

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: 140063	Period: From 07/01/2012 To 06/30/2013	Worksheet S Parts I-III Date/Time Prepared: 11/18/2013 2:32 pm
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**PART I - COST REPORT STATUS**

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 11/18/2013 Time: 2:32 pm
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN 10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

**PART II - CERTIFICATION**

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above 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 OAK PARK HOSPITAL ( 140063 ) for the cost reporting period beginning 07/01/2012 and ending 06/30/2013 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

(Signed) \_\_\_\_\_  
Officer or Administrator of Provider(s)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00 Hospital	0	516,584	247,254	93,903	0	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	9,434	-12	0	0	3.00
4.00 SUBPROVIDER I	0	0	0	0	0	4.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
7.00 SKILLED NURSING FACILITY	0	1,386	-62	0	0	7.00
10.00 RURAL HEALTH CLINIC I	0	0	0	0	0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0	11.00
200.00 Total	0	527,404	247,180	93,903	0	200.00

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140063	Period: From 07/01/2012 To 06/30/2013	Worksheet S-2 Part I Date/Time Prepared: 11/18/2013 2:31 pm
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1.00 Hospital and Hospital Health Care Complex Address:		2.00		3.00		4.00			
1.00	Street: 520 SOUTH MAPLE	PO Box:							
2.00	City: OAK PARK	State: IL		Zip Code: 60603-		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	OAK PARK HOSPITAL	140063	16974	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF	OAK PARK HOSPITAL REHABILITATION UNIT	14T063	16974	5	01/01/1992	N	P	O	5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF	SKILLED NURSING UNIT OF OPH	145583	16974		12/07/1987	N	P	N	9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
17.10	Hospital-Based (CORF) I									17.10
18.00	Renal Dialysis									18.00
19.00	Other									19.00

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

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

	In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
1.00	2.00	3.00	4.00	5.00	6.00		
24.00	2,308	514	0	0	50	0	24.00
25.00	40	13	0	0	0	0	25.00

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

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

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	Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count		
	1.00	2.00	3.00	4.00		
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.		0.00	0.00	61.20	
				1.00		
<b>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</b>						
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	
<b>Teaching Hospitals that Claim Residents in Non-Provider Settings</b>						
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)			N	63.00	
			Unweighted FTEs Nonprovi der Site	Unweighted FTEs in Hospi tal	Ratio (col. 1/ (col. 1 + col. 2))	
			1.00	2.00	3.00	
<b>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.</b>						
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	64.00
			Unweighted FTEs Nonprovi der Site	Unweighted FTEs in Hospi tal	Ratio (col. 3/ (col. 3 + col. 4))	
			1.00	2.00	3.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2 the program code, enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000	65.00
			Unweighted FTEs Nonprovi der Site	Unweighted FTEs in Hospi tal	Ratio (col. 1/ (col. 1 + col. 2))	
			1.00	2.00	3.00	
<b>Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010</b>						
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	66.00

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	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
					1.00	2.00	3.00
67.00	Enter in column 1 the program name associated with each of your primary care programs in which you trained residents. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000		67.00
					1.00	2.00	3.00
<b>Inpatient Psychiatric Facility PPS</b>							
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			N			70.00
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions)					0	71.00
<b>Inpatient Rehabilitation Facility PPS</b>							
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			Y			75.00
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions)			N		0	76.00
					1.00		
<b>Long Term Care Hospital PPS</b>							
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.					N	80.00
<b>TEFRA Providers</b>							
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.					N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.						86.00
					V	XIX	
					1.00	2.00	
<b>Title V and XIX Services</b>							
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.			Y		Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.			N		N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.					N	92.00
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.			N		N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.			N		N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.				0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.			N		N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.				0.00	0.00	97.00
<b>Rural Providers</b>							
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?			N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			N			106.00

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		V	XIX		
		1.00	2.00		
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N			107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N			108.00
		Physical	Occupational	Speech	Respiratory
		1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.				109.00
		1.00	2.00	3.00	
<b>Miscellaneous Cost Reporting Information</b>					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospital providers) based on the definition in CMS 15-1, §2208.1.	N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1			118.00
		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	0	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
<b>Transplant Center Information</b>					
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
<b>All Providers</b>					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	N			140.00

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1.00		2.00		3.00			
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name:	Contractor's Name:		Contractor's Number:		141.00	
142.00	Street:	PO Box:				142.00	
143.00	City:	State:		Zip Code:		143.00	
						1.00	
144.00	Are provider based physicians' costs included in Worksheet A?					Y	144.00
145.00	If costs for renal services are claimed on Worksheet A, line 74, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.					Y	145.00
						1.00	
						2.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.					N	146.00
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.					N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.					N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.					N	149.00
		Part A	Part B	Title V	Title XIX		
		1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	N	155.00	
156.00	Subprovider - IPF	N	N	N	N	156.00	
157.00	Subprovider - IRF	N	N	N	N	157.00	
158.00	SUBPROVIDER					158.00	
159.00	SNF	N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00	
161.00	CMHC		N	N	N	161.00	
161.10	CORF		N	N	N	161.10	
						1.00	
165.00	Multi campus Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.					N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5						0.00
						1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.					Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					0	168.00
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)					0.75	169.00
						1.00	
						2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)						170.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140063	Period: From 07/01/2012 To 06/30/2013	Worksheet S-2 Part II Date/Time Prepared: 11/18/2013 2:31 pm	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
			Y/N	Legal Oper.	
			1.00	2.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	Y			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
				Y/N	
				1.00	
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N	15.00
		Part A		Part B	
		Y/N	Date	Y/N	
		1.00	2.00	3.00	
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	10/31/2013	Y	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140063	Period: From 07/01/2012 To 06/30/2013	Worksheet S-2 Part II Date/Time Prepared: 11/18/2013 2:31 pm
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	Description	Part A		Part B	
		Y/N	Date	Y/N	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>					
<b>Capital Related Cost</b>					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			N	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	27.00
<b>Interest Expense</b>					
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
<b>Purchased Services</b>					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.			N	33.00
<b>Provider-Based Physicians</b>					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			N	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			N	35.00
				Y/N	Date
				1.00	2.00
<b>Home Office Costs</b>					
36.00	Were home office costs claimed on the cost report?			N	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			N	37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			N	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			N	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			N	40.00
				1.00	2.00
<b>Cost Report Preparer Contact Information</b>					
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.	ELVY		YAP	41.00
42.00	Enter the employer/company name of the cost report preparer.	ROPH			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	(708) 660-2030		ELVYLENE L YAP [ELVYLENE_L_YAP@RUSH.	43.00

		Part B	
		Date	
		4.00	
<b>PS&amp;R Data</b>			
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	10/31/2013	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		21.00
		3.00	
<b>Cost Report Preparer Contact Information</b>			
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.	ASSISTANT CONTROLLER	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

HFS Supplemental Information		Provider CCN: 140063	Period: From 07/01/2012 To 06/30/2013	Worksheet S-2 Part IX Date/Time Prepared: 11/18/2013 2:31 pm
		Title V	Title XIX	
		1.00	2.00	
<b>TITLES V AND/OR XIX FOLLOWING MEDICARE</b>				
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	
<b>CRITICAL ACCESS HOSPITALS</b>				
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	
<b>RCE DISALLOWANCE</b>				
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
<b>PASS THROUGH COST</b>				
7.00	Do Title V or XIX follow Medicare when cost reimbursed (payment system is "0") for worksheets D, parts I through IV? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	7.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140063

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
11/18/2013 2:31 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	Title V
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	151	55,115	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)		151	55,115	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	14	5,110	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						13.00
14.00 Total (see instructions)		165	60,225	0.00	0	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	40.00	0	0		0	16.00
17.00 SUBPROVIDER - IRF	41.00	36	13,140		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY	44.00	36	13,140		0	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		237				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140063

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
11/18/2013 2:31 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	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)	10,099	2,822	16,635			1.00
2.00 HMO and other (see instructions)	778	50				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)	10,099	2,822	16,635			7.00
8.00 INTENSIVE CARE UNIT	1,992	0	3,199			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)	12,091	2,822	19,834	4.72	682.70	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	0	0	0	0.00	0.00	16.00
17.00 SUBPROVIDER - IRF	1,192	53	1,580	0.00	11.08	17.00
18.00 SUBPROVIDER	0	0	0	0.00	0.00	18.00
19.00 SKILLED NURSING FACILITY	4,515	0	5,428	0.00	24.07	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00 RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				4.72	717.85	27.00
28.00 Observation Bed Days		0	892			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140063

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
11/18/2013 2:31 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	2,321	393	4,421	1.00
2.00 HMO and other (see instructions)			147			2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	2,321	393	4,421	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	0	0	0	16.00
17.00 SUBPROVIDER - IRF	0.00	0	103	3	140	17.00
18.00 SUBPROVIDER	0.00	0	0	0	0	18.00
19.00 SKILLED NURSING FACILITY	0.00					19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0.00					25.10
26.00 RURAL HEALTH CLINIC	0.00					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140063

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
11/18/2013 2:31 pm

	Worksheet A Line Number	Amount Reported	Reclassification 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	
<b>PART II - WAGE DATA</b>							
<b>SALARIES</b>							
1.00	Total salaries (see instructions)	200.00	45,898,344	0	45,898,344	1,467,610.00	31.27
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		262,717	0	262,717	3,867.00	67.94
4.00	Physician-Part A - Administrative		215,844	0	215,844	1,768.00	122.08
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician-Part B		2,392,537	0	2,392,537	21,344.00	112.09
6.00	Non-physician-Part B		352,693	0	352,693	7,196.00	49.01
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		221,650	0	221,650	11,107.00	19.96
8.00	Home office personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	1,182,249	0	1,182,249	49,909.00	23.69
10.00	Excluded area salaries (see instructions)		5,867,213	0	5,867,213	152,748.00	38.41
<b>OTHER WAGES &amp; RELATED COSTS</b>							
11.00	Contract labor (see instructions)		1,062,683	0	1,062,683	27,275.00	38.96
12.00	Contract management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		175,750	0	175,750	1,550.00	113.39
14.00	Home office salaries & wage-related costs		395,573	0	395,573	2,080.00	190.18
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
<b>WAGE-RELATED COSTS</b>							
17.00	Wage-related costs (core) (see instructions)		8,688,391	0	8,688,391		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		1,484,709	0	1,484,709		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		42,083	0	42,083		
22.00	Physician Part A - Administrative		23,534	0	23,534		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		322,310	0	322,310		
24.00	Wage-related costs (RHC/FOHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
<b>OVERHEAD COSTS - DIRECT SALARIES</b>							
26.00	Employee Benefits Department	4.00	381,165	0	381,165	12,057.00	31.61
27.00	Administrative & General	5.00	4,720,321	0	4,720,321	150,159.00	31.44
28.00	Administrative & General under contract (see inst.)		58,860	0	58,860	301.00	195.55
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00
30.00	Operation of Plant	7.00	739,416	0	739,416	24,238.00	30.51
31.00	Laundry & Linen Service	8.00	63,874	0	63,874	4,379.00	14.59
32.00	Housekeeping	9.00	622,987	0	622,987	47,520.00	13.11
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00
34.00	Dietary	10.00	806,830	-499,632	307,198	23,214.00	13.23
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00
36.00	Cafeteria	11.00	0	499,632	499,632	36,659.00	13.63
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00
38.00	Nursing Administration	13.00	1,621,774	0	1,621,774	47,239.00	34.33
39.00	Central Services and Supply	14.00	370,645	0	370,645	19,144.00	19.36
40.00	Pharmacy	15.00	1,156,269	0	1,156,269	28,491.00	40.58
41.00	Medical Records & Medical Records Library	16.00	543,280	0	543,280	26,301.00	20.66

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140063

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
11/18/2013 2:31 pm

		Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Sal ari es (from Worksheet A-6)	Adjus ted Sal ari es (col . 2 ± col . 3)	Paid Hours Related to Sal ari es in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
42.00	Soci al Servi ce	17.00	411,270	0	411,270	9,975.00	41.23	42.00
43.00	Other General Servi ce	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140063

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

Worksheet S-3  
Part III  
Date/Time Prepared:  
11/18/2013 2:31 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Sal ari es (from Worksheet A-6)	Adjus ted Sal ari es (col . 2 ± col . 3)	Paid Hours Related to Sal ari es in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>							
1.00	Net salaries (see instructions)	42,727,607	0	42,727,607	1,424,397.00	30.00	1.00
2.00	Excluded area salaries (see instructions)	7,049,462	0	7,049,462	202,657.00	34.79	2.00
3.00	Subtotal salaries (line 1 minus line 2)	35,678,145	0	35,678,145	1,221,740.00	29.20	3.00
4.00	Subtotal other wages & related costs (see inst.)	1,634,006	0	1,634,006	30,905.00	52.87	4.00
5.00	Subtotal wage-related costs (see inst.)	8,711,925	0	8,711,925	0.00	24.42	5.00
6.00	Total (sum of lines 3 thru 5)	46,024,076	0	46,024,076	1,252,645.00	36.74	6.00
7.00	Total overhead cost (see instructions)	11,496,691	0	11,496,691	429,677.00	26.76	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 140063	Period: From 07/01/2012 To 06/30/2013	Worksheet S-3 Part IV Date/Time Prepared: 11/18/2013 2:31 pm
				Amount Reported
				1.00
<b>PART IV - WAGE RELATED COSTS</b>				
<b>Part A - Core List</b>				
<b>RETIREMENT COST</b>				
1.00	401K Employer Contributions			2,058,735 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
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>				
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
<b>HEALTH AND INSURANCE COST</b>				
8.00	Health Insurance (Purchased or Self Funded)			4,451,599 8.00
9.00	Prescription Drug Plan			0 9.00
10.00	Dental, Hearing and Vision Plan			146,347 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			45,288 11.00
12.00	Accident Insurance (If employee is owner or beneficiary)			0 12.00
13.00	Disability Insurance (If employee is owner or beneficiary)			0 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			153,310 14.00
15.00	'Workers' Compensation Insurance			102,290 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
<b>TAXES</b>				
17.00	FICA-Employers Portion Only			3,258,909 17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance			201,885 19.00
20.00	State or Federal Unemployment Taxes			0 20.00
<b>OTHER</b>				
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			142,664 23.00
24.00	<b>Total Wage Related cost (Sum of lines 1 -23)</b>			<b>10,561,027 24.00</b>
<b>Part B - Other than Core Related Cost</b>				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)			0 25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 140063	Period: From 07/01/2012 To 06/30/2013	Worksheet S-3 Part V Date/Time Prepared: 11/18/2013 2:31 pm
Cost Center Description			Contract Labor	Benefit Cost
			1.00	2.00
<b>PART V - Contract Labor and Benefit Cost</b>				
<b>Hospital and Hospital-Based Component Identification:</b>				
1.00	Total facility's contract labor and benefit cost		1,062,683	0
2.00	Hospital		1,052,930	0
3.00	Subprovider - IPF		0	0
4.00	Subprovider - IRF		1,839	0
5.00	Subprovider - (Other)		0	0
6.00	Swing Beds - SNF		0	0
7.00	Swing Beds - NF		0	0
8.00	Hospital-Based SNF		7,914	0
9.00	Hospital-Based NF			0
10.00	Hospital-Based OLTC			0
11.00	Hospital-Based HHA			0
12.00	Separately Certified ASC			0
13.00	Hospital-Based Hospice			0
14.00	Hospital-Based Health Clinic RHC		0	0
15.00	Hospital-Based Health Clinic FQHC		0	0
16.00	Hospital-Based-CMHC			0
16.10	Hospital-Based-CMHC 10		0	0
17.00	Renal Dialysis		0	0
18.00	Other		0	0

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 140063

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

Worksheet S-7

Date/Time Prepared:  
11/18/2013 2:31 pm

		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	14	0	14	3.00
4.00		RUL	0	0	0	4.00
5.00		RVX	16	0	16	5.00
6.00		RVL	0	0	0	6.00
7.00		RHX	0	0	0	7.00
8.00		RHL	0	0	0	8.00
9.00		RMX	3	0	3	9.00
10.00		RML	0	0	0	10.00
11.00		RLX	0	0	0	11.00
12.00		RUC	754	0	754	12.00
13.00		RUB	851	0	851	13.00
14.00		RUA	2,184	0	2,184	14.00
15.00		RVC	97	0	97	15.00
16.00		RVB	133	0	133	16.00
17.00		RVA	256	0	256	17.00
18.00		RHC	12	0	12	18.00
19.00		RHB	48	0	48	19.00
20.00		RHA	8	0	8	20.00
21.00		RMC	9	0	9	21.00
22.00		RMB	38	0	38	22.00
23.00		RMA	36	0	36	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	2	0	2	27.00
28.00		ES1	0	0	0	28.00
29.00		HE2	0	0	0	29.00
30.00		HE1	5	0	5	30.00
31.00		HD2	0	0	0	31.00
32.00		HD1	0	0	0	32.00
33.00		HC2	0	0	0	33.00
34.00		HC1	0	0	0	34.00
35.00		HB2	0	0	0	35.00
36.00		HB1	22	0	22	36.00
37.00		LE2	0	0	0	37.00
38.00		LE1	0	0	0	38.00
39.00		LD2	0	0	0	39.00
40.00		LD1	0	0	0	40.00
41.00		LC2	0	0	0	41.00
42.00		LC1	0	0	0	42.00
43.00		LB2	0	0	0	43.00
44.00		LB1	0	0	0	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	8	0	8	50.00
51.00		CB2	0	0	0	51.00
52.00		CB1	5	0	5	52.00
53.00		CA2	0	0	0	53.00
54.00		CA1	14	0	14	54.00
55.00		SE3	0	0	0	55.00
56.00		SE2	0	0	0	56.00
57.00		SE1	0	0	0	57.00
58.00		SSC	0	0	0	58.00
59.00		SSB	0	0	0	59.00
60.00		SSA	0	0	0	60.00
61.00		IB2	0	0	0	61.00
62.00		IB1	0	0	0	62.00
63.00		IA2	0	0	0	63.00
64.00		IA1	0	0	0	64.00
65.00		BB2	0	0	0	65.00
66.00		BB1	0	0	0	66.00
67.00		BA2	0	0	0	67.00
68.00		BA1	0	0	0	68.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 140063

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

Worksheet S-7

Date/Time Prepared:  
11/18/2013 2:31 pm

		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
		1.00	2.00	3.00	4.00	
69.00		PE2	0	0	0	69.00
70.00		PE1	0	0	0	70.00
71.00		PD2	0	0	0	71.00
72.00		PD1	0	0	0	72.00
73.00		PC2	0	0	0	73.00
74.00		PC1	0	0	0	74.00
75.00		PB2	0	0	0	75.00
76.00		PB1	0	0	0	76.00
77.00		PA2	0	0	0	77.00
78.00		PA1	0	0	0	78.00
199.00		AAA	0	0	0	199.00
200.00	TOTAL		4,515	0	4,515	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	
201.00	SNF SERVICES	Enter in column 1 the SNF CBSA code or 5 character non-CBSA code if a rural facility, in effect at the beginning of the cost reporting period. Enter in column 2, the code in effect on or after October 1 of the cost reporting period (if applicable).		16974	16974	201.00
			Expenses	Percentage	Associated with Direct Patient Care and Related Expenses?	
			1.00	2.00	3.00	
A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 202 through 207: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 7, column 3. In column 3, enter "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (see instructions)						
202.00	Staffing		0	0.00		202.00
203.00	Recruitment		0	0.00		203.00
204.00	Retention of employees		0	0.00		204.00
205.00	Training		0	0.00		205.00
206.00	OTHER (SPECIFY)		0	0.00		206.00
207.00	Total SNF revenue (Worksheet G-2, Part I, line 7, column 3)		3,326,027			207.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 140063	Period: From 07/01/2012 To 06/30/2013	Worksheet S-10 Date/Time Prepared: 11/18/2013 2:31 pm
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			1.00		
<b>Uncompensated and indigent care cost computation</b>					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.244034	1.00	
<b>Medicaid (see instructions for each line)</b>					
2.00	Net revenue from Medicaid		4,506,850	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		584,362	5.00	
6.00	Medicaid charges		31,715,970	6.00	
7.00	Medicaid cost (line 1 times line 6)		7,739,775	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)		2,648,563	8.00	
<b>State Children's Health Insurance Program (SCHIP) (see instructions for each line)</b>					
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	
<b>Other state or local government indigent care program (see instructions for each line)</b>					
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	
<b>Uncompensated care (see instructions for each line)</b>					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00	
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		2,648,563	19.00	
			Uninsured patients	Insured patients	
			1.00	2.00	
			Total (col. 1 + col. 2)		
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	3,030,407	106,017	3,136,424	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	739,522	25,872	765,394	21.00
22.00	Partial payment by patients approved for charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	739,522	25,872	765,394	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)		8,804,612	26.00	
27.00	Medicare bad debts for the entire hospital complex (see instructions)		942,842	27.00	
28.00	Non-Medicare and Non-Reimbursable Medicare bad debt expense (line 26 minus line 27)		7,861,770	28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		1,918,539	29.00	
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)		2,683,933	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		5,332,496	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 140063		Period: From 07/01/2012 To 06/30/2013		Worksheet A	
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		3,074,234	3,074,234	-1,476,015	1,598,219	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		0	0	2,381,722	2,381,722	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	381,165	10,531,874	10,913,039	-4,740	10,908,299	4.00
5.01	00510	NONPATIENT TELEPHONES	0	241,885	241,885	0	241,885	5.01
5.02	00520	DATA PROCESSING	500,780	407,935	908,715	-2,000	906,715	5.02
5.03	00530	PURCHASING RECEIVING AND STORES	268,102	64,565	332,667	23,458	356,125	5.03
5.04	00540	ADMINISTRATIVE	790,583	147,846	938,429	-8,729	929,700	5.04
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE	0	261,435	261,435	0	261,435	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	3,160,856	9,232,641	12,393,497	-73,469	12,320,028	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	739,416	4,151,577	4,890,993	-780	4,890,213	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	63,874	57,966	121,840	0	121,840	8.00
9.00	00900	HOUSEKEEPING	622,987	631,433	1,254,420	0	1,254,420	9.00
10.00	01000	DIETARY	806,830	1,074,531	1,881,361	-1,175,807	705,554	10.00
11.00	01100	CAFETERIA	0	0	0	1,165,039	1,165,039	11.00
13.00	01300	NURSING ADMINISTRATION	1,621,774	117,303	1,739,077	-3,795	1,735,282	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	370,645	1,081,068	1,451,713	-1,194,645	257,068	14.00
15.00	01500	PHARMACY	1,156,269	2,864,208	4,020,477	-2,325,897	1,694,580	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	543,280	190,634	733,914	-6,026	727,888	16.00
17.00	01700	SOCIAL SERVICE	411,270	152,944	564,214	-80	564,134	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	311,291	311,291	0	311,291	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	6,310,269	831,181	7,141,450	-116,046	7,025,404	30.00
31.00	03100	INTENSIVE CARE UNIT	2,307,412	444,697	2,752,109	-43,626	2,708,483	31.00
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	684,866	570,423	1,255,289	-11,268	1,244,021	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
44.00	04400	SKILLED NURSING FACILITY	1,182,249	118,474	1,300,723	-25,298	1,275,425	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	3,062,340	10,032,323	13,094,663	-6,644,460	6,450,203	50.00
50.01	05001	ENDOSCOPY	575,428	421,331	996,759	-92,874	903,885	50.01
51.00	05100	RECOVERY ROOM	770,943	42,535	813,478	-1,050	812,428	51.00
53.00	05300	ANESTHESIOLOGY	334,479	407,578	742,057	0	742,057	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,007,235	1,846,055	3,853,290	-325,844	3,527,446	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	427,681	323,376	751,057	0	751,057	56.00
56.01	05602	ULTRASOUND/VASC LAB	405,540	53,760	459,300	0	459,300	56.01
57.00	05700	CT SCAN	460,021	254,546	714,567	0	714,567	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	1,583,691	1,254,855	2,838,546	-4,260	2,834,286	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	161,545	578,370	739,915	0	739,915	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	578,565	158,874	737,439	-12,547	724,892	65.00
66.00	06600	PHYSICAL THERAPY	1,031,587	130,443	1,162,030	-2,304	1,159,726	66.00
67.00	06700	OCCUPATIONAL THERAPY	527,717	24,063	551,780	0	551,780	67.00
68.00	06800	SPEECH PATHOLOGY	110,580	6,844	117,424	0	117,424	68.00
69.00	06900	ELECTROCARDIOLOGY	331,971	194,401	526,372	-821	525,551	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	56,698	15,359	72,057	0	72,057	70.00
70.01	07001	SLEEP LAB	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	783,667	783,667	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	6,913,542	6,913,542	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	2,321,337	2,321,337	73.00
74.00	07400	RENAL DIALYSIS	0	467,256	467,256	0	467,256	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	646,360	538,394	1,184,754	-4,100	1,180,654	90.00
90.01	09001	WOUND CARE	457,354	332,086	789,440	-2,640	786,800	90.01
90.02	09002	PULMONARY REHAB	73,354	14,162	87,516	0	87,516	90.02
90.03	09003	SPIRE CENTER	0	0	0	0	0	90.03
90.04	09004	RUSH HEART CENTER	0	192,490	192,490	-679	191,811	90.04
91.00	09100	EMERGENCY	5,190,281	924,004	6,114,285	-12,499	6,101,786	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
99.10	09910	CORF	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 140063		Period: From 07/01/2012 To 06/30/2013		Worksheet A Date/Time Prepared: 11/18/2013 2:31 pm	
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	40,715,997	54,773,250	95,489,247	16,466	95,505,713	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	ADC	0	0	0	0	0	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	5,182,347	1,879,045	7,061,392	-16,466	7,044,926	192.00
200.00		TOTAL (SUM OF LINES 118-199)	45,898,344	56,652,295	102,550,639	0	102,550,639	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140063

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

Worksheet A  
Date/Time Prepared:  
11/18/2013 2:31 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	-19,304	1,578,915	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	-8,985	2,372,737	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-85,903	10,822,396	4.00
5.01	00510	NONPATIENT TELEPHONES	-118,938	122,947	5.01
5.02	00520	DATA PROCESSING	0	906,715	5.02
5.03	00530	PURCHASING RECEIVING AND STORES	-52,047	304,078	5.03
5.04	00540	ADMINISTRATIVE	0	929,700	5.04
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE	0	261,435	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	-3,133,486	9,186,542	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	4,890,213	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	121,840	8.00
9.00	00900	HOUSEKEEPING	0	1,254,420	9.00
10.00	01000	DIETARY	0	705,554	10.00
11.00	01100	CAFETERIA	-344,520	820,519	11.00
13.00	01300	NURSING ADMINISTRATION	0	1,735,282	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	257,068	14.00
15.00	01500	PHARMACY	0	1,694,580	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	727,888	16.00
17.00	01700	SOCIAL SERVICE	-3,643	560,491	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	-155,652	155,639	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	0	7,025,404	30.00
31.00	03100	INTENSIVE CARE UNIT	-8,867	2,699,616	31.00
40.00	04000	SUBPROVIDER - I PF	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	-265,717	978,304	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
44.00	04400	SKILLED NURSING FACILITY	0	1,275,425	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	-13,777	6,436,426	50.00
50.01	05001	ENDOSCOPY	-70,000	833,885	50.01
51.00	05100	RECOVERY ROOM	0	812,428	51.00
53.00	05300	ANESTHESIOLOGY	-50,000	692,057	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-10,246	3,517,200	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	751,057	56.00
56.01	05602	ULTRASOUND/VASC LAB	0	459,300	56.01
57.00	05700	CT SCAN	0	714,567	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	-50,392	2,783,894	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	739,915	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	-8,867	716,025	65.00
66.00	06600	PHYSICAL THERAPY	0	1,159,726	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	551,780	67.00
68.00	06800	SPEECH PATHOLOGY	0	117,424	68.00
69.00	06900	ELECTROCARDIOLOGY	-49,290	476,261	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-12,760	59,297	70.00
70.01	07001	SLEEP LAB	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	783,667	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	6,913,542	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	2,321,337	73.00
74.00	07400	RENAL DIALYSIS	0	467,256	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	-596,208	584,446	90.00
90.01	09001	WOUND CARE	-24,000	762,800	90.01
90.02	09002	PULMONARY REHAB	-9,715	77,801	90.02
90.03	09003	SPINE CENTER	0	0	90.03
90.04	09004	RUSH HEART CENTER	-191,811	0	90.04
91.00	09100	EMERGENCY	-1,972,266	4,129,520	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
99.10	09910	CORF	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-7,256,394	88,249,319	118.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140063

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

Worksheet A  
Date/Time Prepared:  
11/18/2013 2:31 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation		
		6.00	7.00		
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
190.01	19001	ADC	0	0	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	7,044,926	192.00
200.00		TOTAL (SUM OF LINES 118-199)	-7,256,394	95,294,245	200.00

COST CENTERS USED IN COST REPORT

Provider CCN: 140063

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

Worksheet Non-CMS W  
Date/Time Prepared:  
11/18/2013 2:31 pm

Cost Center Description	CMS Code	Standard Label For Non-Standard Codes	
	1.00	2.00	
<b>GENERAL SERVICE COST CENTERS</b>			
1.00 NEW CAP REL COSTS-BLDG & FIXT	00100		1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP	00200		2.00
4.00 EMPLOYEE BENEFITS DEPARTMENT	00400		4.00
5.01 NONPATIENT TELEPHONES	00510		5.01
5.02 DATA PROCESSING	00520		5.02
5.03 PURCHASING RECEIVING AND STORES	00530		5.03
5.04 ADMITTING	00540		5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE	00550		5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL	00560		5.06
6.00 MAINTENANCE & REPAIRS	00600		6.00
7.00 OPERATION OF PLANT	00700		7.00
8.00 LAUNDRY & LINEN SERVICE	00800		8.00
9.00 HOUSEKEEPING	00900		9.00
10.00 DIETARY	01000		10.00
11.00 CAFETERIA	01100		11.00
13.00 NURSING ADMINISTRATION	01300		13.00
14.00 CENTRAL SERVICES & SUPPLY	01400		14.00
15.00 PHARMACY	01500		15.00
16.00 MEDICAL RECORDS & LIBRARY	01600		16.00
17.00 SOCIAL SERVICE	01700		17.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	02100		21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	02200		22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>			
30.00 ADULTS & PEDIATRICS	03000		30.00
31.00 INTENSIVE CARE UNIT	03100		31.00
40.00 SUBPROVIDER - IPF	04000		40.00
41.00 SUBPROVIDER - IRF	04100		41.00
42.00 SUBPROVIDER	04200		42.00
44.00 SKILLED NURSING FACILITY	04400		44.00
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00 OPERATING ROOM	05000		50.00
50.01 ENDOSCOPY	05001		50.01
51.00 RECOVERY ROOM	05100		51.00
53.00 ANESTHESIOLOGY	05300		53.00
54.00 RADIOLOGY-DIAGNOSTIC	05400		54.00
55.00 RADIOLOGY-THERAPEUTIC	05500		55.00
56.00 RADIOISOTOPE	05600		56.00
56.01 ULTRASOUND/VASC LAB	05602		56.01
57.00 CT SCAN	05700		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	05800		58.00
59.00 CARDIAC CATHETERIZATION	05900		59.00
60.00 LABORATORY	06000		60.00
60.01 BLOOD LABORATORY	06001		60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	06200		62.00
64.00 INTRAVENOUS THERAPY	06400		64.00
65.00 RESPIRATORY THERAPY	06500		65.00
66.00 PHYSICAL THERAPY	06600		66.00
67.00 OCCUPATIONAL THERAPY	06700		67.00
68.00 SPEECH PATHOLOGY	06800		68.00
69.00 ELECTROCARDIOLOGY	06900		69.00
70.00 ELECTROENCEPHALOGRAPHY	07000		70.00
70.01 SLEEP LAB	07001		70.01
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
<b>OUTPATIENT SERVICE COST CENTERS</b>			
88.00 RURAL HEALTH CLINIC	08800		88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	08900		89.00
90.00 CLINIC	09000		90.00
90.01 WOUND CARE	09001		90.01
90.02 PULMONARY REHAB	09002		90.02
90.03 SPINE CENTER	09003		90.03
90.04 RUSH HEART CENTER	09004		90.04
91.00 EMERGENCY	09100		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	09200		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>			
99.10 CORF	09910		99.10
<b>SPECIAL PURPOSE COST CENTERS</b>			
109.00 PANCREAS ACQUISITION	10900		109.00
110.00 INTESTINAL ACQUISITION	11000		110.00

COST CENTERS USED IN COST REPORT		Provider CCN: 140063	Period: From 07/01/2012 To 06/30/2013	Worksheet Non-CMS W Date/Time Prepared: 11/18/2013 2:31 pm
Cost Center Description		CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
111.00	ISLET ACQUISITION	11100		111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)			118.00
<b>NONREIMBURSABLE COST CENTERS</b>				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	19000		190.00
190.01	ADC	19001		190.01
192.00	PHYSICIANS' PRIVATE OFFICES	19200		192.00
200.00	TOTAL (SUM OF LINES 118-199)			200.00

		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
<b>A - POSTAGE</b>						
1.00	PURCHASING RECEIVING AND STORES	5.03	0	27,698	1.00	
	TOTALS		0	27,698		
<b>B - CAPITAL RELATED INSURANCE</b>						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	5,882	1.00	
	TOTALS		0	5,882		
<b>C - CLINITRON BEDS</b>						
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	205,489	1.00	
	TOTALS		0	205,489		
<b>D - CHARGABLE MED SUPPLIES</b>						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	783,667	1.00	
	TOTALS		0	783,667		
<b>E - CAFETERIA</b>						
1.00	CAFETERIA	11.00	499,632	665,407	1.00	
	TOTALS		499,632	665,407		
<b>F - RENTALS</b>						
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	509,090	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
6.00		0.00	0	0	6.00	
7.00		0.00	0	0	7.00	
8.00		0.00	0	0	8.00	
9.00		0.00	0	0	9.00	
10.00		0.00	0	0	10.00	
11.00		0.00	0	0	11.00	
12.00		0.00	0	0	12.00	
13.00		0.00	0	0	13.00	
14.00		0.00	0	0	14.00	
15.00		0.00	0	0	15.00	
16.00		0.00	0	0	16.00	
17.00		0.00	0	0	17.00	
18.00		0.00	0	0	18.00	
19.00		0.00	0	0	19.00	
20.00		0.00	0	0	20.00	
21.00		0.00	0	0	21.00	
22.00		0.00	0	0	22.00	
23.00		0.00	0	0	23.00	
24.00		0.00	0	0	24.00	
25.00		0.00	0	0	25.00	
26.00		0.00	0	0	26.00	
27.00		0.00	0	0	27.00	
28.00		0.00	0	0	28.00	
	TOTALS		0	509,090		
<b>G - EQUIPMENT DEPRECIATION</b>						
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	1,481,897	1.00	
	TOTALS		0	1,481,897		
<b>H - DRUGS SOLD</b>						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	2,321,337	1.00	
	TOTALS		0	2,321,337		
<b>I - HEART CENTER RECLASS</b>						
1.00	ELECTROCARDIOLOGY	69.00	0	679	1.00	
	TOTALS		0	679		
<b>J - IMPLANTS</b>						
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	6,913,542	1.00	
2.00		0.00	0	0	2.00	
	TOTALS		0	6,913,542		
<b>K - BED RENTALS</b>						
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	185,246	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
	TOTALS		0	185,246		
500.00	Grand Total: Increases		499,632	13,099,934	500.00	

RECLASSIFICATIONS

Provider CCN: 140063

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

Worksheet A-6  
Date/Time Prepared:  
11/18/2013 2:31 pm

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
<b>A - POSTAGE</b>							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	27,698	0		1.00
	TOTALS		0	27,698			
<b>B - CAPITAL RELATED INSURANCE</b>							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	5,882	9		1.00
	TOTALS		0	5,882			
<b>C - CLINITRON BEDS</b>							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	205,489	9		1.00
	TOTALS		0	205,489			
<b>D - CHARGABLE MED SUPPLIES</b>							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	783,667	0		1.00
	TOTALS		0	783,667			
<b>E - CAFETERIA</b>							
1.00	DIETARY	10.00	499,632	665,407	0		1.00
	TOTALS		499,632	665,407			
<b>F - RENTALS</b>							
1.00	EMPLOYEE BENEFITS	4.00	0	4,740	9		1.00
2.00	DATA PROCESSING	5.02	0	2,000	0		2.00
3.00	PURCHASING RECEIVING AND STORES	5.03	0	4,240	0		3.00
4.00	ADMINISTRATIVE	5.04	0	8,729	0		4.00
5.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	39,889	0		5.00
6.00	OPERATION OF PLANT	7.00	0	780	0		6.00
7.00	DIETARY	10.00	0	10,768	0		7.00
8.00	NURSING ADMINISTRATION	13.00	0	3,795	0		8.00
9.00	PHARMACY	15.00	0	4,560	0		9.00
10.00	MEDICAL RECORDS & LIBRARY	16.00	0	6,026	0		10.00
11.00	ADULTS & PEDIATRICS	30.00	0	6,840	0		11.00
12.00	INTENSIVE CARE UNIT	31.00	0	1,320	0		12.00
13.00	SUBPROVIDER - IRF	41.00	0	1,212	0		13.00
14.00	SKILLED NURSING FACILITY	44.00	0	1,620	0		14.00
15.00	OPERATING ROOM	50.00	0	54,674	0		15.00
16.00	ENDOSCOPY	50.01	0	92,874	0		16.00
17.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,088	0		17.00
18.00	LABORATORY	60.00	0	4,260	0		18.00
19.00	RESPIRATORY THERAPY	65.00	0	12,547	0		19.00
20.00	PHYSICAL THERAPY	66.00	0	2,304	0		20.00
21.00	ELECTROCARDIOLOGY	69.00	0	1,500	0		21.00
22.00	CLINIC	90.00	0	4,100	0		22.00
23.00	WOUND CARE	90.01	0	2,640	0		23.00
24.00	RECOVERY ROOM	51.00	0	1,050	0		24.00
25.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	16,466	0		25.00
26.00	EMERGENCY	91.00	0	12,499	0		26.00
27.00	CENTRAL SERVICES & SUPPLY	14.00	0	205,489	0		27.00
28.00	SOCIAL SERVICE	17.00	0	80	0		28.00
	TOTALS		0	509,090			
<b>G - EQUIPMENT DEPRECIATION</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1,481,897	9		1.00
	TOTALS		0	1,481,897			
<b>H - DRUGS SOLD</b>							
1.00	PHARMACY	15.00	0	2,321,337	0		1.00
	TOTALS		0	2,321,337			
<b>I - HEART CENTER RECLASS</b>							
1.00	RUSH HEART CENTER	90.04	0	679	0		1.00
	TOTALS		0	679			
<b>J - IMPLANTS</b>							
1.00	OPERATING ROOM	50.00	0	6,589,786	0		1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	323,756	0		2.00
	TOTALS		0	6,913,542			
<b>K - BED RENTALS</b>							
1.00	ADULTS & PEDIATRICS	30.00	0	109,206	9		1.00
2.00	INTENSIVE CARE UNIT	31.00	0	42,306	0		2.00
3.00	SUBPROVIDER - IRF	41.00	0	10,056	0		3.00
4.00	SKILLED NURSING FACILITY	44.00	0	23,678	0		4.00
	TOTALS		0	185,246			
500.00	Grand Total: Decreases		499,632	13,099,934			500.00

Increases			Decreases			
Cost Center	Line #	Salary	Cost Center	Line #	Salary	
2.00	3.00	4.00	6.00	7.00	8.00	
<b>A - POSTAGE</b>						
1.00						
PURCHASING RECEIVING AND STORES	5.03		OTHER ADMINISTRATIVE AND GENERAL	5.06		1.00
TOTALS			TOTALS			0
<b>B - CAPITAL RELATED INSURANCE</b>						
1.00						
NEW CAP REL COSTS-BLDG & FIXT	1.00		OTHER ADMINISTRATIVE AND GENERAL	5.06		1.00
TOTALS			TOTALS			0
<b>C - CLINIC BEDS</b>						
1.00						
NEW CAP REL COSTS-MVBLE EQUIP	2.00		CENTRAL SERVICES & SUPPLY	14.00		1.00
TOTALS			TOTALS			0
<b>D - CHARGABLE MED SUPPLIES</b>						
1.00						
MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00		CENTRAL SERVICES & SUPPLY	14.00		1.00
TOTALS			TOTALS			0
<b>E - CAFETERIA</b>						
1.00						
CAFETERIA	11.00	499,632	DIETARY	10.00	499,632	1.00
TOTALS		499,632	TOTALS		499,632	
<b>F - RENTALS</b>						
1.00						
NEW CAP REL COSTS-MVBLE EQUIP	2.00		EMPLOYEE BENEFITS	4.00		1.00
2.00	0.00		DATA PROCESSING	5.02		2.00
3.00	0.00		PURCHASING RECEIVING AND STORES	5.03		3.00
4.00	0.00		ADMINISTRATIVE	5.04		4.00
5.00	0.00		OTHER ADMINISTRATIVE AND GENERAL	5.06		5.00
6.00	0.00		OPERATION OF PLANT	7.00		6.00
7.00	0.00		DIETARY	10.00		7.00
8.00	0.00		NURSING ADMINISTRATION	13.00		8.00
9.00	0.00		PHARMACY	15.00		9.00
10.00	0.00		MEDICAL RECORDS & LIBRARY	16.00		10.00
11.00	0.00		ADULTS & PEDIATRICS	30.00		11.00
12.00	0.00		INTENSIVE CARE UNIT	31.00		12.00
13.00	0.00		SUBPROVIDER - IRF	41.00		13.00
14.00	0.00		SKILLED NURSING FACILITY	44.00		14.00
15.00	0.00		OPERATING ROOM	50.00		15.00
16.00	0.00		ENDOSCOPY	50.01		16.00
17.00	0.00		RADIOLOGY-DIAGNOSTIC	54.00		17.00
18.00	0.00		LABORATORY	60.00		18.00
19.00	0.00		RESPIRATORY THERAPY	65.00		19.00
20.00	0.00		PHYSICAL THERAPY	66.00		20.00
21.00	0.00		ELECTROCARDIOLOGY	69.00		21.00
22.00	0.00		CLINIC	90.00		22.00
23.00	0.00		WOUND CARE	90.01		23.00
24.00	0.00		RECOVERY ROOM	51.00		24.00
25.00	0.00		PHYSICIANS' PRIVATE OFFICES	192.00		25.00
26.00	0.00		EMERGENCY	91.00		26.00
27.00	0.00		CENTRAL SERVICES & SUPPLY	14.00		27.00
28.00	0.00		SOCIAL SERVICE	17.00		28.00
TOTALS			TOTALS			0
<b>G - EQUIPMENT DEPRECIATION</b>						
1.00						
NEW CAP REL COSTS-MVBLE EQUIP	2.00		NEW CAP REL COSTS-BLDG & FIXT	1.00		1.00
TOTALS			TOTALS			0
<b>H - DRUGS SOLD</b>						
1.00						
DRUGS CHARGED TO PATIENTS	73.00		PHARMACY	15.00		1.00
TOTALS			TOTALS			0
<b>I - HEART CENTER RECLASS</b>						
1.00						
ELECTROCARDIOLOGY	69.00		RUSH HEART CENTER	90.04		1.00
TOTALS			TOTALS			0
<b>J - IMPLANTS</b>						
1.00						
IMPL. DEV. CHARGED TO PATIENTS	72.00		OPERATING ROOM	50.00		1.00
2.00	0.00		RADIOLOGY-DIAGNOSTIC	54.00		2.00
TOTALS			TOTALS			0
<b>K - BED RENTALS</b>						
1.00						
NEW CAP REL COSTS-MVBLE EQUIP	2.00		ADULTS & PEDIATRICS	30.00		1.00
2.00	0.00		INTENSIVE CARE UNIT	31.00		2.00
3.00	0.00		SUBPROVIDER - IRF	41.00		3.00
4.00	0.00		SKILLED NURSING FACILITY	44.00		4.00
TOTALS			TOTALS			0

Provider CCN: 140063	Period: From 07/01/2012 To 06/30/2013	Worksheet A-6 Non-CMS Worksheet Date/Time Prepared: 11/18/2013 2:31 pm
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Increases			Decreases			
Cost Center	Line #	Salary	Cost Center	Line #	Salary	
2.00	3.00	4.00	6.00	7.00	8.00	
500.00	Grand Total : Increases	499,632	Grand Total : Decreases	499,632	500.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140063

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

Worksheet A-7  
Part I  
Date/Time Prepared:  
11/18/2013 2:31 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	2,478,706	0	0	0	0	1.00
2.00	Land Improvements	0	0	0	0	0	2.00
3.00	Buildings and Fixtures	55,789,612	962,247	0	962,247	0	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	41,672,237	936,646	0	936,646	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	99,940,555	1,898,893	0	1,898,893	0	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	99,940,555	1,898,893	0	1,898,893	0	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	2,478,706	0				1.00
2.00	Land Improvements	0	0				2.00
3.00	Buildings and Fixtures	56,751,859	0				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	42,608,883	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	101,839,448	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	101,839,448	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140063

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

Worksheet A-7  
Part II  
Date/Time Prepared:  
11/18/2013 2:31 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	3,074,234	0	0	0	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	3,074,234	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	3,074,234				1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	3,074,234				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140063

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

Worksheet A-7  
Part III  
Date/Time Prepared:  
11/18/2013 2:31 pm

Cost Center Description	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			
	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance		
	1.00	2.00	3.00	4.00	5.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	59,230,565	0	59,230,565	0.581607	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	42,608,883	0	42,608,883	0.418393	0	2.00
3.00	Total (sum of lines 1-2)	101,839,448	0	101,839,448	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	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	1,578,915	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	2,372,737	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	3,951,652	0	3.00
Cost Center Description	SUMMARY OF CAPITAL						
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)		
	11.00	12.00	13.00	14.00	15.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	1,578,915	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	2,372,737	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	3,951,652	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140063

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

Worksheet A-8

Date/Time Prepared:  
11/18/2013 2:31 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
			Cost Center	Line #		
			1.00	2.00		
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			ONEW CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			ONEW CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)		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)	B	-52,047	PURCHASING RECEIVING AND STORES	5.03	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	A	-118,938	NONPATIENT TELEPHONES	5.01	0	7.00
8.00 Television and radio service (chapter 21)	A	-9,062	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	8.00
9.00 Parking lot (chapter 21)		0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-3,853,123			0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	0			0	12.00
13.00 Laundry and linen service		0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-344,520	CAFETERIA	11.00	0	14.00
15.00 Rental of quarters to employee and others		0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00 Sale of drugs to other than patients		0		0.00	0	17.00
18.00 Sale of medical records and abstracts		0		0.00	0	18.00
19.00 Nursing school (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00 Vending machines		0		0.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT	A	-19,304	NEW CAP REL COSTS-BLDG & FIXT	1.00	9	26.00
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP	A	-8,985	NEW 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	OCCUPATIONAL THERAPY	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

Provider CCN: 140063

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

Worksheet A-8

Date/Time Prepared:  
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Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
			Cost Center	Line #	
			1.00	2.00	
33.00 OTHER MI SC	B	-1,824	OTHER ADMINI STRATIVE AND GENERAL	5.06	0 33.00
33.01 LAB OTHER REVENUE	B	-400	LABORATORY	60.00	0 33.01
33.02 SALE OF SILVER	B	-10,246	RADIOLOGY-DIAGNOSTIC	54.00	0 33.02
33.04 HOUSE PHYSICIANS	A	-381,568	OTHER ADMINI STRATIVE AND GENERAL	5.06	0 33.04
33.05 PHYSICIAN RECRUITING	B	-82,550	OTHER ADMINI STRATIVE AND GENERAL	5.06	0 33.05
34.00 JURY DUTY	B	-1,628	OTHER ADMINI STRATIVE AND GENERAL	5.06	0 34.00
34.01 INFO CENTER	B	-76	OTHER ADMINI STRATIVE AND GENERAL	5.06	0 34.01
35.00 EMPLOYEE IDS	B	-470	EMPLOYEE BENEFITS	4.00	0 35.00
36.00 PROVIDER ASSESSMENT TAX	B	-1,698,917	OTHER ADMINI STRATIVE AND GENERAL	5.06	0 36.00
37.00 MARKETING	A	-11,261	OTHER ADMINI STRATIVE AND GENERAL	5.06	0 37.00
38.00 EMERGENCY MEDICAL OTHER INCOME	A	-3,375	EMERGENCY	91.00	0 38.00
39.00 OCCUPATIONAL HEALTH	B	-85,433	EMPLOYEE BENEFITS	4.00	0 39.00
40.00 INTEREST INCOME	B	-345	OTHER ADMINI STRATIVE AND GENERAL	5.06	0 40.00
41.00 MEDICAL EXEC INCOME	B	-13,832	OTHER ADMINI STRATIVE AND GENERAL	5.06	0 41.00
42.00 VOLUNTEERS	B	-104,746	OTHER ADMINI STRATIVE AND GENERAL	5.06	0 42.00
43.00 PULMONARY REHAB PROGRAM REVENUE	B	-7,849	PULMONARY REHAB	90.02	0 43.00
44.00 DIABETES ENDOCRINE PROGRAM REVENUE	B	-7,604	CLINIC	90.00	0 44.00
45.00 OTHER OPERATING INCOME	B	-438,291	OTHER ADMINI STRATIVE AND GENERAL	5.06	0 45.00
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-7,256,394			50.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140063

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

Worksheet A-8-2

Date/Time Prepared:  
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	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	434,368	374,368	60,000	177,200	528	1.00
2.00	17.00	SOCIAL SERVICE	20,000	0	20,000	177,200	192	2.00
3.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	185,652	155,652	30,000	177,200	450	3.00
4.00	31.00	INTENSIVE CARE UNIT	16,875	0	16,875	177,200	94	4.00
5.00	41.00	SUBPROVIDER - IRF	265,717	265,717	0	0	0	5.00
6.00	50.00	OPERATING ROOM	24,000	0	24,000	177,200	120	6.00
7.00	50.01	ENDOSCOPY	70,000	70,000	0	0	0	7.00
8.00	53.00	ANESTHESIOLOGY	50,000	50,000	0	0	0	8.00
9.00	60.00	LABORATORY	49,992	49,992	0	0	0	9.00
10.00	65.00	RESPIRATORY THERAPY	16,875	0	16,875	177,200	94	10.00
11.00	69.00	ELECTROCARDIOLOGY	49,290	49,290	0	0	0	11.00
12.00	70.00	ELECTROENCEPHALOGRAPHY	12,760	12,760	0	0	0	12.00
13.00	90.00	CLINIC	623,604	588,604	35,000	177,200	520	13.00
14.00	90.01	WOUND CARE	24,000	24,000	0	0	0	14.00
15.00	90.02	PULMONARY REHAB	8,000	0	8,000	177,200	72	15.00
16.00	90.04	RUSH HEART CENTER	191,811	191,811	0	0	0	16.00
17.00	91.00	EMERGENCY	2,075,211	1,894,367	180,844	177,200	1,248	17.00
200.00			4,118,155	3,726,561	391,594		3,318	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	44,982	2,249	0	0	0	1.00
2.00	17.00	SOCIAL SERVICE	16,357	818	0	0	0	2.00
3.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	38,337	1,917	0	0	0	3.00
4.00	31.00	INTENSIVE CARE UNIT	8,008	400	0	0	0	4.00
5.00	41.00	SUBPROVIDER - IRF	0	0	0	0	0	5.00
6.00	50.00	OPERATING ROOM	10,223	511	0	0	0	6.00
7.00	50.01	ENDOSCOPY	0	0	0	0	0	7.00
8.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	8.00
9.00	60.00	LABORATORY	0	0	0	0	0	9.00
10.00	65.00	RESPIRATORY THERAPY	8,008	400	0	0	0	10.00
11.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	11.00
12.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	12.00
13.00	90.00	CLINIC	44,300	2,215	0	0	0	13.00
14.00	90.01	WOUND CARE	0	0	0	0	0	14.00
15.00	90.02	PULMONARY REHAB	6,134	307	0	0	0	15.00
16.00	90.04	RUSH HEART CENTER	0	0	0	0	0	16.00
17.00	91.00	EMERGENCY	106,320	5,316	0	0	0	17.00
200.00			282,669	14,133	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
	1.00	2.00	15.00	16.00	17.00	18.00	
1.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	0	44,982	15,018	389,386	1.00
2.00	17.00	SOCIAL SERVICE	0	16,357	3,643	3,643	2.00
3.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	38,337	0	155,652	3.00
4.00	31.00	INTENSIVE CARE UNIT	0	8,008	8,867	8,867	4.00
5.00	41.00	SUBPROVIDER - IRF	0	0	0	265,717	5.00
6.00	50.00	OPERATING ROOM	0	10,223	13,777	13,777	6.00
7.00	50.01	ENDOSCOPY	0	0	0	70,000	7.00
8.00	53.00	ANESTHESIOLOGY	0	0	0	50,000	8.00
9.00	60.00	LABORATORY	0	0	0	49,992	9.00
10.00	65.00	RESPIRATORY THERAPY	0	8,008	8,867	8,867	10.00
11.00	69.00	ELECTROCARDIOLOGY	0	0	0	49,290	11.00
12.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	12,760	12.00
13.00	90.00	CLINIC	0	44,300	0	588,604	13.00
14.00	90.01	WOUND CARE	0	0	0	24,000	14.00
15.00	90.02	PULMONARY REHAB	0	6,134	1,866	1,866	15.00
16.00	90.04	RUSH HEART CENTER	0	0	0	191,811	16.00
17.00	91.00	EMERGENCY	0	106,320	74,524	1,968,891	17.00
200.00			0	282,669	126,562	3,853,123	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140063

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

Worksheet B  
Part I  
Date/Time Prepared:  
11/18/2013 2:31 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		1.00	2.00			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT	1,578,915	1,578,915				1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP	2,372,737		2,372,737			2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	10,822,396	20,275	3,407	10,846,078		4.00
5.01 00510 NONPATIENT TELEPHONES	122,947	1,749	1,909	0	126,605	5.01
5.02 00520 DATA PROCESSING	906,715	16,145	177,956	119,328	2,520	5.02
5.03 00530 PURCHASING RECEIVING AND STORES	304,078	47,741	9,428	63,885	3,359	5.03
5.04 00540 ADMINISTRATION	929,700	12,182	9,988	188,384	2,729	5.04
5.05 00550 CASHIERING/ACCOUNTS RECEIVABLE	261,435	18,062	46,199	0	5,039	5.05
5.06 00560 OTHER ADMINISTRATIVE AND GENERAL	9,186,542	69,785	69,539	753,185	15,115	5.06
6.00 00600 MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00 00700 OPERATION OF PLANT	4,890,213	582,991	57,704	176,192	6,719	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	121,840	6,804	428	15,220	0	8.00
9.00 00900 HOUSEKEEPING	1,254,420	12,580	8,726	148,448	840	9.00
10.00 01000 DIETARY	705,554	60,028	14,874	73,201	5,249	10.00
11.00 01100 CAFETERIA	820,519	0	0	119,055	0	11.00
13.00 01300 NURSING ADMINISTRATION	1,735,282	14,285	40,351	386,444	2,729	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	257,068	30,556	36,983	88,319	1,470	14.00
15.00 01500 PHARMACY	1,694,580	8,940	14,032	275,522	2,100	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	727,888	24,138	53,987	129,455	7,559	16.00
17.00 01700 SOCIAL SERVICE	560,491	2,355	244	97,999	630	17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	155,639	0	0	0	0	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	7,025,404	101,098	88,094	1,503,659	10,708	30.00
31.00 03100 INTENSIVE CARE UNIT	2,699,616	27,811	102,696	549,822	3,989	31.00
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - IRF	978,304	42,059	14,289	163,193	6,719	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
44.00 04400 SKILLED NURSING FACILITY	1,275,425	58,349	14,933	281,712	3,779	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	6,436,426	73,840	189,702	729,710	6,299	50.00
50.01 05001 ENDOSCOPY	833,885	15,116	70,726	137,116	3,779	50.01
51.00 05100 RECOVERY ROOM	812,428	5,998	8,305	183,704	0	51.00
53.00 05300 ANESTHESIOLOGY	692,057	1,423	42,600	79,701	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	3,517,200	53,625	403,681	478,294	6,299	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	751,057	52,221	333,094	101,910	5,039	56.00
56.01 05602 ULTRASOUND/VASC LAB	459,300	2,214	73,579	96,634	840	56.01
57.00 05700 CT SCAN	714,567	1,846	169,094	109,616	630	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	2,783,894	36,086	67,983	377,370	7,768	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	739,915	2,028	69	38,494	0	62.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	716,025	6,203	63,157	137,863	2,100	65.00
66.00 06600 PHYSICAL THERAPY	1,159,726	36,428	10,735	245,812	1,680	66.00
67.00 06700 OCCUPATIONAL THERAPY	551,780	4,791	1,486	125,747	420	67.00
68.00 06800 SPEECH PATHOLOGY	117,424	869	173	26,350	630	68.00
69.00 06900 ELECTROCARDIOLOGY	476,261	4,468	42,881	79,104	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	59,297	903	2,022	13,510	210	70.00
70.01 07001 SLEEP LAB	0	0	0	0	0	70.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	783,667	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	6,913,542	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	2,321,337	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	467,256	0	122	0	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	584,446	67,801	24,023	154,018	4,829	90.00
90.01 09001 WOUND CARE	762,800	15,640	7,305	108,981	420	90.01
90.02 09002 PULMONARY REHAB	77,801	0	5,846	17,479	0	90.02
90.03 09003 SPINE CENTER	0	0	0	0	0	90.03
90.04 09004 RUSH HEART CENTER	0	0	0	0	0	90.04
91.00 09100 EMERGENCY	4,129,520	34,382	45,683	1,236,766	3,989	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 09910 CORF	0	0	0	0	0	99.10

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140063

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

Worksheet B  
Part I  
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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES			
		NEW BLDG & FIXT	NEW MVBLE EQUIP					
	0	1.00	2.00	4.00	5.01			
<b>SPECIAL PURPOSE COST CENTERS</b>								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00	
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00	
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00	
118.00		SUBTOTALS (SUM OF LINES 1-117)	88,249,319	1,573,815	2,328,033	9,611,202	126,185	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	3,911	61	0	420	190.00
190.01	19001	ADC	0	0	9,781	0	0	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	7,044,926	1,189	34,862	1,234,876	0	192.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	95,294,245	1,578,915	2,372,737	10,846,078	126,605	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140063

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

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Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINITTING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.02	00520	DATA PROCESSING	1,222,664					5.02
5.03	00530	PURCHASING RECEIVING AND STORES	4,663	433,154				5.03
5.04	00540	ADMINITTING	13,155	1,505	1,157,643			5.04
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE	3,665	1,940	0	336,340		5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	173,732	3,684	0	0	10,271,582	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	68,562	555	0	0	5,782,936	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,708	34	0	0	146,034	8.00
9.00	00900	HOUSEKEEPING	17,584	33	0	0	1,442,631	9.00
10.00	01000	DIETARY	26,373	1,164	0	0	886,443	10.00
11.00	01100	CAFETERIA	0	0	0	0	939,574	11.00
13.00	01300	NURSING ADMINISTRATION	24,378	537	0	0	2,204,006	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	20,350	36,203	0	0	470,949	14.00
15.00	01500	PHARMACY	56,359	10,922	0	0	2,062,455	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	10,288	1,103	0	0	954,418	16.00
17.00	01700	SOCIAL SERVICE	7,909	65	0	0	669,693	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	4,364	40	0	0	160,043	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	100,109	14,359	74,572	21,661	8,939,664	30.00
31.00	03100	INTENSIVE CARE UNIT	38,579	6,209	25,975	7,545	3,462,242	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	17,597	2,162	5,459	1,586	1,231,368	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
44.00	04400	SKILLED NURSING FACILITY	18,234	2,163	10,993	3,193	1,668,781	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	183,572	179,680	186,637	54,212	8,040,078	50.00
50.01	05001	ENDOSCOPY	13,973	12,572	35,072	10,187	1,132,426	50.01
51.00	05100	RECOVERY ROOM	11,403	284	26,955	7,830	1,056,907	51.00
53.00	05300	ANESTHESIOLOGY	10,402	24,062	54,295	15,771	920,311	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54,015	60,270	74,803	21,728	4,669,915	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	10,528	3,174	12,450	3,616	1,273,089	56.00
56.01	05602	ULTRASOUND/VASC LAB	6,438	1,365	19,812	5,755	665,937	56.01
57.00	05700	CT SCAN	10,017	2,631	58,910	17,111	1,084,422	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	39,791	17,025	196,625	57,195	3,583,737	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	10,372	694	9,905	2,877	804,354	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	10,337	6,565	18,637	5,413	966,300	65.00
66.00	06600	PHYSICAL THERAPY	16,289	2,717	29,410	8,543	1,511,340	66.00
67.00	06700	OCCUPATIONAL THERAPY	7,735	1,955	14,344	4,167	712,425	67.00
68.00	06800	SPEECH PATHOLOGY	1,646	99	2,896	841	150,928	68.00
69.00	06900	ELECTROCARDIOLOGY	7,379	1,877	21,150	6,144	639,264	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,010	132	528	153	77,765	70.00
70.01	07001	SLEEP LAB	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	1,274	370	785,311	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	59,961	17,417	6,990,920	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	90,974	26,425	2,438,736	73.00
74.00	07400	RENAL DIALYSIS	6,550	0	10,491	3,047	487,466	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	16,608	2,451	14,993	4,355	873,524	90.00
90.01	09001	WOUND CARE	11,066	5,935	12,239	3,555	927,941	90.01
90.02	09002	PULMONARY REHAB	1,227	77	634	184	103,248	90.02
90.03	09003	SPIRE CENTER	0	0	0	0	0	90.03
90.04	09004	RUSH HEART CENTER	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	85,710	19,141	87,649	25,459	5,668,299	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
99.10	09910	CORF	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140063

Period:  
From 07/01/2012  
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Worksheet B  
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Cost Center Description		DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
		5.02	5.03	5.04	5.05	5A.05	
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,123,677	425,384	1,157,643	336,340	86,857,462	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	2	0	0	4,394	190.00
190.01	19001 ADC	0	380	0	0	10,161	190.01
192.00	19200 PHYSICIANS' PRIVATE OFFICES	98,987	7,388	0	0	8,422,228	192.00
200.00	Cross Foot Adjustments					0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	1,222,664	433,154	1,157,643	336,340	95,294,245	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140063

Period:  
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Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.06	6.00	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00510	NONPATIENT TELEPHONES					5.01
5.02	00520	DATA PROCESSING					5.02
5.03	00530	PURCHASING RECEIVING AND STORES					5.03
5.04	00540	ADMINITTING					5.04
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	10,271,582				5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0			6.00
7.00	00700	OPERATION OF PLANT	698,636	0	6,481,572		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	17,642	0	54,449	218,125	8.00
9.00	00900	HOUSEKEEPING	174,284	0	100,664	0	1,717,579
10.00	01000	DIETARY	107,091	0	480,348	0	53,299
11.00	01100	CAFETERIA	113,510	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	266,266	0	114,306	0	15,524
14.00	01400	CENTRAL SERVICES & SUPPLY	56,895	0	244,513	1,224	25,873
15.00	01500	PHARMACY	249,165	0	71,538	179	13,534
16.00	01600	MEDICAL RECORDS & LIBRARY	115,303	0	193,155	0	36,421
17.00	01700	SOCIAL SERVICE	80,906	0	18,843	0	3,662
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	19,335	0	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	1,079,997	0	809,001	44,713	349,723
31.00	03100	INTENSIVE CARE UNIT	418,273	0	222,549	10,085	87,173
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0
41.00	04100	SUBPROVIDER - IRF	148,762	0	336,558	11,047	91,750
42.00	04200	SUBPROVIDER	0	0	0	0	0
44.00	04400	SKILLED NURSING FACILITY	201,605	0	466,914	14,151	124,191
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	971,322	0	590,879	40,783	209,055
50.01	05001	ENDOSCOPY	136,808	0	120,964	5,426	15,524
51.00	05100	RECOVERY ROOM	127,685	0	47,999	6,181	10,349
53.00	05300	ANESTHESIOLOGY	111,183	0	11,383	0	25,873
54.00	05400	RADIOLOGY-DIAGNOSTIC	564,172	0	429,109	18,046	123,554
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00	05600	RADIOISOTOPE	153,802	0	417,874	4,038	39,407
56.01	05602	ULTRASOUND/VASC LAB	80,452	0	17,714	0	10,349
57.00	05700	CT SCAN	131,009	0	14,771	0	5,175
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	432,951	0	288,767	0	103,493
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	97,174	0	16,228	0	5,175
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	116,739	0	49,634	0	14,011
66.00	06600	PHYSICAL THERAPY	182,585	0	291,502	6,858	62,096
67.00	06700	OCCUPATIONAL THERAPY	86,068	0	38,340	3,345	16,917
68.00	06800	SPEECH PATHOLOGY	18,234	0	6,955	0	3,662
69.00	06900	ELECTROCARDIOLOGY	77,229	0	35,754	1,782	62,096
70.00	07000	ELECTROENCEPHALOGRAPHY	9,395	0	7,222	636	0
70.01	07001	SLEEP LAB	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	94,873	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	844,573	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	294,624	0	0	0	0
74.00	07400	RENAL DIALYSIS	58,891	0	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	105,530	0	542,553	1,457	69,420
90.01	09001	WOUND CARE	112,105	0	125,154	826	62,096
90.02	09002	PULMONARY REHAB	12,473	0	0	0	0
90.03	09003	SPINE CENTER	0	0	0	0	0
90.04	09004	RUSH HEART CENTER	0	0	0	0	0
91.00	09100	EMERGENCY	684,787	0	275,125	47,348	73,002
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	CORF	0	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0
111.00	11100	ISLET ACQUISITION	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.06	6.00	7.00	8.00	9.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)	9,252,334	0	6,440,765	218,125	1,712,404	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	531	0	31,296	0	5,175	190.00
190.01	19001 ADC	1,228	0	0	0	0	190.01
192.00	19200 PHYSICIANS' PRIVATE OFFICES	1,017,489	0	9,511	0	0	192.00
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)	10,271,582	0	6,481,572	218,125	1,717,579	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00510						5.01
5.02	00520						5.02
5.03	00530						5.03
5.04	00540						5.04
5.05	00550						5.05
5.06	00560						5.06
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	1,527,181					10.00
11.00	01100	0	1,053,084				11.00
13.00	01300	0	42,752	2,642,854			13.00
14.00	01400	0	16,939	0	816,393		14.00
15.00	01500	0	24,418	0	0	2,421,289	15.00
16.00	01600	0	23,347	0	0	0	16.00
17.00	01700	0	9,076	0	0	0	17.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	946,452	205,814	863,982	22,857	0	30.00
31.00	03100	182,008	61,550	261,283	11,211	0	31.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	89,894	20,011	87,072	3,517	0	41.00
42.00	04200	0	0	0	0	0	42.00
44.00	04400	308,827	44,146	189,259	3,401	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	0	78,509	333,103	237,713	0	50.00
50.01	05001	0	16,029	0	25,117	0	50.01
51.00	05100	0	15,847	70,214	536	0	51.00
53.00	05300	0	5,963	26,787	48,598	0	53.00
54.00	05400	0	64,340	0	113,414	0	54.00
55.00	05500	0	0	0	0	0	55.00
56.00	05600	0	11,340	0	4,804	0	56.00
56.01	05602	0	8,894	0	2,675	0	56.01
57.00	05700	0	11,501	0	4,977	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	0	57,103	0	29,124	0	60.00
60.01	06001	0	0	0	0	0	60.01
62.00	06200	0	4,669	0	1,429	0	62.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	0	16,272	0	13,158	0	65.00
66.00	06600	0	28,501	123,981	4,679	0	66.00
67.00	06700	0	12,735	55,076	3,793	0	67.00
68.00	06800	0	2,446	10,081	145	0	68.00
69.00	06900	0	9,864	42,088	3,348	0	69.00
70.00	07000	0	950	0	195	0	70.00
70.01	07001	0	0	0	0	0	70.01
71.00	07100	0	0	0	73,975	0	71.00
72.00	07200	0	0	0	133,641	0	72.00
73.00	07300	0	0	0	20,141	2,421,289	73.00
74.00	07400	0	0	0	0	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	18,273	79,667	2,377	0	90.00
90.01	09001	0	11,906	49,784	11,444	0	90.01
90.02	09002	0	2,325	9,714	145	0	90.02
90.03	09003	0	0	0	0	0	90.03
90.04	09004	0	0	0	0	0	90.04
91.00	09100	0	104,403	440,763	33,506	0	91.00
92.00	09200	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	0	0	0	0	0	109.00
110.00	11000	0	0	0	0	0	110.00
111.00	11100	0	0	0	0	0	111.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,527,181	929,923	2,642,854	809,920	2,421,289	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001 ADC	0	0	0	68	0	190.01
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	123,161	0	6,405	0	192.00
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)	1,527,181	1,053,084	2,642,854	816,393	2,421,289	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		Subtotal
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS	
			16.00	17.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00510 NONPATIENT TELEPHONES					5.01
5.02 00520 DATA PROCESSING					5.02
5.03 00530 PURCHASING RECEIVING AND STORES					5.03
5.04 00540 ADMITTING					5.04
5.05 00550 CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06 00560 OTHER ADMINISTRATIVE AND GENERAL					5.06
6.00 00600 MAINTENANCE & REPAIRS					6.00
7.00 00700 OPERATION OF PLANT					7.00
8.00 00800 LAUNDRY & LINEN SERVICE					8.00
9.00 00900 HOUSEKEEPING					9.00
10.00 01000 DIETARY					10.00
11.00 01100 CAFETERIA					11.00
13.00 01300 NURSING ADMINISTRATION					13.00
14.00 01400 CENTRAL SERVICES & SUPPLY					14.00
15.00 01500 PHARMACY					15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	1,322,644				16.00
17.00 01700 SOCIAL SERVICE	0	782,180			17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0		21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	179,378	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00 03000 ADULTS & PEDIATRICS	85,199	715,320	0	179,378	14,242,100
31.00 03100 INTENSIVE CARE UNIT	29,677	0	0	0	4,746,051
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	0
41.00 04100 SUBPROVIDER - IRF	6,237	66,860	0	0	2,093,076
42.00 04200 SUBPROVIDER	0	0	0	0	0
44.00 04400 SKILLED NURSING FACILITY	12,559	0	0	0	3,033,834
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 05000 OPERATING ROOM	213,234	0	0	0	10,714,676
50.01 05001 ENDOSCOPY	40,070	0	0	0	1,492,364
51.00 05100 RECOVERY ROOM	30,797	0	0	0	1,366,515
53.00 05300 ANESTHESIOLOGY	62,033	0	0	0	1,212,131
54.00 05400 RADIOLOGY-DIAGNOSTIC	85,463	0	0	0	6,068,013
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00 05600 RADIOISOTOPE	14,224	0	0	0	1,918,578
56.01 05602 ULTRASOUND/VASC LAB	22,635	0	0	0	808,656
57.00 05700 CT SCAN	67,305	0	0	0	1,319,160
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0
60.00 06000 LABORATORY	224,674	0	0	0	4,719,849
60.01 06001 BLOOD LABORATORY	0	0	0	0	0
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	11,317	0	0	0	940,346
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0
65.00 06500 RESPIRATORY THERAPY	21,293	0	0	0	1,197,407
66.00 06600 PHYSICAL THERAPY	33,601	0	0	0	2,245,143
67.00 06700 OCCUPATIONAL THERAPY	16,388	0	0	0	945,087
68.00 06800 SPEECH PATHOLOGY	3,308	0	0	0	195,759
69.00 06900 ELECTROCARDIOLOGY	24,164	0	0	0	895,589
70.00 07000 ELECTROENCEPHALOGRAPHY	603	0	0	0	96,766
70.01 07001 SLEEP LAB	0	0	0	0	0
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,455	0	0	0	955,614
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	68,506	0	0	0	8,037,640
73.00 07300 DRUGS CHARGED TO PATIENTS	103,939	0	0	0	5,278,729
74.00 07400 RENAL DIALYSIS	11,986	0	0	0	558,343
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00 09000 CLINIC	17,130	0	0	0	1,709,931
90.01 09001 WOUND CARE	13,983	0	0	0	1,315,239
90.02 09002 PULMONARY REHAB	724	0	0	0	128,629
90.03 09003 SPINE CENTER	0	0	0	0	0
90.04 09004 RUSH HEART CENTER	0	0	0	0	0
91.00 09100 EMERGENCY	100,140	0	0	0	7,427,373
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)					
<b>OTHER REIMBURSABLE COST CENTERS</b>					
99.10 09910 CORF	0	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>					
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		Subtotal	
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS		
	16.00	17.00	21.00	22.00	24.00	
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0	0 110.00
111.00 11100	ISLET ACQUISITION	0	0	0	0	0 111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,322,644	782,180	0	179,378	85,662,598 118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	41,396 190.00
190.01 19001	ADC	0	0	0	0	11,457 190.01
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	9,578,794 192.00
200.00	Cross Foot Adjustments			0	0	0 200.00
201.00	Negative Cost Centers	0	0	0	0	0 201.00
202.00	TOTAL (sum lines 118-201)	1,322,644	782,180	0	179,378	95,294,245 202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00510	NONPATIENT TELEPHONES		5.01
5.02	00520	DATA PROCESSING		5.02
5.03	00530	PURCHASING RECEIVING AND STORES		5.03
5.04	00540	ADMITTING		5.04
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL		5.06
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000	ADULTS & PEDIATRICS	-179,378	30.00
31.00	03100	INTENSIVE CARE UNIT	0	31.00
40.00	04000	SUBPROVIDER - I PF	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	41.00
42.00	04200	SUBPROVIDER	0	42.00
44.00	04400	SKILLED NURSING FACILITY	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000	OPERATING ROOM	0	50.00
50.01	05001	ENDOSCOPY	0	50.01
51.00	05100	RECOVERY ROOM	0	51.00
53.00	05300	ANESTHESIOLOGY	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	55.00
56.00	05600	RADIOISOTOPE	0	56.00
56.01	05602	ULTRASOUND/VASC LAB	0	56.01
57.00	05700	CT SCAN	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	59.00
60.00	06000	LABORATORY	0	60.00
60.01	06001	BLOOD LABORATORY	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	65.00
66.00	06600	PHYSICAL THERAPY	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	70.00
70.01	07001	SLEEP LAB	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	73.00
74.00	07400	RENAL DIALYSIS	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	08800	RURAL HEALTH CLINIC	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000	CLINIC	0	90.00
90.01	09001	WOUND CARE	0	90.01
90.02	09002	PULMONARY REHAB	0	90.02
90.03	09003	SPINE CENTER	0	90.03
90.04	09004	RUSH HEART CENTER	0	90.04
91.00	09100	EMERGENCY	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
99.10	09910	CORF	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>				
109.00	10900	PANCREAS ACQUISITION	0	109.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
110.00	11000	INTESTINAL ACQUISITION	0	0
111.00	11100	ISLET ACQUISITION	0	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	-179,378	85,483,220
<b>NONREIMBURSABLE COST CENTERS</b>				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	41,396
190.01	19001	ADC	0	11,457
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	9,578,794
200.00		Cross Foot Adjustments	0	0
201.00		Negative Cost Centers	0	0
202.00		TOTAL (sum lines 118-201)	-179,378	95,114,867

COST ALLOCATION STATISTICS

Provider CCN: 140063

Period:  
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Cost Center Description		Statistics Code	Statistics Description		
		1.00	2.00		
GENERAL SERVICE COST CENTERS					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	3	DOLLAR	VALUE	2.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	S	GROSS	SALARIES	4.00
5.01	NONPATIENT TELEPHONES	5	NBR OF	PHONES	5.01
5.02	DATA PROCESSING	6	# OF TERM		5.02
5.03	PURCHASING RECEIVING AND STORES	7	SUPPLIES	EXPENSE	5.03
5.04	ADMINISTRATIVE	C	GROSS	CHARGES	5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE	C	GROSS	CHARGES	5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL	-9	ACCUM.	COST	5.06
6.00	MAINTENANCE & REPAIRS	25	SQUARE	FEET	6.00
7.00	OPERATION OF PLANT	1	SQUARE	FEET	7.00
8.00	LAUNDRY & LINEN SERVICE	12	POUNDS OF	LAUNDRY	8.00
9.00	HOUSEKEEPING	13	HOURS OF	SERVICE	9.00
10.00	DIETARY	14	MEALS	SERVED	10.00
11.00	CAFETERIA	15	PROD	FTE'S	11.00
13.00	NURSING ADMINISTRATION	16	HOURS		13.00
14.00	CENTRAL SERVICES & SUPPLY	17	COSTED	REQUIS.	14.00
15.00	PHARMACY	18	COSTED	REQUIS.	15.00
16.00	MEDICAL RECORDS & LIBRARY	C	GROSS	CHARGES	16.00
17.00	SOCIAL SERVICE	19	DAYS		17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	20	ASSIGNED	TIME	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22	ASSIGNED	TIME	22.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140063

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

Worksheet B  
Part II  
Date/Time Prepared:  
11/18/2013 2:31 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	20,275	3,407	23,682	23,682 4.00
5.01 00510	NONPATIENT TELEPHONES	0	1,749	1,909	3,658	0 5.01
5.02 00520	DATA PROCESSING	0	16,145	177,956	194,101	260 5.02
5.03 00530	PURCHASING RECEIVING AND STORES	0	47,741	9,428	57,169	139 5.03
5.04 00540	ADMITTING	0	12,182	9,988	22,170	411 5.04
5.05 00550	CASHIERING/ACCOUNTS RECEIVABLE	0	18,062	46,199	64,261	0 5.05
5.06 00560	OTHER ADMINISTRATIVE AND GENERAL	0	69,785	69,539	139,324	1,644 5.06
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0 6.00
7.00 00700	OPERATION OF PLANT	0	582,991	57,704	640,695	384 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	6,804	428	7,232	33 8.00
9.00 00900	HOUSEKEEPING	0	12,580	8,726	21,306	324 9.00
10.00 01000	DIETARY	0	60,028	14,874	74,902	160 10.00
11.00 01100	CAFETERIA	0	0	0	0	260 11.00
13.00 01300	NURSING ADMINISTRATION	0	14,285	40,351	54,636	843 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	30,556	36,983	67,539	193 14.00
15.00 01500	PHARMACY	0	8,940	14,032	22,972	601 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	24,138	53,987	78,125	283 16.00
17.00 01700	SOCIAL SERVICE	0	2,355	244	2,599	214 17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0 22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	0	101,098	88,094	189,192	3,295 30.00
31.00 03100	INTENSIVE CARE UNIT	0	27,811	102,696	130,507	1,200 31.00
40.00 04000	SUBPROVIDER - I/PF	0	0	0	0	0 40.00
41.00 04100	SUBPROVIDER - I/RF	0	42,059	14,289	56,348	356 41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0 42.00
44.00 04400	SKILLED NURSING FACILITY	0	58,349	14,933	73,282	615 44.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	0	73,840	189,702	263,542	1,592 50.00
50.01 05001	ENDOSCOPY	0	15,116	70,726	85,842	299 50.01
51.00 05100	RECOVERY ROOM	0	5,998	8,305	14,303	401 51.00
53.00 05300	ANESTHESIOLOGY	0	1,423	42,600	44,023	174 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	53,625	403,681	457,306	1,044 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
56.00 05600	RADIOISOTOPE	0	52,221	333,094	385,315	222 56.00
56.01 05602	ULTRASOUND/VASC LAB	0	2,214	73,579	75,793	211 56.01
57.00 05700	CT SCAN	0	1,846	169,094	170,940	239 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0 59.00
60.00 06000	LABORATORY	0	36,086	67,983	104,069	824 60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0 60.01
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	2,028	69	2,097	84 62.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	0 64.00
65.00 06500	RESPIRATORY THERAPY	0	6,203	63,157	69,360	301 65.00
66.00 06600	PHYSICAL THERAPY	0	36,428	10,735	47,163	536 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	4,791	1,486	6,277	274 67.00
68.00 06800	SPEECH PATHOLOGY	0	869	173	1,042	58 68.00
69.00 06900	ELECTROCARDIOLOGY	0	4,468	42,881	47,349	173 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	903	2,022	2,925	29 70.00
70.01 07001	SLEEP LAB	0	0	0	0	0 70.01
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	122	122	0 74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0 88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
90.00 09000	CLINIC	0	67,801	24,023	91,824	336 90.00
90.01 09001	WOUND CARE	0	15,640	7,305	22,945	238 90.01
90.02 09002	PULMONARY REHAB	0	0	5,846	5,846	38 90.02
90.03 09003	SPINE CENTER	0	0	0	0	0 90.03
90.04 09004	RUSH HEART CENTER	0	0	0	0	0 90.04
91.00 09100	EMERGENCY	0	34,382	45,683	80,065	2,699 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 09910	CORF	0	0	0	0	0 99.10

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140063

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

Worksheet B  
Part II  
Date/Time Prepared:  
11/18/2013 2:31 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	2A	4.00	
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00	10900	PANCREAS ACQUISITION	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0
111.00	11100	ISLET ACQUISITION	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	1,573,815	2,328,033	3,901,848
						20,987
						118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	3,911	61	3,972
190.01	19001	ADC	0	0	9,781	9,781
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,189	34,862	36,051
200.00		Cross Foot Adjustments				0
201.00		Negative Cost Centers		0	0	0
202.00		TOTAL (sum lines 118-201)	0	1,578,915	2,372,737	3,951,652
						23,682
						202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140063		Period: From 07/01/2012 To 06/30/2013		Worksheet B Part II Date/Time Prepared: 11/18/2013 2:31 pm	
Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00510	NONPATIENT TELEPHONES	3,658					5.01
5.02	00520	DATA PROCESSING	73	194,434				5.02
5.03	00530	PURCHASING RECEIVING AND STORES	97	742	58,147			5.03
5.04	00540	ADMINISTRATIVE	79	2,092	202	24,954		5.04
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE	146	583	260	0	65,250	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	438	27,625	494	0	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	194	10,902	75	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	272	5	0	0	8.00
9.00	00900	HOUSEKEEPING	24	2,796	4	0	0	9.00
10.00	01000	DIETARY	152	4,194	156	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	79	3,876	72	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	42	3,236	4,860	0	0	14.00
15.00	01500	PHARMACY	61	8,962	1,466	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	218	1,636	148	0	0	16.00
17.00	01700	SOCIAL SERVICE	18	1,258	9	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	694	5	0	0	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	309	15,918	1,928	1,602	4,197	30.00
31.00	03100	INTENSIVE CARE UNIT	115	6,134	834	558	1,462	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	194	2,798	290	117	307	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
44.00	04400	SKILLED NURSING FACILITY	109	2,899	290	236	619	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	182	29,205	24,121	4,009	10,504	50.00
50.01	05001	ENDOSCOPY	109	2,222	1,688	753	1,974	50.01
51.00	05100	RECOVERY ROOM	0	1,813	38	579	1,517	51.00
53.00	05300	ANESTHESIOLOGY	0	1,654	3,230	1,166	3,056	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	182	8,589	8,091	1,607	4,210	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	146	1,674	426	267	701	56.00
56.01	05602	ULTRASOUND/VASC LAB	24	1,024	183	426	1,115	56.01
57.00	05700	CT SCAN	18	1,593	353	1,266	3,315	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	224	6,327	2,286	4,312	11,164	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	1,649	93	213	557	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	61	1,644	881	400	1,049	65.00
66.00	06600	PHYSICAL THERAPY	49	2,590	365	632	1,655	66.00
67.00	06700	OCCUPATIONAL THERAPY	12	1,230	262	308	807	67.00
68.00	06800	SPEECH PATHOLOGY	18	262	13	62	163	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,173	252	454	1,190	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	6	161	18	11	30	70.00
70.01	07001	SLEEP LAB	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	27	72	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	1,288	3,374	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	1,954	5,120	73.00
74.00	07400	RENAL DIALYSIS	0	1,042	0	225	590	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	140	2,641	329	322	844	90.00
90.01	09001	WOUND CARE	12	1,760	797	263	689	90.01
90.02	09002	PULMONARY REHAB	0	195	10	14	36	90.02
90.03	09003	SPINE CENTER	0	0	0	0	0	90.03
90.04	09004	RUSH HEART CENTER	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	115	13,629	2,570	1,883	4,933	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
99.10	09910	CORF	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140063

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

Worksheet B  
Part II  
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Cost Center Description		NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE												
		5.01	5.02	5.03	5.04	5.05												
118.00		SUBTOTALS (SUM OF LINES 1-117)					3,646	178,694	57,104	24,954	65,250	118.00						
NONREIMBURSABLE COST CENTERS																		
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN										12	0	0	0	0	0	190.00
190.01	19001	ADC										0	0	51	0	0	0	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES										0	15,740	992	0	0	0	192.00
200.00	Cross Foot Adjustments																	200.00
201.00	Negative Cost Centers											0	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)											3,658	194,434	58,147	24,954	65,250	202.00	

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140063

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

Worksheet B  
Part II  
Date/Time Prepared:  
11/18/2013 2:31 pm

Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL 5.06	MAINTENANCE & REPAIRS 6.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.01	00510	NONPATIENT TELEPHONES					5.01	
5.02	00520	DATA PROCESSING					5.02	
5.03	00530	PURCHASING RECEIVING AND STORES					5.03	
5.04	00540	ADMINITTING					5.04	
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE					5.05	
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	169,525				5.06	
6.00	00600	MAINTENANCE & REPAIRS	0	0			6.00	
7.00	00700	OPERATION OF PLANT	11,531	0	663,781		7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	291	0	5,576	13,409	8.00	
9.00	00900	HOUSEKEEPING	2,877	0	10,309	0	37,640	9.00
10.00	01000	DIETARY	1,768	0	49,193	0	1,168	10.00
11.00	01100	CAFETERIA	1,874	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	4,395	0	11,706	0	340	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	939	0	25,041	75	567	14.00
15.00	01500	PHARMACY	4,113	0	7,326	11	297	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,903	0	19,781	0	798	16.00
17.00	01700	SOCIAL SERVICE	1,335	0	1,930	0	80	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	319	0	0	0	0	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	17,812	0	82,849	2,749	7,664	30.00
31.00	03100	INTENSIVE CARE UNIT	6,904	0	22,791	620	1,910	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	2,455	0	34,467	679	2,011	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
44.00	04400	SKILLED NURSING FACILITY	3,328	0	47,817	870	2,722	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	16,032	0	60,512	2,507	4,581	50.00
50.01	05001	ENDOSCOPY	2,258	0	12,388	334	340	50.01
51.00	05100	RECOVERY ROOM	2,107	0	4,916	380	227	51.00
53.00	05300	ANESTHESIOLOGY	1,835	0	1,166	0	567	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,312	0	43,945	1,109	2,708	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	2,539	0	42,795	248	864	56.00
56.01	05602	ULTRASOUND/VASC LAB	1,328	0	1,814	0	227	56.01
57.00	05700	CT SCAN	2,162	0	1,513	0	113	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	7,146	0	29,573	0	2,268	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,604	0	1,662	0	113	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,927	0	5,083	0	307	65.00
66.00	06600	PHYSICAL THERAPY	3,014	0	29,853	422	1,361	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,421	0	3,926	206	371	67.00
68.00	06800	SPEECH PATHOLOGY	301	0	712	0	80	68.00
69.00	06900	ELECTROCARDIOLOGY	1,275	0	3,662	110	1,361	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	155	0	740	39	0	70.00
70.01	07001	SLEEP LAB	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,566	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	13,940	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,863	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	972	0	0	0	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	1,742	0	55,563	90	1,521	90.00
90.01	09001	WOUND CARE	1,850	0	12,817	51	1,361	90.01
90.02	09002	PULMONARY REHAB	206	0	0	0	0	90.02
90.03	09003	SPINE CENTER	0	0	0	0	0	90.03
90.04	09004	RUSH HEART CENTER	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	11,303	0	28,176	2,909	1,600	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
99.10	09910	CORF	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140063

Period:  
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Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.06	6.00	7.00	8.00	9.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)	152,702	0	659,602	13,409	37,527	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	9	0	3,205	0	113	190.00
190.01	19001 ADC	20	0	0	0	0	190.01
192.00	19200 PHYSICIANS' PRIVATE OFFICES	16,794	0	974	0	0	192.00
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)	169,525	0	663,781	13,409	37,640	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140063	Period: From 07/01/2012 To 06/30/2013	Worksheet B Part II Date/Time Prepared: 11/18/2013 2:31 pm		
Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
		10.00	11.00	13.00	14.00	15.00
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00510	NONPATIENT TELEPHONES				5.01
5.02	00520	DATA PROCESSING				5.02
5.03	00530	PURCHASING RECEIVING AND STORES				5.03
5.04	00540	ADMINITTING				5.04
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE				5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL				5.06
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY	131,693			10.00
11.00	01100	CAFETERIA	0	2,134		11.00
13.00	01300	NURSING ADMINISTRATION	0	87	76,034	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	34	0	14.00
15.00	01500	PHARMACY	0	49	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	47	0	16.00
17.00	01700	SOCIAL SERVICE	0	18	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000	ADULTS & PEDIATRICS	81,615	418	24,856	2,870
31.00	03100	INTENSIVE CARE UNIT	15,695	125	7,517	1,408
40.00	04000	SUBPROVIDER - IPF	0	0	0	0
41.00	04100	SUBPROVIDER - IRF	7,752	41	2,505	442
42.00	04200	SUBPROVIDER	0	0	0	0
44.00	04400	SKILLED NURSING FACILITY	26,631	89	5,445	427
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000	OPERATING ROOM	0	159	9,583	29,858
50.01	05001	ENDOSCOPY	0	32	0	3,154
51.00	05100	RECOVERY ROOM	0	32	2,020	67
53.00	05300	ANESTHESIOLOGY	0	12	771	6,103
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	130	0	14,243
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0
56.00	05600	RADIOISOTOPE	0	23	0	603
56.01	05602	ULTRASOUND/VASC LAB	0	18	0	336
57.00	05700	CT SCAN	0	23	0	625
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0
60.00	06000	LABORATORY	0	116	0	3,657
60.01	06001	BLOOD LABORATORY	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	9	0	179
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	0	33	0	1,652
66.00	06600	PHYSICAL THERAPY	0	58	3,567	588
67.00	06700	OCCUPATIONAL THERAPY	0	26	1,585	476
68.00	06800	SPEECH PATHOLOGY	0	5	290	18
69.00	06900	ELECTROCARDIOLOGY	0	20	1,211	420
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2	0	24
70.01	07001	SLEEP LAB	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	9,290
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	16,783
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	2,529
74.00	07400	RENAL DIALYSIS	0	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0
90.00	09000	CLINIC	0	37	2,292	299
90.01	09001	WOUND CARE	0	24	1,432	1,437
90.02	09002	PULMONARY REHAB	0	5	279	18
90.03	09003	SPINE CENTER	0	0	0	0
90.04	09004	RUSH HEART CENTER	0	0	0	0
91.00	09100	EMERGENCY	0	212	12,681	4,208
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10	09910	CORF	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00	10900	PANCREAS ACQUISITION	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0
111.00	11100	ISLET ACQUISITION	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY		
		10.00	11.00	13.00	14.00	15.00		
118.00		SUBTOTALS (SUM OF LINES 1-117)						118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	ADC	0	0	0	8	0	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	250	0	804	0	192.00
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)	131,693	2,134	76,034	102,526	45,858	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140063

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Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		Subtotal	
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS		
			16.00	17.00		
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00510 NONPATIENT TELEPHONES						5.01
5.02 00520 DATA PROCESSING						5.02
5.03 00530 PURCHASING RECEIVING AND STORES						5.03
5.04 00540 ADMITTING						5.04
5.05 00550 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00560 OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	102,939					16.00
17.00 01700 SOCIAL SERVICE	0	7,461				17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0			21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0		1,018		22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	6,634	6,823			450,731	30.00
31.00 03100 INTENSIVE CARE UNIT	2,311	0			200,091	31.00
40.00 04000 SUBPROVIDER - IPF	0	0			0	40.00
41.00 04100 SUBPROVIDER - IRF	486	638			111,886	41.00
42.00 04200 SUBPROVIDER	0	0			0	42.00
44.00 04400 SKILLED NURSING FACILITY	978	0			166,357	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	16,602	0			472,989	50.00
50.01 05001 ENDOSCOPY	3,120	0			114,513	50.01
51.00 05100 RECOVERY ROOM	2,398	0			30,798	51.00
53.00 05300 ANESTHESIOLOGY	4,830	0			68,587	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	6,654	0			559,130	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0			0	55.00
56.00 05600 RADIOISOTOPE	1,107	0			436,930	56.00
56.01 05602 ULTRASOUND/VASC LAB	1,762	0			84,261	56.01
57.00 05700 CT SCAN	5,240	0			187,400	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0			0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0			0	59.00
60.00 06000 LABORATORY	17,451	0			189,417	60.00
60.01 06001 BLOOD LABORATORY	0	0			0	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	881	0			9,141	62.00
64.00 06400 INTRAVENOUS THERAPY	0	0			0	64.00
65.00 06500 RESPIRATORY THERAPY	1,658	0			84,356	65.00
66.00 06600 PHYSICAL THERAPY	2,616	0			94,469	66.00
67.00 06700 OCCUPATIONAL THERAPY	1,276	0			18,457	67.00
68.00 06800 SPEECH PATHOLOGY	258	0			3,282	68.00
69.00 06900 ELECTROCARDIOLOGY	1,881	0			60,531	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	47	0			4,187	70.00
70.01 07001 SLEEP LAB	0	0			0	70.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	113	0			11,068	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	5,334	0			40,719	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	8,093	0			68,417	73.00
74.00 07400 RENAL DIALYSIS	933	0			3,884	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800 RURAL HEALTH CLINIC	0	0			0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0			0	89.00
90.00 09000 CLINIC	1,334	0			159,314	90.00
90.01 09001 WOUND CARE	1,089	0			46,765	90.01
90.02 09002 PULMONARY REHAB	56	0			6,703	90.02
90.03 09003 SPINE CENTER	0	0			0	90.03
90.04 09004 RUSH HEART CENTER	0	0			0	90.04
91.00 09100 EMERGENCY	7,797	0			174,780	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 09910 CORF	0	0			0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 10900 PANCREAS ACQUISITION	0	0			0	109.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		Subtotal	
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS		
	16.00	17.00	21.00	22.00	24.00	
110.00 11000	INTESTINAL ACQUISITION	0	0			0 110.00
111.00 11100	ISLET ACQUISITION	0	0			0 111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	102,939	7,461	0	0	3,859,163 118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0			7,311 190.00
190.01 19001	ADC	0	0			9,860 190.01
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0			74,300 192.00
200.00	Cross Foot Adjustments			0	1,018	1,018 200.00
201.00	Negative Cost Centers	0	0	0	0	0 201.00
202.00	TOTAL (sum lines 118-201)	102,939	7,461	0	1,018	3,951,652 202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00510	NONPATIENT TELEPHONES		5.01
5.02	00520	DATA PROCESSING		5.02
5.03	00530	PURCHASING RECEIVING AND STORES		5.03
5.04	00540	ADMITTING		5.04
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL		5.06
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000	ADULTS & PEDIATRICS	450,731	30.00
31.00	03100	INTENSIVE CARE UNIT	200,091	31.00
40.00	04000	SUBPROVIDER - IPF	0	40.00
41.00	04100	SUBPROVIDER - IRF	111,886	41.00
42.00	04200	SUBPROVIDER	0	42.00
44.00	04400	SKILLED NURSING FACILITY	166,357	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000	OPERATING ROOM	472,989	50.00
50.01	05001	ENDOSCOPY	114,513	50.01
51.00	05100	RECOVERY ROOM	30,798	51.00
53.00	05300	ANESTHESIOLOGY	68,587	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	559,130	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	55.00
56.00	05600	RADIOISOTOPE	436,930	56.00
56.01	05602	ULTRASOUND/VASC LAB	84,261	56.01
57.00	05700	CT SCAN	187,400	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	59.00
60.00	06000	LABORATORY	189,417	60.00
60.01	06001	BLOOD LABORATORY	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	9,141	62.00
64.00	06400	INTRAVENOUS THERAPY	0	64.00
65.00	06500	RESPIRATORY THERAPY	84,356	65.00
66.00	06600	PHYSICAL THERAPY	94,469	66.00
67.00	06700	OCCUPATIONAL THERAPY	18,457	67.00
68.00	06800	SPEECH PATHOLOGY	3,282	68.00
69.00	06900	ELECTROCARDIOLOGY	60,531	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,187	70.00
70.01	07001	SLEEP LAB	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	11,068	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	40,719	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	68,417	73.00
74.00	07400	RENAL DIALYSIS	3,884	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	08800	RURAL HEALTH CLINIC	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000	CLINIC	159,314	90.00
90.01	09001	WOUND CARE	46,765	90.01
90.02	09002	PULMONARY REHAB	6,703	90.02
90.03	09003	SPINE CENTER	0	90.03
90.04	09004	RUSH HEART CENTER	0	90.04
91.00	09100	EMERGENCY	174,780	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
99.10	09910	CORF	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>				
109.00	10900	PANCREAS ACQUISITION	0	109.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	3,859,163	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	7,311	190.00
190.01	19001	ADC	0	9,860	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	74,300	192.00
200.00		Cross Foot Adjustments	0	1,018	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	3,951,652	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140063

Period:  
From 07/01/2012  
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Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (NBR OF PHONES)	DATA PROCESSING (# OF TERM)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	425,111				1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP		1,902,083			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	5,459	2,731	45,517,179		4.00
5.01 00510	NONPATIENT TELEPHONES	471	1,530	0	603	5.01
5.02 00520	DATA PROCESSING	4,347	142,657	500,780	12	87,220,276 5.02
5.03 00530	PURCHASING RECEIVING AND STORES	12,854	7,558	268,102	16	332,667 5.03
5.04 00540	ADMINISTRATIVE	3,280	8,007	790,583	13	938,429 5.04
5.05 00550	CASHIERING/ACCOUNTS RECEIVABLE	4,863	37,035	0	24	261,435 5.05
5.06 00560	OTHER ADMINISTRATIVE AND GENERAL	18,789	55,745	3,160,856	72	12,393,497 5.06
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0 6.00
7.00 00700	OPERATION OF PLANT	156,966	46,258	739,416	32	4,890,993 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	1,832	343	63,874	8	121,840 8.00
9.00 00900	HOUSEKEEPING	3,387	6,995	622,987	4	1,254,420 9.00
10.00 01000	DIETARY	16,162	11,924	307,198	25	1,881,361 10.00
11.00 01100	CAFETERIA	0	0	499,632	0	0 11.00
13.00 01300	NURSING ADMINISTRATION	3,846	32,347	1,621,774	13	1,739,077 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	8,227	29,647	370,645	7	1,451,713 14.00
15.00 01500	PHARMACY	2,407	11,249	1,156,269	10	4,020,477 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	6,499	43,278	543,280	36	733,914 16.00
17.00 01700	SOCIAL SERVICE	634	196	411,270	3	564,214 17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	311,291 22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	27,220	70,620	6,310,269	51	7,141,450 30.00
31.00 03100	INTENSIVE CARE UNIT	7,488	82,325	2,307,412	19	2,752,109 31.00
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	0 40.00
41.00 04100	SUBPROVIDER - IRF	11,324	11,455	684,866	32	1,255,289 41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0 42.00
44.00 04400	SKILLED NURSING FACILITY	15,710	11,971	1,182,249	18	1,300,723 44.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	19,881	152,073	3,062,340	30	13,094,663 50.00
50.01 05001	ENDOSCOPY	4,070	56,697	575,428	18	996,759 50.01
51.00 05100	RECOVERY ROOM	1,615	6,658	770,943	0	813,478 51.00
53.00 05300	ANESTHESIOLOGY	383	34,150	334,479	0	742,057 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	14,438	323,605	2,007,235	30	3,853,290 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
56.00 05600	RADIOISOTOPE	14,060	267,022	427,681	24	751,057 56.00
56.01 05602	ULTRASOUND/VASC LAB	596	58,984	405,540	4	459,300 56.01
57.00 05700	CT SCAN	497	135,553	460,021	3	714,567 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0 59.00
60.00 06000	LABORATORY	9,716	54,498	1,583,691	37	2,838,546 60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0 60.01
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	546	55	161,545	0	739,915 62.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	0 64.00
65.00 06500	RESPIRATORY THERAPY	1,670	50,629	578,565	10	737,439 65.00
66.00 06600	PHYSICAL THERAPY	9,808	8,606	1,031,587	8	1,162,030 66.00
67.00 06700	OCCUPATIONAL THERAPY	1,290	1,191	527,717	2	551,780 67.00
68.00 06800	SPEECH PATHOLOGY	234	139	110,580	3	117,424 68.00
69.00 06900	ELECTROCARDIOLOGY	1,203	34,375	331,971	0	526,372 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	243	1,621	56,698	1	72,057 70.00
70.01 07001	SLEEP LAB	0	0	0	0	0 70.01
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	98	0	0	467,256 74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0 88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
90.00 09000	CLINIC	18,255	19,258	646,360	23	1,184,754 90.00
90.01 09001	WOUND CARE	4,211	5,856	457,354	2	789,440 90.01
90.02 09002	PULMONARY REHAB	0	4,686	73,354	0	87,516 90.02
90.03 09003	SPINE CENTER	0	0	0	0	0 90.03
90.04 09004	RUSH HEART CENTER	0	0	0	0	0 90.04
91.00 09100	EMERGENCY	9,257	36,621	5,190,281	19	6,114,285 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 09910	CORF	0	0	0	0	0 99.10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140063

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

Worksheet B-1

Date/Time Prepared:  
11/18/2013 2:31 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (NBR OF PHONES)	DATA PROCESSING (# OF TERM)			
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)						
	1.00	2.00					4.00	5.01
<b>SPECIAL PURPOSE COST CENTERS</b>								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00	
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00	
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00	
118.00		SUBTOTALS (SUM OF LINES 1-117)	423,738	1,866,246	40,334,832	601	80,158,884	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,053	49	0	2	0	190.00
190.01	19001	ADC	0	7,841	0	0	0	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	320	27,947	5,182,347	0	7,061,392	192.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,578,915	2,372,737	10,846,078	126,605	1,222,664	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	3.714124	1.247441	0.238285	209.958541	0.014018	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			23,682	3,658	194,434	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000520	6.066335	0.002229	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140063

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

Worksheet B-1  
Date/Time Prepared:  
11/18/2013 2:31 pm

Cost Center Description		PURCHASING RECEIVING AND STORES (SUPPLIES EXPENSE)	ADMITTING (GROSS CHARGES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
		5.03	5.04	5.05	5A.06	5.06	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00510	NONPATIENT TELEPHONES					5.01
5.02	00520	DATA PROCESSING					5.02
5.03	00530	PURCHASING RECEIVING AND STORES	4,351,639				5.03
5.04	00540	ADMITTING	15,115	350,291,938			5.04
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE	19,491	0	350,291,938		5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	37,006	0	0	-10,271,582	85,022,663
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0
7.00	00700	OPERATION OF PLANT	5,579	0	0	0	5,782,936
8.00	00800	LAUNDRY & LINEN SERVICE	338	0	0	0	146,034
9.00	00900	HOUSEKEEPING	330	0	0	0	1,442,631
10.00	01000	DIETARY	11,690	0	0	0	886,443
11.00	01100	CAFETERIA	0	0	0	0	939,574
13.00	01300	NURSING ADMINISTRATION	5,396	0	0	0	2,204,006
14.00	01400	CENTRAL SERVICES & SUPPLY	363,706	0	0	0	470,949
15.00	01500	PHARMACY	109,723	0	0	0	2,062,455
16.00	01600	MEDICAL RECORDS & LIBRARY	11,080	0	0	0	954,418
17.00	01700	SOCIAL SERVICE	652	0	0	0	669,693
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	402	0	0	0	160,043
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	144,260	22,563,282	22,563,282	0	8,939,664
31.00	03100	INTENSIVE CARE UNIT	62,380	7,859,367	7,859,367	0	3,462,242
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0
41.00	04100	SUBPROVIDER - IRF	21,717	1,651,628	1,651,628	0	1,231,368
42.00	04200	SUBPROVIDER	0	0	0	0	0
44.00	04400	SKILLED NURSING FACILITY	21,726	3,326,027	3,326,027	0	1,668,781
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	1,805,163	56,470,989	56,470,989	0	8,040,078
50.01	05001	ENDOSCOPY	126,302	10,611,669	10,611,669	0	1,132,426
51.00	05100	RECOVERY ROOM	2,852	8,155,861	8,155,861	0	1,056,907
53.00	05300	ANESTHESIOLOGY	241,735	16,428,211	16,428,211	0	920,311
54.00	05400	RADIOLOGY-DIAGNOSTIC	605,493	22,633,309	22,633,309	0	4,669,915
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00	05600	RADIOISOTOPE	31,892	3,766,960	3,766,960	0	1,273,089
56.01	05602	ULTRASOUND/VASC LAB	13,715	5,994,544	5,994,544	0	665,937
57.00	05700	CT SCAN	26,435	17,824,450	17,824,450	0	1,084,422
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	171,045	59,515,563	59,515,563	0	3,583,737
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	6,973	2,997,061	2,997,061	0	804,354
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	65,959	5,639,049	5,639,049	0	966,300
66.00	06600	PHYSICAL THERAPY	27,292	8,898,564	8,898,564	0	1,511,340
67.00	06700	OCCUPATIONAL THERAPY	19,641	4,340,155	4,340,155	0	712,425
68.00	06800	SPEECH PATHOLOGY	999	876,165	876,165	0	150,928
69.00	06900	ELECTROCARDIOLOGY	18,854	6,399,488	6,399,488	0	639,264
70.00	07000	ELECTROENCEPHALOGRAPHY	1,322	159,674	159,674	0	77,765
70.01	07001	SLEEP LAB	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	385,403	385,403	0	785,311
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	18,142,433	18,142,433	0	6,990,920
73.00	07300	DRUGS CHARGED TO PATIENTS	0	27,526,112	27,526,112	0	2,438,736
74.00	07400	RENAL DIALYSIS	0	3,174,367	3,174,367	0	487,466
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	24,619	4,536,573	4,536,573	0	873,524
90.01	09001	WOUND CARE	59,627	3,703,212	3,703,212	0	927,941
90.02	09002	PULMONARY REHAB	774	191,729	191,729	0	103,248
90.03	09003	SPINE CENTER	0	0	0	0	0
90.04	09004	RUSH HEART CENTER	0	0	0	0	0
91.00	09100	EMERGENCY	192,301	26,520,093	26,520,093	0	5,668,299
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	CORF	0	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140063

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

Worksheet B-1

Date/Time Prepared:  
11/18/2013 2:31 pm

Cost Center Description		PURCHASING RECEIVING AND STORES (SUPPLIES EXPENSE)	ADMINISTRATIVE (GROSS CHARGES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
		5.03	5.04	5.05	5A.06	5.06	
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	4,273,584	350,291,938	350,291,938	-10,271,582	76,585,880
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	18	0	0	4,394	190.00
190.01	19001	ADC	3,813	0	0	10,161	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	74,224	0	0	8,422,228	192.00
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	433,154	1,157,643	336,340	10,271,582	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.099538	0.003305	0.000960	0.120810	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	58,147	24,954	65,250	169,525	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.013362	0.000071	0.000186	0.001994	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140063

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

Worksheet B-1

Date/Time Prepared:  
11/18/2013 2:31 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00510	NONPATIENT TELEPHONES					5.01
5.02	00520	DATA PROCESSING					5.02
5.03	00530	PURCHASING RECEIVING AND STORES					5.03
5.04	00540	ADMINISTRATIVE					5.04
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS	0				6.00
7.00	00700	OPERATION OF PLANT		218,082			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,832	784,553		8.00
9.00	00900	HOUSEKEEPING	0	3,387	0	43,150	9.00
10.00	01000	DIETARY	0	16,162	0	1,339	80,526
11.00	01100	CAFETERIA	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	0	3,846	0	390	0
14.00	01400	CENTRAL SERVICES & SUPPLY	0	8,227	4,401	650	0
15.00	01500	PHARMACY	0	2,407	645	340	0
16.00	01600	MEDICAL RECORDS & LIBRARY	0	6,499	0	915	0
17.00	01700	SOCIAL SERVICE	0	634	0	92	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	0	27,220	160,823	8,786	49,905
31.00	03100	INTENSIVE CARE UNIT	0	7,488	36,273	2,190	9,597
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0
41.00	04100	SUBPROVIDER - I RF	0	11,324	39,733	2,305	4,740
42.00	04200	SUBPROVIDER	0	0	0	0	0
44.00	04400	SKILLED NURSING FACILITY	0	15,710	50,899	3,120	16,284
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	19,881	146,689	5,252	0
50.01	05001	ENDOSCOPY	0	4,070	19,515	390	0
51.00	05100	RECOVERY ROOM	0	1,615	22,232	260	0
53.00	05300	ANESTHESIOLOGY	0	383	0	650	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	14,438	64,908	3,104	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00	05600	RADIOISOTOPE	0	14,060	14,523	990	0
56.01	05602	ULTRASOUND/VASC LAB	0	596	0	260	0
57.00	05700	CT SCAN	0	497	0	130	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	0	9,716	0	2,600	0
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	546	0	130	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	0	1,670	0	352	0
66.00	06600	PHYSICAL THERAPY	0	9,808	24,666	1,560	0
67.00	06700	OCCUPATIONAL THERAPY	0	1,290	12,031	425	0
68.00	06800	SPEECH PATHOLOGY	0	234	0	92	0
69.00	06900	ELECTROCARDIOLOGY	0	1,203	6,409	1,560	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	243	2,287	0	0
70.01	07001	SLEEP LAB	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00	07400	RENAL DIALYSIS	0	0	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	0	18,255	5,239	1,744	0
90.01	09001	WOUND CARE	0	4,211	2,971	1,560	0
90.02	09002	PULMONARY REHAB	0	0	0	0	0
90.03	09003	SPINE CENTER	0	0	0	0	0
90.04	09004	RUSH HEART CENTER	0	0	0	0	0
91.00	09100	EMERGENCY	0	9,257	170,309	1,834	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	CORF	0	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140063

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

Worksheet B-1

Date/Time Prepared:  
11/18/2013 2:31 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
111.00	11100	0	0	0	0	0	111.00
118.00		0	216,709	784,553	43,020	80,526	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	0	1,053	0	130	0	190.00
190.01	19001	0	0	0	0	0	190.01
192.00	19200	0	320	0	0	0	192.00
200.00							200.00
201.00							201.00
202.00		0	6,481,572	218,125	1,717,579	1,527,181	202.00
203.00		0.000000	29.720802	0.278025	39.804844	18.965067	203.00
204.00		0	663,781	13,409	37,640	131,693	204.00
205.00		0.000000	3.043722	0.017091	0.872306	1.635410	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140063

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

Worksheet B-1

Date/Time Prepared:  
11/18/2013 2:31 pm

Cost Center Description		CAFETERIA (PROD FTE'S)	NURSING ADMINISTRATION (HOURS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
		11.00	13.00	14.00	15.00	16.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00510						5.01
5.02	00520						5.02
5.03	00530						5.03
5.04	00540						5.04
5.05	00550						5.05
5.06	00560						5.06
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	52,098					11.00
13.00	01300	2,115	699,204				13.00
14.00	01400	838	0	3,983,910			14.00
15.00	01500	1,208	0	0	1,000		15.00
16.00	01600	1,155	0	0	0	350,291,938	16.00
17.00	01700	449	0	0	0	0	17.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	10,182	228,579	111,539	0	22,563,282	30.00
31.00	03100	3,045	69,126	54,708	0	7,859,367	31.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	990	23,036	17,162	0	1,651,628	41.00
42.00	04200	0	0	0	0	0	42.00
44.00	04400	2,184	50,071	16,595	0	3,326,027	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	3,884	88,127	1,160,014	0	56,470,989	50.00
50.01	05001	793	0	122,569	0	10,611,669	50.01
51.00	05100	784	18,576	2,614	0	8,155,861	51.00
53.00	05300	295	7,087	237,153	0	16,428,211	53.00
54.00	05400	3,183	0	553,448	0	22,633,309	54.00
55.00	05500	0	0	0	0	0	55.00
56.00	05600	561	0	23,441	0	3,766,960	56.00
56.01	05602	440	0	13,054	0	5,994,544	56.01
57.00	05700	569	0	24,288	0	17,824,450	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	2,825	0	142,121	0	59,515,563	60.00
60.01	06001	0	0	0	0	0	60.01
62.00	06200	231	0	6,973	0	2,997,061	62.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	805	0	64,211	0	5,639,049	65.00
66.00	06600	1,410	32,801	22,835	0	8,898,564	66.00
67.00	06700	630	14,571	18,511	0	4,340,155	67.00
68.00	06800	121	2,667	710	0	876,165	68.00
69.00	06900	488	11,135	16,337	0	6,399,488	69.00
70.00	07000	47	0	952	0	159,674	70.00
70.01	07001	0	0	0	0	0	70.01
71.00	07100	0	0	360,988	0	385,403	71.00
72.00	07200	0	0	652,153	0	18,142,433	72.00
73.00	07300	0	0	98,288	1,000	27,526,112	73.00
74.00	07400	0	0	0	0	3,174,367	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	904	21,077	11,599	0	4,536,573	90.00
90.01	09001	589	13,171	55,844	0	3,703,212	90.01
90.02	09002	115	2,570	708	0	191,729	90.02
90.03	09003	0	0	0	0	0	90.03
90.04	09004	0	0	0	0	0	90.04
91.00	09100	5,165	116,610	163,507	0	26,520,093	91.00
92.00	09200						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	0	0	0	0	0	109.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140063

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

Worksheet B-1

Date/Time Prepared:  
11/18/2013 2:31 pm

Cost Center Description		CAFETERIA (PROD FTE'S)	NURSING ADMINISTRATION (HOURS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
		11.00	13.00	14.00	15.00	16.00	
110.00	11000	0	0	0	0	0	110.00
111.00	11100	0	0	0	0	0	111.00
118.00		46,005	699,204	3,952,322	1,000	350,291,938	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	0	0	0	0	0	190.00
190.01	19001	0	0	330	0	0	190.01
192.00	19200	6,093	0	31,258	0	0	192.00
200.00							200.00
201.00							201.00
202.00		1,053,084	2,642,854	816,393	2,421,289	1,322,644	202.00
203.00		20.213521	3.779804	0.204923	2,421.289000	0.003776	203.00
204.00		2,134	76,034	102,526	45,858	102,939	204.00
205.00		0.040961	0.108744	0.025735	45.858000	0.000294	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140063

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

Worksheet B-1  
Date/Time Prepared:  
11/18/2013 2:31 pm

Cost Center Description	SOCIAL SERVICE (DAYS)	INTERNS & RESIDENTS			
		SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)		
		17.00	21.00		
<b>GENERAL SERVICE COST CENTERS</b>					
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00510 NONPATIENT TELEPHONES					5.01
5.02 00520 DATA PROCESSING					5.02
5.03 00530 PURCHASING RECEIVING AND STORES					5.03
5.04 00540 ADMITTING					5.04
5.05 00550 CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06 00560 OTHER ADMINISTRATIVE AND GENERAL					5.06
6.00 00600 MAINTENANCE & REPAIRS					6.00
7.00 00700 OPERATION OF PLANT					7.00
8.00 00800 LAUNDRY & LINEN SERVICE					8.00
9.00 00900 HOUSEKEEPING					9.00
10.00 01000 DIETARY					10.00
11.00 01100 CAFETERIA					11.00
13.00 01300 NURSING ADMINISTRATION					13.00
14.00 01400 CENTRAL SERVICES & SUPPLY					14.00
15.00 01500 PHARMACY					15.00
16.00 01600 MEDICAL RECORDS & LIBRARY					16.00
17.00 01700 SOCIAL SERVICE	18,484				17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0			21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0		100		22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00 03000 ADULTS & PEDIATRICS	16,904	0	100		30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	0		31.00
40.00 04000 SUBPROVIDER - I PF	0	0	0		40.00
41.00 04100 SUBPROVIDER - I RF	1,580	0	0		41.00
42.00 04200 SUBPROVIDER	0	0	0		42.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0		44.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 05000 OPERATING ROOM	0	0	0		50.00
50.01 05001 ENDOSCOPY	0	0	0		50.01
51.00 05100 RECOVERY ROOM	0	0	0		51.00
53.00 05300 ANESTHESIOLOGY	0	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0	0		56.00
56.01 05602 ULTRASOUND/VASC LAB	0	0	0		56.01
57.00 05700 CT SCAN	0	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0		59.00
60.00 06000 LABORATORY	0	0	0		60.00
60.01 06001 BLOOD LABORATORY	0	0	0		60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0		62.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0		70.00
70.01 07001 SLEEP LAB	0	0	0		70.01
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	0	0		74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00 08800 RURAL HEALTH CLINIC	0	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00 09000 CLINIC	0	0	0		90.00
90.01 09001 WOUND CARE	0	0	0		90.01
90.02 09002 PULMONARY REHAB	0	0	0		90.02
90.03 09003 SPINE CENTER	0	0	0		90.03
90.04 09004 RUSH HEART CENTER	0	0	0		90.04
91.00 09100 EMERGENCY	0	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
99.10 09910 CORF	0	0	0		99.10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140063

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

Worksheet B-1

Date/Time Prepared:  
11/18/2013 2:31 pm

Cost Center Description	SOCIAL SERVICE (DAYS)	INTERNS & RESIDENTS				
		SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)			
		17.00	21.00			22.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00	10900	PANCREAS ACQUISITION	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	18,484	0	100	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	190.00
190.01	19001	ADC	0	0	0	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	192.00
200.00		Cross Foot Adjustments				200.00
201.00		Negative Cost Centers				201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	782,180	0	179,378	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	42.316598	0.000000	1,793.780000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	7,461	0	1,018	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.403646	0.000000	10.180000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140063

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

Worksheet C  
Part I  
Date/Time Prepared:  
11/18/2013 2:31 pm

		Title XVIII		Hospital		PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000 ADULTS & PEDIATRICS		14,062,722		0	14,062,722	30.00
31.00	03100 INTENSIVE CARE UNIT		4,746,051		8,867	4,754,918	31.00
40.00	04000 SUBPROVIDER - IPF		0		0	0	40.00
41.00	04100 SUBPROVIDER - IRF		2,093,076		0	2,093,076	41.00
42.00	04200 SUBPROVIDER		0		0	0	42.00
44.00	04400 SKILLED NURSING FACILITY		3,033,834		0	3,033,834	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM		10,714,676		13,777	10,728,453	50.00
50.01	05001 ENDOSCOPY		1,492,364		0	1,492,364	50.01
51.00	05100 RECOVERY ROOM		1,366,515		0	1,366,515	51.00
53.00	05300 ANESTHESIOLOGY		1,212,131		0	1,212,131	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		6,068,013		0	6,068,013	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC		0		0	0	55.00
56.00	05600 RADIOISOTOPE		1,918,578		0	1,918,578	56.00
56.01	05602 ULTRASOUND/VASC LAB		808,656		0	808,656	56.01
57.00	05700 CT SCAN		1,319,160		0	1,319,160	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		0		0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION		0		0	0	59.00
60.00	06000 LABORATORY		4,719,849		0	4,719,849	60.00
60.01	06001 BLOOD LABORATORY		0		0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS		940,346		0	940,346	62.00
64.00	06400 INTRAVENOUS THERAPY		0		0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	1,197,407		8,867	1,206,274	65.00
66.00	06600 PHYSICAL THERAPY	0	2,245,143		0	2,245,143	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	945,087		0	945,087	67.00
68.00	06800 SPEECH PATHOLOGY	0	195,759		0	195,759	68.00
69.00	06900 ELECTROCARDIOLOGY		895,589		0	895,589	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		96,766		0	96,766	70.00
70.01	07001 SLEEP LAB		0		0	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		955,614		0	955,614	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		8,037,640		0	8,037,640	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		5,278,729		0	5,278,729	73.00
74.00	07400 RENAL DIALYSIS		558,343		0	558,343	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC		0		0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER		0		0	0	89.00
90.00	09000 CLINIC		1,709,931		0	1,709,931	90.00
90.01	09001 WOUND CARE		1,315,239		0	1,315,239	90.01
90.02	09002 PULMONARY REHAB		128,629		1,866	130,495	90.02
90.03	09003 SPINE CENTER		0		0	0	90.03
90.04	09004 RUSH HEART CENTER		0		0	0	90.04
91.00	09100 EMERGENCY		7,427,373		74,524	7,501,897	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		715,696		0	715,696	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910 CORF		0		0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900 PANCREAS ACQUISITION		0		0	0	109.00
110.00	11000 INTESTINAL ACQUISITION		0		0	0	110.00
111.00	11100 ISLET ACQUISITION		0		0	0	111.00
200.00	Subtotal (see instructions)		86,198,916	0	107,901	86,306,817	200.00
201.00	Less Observation Beds		715,696		0	715,696	201.00
202.00	Total (see instructions)		85,483,220	0	107,901	85,591,121	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140063

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

Worksheet C  
Part I  
Date/Time Prepared:  
11/18/2013 2:31 pm

		Title XVIIII			Hospital	PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	21,596,002		21,596,002		30.00
31.00	03100	INTENSIVE CARE UNIT	7,859,367		7,859,367		31.00
40.00	04000	SUBPROVIDER - IPF	0		0		40.00
41.00	04100	SUBPROVIDER - IRF	1,651,628		1,651,628		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
44.00	04400	SKILLED NURSING FACILITY	3,326,027		3,326,027		44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	14,663,475	41,807,514	56,470,989	0.189738	50.00
50.01	05001	ENDOSCOPY	2,290,689	8,320,980	10,611,669	0.140634	50.01
51.00	05100	RECOVERY ROOM	1,943,581	6,212,280	8,155,861	0.167550	51.00
53.00	05300	ANESTHESIOLOGY	3,887,969	12,540,242	16,428,211	0.073784	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,419,951	12,213,358	22,633,309	0.268101	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	55.00
56.00	05600	RADIOISOTOPE	682,204	3,084,756	3,766,960	0.509317	56.00
56.01	05602	ULTRASOUND/VASC LAB	1,840,617	4,153,927	5,994,544	0.134899	56.01
57.00	05700	CT SCAN	5,205,952	12,618,498	17,824,450	0.074008	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	23,722,115	35,793,448	59,515,563	0.079304	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	2,464,595	532,466	2,997,061	0.313756	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	5,253,194	385,855	5,639,049	0.212342	65.00
66.00	06600	PHYSICAL THERAPY	4,580,918	4,317,646	8,898,564	0.252304	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,191,541	1,148,614	4,340,155	0.217754	67.00
68.00	06800	SPEECH PATHOLOGY	624,347	251,818	876,165	0.223427	68.00
69.00	06900	ELECTROCARDIOLOGY	2,857,348	3,542,140	6,399,488	0.139947	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	116,684	42,990	159,674	0.606022	70.00
70.01	07001	SLEEP LAB	0	0	0	0.000000	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	367,553	17,850	385,403	2.479519	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	8,556,762	9,585,671	18,142,433	0.443030	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	20,411,144	7,114,968	27,526,112	0.191772	73.00
74.00	07400	RENAL DIALYSIS	3,174,367	0	3,174,367	0.175891	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000	CLINIC	3,899	4,532,674	4,536,573	0.376921	90.00
90.01	09001	WOUND CARE	52,015	3,651,197	3,703,212	0.355162	90.01
90.02	09002	PULMONARY REHAB	0	191,729	191,729	0.670890	90.02
90.03	09003	SPINE CENTER	0	0	0	0.000000	90.03
90.04	09004	RUSH HEART CENTER	0	0	0	0.000000	90.04
91.00	09100	EMERGENCY	6,522,171	19,997,922	26,520,093	0.280066	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	29,442	937,838	967,280	0.739906	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	CORF	0	0	0		99.10
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
200.00		Subtotal (see instructions)	157,295,557	192,996,381	350,291,938		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	157,295,557	192,996,381	350,291,938		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140063	Period: From 07/01/2012 To 06/30/2013	Worksheet C Part I Date/Time Prepared: 11/18/2013 2:31 pm
Cost Center Description		PPS Inpatient Ratio	Title XVII I	Hospital
		11.00		PPS
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
40.00	04000 SUBPROVIDER - IPF			40.00
41.00	04100 SUBPROVIDER - IRF			41.00
42.00	04200 SUBPROVIDER			42.00
44.00	04400 SKILLED NURSING FACILITY			44.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0.189982		50.00
50.01	05001 ENDOSCOPY	0.140634		50.01
51.00	05100 RECOVERY ROOM	0.167550		51.00
53.00	05300 ANESTHESIOLOGY	0.073784		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.268101		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600 RADIOISOTOPE	0.509317		56.00
56.01	05602 ULTRASOUND/VASC LAB	0.134899		56.01
57.00	05700 CT SCAN	0.074008		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.079304		60.00
60.01	06001 BLOOD LABORATORY	0.000000		60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.313756		62.00
64.00	06400 INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500 RESPIRATORY THERAPY	0.213914		65.00
66.00	06600 PHYSICAL THERAPY	0.252304		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.217754		67.00
68.00	06800 SPEECH PATHOLOGY	0.223427		68.00
69.00	06900 ELECTROCARDIOLOGY	0.139947		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.606022		70.00
70.01	07001 SLEEP LAB	0.000000		70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	2.479519		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.443030		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.191772		73.00
74.00	07400 RENAL DIALYSIS	0.175891		74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	08800 RURAL HEALTH CLINIC			88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000 CLINIC	0.376921		90.00
90.01	09001 WOUND CARE	0.355162		90.01
90.02	09002 PULMONARY REHAB	0.680622		90.02
90.03	09003 SPINE CENTER	0.000000		90.03
90.04	09004 RUSH HEART CENTER	0.000000		90.04
91.00	09100 EMERGENCY	0.282876		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.739906		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
99.10	09910 CORF			99.10
<b>SPECIAL PURPOSE COST CENTERS</b>				
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
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: 140063	Period: From 07/01/2012 To 06/30/2013	Worksheet D Part I Date/Time Prepared: 11/18/2013 2:31 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)		
		1.00	2.00	3.00	4.00	5.00		
Title XVIII Hospital PPS								
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	450,731	0	450,731	17,527	25.72	30.00	
31.00	INTENSIVE CARE UNIT	200,091		200,091	3,199	62.55	31.00	
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00	
41.00	SUBPROVIDER - IRF	111,886	0	111,886	1,580	70.81	41.00	
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00	
44.00	SKILLED NURSING FACILITY	166,357		166,357	5,428	30.65	44.00	
200.00	Total (Lines 30-199)	929,065		929,065	27,734		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	10,099	259,746					30.00
31.00	INTENSIVE CARE UNIT	1,992	124,600					31.00
40.00	SUBPROVIDER - IPF	0	0					40.00
41.00	SUBPROVIDER - IRF	1,192	84,406					41.00
42.00	SUBPROVIDER	0	0					42.00
44.00	SKILLED NURSING FACILITY	4,515	138,385					44.00
200.00	Total (Lines 30-199)	17,798	607,137					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140063	Period: From 07/01/2012 To 06/30/2013	Worksheet D Part II Date/Time Prepared: 11/18/2013 2:31 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Hospital		Capital Costs (column 3 x column 4)	
					Inpatient Program Charges	PPS		
		1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	472,989	56,470,989	0.008376	6,620,431	55,453	50.00
50.01	05001	ENDOSCOPY	114,513	10,611,669	0.010791	1,582,239	17,074	50.01
51.00	05100	RECOVERY ROOM	30,798	8,155,861	0.003776	940,595	3,552	51.00
53.00	05300	ANESTHESIOLOGY	68,587	16,428,211	0.004175	1,944,835	8,120	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	559,130	22,633,309	0.024704	5,493,682	135,716	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	05600	RADIOISOTOPE	436,930	3,766,960	0.115990	341,853	39,652	56.00
56.01	05602	ULTRASOUND/VASC LAB	84,261	5,994,544	0.014056	1,036,382	14,567	56.01
57.00	05700	CT SCAN	187,400	17,824,450	0.010514	2,781,862	29,248	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000	LABORATORY	189,417	59,515,563	0.003183	13,167,465	41,912	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	9,141	2,997,061	0.003050	1,277,907	3,898	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	84,356	5,639,049	0.014959	3,185,787	47,656	65.00
66.00	06600	PHYSICAL THERAPY	94,469	8,898,564	0.010616	934,935	9,925	66.00
67.00	06700	OCCUPATIONAL THERAPY	18,457	4,340,155	0.004253	165,155	702	67.00
68.00	06800	SPEECH PATHOLOGY	3,282	876,165	0.003746	252,884	947	68.00
69.00	06900	ELECTROCARDIOLOGY	60,531	6,399,488	0.009459	1,620,662	15,330	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,187	159,674	0.026222	66,437	1,742	70.00
70.01	07001	SLEEP LAB	0	0	0.000000	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	11,068	385,403	0.028718	189,304	5,436	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	40,719	18,142,433	0.002244	3,923,129	8,804	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	68,417	27,526,112	0.002486	11,097,092	27,587	73.00
74.00	07400	RENAL DIALYSIS	3,884	3,174,367	0.001224	2,419,413	2,961	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	159,314	4,536,573	0.035118	2,411	85	90.00
90.01	09001	WOUND CARE	46,765	3,703,212	0.012628	23,728	300	90.01
90.02	09002	PULMONARY REHAB	6,703	191,729	0.034961	0	0	90.02
90.03	09003	SPINE CENTER	0	0	0.000000	0	0	90.03
90.04	09004	RUSH HEART CENTER	0	0	0.000000	0	0	90.04
91.00	09100	EMERGENCY	174,780	26,520,093	0.006590	3,416,392	22,514	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	22,939	967,280	0.023715	11,512	273	92.00
200.00		Total (lines 50-199)	2,953,037	315,858,914		62,496,092	493,454	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140063	Period: From 07/01/2012 To 06/30/2013	Worksheet D Part III Date/Time Prepared: 11/18/2013 2:31 pm
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Cost Center Description			Title XVIII		Hospital		PPS
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)
			1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	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
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
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	17,527	0.00	10,099	0	30.00
31.00	03100	INTENSIVE CARE UNIT	3,199	0.00	1,992	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0.00	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	1,580	0.00	1,192	0	41.00
42.00	04200	SUBPROVIDER	0	0.00	0	0	42.00
44.00	04400	SKILLED NURSING FACILITY	5,428	0.00	4,515	0	44.00
200.00		Total (lines 30-199)	27,734		17,798	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
41.00	04100	SUBPROVIDER - IRF	0	0			41.00
42.00	04200	SUBPROVIDER	0	0			42.00
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: 140063	Period: From 07/01/2012 To 06/30/2013	Worksheet D Part IV Date/Time Prepared: 11/18/2013 2:31 pm
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Cost Center Description	Title XVIII				Hospital	PPS
	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
	1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
50.01 05001 ENDOSCOPY	0	0	0	0	0	50.01
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
56.01 05602 ULTRASOUND/VASC LAB	0	0	0	0	0	56.01
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01 07001 SLEEP LAB	0	0	0	0	0	70.01
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
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 WOUND CARE	0	0	0	0	0	90.01
90.02 09002 PULMONARY REHAB	0	0	0	0	0	90.02
90.03 09003 SPINE CENTER	0	0	0	0	0	90.03
90.04 09004 RUSH HEART CENTER	0	0	0	0	0	90.04
91.00 09100 EMERGENCY	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00 Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140063	Period: From 07/01/2012 To 06/30/2013	Worksheet D Part IV Date/Time Prepared: 11/18/2013 2:31 pm
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	56,470,989	0.000000	0.000000	6,620,431	50.00
50.01	05001 ENDOSCOPY	0	10,611,669	0.000000	0.000000	1,582,239	50.01
51.00	05100 RECOVERY ROOM	0	8,155,861	0.000000	0.000000	940,595	51.00
53.00	05300 ANESTHESIOLOGY	0	16,428,211	0.000000	0.000000	1,944,835	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	22,633,309	0.000000	0.000000	5,493,682	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
56.00	05600 RADIOISOTOPE	0	3,766,960	0.000000	0.000000	341,853	56.00
56.01	05602 ULTRASOUND/VASC LAB	0	5,994,544	0.000000	0.000000	1,036,382	56.01
57.00	05700 CT SCAN	0	17,824,450	0.000000	0.000000	2,781,862	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	0	59,515,563	0.000000	0.000000	13,167,465	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	2,997,061	0.000000	0.000000	1,277,907	62.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	5,639,049	0.000000	0.000000	3,185,787	65.00
66.00	06600 PHYSICAL THERAPY	0	8,898,564	0.000000	0.000000	934,935	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	4,340,155	0.000000	0.000000	165,155	67.00
68.00	06800 SPEECH PATHOLOGY	0	876,165	0.000000	0.000000	252,884	68.00
69.00	06900 ELECTROCARDIOLOGY	0	6,399,488	0.000000	0.000000	1,620,662	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	159,674	0.000000	0.000000	66,437	70.00
70.01	07001 SLEEP LAB	0	0	0.000000	0.000000	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	385,403	0.000000	0.000000	189,304	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	18,142,433	0.000000	0.000000	3,923,129	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	27,526,112	0.000000	0.000000	11,097,092	73.00
74.00	07400 RENAL DIALYSIS	0	3,174,367	0.000000	0.000000	2,419,413	74.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000 CLINIC	0	4,536,573	0.000000	0.000000	2,411	90.00
90.01	09001 WOUND CARE	0	3,703,212	0.000000	0.000000	23,728	90.01
90.02	09002 PULMONARY REHAB	0	191,729	0.000000	0.000000	0	90.02
90.03	09003 SPINE CENTER	0	0	0.000000	0.000000	0	90.03
90.04	09004 RUSH HEART CENTER	0	0	0.000000	0.000000	0	90.04
91.00	09100 EMERGENCY	0	26,520,093	0.000000	0.000000	3,416,392	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	967,280	0.000000	0.000000	11,512	92.00
200.00	Total (lines 50-199)	0	315,858,914			62,496,092	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140063	Period: From 07/01/2012 To 06/30/2013	Worksheet D Part IV Date/Time Prepared: 11/18/2013 2:31 pm
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
Title VIII Hospital PPS							
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	9,160,364	0	0	0 50.00
50.01	05001	ENDOSCOPY	0	2,115,253	0	0	0 50.01
51.00	05100	RECOVERY ROOM	0	1,373,208	0	0	0 51.00
53.00	05300	ANESTHESIOLOGY	0	2,970,684	0	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	5,142,422	0	0	0 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
56.00	05600	RADIOISOTOPE	0	1,144,007	0	0	0 56.00
56.01	05602	ULTRASOUND/VASC LAB	0	1,085,706	0	0	0 56.01
57.00	05700	CT SCAN	0	4,521,060	0	0	0 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0 59.00
60.00	06000	LABORATORY	0	456,038	0	0	0 60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0 60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	77,596	0	0	0 62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	0	105,642	0	0	0 65.00
66.00	06600	PHYSICAL THERAPY	0	2,273	0	0	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,566,173	0	0	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	23,382	0	0	0 70.00
70.01	07001	SLEEP LAB	0	0	0	0	0 70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	6,015	0	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	1,810,212	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,536,912	0	0	0 73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0 74.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
90.00	09000	CLINIC	0	1,044,871	0	0	0 90.00
90.01	09001	WOUND CARE	0	1,888,505	0	0	0 90.01
90.02	09002	PULMONARY REHAB	0	115,812	0	0	0 90.02
90.03	09003	SPI NE CENTER	0	0	0	0	0 90.03
90.04	09004	RUSH HEART CENTER	0	0	0	0	0 90.04
91.00	09100	EMERGENCY	0	3,169,863	0	0	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	368,839	0	0	0 92.00
200.00		Total (lines 50-199)	0	39,684,837	0	0	0 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140063	Period: From 07/01/2012 To 06/30/2013	Worksheet D Part IV Date/Time Prepared: 11/18/2013 2:31 pm
Title XVIII		Hospital	PPS

Cost Center Description	PSA Adj . Allied Health	PSA Adj . All Other Medical Education Cost		
	23.00	24.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	0	0		50.00
50.01 05001 ENDOSCOPY	0	0		50.01
51.00 05100 RECOVERY ROOM	0	0		51.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
56.01 05602 ULTRASOUND/VASC LAB	0	0		56.01
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
60.01 06001 BLOOD LABORATORY	0	0		60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
70.01 07001 SLEEP LAB	0	0		70.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00 08800 RURAL HEALTH CLINIC	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 09000 CLINIC	0	0		90.00
90.01 09001 WOUND CARE	0	0		90.01
90.02 09002 PULMONARY REHAB	0	0		90.02
90.03 09003 SPINE CENTER	0	0		90.03
90.04 09004 RUSH HEART CENTER	0	0		90.04
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00 Total (Lines 50-199)	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140063	Period: From 07/01/2012 To 06/30/2013	Worksheet D Part V Date/Time Prepared: 11/18/2013 2:31 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
	1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0.189738	9,160,364	0	0	1,738,069	50.00
50.01	05001 ENDOSCOPY	0.140634	2,115,253	0	0	297,476	50.01
51.00	05100 RECOVERY ROOM	0.167550	1,373,208	0	0	230,081	51.00
53.00	05300 ANESTHESIOLOGY	0.073784	2,970,684	0	0	219,189	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.268101	5,142,422	0	0	1,378,688	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.509317	1,144,007	0	0	582,662	56.00
56.01	05602 ULTRASOUND/VASC LAB	0.134899	1,085,706	0	0	146,461	56.01
57.00	05700 CT SCAN	0.074008	4,521,060	0	0	334,595	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000 LABORATORY	0.079304	456,038	2,856	0	36,166	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.313756	77,596	0	0	24,346	62.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.212342	105,642	0	0	22,432	65.00
66.00	06600 PHYSICAL THERAPY	0.252304	2,273	0	0	573	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.217754	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.223427	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.139947	1,566,173	0	0	219,181	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.606022	23,382	0	0	14,170	70.00
70.01	07001 SLEEP LAB	0.000000	0	0	0	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	2.479519	6,015	10,794	0	14,914	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.443030	1,810,212	0	0	801,978	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.191772	1,536,912	0	165,374	294,737	73.00
74.00	07400 RENAL DIALYSIS	0.175891	0	0	0	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0.000000				0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0	89.00
90.00	09000 CLINIC	0.376921	1,044,871	0	0	393,834	90.00
90.01	09001 WOUND CARE	0.355162	1,888,505	0	0	670,725	90.01
90.02	09002 PULMONARY REHAB	0.670890	115,812	0	0	77,697	90.02
90.03	09003 SPI NE CENTER	0.000000	0	0	0	0	90.03
90.04	09004 RUSH HEART CENTER	0.000000	0	0	0	0	90.04
91.00	09100 EMERGENCY	0.280066	3,169,863	0	0	887,771	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.739906	368,839	0	0	272,906	92.00
200.00	Subtotal (see instructions)		39,684,837	13,650	165,374	8,658,651	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 +/- line 201)		39,684,837	13,650	165,374	8,658,651	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140063	Period: From 07/01/2012 To 06/30/2013	Worksheet D Part V Date/Time Prepared: 11/18/2013 2:31 pm
	Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	0	0		50.00
50.01 05001 ENDOSCOPY	0	0		50.01
51.00 05100 RECOVERY ROOM	0	0		51.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
56.01 05602 ULTRASOUND/VASC LAB	0	0		56.01
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	226	0		60.00
60.01 06001 BLOOD LABORATORY	0	0		60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
70.01 07001 SLEEP LAB	0	0		70.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	26,764	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	31,714		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00 08800 RURAL HEALTH CLINIC	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 09000 CLINIC	0	0		90.00
90.01 09001 WOUND CARE	0	0		90.01
90.02 09002 PULMONARY REHAB	0	0		90.02
90.03 09003 SPINE CENTER	0	0		90.03
90.04 09004 RUSH HEART CENTER	0	0		90.04
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00 Subtotal (see instructions)	26,990	31,714		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	26,990	31,714		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140063	Period: From 07/01/2012 To 06/30/2013	Worksheet D Part II Date/Time Prepared: 11/18/2013 2:31 pm
		Component CCN: 14T063	Title XVIII	Subprovider - IRF PPS

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	472,989	56,470,989	0.008376	4,061	34	50.00
50.01	05001 ENDOSCOPY	114,513	10,611,669	0.010791	3,434	37	50.01
51.00	05100 RECOVERY ROOM	30,798	8,155,861	0.003776	1,116	4	51.00
53.00	05300 ANESTHESIOLOGY	68,587	16,428,211	0.004175	2,449	10	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	559,130	22,633,309	0.024704	30,360	750	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	05600 RADIOISOTOPE	436,930	3,766,960	0.115990	0	0	56.00
56.01	05602 ULTRASOUND/VASC LAB	84,261	5,994,544	0.014056	10,825	152	56.01
57.00	05700 CT SCAN	187,400	17,824,450	0.010514	24,664	259	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000 LABORATORY	189,417	59,515,563	0.003183	279,302	889	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	9,141	2,997,061	0.003050	9,354	29	62.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	84,356	5,639,049	0.014959	58,065	869	65.00
66.00	06600 PHYSICAL THERAPY	94,469	8,898,564	0.010616	842,536	8,944	66.00
67.00	06700 OCCUPATIONAL THERAPY	18,457	4,340,155	0.004253	768,313	3,268	67.00
68.00	06800 SPEECH PATHOLOGY	3,282	876,165	0.003746	156,210	585	68.00
69.00	06900 ELECTROCARDIOLOGY	60,531	6,399,488	0.009459	1,849	17	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	4,187	159,674	0.026222	681	18	70.00
70.01	07001 SLEEP LAB	0	0	0.000000	0	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	11,068	385,403	0.028718	1,801	52	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	40,719	18,142,433	0.002244	487	1	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	68,417	27,526,112	0.002486	359,884	895	73.00
74.00	07400 RENAL DIALYSIS	3,884	3,174,367	0.001224	112,764	138	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000 CLINIC	159,314	4,536,573	0.035118	0	0	90.00
90.01	09001 WOUND CARE	46,765	3,703,212	0.012628	0	0	90.01
90.02	09002 PULMONARY REHAB	6,703	191,729	0.034961	0	0	90.02
90.03	09003 SPINE CENTER	0	0	0.000000	0	0	90.03
90.04	09004 RUSH HEART CENTER	0	0	0.000000	0	0	90.04
91.00	09100 EMERGENCY	174,780	26,520,093	0.006590	7,526	50	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	967,280	0.000000	0	0	92.00
200.00	Total (lines 50-199)	2,930,098	315,858,914		2,675,681	17,001	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140063 Component CCN: 14T063	Period: From 07/01/2012 To 06/30/2013	Worksheet D Part IV Date/Time Prepared: 11/18/2013 2:31 pm
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
50.01	05001 ENDOSCOPY	0	0	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
56.01	05602 ULTRASOUND/VASC LAB	0	0	0	0	0	56.01
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	07001 SLEEP LAB	0	0	0	0	0	70.01
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
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 WOUND CARE	0	0	0	0	0	90.01
90.02	09002 PULMONARY REHAB	0	0	0	0	0	90.02
90.03	09003 SPINE CENTER	0	0	0	0	0	90.03
90.04	09004 RUSH HEART CENTER	0	0	0	0	0	90.04
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00	Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140063 Component CCN: 14T063	Period: From 07/01/2012 To 06/30/2013	Worksheet D Part IV Date/Time Prepared: 11/18/2013 2:31 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	56,470,989	0.000000	0.000000	4,061	50.00
50.01	05001 ENDOSCOPY	0	10,611,669	0.000000	0.000000	3,434	50.01
51.00	05100 RECOVERY ROOM	0	8,155,861	0.000000	0.000000	1,116	51.00
53.00	05300 ANESTHESIOLOGY	0	16,428,211	0.000000	0.000000	2,449	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	22,633,309	0.000000	0.000000	30,360	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
56.00	05600 RADIOISOTOPE	0	3,766,960	0.000000	0.000000	0	56.00
56.01	05602 ULTRASOUND/VASC LAB	0	5,994,544	0.000000	0.000000	10,825	56.01
57.00	05700 CT SCAN	0	17,824,450	0.000000	0.000000	24,664	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	0	59,515,563	0.000000	0.000000	279,302	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	2,997,061	0.000000	0.000000	9,354	62.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	5,639,049	0.000000	0.000000	58,065	65.00
66.00	06600 PHYSICAL THERAPY	0	8,898,564	0.000000	0.000000	842,536	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	4,340,155	0.000000	0.000000	768,313	67.00
68.00	06800 SPEECH PATHOLOGY	0	876,165	0.000000	0.000000	156,210	68.00
69.00	06900 ELECTROCARDIOLOGY	0	6,399,488	0.000000	0.000000	1,849	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	159,674	0.000000	0.000000	681	70.00
70.01	07001 SLEEP LAB	0	0	0.000000	0.000000	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	385,403	0.000000	0.000000	1,801	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	18,142,433	0.000000	0.000000	487	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	27,526,112	0.000000	0.000000	359,884	73.00
74.00	07400 RENAL DIALYSIS	0	3,174,367	0.000000	0.000000	112,764	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000 CLINIC	0	4,536,573	0.000000	0.000000	0	90.00
90.01	09001 WOUND CARE	0	3,703,212	0.000000	0.000000	0	90.01
90.02	09002 PULMONARY REHAB	0	191,729	0.000000	0.000000	0	90.02
90.03	09003 SPINE CENTER	0	0	0.000000	0.000000	0	90.03
90.04	09004 RUSH HEART CENTER	0	0	0.000000	0.000000	0	90.04
91.00	09100 EMERGENCY	0	26,520,093	0.000000	0.000000	7,526	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	967,280	0.000000	0.000000	0	92.00
200.00	Total (lines 50-199)	0	315,858,914			2,675,681	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140063 Component CCN: 14T063	Period: From 07/01/2012 To 06/30/2013	Worksheet D Part IV Date/Time Prepared: 11/18/2013 2:31 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
50.01	05001 ENDOSCOPY	0	0	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
56.01	05602 ULTRASOUND/VASC LAB	0	0	0	0	0	56.01
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	07001 SLEEP LAB	0	0	0	0	0	70.01
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	407	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 WOUND CARE	0	0	0	0	0	90.01
90.02	09002 PULMONARY REHAB	0	0	0	0	0	90.02
90.03	09003 SPINE CENTER	0	0	0	0	0	90.03
90.04	09004 RUSH HEART CENTER	0	0	0	0	0	90.04
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00	Total (lines 50-199)	0	407	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140063 Component CCN: 14T063	Period: From 07/01/2012 To 06/30/2013	Worksheet D Part IV Date/Time Prepared: 11/18/2013 2:31 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description	PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	
	23.00	24.00	
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00 05000 OPERATING ROOM	0	0	50.00
50.01 05001 ENDOSCOPY	0	0	50.01
51.00 05100 RECOVERY ROOM	0	0	51.00
53.00 05300 ANESTHESIOLOGY	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	56.00
56.01 05602 ULTRASOUND/VASC LAB	0	0	56.01
57.00 05700 CT SCAN	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000 LABORATORY	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
64.00 06400 INTRAVENOUS THERAPY	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
70.01 07001 SLEEP LAB	0	0	70.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>			
88.00 08800 RURAL HEALTH CLINIC	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00 09000 CLINIC	0	0	90.00
90.01 09001 WOUND CARE	0	0	90.01
90.02 09002 PULMONARY REHAB	0	0	90.02
90.03 09003 SPINE CENTER	0	0	90.03
90.04 09004 RUSH HEART CENTER	0	0	90.04
91.00 09100 EMERGENCY	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00 Total (lines 50-199)	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140063 Component CCN: 14T063	Period: From 07/01/2012 To 06/30/2013	Worksheet D Part V Date/Time Prepared: 11/18/2013 2:31 pm
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
	1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0.189738	0	0	0	0	50.00
50.01 05001 ENDOSCOPY	0.140634	0	0	0	0	50.01
51.00 05100 RECOVERY ROOM	0.167550	0	0	0	0	51.00
53.00 05300 ANESTHESIOLOGY	0.073784	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.268101	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0.509317	0	0	0	0	56.00
56.01 05602 ULTRASOUND/VASC LAB	0.134899	0	0	0	0	56.01
57.00 05700 CT SCAN	0.074008	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00 06000 LABORATORY	0.079304	0	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.313756	0	0	0	0	62.00
64.00 06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0.212342	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.252304	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.217754	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.223427	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0.139947	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.606022	0	0	0	0	70.00
70.01 07001 SLEEP LAB	0.000000	0	0	0	0	70.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	2.479519	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.443030	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.191772	407	0	570	78	73.00
74.00 07400 RENAL DIALYSIS	0.175891	0	0	0	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800 RURAL HEALTH CLINIC	0.000000				0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0	89.00
90.00 09000 CLINIC	0.376921	0	0	0	0	90.00
90.01 09001 WOUND CARE	0.355162	0	0	0	0	90.01
90.02 09002 PULMONARY REHAB	0.670890	0	0	0	0	90.02
90.03 09003 SPINE CENTER	0.000000	0	0	0	0	90.03
90.04 09004 RUSH HEART CENTER	0.000000	0	0	0	0	90.04
91.00 09100 EMERGENCY	0.280066	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.739906	0	0	0	0	92.00
200.00	Subtotal (see instructions)		407	0	570	78
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	0
202.00	Net Charges (line 200 +/- line 201)		407	0	570	78

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140063 Component CCN: 14T063	Period: From 07/01/2012 To 06/30/2013	Worksheet D Part V Date/Time Prepared: 11/18/2013 2:31 pm PPS
Title XVII		Subprovider - IRF	

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	0	0		50.00
50.01 05001 ENDOSCOPY	0	0		50.01
51.00 05100 RECOVERY ROOM	0	0		51.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
56.01 05602 ULTRASOUND/VASC LAB	0	0		56.01
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
60.01 06001 BLOOD LABORATORY	0	0		60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
70.01 07001 SLEEP LAB	0	0		70.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	109		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00 08800 RURAL HEALTH CLINIC	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 09000 CLINIC	0	0		90.00
90.01 09001 WOUND CARE	0	0		90.01
90.02 09002 PULMONARY REHAB	0	0		90.02
90.03 09003 SPINE CENTER	0	0		90.03
90.04 09004 RUSH HEART CENTER	0	0		90.04
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00 Subtotal (see instructions)	0	109		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	0	109		202.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140063 Component CCN: 145583	Period: From 07/01/2012 To 06/30/2013	Worksheet D Part IV Date/Time Prepared: 11/18/2013 2:31 pm
	Title XVIII	Skilled Nursing Facility	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
50.01	05001 ENDOSCOPY	0	0	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
56.01	05602 ULTRASOUND/VASC LAB	0	0	0	0	0	56.01
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	07001 SLEEP LAB	0	0	0	0	0	70.01
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
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 WOUND CARE	0	0	0	0	0	90.01
90.02	09002 PULMONARY REHAB	0	0	0	0	0	90.02
90.03	09003 SPINE CENTER	0	0	0	0	0	90.03
90.04	09004 RUSH HEART CENTER	0	0	0	0	0	90.04
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00	Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140063 Component CCN: 145583	Period: From 07/01/2012 To 06/30/2013	Worksheet D Part IV Date/Time Prepared: 11/18/2013 2:31 pm PPS
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		Title XVIII	Skilled Nursing Facility	
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C. Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	56,470,989	0.000000	0.000000	7,694	50.00
50.01	05001 ENDOSCOPY	0	10,611,669	0.000000	0.000000	16,666	50.01
51.00	05100 RECOVERY ROOM	0	8,155,861	0.000000	0.000000	0	51.00
53.00	05300 ANESTHESIOLOGY	0	16,428,211	0.000000	0.000000	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	22,633,309	0.000000	0.000000	90,458	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
56.00	05600 RADIOISOTOPE	0	3,766,960	0.000000	0.000000	4,040	56.00
56.01	05602 ULTRASOUND/VASC LAB	0	5,994,544	0.000000	0.000000	35,829	56.01
57.00	05700 CT SCAN	0	17,824,450	0.000000	0.000000	57,471	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	0	59,515,563	0.000000	0.000000	860,788	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	2,997,061	0.000000	0.000000	28,366	62.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	5,639,049	0.000000	0.000000	264,082	65.00
66.00	06600 PHYSICAL THERAPY	0	8,898,564	0.000000	0.000000	2,757,831	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	4,340,155	0.000000	0.000000	2,257,069	67.00
68.00	06800 SPEECH PATHOLOGY	0	876,165	0.000000	0.000000	214,518	68.00
69.00	06900 ELECTROCARDIOLOGY	0	6,399,488	0.000000	0.000000	10,881	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	159,674	0.000000	0.000000	681	70.00
70.01	07001 SLEEP LAB	0	0	0.000000	0.000000	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	385,403	0.000000	0.000000	9,163	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	18,142,433	0.000000	0.000000	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	27,526,112	0.000000	0.000000	1,215,554	73.00
74.00	07400 RENAL DIALYSIS	0	3,174,367	0.000000	0.000000	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000 CLINIC	0	4,536,573	0.000000	0.000000	0	90.00
90.01	09001 WOUND CARE	0	3,703,212	0.000000	0.000000	0	90.01
90.02	09002 PULMONARY REHAB	0	191,729	0.000000	0.000000	0	90.02
90.03	09003 SPINE CENTER	0	0	0.000000	0.000000	0	90.03
90.04	09004 RUSH HEART CENTER	0	0	0.000000	0.000000	0	90.04
91.00	09100 EMERGENCY	0	26,520,093	0.000000	0.000000	26,217	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	967,280	0.000000	0.000000	0	92.00
200.00	Total (lines 50-199)	0	315,858,914			7,857,308	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140063 Component CCN: 145583	Period: From 07/01/2012 To 06/30/2013	Worksheet D Part IV Date/Time Prepared: 11/18/2013 2:31 pm
Title XVIII		Skilled Nursing Facility	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
50.01	05001 ENDOSCOPY	0	0	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
56.01	05602 ULTRASOUND/VASC LAB	0	0	0	0	0	56.01
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	07001 SLEEP LAB	0	0	0	0	0	70.01
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
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 WOUND CARE	0	0	0	0	0	90.01
90.02	09002 PULMONARY REHAB	0	0	0	0	0	90.02
90.03	09003 SPINE CENTER	0	0	0	0	0	90.03
90.04	09004 RUSH HEART CENTER	0	0	0	0	0	90.04
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00	Total (Lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140063 Component CCN: 145583	Period: From 07/01/2012 To 06/30/2013	Worksheet D Part IV Date/Time Prepared: 11/18/2013 2:31 pm PPS
		Title XVIII	Skilled Nursing Facility

Cost Center Description		PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	
		23.00	24.00	
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0	0	50.00
50.01	05001 ENDOSCOPY	0	0	50.01
51.00	05100 RECOVERY ROOM	0	0	51.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	56.00
56.01	05602 ULTRASOUND/VASC LAB	0	0	56.01
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
64.00	06400 INTRAVENOUS THERAPY	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
70.01	07001 SLEEP LAB	0	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	08800 RURAL HEALTH CLINIC	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000 CLINIC	0	0	90.00
90.01	09001 WOUND CARE	0	0	90.01
90.02	09002 PULMONARY REHAB	0	0	90.02
90.03	09003 SPINE CENTER	0	0	90.03
90.04	09004 RUSH HEART CENTER	0	0	90.04
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00	Total (lines 50-199)	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140063 Component CCN: 145583	Period: From 07/01/2012 To 06/30/2013	Worksheet D Part V Date/Time Prepared: 11/18/2013 2:31 pm
	Title XVIII	Skilled Nursing Facility	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			PPS Services (see inst.)	PPS Services (see inst.)
		Cost Reimbursed Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Subject To Ded. & Coins. (see inst.)		
	1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0.189738	0	0	0	0	50.00
50.01 05001 ENDOSCOPY	0.140634	0	0	0	0	50.01
51.00 05100 RECOVERY ROOM	0.167550	0	0	0	0	51.00
53.00 05300 ANESTHESIOLOGY	0.073784	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.268101	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0.509317	0	0	0	0	56.00
56.01 05602 ULTRASOUND/VASC LAB	0.134899	0	0	0	0	56.01
57.00 05700 CT SCAN	0.074008	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00 06000 LABORATORY	0.079304	0	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.313756	0	0	0	0	62.00
64.00 06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0.212342	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.252304	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.217754	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.223427	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0.139947	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.606022	0	0	0	0	70.00
70.01 07001 SLEEP LAB	0.000000	0	0	0	0	70.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	2.479519	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.443030	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.191772	0	0	3,274	0	73.00
74.00 07400 RENAL DIALYSIS	0.175891	0	0	0	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800 RURAL HEALTH CLINIC	0.000000					88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000					89.00
90.00 09000 CLINIC	0.376921	0	0	0	0	90.00
90.01 09001 WOUND CARE	0.355162	0	0	0	0	90.01
90.02 09002 PULMONARY REHAB	0.670890	0	0	0	0	90.02
90.03 09003 SPINE CENTER	0.000000	0	0	0	0	90.03
90.04 09004 RUSH HEART CENTER	0.000000	0	0	0	0	90.04
91.00 09100 EMERGENCY	0.280066	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.739906	0	0	0	0	92.00
200.00 Subtotal (see instructions)		0	0	3,274	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)		0	0	3,274	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140063 Component CCN: 145583	Period: From 07/01/2012 To 06/30/2013	Worksheet D Part V Date/Time Prepared: 11/18/2013 2:31 pm PPS
		Title XVIII	Skilled Nursing Facility

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	0	0		50.00
50.01 05001 ENDOSCOPY	0	0		50.01
51.00 05100 RECOVERY ROOM	0	0		51.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
56.01 05602 ULTRASOUND/VASC LAB	0	0		56.01
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
60.01 06001 BLOOD LABORATORY	0	0		60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
70.01 07001 SLEEP LAB	0	0		70.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	628		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00 08800 RURAL HEALTH CLINIC	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 09000 CLINIC	0	0		90.00
90.01 09001 WOUND CARE	0	0		90.01
90.02 09002 PULMONARY REHAB	0	0		90.02
90.03 09003 SPINE CENTER	0	0		90.03
90.04 09004 RUSH HEART CENTER	0	0		90.04
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00 Subtotal (see instructions)	0	628		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	0	628		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140063	Period: From 07/01/2012 To 06/30/2013	Worksheet D-1 Date/Time Prepared: 11/18/2013 2:31 pm
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		17,527	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		17,527	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)		16,635	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		10,099	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
<b>SWING BED ADJUSTMENT</b>				
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)		14,062,722	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)		14,062,722	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
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)		14,062,722	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		802.35	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		8,102,933	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)		8,102,933	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 140063	Period: From 07/01/2012 To 06/30/2013	Worksheet D-1 Date/Time Prepared: 11/18/2013 2:31 pm			
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)	
NURSERY (title V & XIX only)			1.00	2.00	3.00	4.00	5.00	
42.00	Intensive Care Type Inpatient Hospital Units						42.00	
43.00	INTENSIVE CARE UNIT	4,754,918	3,199	1,486.38	1,992	2,960,869	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)						12,241,506	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						23,305,308	49.00
<b>PASS THROUGH COST ADJUSTMENTS</b>								
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						384,346	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						493,454	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						877,800	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						22,427,508	53.00
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>								
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
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>								
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
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY</b>								
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
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>								
87.00	Total observation bed days (see instructions)						892	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						802.35	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)						715,696	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140063

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

Worksheet D-1  
Date/Time Prepared:  
11/18/2013 2:31 pm

Cost Center Description		Cost	Title XVIII		Hospital		Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)
			Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	PPS	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	450,731	14,062,722	0.032051	715,696	22,939	90.00
91.00	Nursing School cost	0	14,062,722	0.000000	715,696	0	91.00
92.00	Allied health cost	0	14,062,722	0.000000	715,696	0	92.00
93.00	All other Medical Education	0	14,062,722	0.000000	715,696	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140063 Component CCN: 14T063	Period: From 07/01/2012 To 06/30/2013	Worksheet D-1 Date/Time Prepared: 11/18/2013 2:31 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			1,580 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			1,580 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)			1,580 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)			1,192 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
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			0.00 17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			0.00 18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period			0.00 19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period			0.00 20.00
21.00	Total general inpatient routine service cost (see instructions)			2,093,076 21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)			0 22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)			0 23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)			0 24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)			0 25.00
26.00	Total swing-bed cost (see instructions)			0 26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)			2,093,076 27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
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)			2,093,076 37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			1,324.73 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			1,579,078 39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			0 40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			1,579,078 41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140063	Period: From 07/01/2012 To 06/30/2013	Worksheet D-1		
		Component CCN: 14T063		Date/Time Prepared: 11/18/2013 2:31 pm		
		Title XVIII	Subprovider - IRF	PPS		
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
	1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)					42.00
Intensive Care Type Inpatient Hospital Units						
43.00	0	0	0.00	0	0	43.00
44.00	INTENSIVE CARE UNIT					44.00
45.00	CORONARY CARE UNIT					45.00
46.00	BURN INTENSIVE CARE UNIT					46.00
47.00	SURGICAL INTENSIVE CARE UNIT					47.00
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)				561,667	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				2,140,745	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)				84,406	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				17,001	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)				101,407	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)				2,039,338	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: 140063 Component CCN: 14T063	Period: From 07/01/2012 To 06/30/2013	Worksheet D-1 Date/Time Prepared: 11/18/2013 2:31 pm
		Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)
	1.00	2.00	3.00	4.00	5.00
COMPUTATION OF OBSERVATION BED PASS THROUGH COST					
90.00 Capital-related cost	111,886	2,093,076	0.053455	0	0
91.00 Nursing School cost	0	2,093,076	0.000000	0	0
92.00 Allied health cost	0	2,093,076	0.000000	0	0
93.00 All other Medical Education	0	2,093,076	0.000000	0	0

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140063 Component CCN: 145583	Period: From 07/01/2012 To 06/30/2013	Worksheet D-1 Date/Time Prepared: 11/18/2013 2:31 pm
		Title XVIII	Skilled Nursing Facility	PPS
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		5,428	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		5,428	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)		5,428	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)		4,515	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
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		3,033,834	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		3,033,834	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		3,033,834	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
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: 140063	Period: From 07/01/2012 To 06/30/2013	Worksheet D-1	
		Component CCN: 145583		Date/Time Prepared: 11/18/2013 2:31 pm	
		Title XVIII	Skilled Nursing Facility	PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
	1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)				42.00
Intensive Care Type Inpatient Hospital Units					
43.00	INTENSIVE CARE UNIT				43.00
44.00	CORONARY CARE UNIT				44.00
45.00	BURN INTENSIVE CARE UNIT				45.00
46.00	SURGICAL INTENSIVE CARE UNIT				46.00
47.00	OTHER SPECIAL CARE (SPECIFY)				47.00
Cost Center Description					1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)				48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				49.00
PASS THROUGH COST ADJUSTMENTS					
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)				50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)				52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)				53.00
TARGET AMOUNT AND LIMIT COMPUTATION					
54.00	Program discharges				54.00
55.00	Target amount per discharge				55.00
56.00	Target amount (line 54 x line 55)				56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)				57.00
58.00	Bonus payment (see instructions)				58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket				59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket				60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)				61.00
62.00	Relief payment (see instructions)				62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)				63.00
PROGRAM INPATIENT ROUTINE SWING BED COST					
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)				64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)				65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)				66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)				67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)				68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)				69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY					
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)				3,033,834 70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)				558.92 71.00
72.00	Program routine service cost (line 9 x line 71)				2,523,524 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)				2,523,524 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)				2,523,524 83.00
84.00	Program inpatient ancillary services (see instructions)				1,672,774 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)				4,196,298 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: 140063 Component CCN: 145583		Period: From 07/01/2012 To 06/30/2013		Worksheet D-1 Date/Time Prepared: 11/18/2013 2:31 pm	
		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: 140063	Period: From 07/01/2012 To 06/30/2013	Worksheet D-3 Date/Time Prepared: 11/18/2013 2:31 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000 ADULTS & PEDIATRICS		13,230,711		30.00
31.00	03100 INTENSIVE CARE UNIT		4,887,906		31.00
40.00	04000 SUBPROVIDER - IPF		0		40.00
41.00	04100 SUBPROVIDER - IRF		0		41.00
42.00	04200 SUBPROVIDER		0		42.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0.189982	6,620,431	1,257,763	50.00
50.01	05001 ENDOSCOPY	0.140634	1,582,239	222,517	50.01
51.00	05100 RECOVERY ROOM	0.167550	940,595	157,597	51.00
53.00	05300 ANESTHESIOLOGY	0.073784	1,944,835	143,498	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.268101	5,493,682	1,472,862	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
56.00	05600 RADIOISOTOPE	0.509317	341,853	174,112	56.00
56.01	05602 ULTRASOUND/VASC LAB	0.134899	1,036,382	139,807	56.01
57.00	05700 CT SCAN	0.074008	2,781,862	205,880	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	06000 LABORATORY	0.079304	13,167,465	1,044,233	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.313756	1,277,907	400,951	62.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.213914	3,185,787	681,484	65.00
66.00	06600 PHYSICAL THERAPY	0.252304	934,935	235,888	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.217754	165,155	35,963	67.00
68.00	06800 SPEECH PATHOLOGY	0.223427	252,884	56,501	68.00
69.00	06900 ELECTROCARDIOLOGY	0.139947	1,620,662	226,807	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.606022	66,437	40,262	70.00
70.01	07001 SLEEP LAB	0.000000	0	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	2.479519	189,304	469,383	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.443030	3,923,129	1,738,064	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.191772	11,097,092	2,128,112	73.00
74.00	07400 RENAL DIALYSIS	0.175891	2,419,413	425,553	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800 RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	09000 CLINIC	0.376921	2,411	909	90.00
90.01	09001 WOUND CARE	0.355162	23,728	8,427	90.01
90.02	09002 PULMONARY REHAB	0.680622	0	0	90.02
90.03	09003 SPINE CENTER	0.000000	0	0	90.03
90.04	09004 RUSH HEART CENTER	0.000000	0	0	90.04
91.00	09100 EMERGENCY	0.282876	3,416,392	966,415	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.739906	11,512	8,518	92.00
200.00	Total (sum of lines 50-94 and 96-98)		62,496,092	12,241,506	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)		62,496,092		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140063 Component CCN: 14T063	Period: From 07/01/2012 To 06/30/2013	Worksheet D-3 Date/Time Prepared: 11/18/2013 2:31 pm	
		Title XVIIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
40.00	04000 SUBPROVIDER - IPF		0		40.00
41.00	04100 SUBPROVIDER - IRF		1,243,809		41.00
42.00	04200 SUBPROVIDER		0		42.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0.189982	4,061	772	50.00
50.01	05001 ENDOSCOPY	0.140634	3,434	483	50.01
51.00	05100 RECOVERY ROOM	0.167550	1,116	187	51.00
53.00	05300 ANESTHESIOLOGY	0.073784	2,449	181	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.268101	30,360	8,140	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
56.00	05600 RADIOISOTOPE	0.509317	0	0	56.00
56.01	05602 ULTRASOUND/VASC LAB	0.134899	10,825	1,460	56.01
57.00	05700 CT SCAN	0.074008	24,664	1,825	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	06000 LABORATORY	0.079304	279,302	22,150	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.313756	9,354	2,935	62.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.213914	58,065	12,421	65.00
66.00	06600 PHYSICAL THERAPY	0.252304	842,536	212,575	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.217754	768,313	167,303	67.00
68.00	06800 SPEECH PATHOLOGY	0.223427	156,210	34,902	68.00
69.00	06900 ELECTROCARDIOLOGY	0.139947	1,849	259	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.606022	681	413	70.00
70.01	07001 SLEEP LAB	0.000000	0	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	2.479519	1,801	4,466	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.443030	487	216	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.191772	359,884	69,016	73.00
74.00	07400 RENAL DIALYSIS	0.175891	112,764	19,834	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800 RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	09000 CLINIC	0.376921	0	0	90.00
90.01	09001 WOUND CARE	0.355162	0	0	90.01
90.02	09002 PULMONARY REHAB	0.680622	0	0	90.02
90.03	09003 SPINE CENTER	0.000000	0	0	90.03
90.04	09004 RUSH HEART CENTER	0.000000	0	0	90.04
91.00	09100 EMERGENCY	0.282876	7,526	2,129	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.739906	0	0	92.00
200.00	Total (sum of lines 50-94 and 96-98)		2,675,681	561,667	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)		2,675,681		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140063 Component CCN: 145583	Period: From 07/01/2012 To 06/30/2013	Worksheet D-3 Date/Time Prepared: 11/18/2013 2:31 pm
		Title XVIII	Skilled Nursing Facility	PPS
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
		1.00	2.00	3.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000 ADULTS & PEDIATRICS		0	30.00
31.00	03100 INTENSIVE CARE UNIT		0	31.00
40.00	04000 SUBPROVIDER - IPF		0	40.00
41.00	04100 SUBPROVIDER - IRF		0	41.00
42.00	04200 SUBPROVIDER		0	42.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0.189738	7,694	1,460 50.00
50.01	05001 ENDOSCOPY	0.140634	16,666	2,344 50.01
51.00	05100 RECOVERY ROOM	0.167550	0	0 51.00
53.00	05300 ANESTHESIOLOGY	0.073784	0	0 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.268101	90,458	24,252 54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0 55.00
56.00	05600 RADIOISOTOPE	0.509317	4,040	2,058 56.00
56.01	05602 ULTRASOUND/VASC LAB	0.134899	35,829	4,833 56.01
57.00	05700 CT SCAN	0.074008	57,471	4,253 57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0 58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0 59.00
60.00	06000 LABORATORY	0.079304	860,788	68,264 60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0 60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.313756	28,366	8,900 62.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0 64.00
65.00	06500 RESPIRATORY THERAPY	0.212342	264,082	56,076 65.00
66.00	06600 PHYSICAL THERAPY	0.252304	2,757,831	695,812 66.00
67.00	06700 OCCUPATIONAL THERAPY	0.217754	2,257,069	491,486 67.00
68.00	06800 SPEECH PATHOLOGY	0.223427	214,518	47,929 68.00
69.00	06900 ELECTROCARDIOLOGY	0.139947	10,881	1,523 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.606022	681	413 70.00
70.01	07001 SLEEP LAB	0.000000	0	0 70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	2.479519	9,163	22,720 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.443030	0	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.191772	1,215,554	233,109 73.00
74.00	07400 RENAL DIALYSIS	0.175891	0	0 74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	08800 RURAL HEALTH CLINIC	0.000000		0 88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0 89.00
90.00	09000 CLINIC	0.376921	0	0 90.00
90.01	09001 WOUND CARE	0.355162	0	0 90.01
90.02	09002 PULMONARY REHAB	0.670890	0	0 90.02
90.03	09003 SPINE CENTER	0.000000	0	0 90.03
90.04	09004 RUSH HEART CENTER	0.000000	0	0 90.04
91.00	09100 EMERGENCY	0.280066	26,217	7,342 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.739906	0	0 92.00
200.00	Total (sum of lines 50-94 and 96-98)		7,857,308	1,672,774 200.00
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)		7,857,308	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140063	Period: From 07/01/2012 To 06/30/2013	Worksheet E Part A Date/Time Prepared: 11/18/2013 2:31 pm	
		Title XVIII	Hospital	PPS	
		0	before 1/1	on/after 1/1	
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER PPS</b>					
1.00	DRG Amounts Other than Outlier Payments		18,718,689		1.00
2.00	Outlier payments for discharges. (see instructions)		275,148		2.00
2.01	Outlier reconciliation amount		0		2.01
3.00	Managed Care Simulated Payments		1,094,733		3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		162.56		4.00
<b>Indirect Medical Education Adjustment</b>					
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)		1.23		5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00		6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(F)(1)(iv)(B)(1)		0.00		7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(F)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00		7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.		0.00		8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00		8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00		8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		1.23		9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		2.73		10.00
11.00	FTE count for residents in dental and podiatric programs.		1.99		11.00
12.00	Current year allowable FTE (see instructions)		3.22		12.00
13.00	Total allowable FTE count for the prior year.		3.16		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.		3.23		14.00
15.00	Sum of lines 12 through 14 divided by 3.		3.20		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		3.20		18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.019685		19.00
20.00	Prior year resident to bed ratio (see instructions)		0.019455		20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.019455		21.00
22.00	IME payment adjustment (see instructions)		209,547		22.00
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>					
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)		1.50		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)		209,547		29.00
<b>Disproportionate Share Adjustment</b>					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		7.88		30.00
31.00	Percentage of Medicaid patient days (see instructions)		14.48		31.00
32.00	Sum of lines 30 and 31		22.36		32.00
33.00	Allowable disproportionate share percentage (see instructions)		7.66		33.00
34.00	Disproportionate share adjustment (see instructions)		1,433,852		34.00
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>					
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: 140063	Period: From 07/01/2012 To 06/30/2013	Worksheet E Part A Date/Time Prepared: 11/18/2013 2:31 pm	
		Title XVIII	Hospital	PPS	
		0	before 1/1	on/after 1/1	
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41)		0		46.00
47.00	Subtotal (see instructions)		20,637,236		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)		20,637,236		49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		1,590,868		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).		123,565		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)		22,351,669		59.00
60.00	Primary payer payments		0		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		22,351,669		61.00
62.00	Deductibles billed to program beneficiaries		1,748,940		62.00
63.00	Coinurance billed to program beneficiaries		248,620		63.00
64.00	Allowable bad debts (see instructions)		731,138		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		511,797		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		689,179		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		20,865,906		67.00
68.00	Credits received from manufacturers for replaced devices applicable to MS-DRG (see instructions)		0		68.00
69.00	Outlier payments reconciliation (Sum of lines 93, 95 and 96). (For SCH see instructions)		0		69.00
70.00			0		70.00
70.01			0		70.01
70.92	Bundled Model 1 discount amount		0		70.92
70.93	HVBP incentive payment (see instructions)		-9,907		70.93
70.94	Hospital readmissions reduction adjustment (see instructions)		-31,941		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)		20,824,058		71.00
71.01	Sequestration adjustment (see instructions)		104,120		71.01
72.00	Interim payments		20,203,354		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		516,584		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		0		75.00
<b>TO BE COMPLETED BY CONTRACTOR</b>					
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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140063	Period: From 07/01/2012 To 06/30/2013	Worksheet E Part A Date/Time Prepared: 11/18/2013 2:31 pm	
		Title XVIII	Hospital	PPS	
			before 1/1	on/after 1/1	
		0	1.00		
94.00	The rate used to calculate the Time Value of Money		0.00		94.00
95.00	Time Value of Money for operating expenses(see instructions)		0		95.00
96.00	Time Value of Money for capital related expenses (see instructions)		0		96.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 140063		Period: From 07/01/2012 To 06/30/2013		Worksheet DSH	
		Title XVIII		Hospital		Date/Time Prepared: 11/18/2013 2:31 pm	
		Original .mcrx Values		Adjusted .mcax Values		HFS Look Up	
		1.00		2.00		3.00	
				Override Value		Revised Value	
				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)	7.88	0.00	0.00	0.00	0.00	1.00
2.00	Percentage of Medicaid patient days to total days (From line 27)	14.48	0.00			14.48	2.00
3.00	Sum of lines 1 and 2, if less than 15% DSH Payment Percentage = 0	22.36	0.00			14.48	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)	162.56	0.00			162.56	5.00
6.00	Disproportionate Share Payment Percentage (transfer to Worksheet E, Part A, line 33)	7.66	0.00			0.00	6.00
7.00	Qualify for Operating DSH Eligibility (DPP 15% or more)?	Yes				No	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)	7.88	0.00	0.00	0.00	0.00	12.00
13.00	Is this an IRF provider or a provider with an IRF excluded unit (Worksheet S-2, line 75, column 1 = "Y")	Yes				Yes	13.00
14.00	Medicare SSI ratio (Previous from E-3, Part III, line 2 - Revised from CMS)	8.40	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)	2,308	0			2,308	15.00
16.00	In-State Medicaid eligible unpaid paid days (Worksheet S-2, line 24, column 2)	514	0			514	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)	50	0			50	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)	2,872	0			2,872	21.00
22.00	Total patient days (Worksheet S-3, Part I, Column 8, Line 14)	19,834	0			19,834	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)	19,834	0			19,834	26.00
27.00	Percentage of Medicaid patient days to total days (Line 21 divided by line 26)	14.48	0.00			14.48	27.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 140063		Period: From 07/01/2012 To 06/30/2013		Worksheet DSH Date/Time Prepared: 11/18/2013 2:31 pm	
		Title XVIII		Hospital		PPS	
		Original .mcrx Values		Adjusted .mcax Values		Revised	
		Condition	Percentage	Condition	Percentage	Condition	
		1.00	2.00	3.00	4.00	5.00	
<b>CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE</b>							
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	7.66		0.00	False	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	True	29.00
30.00	Line 28 or 29 as applicable		7.66		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.		7.66		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	
<b>DETERMINATION OF PROVIDER TYPE</b>							
32.00	Does the hospital qualify under the Pickle amendment? (Worksheet S-2, Part I, Line 22, column 2 = "Y")	False				False	32.00
33.00	Is This a Rural Referral Center? (Worksheet S-2, Part I, line 116, column 1 = "Y")	False				False	33.00
34.00	Is this a Medicare Dependant Hospital? (Worksheet S-2, Part I, Line 37 greater than -0-)	False				False	34.00
35.00	Is this a Sole Community hospital? (Worksheet S-2, Part I, Line 35 greater than -0-)	False				False	35.00
36.00	Is this an Urban or Rural hospital? (Worksheet S-2, Part I, Line 26, Column 1, Urban=1, Rural=2)	Urban				Urban	36.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 140063	Period: From 07/01/2012 To 06/30/2013	Worksheet DSH Date/Time Prepared: 11/18/2013 2:31 pm
		Title XVIII	Hospital	PPS

		Revised		
		Percentage		
		6.00		
CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE				
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	0.00		28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	2.84		29.00
30.00	Line 28 or 29 as applicable	2.84		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.	0.00		31.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140063	Period: From 07/01/2012 To 06/30/2013	Worksheet E Part B Date/Time Prepared: 11/18/2013 2:31 pm
		Title XVII	Hospital	PPS
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		58,704	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		8,658,651	2.00
3.00	PPS payments		7,303,058	3.00
4.00	Outlier payment (see instructions)		44,059	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)		58,704	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		179,024	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)		179,024	14.00
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		179,024	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		120,320	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)		58,704	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)		7,347,117	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		2,159	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		1,625,079	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)		5,778,583	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		35,543	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)		5,814,126	30.00
31.00	Primary payer payments		67	31.00
32.00	Subtotal (line 30 minus line 31)		5,814,059	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		608,963	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		426,274	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		576,473	36.00
37.00	Subtotal (see instructions)		6,240,333	37.00
38.00	MSP-LCC reconciliation amount from PS&R		3	38.00
39.00			0	39.00
39.99	<b>RECOVERY OF ACCELERATED DEPRECIATION</b>		0	39.99
40.00	Subtotal (see instructions)		6,240,330	40.00
40.01	Sequestration adjustment (see instructions)		31,202	40.01
41.00	Interim payments		5,961,874	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		247,254	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
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	
<b>WORKSHEET OVERRIDE VALUES</b>				
112.00	Override of Ancillary service charges (line 12)			0.112.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140063	Period: From 07/01/2012 To 06/30/2013	Worksheet E Part B Date/Time Prepared: 11/18/2013 2:31 pm
		Component CCN: 14T063	Title XVII I	Subprovider - IRF PPS
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		109	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		78	2.00
3.00	PPS payments		157	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)		109	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		570	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)		570	14.00
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		570	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		461	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)		109	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)		157	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
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)		0	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		266	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)		266	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		266	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
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)		266	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00			0	39.00
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		266	40.00
40.01	Sequestration adjustment (see instructions)		1	40.01
41.00	Interim payments		277	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-12	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
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	
<b>WORKSHEET OVERRIDE VALUES</b>				
112.00	Override of Ancillary service charges (line 12)		0	112.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140063 Component CCN: 145583	Period: From 07/01/2012 To 06/30/2013	Worksheet E Part B Date/Time Prepared: 11/18/2013 2:31 pm
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		628	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		0	2.00
3.00	PPS payments			3.00
4.00	Outlier payment (see instructions)			4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)			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)		628	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		3,274	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)		3,274	14.00
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		3,274	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		2,646	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)		628	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)		0	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
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)			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)		628	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)		628	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		628	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
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)		628	37.00
38.00	MSP-LCC reconciliation amount from PS&R			38.00
39.00			0	39.00
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		628	40.00
40.01	Sequestration adjustment (see instructions)		3	40.01
41.00	Interim payments		687	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-62	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)			90.00
91.00	Outlier reconciliation adjustment amount (see instructions)			91.00
92.00	The rate used to calculate the Time Value of Money			92.00
93.00	Time Value of Money (see instructions)			93.00
94.00	Total (sum of lines 91 and 93)			94.00
				Overrides
				1.00
<b>WORKSHEET OVERRIDE VALUES</b>				
112.00	Override of Ancillary service charges (line 12)			0
				112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140063

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
11/18/2013 2:31 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		19,933,054		5,708,038	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		341,644		238,015	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0	01/29/2013	15,821	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM	01/29/2013	71,344		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)		-71,344		15,821	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)		20,203,354		5,961,874	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		620,704		278,456	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		20,824,058		6,240,330	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: 140063  
Component CCN: 14T063

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
11/18/2013 2:31 pm  
PPS

Title XVIII

Subprovider -  
IRF

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					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		1,602,646		277	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	01/29/2013	9,002		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)		-9,002		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,593,644		277	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		17,490		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		11	6.02
7.00	Total Medicare program liability (see instructions)		1,611,134		266	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: 140063  
Component CCN: 145583

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
11/18/2013 2:31 pm  
PPS

Title XVIII

Skilled Nursing Facility

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		2,236,458		687	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)		2,236,458		687	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		12,631		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		59	6.02
7.00	Total Medicare program liability (see instructions)		2,249,089		628	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 140063

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

Worksheet E-1  
Part II  
Date/Time Prepared:  
11/18/2013 2:31 pm

		Title XVIII	Hospital	PPS
				1.00
<b>TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS</b>				
<b>HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION</b>				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst S-3, Part I column 15 line 14			4,421 1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12			12,091 2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6, line 2			778 3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12			19,834 4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200			350,291,938 5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20			3,136,424 6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Worksheet S-2, Part I line 168			0 7.00
8.00	Calculation of the HIT incentive payment (see instructions)			1,303,377 8.00
9.00	Sequestration adjustment amount (see instructions)			0 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			1,303,377 10.00
<b>INPATIENT HOSPITAL SERVICES UNDER PPS &amp; CAH</b>				
30.00	Initial/interim HIT payment adjustment (see instructions)			1,209,474 30.00
31.00	Other Adjustment (specify)			0 31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			93,903 32.00
				Overrides
				1.00
<b>CONTRACTOR OVERRIDES</b>				
108.00	Override of HIT payment			0 108.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140063 Component CCN: 14T063	Period: From 07/01/2012 To 06/30/2013	Worksheet E-3 Part III Date/Time Prepared: 11/18/2013 2:31 pm
		Title XVII	Subprovider - IRF	PPS
				1.00
<b>PART III - MEDICARE PART A SERVICES - IRF PPS</b>				
1.00	Net Federal PPS Payment (see instructions)			1,522,808 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0840 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			80,100 3.00
4.00	Outlier Payments			23,298 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program". (see inst.)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program". (see inst.)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			4.328767 10.00
11.00	Indirect Medical Education Adjustment Factor $\{((1 + (\text{line } 9/\text{line } 10)) \text{ raised to the power of } .6876 - 1)\}$ .			0.000000 11.00
12.00	Indirect Medical Education Adjustment (line 1 multiplied by line 11).			0 12.00
13.00	Total PPS Payment (sum of lines 1, 3, 4 and 12)			1,626,206 13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0 14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0 15.00
16.00	Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions)			0 16.00
17.00	Subtotal (see instructions)			1,626,206 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			1,626,206 19.00
20.00	Deductibles			8,204 20.00
21.00	Subtotal (line 19 minus line 20)			1,618,002 21.00
22.00	Coinurance			8,866 22.00
23.00	Subtotal (line 21 minus line 22)			1,609,136 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			2,854 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			1,998 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			2,854 26.00
27.00	Subtotal (sum of lines 23 and 25)			1,611,134 27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			0 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00				0 31.00
31.99	Recovery of Accelerated Depreciation			0 31.99
32.00	Total amount payable to the provider (see instructions)			1,611,134 32.00
32.01	Sequestration adjustment (see instructions)			8,056 32.01
33.00	Interim payments			1,593,644 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program line 32 minus lines 32.01, 33 and 34			9,434 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2			0 36.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
50.00	Original outlier amount from Worksheet E-3, Part III, line 4			23,298 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: 140063 Component CCN: 145583	Period: From 07/01/2012 To 06/30/2013	Worksheet E-3 Part VI Date/Time Prepared: 11/18/2013 2:31 pm
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
PART VI - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES				
PROSPECTIVE PAYMENT AMOUNT (SEE INSTRUCTIONS)				
1.00	Resource Utilization Group Payment (RUGS)		2,338,716	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)		2,338,716	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		92,400	7.00
8.00	Allowable bad debts (see instructions)		3,962	8.00
9.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	9.00
10.00	Adjusted reimbursable bad debts (see instructions)		2,773	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)		2,249,089	12.00
13.00	Inpatient primary payer payments		0	13.00
14.00			0	14.00
14.99	Recovery of Accelerated Depreciation		0	14.99
15.00	Subtotal (line 12 minus 13 ± lines 14)		2,249,089	15.00
15.01	Sequestration adjustment (see instructions)		11,245	15.01
16.00	Interim payments		2,236,458	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		1,386	18.00
19.00	Protested amounts (nonallowable cost report items) in accordance with CMS 19 Pub. 15-2, section 115.2		0	19.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140063	Period: From 07/01/2012 To 06/30/2013	Worksheet E-4 Date/Time Prepared: 11/18/2013 2:31 pm	
		Title XVII	Hospital	PPS	
				1.00	
<b>COMPUTATION OF TOTAL DIRECT GME AMOUNT</b>					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			1.42	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			0.36	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			1.06	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			2.73	6.00
7.00	Enter the lesser of line 5 or line 6			1.06	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.	0.00	1.37	1.37	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.	0.00	0.53	0.53	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		1.71		10.00
11.00	Total weighted FTE count	0.00	2.24		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.00	1.95		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.00	2.53		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	0.00	2.24		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	0.00	2.24		17.00
18.00	Per resident amount	109,027.62	109,027.20		18.00
19.00	Approved amount for resident costs	0	244,221	244,221	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)			1.67	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)			244,221	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
<b>COMPUTATION OF PROGRAM PATIENT LOAD</b>					
26.00	Inpatient Days	13,283	778		26.00
27.00	Total Inpatient Days (see instructions)	21,414	21,414		27.00
28.00	Ratio of inpatient days to total inpatient days	0.620295	0.036331		28.00
29.00	Program direct GME amount	151,489	8,873		29.00
30.00	Reduction for direct GME payments for Medicare managed care		1,254		30.00
31.00	Net Program direct GME amount			159,108	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140063	Period: From 07/01/2012 To 06/30/2013	Worksheet E-4 Date/Time Prepared: 11/18/2013 2:31 pm
		Title XVIII	Hospital	PPS
		1.00		
<b>DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)</b>				
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)		3,174,367	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
<b>APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY</b>				
<b>Part A Reasonable Cost</b>				
37.00	Reasonable cost (see instructions)		30,308,293	37.00
38.00	Organ acquisition costs (Worksheet D-4, Part III, column 1, line 69)		0	38.00
39.00	Cost of teaching physicians (Worksheet D-5, Part II, column 3, line 20)		0	39.00
40.00	Primary payer payments (see instructions)		0	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		30,308,293	41.00
<b>Part B Reasonable Cost</b>				
42.00	Reasonable cost (see instructions)		8,718,170	42.00
43.00	Primary payer payments (see instructions)		67	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		8,718,103	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		39,026,396	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.776610	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.223390	47.00
<b>ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B</b>				
48.00	Total program GME payment (line 31)		159,108	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (Title XVIII only) (see instructions)		123,565	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		35,543	50.00

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

Provider CCN: 140063

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

Worksheet G

Date/Time Prepared:  
11/18/2013 2:31 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	12,311,027	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	12,744,143	0	0	0	4.00
5.00	Other receivable	513,457	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	2,826,336	0	0	0	7.00
8.00	Prepaid expenses	488,213	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	39,250	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	28,922,426	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	2,478,706	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	56,751,859	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	42,608,883	0	0	0	23.00
24.00	Accumulated depreciation	-81,042,818	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	20,796,630	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	53,952,858	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	53,952,858	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	103,671,914	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	5,338,741	0	0	0	37.00
38.00	Salaries, wages, and fees payable	4,743,398	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	12,356,149	0	0	0	43.00
44.00	Other current liabilities	1,329,795	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	23,768,083	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	50,157,242	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	50,157,242	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	73,925,325	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	29,746,589				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	29,746,589	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	103,671,914	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140063

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

Worksheet G-1

Date/Time Prepared:  
11/18/2013 2:31 pm

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		29,167,847		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		2,732,703			2.00
3.00	Total (sum of line 1 and line 2)		31,900,550		0	3.00
4.00	INCREASE TEMP RESTRICTED NET ASSETS	77,000		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		77,000		0	10.00
11.00	Subtotal (line 3 plus line 10)		31,977,550		0	11.00
12.00		2,230,961		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		2,230,961		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		29,746,589		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	INCREASE TEMP RESTRICTED NET ASSETS		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			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: 140063

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

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
11/18/2013 2:31 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Services					
1.00	Hospital	22,563,283		22,563,283	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	1,651,628		1,651,628	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	3,326,027		3,326,027	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)	27,540,938		27,540,938	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	7,859,367		7,859,367	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)	7,859,367		7,859,367	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	35,400,305		35,400,305	17.00
18.00	Ancillary services	113,044,767	209,368,202	322,412,969	18.00
19.00	Outpatient services	0	4,532,674	4,532,674	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	NON REIMBURSABLE	0	10,769,525	10,769,525	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	148,445,072	224,670,401	373,115,473	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		102,550,639		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)		102,550,639		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140063

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

Worksheet G-3

Date/Time Prepared:  
11/18/2013 2:31 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	373,115,473	1.00
2.00	Less contractual allowances and discounts on patients' accounts	260,834,988	2.00
3.00	Net patient revenues (line 1 minus line 2)	112,280,485	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	102,550,639	4.00
5.00	Net income from service to patients (line 3 minus line 4)	9,729,846	5.00
<b>OTHER INCOME</b>			
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	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	332,327	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	12,193	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	MISC	260,485	24.00
24.01	OTHER OPERATING REVENUE		
25.00	Total other income (sum of lines 6-24)	2,041,015	24.01
26.00	Total (line 5 plus line 25)	2,646,020	25.00
27.00	BAD DEBTS	9,609,009	26.00
27.01	OTHER NON OPERATING REVENUE	34,154	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	9,643,163	27.01
29.00	Net income (or loss) for the period (line 26 minus line 28)	2,732,703	28.00

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B		Provider CCN: 140063	Period: From 07/01/2012 To 06/30/2013	Worksheet 1-5 Date/Time Prepared: 11/18/2013 2:31 pm
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		1.00	2.00	
<b>PART I - CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B</b>				
1.00	Total expenses related to care of program beneficiaries (see instructions)	0		1.00
2.00	Total payment due (from Wkst. 1-4, col. 6, line 11) (see instructions)	0	0	2.00
2.01	Total payment due (from Wkst. 1-4, col. 6.01, line 11) (see instructions)	0	0	2.01
2.02	Total payment due (from Wkst. 1-4, col. 6.02, line 11) (see instructions)	0	0	2.02
2.03	Total payment due (see instructions)	0	0	2.03
2.04	Outlier payments	0		2.04
3.00	Deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.00
3.01	Deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.01
3.02	Deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.02
3.03	Total deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.03
4.00	Coinsurance billed to Medicare (Part B) patients	0	0	4.00
4.01	Coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	4.01
4.02	Coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	4.02
4.03	Total coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	4.03
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries	0	0	5.00
5.01	Transition period 1 (75-25%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2011 but before 1/1/2012			5.01
5.02	Transition period 2 (50-50%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2012 but before 1/1/2013	0	0	5.02
5.03	Transition period 3 (25-75%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2013 but before 1/1/2014	0	0	5.03
5.04	100% PPS bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2014			5.04
5.05	Total bad debts (sum of line 5 through line 5.04)	0	0	5.05
6.00	Allowable bad debts (see instructions)	0		6.00
7.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	0		7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	8.00
9.00	Program payment (see instructions)	0	0	9.00
10.00	Unrecovered from Medicare (Part B) patients (see instructions)	0	0	10.00
11.00	Reimbursable bad debts (see instructions) (transfer to Worksheet E, Part B, line 33)	0		11.00
<b>PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE</b>				
12.00	Total allowable expenses (see instructions)	0		12.00
13.00	Total composite costs (from Wkst. 1-4, col. 2, line 11)	0		13.00
14.00	Facility specific composite cost percentage (line 13 divided by line 12)	0.000000		14.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140063	Period: From 07/01/2012 To 06/30/2013	Worksheet L Parts I-III Date/Time Prepared: 11/18/2013 2:31 pm
		Title XVIII	Hospital	PPS
				1.00
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		1,494,242	1.00
2.00	Capital DRG outlier payments		2,340	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		54.34	3.00
4.00	Number of interns & residents (see instructions)		3.20	4.00
5.00	Indirect medical education percentage (see instructions)		1.68	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)		25,103	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		7.88	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		14.48	8.00
9.00	Sum of lines 7 and 8		22.36	9.00
10.00	Allowable disproportionate share percentage (see instructions)		4.63	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		69,183	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		1,590,868	12.00
				1.00
<b>PART II - PAYMENT UNDER REASONABLE COST</b>				
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
<b>PART III - COMPUTATION OF EXCEPTION PAYMENTS</b>				
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