,756	0.018639	140,988	2,628 66.00
66.01	06601 TCU REHAB	121,931	2,019,385	0.060380	0	0 66.01
68.00	06800 SPEECH PATHOLOGY	57,722	1,004,923	0.057439	4,105	236 68.00
69.00	06900 ELECTROCARDIOLOGY	41,225	27,541,179	0.001497	174,075	261 69.00
69.01	06901 CARDIAC HEHAB	311,933	1,894,006	0.164695	0	0 69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	108,654	63,673,278	0.001706	46,226	79 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	221,255	33,553,916	0.006594	0	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	315,854	86,059,116	0.003670	1,071,206	3,931 73.00
74.00	07400 RENAL DIALYSIS	17,257	1,138,941	0.015152	603	9 74.00
OUTPATIENT SERVICE COST CENTERS						
91.00	09100 EMERGENCY	678,855	80,188,362	0.008466	248,095	2,100 91.00
91.01	09101 FAMILY PRACTICES	572,558	12,546,733	0.045634	0	0 91.01
91.02	09102 PSYCH DAY HOSPITAL	224,985	2,192,784	0.102602	0	0 91.02
91.03	09103 WOUND CARE	3,702	1,852,988	0.001998	0	0 91.03
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	10,085,990	0.000000	0	0 92.00
200.00	Total (lines 50-199)	7,896,542	898,217,281		2,783,937	20,239 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140054
Component CCN: 14S054

Period:
From 10/01/2012
To 09/30/2013

Worksheet D
Part IV
Date/Time Prepared:
2/19/2014 8:18 am

Title XVIII

Subprovider -
IPF

PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)
		1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0	0	0	0	0 50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0 51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0 52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0 54.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0 56.00
56.01	03630 ULTRA SOUND	0	0	0	0	0 56.01
56.02	03440 MAMMOGRAPHY	0	0	0	0	0 56.02
57.00	05700 CT SCAN	0	0	0	0	0 57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0 58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0 59.00
59.01	05901 GASTRO INTESTINAL	0	0	0	0	0 59.01
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
66.01	06601 TCU REHAB	0	0	0	0	0 66.01
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0 68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0 69.00
69.01	06901 CARDIAC HEHAB	0	0	0	0	0 69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0 74.00
OUTPATIENT SERVICE COST CENTERS						
91.00	09100 EMERGENCY	0	0	0	0	0 91.00
91.01	09101 FAMILY PRACTICES	0	0	0	0	0 91.01
91.02	09102 PSYCH DAY HOSPITAL	0	0	0	0	0 91.02
91.03	09103 WOUND CARE	0	0	0	0	0 91.03
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: 140054
Component CCN: 14S054

Period:
From 10/01/2012
To 09/30/2013

Worksheet D
Part IV
Date/Time Prepared:
2/19/2014 8:18 am

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	114,404,431	0.000000	0.000000	10,844	50.00
51.00	05100 RECOVERY ROOM	0	21,313,703	0.000000	0.000000	63,570	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	21,572,394	0.000000	0.000000	0	52.00
53.00	05300 ANESTHESIOLOGY	0	40,758,751	0.000000	0.000000	61,848	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	40,219,666	0.000000	0.000000	50,444	54.00
56.00	05600 RADIOISOTOPE	0	11,960,898	0.000000	0.000000	5,090	56.00
56.01	03630 ULTRA SOUND	0	20,130,434	0.000000	0.000000	20,104	56.01
56.02	03440 MAMMOGRAPHY	0	19,372,824	0.000000	0.000000	0	56.02
57.00	05700 CT SCAN	0	77,406,525	0.000000	0.000000	87,144	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	32,131,646	0.000000	0.000000	5,825	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	38,007,540	0.000000	0.000000	0	59.00
59.01	05901 GASTRO INTESTINAL	0	30,253,983	0.000000	0.000000	1,857	59.01
60.00	06000 LABORATORY	0	75,330,865	0.000000	0.000000	773,031	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	2,647,596	0.000000	0.000000	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	7,991,668	0.000000	0.000000	18,882	65.00
66.00	06600 PHYSICAL THERAPY	0	20,962,756	0.000000	0.000000	140,988	66.00
66.01	06601 TCU REHAB	0	2,019,385	0.000000	0.000000	0	66.01
68.00	06800 SPEECH PATHOLOGY	0	1,004,923	0.000000	0.000000	4,105	68.00
69.00	06900 ELECTROCARDIOLOGY	0	27,541,179	0.000000	0.000000	174,075	69.00
69.01	06901 CARDIAC REHAB	0	1,894,006	0.000000	0.000000	0	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	63,673,278	0.000000	0.000000	46,226	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	33,553,916	0.000000	0.000000	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	86,059,116	0.000000	0.000000	1,071,206	73.00
74.00	07400 RENAL DIALYSIS	0	1,138,941	0.000000	0.000000	603	74.00
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	0	80,188,362	0.000000	0.000000	248,095	91.00
91.01	09101 FAMILY PRACTICES	0	12,546,733	0.000000	0.000000	0	91.01
91.02	09102 PSYCH DAY HOSPITAL	0	2,192,784	0.000000	0.000000	0	91.02
91.03	09103 WOUND CARE	0	1,852,988	0.000000	0.000000	0	91.03
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	10,085,990	0.000000	0.000000	0	92.00
200.00	Total (lines 50-199)	0	898,217,281			2,783,937	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140054

Period:
From 10/01/2012
To 09/30/2013

Worksheet D
Part IV
Date/Time Prepared:
2/19/2014 8:18 am

Component CCN: 14S054

Title XVIII

Subprovider -
IPF

PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges before 1/1	Outpatient Program Charges on/after 1/1	Outpatient Program Pass-Through Costs (col. 9 x col. 12) before 1/1	Outpatient Program Pass-Through Costs (col. 9 x col. 12) on/after 1/1	
		11.00	12.00	12.01	13.00	13.01	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,055	0	0	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
56.01	03630	ULTRA SOUND	0	0	0	0	56.01
56.02	03440	MAMMOGRAPHY	0	0	0	0	56.02
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
59.01	05901	GASTRO INTESTINAL	0	0	0	0	59.01
60.00	06000	LABORATORY	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
66.01	06601	TCU REHAB	0	0	0	0	66.01
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	5,892	0	0	69.00
69.01	06901	CARDIAC HEHAB	0	0	0	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	231	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	328	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	0	0	0	0	91.00
91.01	09101	FAMILY PRACTICES	0	0	0	0	91.01
91.02	09102	PSYCH DAY HOSPITAL	0	0	0	0	91.02
91.03	09103	WOUND CARE	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	7,506	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140054
Component CCN: 14S054

Period:
From 10/01/2012
To 09/30/2013

Worksheet D
Part IV
Date/Time Prepared:
2/19/2014 8:18 am

		Title XVIII			Subprovider - IPF	PPS
Cost Center Description		PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	
		21.00	22.00	23.00	24.00	
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
56.00	05600 RADIOISOTOPE	0	0	0	0	56.00
56.01	03630 ULTRA SOUND	0	0	0	0	56.01
56.02	03440 MAMMOGRAPHY	0	0	0	0	56.02
57.00	05700 CT SCAN	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	59.00
59.01	05901 GASTRO INTESTINAL	0	0	0	0	59.01
60.00	06000 LABORATORY	0	0	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	66.00
66.01	06601 TCU REHAB	0	0	0	0	66.01
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	69.00
69.01	06901 CARDIAC HEHAB	0	0	0	0	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS						
91.00	09100 EMERGENCY	0	0	0	0	91.00
91.01	09101 FAMILY PRACTICES	0	0	0	0	91.01
91.02	09102 PSYCH DAY HOSPITAL	0	0	0	0	91.02
91.03	09103 WOUND CARE	0	0	0	0	91.03
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
200.00	Total (lines 50-199)	0	0	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140054 Component CCN: 145054	Period: From 10/01/2012 To 09/30/2013	Worksheet D Part V Date/Time Prepared: 2/19/2014 8:18 am
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges				
		PPS Reimbursed Services (see inst.) before 1/1	PPS Reimbursed Services (see inst.) on/after 1/1	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
		2.00	2.01	3.00	4.00	
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0.146317	0	0	0	0 50.00
51.00	05100 RECOVERY ROOM	0.067760	0	0	0	0 51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.150400	0	0	0	0 52.00
53.00	05300 ANESTHESIOLOGY	0.026222	0	0	0	0 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.147322	1,055	0	0	0 54.00
56.00	05600 RADIOISOTOPE	0.085079	0	0	0	0 56.00
56.01	03630 ULTRA SOUND	0.065898	0	0	0	0 56.01
56.02	03440 MAMMOGRAPHY	0.082233	0	0	0	0 56.02
57.00	05700 CT SCAN	0.021201	0	0	0	0 57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.038597	0	0	0	0 58.00
59.00	05900 CARDIAC CATHETERIZATION	0.096723	0	0	0	0 59.00
59.01	05901 GASTRO INTESTINAL	0.135863	0	0	0	0 59.01
60.00	06000 LABORATORY	0.099722	0	0	0	0 60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.467760	0	0	0	0 63.00
65.00	06500 RESPIRATORY THERAPY	0.265813	0	0	0	0 65.00
66.00	06600 PHYSICAL THERAPY	0.207811	0	0	0	0 66.00
66.01	06601 TCU REHAB	0.658226	0	0	0	0 66.01
68.00	06800 SPEECH PATHOLOGY	0.312225	0	0	0	0 68.00
69.00	06900 ELECTROCARDIOLOGY	0.035296	5,892	0	0	0 69.00
69.01	06901 CARDIAC HEHAB	0.478290	0	0	0	0 69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.087695	231	0	0	0 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.368180	0	0	0	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.129916	328	0	0	0 73.00
74.00	07400 RENAL DIALYSIS	0.513416	0	0	0	0 74.00
OUTPATIENT SERVICE COST CENTERS						
91.00	09100 EMERGENCY	0.121208	0	0	0	0 91.00
91.01	09101 FAMILY PRACTICES	0.364682	0	0	0	0 91.01
91.02	09102 PSYCH DAY HOSPITAL	0.327197	0	0	0	0 91.02
91.03	09103 WOUND CARE	0.149465	0	0	0	0 91.03
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.194669	0	0	0	0 92.00
200.00	Subtotal (see instructions)		7,506	0	0	0 200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges				0	0 201.00
202.00	Net Charges (line 200 +/- line 201)		7,506	0	0	0 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 140054

Period: From 10/01/2012

Worksheet D

Component CCN: 145054

To 09/30/2013

Part V
Date/Time Prepared:
2/19/2014 8:18 am

Title XVIII

Subprovider -
IPF

PPS

Cost Center Description	Costs					
	PPS Services (see inst.) before 1/1	PPS Services (see inst.) on/after 1/1	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	5.00	5.01	6.00	7.00		
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	155	0	0	0		54.00
56.00 05600 RADIOISOTOPE	0	0	0	0		56.00
56.01 03630 ULTRA SOUND	0	0	0	0		56.01
56.02 03440 MAMMOGRAPHY	0	0	0	0		56.02
57.00 05700 CT SCAN	0	0	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0		59.00
59.01 05901 GASTRO INTESTINAL	0	0	0	0		59.01
60.00 06000 LABORATORY	0	0	0	0		60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0		63.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0		66.00
66.01 06601 TCU REHAB	0	0	0	0		66.01
68.00 06800 SPEECH PATHOLOGY	0	0	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	208	0	0	0		69.00
69.01 06901 CARDIAC HEHAB	0	0	0	0		69.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	20	0	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	43	0	0	0		73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0		74.00
OUTPATIENT SERVICE COST CENTERS						
91.00 09100 EMERGENCY	0	0	0	0		91.00
91.01 09101 FAMILY PRACTICES	0	0	0	0		91.01
91.02 09102 PSYCH DAY HOSPITAL	0	0	0	0		91.02
91.03 09103 WOUND CARE	0	0	0	0		91.03
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0		92.00
200.00 Subtotal (see instructions)	426	0	0	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges				0		201.00
202.00 Net Charges (line 200 +/- line 201)	426	0	0	0		202.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN:140054
Component CCN:145848

Period:
From 10/01/2012
To 09/30/2013

Worksheet D
Part IV
Date/Time Prepared:
2/19/2014 8:18 am

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
56.01	03630	ULTRA SOUND	0	0	0	0	56.01
56.02	03440	MAMMOGRAPHY	0	0	0	0	56.02
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
59.01	05901	GASTRO INTESTINAL	0	0	0	0	59.01
60.00	06000	LABORATORY	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
66.01	06601	TCU REHAB	0	0	0	0	66.01
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
69.01	06901	CARDIAC HEHAB	0	0	0	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	0	0	0	0	91.00
91.01	09101	FAMILY PRACTICES	0	0	0	0	91.01
91.02	09102	PSYCH DAY HOSPITAL	0	0	0	0	91.02
91.03	09103	WOUND CARE	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140054
Component CCN: 145848

Period:
From 10/01/2012
To 09/30/2013

Worksheet D
Part IV
Date/Time Prepared:
2/19/2014 8:18 am

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	114,404,431	0.000000	0.000000	6,858	50.00
51.00	05100 RECOVERY ROOM	0	21,313,703	0.000000	0.000000	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	21,572,394	0.000000	0.000000	0	52.00
53.00	05300 ANESTHESIOLOGY	0	40,758,751	0.000000	0.000000	2,118	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	40,219,666	0.000000	0.000000	149,101	54.00
56.00	05600 RADIOISOTOPE	0	11,960,898	0.000000	0.000000	17,715	56.00
56.01	03630 ULTRA SOUND	0	20,130,434	0.000000	0.000000	15,903	56.01
56.02	03440 MAMMOGRAPHY	0	19,372,824	0.000000	0.000000	0	56.02
57.00	05700 CT SCAN	0	77,406,525	0.000000	0.000000	17,326	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	32,131,646	0.000000	0.000000	8,165	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	38,007,540	0.000000	0.000000	0	59.00
59.01	05901 GASTRO INTESTINAL	0	30,253,983	0.000000	0.000000	0	59.01
60.00	06000 LABORATORY	0	75,330,865	0.000000	0.000000	988,519	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	2,647,596	0.000000	0.000000	11,695	63.00
65.00	06500 RESPIRATORY THERAPY	0	7,991,668	0.000000	0.000000	290,268	65.00
66.00	06600 PHYSICAL THERAPY	0	20,962,756	0.000000	0.000000	0	66.00
66.01	06601 TCU REHAB	0	2,019,385	0.000000	0.000000	1,355,465	66.01
68.00	06800 SPEECH PATHOLOGY	0	1,004,923	0.000000	0.000000	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	27,541,179	0.000000	0.000000	87,056	69.00
69.01	06901 CARDIAC HEHAB	0	1,894,006	0.000000	0.000000	0	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	63,673,278	0.000000	0.000000	97,777	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	33,553,916	0.000000	0.000000	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	86,059,116	0.000000	0.000000	2,626,097	73.00
74.00	07400 RENAL DIALYSIS	0	1,138,941	0.000000	0.000000	22,914	74.00
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	0	80,188,362	0.000000	0.000000	0	91.00
91.01	09101 FAMILY PRACTICES	0	12,546,733	0.000000	0.000000	0	91.01
91.02	09102 PSYCH DAY HOSPITAL	0	2,192,784	0.000000	0.000000	0	91.02
91.03	09103 WOUND CARE	0	1,852,988	0.000000	0.000000	0	91.03
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	10,085,990	0.000000	0.000000	0	92.00
200.00	Total (lines 50-199)	0	898,217,281			5,696,977	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140054
Component CCN: 145848

Period:
From 10/01/2012
To 09/30/2013

Worksheet D
Part IV
Date/Time Prepared:
2/19/2014 8:18 am

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges before 1/1	Outpatient Program Charges on/after 1/1	Outpatient Program Pass-Through Costs (col. 9 x col. 12) before 1/1	Outpatient Program Pass-Through Costs (col. 9 x col. 12) on/after 1/1	
		11.00	12.00	12.01	13.00	13.01	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03630 ULTRA SOUND	0	0	0	0	0	56.01
56.02	03440 MAMMOGRAPHY	0	0	0	0	0	56.02
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
59.01	05901 GASTRO INTESTINAL	0	0	0	0	0	59.01
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
66.01	06601 TCU REHAB	0	0	0	0	0	66.01
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	06901 CARDIAC HEHAB	0	0	0	0	0	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
91.01	09101 FAMILY PRACTICES	0	0	0	0	0	91.01
91.02	09102 PSYCH DAY HOSPITAL	0	0	0	0	0	91.02
91.03	09103 WOUND CARE	0	0	0	0	0	91.03
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: 140054
Component CCN: 145848

Period:
From 10/01/2012
To 09/30/2013

Worksheet D
Part IV
Date/Time Prepared:
2/19/2014 8:18 am

Cost Center Description		PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost		
		21.00	22.00	23.00	24.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0		50.00
51.00	05100 RECOVERY ROOM	0	0	0	0		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0		52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0		54.00
56.00	05600 RADIOISOTOPE	0	0	0	0		56.00
56.01	03630 ULTRA SOUND	0	0	0	0		56.01
56.02	03440 MAMMOGRAPHY	0	0	0	0		56.02
57.00	05700 CT SCAN	0	0	0	0		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0		58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0		59.00
59.01	05901 GASTRO INTESTINAL	0	0	0	0		59.01
60.00	06000 LABORATORY	0	0	0	0		60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0		63.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0		65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0		66.00
66.01	06601 TCU REHAB	0	0	0	0		66.01
68.00	06800 SPEECH PATHOLOGY	0	0	0	0		68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0		69.00
69.01	06901 CARDIAC HEHAB	0	0	0	0		69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0		73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0		74.00
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	0	0	0	0		91.00
91.01	09101 FAMILY PRACTICES	0	0	0	0		91.01
91.02	09102 PSYCH DAY HOSPITAL	0	0	0	0		91.02
91.03	09103 WOUND CARE	0	0	0	0		91.03
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0		92.00
200.00	Total (lines 50-199)	0	0	0	0		200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140054	Period: From 10/01/2012 To 09/30/2013	worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 2/19/2014 8:18 am
Cost Center Description		PPS		
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		53,234	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		53,234	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)		50,505	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)		15,977	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		38,300,363	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		38,300,363	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		38,300,363	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)		719.47	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		11,494,972	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		11,494,972	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140054

Period:
From 10/01/2012
To 09/30/2013

Worksheet D-1

Date/Time Prepared:
2/19/2014 8:18 am

Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	6,481,103	5,121	1,265.59	2,190	2,771,642	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)					16,361,957	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					30,628,571	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)					1,455,984	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					963,468	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					2,419,452	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					28,209,119	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)					2,729	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					719.47	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					1,963,434	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140054

Period:
From 10/01/2012
To 09/30/2013

worksheet D-1
Date/Time Prepared:
2/19/2014 8:18 am

Cost Center Description	Cost	Title XVIII		Hospital	PPS	
		Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00 Capital-related cost	4,256,621	38,300,363	0.111138	1,963,434	218,212	90.00
91.00 Nursing School cost	0	38,300,363	0.000000	1,963,434	0	91.00
92.00 Allied health cost	0	38,300,363	0.000000	1,963,434	0	92.00
93.00 All other Medical Education	0	38,300,363	0.000000	1,963,434	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140054	Period: From 10/01/2012 To 09/30/2013	Worksheet D-1
		Component CCN: 14S054	Title XVIII	Date/Time Prepared: 2/19/2014 8:18 am
			Subprovider - IPF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		7,628	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		7,628	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)		7,628	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)		5,844	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)		5,249,756	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)		5,249,756	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		5,249,756	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)		688.22	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		4,021,958	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)		4,021,958	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140054
Component CCN: 14S054

Period:
From 10/01/2012
To 09/30/2013

worksheet D-1
Date/Time Prepared:
2/19/2014 8:18 am

Title XVIII

Subprovider -
IPF

PPS

Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
	1.00	2.00	3.00	4.00	5.00	
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units						
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00 CORONARY CARE UNIT						44.00
45.00 BURN INTENSIVE CARE UNIT						45.00
46.00 SURGICAL INTENSIVE CARE UNIT						46.00
47.00 OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description					1.00	
48.00 Program inpatient ancillary service cost (wkst. D-3, col. 3, line 200)					311,475	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					4,333,433	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)					456,709	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from wkst. D, sum of Parts II and IV)					20,239	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					476,948	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					3,856,485	53.00
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00 Program discharges					0	54.00
55.00 Target amount per discharge					0.00	55.00
56.00 Target amount (line 54 x line 55)					0	56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00 Bonus payment (see instructions)					0	58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00 Relief payment (see instructions)					0	62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY						
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00 Program routine service cost (line 9 x line 71)						72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from worksheet B, Part II, column 26, line 45)						75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00 Program capital-related costs (line 9 x line 76)						77.00
78.00 Inpatient routine service cost (line 74 minus line 77)						78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00 Inpatient routine service cost per diem limitation						81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00 Reasonable inpatient routine service costs (see instructions)						83.00
84.00 Program inpatient ancillary services (see instructions)						84.00
85.00 Utilization review - physician compensation (see instructions)						85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00 Total observation bed days (see instructions)					0	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00 observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140054 Component CCN: 145054		Period: From 10/01/2012 To 09/30/2013		Worksheet D-1 Date/Time Prepared: 2/19/2014 8:18 am	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	596,119	5,249,756	0.113552	0	0	90.00
91.00	Nursing School cost	0	5,249,756	0.000000	0	0	91.00
92.00	Allied health cost	0	5,249,756	0.000000	0	0	92.00
93.00	All other Medical Education	0	5,249,756	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140054 Component CCN: 145848	Period: From 10/01/2012 To 09/30/2013	worksheet D-1 Date/Time Prepared: 2/19/2014 8:18 am
		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)		12,768	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		12,768	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)		12,768	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)		8,313	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)		5,686,514	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)		5,686,514	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		5,686,514	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:140054 Component CCN:145848		Period: From 10/01/2012 To 09/30/2013		worksheet D-1 Date/Time Prepared: 2/19/2014 8:18 am	
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)					5,686,514	70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					445.37	71.00
72.00	Program routine service cost (line 9 x line 71)					3,702,361	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)					3,702,361	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)					3,702,361	83.00
84.00	Program inpatient ancillary services (see instructions)					1,464,252	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)					5,166,613	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: 140054
Component CCN: 145848

Period:
From 10/01/2012
To 09/30/2013

worksheet D-1
Date/Time Prepared:
2/19/2014 8:18 am

Title XVIII

Skilled Nursing
Facility

PPS

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

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140054	Period: From 10/01/2012 To 09/30/2013	worksheet D-3 Date/Time Prepared: 2/19/2014 8:18 am
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Cost Center Description		Ratio of Cost To Charges	Hospital 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		23,837,893		30.00
31.00	03100 INTENSIVE CARE UNIT		8,023,836		31.00
40.00	04000 SUBPROVIDER - IPF		0		40.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.146317	16,972,605	2,483,381	50.00
51.00	05100 RECOVERY ROOM	0.067760	2,254,628	152,774	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.150400	23,804	3,580	52.00
53.00	05300 ANESTHESIOLOGY	0.026367	4,343,028	114,513	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.147322	4,018,631	592,033	54.00
56.00	05600 RADIOISOTOPE	0.085079	970,514	82,570	56.00
56.01	03630 ULTRA SOUND	0.065898	1,904,730	125,518	56.01
56.02	03440 MAMMOGRAPHY	0.082233	1,956	161	56.02
57.00	05700 CT SCAN	0.021201	9,678,001	205,183	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.038597	1,702,746	65,721	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.096723	8,588,933	830,747	59.00
59.01	05901 GASTRO INTESTINAL	0.135863	2,238,863	304,179	59.01
60.00	06000 LABORATORY	0.099722	16,257,418	1,621,222	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.467760	369,448	172,813	63.00
65.00	06500 RESPIRATORY THERAPY	0.265813	2,601,106	691,408	65.00
66.00	06600 PHYSICAL THERAPY	0.207811	4,456,353	926,079	66.00
66.01	06601 TCU REHAB	0.658226	0	0	66.01
68.00	06800 SPEECH PATHOLOGY	0.312225	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.035296	6,000,310	211,787	69.00
69.01	06901 CARDIAC HEHAB	0.478290	315	151	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.087695	8,699,068	762,865	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.368180	8,490,482	3,126,026	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.129916	18,840,486	2,447,681	73.00
74.00	07400 RENAL DIALYSIS	0.513416	589,469	302,643	74.00
OUTPATIENT SERVICE COST CENTERS					
91.00	09100 EMERGENCY	0.121208	8,485,806	1,028,548	91.00
91.01	09101 FAMILY PRACTICES	0.364682	0	0	91.01
91.02	09102 PSYCH DAY HOSPITAL	0.328499	0	0	91.02
91.03	09103 WOUND CARE	0.149465	0	0	91.03
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.194669	566,983	110,374	92.00
200.00	Total (sum of lines 50-94 and 96-98)		128,055,683	16,361,957	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00	Net Charges (line 200 minus line 201)		128,055,683		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140054	Period: From 10/01/2012 To 09/30/2013	Worksheet D-3		
		Component CCN: 145054	Date/Time Prepared: 2/19/2014 8:18 am			
		Title XVIII	Subprovider - IPF	PPS		
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)		
		1.00	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS		0	30.00	
31.00	03100	INTENSIVE CARE UNIT		0	31.00	
40.00	04000	SUBPROVIDER - IPF		9,555,560	40.00	
43.00	04300	NURSERY			43.00	
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.146317	10,844	1,587	50.00
51.00	05100	RECOVERY ROOM	0.067760	63,570	4,308	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.150400	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.026367	61,848	1,631	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.147322	50,444	7,432	54.00
56.00	05600	RADIOISOTOPE	0.085079	5,090	433	56.00
56.01	03630	ULTRA SOUND	0.065898	20,104	1,325	56.01
56.02	03440	MAMMOGRAPHY	0.082233	0	0	56.02
57.00	05700	CT SCAN	0.021201	87,144	1,848	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.038597	5,825	225	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.096723	0	0	59.00
59.01	05901	GASTRO INTESTINAL	0.135863	1,857	252	59.01
60.00	06000	LABORATORY	0.099722	773,031	77,088	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.467760	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.265813	18,882	5,019	65.00
66.00	06600	PHYSICAL THERAPY	0.207811	140,988	29,299	66.00
66.01	06601	TCU REHAB	0.658226	0	0	66.01
68.00	06800	SPEECH PATHOLOGY	0.312225	4,105	1,282	68.00
69.00	06900	ELECTROCARDIOLOGY	0.035296	174,075	6,144	69.00
69.01	06901	CARDIAC HEHAB	0.478290	0	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.087695	46,226	4,054	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.368180	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.129916	1,071,206	139,167	73.00
74.00	07400	RENAL DIALYSIS	0.513416	603	310	74.00
OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0.121208	248,095	30,071	91.00
91.01	09101	FAMILY PRACTICES	0.364682	0	0	91.01
91.02	09102	PSYCH DAY HOSPITAL	0.328499	0	0	91.02
91.03	09103	WOUND CARE	0.149465	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.194669	0	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		2,783,937	311,475	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)		2,783,937	311,475	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN:140054 Component CCN:145848	Period: From 10/01/2012 To 09/30/2013	Worksheet D-3 Date/Time Prepared: 2/19/2014 8:18 am
		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
40.00	04000	SUBPROVIDER - IPF		0	40.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.146317	6,858	1,003 50.00
51.00	05100	RECOVERY ROOM	0.067760	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.150400	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0.026222	2,118	56 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.147322	149,101	21,966 54.00
56.00	05600	RADIOISOTOPE	0.085079	17,715	1,507 56.00
56.01	03630	ULTRA SOUND	0.065898	15,903	1,048 56.01
56.02	03440	MAMMOGRAPHY	0.082233	0	0 56.02
57.00	05700	CT SCAN	0.021201	17,326	367 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.038597	8,165	315 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.096723	0	0 59.00
59.01	05901	GASTRO INTESTINAL	0.135863	0	0 59.01
60.00	06000	LABORATORY	0.099722	988,519	98,577 60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.467760	11,695	5,470 63.00
65.00	06500	RESPIRATORY THERAPY	0.265813	290,268	77,157 65.00
66.00	06600	PHYSICAL THERAPY	0.207811	0	0 66.00
66.01	06601	TCU REHAB	0.658226	1,355,465	892,202 66.01
68.00	06800	SPEECH PATHOLOGY	0.312225	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	0.035296	87,056	3,073 69.00
69.01	06901	CARDIAC HEHAB	0.478290	0	0 69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.087695	97,777	8,575 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.368180	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.129916	2,626,097	341,172 73.00
74.00	07400	RENAL DIALYSIS	0.513416	22,914	11,764 74.00
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.121208	0	0 91.00
91.01	09101	FAMILY PRACTICES	0.364682	0	0 91.01
91.02	09102	PSYCH DAY HOSPITAL	0.327197	0	0 91.02
91.03	09103	WOUND CARE	0.149465	0	0 91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.194669	0	0 92.00
200.00		Total (sum of lines 50-94 and 96-98)		5,696,977	1,464,252 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net Charges (line 200 minus line 201)		5,696,977	1,464,252 202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140054	Period: From 10/01/2012 To 09/30/2013	Worksheet E Part A Date/Time Prepared: 2/19/2014 8:18 am
		Title XVIII	Hospital	PPS
		0	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		33,308,714	1.00
2.00	Outlier payments for discharges. (see instructions)		163,458	2.00
2.01	Outlier reconciliation amount		0	2.01
3.00	Managed Care Simulated Payments		12,656,282	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		252.52	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)		60.12	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.		36.22	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)		96.34	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		99.90	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.79	11.00
12.00	Current year allowable FTE (see instructions)		97.13	12.00
13.00	Total allowable FTE count for the prior year.		69.44	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.		60.30	14.00
15.00	Sum of lines 12 through 14 divided by 3.		75.62	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		75.62	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.299461	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.295439	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.295439	21.00
22.00	IME payment adjustment (see instructions)		6,858,437	22.00
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		3.56	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)		6,858,437	29.00
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		5.08	30.00
31.00	Percentage of Medicaid patient days (see instructions)		32.55	31.00
32.00	Sum of lines 30 and 31		37.63	32.00
33.00	Allowable disproportionate share percentage (see instructions)		20.26	33.00
34.00	Disproportionate share adjustment (see instructions)		6,748,345	34.00
Additional payment for high percentage of ESRD beneficiary discharges				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0 41.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 140054

Period:
From 10/01/2012
To 09/30/2013

Worksheet E
Part A
Date/Time Prepared:
2/19/2014 8:18 am

		Title XVIII	Hospital	PPS	
		0	before 1/1	on/after 1/1	
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 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)		47,078,954		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only.(see instructions)		0		48.00
49.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)		47,078,954		49.00
50.00	Payment for inpatient program capital (from worksheet L, Parts I, II, as applicable)		3,272,218		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).		4,201,344		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)		54,552,516		59.00
60.00	Primary payer payments		94,538		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		54,457,978		61.00
62.00	Deductibles billed to program beneficiaries		3,317,024		62.00
63.00	Coinsurance billed to program beneficiaries		134,574		63.00
64.00	Allowable bad debts (see instructions)		1,612,891		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		1,048,379		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		1,189,462		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		52,054,759		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
70.92	Bundled Model 1 discount amount		0		70.92
70.93	HVBP incentive payment (see instructions)		116,019		70.93
70.94	Hospital readmissions reduction adjustment (see instructions)		-56,693		70.94
70.95	Recovery of Accelerated Depreciation		0		70.95
70.96	Low Volume Payment-1 (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0		70.96
70.97	Low Volume Payment-2 (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0		70.97
70.98	Low Volume Payment-3		0		70.98
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		52,114,085		71.00
71.01	Sequestration adjustment (see instructions)		521,141		71.01
72.00	Interim payments		49,623,926		72.00
73.00	Tentative settlement (for contractor use only)		0		73.00
74.00	Balance due provider (Program) line 71 minus lines 71.01, 72 and 73		1,969,018		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		3,946,390		75.00
TO BE COMPLETED BY CONTRACTOR					
90.00	Operating outlier amount from worksheet E, Part A line 2 (see instructions)		0		90.00
91.00	Capital outlier from worksheet L, Part I, line 2		0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the Time value of Money		0.00		94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140054	Period: From 10/01/2012 To 09/30/2013	Worksheet E Part A Date/Time Prepared: 2/19/2014 8:18 am	
		Title XVIII	Hospital	PPS	
		0	before 1/1 1.00	on/after 1/1 1.01	
95.00	Time Value of Money for operating expenses(see instructions)			0	95.00
96.00	Time Value of Money for capital related expenses (see instructions)			0	96.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 140054	Period: From 10/01/2012 To 09/30/2013	worksheet DSH Date/Time Prepared: 2/19/2014 8:18 am
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	Original .mcrcx Values	Adjusted .mcax Values	HFS Look Up	Override Value	Revised Value	
	1.00	2.00	3.00	4.00	5.00	

CALCULATION OF THE DSH PAYMENT PERCENTAGE							
1.00	Percentage of SSI patient days to Medicare Part A days (Previous from E, Part A, line 30 - Revised from CMS)	5.08	0.00	0.00	0.00	0.00	1.00
2.00	Percentage of Medicaid patient days to total days (From line 27)	32.55	0.00			32.55	2.00
3.00	Sum of lines 1 and 2, if less than 15% DSH Payment Percentage = 0	37.63	0.00			32.55	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)	252.52	0.00			252.52	5.00
6.00	Disproportionate Share Payment Percentage (transfer to worksheet E, Part A, line 33)	20.26	0.00			16.07	6.00
7.00	Qualify for Operating DSH Eligibility (DPP 15% or more)?	Yes				Yes	7.00
8.00	S-2, Line 22	Yes				Yes	8.00
9.00	Qualify for Capital DSH Eligibility (Urban with 100 or more beds)?	Yes				No	9.00
10.00	S-2, Line 45	Yes				Yes	10.00
11.00	Is the provider reimbursed under the fully prospective method? (worksheet L, Part I, line 1 greater than -0-)	Yes				Yes	11.00
12.00	Percentage of SSI patient days to Medicare Part A days (Previous from L, Part I, line 7 - Revised from CMS)	5.08	0.00	0.00	0.00	0.00	12.00
13.00	Is this an IRF provider or a provider with an IRF excluded unit (worksheet S-2, line 75, column 1 = "Y")	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	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)	14,762	0			14,762	15.00
16.00	In-State Medicaid eligible unpaid paid days (worksheet S-2, line 24, column 2)	0	0			0	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)	4,729	0			4,729	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)	19,491	0			19,491	21.00
22.00	Total patient days (worksheet S-3, Part I, Column 8, Line 14)	59,885	0			59,885	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)	59,885	0			59,885	26.00
27.00	Percentage of Medicaid patient days to total days (Line 21 divided by line 26)	32.55	0.00			32.55	27.00

CALCULATION OF DSH PAYMENT PERCENTAGE

Provider CCN: 140054

Period:
From 10/01/2012
To 09/30/2013

worksheet DSH

Date/Time Prepared:
2/19/2014 8:18 am

		Title XVIII		Hospital		PPS	
		Original .mcrx values		Adjusted .mcax Values		Revised	
		Condition	Percentage	Condition	Percentage	Condition	
		1.00	2.00	3.00	4.00	5.00	
CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE							
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	True	20.26		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		20.26		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.		20.26		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: 140054

Period:
From 10/01/2012
To 09/30/2013

Worksheet DSH

Date/Time Prepared:
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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	16.07	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	16.07	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.	16.07	31.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140054	Period: From 10/01/2012 To 09/30/2013	Worksheet E Part B Date/Time Prepared: 2/19/2014 8:18 am
		Title XVIII	Hospital	PPS
		before 1/1	on/after 1/1	
		1.00	1.01	
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)	4,258		1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	10,825,457	0	2.00
3.00	PPS payments	13,589,668	0	3.00
4.00	Outlier payment (see instructions)	22,079	0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)	0.000	0.000	5.00
6.00	Line 2 times line 5	0	0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6	0.00	0.00	7.00
8.00	Transitional corridor payment (see instructions)	0	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)	4,258		11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges	32,775		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)	32,775		14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis	0		15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR 413.13(e)	0		16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)	0.000000		17.00
18.00	Total customary charges (see instructions)	32,775		18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	28,517		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)	4,258		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)	13,611,747		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)	2,988,310		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)	10,627,695		27.00
28.00	Direct graduate medical education payments (from worksheet E-4, line 50)	1,083,119		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)	11,710,814		30.00
31.00	Primary payer payments	18,538		31.00
32.00	Subtotal (line 30 minus line 31)	11,692,276		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)	1,094,774		34.00
35.00	Adjusted reimbursable bad debts (see instructions)	711,603		35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	902,539		36.00
37.00	Subtotal (see instructions)	12,403,879		37.00
38.00	MSP-LCC reconciliation amount from PS&R	0		38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0		39.00
39.99	RECOVERY OF ACCELERATED DEPRECIATION	0		39.99
40.00	Subtotal (see instructions)	12,403,879		40.00
40.01	Sequestration adjustment (see instructions)	124,039		40.01
41.00	Interim payments	11,781,697		41.00
42.00	Tentative settlement (for contractors use only)	0		42.00
43.00	Balance due provider/program (see instructions)	498,143		43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2	340		44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)	0		90.00
91.00	Outlier reconciliation adjustment amount (see instructions)	0		91.00
92.00	The rate used to calculate the Time Value of Money	0.00		92.00
93.00	Time Value of Money (see instructions)	0		93.00
94.00	Total (sum of lines 91 and 93)	0		94.00
			Overrides	
			1.00	
WORKSHEET OVERRIDE VALUES				
112.00	Override of Ancillary service charges (line 12)			0 112.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140054	Period: From 10/01/2012 To 09/30/2013	Worksheet E Part B Date/Time Prepared: 2/19/2014 8:18 am
		Component CCN: 14S054	Title XVIII	Subprovider - IPF
				PPS
			before 1/1	on/after 1/1
			1.00	1.01
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		426	2.00
3.00	PPS payments		642	3.00
4.00	Outlier payment (see instructions)		0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from worksheet D, Part IV, column 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from worksheet D-4, Part III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		642	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)		117	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)		525	27.00
28.00	Direct graduate medical education payments (from worksheet E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from worksheet E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		525	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		525	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		525	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		525	40.00
40.01	Sequestration adjustment (see instructions)		5	40.01
41.00	Interim payments		519	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		1	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 140054	Period: From 10/01/2012	Worksheet E Part B
	Component CCN: 14S054	To 09/30/2013	Date/Time Prepared: 2/19/2014 8:18 am
	Title XVIII	Subprovider - IPF	PPS
			Overrides
			1.00
WORKSHEET OVERRIDE VALUES			
112.00	override of Ancillary service charges (line 12)		0 112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140054

Period:
From 10/01/2012
To 09/30/2013

Worksheet E-1
Part I
Date/Time Prepared:
2/19/2014 8:18 am

		Title XVIII		Hospital	PPS	
		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		49,034,570		11,781,697	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	09/27/2013	589,356		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)		589,356		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)		49,623,926		11,781,697	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		1,969,018		498,143	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		51,592,944		12,279,840	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
				0	1.00	2.00
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140054
Component CCN: 145054

Period:
From 10/01/2012
To 09/30/2013

Worksheet E-1
Part I
Date/Time Prepared:
2/19/2014 8:18 am

Title XVIII

Subprovider -
IPF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		4,164,568		519	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)		4,164,568		519	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		1,305		1	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		4,165,873		520	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140054
Component CCN: 145848

Period:
From 10/01/2012
To 09/30/2013

Worksheet E-1
Part I
Date/Time Prepared:
2/19/2014 8:18 am

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		3,090,211			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)					0 3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0			0 3.01
3.02			0			0 3.02
3.03			0			0 3.03
3.04			0			0 3.04
3.05			0			0 3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		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)		3,090,211			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)					0 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)					0 6.00
6.01	SETTLEMENT TO PROVIDER		2,021			0 6.01
6.02	SETTLEMENT TO PROGRAM		0			0 6.02
7.00	Total Medicare program liability (see instructions)		3,092,232			0 7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
				1.00	2.00	
8.00	Name of Contractor		0			0 8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140054 Component CCN: 14S054	Period: From 10/01/2012 To 09/30/2013	Worksheet E-3 Part II Date/Time Prepared: 2/19/2014 8:18 am
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			4,761,017 1.00
2.00	Net IPF PPS Outlier Payments			0 2.00
3.00	Net IPF PPS ECT Payments			17,548 3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)			0.00 4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 4.01
5.00	New Teaching program adjustment. (see instructions)			0.00 5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program". (see inst.)			0.00 6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program". (see inst.)			0.00 7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)			0.00 8.00
9.00	Average Daily Census (see instructions)			20.898630 9.00
10.00	Indirect Medical Education Adjustment Factor $\{((1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1)\}$.			0.000000 10.00
11.00	Indirect Medical Education Adjustment (line 1 multiplied by line 10).			0 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			4,778,565 12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)			0 13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			0 14.00
15.00	Cost of teaching physicians (from worksheet D-5, Part II, column 3, line 20) (see instructions)			0 15.00
16.00	Subtotal (see instructions)			4,778,565 16.00
17.00	Primary payer payments			9,874 17.00
18.00	Subtotal (line 16 less line 17).			4,768,691 18.00
19.00	Deductibles			394,688 19.00
20.00	Subtotal (line 18 minus line 19)			4,374,003 20.00
21.00	Coinsurance			166,050 21.00
22.00	Subtotal (line 20 minus line 21)			4,207,953 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			0 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			0 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 25.00
26.00	Subtotal (sum of lines 22 and 24)			4,207,953 26.00
27.00	Direct graduate medical education payments (from worksheet E-4, line 49)			0 27.00
28.00	Other pass through costs (see instructions)			0 28.00
29.00	Outlier payments reconciliation			0 29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 30.00
30.99	Recovery of Accelerated Depreciation			0 30.99
31.00	Total amount payable to the provider (see instructions)			4,207,953 31.00
31.01	Sequestration adjustment (see instructions)			42,080 31.01
32.00	Interim payments			4,164,568 32.00
33.00	Tentative settlement (for contractor use only)			0 33.00
34.00	Balance due provider/program line 31 minus lines 31.01, 32 and 33			1,305 34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2			85 35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2			0 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 140054 Component CCN: 145848	Period: From 10/01/2012 To 09/30/2013	Worksheet E-3 Part VI Date/Time Prepared: 2/19/2014 8:18 am
	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)		3,377,620	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)		3,377,620	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		254,153	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	Adjusted 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)		3,123,467	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)		3,123,467	15.00
15.01	Sequestration adjustment (see instructions)		31,235	15.01
16.00	Interim payments		3,090,211	16.00
17.00	Tentative settlement (for contractor use only)		0	17.00
18.00	Balance due provider/program line 15 minus 15.01, 16 and 17		2,021	18.00
19.00	Protested amounts (nonallowable cost report items) in accordance with CMS 19 Pub. 15-2, section 115.2		115	19.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140054	Period: From 10/01/2012 To 09/30/2013	Worksheet E-4
		Title XVIII	Hospital	Date/Time Prepared: 2/19/2014 8:18 am
				PPS
				1.00
COMPUTATION OF TOTAL DIRECT GME AMOUNT				
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			62.07 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 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00 3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			36.87 4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00 4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00 4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			98.94 5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			100.04 6.00
7.00	Enter the lesser of line 5 or line 6			98.94 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.	75.52	23.26	98.78 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.	74.69	23.00	97.69 9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.73	10.00
11.00	Total weighted FTE count	74.69	23.73	11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	47.38	22.93	12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	37.50	23.65	13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	53.19	23.44	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	53.19	23.44	17.00
18.00	Per resident amount	146,099.16	144,929.55	18.00
19.00	Approved amount for resident costs	7,771,014	3,397,149	11,168,163 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)			1.10 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)			11,168,163 25.00
		Inpatient Part A	Managed care	
		1.00	2.00	3.00
COMPUTATION OF PROGRAM PATIENT LOAD				
26.00	Inpatient Days	24,011	6,893	26.00
27.00	Total Inpatient Days (see instructions)	63,254	63,254	27.00
28.00	Ratio of inpatient days to total inpatient days	0.379597	0.108973	28.00
29.00	Program direct GME amount	4,239,401	1,217,028	29.00
30.00	Reduction for direct GME payments for Medicare managed care		171,966	30.00
31.00	Net Program direct GME amount			5,284,463 31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	Provider CCN: 140054	Period: From 10/01/2012 To 09/30/2013	Worksheet E-4 Date/Time Prepared: 2/19/2014 8:18 am
	Title XVIII	Hospital	PPS

		1.00	
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)			
32.00	Renal dialysis direct medical education costs (from worksheet B, Part I, sum of columns 20 and 23, lines 74 and 94)	0	32.00
33.00	Renal dialysis and home dialysis total charges (worksheet C, Part I, column 8, sum of lines 74 and 94)	1,138,941	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)	42,041,985	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)	104,412	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)	41,937,573	41.00
Part B Reasonable Cost			
42.00	Reasonable cost (see instructions)	10,830,141	42.00
43.00	Primary payer payments (see instructions)	18,538	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)	10,811,603	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)	52,749,176	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)	0.795037	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)	0.204963	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B			
48.00	Total program GME payment (line 31)	5,284,463	48.00
49.00	Part A Medicare GME payment (line 46 x 48)(title XVIII only)(see instructions)	4,201,344	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)	1,083,119	50.00

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

Provider CCN: 140054

Period:
From 10/01/2012
To 09/30/2013

worksheet G

Date/Time Prepared:
2/19/2014 8:18 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	-517,379	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	55,012,602	0	0	0	4.00
5.00	Other receivable	1,516,897	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-10,913,190	0	0	0	6.00
7.00	Inventory	3,707,566	0	0	0	7.00
8.00	Prepaid expenses	1,811,535	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)	50,618,031	0	0	0	11.00
FIXED ASSETS						
12.00	Land	5,956,337	0	0	0	12.00
13.00	Land improvements	419,041	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	90,972,237	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	1,941,587	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	89,680,761	0	0	0	23.00
24.00	Accumulated depreciation	-98,451,046	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	272,808	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	90,791,725	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	1,412,974	0	0	0	31.00
32.00	Deposits on leases	117,238	0	0	0	32.00
33.00	Due from owners/officers	4,528,571	0	0	0	33.00
34.00	Other assets	641,227	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	6,700,010	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	148,109,766	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	13,576,432	0	0	0	37.00
38.00	Salaries, wages, and fees payable	10,648,709	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	-671,842	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)	23,553,299	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	284,059,880	0	0	0	46.00
47.00	Notes payable	-2,752,465	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	2,694,315	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	284,001,730	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	307,555,029	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	-159,445,263	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)	-159,445,263	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	148,109,766	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140054

Period:
From 10/01/2012
To 09/30/2013

Worksheet G-1

Date/Time Prepared:
2/19/2014 8:18 am

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		-39,272,906		0		1.00
2.00	Net income (loss) (from wkst. G-3, line 29)		31,347,472				2.00
3.00	Total (sum of line 1 and line 2)		-7,925,434		0		3.00
4.00	RECONCILING	-151,519,823		0		0	4.00
5.00		-6		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)		-151,519,829		0		10.00
11.00	Subtotal (line 3 plus line 10)		-159,445,263		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)		-159,445,263		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	RECONCILING		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: 140054

Period:
From 10/01/2012
To 09/30/2013

Worksheet G-2
Parts I & II
Date/Time Prepared:
2/19/2014 8:18 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	87,732,887		87,732,887	1.00
2.00	SUBPROVIDER - IPF	12,506,484		12,506,484	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	7,016,329		7,016,329	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)	107,255,700		107,255,700	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	18,621,985		18,621,985	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)	18,621,985		18,621,985	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	125,877,685		125,877,685	17.00
18.00	Ancillary services	371,963,866	419,386,560	791,350,426	18.00
19.00	Outpatient services	25,088,443	81,778,413	106,866,856	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		12,716,970	12,716,970	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	DIETARY	17,948	59,271	77,219	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to wkst. G-3, line 1)	522,947,942	513,941,214	1,036,889,156	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per wkst. A, column 3, line 200)		234,434,272		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)		234,434,272		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140054

Period:
From 10/01/2012
To 09/30/2013

Worksheet G-3

Date/Time Prepared:
2/19/2014 8:18 am

		1.00	
1.00	Total patient revenues (from wkst. G-2, Part I, column 3, line 28)	1,036,889,156	1.00
2.00	Less contractual allowances and discounts on patients' accounts	779,481,211	2.00
3.00	Net patient revenues (line 1 minus line 2)	257,407,945	3.00
4.00	Less total operating expenses (from wkst. G-2, Part II, line 43)	234,434,272	4.00
5.00	Net income from service to patients (line 3 minus line 4)	22,973,673	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 other miscellaneous communication services	233,208	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	609,358	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	2,221	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	25,317	21.00
22.00	Rental of hospital space	206,599	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OPERATING INCOME	7,297,096	24.00
25.00	Total other income (sum of lines 6-24)	8,373,799	25.00
26.00	Total (line 5 plus line 25)	31,347,472	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	31,347,472	29.00

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 140054

Period: From 10/01/2012

worksheet H

HHA CCN: 147285

To 09/30/2013

Date/Time Prepared: 2/19/2014 8:18 am

Home Health Agency I

PPS

	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of cols. 1 thru 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
GENERAL SERVICE COST CENTERS							
1.00			0		0	0	1.00
2.00			0		0	0	2.00
3.00	0	0	0	0	0	0	3.00
4.00	0	0	0	0	0	0	4.00
5.00	1,562,461	280,050	0	0	994,051	2,836,562	5.00
HHA REIMBURSABLE SERVICES							
6.00	3,105,961	556,702	0	195,517	0	3,858,180	6.00
7.00	1,096,222	196,483	0	0	0	1,292,705	7.00
8.00	182,704	32,747	0	0	0	215,451	8.00
9.00	54,811	9,824	0	0	0	64,635	9.00
10.00	45,676	8,187	0	0	0	53,863	10.00
11.00	137,028	24,560	0	0	0	161,588	11.00
12.00	0	0	0	0	0	0	12.00
13.00	0	0	0	0	0	0	13.00
14.00	0	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	0	0	0	0	0	0	15.00
16.00	0	0	0	0	0	0	16.00
17.00	0	0	0	0	0	0	17.00
18.00	0	0	0	0	0	0	18.00
19.00	0	0	0	0	0	0	19.00
20.00	0	0	0	0	0	0	20.00
21.00	0	0	0	0	0	0	21.00
22.00	0	0	0	0	0	0	22.00
23.00	0	0	0	0	0	0	23.00
24.00	6,184,863	1,108,553	0	195,517	994,051	8,482,984	24.00
	Reclassification	Reclassified Trial Balance (col. 6 + col.7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)			
	7.00	8.00	9.00	10.00			
GENERAL SERVICE COST CENTERS							
1.00	0	0	0	0	0	0	1.00
2.00	0	0	0	0	0	0	2.00
3.00	0	0	0	0	0	0	3.00
4.00	0	0	0	0	0	0	4.00
5.00	-318,513	2,518,049	-67,035	2,451,014			5.00
HHA REIMBURSABLE SERVICES							
6.00	0	3,858,180	0	3,858,180			6.00
7.00	0	1,292,705	0	1,292,705			7.00
8.00	0	215,451	0	215,451			8.00
9.00	0	64,635	0	64,635			9.00
10.00	0	53,863	0	53,863			10.00
11.00	0	161,588	0	161,588			11.00
12.00	0	0	0	0			12.00
13.00	0	0	0	0			13.00
14.00	0	0	0	0			14.00
HHA NONREIMBURSABLE SERVICES							
15.00	0	0	0	0			15.00
16.00	0	0	0	0			16.00
17.00	0	0	0	0			17.00
18.00	0	0	0	0			18.00
19.00	0	0	0	0			19.00
20.00	0	0	0	0			20.00
21.00	0	0	0	0			21.00
22.00	0	0	0	0			22.00
23.00	0	0	0	0			23.00
24.00	-318,513	8,164,471	-67,035	8,097,436			24.00

column, 6 line 24 should agree with the worksheet A, column 3, line 101, or subscript as applicable.

COST ALLOCATION - HHA GENERAL SERVICE COST

Provider CCN: 140054

Period: From 10/01/2012

Worksheet H-1

HHA CCN: 147285

To 09/30/2013

Part I
Date/Time Prepared: 2/19/2014 8:18 am

Home Health Agency I

PPS

	Net Expenses for Cost Allocation (from wkst. H, col. 10)	Capital Related Costs				Transportation	Subtotal (cols. 0-4)	
		Bldgs & Fixtures	Movable Equipment	Plant Operation & Maintenance				
GENERAL SERVICE COST CENTERS								
1.00	Capital Related - Bldg. & Fixtures	0	0				0	1.00
2.00	Capital Related - Movable Equipment	0		0			0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0		0	3.00
4.00	Transportation	0	0	0	0	0	0	4.00
5.00	Administrative and General	2,451,014	0	0	0	0	2,451,014	5.00
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	3,858,180	0	0	0	0	3,858,180	6.00
7.00	Physical Therapy	1,292,705	0	0	0	0	1,292,705	7.00
8.00	Occupational Therapy	215,451	0	0	0	0	215,451	8.00
9.00	Speech Pathology	64,635	0	0	0	0	64,635	9.00
10.00	Medical Social Services	53,863	0	0	0	0	53,863	10.00
11.00	Home Health Aide	161,588	0	0	0	0	161,588	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES								
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	8,097,436	0	0	0	0	8,097,436	24.00
	Administrative & General	5.00	Total (cols. 4A + 5)					
			6.00					
GENERAL SERVICE COST CENTERS								
1.00	Capital Related - Bldg. & Fixtures							1.00
2.00	Capital Related - Movable Equipment							2.00
3.00	Plant Operation & Maintenance							3.00
4.00	Transportation							4.00
5.00	Administrative and General	2,451,014						5.00
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	1,674,768	5,532,948					6.00
7.00	Physical Therapy	561,141	1,853,846					7.00
8.00	Occupational Therapy	93,524	308,975					8.00
9.00	Speech Pathology	28,057	92,692					9.00
10.00	Medical Social Services	23,381	77,244					10.00
11.00	Home Health Aide	70,143	231,731					11.00
12.00	Supplies (see instructions)	0	0					12.00
13.00	Drugs	0	0					13.00
14.00	DME	0	0					14.00
HHA NONREIMBURSABLE SERVICES								
15.00	Home Dialysis Aide Services	0	0					15.00
16.00	Respiratory Therapy	0	0					16.00
17.00	Private Duty Nursing	0	0					17.00
18.00	Clinic	0	0					18.00
19.00	Health Promotion Activities	0	0					19.00
20.00	Day Care Program	0	0					20.00
21.00	Home Delivered Meals Program	0	0					21.00
22.00	Homemaker Service	0	0					22.00
23.00	All Others (specify)	0	0					23.00
24.00	Total (sum of lines 1-23)		8,097,436					24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 140054

Period: From 10/01/2012

Worksheet H-1

HHA CCN: 147285

To 09/30/2013

Part II
Date/Time Prepared:
2/19/2014 8:18 am

Home Health Agency I

PPS

	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
	Bldgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
	1.00	2.00					
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0			0		1.00
2.00	Capital Related - Movable Equipment		0		0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation (see instructions)	0	0	0	0		4.00
5.00	Administrative and General	0	0	0	0	-2,451,014	5,646,422
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	3,858,180	6.00
7.00	Physical Therapy	0	0	0	0	1,292,705	7.00
8.00	Occupational Therapy	0	0	0	0	215,451	8.00
9.00	Speech Pathology	0	0	0	0	64,635	9.00
10.00	Medical Social Services	0	0	0	0	53,863	10.00
11.00	Home Health Aide	0	0	0	0	161,588	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	0	0	0	0	-2,451,014	5,646,422
25.00	Cost To Be Allocated (per worksheet H-1, Part I)	0	0	0	0	2,451,014	25.00
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.434083

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 140054

Period: From 10/01/2012

Worksheet H-2

HHA CCN: 147285

To 09/30/2013

Part I
Date/Time Prepared:
2/19/2014 8:18 am

Home Health
Agency I

PPS

Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	Subtotal	ADMINISTRATIVE & GENERAL	
		BLDG & FIXT	MVBLE EQUIP					
		1.00	2.00	4.00				
	0				4A	5.00		
1.00 Administrative and General	0	63,321	73,899	1,110,739	1,247,959	226,941	1.00	
2.00 Skilled Nursing Care	5,532,948	0	0	0	5,532,948	1,006,167	2.00	
3.00 Physical Therapy	1,853,846	0	0	0	1,853,846	337,122	3.00	
4.00 Occupational Therapy	308,975	0	0	0	308,975	56,187	4.00	
5.00 Speech Pathology	92,692	0	0	0	92,692	16,856	5.00	
6.00 Medical Social Services	77,244	0	0	0	77,244	14,047	6.00	
7.00 Home Health Aide	231,731	0	0	0	231,731	42,140	7.00	
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00	
9.00 Drugs	0	0	0	0	0	0	9.00	
10.00 DME	0	0	0	0	0	0	10.00	
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00	
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00	
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00	
14.00 Clinic	0	0	0	0	0	0	14.00	
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00	
16.00 Day Care Program	0	0	0	0	0	0	16.00	
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00	
18.00 Homemaker Service	0	0	0	0	0	0	18.00	
19.00 All Others (specify)	0	0	0	0	0	0	19.00	
20.00 Total (sum of lines 1-19) (2)	8,097,436	63,321	73,899	1,110,739	9,345,395	1,699,460	20.00	
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.					0.000000		21.00	
Cost Center Description	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION		
	6.00	8.00	9.00	10.00	11.00	13.00		
1.00 Administrative and General	293,487	0	72,138	0	92,248	4,982	1.00	
2.00 Skilled Nursing Care	0	0	0	0	0	0	2.00	
3.00 Physical Therapy	0	0	0	0	0	0	3.00	
4.00 Occupational Therapy	0	0	0	0	0	0	4.00	
5.00 Speech Pathology	0	0	0	0	0	0	5.00	
6.00 Medical Social Services	0	0	0	0	0	0	6.00	
7.00 Home Health Aide	0	0	0	0	0	0	7.00	
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00	
9.00 Drugs	0	0	0	0	0	0	9.00	
10.00 DME	0	0	0	0	0	0	10.00	
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00	
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00	
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00	
14.00 Clinic	0	0	0	0	0	0	14.00	
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00	
16.00 Day Care Program	0	0	0	0	0	0	16.00	
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00	
18.00 Homemaker Service	0	0	0	0	0	0	18.00	
19.00 All Others (specify)	0	0	0	0	0	0	19.00	
20.00 Total (sum of lines 1-19) (2)	293,487	0	72,138	0	92,248	4,982	20.00	
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00	

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 140054

Period: From 10/01/2012 To 09/30/2013

Worksheet H-2 Part I

HHA CCN: 147285

Date/Time Prepared: 2/19/2014 8:18 am

Home Health Agency I

PPS

Cost Center Description	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	INTERNS & RESIDENTS		Subtotal	
				SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS		
				14.00	15.00		16.00
1.00 Administrative and General	0	0	43,517	0	0	1,981,272	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	6,539,115	2.00
3.00 Physical Therapy	0	0	0	0	0	2,190,968	3.00
4.00 Occupational Therapy	0	0	0	0	0	365,162	4.00
5.00 Speech Pathology	0	0	0	0	0	109,548	5.00
6.00 Medical Social Services	0	0	0	0	0	91,291	6.00
7.00 Home Health Aide	0	0	0	0	0	273,871	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	0	0	43,517	0	0	11,551,227	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs			
	25.00	26.00	27.00	28.00			
1.00 Administrative and General	0	1,981,272					1.00
2.00 Skilled Nursing Care	0	6,539,115	1,353,797	7,892,912			2.00
3.00 Physical Therapy	0	2,190,968	453,596	2,644,564			3.00
4.00 Occupational Therapy	0	365,162	75,599	440,761			4.00
5.00 Speech Pathology	0	109,548	22,680	132,228			5.00
6.00 Medical Social Services	0	91,291	18,900	110,191			6.00
7.00 Home Health Aide	0	273,871	56,700	330,571			7.00
8.00 Supplies (see instructions)	0	0	0	0			8.00
9.00 Drugs	0	0	0	0			9.00
10.00 DME	0	0	0	0			10.00
11.00 Home Dialysis Aide Services	0	0	0	0			11.00
12.00 Respiratory Therapy	0	0	0	0			12.00
13.00 Private Duty Nursing	0	0	0	0			13.00
14.00 Clinic	0	0	0	0			14.00
15.00 Health Promotion Activities	0	0	0	0			15.00
16.00 Day Care Program	0	0	0	0			16.00
17.00 Home Delivered Meals Program	0	0	0	0			17.00
18.00 Homemaker Service	0	0	0	0			18.00
19.00 All others (specify)	0	0	0	0			19.00
20.00 Total (sum of lines 1-19) (2)	0	11,551,227	1,981,272	11,551,227			20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.			0.207030				21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 140054

Period:
From 10/01/2012
To 09/30/2013

Worksheet H-2
Part II
Date/Time Prepared:
2/19/2014 8:18 am

HHA CCN: 147285

Home Health
Agency I

PPS

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)					
	1.00	2.00					
1.00 Administrative and General	6,174	6,174	6,184,862	0	1,247,959	6,174	1.00
2.00 Skilled Nursing Care	0	0	0	0	5,532,948	0	2.00
3.00 Physical Therapy	0	0	0	0	1,853,846	0	3.00
4.00 Occupational Therapy	0	0	0	0	308,975	0	4.00
5.00 Speech Pathology	0	0	0	0	92,692	0	5.00
6.00 Medical Social Services	0	0	0	0	77,244	0	6.00
7.00 Home Health Aide	0	0	0	0	231,731	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	6,174	6,174	6,184,862		9,345,395	6,174	20.00
21.00 Total cost to be allocated	63,321	73,899	1,110,739		1,699,460	293,487	21.00
22.00 Unit cost multiplier	10.256074	11.969388	0.179590		0.181850	47.535957	22.00
Cost Center Description	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTES)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
	8.00	9.00	10.00	11.00	13.00	14.00	
1.00 Administrative and General	0	6,174	0	4,768	1,901	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	0	6,174	0	4,768	1,901	0	20.00
21.00 Total cost to be allocated	0	72,138	0	92,248	4,982	0	21.00
22.00 Unit cost multiplier	0.000000	11.684159	0.000000	19.347315	2.620726	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 140054
HHA CCN: 147285

Period:
From 10/01/2012
To 09/30/2013

Worksheet H-2
Part II
Date/Time Prepared:
2/19/2014 8:18 am

Cost Center Description		PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	INTERNS & RESIDENTS		Home Health Agency I	PPS
				SERVICES-SALAR Y & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)		
				15.00	16.00		
1.00	Administrative and General	0	12,716,970	0	0		1.00
2.00	Skilled Nursing Care	0	0	0	0		2.00
3.00	Physical Therapy	0	0	0	0		3.00
4.00	Occupational Therapy	0	0	0	0		4.00
5.00	Speech Pathology	0	0	0	0		5.00
6.00	Medical Social Services	0	0	0	0		6.00
7.00	Home Health Aide	0	0	0	0		7.00
8.00	Supplies (see instructions)	0	0	0	0		8.00
9.00	Drugs	0	0	0	0		9.00
10.00	DME	0	0	0	0		10.00
11.00	Home Dialysis Aide Services	0	0	0	0		11.00
12.00	Respiratory Therapy	0	0	0	0		12.00
13.00	Private Duty Nursing	0	0	0	0		13.00
14.00	Clinic	0	0	0	0		14.00
15.00	Health Promotion Activities	0	0	0	0		15.00
16.00	Day Care Program	0	0	0	0		16.00
17.00	Home Delivered Meals Program	0	0	0	0		17.00
18.00	Homemaker Service	0	0	0	0		18.00
19.00	All Others (specify)	0	0	0	0		19.00
20.00	Total (sum of lines 1-19)	0	12,716,970	0	0		20.00
21.00	Total cost to be allocated	0	43,517	0	0		21.00
22.00	Unit cost multiplier	0.000000	0.003422	0.000000	0.000000		22.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 140054

Period: From 10/01/2012

Worksheet H-3

HHA CCN: 147285

To 09/30/2013

Part I Date/Time Prepared: 2/19/2014 8:18 am

Title XVIII

Home Health Agency I

PPS

Cost Center Description	From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)
	0	1.00	2.00	3.00	4.00	5.00

PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION

Cost Per Visit Computation

1.00	Skilled Nursing Care	2.00	7,892,912		7,892,912	41,832	188.68	1.00
2.00	Physical Therapy	3.00	2,644,564	0	2,644,564	20,079	131.71	2.00
3.00	Occupational Therapy	4.00	440,761	0	440,761	4,251	103.68	3.00
4.00	Speech Pathology	5.00	132,228	0	132,228	366	361.28	4.00
5.00	Medical Social Services	6.00	110,191		110,191	767	143.66	5.00
6.00	Home Health Aide	7.00	330,571		330,571	778	424.90	6.00
7.00	Total (sum of lines 1-6)		11,551,227	0	11,551,227	68,073		7.00

Program Visits

Cost Center Description	Cost Limits	CBSA No. (1)	Part A	Part B		
				Not Subject to Deductibles & Coinsurance	Subject to Deductibles	
	0	1.00	2.00	3.00	4.00	5.00

Limitation Cost Computation

8.00	Skilled Nursing Care		16974	11,760	8,098		8.00
9.00	Physical Therapy		16974	6,008	3,282		9.00
10.00	Occupational Therapy		16974	1,479	783		10.00
11.00	Speech Pathology		16974	151	66		11.00
12.00	Medical Social Services		16974	201	183		12.00
13.00	Home Health Aide		16974	208	203		13.00
14.00	Total (sum of lines 8-13)			19,807	12,615		14.00

Cost Center Description	From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (from HHA Record)	Ratio (col. 3 ÷ col. 4)
	0	1.00	2.00	3.00	4.00	5.00

Supplies and Drugs Cost Computations

15.00	Cost of Medical Supplies	8.00	0	0	0	0	0.000000	15.00
16.00	Cost of Drugs	9.00	0	0	0	0	0.000000	16.00

Cost Center Description	Program Visits			Cost of Services		
	Part A	Part B		Part A	Part B	
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
	6.00	7.00	8.00	9.00	10.00	11.00

PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION

Cost Per Visit Computation

1.00	Skilled Nursing Care	11,760	8,098		2,218,877	1,527,931	1.00
2.00	Physical Therapy	6,008	3,282		791,314	432,272	2.00
3.00	Occupational Therapy	1,479	783		153,343	81,181	3.00
4.00	Speech Pathology	151	66		54,553	23,844	4.00
5.00	Medical Social Services	201	183		28,876	26,290	5.00
6.00	Home Health Aide	208	203		88,379	86,255	6.00
7.00	Total (sum of lines 1-6)	19,807	12,615		3,335,342	2,177,773	7.00

Cost Center Description	6.00	7.00	8.00	9.00	10.00	11.00
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Limitation Cost Computation

8.00	Skilled Nursing Care						8.00
9.00	Physical Therapy						9.00
10.00	Occupational Therapy						10.00
11.00	Speech Pathology						11.00
12.00	Medical Social Services						12.00
13.00	Home Health Aide						13.00
14.00	Total (sum of lines 8-13)						14.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 140054
HHA CCN: 147285

Period:
From 10/01/2012
To 09/30/2013

Worksheet H-3
Part I
Date/Time Prepared:
2/19/2014 8:18 am

Title XVIII

Home Health
Agency I

PPS

Cost Center Description	Program Covered Charges			Cost of Services			
	Part A	Part B		Part A	Part B		
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
	6.00	7.00	8.00	9.00	10.00	11.00	
Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies		0	0		0	15.00
16.00	Cost of Drugs						16.00
	Cost Center Description	Total Program Cost (sum of cols. 9-10)					
		12.00					
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
Cost Per Visit Computation							
1.00	Skilled Nursing Care	3,746,808					1.00
2.00	Physical Therapy	1,223,586					2.00
3.00	Occupational Therapy	234,524					3.00
4.00	Speech Pathology	78,397					4.00
5.00	Medical Social Services	55,166					5.00
6.00	Home Health Aide	174,634					6.00
7.00	Total (sum of lines 1-6)	5,513,115					7.00
	Cost Center Description						
		12.00					
Limitation Cost Computation							
8.00	Skilled Nursing Care						8.00
9.00	Physical Therapy						9.00
10.00	Occupational Therapy						10.00
11.00	Speech Pathology						11.00
12.00	Medical Social Services						12.00
13.00	Home Health Aide						13.00
14.00	Total (sum of lines 8-13)						14.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 140054

Period: From 10/01/2012

Worksheet H-3

HHA CCN: 147285

To 09/30/2013

Part II
Date/Time Prepared: 2/19/2014 8:18 am

Title XVIII

Home Health Agency I

PPS

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated	
	0	1.00	2.00	3.00	4.00	
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS						
1.00 Physical Therapy	66.00	0.207811	0	0	col. 2, line 2.00	1.00
1.01 Physical Therapy 1	66.01	0.658226	0	0	col. 2, line 2.01	1.01
2.00 Occupational Therapy						2.00
3.00 Speech Pathology	68.00	0.312225	0	0	col. 2, line 4.00	3.00
4.00 Cost of Medical Supplies	71.00	0.087695	0	0	col. 2, line 15.00	4.00
5.00 Cost of Drugs	73.00	0.129916	0	0	col. 2, line 16.00	5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 140054	Period: From 10/01/2012 To 09/30/2013	Worksheet H-4 Part I-II Date/Time Prepared: 2/19/2014 8:18 am
		HHA CCN: 147285		
		Title XVIII	Home Health Agency I	PPS
			Part B	
		Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	0	0	0
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(b)	0	0	0
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000
6.00	Total customary charges (see instructions)	0	0	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0
9.00	Primary payer amounts	0	0	0
			Part A Services	Part B Services
			1.00	2.00
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT				
10.00	Total reasonable cost (see instructions)		0	0
11.00	Total PPS Reimbursement - Full Episodes without Outliers		3,473,452	2,216,537
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	0
13.00	Total PPS Reimbursement - LUPA Episodes		71,614	65,730
14.00	Total PPS Reimbursement - PEP Episodes		37,320	33,317
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	0
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	0
17.00	Total Other Payments		0	0
18.00	DME Payments		0	0
19.00	Oxygen Payments		0	0
20.00	Prosthetic and Orthotic Payments		0	0
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		3,582,386	2,315,584
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		3,582,386	2,315,584
25.00	Coinsurance billed to program patients (from your records)		0	0
26.00	Net cost (line 24 minus line 25)		3,582,386	2,315,584
27.00	Reimbursable bad debts (from your records)		0	0
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	0
29.00	Total costs - current cost reporting period (line 26 plus line 27)		3,582,386	2,315,584
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0
31.00	Subtotal (line 29 plus/minus line 30)		3,582,386	2,315,584
31.01	Sequestration adjustment (see instructions)		34,160	23,574
32.00	Interim payments (see instructions)		3,548,225	2,292,010
33.00	Tentative settlement (for contractor use only)		0	0
34.00	Balance due provider/program line 31 minus lines 31.01, 32 and 33		1	0
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		0	0

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAS FOR SERVICES RENDERED TO PROVIDER CCN: 140054 Period: From 10/01/2012 To 09/30/2013 Worksheet H-5
 PROGRAM BENEFICIARIES HHA CCN: 147285 Date/Time Prepared: 2/19/2014 8:18 am

Home Health Agency I 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		3,548,225		2,292,010	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		3,548,225		2,292,010	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		34,161		23,574	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		3,582,386		2,315,584	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF CAPITAL PAYMENT

Provider CCN: 140054

Period:
From 10/01/2012
To 09/30/2013

Worksheet L
Parts I-III
Date/Time Prepared:
2/19/2014 8:18 am

		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		2,648,850	1.00
2.00	Capital DRG outlier payments		15,457	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		152.40	3.00
4.00	Number of interns & residents (see instructions)		75.62	4.00
5.00	Indirect medical education percentage (see instructions)		15.03	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)		398,122	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (worksheet E, part A line 30) (see instructions)		5.08	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		32.55	8.00
9.00	Sum of lines 7 and 8		37.63	9.00
10.00	Allowable disproportionate share percentage (see instructions)		7.92	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		209,789	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		3,272,218	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