

Health Financial Systems

LOUIS A. WEISS MEMORIAL HOSPITAL

In Lieu of Form CMS-2552-10

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: 140082	Period: From 06/01/2012 To 05/31/2013	Worksheet 5 Parts I-III Date/Time Prepared: 10/31/2013 8:08 am
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PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report	Date: 10/31/2013	Time: 8:08 am
	2. <input type="checkbox"/> Manually submitted cost report		
	3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by LOUIS A. WEISS MEMORIAL HOSPITAL (140082) for the cost reporting period beginning 06/01/2012 and ending 05/31/2013 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

Encryption Information
ECR: Date: 10/31/2013 Time: 8:08 am
tkTTKvtcyJ1tOz1WHlPSf2so1KQN.0
3zGfk0a3k1IaZns7APrTPYgcv2hIsv
vmn:1TXZgu0d8yFH
PI: Date: 10/31/2013 Time: 8:08 am
ePI054rGmrswceTv:f03wRF1Rqrwm0
UBJum05x1C0gIMvwCNH9Lb2Z3QAx:
egmw0jBh1Z02Ya.w

(Signed) _____
Officer or Administrator of Provider(s)
Title _____
Date 10/31/13

	Title V	Title XVIII		HIT	Title XIX
		Part A	Part B		
	1.00	2.00	3.00	4.00	5.00
PART III - SETTLEMENT SUMMARY					
1.00 Hospital	0	1,576,640	476,815	0	0 1.00
2.00 Subprovider - IPF	0	-592	1		0 2.00
3.00 Subprovider - IRF	0	147,550	-1		0 3.00
5.00 Swing bed - SNF	0	0	0		0 5.00
6.00 Swing bed - NF	0				0 6.00
200.00 Total	0	1,723,598	476,815	0	0 200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140082		Period: From 06/01/2012 To 05/31/2013		Worksheet S-2 Part I Date/Time Prepared: 10/31/2013 8:07 am				
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 4646 NORTH MARINE DRIVE	PO Box:		Zip Code: 60640	County: COOK			1.00		
2.00	City: CHICAGO	State: IL						2.00		
	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	LOUIS A. WEISS MEMORIAL HOSPITAL	140082	16974	1	07/01/1966	N	P	N	3.00
4.00	Subprovider - IPF	PSYCH UNIT	14S082	16974	4	06/01/2003	N	P	N	4.00
5.00	Subprovider - IRF	REHABILITATION UNIT	14T082	16974	5	07/01/1996	N	P	N	5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
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)					06/01/2012	05/31/2013		20.00	
21.00	Type of Control (see instructions)					4			21.00	
Inpatient PPS Information										
22.00	Does this facility qualify for and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N		22.00	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					2	N		23.00	
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days			
		1.00	2.00	3.00	4.00	5.00	6.00			
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	5,688	648	0	0	183	0		24.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in col. 1, the in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6.	355	346	0	0	0	0		25.00	
						Urban/Rural S	Date of Geogr			
						1.00	2.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1			26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1			27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0			35.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140082	Period: From 06/01/2012 To 05/31/2013	Worksheet S-2 Part I Date/Time Prepared: 10/31/2013 8:07 am		
		Beginning: 1.00	Ending: 2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0				37.00
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.					38.00
		Y/N 1.00	Y/N 2.00			
39.00	Does the facility potentially qualify for the inpatient hospital adjustment for low volume hospitals as deemed by CMS according to the Federal Register? Enter in column 1 "Y" for yes or "N" for no. Additionally, does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)? Enter in column 2 "Y" for yes or "N" for no.	N	N			39.00
		V 1.00	XVIII 2.00	XIX 3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N		45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete worksheet L, Part III and L-1, Parts I through III.	N	N	N		46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y				56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete worksheet E-4. If column 2 is "N", complete worksheet D, Part III & IV and D-2, Part II, if applicable.	N				57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete worksheet D-5.	N				58.00
59.00	Are costs claimed on line 100 of worksheet A? If yes, complete worksheet D-2, Part I.	N				59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N				60.00
		Y/N 1.00	IME Average 2.00	Direct GME Average 3.00		
61.00	Did your facility receive additional FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. If "Y", effective for portions of cost reporting periods beginning on or after July 1, 2011 enter the average number of primary care FTE residents for IME in column 2 and direct GME in column 3, from the hospital's three most recent cost reports ending and submitted before March 23, 2010. (see instructions)	N	0.00	0.00		61.00
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	0.00				62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00				62.01
Teaching Hospitals that Claim Residents in Non-Provider Settings						
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)	Y				63.00
		Unweighted FTEs Nonprovider Site 1.00	Unweighted FTEs in Hospital 2.00	Ratio (col. 1/ (col. 1 + col. 2)) 3.00		
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	3.10	26.26	0.105586		64.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 140082

Period:
From 06/01/2012
To 05/31/2013

Worksheet S-2
Part I
Date/Time Prepared:
10/31/2013 8:07 am

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name. 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)	INTERNAL MEDICINE	1400	4.85	46.12	0.095154	65.00
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
				1.00	2.00	3.00	
66.00	Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010 Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			1.00	40.33	0.024195	66.00
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	If line 63 is yes, then, for each primary care residency program in which you are training residents, enter in column 1 the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations that occurred in nonprovider settings for each applicable program. Enter in column 4 the number of unweighted primary care FTE residents in your hospital for each applicable program. Enter in column 5 the ratio of column 3 divided by the sum of columns 3 and 4. Use subscripted lines 67.01 through 67.50 for each additional primary care program. If you operated a primary care program that did not have FTE residents in a nonprovider setting, enter zero in column 3 and complete all other columns for each applicable program.	INTERNAL MEDICINE	1400	1.00	37.44	0.026015	67.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140082	Period: From 06/01/2012 To 05/31/2013	Worksheet S-2 Part I Date/Time Prepared: 10/31/2013 8:07 am		
		1.00	2.00	3.00		
Inpatient Psychiatric Facility PPS						
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	Y				70.00
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)	N		0		71.00
Inpatient Rehabilitation Facility PPS						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	Y				75.00
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)	N		0		76.00
				1.00		
Long Term Care Hospital PPS						
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.			N		80.00
TEFRA Providers						
85.00	Is this a new hospital under 42 CFR section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.					86.00
		V	XIX			
		1.00	2.00			
Title V and XIX Services						
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	Y		Y		90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	Y		Y		91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N		92.00
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N		N		93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N		N		94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.		0.00		0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N		96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.		0.00		0.00	97.00
Rural Providers						
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	N				105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)					106.00
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)					107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N				108.00
		Physical	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		
Miscellaneous Cost Reporting Information						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospital providers) based on the definition in CMS 15-1, §2208.1.	N			0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N				116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N				117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1				118.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140082	Period: From 06/01/2012 To 05/31/2013	worksheet S-2 Part I Date/Time Prepared: 10/31/2013 8:07 am	
		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	276,454	1,161,944	0	118.01
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. DO NOT USE THIS LINE		N		118.02
119.00					119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2 "Y" for yes or "N" for no.		N	N	120.00
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y		121.00
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00
All Providers					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)		Y	44h108	140.00
		1.00	2.00	3.00	
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.					
141.00	Name: VANGUARD HEALTH SYSTEMS	Contractor's Name: CAHABA GBA		Contractor's Number: 10101	
142.00	Street: 20 BURTON BLVD. SUITE 100	PO Box:		Zip Code: 37215	
143.00	City: NASHVILLE, TN, 37215	State: AL		Zip Code: 37215	
				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
156.00	Subprovider - IPF	N	N	N	N
157.00	Subprovider - IRF	N	N	N	N
158.00	SUBPROVIDER				
159.00	SNF	N	N	N	N
160.00	HOME HEALTH AGENCY	N	N	N	N
161.00	CMHC		N	N	N

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140082		Period: From 06/01/2012 To 05/31/2013		Worksheet S-2 Part I Date/Time Prepared: 10/31/2013 8:07 am		
							1.00	
Multicampus								
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.						N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5						0.00	166.00
							1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act								
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.						N	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)							0168.00
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)						0.00	169.00

		Y/N	Date	
		1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.				
COMPLETED BY ALL HOSPITALS				
Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00
		Y/N	Date	V/I
		1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N		3.00
		Y/N	Type	Date
		1.00	2.00	3.00
Financial Data and Reports				
4.00	Column 1: were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	C	06/30/2012
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N		5.00
		Y/N	Legal Oper.	
		1.00	2.00	
Approved Educational Activities				
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N		7.00
8.00	were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	Y		9.00
10.00	was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on worksheet A? If yes, see instructions.	N		11.00
		Y/N		
		1.00		
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	N		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N		14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.	Y		15.00
		Y/N		
		1.00		
		Part A		Part B
		Y/N	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)	Y	08/16/2013	Y
17.00	was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		N
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N

	Description	Part A		Part B	
		Y/N	Date	Y/N	
	0	1.00	2.00	3.00	
21.00	was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions			N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N	23.00
24.00	were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			N	25.00
26.00	were assets subject to sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	27.00
Interest Expense					
28.00	were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N	31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			Y	35.00
			Y/N	Date	
			1.00	2.00	
Home Office Costs					
36.00	were home office costs claimed on the cost report?			Y	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			Y	37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			Y	06/30/2012 38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			N	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			N	40.00
			1.00	2.00	
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	ZEBIA		NELSON	41.00
42.00	Enter the employer/company name of the cost report preparer.	NELSON, JONES & CO.,			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	4104808498		ZEBNELSON@AOL.COM	43.00

		Part B	
		Date	
		4.00	
PS&R Data			
16.00	was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see instructions)	08/16/2013	16.00
17.00	was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		20.00
21.00	was the cost report prepared only using the provider's records? If yes, see instructions.		21.00
		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	CONSULTANT	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

Provider CCN: 140082

Period:
From 06/01/2012
To 05/31/2013

Worksheet S-2
Part IX
Date/Time Prepared:
10/31/2013 8:07 am

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

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	Title V
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	30.00	148	54,020	0.00	0	1.00
2.00 HMO						2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF					0	5.00
6.00 Hospital Adults & Peds. Swing Bed NF					0	6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		148	54,020	0.00	0	7.00
8.00 Intensive Care Unit	31.00	16	5,840	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)		164	59,860	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	10	3,650		0	16.00
17.00 SUBPROVIDER - IRF	41.00	26	9,490		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		200				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

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	11,579	6,336	22,011			1.00
2.00 HMO	1,226	183				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)	11,579	6,336	22,011			7.00
8.00 Intensive Care Unit	1,814	0	3,449			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)	13,393	6,336	25,460	77.77	683.48	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	2,437	0	3,170	0.00	13.57	16.00
17.00 SUBPROVIDER - IRF	2,949	701	4,356	0.00	17.78	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)				77.77	714.83	27.00
28.00 Observation Bed Days		0	1,755			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

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)			0	2,586	1,303	5,383	1.00
2.00 HMO				0			2.00
3.00 HMO IPF Subprovider							3.00
4.00 HMO IRF Subprovider							4.00
5.00 Hospital Adults & Peds. Swing Bed SNF							5.00
6.00 Hospital Adults & Peds. Swing Bed NF							6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)							7.00
8.00 Intensive Care Unit							8.00
9.00 CORONARY CARE UNIT							9.00
10.00 BURN INTENSIVE CARE UNIT							10.00
11.00 SURGICAL INTENSIVE CARE UNIT							11.00
12.00 OTHER SPECIAL CARE (SPECIFY)							12.00
13.00 Nursery							13.00
14.00 Total (see instructions)	0.00	0	2,586	1,303	5,383		14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF	0.00	0	229	0	299		16.00
17.00 SUBPROVIDER - IRF	0.00	0	290	0	404		17.00
18.00 SUBPROVIDER							18.00
19.00 SKILLED NURSING FACILITY							19.00
20.00 NURSING FACILITY							20.00
21.00 OTHER LONG TERM CARE							21.00
22.00 HOME HEALTH AGENCY							22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)							23.00
24.00 HOSPICE							24.00
25.00 CMHC - CMHC							25.00
26.00 RURAL HEALTH CLINIC							26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER							26.25
27.00 Total (sum of lines 14-26)	0.00						27.00
28.00 Observation Bed Days							28.00
29.00 Ambulance Trips							29.00
30.00 Employee discount days (see instruction)							30.00
31.00 Employee discount days - IRF							31.00
32.00 Labor & delivery days (see instructions)							32.00
33.00 LTCH non-covered days							33.00

	Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	46,553,335	0	46,553,335	1,486,822.00	31.31
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		388,936	0	388,936	4,612.00	84.33
5.00	Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	3,946,207	0	3,946,207	149,838.00	26.34
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		3,091,793	49,336	3,141,129	96,970.00	32.39
OTHER WAGES & RELATED COSTS							
11.00	Contract labor (see instructions)		576,559	0	576,559	8,201.00	70.30
12.00	Contract management and administrative services		40,839	0	40,839	333.00	122.64
13.00	Contract labor: Physician-Part A - Administrative		432,144	0	432,144	2,595.00	166.53
14.00	Home office salaries & wage-related costs		1,183,594	0	1,183,594	17,515.00	67.58
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	wage-related costs (core) wkst S-3, Part IV line 24		7,643,882	0	7,643,882		
18.00	wage-related costs (other)wkst S-3, Part IV line 25		0	0	0		
19.00	Excluded areas		368,735	0	368,735		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		613,596	0	613,596		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits	4.00	-104,485	250,695	146,210	0.00	0.00
27.00	Administrative & General	5.00	9,529,558	-803,832	8,725,726	215,988.00	40.40
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00	0.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00
30.00	Operation of Plant	7.00	1,078,463	0	1,078,463	43,814.00	24.61
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00
32.00	Housekeeping	9.00	799,066	0	799,066	55,803.00	14.32
33.00	Housekeeping under contract (see instructions)		59,275	0	59,275	3,126.00	18.96
34.00	Dietary	10.00	979,967	0	979,967	56,462.00	17.36
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00
38.00	Nursing Administration	13.00	649,869	0	649,869	16,829.00	38.62
39.00	Central Services and Supply	14.00	310,286	0	310,286	15,071.00	20.59
40.00	Pharmacy	15.00	1,187,946	0	1,187,946	34,146.00	34.79
41.00	Medical Records & Medical Records Library	16.00	304,323	503,801	808,124	32,372.00	24.96

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140082

Period:
From 06/01/2012
To 05/31/2013

Worksheet S-3
Part II
Date/Time Prepared:
10/31/2013 8:07 am

	Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
42.00	Social Service	17.00	22,366	0	22,366	774.00	28.90	42.00
43.00	Other General Service	18.00	0	0	0.00	0.00	0.00	43.00

Provider CCN: 140082

Period:
From 06/01/2012
To 05/31/2013

Worksheet S-3
Part III
Date/Time Prepared:
10/31/2013 8:07 am

	Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	42,277,467	0	42,277,467	1,335,498.00	31.66	1.00
2.00	Excluded area salaries (see instructions)	3,091,793	49,336	3,141,129	96,970.00	32.39	2.00
3.00	Subtotal salaries (line 1 minus line 2)	39,185,674	-49,336	39,136,338	1,238,528.00	31.60	3.00
4.00	Subtotal other wages & related costs (see inst.)	2,233,136	0	2,233,136	28,644.00	77.96	4.00
5.00	Subtotal wage-related costs (see inst.)	7,643,882	0	7,643,882	0.00	19.53	5.00
6.00	Total (sum of lines 3 thru 5)	49,062,692	-49,336	49,013,356	1,267,172.00	38.68	6.00
7.00	Total overhead cost (see instructions)	14,816,634	-49,336	14,767,298	474,385.00	31.13	7.00

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	18,099	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	4,022,599	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	105,529	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	163,217	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)	0	14.00
15.00	'workers' Compensation Insurance	523,620	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	2,445,688	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	0	19.00
20.00	State or Federal Unemployment Taxes	363,835	20.00
OTHER			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	1,294	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	7,643,881	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 140082

Period:
From 06/01/2012
To 05/31/2013

Worksheet S-3
Part V
Date/Time Prepared:
10/31/2013 8:07 am

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	1,214,698	8,836,266	1.00
2.00	Hospital	1,142,790	8,832,210	2.00
3.00	Subprovider - IPF	2,202	1,375	3.00
4.00	Subprovider - IRF	69,706	2,681	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

Provider CCN: 140082

Period:
From 06/01/2012
To 05/31/2013

Worksheet 5-10

Date/Time Prepared:
10/31/2013 8:07 am

		1.00			
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)	0.186662	1.00		
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid	12,103,746	2.00		
3.00	Did you receive DSH or supplemental payments from Medicaid?	Y	3.00		
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?	N	4.00		
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid	1,366,704	5.00		
6.00	Medicaid charges	105,072,451	6.00		
7.00	Medicaid cost (line 1 times line 6)	19,613,034	7.00		
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)	6,142,584	8.00		
State Children's Health Insurance Program (SCHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone SCHIP	0	9.00		
10.00	Stand-alone SCHIP charges	0	10.00		
11.00	Stand-alone SCHIP cost (line 1 times line 10)	0	11.00		
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)	0	12.00		
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)	0	13.00		
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)	0	14.00		
15.00	State or local indigent care program cost (line 1 times line 14)	0	15.00		
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)	0	16.00		
Uncompensated care (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care	0	17.00		
18.00	Government grants, appropriations or transfers for support of hospital operations	8,963,940	18.00		
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)	6,142,584	19.00		
			Uninsured patients	Insured patients	Total (col. 1 + col. 2)
			1.00	2.00	3.00
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	7,462,481	148,262	7,610,743	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	1,392,962	27,675	1,420,637	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)	1,392,962	27,675	1,420,637	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)	19,625,120	26.00		
27.00	Medicare bad debts for the entire hospital complex (see instructions)	2,004,069	27.00		
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)	17,621,051	28.00		
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)	3,289,181	29.00		
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)	4,709,818	30.00		
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	10,852,402	31.00		

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140082

Period:
From 06/01/2012
To 05/31/2013

Worksheet A

Date/Time Prepared:
10/31/2013 8:07 am

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	Cap Rel Costs-Bldg & Fixt		0	0	1,791,361	1,791,361	1.00
2.00	00200	Cap Rel Costs-Mvble Equip		0	0	640,755	640,755	2.00
4.00	00400	Employee Benefits	-104,485	7,360,383	7,255,898	1,407,371	8,663,269	4.00
5.00	00500	Administrative & General	9,529,558	30,935,388	40,464,946	-3,967,133	36,497,813	5.00
7.00	00700	Operation of Plant	1,078,463	4,142,813	5,221,276	-3,808	5,217,468	7.00
8.00	00800	Laundry & Linen Service	0	403,610	403,610	130,727	534,337	8.00
9.00	00900	Housekeeping	799,066	337,487	1,136,553	-4,375	1,132,178	9.00
10.00	01000	Dietary	979,967	801,431	1,781,398	-39	1,781,359	10.00
11.00	01100	Cafeteria	0	0	0	0	0	11.00
13.00	01300	Nursing Administration	649,869	313,065	962,934	-273	962,661	13.00
14.00	01400	Central Services & Supply	310,286	223,093	533,379	206,904	740,283	14.00
15.00	01500	Pharmacy	1,187,946	2,148,968	3,336,914	-1,260,546	2,076,368	15.00
16.00	01600	Medical Records & Library	304,323	122,629	426,952	603,503	1,030,455	16.00
17.00	01700	Social Service	22,366	0	22,366	0	22,366	17.00
21.00	02100	I&R Services-Salary & Fringes Apprvd	3,946,207	0	3,946,207	0	3,946,207	21.00
22.00	02200	I&R Services-Other Prgrm Costs Apprvd	0	2,498,422	2,498,422	-5,460	2,492,962	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	Adults & Pediatrics	7,415,746	1,422,124	8,837,870	-422,869	8,415,001	30.00
31.00	03100	Intensive Care Unit	2,079,463	603,785	2,683,248	-282,301	2,400,947	31.00
40.00	04000	SUBPROVIDER - IPF	913,152	58,097	971,249	-8,001	963,248	40.00
41.00	04100	SUBPROVIDER - IRF	1,111,898	220,991	1,332,889	-27,363	1,305,526	41.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	Operating Room	2,994,127	11,048,520	14,042,647	-6,824,435	7,218,212	50.00
50.01	03340	Gastro Intestinal Services	286,937	282,108	569,045	-49,645	519,400	50.01
51.00	05100	Recovery Room	562,003	61,529	623,532	-33,965	589,567	51.00
53.00	05300	Anesthesiology	129,717	271,137	400,854	-256,623	144,231	53.00
54.00	05400	Radiology - Diagnostic	1,334,861	1,113,309	2,448,170	-176,348	2,271,822	54.00
54.01	03630	Ultra Sound	172,270	5,575	177,845	-4,233	173,612	54.01
55.00	05500	Radiology - Therapeutic	244,261	481,068	725,329	-123,708	601,621	55.00
56.00	05600	Radioisotope	197,906	277,132	475,038	-4,150	470,888	56.00
56.01	03650	Vascular Lab	172,384	24,385	196,769	-6,142	190,627	56.01
56.02	03950	Strauss Oncology	494,734	3,449,022	3,943,756	-822,085	3,121,671	56.02
57.00	05700	CT Scan	398,539	349,015	747,554	-29,568	717,986	57.00
58.00	05800	Magnetic Resonance Imaging (MRI)	140,364	30,296	170,660	-8,739	161,921	58.00
59.00	05900	Cardiac Catheterization	406,735	862,464	1,269,199	-630,817	638,382	59.00
60.00	06000	Laboratory	1,142,489	1,605,381	2,747,870	-27,051	2,720,819	60.00
63.00	06300	Blood Storing, Processing, & Trans.	0	704,663	704,663	-709	703,954	63.00
65.00	06500	Respiratory Therapy	873,348	208,206	1,081,554	-126,748	954,806	65.00
66.00	06600	Physical Therapy	1,754,785	33,589	1,788,374	-5,524	1,782,850	66.00
69.00	06900	Electro cardiology	453,145	72,672	525,817	-13,172	512,645	69.00
70.00	07000	Electroencephalography	51,752	-1,643	50,109	-1,594	48,515	70.00
71.00	07100	Medical Supplies Charged to Patients	0	0	0	2,619,818	2,619,818	71.00
72.00	07200	Implantable Devices Chrgd to Patient	0	0	0	5,386,654	5,386,654	72.00
73.00	07300	Drugs Charged to Patients	0	0	0	2,289,455	2,289,455	73.00
74.00	07400	RENAL DIALYSIS	0	344,446	344,446	-2,250	342,196	74.00
76.00	03951	Wound Care	243,746	94,070	337,816	-42,183	295,633	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	Clinic	1,218,149	320,818	1,538,967	-113,684	1,425,283	90.00
91.00	09100	Emergency	1,990,515	1,212,186	3,202,701	-246,222	2,956,479	91.00
92.00	09200	Observation Beds (Non-Distinct Part)						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (sum of lines 1-117)	45,486,592	74,442,234	119,928,826	-455,215	119,473,611	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	Gift, Flower, Coffee Shop, & Canteen	0	0	0	0	0	190.00
192.00	19200	Physicians' Private Offices	943,166	955,045	1,898,211	-59,295	1,838,916	192.00
194.00	07950	Marketing	123,577	734,002	857,579	529,870	1,387,449	194.00
194.01	07951	Hospice	0	25,299	25,299	-15,515	9,784	194.01
194.02	07952	Other Nonreimbursable Cost Centers	0	0	0	155	155	194.02
194.03	07953	Vacant Area	0	0	0	0	0	194.03
194.04	07954	Lakefront	0	0	0	0	0	194.04
200.00		TOTAL (sum of lines 118-199)	46,553,335	76,156,580	122,709,915	0	122,709,915	200.00

Cost Center Description		Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00		
GENERAL SERVICE COST CENTERS					
1.00	00100	Cap Rel Costs-Bldg & Fixt	2,986,705	4,778,066	1.00
2.00	00200	Cap Rel Costs-Mvble Equip	6,402,280	7,043,035	2.00
4.00	00400	Employee Benefits	-427,793	8,235,476	4.00
5.00	00500	Administrative & General	-20,668,535	15,829,278	5.00
7.00	00700	Operation of Plant	-95,079	5,122,389	7.00
8.00	00800	Laundry & Linen Service	0	534,337	8.00
9.00	00900	Housekeeping	0	1,132,178	9.00
10.00	01000	Dietary	-311,415	1,469,944	10.00
11.00	01100	Cafeteria	0	0	11.00
13.00	01300	Nursing Administration	0	962,661	13.00
14.00	01400	Central Services & Supply	-8,362	731,921	14.00
15.00	01500	Pharmacy	-399,997	1,676,371	15.00
16.00	01600	Medical Records & Library	-8,081	1,022,374	16.00
17.00	01700	Social Service	0	22,366	17.00
21.00	02100	I&R Services-Salary & Fringes Apprvd	0	3,946,207	21.00
22.00	02200	I&R Services-Other Prgrm Costs Apprvd	-547	2,492,415	22.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	Adults & Pediatrics	-504,327	7,910,674	30.00
31.00	03100	Intensive Care Unit	-13,616	2,387,331	31.00
40.00	04000	SUBPROVIDER - IPF	-17,325	945,923	40.00
41.00	04100	SUBPROVIDER - IRF	-60,561	1,244,965	41.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	Operating Room	-677,458	6,540,754	50.00
50.01	03340	Gastro Intestinal Services	-3,176	516,224	50.01
51.00	05100	Recovery Room	-49	589,518	51.00
53.00	05300	Anesthesiology	0	144,231	53.00
54.00	05400	Radiology - Diagnostic	-630,743	1,641,079	54.00
54.01	03630	Ultra Sound	0	173,612	54.01
55.00	05500	Radiology - Therapeutic	-68,394	533,227	55.00
56.00	05600	Radioisotope	0	470,888	56.00
56.01	03650	Vascular Lab	0	190,627	56.01
56.02	03950	Strauss Oncology	-34,278	3,087,393	56.02
57.00	05700	CT Scan	-13,593	704,393	57.00
58.00	05800	Magnetic Resonance Imaging (MRI)	0	161,921	58.00
59.00	05900	Cardiac Catheterization	-11	638,371	59.00
60.00	06000	Laboratory	-21,815	2,699,004	60.00
63.00	06300	Blood Storing, Processing, & Trans.	0	703,954	63.00
65.00	06500	Respiratory Therapy	-143,388	811,418	65.00
66.00	06600	Physical Therapy	-12,035	1,770,815	66.00
69.00	06900	Electrocardiology	-9	512,636	69.00
70.00	07000	Electroencephalography	0	48,515	70.00
71.00	07100	Medical Supplies Charged to Patients	0	2,619,818	71.00
72.00	07200	Implantable Devices Chrgd to Patient	0	5,386,654	72.00
73.00	07300	Drugs Charged to Patients	0	2,289,455	73.00
74.00	07400	RENAL DIALYSIS	0	342,196	74.00
76.00	03951	wound Care	-21,486	274,147	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	Clinic	-31,382	1,393,901	90.00
91.00	09100	Emergency	-705,942	2,250,537	91.00
92.00	09200	Observation Beds (Non-Distinct Part)			92.00
SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (sum of lines 1-117)	-15,490,412	103,983,199	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	Gift, Flower, Coffee Shop, & Canteen	0	0	190.00
192.00	19200	Physicians' Private Offices	-17,372	1,821,544	192.00
194.00	07950	Marketing	0	1,387,449	194.00
194.01	07951	Hospice	0	9,784	194.01
194.02	07952	Other Nonreimbursable Cost Centers	0	155	194.02
194.03	07953	Vacant Area	0	0	194.03
194.04	07954	Lakefront	0	0	194.04
200.00		TOTAL (sum of lines 118-199)	-15,507,784	107,202,131	200.00

COST CENTERS USED IN COST REPORT

Provider CCN: 140082

Period:
From 06/01/2012
To 05/31/2013

Worksheet Non-CMS W

Date/Time Prepared:
10/31/2013 8:07 am

Cost Center Description		CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
GENERAL SERVICE COST CENTERS				
1.00	Cap Rel Costs-Bldg & Fixt	00100		1.00
2.00	Cap Rel Costs-Mvble Equip	00200		2.00
4.00	Employee Benefits	00400		4.00
5.00	Administrative & General	00500		5.00
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 Prgrm Costs Apprvd	02200		22.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	Adults & Pediatrics	03000		30.00
31.00	Intensive Care Unit	03100		31.00
40.00	SUBPROVIDER - IPF	04000		40.00
41.00	SUBPROVIDER - IRF	04100		41.00
ANCILLARY SERVICE COST CENTERS				
50.00	Operating Room	05000		50.00
50.01	Gastro Intestinal Services	03340		50.01
51.00	Recovery Room	05100		51.00
53.00	Anesthesiology	05300		53.00
54.00	Radiology - Diagnostic	05400		54.00
54.01	Ultra Sound	03630		54.01
55.00	Radiology - Therapeutic	05500		55.00
56.00	Radioisotope	05600		56.00
56.01	Vascular Lab	03650		56.01
56.02	Strauss Oncology	03950		56.02
57.00	CT Scan	05700		57.00
58.00	Magnetic Resonance Imaging (MRI)	05800		58.00
59.00	Cardiac Catheterization	05900		59.00
60.00	Laboratory	06000		60.00
63.00	Blood Storing, Processing, & Trans.	06300		63.00
65.00	Respiratory Therapy	06500		65.00
66.00	Physical Therapy	06600		66.00
69.00	Electro cardiology	06900		69.00
70.00	Electroencephalography	07000		70.00
71.00	Medical Supplies Charged to Patients	07100		71.00
72.00	Implantable Devices Chrgd to Patient	07200		72.00
73.00	Drugs Charged to Patients	07300		73.00
74.00	RENAL DIALYSIS	07400		74.00
76.00	Wound Care	03951		76.00
OUTPATIENT SERVICE COST CENTERS				
90.00	Clinic	09000		90.00
91.00	Emergency	09100		91.00
92.00	Observation Beds (Non-Distinct Part)	09200		92.00
SPECIAL PURPOSE COST CENTERS				
118.00	SUBTOTALS (sum of lines 1-117)			118.00
NONREIMBURSABLE COST CENTERS				
190.00	Gift, Flower, Coffee Shop, & Canteen	19000		190.00
192.00	Physicians' Private Offices	19200		192.00
194.00	Marketing	07950		194.00
194.01	Hospice	07951		194.01
194.02	Other Nonreimbursable Cost Centers	07952		194.02
194.03	Vacant Area	07953		194.03
194.04	Lakefront	07954		194.04
200.00	TOTAL (sum of lines 118-199)			200.00

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - RENTS LEASES					
1.00	Cap Rel Costs-Bldg & Fixt	1.00	0	607,667	1.00
2.00	Cap Rel Costs-Mvble Equip	2.00	0	640,755	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
TOTALS			0	1,248,422	
B - PROPERTY TAXES					
1.00	Cap Rel Costs-Bldg & Fixt	1.00	0	1,183,694	1.00
TOTALS			0	1,183,694	
C - CHARGEABLE DRUGS					
1.00	Drugs charged to Patients	73.00	0	2,289,455	1.00
2.00	Central Services & Supply	14.00	0	5	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
TOTALS			0	2,289,460	
D - LAUNDRY LINEN					
1.00	Laundry & Linen Service	8.00	0	140,499	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

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
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
TOTALS			0	140,499	
E - CHARGEABLE SUPPLIES					
1.00	Medical Supplies Charged to Patients	71.00	0	2,619,818	1.00
2.00	Central Services & Supply	14.00	0	273,751	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
TOTALS			0	2,893,569	
F - IMPLANTABLE DEVICE					
1.00	Implantable Devices Chrgd to Patient	72.00	0	5,386,654	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
TOTALS			0	5,386,654	
G - TRANSCRIPTION					
1.00	Medical Records & Library	16.00	0	23,241	1.00
2.00		0.00	0	0	2.00
TOTALS			0	23,241	
H - CHICAGO MARKET EXP DEPT 5575					
1.00	Employee Benefits	4.00	250,695	1,162,426	1.00
2.00	Medical Records & Library	16.00	503,801	78,808	2.00
3.00	Marketing	194.00	49,336	480,534	3.00
4.00	Other Nonreimbursable Cost Centers	194.02	0	155	4.00
TOTALS			803,832	1,721,923	
500.00	Grand Total: Increases		803,832	14,887,462	500.00

		Decreases			wkst. A-7 Ref.		
Cost Center		Line #	Salary	Other			
6.00		7.00	8.00	9.00	10.00		
A - RENTS LEASES							
1.00	Employee Benefits	4.00	0	3,859	10		1.00
2.00	Administrative & General	5.00	0	257,645	10		2.00
3.00	Operation of Plant	7.00	0	3,808	0		3.00
4.00	Central Services & Supply	14.00	0	66,852	0		4.00
5.00	Pharmacy	15.00	0	1,351	0		5.00
6.00	Medical Records & Library	16.00	0	2,347	0		6.00
7.00	I&R Services-Other Prgrm Costs Apprvd	22.00	0	5,458	0		7.00
8.00	Adults & Pediatrics	30.00	0	6,679	0		8.00
9.00	Intensive Care Unit	31.00	0	5,964	0		9.00
10.00	SUBPROVIDER - IPF	40.00	0	674	0		10.00
11.00	SUBPROVIDER - IRF	41.00	0	1,367	0		11.00
12.00	Operating Room	50.00	0	438,785	0		12.00
13.00	Gastro Intestinal Services	50.01	0	16,578	0		13.00
14.00	Radiology - Diagnostic	54.00	0	6,465	0		14.00
15.00	Radiology - Therapeutic	55.00	0	112,699	0		15.00
16.00	Radioisotope	56.00	0	288	0		16.00
17.00	Strauss Oncology	56.02	0	143,728	0		17.00
18.00	CT Scan	57.00	0	1,400	0		18.00
19.00	Magnetic Resonance Imaging (MRI)	58.00	0	7,500	0		19.00
20.00	Cardiac Catheterization	59.00	0	288	0		20.00
21.00	Laboratory	60.00	0	1,063	0		21.00
22.00	Respiratory Therapy	65.00	0	69,045	0		22.00
23.00	Physical Therapy	66.00	0	1,558	0		23.00
24.00	Electro cardiology	69.00	0	2,095	0		24.00
25.00	Electroencephalography	70.00	0	386	0		25.00
26.00	Wound Care	76.00	0	687	0		26.00
27.00	Clinic	90.00	0	37,089	0		27.00
28.00	Emergency	91.00	0	2,347	0		28.00
29.00	Physicians' Private Offices	192.00	0	50,417	0		29.00
TOTALS			0	1,248,422			
B - PROPERTY TAXES							
1.00	Administrative & General	5.00	0	1,183,694	13		1.00
TOTALS			0	1,183,694			
C - CHARGEABLE DRUGS							
1.00	Employee Benefits	4.00	0	1,631	0		1.00
2.00	Pharmacy	15.00	0	1,255,690	0		2.00
3.00	Adults & Pediatrics	30.00	0	48,775	0		3.00
4.00	Intensive Care Unit	31.00	0	37,952	0		4.00
5.00	SUBPROVIDER - IPF	40.00	0	215	0		5.00
6.00	SUBPROVIDER - IRF	41.00	0	1,080	0		6.00
7.00	Operating Room	50.00	0	80,137	0		7.00
8.00	Gastro Intestinal Services	50.01	0	3,622	0		8.00
9.00	Recovery Room	51.00	0	7,508	0		9.00
10.00	Anesthesiology	53.00	0	88,515	0		10.00
11.00	Radiology - Diagnostic	54.00	0	3,368	0		11.00
12.00	Ultra Sound	54.01	0	42	0		12.00
13.00	Radiology - Therapeutic	55.00	0	46	0		13.00
14.00	Radioisotope	56.00	0	103	0		14.00
15.00	Strauss Oncology	56.02	0	649,548	0		15.00
16.00	CT Scan	57.00	0	1,533	0		16.00
17.00	Magnetic Resonance Imaging (MRI)	58.00	0	256	0		17.00
18.00	Cardiac Catheterization	59.00	0	3,915	0		18.00
19.00	Laboratory	60.00	0	25	0		19.00
20.00	Blood Storing, Processing, & Trans.	63.00	0	580	0		20.00
21.00	Respiratory Therapy	65.00	0	191	0		21.00
22.00	Physical Therapy	66.00	0	46	0		22.00
23.00	Electro cardiology	69.00	0	2,055	0		23.00
24.00	RENAL DIALYSIS	74.00	0	1,192	0		24.00
25.00	Wound Care	76.00	0	10,494	0		25.00
26.00	Clinic	90.00	0	49,240	0		26.00
27.00	Emergency	91.00	0	38,578	0		27.00
28.00	Physicians' Private Offices	192.00	0	1,967	0		28.00
29.00	Hospice	194.01	0	1,156	0		29.00
TOTALS			0	2,289,460			
D - LAUNDRY LINEN							
1.00	Adults & Pediatrics	30.00	0	4,444	0		1.00
2.00	Intensive Care Unit	31.00	0	577	0		2.00
3.00	SUBPROVIDER - IPF	40.00	0	326	0		3.00
4.00	SUBPROVIDER - IRF	41.00	0	411	0		4.00

		Decreases			wkst. A-7 Ref.		
	Cost Center	Line #	Salary	Other			
	6.00	7.00	8.00	9.00	10.00		
5.00	Operating Room	50.00	0	122,288	0		5.00
6.00	Recovery Room	51.00	0	7	0		6.00
7.00	Radiology - Diagnostic	54.00	0	6,268	0		7.00
8.00	Ultra Sound	54.01	0	51	0		8.00
9.00	Strauss Oncology	56.02	0	74	0		9.00
10.00	CT Scan	57.00	0	878	0		10.00
11.00	Magnetic Resonance Imaging (MRI)	58.00	0	213	0		11.00
12.00	Cardiac Catheterization	59.00	0	443	0		12.00
13.00	Electro cardiology	69.00	0	29	0		13.00
14.00	RENAL DIALYSIS	74.00	0	200	0		14.00
15.00	Clinic	90.00	0	44	0		15.00
16.00	Emergency	91.00	0	848	0		16.00
17.00	Physicians' Private Offices	192.00	0	3,234	0		17.00
18.00	Hospice	194.01	0	164	0		18.00
	TOTALS		0	140,499			
E - CHARGEABLE SUPPLIES							
1.00	Employee Benefits	4.00	0	260	0		1.00
2.00	Administrative & General	5.00	0	39	0		2.00
3.00	Laundry & Linen Service	8.00	0	9,772	0		3.00
4.00	Housekeeping	9.00	0	4,375	0		4.00
5.00	Dietary	10.00	0	39	0		5.00
6.00	Nursing Administration	13.00	0	273	0		6.00
7.00	Pharmacy	15.00	0	3,505	0		7.00
8.00	I&R Services-Other Prgrm	22.00	0	2	0		8.00
	Costs Apprvd						
9.00	Adults & Pediatrics	30.00	0	362,971	0		9.00
10.00	Intensive Care Unit	31.00	0	237,618	0		10.00
11.00	SUBPROVIDER - IPF	40.00	0	6,786	0		11.00
12.00	SUBPROVIDER - IRF	41.00	0	24,505	0		12.00
13.00	Operating Room	50.00	0	1,337,210	0		13.00
14.00	Gastro Intestinal Services	50.01	0	23,629	0		14.00
15.00	Recovery Room	51.00	0	26,450	0		15.00
16.00	Anesthesiology	53.00	0	168,108	0		16.00
17.00	Radiology - Diagnostic	54.00	0	116,800	0		17.00
18.00	Ultra Sound	54.01	0	4,140	0		18.00
19.00	Radiology - Therapeutic	55.00	0	5,064	0		19.00
20.00	Radioisotope	56.00	0	3,759	0		20.00
21.00	Vascular Lab	56.01	0	6,142	0		21.00
22.00	Strauss Oncology	56.02	0	28,735	0		22.00
23.00	CT Scan	57.00	0	25,757	0		23.00
24.00	Magnetic Resonance Imaging (MRI)	58.00	0	770	0		24.00
25.00	Cardiac Catheterization	59.00	0	145,286	0		25.00
26.00	Laboratory	60.00	0	25,963	0		26.00
27.00	Blood Storing, Processing, & Trans.	63.00	0	129	0		27.00
28.00	Respiratory Therapy	65.00	0	57,512	0		28.00
29.00	Physical Therapy	66.00	0	3,920	0		29.00
30.00	Electro cardiology	69.00	0	8,993	0		30.00
31.00	Electroencephalography	70.00	0	1,208	0		31.00
32.00	RENAL DIALYSIS	74.00	0	858	0		32.00
33.00	Wound Care	76.00	0	20,701	0		33.00
34.00	Clinic	90.00	0	9,969	0		34.00
35.00	Emergency	91.00	0	204,449	0		35.00
36.00	Physicians' Private Offices	192.00	0	3,677	0		36.00
37.00	Hospice	194.01	0	14,195	0		37.00
	TOTALS		0	2,893,569			
F - IMPLANTABLE DEVICE							
1.00	Intensive Care Unit	31.00	0	190	0		1.00
2.00	Operating Room	50.00	0	4,846,015	0		2.00
3.00	Gastro Intestinal Services	50.01	0	5,816	0		3.00
4.00	Radiology - Diagnostic	54.00	0	43,447	0		4.00
5.00	Cardiac Catheterization	59.00	0	480,885	0		5.00
6.00	Wound Care	76.00	0	10,301	0		6.00
	TOTALS		0	5,386,654			
G - TRANSCRIPTION							
1.00	Radiology - Therapeutic	55.00	0	5,899	0		1.00
2.00	Clinic	90.00	0	17,342	0		2.00
	TOTALS		0	23,241			
H - CHICAGO MARKET EXP DEPT 5575							
1.00	Administrative & General	5.00	803,832	1,721,923	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00

		Decreases					
	Cost Center	Line #	Salary	Other	wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
4.00		0.00	0	0	0		4.00
	TOTALS		803,832	1,721,923			
500.00	Grand Total: Decreases		803,832	14,887,462			500.00

Increases			Decreases		
Cost Center	Line #	Salary	Cost Center	Line #	Salary
2.00	3.00	4.00	6.00	7.00	8.00
A - RENTS LEASES					
1.00	Cap Rel Costs-Bldg & Fixt	1.00	0	Employee Benefits	4.00
2.00	Cap Rel Costs-Mvble Equip	2.00	0	Administrative & General	5.00
3.00		0.00	0	Operation of Plant	7.00
4.00		0.00	0	Central Services & Supply	14.00
5.00		0.00	0	Pharmacy	15.00
6.00		0.00	0	Medical Records & Library	16.00
7.00		0.00	0	I&R Services-Other Prgrm	22.00
				Costs Apprvd	
8.00		0.00	0	Adults & Pediatrics	30.00
9.00		0.00	0	Intensive Care Unit	31.00
10.00		0.00	0	SUBPROVIDER - IPF	40.00
11.00		0.00	0	SUBPROVIDER - IRF	41.00
12.00		0.00	0	Operating Room	50.00
13.00		0.00	0	Gastro Intestinal Services	50.01
14.00		0.00	0	Radiology - Diagnostic	54.00
15.00		0.00	0	Radiology - Therapeutic	55.00
16.00		0.00	0	Radioisotope	56.00
17.00		0.00	0	Strauss Oncology	56.02
18.00		0.00	0	CT Scan	57.00
19.00		0.00	0	Magnetic Resonance Imaging (MRI)	58.00
20.00		0.00	0	Cardiac Catheterization	59.00
21.00		0.00	0	Laboratory	60.00
22.00		0.00	0	Respiratory Therapy	65.00
23.00		0.00	0	Physical Therapy	66.00
24.00		0.00	0	Electro cardiology	69.00
25.00		0.00	0	Electroencephalography	70.00
26.00		0.00	0	wound Care	76.00
27.00		0.00	0	Clinic	90.00
28.00		0.00	0	Emergency	91.00
29.00		0.00	0	Physicians' Private Offices	192.00
	TOTALS		0	TOTALS	0
B - PROPERTY TAXES					
1.00	Cap Rel Costs-Bldg & Fixt	1.00	0	Administrative & General	5.00
	TOTALS		0	TOTALS	0
C - CHARGEABLE DRUGS					
1.00	Drugs Charged to Patients	73.00	0	Employee Benefits	4.00
2.00	Central Services & Supply	14.00	0	Pharmacy	15.00
3.00		0.00	0	Adults & Pediatrics	30.00
4.00		0.00	0	Intensive Care Unit	31.00
5.00		0.00	0	SUBPROVIDER - IPF	40.00
6.00		0.00	0	SUBPROVIDER - IRF	41.00
7.00		0.00	0	Operating Room	50.00
8.00		0.00	0	Gastro Intestinal Services	50.01
9.00		0.00	0	Recovery Room	51.00
10.00		0.00	0	Anesthesiology	53.00
11.00		0.00	0	Radiology - Diagnostic	54.00
12.00		0.00	0	Ultra Sound	54.01
13.00		0.00	0	Radiology - Therapeutic	55.00
14.00		0.00	0	Radioisotope	56.00
15.00		0.00	0	Strauss Oncology	56.02
16.00		0.00	0	CT Scan	57.00
17.00		0.00	0	Magnetic Resonance Imaging (MRI)	58.00
18.00		0.00	0	Cardiac Catheterization	59.00
19.00		0.00	0	Laboratory	60.00
20.00		0.00	0	Blood Storing, Processing, & Trans.	63.00
21.00		0.00	0	Respiratory Therapy	65.00
22.00		0.00	0	Physical Therapy	66.00
23.00		0.00	0	Electro cardiology	69.00
24.00		0.00	0	RENAL DIALYSIS	74.00
25.00		0.00	0	wound Care	76.00
26.00		0.00	0	Clinic	90.00
27.00		0.00	0	Emergency	91.00
28.00		0.00	0	Physicians' Private Offices	192.00
29.00		0.00	0	Hospice	194.01
	TOTALS		0	TOTALS	0
D - LAUNDRY LINEN					
1.00	Laundry & Linen Service	8.00	0	Adults & Pediatrics	30.00
2.00		0.00	0	Intensive Care Unit	31.00
3.00		0.00	0	SUBPROVIDER - IPF	40.00
4.00		0.00	0	SUBPROVIDER - IRF	41.00

Increases			Decreases		
Cost Center	Line #	Salary	Cost Center	Line #	Salary
2.00	3.00	4.00	6.00	7.00	8.00
5.00	0.00		0 Operating Room	50.00	0 5.00
6.00	0.00		0 Recovery Room	51.00	0 6.00
7.00	0.00		0 Radiology - Diagnostic	54.00	0 7.00
8.00	0.00		0 Ultra Sound	54.01	0 8.00
9.00	0.00		0 Strauss Oncology	56.02	0 9.00
10.00	0.00		0 CT Scan	57.00	0 10.00
11.00	0.00		0 Magnetic Resonance Imaging (MRI)	58.00	0 11.00
12.00	0.00		0 Cardiac Catheterization	59.00	0 12.00
13.00	0.00		0 Electro cardiology	69.00	0 13.00
14.00	0.00		0 RENAL DIALYSIS	74.00	0 14.00
15.00	0.00		0 Clinic	90.00	0 15.00
16.00	0.00		0 Emergency	91.00	0 16.00
17.00	0.00		0 Physicians' Private Offices	192.00	0 17.00
18.00	0.00		0 Hospice	194.01	0 18.00
TOTALS			TOTALS		
E - CHARGEABLE SUPPLIES					
1.00	71.00		0 Employee Benefits	4.00	0 1.00
2.00	14.00		0 Administrative & General	5.00	0 2.00
3.00	0.00		0 Laundry & Linen Service	8.00	0 3.00
4.00	0.00		0 Housekeeping	9.00	0 4.00
5.00	0.00		0 Dietary	10.00	0 5.00
6.00	0.00		0 Nursing Administration	13.00	0 6.00
7.00	0.00		0 Pharmacy	15.00	0 7.00
8.00	0.00		0 I&R Services-Other Prgrm Costs Apprvd	22.00	0 8.00
9.00	0.00		0 Adults & Pediatrics	30.00	0 9.00
10.00	0.00		0 Intensive Care Unit	31.00	0 10.00
11.00	0.00		0 SUBPROVIDER - IPF	40.00	0 11.00
12.00	0.00		0 SUBPROVIDER - IRF	41.00	0 12.00
13.00	0.00		0 Operating Room	50.00	0 13.00
14.00	0.00		0 Gastro Intestinal Services	50.01	0 14.00
15.00	0.00		0 Recovery Room	51.00	0 15.00
16.00	0.00		0 Anesthesiology	53.00	0 16.00
17.00	0.00		0 Radiology - Diagnostic	54.00	0 17.00
18.00	0.00		0 Ultra Sound	54.01	0 18.00
19.00	0.00		0 Radiology - Therapeutic	55.00	0 19.00
20.00	0.00		0 Radioisotope	56.00	0 20.00
21.00	0.00		0 Vascular Lab	56.01	0 21.00
22.00	0.00		0 Strauss Oncology	56.02	0 22.00
23.00	0.00		0 CT Scan	57.00	0 23.00
24.00	0.00		0 Magnetic Resonance Imaging (MRI)	58.00	0 24.00
25.00	0.00		0 Cardiac Catheterization	59.00	0 25.00
26.00	0.00		0 Laboratory	60.00	0 26.00
27.00	0.00		0 Blood Storing, Processing, & Trans.	63.00	0 27.00
28.00	0.00		0 Respiratory Therapy	65.00	0 28.00
29.00	0.00		0 Physical Therapy	66.00	0 29.00
30.00	0.00		0 Electro cardiology	69.00	0 30.00
31.00	0.00		0 Electroencephalography	70.00	0 31.00
32.00	0.00		0 RENAL DIALYSIS	74.00	0 32.00
33.00	0.00		0 Wound Care	76.00	0 33.00
34.00	0.00		0 Clinic	90.00	0 34.00
35.00	0.00		0 Emergency	91.00	0 35.00
36.00	0.00		0 Physicians' Private Offices	192.00	0 36.00
37.00	0.00		0 Hospice	194.01	0 37.00
TOTALS			TOTALS		
F - IMPLANTABLE DEVICE					
1.00	72.00		0 Intensive Care Unit	31.00	0 1.00
2.00	0.00		0 Operating Room	50.00	0 2.00
3.00	0.00		0 Gastro Intestinal Services	50.01	0 3.00
4.00	0.00		0 Radiology - Diagnostic	54.00	0 4.00
5.00	0.00		0 Cardiac Catheterization	59.00	0 5.00
6.00	0.00		0 Wound Care	76.00	0 6.00
TOTALS			TOTALS		
G - TRANSCRIPTION					
1.00	16.00		0 Radiology - Therapeutic	55.00	0 1.00
2.00	0.00		0 Clinic	90.00	0 2.00
TOTALS			TOTALS		

RECLASSIFICATIONS

Provider CCN: 140082

Period:
From 06/01/2012
To 05/31/2013

Worksheet A-6
Non-CMS worksheet
Date/Time Prepared:
10/31/2013 8:07 am

Increases			Decreases			
Cost Center	Line #	Salary	Cost Center	Line #	Salary	
2.00	3.00	4.00	6.00	7.00	8.00	
H - CHICAGO MARKET EXP DEPT 5575						
1.00	Employee Benefits	4.00	250,695	Administrative & General	5.00	803,832 1.00
2.00	Medical Records & Library	16.00	503,801		0.00	0 2.00
3.00	Marketing	194.00	49,336		0.00	0 3.00
4.00	Other Nonreimbursable Cost Centers	194.02	0		0.00	0 4.00
TOTALS			803,832	TOTALS		803,832
500.00	Grand Total: Increases		803,832	Grand Total: Decreases		803,832 500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140082

Period:
From 06/01/2012
To 05/31/2013

worksheet A-7
Part I
Date/Time Prepared:
10/31/2013 8:07 am

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	2,829,328	0	0	0	1.00
2.00	Land Improvements	5,683,152	0	0	0	2.00
3.00	Buildings and Fixtures	54,368,248	523,479	0	523,479	3.00
4.00	Building Improvements	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	5.00
6.00	Movable Equipment	141,459,028	3,801,597	0	3,801,597	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	204,339,756	4,325,076	0	4,325,076	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	204,339,756	4,325,076	0	4,325,076	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	2,829,328	0			1.00
2.00	Land Improvements	5,683,152	0			2.00
3.00	Buildings and Fixtures	54,891,727	0			3.00
4.00	Building Improvements	0	0			4.00
5.00	Fixed Equipment	0	0			5.00
6.00	Movable Equipment	145,260,625	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	208,664,832	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	208,664,832	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140082

Period:
From 06/01/2012
To 05/31/2013

Worksheet A-7
Part II
Date/Time Prepared:
10/31/2013 8:07 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	Cap Rel Costs-Bldg & Fixt	0	0	0	0	0	1.00
2.00	Cap Rel Costs-Mvble Equip	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	Cap Rel Costs-Bldg & Fixt	0	0				1.00
2.00	Cap Rel Costs-Mvble Equip	0	0				2.00
3.00	Total (sum of lines 1-2)	0	0				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140082

Period:
From 06/01/2012
To 05/31/2013

Worksheet A-7
Part III
Date/Time Prepared:
10/31/2013 8:07 am

Cost Center Description	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
	1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	60,574,878	0	60,574,878	0.294288	0	1.00
2.00	145,260,625	0	145,260,625	0.705712	0	2.00
3.00	205,835,503	0	205,835,503	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	0	0	0	1,909,010	607,667	1.00
2.00	0	0	0	6,056,512	640,755	2.00
3.00	0	0	0	7,965,522	1,248,422	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	1,054,083	23,612	1,183,694	0	4,778,066	1.00
2.00	333,508	12,260	0	0	7,043,035	2.00
3.00	1,387,591	35,872	1,183,694	0	11,821,101	3.00

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Line #	wkst. A-7 Ref.
				3.00	4.00		
1.00	Investment income - Cap Rel Costs-Bldg & Fixt (chapter 2)			0	Cap Rel Costs-Bldg & Fixt	1.00	0 1.00
2.00	Investment income - Cap Rel Costs-Mvble Equip (chapter 2)			0	Cap Rel Costs-Mvble Equip	2.00	0 2.00
3.00	Investment income - other (chapter 2)			0		0.00	0 3.00
4.00	Trade, quantity, and time discounts (chapter 8)			0		0.00	0 4.00
5.00	Refunds and rebates of expenses (chapter 8)			0		0.00	0 5.00
6.00	Rental of provider space by suppliers (chapter 8)			0		0.00	0 6.00
7.00	Telephone services (pay stations excluded) (chapter 21)			0		0.00	0 7.00
8.00	Television and radio service (chapter 21)			0		0.00	0 8.00
9.00	Parking lot (chapter 21)	B	-94,039		Operation of Plant	7.00	0 9.00
10.00	Provider-based physician adjustment	A-8-2	-2,811,435				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	-7,178,853				0 12.00
13.00	Laundry and linen service			0		0.00	0 13.00
14.00	Cafeteria-employees and guests	B	-299,923		Dietary	10.00	0 14.00
15.00	Rental of quarters to employees 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	B	-5,018		Dietary	10.00	0 20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)			0		0.00	0 21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0		0.00	0 22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0	Respiratory Therapy	65.00	23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0	Physical Therapy	66.00	24.00
25.00	utilization review - physicians' compensation (chapter 21)			0	*** Cost Center Deleted ***	114.00	25.00
26.00	Depreciation - Cap Rel Costs-Bldg & Fixt	A	1,763,670		Cap Rel Costs-Bldg & Fixt	1.00	9 26.00
27.00	Depreciation - Cap Rel Costs-Mvble Equip	A	6,126,789		Cap Rel Costs-Mvble Equip	2.00	9 27.00
28.00	Non-physician Anesthetist			0	*** Cost Center Deleted ***	19.00	28.00
29.00	Physicians' assistant			0		0.00	0 29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0	*** Cost Center Deleted ***	67.00	30.00
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0	*** Cost Center Deleted ***	68.00	31.00
32.00	CAH HIT Adjustment for Depreciation and Interest			0		0.00	0 32.00
33.00	DEPRECIATION	A	-5,945,741		Administrative & General	5.00	0 33.00
33.01	TELEPHONE SERVICES - DIRECT PHONE CO	A	-47,384		Administrative & General	5.00	0 33.01

ADJUSTMENTS TO EXPENSES

Provider CCN: 140082

Period:
From 06/01/2012
To 05/31/2013

Worksheet A-8

Date/Time Prepared:
10/31/2013 8:07 am

		Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted						
Cost Center Description	Basis/Code (2)	Amount	Cost Center		Line #	wkst. A-7 Ref.		
			1.00	2.00	3.00		4.00	5.00
33.02	TELEPHONE SERVICES - PBX SALARY	A	-38,229		Administrative & General	5.00	0	33.02
33.03	TELEPHONE SERVICES - PBX BENEFITS	A	-5,631		Employee Benefits	4.00	0	33.03
33.04	TELEPHONE SERVICES - DEPRECIATION	A	-66,807		Cap Rel Costs-Mvble Equip	2.00	9	33.04
33.05	TELEVISION SERVICES - DEPRECIATION	A	-3,470		Cap Rel Costs-Mvble Equip	2.00	9	33.05
33.06	SATELITE TV	A	-5,783		Dietary	10.00	0	33.06
33.07	ID BADGES	B	-60		Administrative & General	5.00	0	33.07
33.08	EMPLOYEE MOVIE TICKET REVENUE	B	-600		Administrative & General	5.00	0	33.08
33.09	PAYMENT RECEIVED FROM VENDOR FOR PUM	B	-1,556		Administrative & General	5.00	0	33.09
33.10	REIMB FROM UOFC FOR LUNCHEON	B	-9		Administrative & General	5.00	0	33.10
33.11	REFUND PAYMENT	B	-1,100		Administrative & General	5.00	0	33.11
33.12	RENTAL INCOME	B	7,793		Administrative & General	5.00	0	33.12
33.13	MEDICAL STAFF APPLICATION	B	-15,600		Administrative & General	5.00	0	33.13
33.14	OTHER MISC REVENUE	B	-751		Administrative & General	5.00	0	33.14
33.15	HOSPICE REVENUE	B	-78		Dietary	10.00	0	33.15
33.16	REFUND RECEIVED FROM VENDOR	B	-590		Dietary	10.00	0	33.16
33.17	HOSPICE REVENUE	B	-8,362		Central Services & Supply	14.00	0	33.17
33.18	HOSPICE REVENUE	B	-399,997		Pharmacy	15.00	0	33.18
33.19	COPIES OF MEDICAL RECORDS	B	-6,381		Medical Records & Library	16.00	0	33.19
33.20	OTHER OPERATING REVENUE	B	-35		I&R Services-Other Prgrm Costs Apprvd	22.00	0	33.20
33.21	HOSPICE REVENUE	B	-1,378		Adults & Pediatrics	30.00	0	33.21
33.22	HOSPICE REVENUE	B	-3,151		Gastro Intestinal Services	50.01	0	33.22
33.23	HOSPICE REVENUE	B	-8,052		Radiology - Diagnostic	54.00	0	33.23
33.24	HOSPICE REVENUE	B	-54,978		Radiology - Therapeutic	55.00	0	33.24
33.25	OTHER MISC REVENUE	B	-10		Radiology - Therapeutic	55.00	0	33.25
33.26	HOSPICE REVENUE	B	-3,149		Strauss Oncology	56.02	0	33.26
33.27	UNIV. OF CHICAGO RESEARCH PAYMENT	B	-3,800		Strauss Oncology	56.02	0	33.27
33.28	HOSPICE REVENUE	B	-12,726		CT Scan	57.00	0	33.28
33.29	HOSPICE REVENUE	B	-21,815		Laboratory	60.00	0	33.29
33.30	HOSPICE REVENUE	B	-143,388		Respiratory Therapy	65.00	0	33.30
33.31	HOSPICE REVENUE	B	-11,925		Physical Therapy	66.00	0	33.31
33.32	PAYMENT FROM HEALTHPORT	B	-577		Clinic	90.00	0	33.32
33.33	MISC RENTAL INCOME	B	-17,343		Clinic	90.00	0	33.33
33.34	OTHER MISC REVENUE	B	-423		Clinic	90.00	0	33.34
33.35	HOSPICE REVENUE	B	-7,459		Emergency	91.00	0	33.35
33.36	ADVERTISING	A	-1,811		Administrative & General	5.00	0	33.36
33.37	OTHER EXPENSE	A	-4,764		Administrative & General	5.00	0	33.37
33.38	OTHER EXPENSE	A	-4,606		Adults & Pediatrics	30.00	0	33.38
33.39	PURCHASED SVCS	A	-274		Employee Benefits	4.00	0	33.39
33.40	PURCHASED SVCS	A	-264,707		Administrative & General	5.00	0	33.40
33.41	PURCHASED SVCS	A	-1,040		Operation of Plant	7.00	0	33.41
33.42	PURCHASED SVCS	A	-512		I&R Services-Other Prgrm Costs Apprvd	22.00	0	33.42
33.43	PURCHASED SVCS	A	-12,444		Adults & Pediatrics	30.00	0	33.43
33.44	PURCHASED SVCS	A	-5,729		Operating Room	50.00	0	33.44
33.45	CHICAGO MARKET PURCHASED SVCS	A	-11,908		Administrative & General	5.00	0	33.45
33.46	CHICAGO MARKET PURCHASED SVCS	A	-1,700		Medical Records & Library	16.00	0	33.46
33.47	PHYSICIAN GUARANTEE	A	22,723		Administrative & General	5.00	0	33.47
33.48	PHYSICIAN SVCS	A	-1,581		Administrative & General	5.00	0	33.48
33.49	PHYSICIAN INTERVIEW	A	-64		Administrative & General	5.00	0	33.49
33.50	PHYSICIAN CME	A	-2,283		Administrative & General	5.00	0	33.50
33.51	PHYSICIAN INCENTIVES	A	-19		Administrative & General	5.00	0	33.51
33.52	PHYSICIAN INCENTIVES	A	-55,843		Adults & Pediatrics	30.00	0	33.52
33.53	TRAVEL	A	-3,821		Administrative & General	5.00	0	33.53
33.54	TRAVEL	A	-1,381		Intensive Care Unit	31.00	0	33.54
33.55	ALCOHOL	A	-859		Administrative & General	5.00	0	33.55
33.56	ALCOHOL	A	-23		Dietary	10.00	0	33.56
33.57	MEALS	A	-6,980		Administrative & General	5.00	0	33.57
33.58	MEALS	A	-114		Intensive Care Unit	31.00	0	33.58
33.59	START UP COSTS	A	-134,747		Administrative & General	5.00	0	33.59
33.60	DONATION & CONTRIBUTION	A	-87,950		Administrative & General	5.00	0	33.60
33.61	LOBBYING DUES	A	-14		Employee Benefits	4.00	0	33.61
33.62	LOBBYING DUES	A	-37,293		Administrative & General	5.00	0	33.62

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on worksheet A To/From Which the Amount is to be Adjusted	Line #	Ref.	
		1.00	2.00	3.00	4.00	5.00	
33.63	LOBBYING DUES	A		-5 Radiology - Therapeutic	55.00	0	33.63
33.64	DUES & SUBSCRIPTION	A	-26,358	Administrative & General	5.00	0	33.64
33.65	DUES & SUBSCRIPTION	A	-850	Clinic	90.00	0	33.65
33.66	PHYSICIAN DUES & SUBSCRIPTION	A	-917	Clinic	90.00	0	33.66
33.67	PATIENT TRANSPORTATION	A	-158	Administrative & General	5.00	0	33.67
33.68	PATIENT TRANSPORTATION	A	-755	Adults & Pediatrics	30.00	0	33.68
33.69	PATIENT TRANSPORTATION	A	-25	Intensive Care Unit	31.00	0	33.69
33.70	PATIENT TRANSPORTATION	A	-11	SUBPROVIDER - IPF	40.00	0	33.70
33.71	PATIENT TRANSPORTATION	A	-7	SUBPROVIDER - IRF	41.00	0	33.71
33.72	PATIENT TRANSPORTATION	A	-22	Operating Room	50.00	0	33.72
33.73	PATIENT TRANSPORTATION	A	-25	Gastro Intestinal Services	50.01	0	33.73
33.74	PATIENT TRANSPORTATION	A	-49	Recovery Room	51.00	0	33.74
33.75	PATIENT TRANSPORTATION	A	-128	Strauss Oncology	56.02	0	33.75
33.76	PATIENT TRANSPORTATION	A	-867	CT Scan	57.00	0	33.76
33.77	PATIENT TRANSPORTATION	A	-11	Cardiac Catheterization	59.00	0	33.77
33.78	PATIENT TRANSPORTATION	A	-110	Physical Therapy	66.00	0	33.78
33.79	PATIENT TRANSPORTATION	A	-9	Electro cardiology	69.00	0	33.79
33.80	PATIENT TRANSPORTATION	A	-1,126	Emergency	91.00	0	33.80
33.81	PENALTIES & FINES	A	-10,108	Administrative & General	5.00	0	33.81
33.82	LEGAL	A	-29,987	Administrative & General	5.00	0	33.82
33.83	SENIOR SERVICES	A	-71,427	Adults & Pediatrics	30.00	0	33.83
33.84	IDPA TAX ASSESSMENT	A	-5,415,731	Administrative & General	5.00	0	33.84
33.85			0		0.00	0	33.85
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200.)		-15,507,784				50.00

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS Provider CCN: 140082 Period: From 06/01/2012 To 05/31/2013 Worksheet A-8-1 Date/Time Prepared: 10/31/2013 8:07 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED					
HOME OFFICE COSTS:					
1.00	5.00	Administrative & General	AUTO INSURANCE	0	15,048 1.00
2.00	5.00	Administrative & General	PROPERTY INSURANCE	0	67,906 2.00
3.00	5.00	Administrative & General	PROPERTY INSURANCE	0	6,267 3.00
4.00	5.00	Administrative & General	MALPRACTICE INSURANCE	0	1,633,463 4.00
4.01	90.00	Clinic	MALPRACTICE INSURANCE	0	8,750 4.01
4.02	192.00	Physicians' Private Offices	MALPRACTICE INSURANCE	0	16,770 4.02
4.03	4.00	Employee Benefits	WORKERS COMP	0	613,860 4.03
4.04	5.00	Administrative & General	WORKERS COMP	0	43 4.04
4.05	90.00	Clinic	WORKERS COMP	0	2,522 4.05
4.06	192.00	Physicians' Private Offices	WORKERS COMP	0	602 4.06
4.07	5.00	Administrative & General	INTEREST EXPENSE	0	6,884,874 4.07
4.08	5.00	Administrative & General	MANAGEMENT FEE	0	2,361,945 4.08
4.09	1.00	Cap Rel Costs-Bldg & Fixt	DIRECT ALLOC.-INSURANCE	23,612	0 4.09
4.10	2.00	Cap Rel Costs-Mvble Equip	DIRECT ALLOC.-INSURANCE	12,260	0 4.10
4.11	5.00	Administrative & General	DIRECT ALLOC.-PROF. LIABILITY	1,438,398	0 4.11
4.12	4.00	Employee Benefits	DIRECT ALLOC.-WORKERS COMP	191,986	0 4.12
4.13	1.00	Cap Rel Costs-Bldg & Fixt	DIRECT ALLOC.-INTEREST EXP.	1,054,083	0 4.13
4.14	2.00	Cap Rel Costs-Mvble Equip	DIRECT ALLOC.-INTEREST EXP.	333,508	0 4.14
4.15	5.00	Administrative & General	DIRECT ALLOC.-INTEREST EXP.	93,947	0 4.15
4.16	1.00	Cap Rel Costs-Bldg & Fixt	POOLED ALLOC.-CAPITAL	145,340	0 4.16
4.17	5.00	Administrative & General	POOLED ALLOC.-MGMT FEES	1,140,063	0 4.17
4.18	60.00	Laboratory	GENESIS LAB	1,061,240	1,061,240 4.18
4.19	0.00			0	0 4.19
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to worksheet A-8, column 2, line 12.			5,494,437	12,673,290 5.00

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

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

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

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

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

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

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

Provider CCN: 140082

Period:
From 06/01/2012
To 05/31/2013

Worksheet A-8-1

Date/Time Prepared:
10/31/2013 8:07 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	-15,048	0		1.00
2.00	-67,906	0		2.00
3.00	-6,267	0		3.00
4.00	-1,633,463	0		4.00
4.01	-8,750	0		4.01
4.02	-16,770	0		4.02
4.03	-613,860	0		4.03
4.04	-43	0		4.04
4.05	-2,522	0		4.05
4.06	-602	0		4.06
4.07	-6,884,874	0		4.07
4.08	-2,361,945	0		4.08
4.09	23,612	12		4.09
4.10	12,260	12		4.10
4.11	1,438,398	0		4.11
4.12	191,986	0		4.12
4.13	1,054,083	11		4.13
4.14	333,508	11		4.14
4.15	93,947	0		4.15
4.16	145,340	9		4.16
4.17	1,140,063	0		4.17
4.18	0	0		4.18
4.19	0	0		4.19
5.00	-7,178,853			5.00

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

	Related Organization(s) and/or Home Office	
	Type of Business	
	6.00	

B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:

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

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

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140082

Period:
From 06/01/2012
To 05/31/2013

Worksheet A-8-2

Date/Time Prepared:
10/31/2013 8:07 am

	wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	Administrative & General	331,308	295,420	35,888	177,200	253	1.00
2.00	30.00	Adults & Pediatrics	365,286	344,864	20,422	177,200	87	2.00
3.00	31.00	Intensive Care Unit	12,096	12,096	0	0	0	3.00
4.00	41.00	SUBPROVIDER - IRF	81,000	40,500	40,500	177,200	240	4.00
5.00	40.00	SUBPROVIDER - IPF	34,650	9,000	25,650	154,100	234	5.00
6.00	50.00	Operating Room	756,107	585,423	170,684	208,000	844	6.00
7.00	54.00	Radiology - Diagnostic	665,151	590,151	75,000	225,300	392	7.00
8.00	55.00	Radiology - Therapeutic	18,513	9,513	9,000	177,200	60	8.00
9.00	56.02	Strauss Oncology	60,000	20,000	40,000	177,200	385	9.00
10.00	76.00	Wound Care	30,005	15,005	15,000	177,200	100	10.00
11.00	91.00	Emergency	697,357	697,357	0	0	0	11.00
200.00			3,051,473	2,619,329	432,144		2,595	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	5.00	Administrative & General	21,554	1,078	0	0	0	1.00
2.00	30.00	Adults & Pediatrics	7,412	371	0	0	0	2.00
3.00	31.00	Intensive Care Unit	0	0	0	0	0	3.00
4.00	41.00	SUBPROVIDER - IRF	20,446	1,022	0	0	0	4.00
5.00	40.00	SUBPROVIDER - IPF	17,336	867	0	0	0	5.00
6.00	50.00	Operating Room	84,400	4,220	0	0	0	6.00
7.00	54.00	Radiology - Diagnostic	42,460	2,123	0	0	0	7.00
8.00	55.00	Radiology - Therapeutic	5,112	256	0	0	0	8.00
9.00	56.02	Strauss Oncology	32,799	1,640	0	0	0	9.00
10.00	76.00	Wound Care	8,519	426	0	0	0	10.00
11.00	91.00	Emergency	0	0	0	0	0	11.00
200.00			240,038	12,003	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	5.00	Administrative & General	0	21,554	14,334	309,754	1.00
2.00	30.00	Adults & Pediatrics	0	7,412	13,010	357,874	2.00
3.00	31.00	Intensive Care Unit	0	0	0	12,096	3.00
4.00	41.00	SUBPROVIDER - IRF	0	20,446	20,054	60,554	4.00
5.00	40.00	SUBPROVIDER - IPF	0	17,336	8,314	17,314	5.00
6.00	50.00	Operating Room	0	84,400	86,284	671,707	6.00
7.00	54.00	Radiology - Diagnostic	0	42,460	32,540	622,691	7.00
8.00	55.00	Radiology - Therapeutic	0	5,112	3,888	13,401	8.00
9.00	56.02	Strauss Oncology	0	32,799	7,201	27,201	9.00
10.00	76.00	Wound Care	0	8,519	6,481	21,486	10.00
11.00	91.00	Emergency	0	0	0	697,357	11.00
200.00			0	240,038	192,106	2,811,435	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140082

Period:
From 06/01/2012
To 05/31/2013

Worksheet B
Part I
Date/Time Prepared:
10/31/2013 8:07 am

Cost Center Description	Net Expenses for Cost Allocation (from wkst A col. 7)	CAPITAL RELATED COSTS		Employee Benefits	Subtotal	
		Bldg & Fixt	Mvble Equip			
		1.00	2.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	Cap Rel Costs-Bldg & Fixt	4,778,066	4,778,066			1.00
2.00 00200	Cap Rel Costs-Mvble Equip	7,043,035		7,043,035		2.00
4.00 00400	Employee Benefits	8,235,476	38,686	57,025	8,331,187	4.00
5.00 00500	Administrative & General	15,829,278	530,835	782,470	1,566,469	18,709,052
7.00 00700	Operation of Plant	5,122,389	660,168	973,110	193,610	6,949,277
8.00 00800	Laundry & Linen Service	534,337	38,549	56,823	0	629,709
9.00 00900	Housekeeping	1,132,178	41,478	61,140	143,452	1,378,248
10.00 01000	Dietary	1,469,944	87,690	129,258	175,928	1,862,820
11.00 01100	Cafeteria	0	44,146	65,073	0	109,219
13.00 01300	Nursing Administration	962,661	4,790	7,060	116,667	1,091,178
14.00 01400	Central Services & Supply	731,921	46,240	68,159	55,704	902,024
15.00 01500	Pharmacy	1,676,371	16,627	24,508	213,265	1,930,771
16.00 01600	Medical Records & Library	1,022,374	36,373	53,616	145,078	1,257,441
17.00 01700	Social Service	22,366	0	0	4,015	26,381
21.00 02100	I&R Services-Salary & Fringes Apprvd	3,946,207	0	0	708,439	4,654,646
22.00 02200	I&R Services-Other Prgrm Costs Apprvd	2,492,415	138,692	204,437	0	2,835,544
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	Adults & Pediatrics	7,910,674	761,738	1,122,822	1,331,304	11,126,538
31.00 03100	Intensive Care Unit	2,387,331	160,724	236,913	373,314	3,158,282
40.00 04000	SUBPROVIDER - IPF	945,923	69,326	102,188	163,933	1,281,370
41.00 04100	SUBPROVIDER - IRF	1,244,965	134,327	198,003	199,612	1,776,907
ANCILLARY SERVICE COST CENTERS						
50.00 05000	Operating Room	6,540,754	378,034	557,236	537,518	8,013,542
50.01 03340	Gastro Intestinal Services	516,224	49,086	72,355	51,512	689,177
51.00 05100	Recovery Room	589,518	45,980	67,776	100,893	804,167
53.00 05300	Anesthesiology	144,231	5,405	7,968	23,287	180,891
54.00 05400	Radiology - Diagnostic	1,641,079	162,257	239,173	239,640	2,282,149
54.01 03630	Ultra Sound	173,612	2,340	3,449	30,927	210,328
55.00 05500	Radiology - Therapeutic	533,227	50,373	74,251	43,851	701,702
56.00 05600	Radioisotope	470,888	40,739	60,050	35,529	607,206
56.01 03650	Vascular Lab	190,627	0	0	30,947	221,574
56.02 03950	Strauss Oncology	3,087,393	0	0	88,817	3,176,210
57.00 05700	CT Scan	704,393	12,302	18,134	71,547	806,376
58.00 05800	Magnetic Resonance Imaging (MRI)	161,921	14,040	20,696	25,199	221,856
59.00 05900	Cardiac Catheterization	638,371	21,019	30,983	73,019	763,392
60.00 06000	Laboratory	2,699,004	62,702	92,425	205,104	3,059,235
63.00 06300	Blood Storing, Processing, & Trans.	703,954	2,997	4,418	0	711,369
65.00 06500	Respiratory Therapy	811,418	14,287	21,059	156,787	1,003,551
66.00 06600	Physical Therapy	1,770,815	49,004	72,234	315,026	2,207,079
69.00 06900	Electrocardiology	512,636	98,200	144,750	81,350	836,936
70.00 07000	Electroencephalography	48,515	1,368	2,017	9,291	61,191
71.00 07100	Medical Supplies Charged to Patients	2,619,818	0	0	0	2,619,818
72.00 07200	Implantable Devices Chrgd to Patient	5,386,654	0	0	0	5,386,654
73.00 07300	Drugs charged to Patients	2,289,455	0	0	0	2,289,455
74.00 07400	RENAL DIALYSIS	342,196	0	0	0	342,196
76.00 03951	wound Care	274,147	36,319	53,535	43,758	407,759
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	Clinic	1,393,901	93,547	137,892	218,687	1,844,027
91.00 09100	Emergency	2,250,537	162,175	239,052	357,345	3,009,109
92.00 09200	Observation Beds (Non-Distinct Part)					0
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (sum of lines 1-117)	103,983,199	4,112,563	6,062,058	8,130,824	102,136,356
NONREIMBURSABLE COST CENTERS						
190.00 19000	Gift, Flower, Coffee Shop, & Canteen	0	0	0	0	0
192.00 19200	Physicians' Private Offices	1,821,544	495,324	730,125	169,321	3,216,314
194.00 07950	Marketing	1,387,449	4,242	6,253	31,042	1,428,986
194.01 07951	Hospice	9,784	28,655	42,239	0	80,678
194.02 07952	Other Nonreimbursable Cost Centers	155	0	0	0	155
194.03 07953	Vacant Area	0	111,843	164,861	0	276,704
194.04 07954	Lakefront	0	25,439	37,499	0	62,938
200.00	Cross Foot Adjustments					0
201.00	Negative Cost Centers					0
202.00	TOTAL (sum lines 118-201)	107,202,131	4,778,066	7,043,035	8,331,187	107,202,131

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140082

Period:
From 06/01/2012
To 05/31/2013

Worksheet B
Part I
Date/Time Prepared:
10/31/2013 8:07 am

Cost Center Description		Administrative & General	Operation of Plant	Laundry & Linen Service	Housekeeping	Dietary		
		5.00	7.00	8.00	9.00	10.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	Cap Rel Costs-Bldg & Fixt					1.00	
2.00	00200	Cap Rel Costs-Mvble Equip					2.00	
4.00	00400	Employee Benefits					4.00	
5.00	00500	Administrative & General	18,709,052				5.00	
7.00	00700	Operation of Plant	1,469,202	8,418,479			7.00	
8.00	00800	Laundry & Linen Service	133,132	91,458	854,299		8.00	
9.00	00900	Housekeeping	291,386	98,405	0	1,768,039	9.00	
10.00	01000	Dietary	393,834	208,044	0	44,701	10.00	
11.00	01100	Cafeteria	23,091	104,736	0	22,504	11.00	
13.00	01300	Nursing Administration	230,695	11,363	0	2,442	13.00	
14.00	01400	Central Services & Supply	190,704	109,704	0	23,571	14.00	
15.00	01500	Pharmacy	408,200	39,447	0	8,476	15.00	
16.00	01600	Medical Records & Library	265,846	86,295	0	18,542	16.00	
17.00	01700	Social Service	5,577	0	0	0	17.00	
21.00	02100	I&R Services-Salary & Fringes Apprvd	984,076	0	0	0	21.00	
22.00	02200	I&R Services-Other Prgrm Costs Apprvd	599,485	329,046	0	70,700	22.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	Adults & Pediatrics	2,352,373	1,807,203	334,694	388,305	603,465	30.00
31.00	03100	Intensive Care Unit	667,718	381,317	109,336	81,931	94,559	31.00
40.00	04000	SUBPROVIDER - IPF	270,905	164,474	24,494	35,340	86,909	40.00
41.00	04100	SUBPROVIDER - IRF	375,670	318,689	73,159	68,475	119,423	41.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	Operating Room	1,694,207	896,882	92,497	192,708	0	50.00
50.01	03340	Gastro Intestinal Services	145,704	116,457	13,132	25,022	0	50.01
51.00	05100	Recovery Room	170,015	109,087	0	23,439	0	51.00
53.00	05300	Anesthesiology	38,244	12,824	0	2,755	0	53.00
54.00	05400	Radiology - Diagnostic	482,487	384,953	65,909	82,713	0	54.00
54.01	03630	Ultra Sound	44,467	5,552	0	1,193	0	54.01
55.00	05500	Radiology - Therapeutic	148,352	119,508	6,607	25,678	0	55.00
56.00	05600	Radioisotope	128,374	96,652	6,607	20,767	0	56.00
56.01	03650	Vascular Lab	46,845	0	0	0	0	56.01
56.02	03950	Strauss Oncology	671,508	0	6,607	0	0	56.02
57.00	05700	CT Scan	170,482	29,187	0	6,271	0	57.00
58.00	05800	Magnetic Resonance Imaging (MRI)	46,904	33,310	0	7,157	0	58.00
59.00	05900	Cardiac Catheterization	161,395	49,868	0	10,715	0	59.00
60.00	06000	Laboratory	646,777	148,761	0	31,963	0	60.00
63.00	06300	Blood Storing, Processing, & Trans.	150,396	7,110	0	1,528	0	63.00
65.00	06500	Respiratory Therapy	212,169	33,895	0	7,283	0	65.00
66.00	06600	Physical Therapy	466,616	116,262	0	24,981	0	66.00
69.00	06900	Electro cardiology	176,943	232,978	6,607	50,059	0	69.00
70.00	07000	Electroencephalography	12,937	3,247	6,607	698	0	70.00
71.00	07100	Medical Supplies Charged to Patients	553,877	0	0	0	0	71.00
72.00	07200	Implantable Devices Chrgd to Patient	1,138,836	0	0	0	0	72.00
73.00	07300	Drugs Charged to Patients	484,032	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	72,346	0	0	0	0	74.00
76.00	03951	Wound Care	86,208	86,166	0	18,514	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	Clinic	389,861	221,940	13,375	47,687	0	90.00
91.00	09100	Emergency	636,180	384,758	42,864	82,671	0	91.00
92.00	09200	Observation Beds (Non-Distinct Part)						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (sum of lines 1-117)	17,638,056	6,839,578	802,495	1,428,789	2,339,904	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	Gift, Flower, Coffee Shop, & Canteen	0	0	0	0	0	190.00
192.00	19200	Physicians' Private Offices	679,987	1,175,150	3,224	252,498	131,653	192.00
194.00	07950	Marketing	302,113	10,065	0	2,163	0	194.00
194.01	07951	Hospice	17,057	67,984	48,580	14,607	31,860	194.01
194.02	07952	Other Nonreimbursable Cost Centers	33	0	0	0	5,982	194.02
194.03	07953	Vacant Area	58,500	265,347	0	57,014	0	194.03
194.04	07954	Lakefront	13,306	60,355	0	12,968	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	18,709,052	8,418,479	854,299	1,768,039	2,509,399	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140082

Period:
From 06/01/2012
To 05/31/2013

Worksheet B
Part I
Date/Time Prepared:
10/31/2013 8:07 am

Cost Center Description		Cafeteria	Nursing Administration	Central Services & Supply	Pharmacy	Medical Records & Library		
		11.00	13.00	14.00	15.00	16.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	Cap Rel Costs-Bldg & Fixt					1.00	
2.00	00200	Cap Rel Costs-Mvble Equip					2.00	
4.00	00400	Employee Benefits					4.00	
5.00	00500	Administrative & General					5.00	
7.00	00700	Operation of Plant					7.00	
8.00	00800	Laundry & Linen Service					8.00	
9.00	00900	Housekeeping					9.00	
10.00	01000	Dietary					10.00	
11.00	01100	Cafeteria	1,695,098				11.00	
13.00	01300	Nursing Administration	25,561	1,361,239			13.00	
14.00	01400	Central Services & Supply	22,907	0	1,248,910		14.00	
15.00	01500	Pharmacy	51,881	0	0	2,438,775	15.00	
16.00	01600	Medical Records & Library	49,163	0	0	0	1,677,287	16.00
17.00	01700	Social Service	1,169	0	0	0	0	17.00
21.00	02100	I&R Services-Salary & Fringes Apprvd	227,618	0	0	0	0	21.00
22.00	02200	I&R Services-Other Prgrm Costs Apprvd	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	Adults & Pediatrics	389,014	551,791	0	0	157,070	30.00
31.00	03100	Intensive Care Unit	87,742	124,439	0	0	35,534	31.00
40.00	04000	SUBPROVIDER - IPF	42,876	60,805	0	0	15,641	40.00
41.00	04100	SUBPROVIDER - IRF	56,178	79,663	0	0	17,392	41.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	Operating Room	128,659	182,476	0	0	261,386	50.00
50.01	03340	Gastro Intestinal Services	13,586	19,293	0	0	16,433	50.01
51.00	05100	Recovery Room	22,496	31,902	0	0	36,662	51.00
53.00	05300	Anesthesiology	9,700	13,775	0	0	39,087	53.00
54.00	05400	Radiology - Diagnostic	63,129	0	0	0	46,988	54.00
54.01	03630	Ultra Sound	5,719	0	0	0	9,240	54.01
55.00	05500	Radiology - Therapeutic	11,248	0	0	0	16,445	55.00
56.00	05600	Radioisotope	7,551	0	0	0	19,499	56.00
56.01	03650	Vascular Lab	7,425	10,532	0	0	12,742	56.01
56.02	03950	Strauss Oncology	23,381	33,171	0	0	103,241	56.02
57.00	05700	CT Scan	15,419	0	0	0	89,302	57.00
58.00	05800	Magnetic Resonance Imaging (MRI)	5,119	0	0	0	27,981	58.00
59.00	05900	Cardiac Catheterization	12,575	17,858	0	0	40,585	59.00
60.00	06000	Laboratory	70,206	0	0	0	184,353	60.00
63.00	06300	Blood Storing, Processing, & Trans.	0	0	0	0	14,495	63.00
65.00	06500	Respiratory Therapy	43,255	0	0	0	26,047	65.00
66.00	06600	Physical Therapy	72,734	103,153	0	0	47,857	66.00
69.00	06900	Electro cardiology	22,749	0	0	0	49,169	69.00
70.00	07000	Electroencephalography	3,002	0	0	0	1,447	70.00
71.00	07100	Medical Supplies Charged to Patients	0	0	408,660	0	87,138	71.00
72.00	07200	Implantable Devices Chrgd to Patient	0	0	840,250	0	63,789	72.00
73.00	07300	Drugs Charged to Patients	0	0	0	2,438,775	127,100	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	3,765	74.00
76.00	03951	Wound Care	12,259	0	0	0	10,324	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	Clinic	49,163	0	0	0	4,283	90.00
91.00	09100	Emergency	93,335	132,381	0	0	112,292	91.00
92.00	09200	Observation Beds (Non-Distinct Part)						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (sum of lines 1-117)	1,646,819	1,361,239	1,248,910	2,438,775	1,677,287	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	Gift, Flower, Coffee Shop, & Canteen	0	0	0	0	0	190.00
192.00	19200	Physicians' Private Offices	42,402	0	0	0	0	192.00
194.00	07950	Marketing	5,877	0	0	0	0	194.00
194.01	07951	Hospice	0	0	0	0	0	194.01
194.02	07952	Other Nonreimbursable Cost Centers	0	0	0	0	0	194.02
194.03	07953	Vacant Area	0	0	0	0	0	194.03
194.04	07954	Lakefront	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,695,098	1,361,239	1,248,910	2,438,775	1,677,287	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140082

Period:
From 06/01/2012
To 05/31/2013

Worksheet B
Part I
Date/Time Prepared:
10/31/2013 8:07 am

Cost Center Description	Social Service	INTERNS & RESIDENTS		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		Services-Salary & Fringes	Services-Other Prgrm Costs			
	17.00	21.00	22.00	24.00	25.00	
GENERAL SERVICE COST CENTERS						
1.00 00100	Cap Rel Costs-Bldg & Fixt					1.00
2.00 00200	Cap Rel Costs-Mvble Equip					2.00
4.00 00400	Employee Benefits					4.00
5.00 00500	Administrative & General					5.00
7.00 00700	Operation of Plant					7.00
8.00 00800	Laundry & Linen Service					8.00
9.00 00900	Housekeeping					9.00
10.00 01000	Dietary					10.00
11.00 01100	Cafeteria					11.00
13.00 01300	Nursing Administration					13.00
14.00 01400	Central Services & Supply					14.00
15.00 01500	Pharmacy					15.00
16.00 01600	Medical Records & Library					16.00
17.00 01700	Social Service	33,127				17.00
21.00 02100	I&R Services-Salary & Fringes Apprvd	0	5,866,340			21.00
22.00 02200	I&R Services-Other Prgrm Costs Apprvd	0	0	3,834,775		22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	Adults & Pediatrics	22,104	3,503,149	2,289,978	23,525,684	-5,793,127
31.00 03100	Intensive Care Unit	3,464	0	0	4,744,322	0
40.00 04000	SUBPROVIDER - IPF	3,184	0	0	1,985,998	0
41.00 04100	SUBPROVIDER - IRF	4,375	0	0	2,889,931	0
ANCILLARY SERVICE COST CENTERS						
50.00 05000	Operating Room	0	2,042,014	1,334,847	14,839,218	-3,376,861
50.01 03340	Gastro Intestinal Services	0	0	0	1,038,804	0
51.00 05100	Recovery Room	0	0	0	1,197,768	0
53.00 05300	Anesthesiology	0	0	0	297,276	0
54.00 05400	Radiology - Diagnostic	0	0	0	3,408,328	0
54.01 03630	Ultra Sound	0	0	0	276,499	0
55.00 05500	Radiology - Therapeutic	0	0	0	1,029,540	0
56.00 05600	Radioisotope	0	0	0	886,656	0
56.01 03650	Vascular Lab	0	0	0	299,118	0
56.02 03950	Strauss Oncology	0	0	0	4,014,118	0
57.00 05700	CT Scan	0	0	0	1,117,037	0
58.00 05800	Magnetic Resonance Imaging (MRI)	0	0	0	342,327	0
59.00 05900	Cardiac Catheterization	0	0	0	1,056,388	0
60.00 06000	Laboratory	0	0	0	4,141,295	0
63.00 06300	Blood Storing, Processing, & Trans.	0	0	0	884,898	0
65.00 06500	Respiratory Therapy	0	0	0	1,326,200	0
66.00 06600	Physical Therapy	0	0	0	3,038,682	0
69.00 06900	Electro cardiology	0	0	0	1,375,441	0
70.00 07000	Electroencephalography	0	0	0	89,129	0
71.00 07100	Medical Supplies Charged to Patients	0	0	0	3,669,493	0
72.00 07200	Implantable Devices Chrgd to Patient	0	0	0	7,429,529	0
73.00 07300	Drugs Charged to Patients	0	0	0	5,339,362	0
74.00 07400	RENAL DIALYSIS	0	0	0	418,307	0
76.00 03951	wound Care	0	0	0	621,230	0
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	Clinic	0	0	0	2,570,336	0
91.00 09100	Emergency	0	321,177	209,950	5,024,717	-531,127
92.00 09200	Observation Beds (Non-Distinct Part)					0
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (sum of lines 1-117)	33,127	5,866,340	3,834,775	98,877,631	-9,701,115
NONREIMBURSABLE COST CENTERS						
190.00 19000	Gift, Flower, Coffee Shop, & Canteen	0	0	0	0	0
192.00 19200	Physicians' Private Offices	0	0	0	5,501,228	0
194.00 07950	Marketing	0	0	0	1,749,204	0
194.01 07951	Hospice	0	0	0	260,766	0
194.02 07952	Other Nonreimbursable Cost Centers	0	0	0	6,170	0
194.03 07953	Vacant Area	0	0	0	657,565	0
194.04 07954	Lakefront	0	0	0	149,567	0
200.00	Cross Foot Adjustments	0	0	0	0	0
201.00	Negative Cost Centers	0	0	0	0	0
202.00	TOTAL (sum lines 118-201)	33,127	5,866,340	3,834,775	107,202,131	-9,701,115

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140082

Period:
From 06/01/2012
To 05/31/2013

Worksheet B
Part I
Date/Time Prepared:
10/31/2013 8:07 am

Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	Cap Rel Costs-Bldg & Fixt	1.00
2.00	00200	Cap Rel Costs-Mvble Equip	2.00
4.00	00400	Employee Benefits	4.00
5.00	00500	Administrative & General	5.00
7.00	00700	Operation of Plant	7.00
8.00	00800	Laundry & Linen Service	8.00
9.00	00900	Housekeeping	9.00
10.00	01000	Dietary	10.00
11.00	01100	Cafeteria	11.00
13.00	01300	Nursing Administration	13.00
14.00	01400	Central Services & Supply	14.00
15.00	01500	Pharmacy	15.00
16.00	01600	Medical Records & Library	16.00
17.00	01700	Social Service	17.00
21.00	02100	I&R Services-Salary & Fringes Apprvd	21.00
22.00	02200	I&R Services-Other Prgrm Costs Apprvd	22.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	Adults & Pediatrics	30.00
31.00	03100	Intensive Care Unit	31.00
40.00	04000	SUBPROVIDER - IPF	40.00
41.00	04100	SUBPROVIDER - IRF	41.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	Operating Room	50.00
50.01	03340	Gastro Intestinal Services	50.01
51.00	05100	Recovery Room	51.00
53.00	05300	Anesthesiology	53.00
54.00	05400	Radiology - Diagnostic	54.00
54.01	03630	Ultra Sound	54.01
55.00	05500	Radiology - Therapeutic	55.00
56.00	05600	Radioisotope	56.00
56.01	03650	Vascular Lab	56.01
56.02	03950	Strauss Oncology	56.02
57.00	05700	CT Scan	57.00
58.00	05800	Magnetic Resonance Imaging (MRI)	58.00
59.00	05900	Cardiac Catheterization	59.00
60.00	06000	Laboratory	60.00
63.00	06300	Blood Storing, Processing, & Trans.	63.00
65.00	06500	Respiratory Therapy	65.00
66.00	06600	Physical Therapy	66.00
69.00	06900	Electro cardiology	69.00
70.00	07000	Electroencephalography	70.00
71.00	07100	Medical Supplies Charged to Patients	71.00
72.00	07200	Implantable Devices Chrgd to Patient	72.00
73.00	07300	Drugs Charged to Patients	73.00
74.00	07400	RENAL DIALYSIS	74.00
76.00	03951	wound Care	76.00
OUTPATIENT SERVICE COST CENTERS			
90.00	09000	Clinic	90.00
91.00	09100	Emergency	91.00
92.00	09200	Observation Beds (Non-Distinct Part)	92.00
SPECIAL PURPOSE COST CENTERS			
118.00		SUBTOTALS (sum of lines 1-117)	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000	Gift, Flower, Coffee Shop, & Canteen	190.00
192.00	19200	Physicians' Private Offices	192.00
194.00	07950	Marketing	194.00
194.01	07951	Hospice	194.01
194.02	07952	Other Nonreimbursable Cost Centers	194.02
194.03	07953	Vacant Area	194.03
194.04	07954	Lakefront	194.04
200.00		Cross Foot Adjustments	200.00
201.00		Negative Cost Centers	201.00
202.00		TOTAL (sum lines 118-201)	202.00

Provider CCN: 140082

Period:
 From 06/01/2012
 To 05/31/2013

Worksheet Non-CMS W
 Date/Time Prepared:
 10/31/2013 8:07 am

Cost Center Description		Statistics Code	Statistics Description	
		1.00	2.00	
GENERAL SERVICE COST CENTERS				
1.00	Cap Rel Costs-Bldg & Fixt	1	Square Feet	1.00
2.00	Cap Rel Costs-Mvble Equip	1	Square Feet	2.00
4.00	Employee Benefits	5	Gross Salaries	4.00
5.00	Administrative & General	-5	Accum. Cost	5.00
7.00	Operation of Plant	1	Square Feet	7.00
8.00	Laundry & Linen Service	8	Pounds of Laundry	8.00
9.00	Housekeeping	1	Square Feet	9.00
10.00	Dietary	10	Meals Served	10.00
11.00	Cafeteria	11	FTES	11.00
13.00	Nursing Administration	13	Direct Nurs. Hrs.	13.00
14.00	Central Services & Supply	14	Costed Requis.	14.00
15.00	Pharmacy	15	Costed Requis.	15.00
16.00	Medical Records & Library	C	Gross Charges	16.00
17.00	Social Service	P	Total Patient Days	17.00
21.00	I&R Services-Salary & Fringes Apprvd	21	Assigned Time	21.00
22.00	I&R Services-Other Prgm Costs Apprvd	21	Assigned Time	22.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140082

Period:
From 06/01/2012
To 05/31/2013

Worksheet B
Part II
Date/Time Prepared:
10/31/2013 8:07 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	Employee Benefits			
		Bldg & Fixt	Mvble Equip					
		0	1.00				2.00	2A
GENERAL SERVICE COST CENTERS								
1.00	00100	Cap Rel Costs-Bldg & Fixt				1.00		
2.00	00200	Cap Rel Costs-Mvble Equip				2.00		
4.00	00400	Employee Benefits	0	38,686	57,025	95,711	4.00	
5.00	00500	Administrative & General	0	530,835	782,470	1,313,305	5.00	
7.00	00700	Operation of Plant	0	660,168	973,110	1,633,278	7.00	
8.00	00800	Laundry & Linen Service	0	38,549	56,823	95,372	8.00	
9.00	00900	Housekeeping	0	41,478	61,140	102,618	9.00	
10.00	01000	Dietary	0	87,690	129,258	216,948	10.00	
11.00	01100	Cafeteria	0	44,146	65,073	109,219	11.00	
13.00	01300	Nursing Administration	0	4,790	7,060	11,850	13.00	
14.00	01400	Central Services & Supply	0	46,240	68,159	114,399	14.00	
15.00	01500	Pharmacy	0	16,627	24,508	41,135	15.00	
16.00	01600	Medical Records & Library	0	36,373	53,616	89,989	16.00	
17.00	01700	Social Service	0	0	0	0	17.00	
21.00	02100	I&R Services-Salary & Fringes Apprvd	0	0	0	0	21.00	
22.00	02200	I&R Services-Other Prgrm Costs Apprvd	0	138,692	204,437	343,129	22.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	Adults & Pediatrics	0	761,738	1,122,822	1,884,560	30.00	
31.00	03100	Intensive Care Unit	0	160,724	236,913	397,637	31.00	
40.00	04000	SUBPROVIDER - IPF	0	69,326	102,188	171,514	40.00	
41.00	04100	SUBPROVIDER - IRF	0	134,327	198,003	332,330	41.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	Operating Room	0	378,034	557,236	935,270	50.00	
50.01	03340	Gastro Intestinal Services	0	49,086	72,355	121,441	50.01	
51.00	05100	Recovery Room	0	45,980	67,776	113,756	51.00	
53.00	05300	Anesthesiology	0	5,405	7,968	13,373	53.00	
54.00	05400	Radiology - Diagnostic	0	162,257	239,173	401,430	54.00	
54.01	03630	Ultra Sound	0	2,340	3,449	5,789	54.01	
55.00	05500	Radiology - Therapeutic	0	50,373	74,251	124,624	55.00	
56.00	05600	Radioisotope	0	40,739	60,050	100,789	56.00	
56.01	03650	Vascular Lab	0	0	0	0	56.01	
56.02	03950	Strauss Oncology	0	0	0	0	56.02	
57.00	05700	CT Scan	0	12,302	18,134	30,436	57.00	
58.00	05800	Magnetic Resonance Imaging (MRI)	0	14,040	20,696	34,736	58.00	
59.00	05900	Cardiac Catheterization	0	21,019	30,983	52,002	59.00	
60.00	06000	Laboratory	0	62,702	92,425	155,127	60.00	
63.00	06300	Blood Storing, Processing, & Trans.	0	2,997	4,418	7,415	63.00	
65.00	06500	Respiratory Therapy	0	14,287	21,059	35,346	65.00	
66.00	06600	Physical Therapy	0	49,004	72,234	121,238	66.00	
69.00	06900	Electrocardiology	0	98,200	144,750	242,950	69.00	
70.00	07000	Electroencephalography	0	1,368	2,017	3,385	70.00	
71.00	07100	Medical Supplies Charged to Patients	0	0	0	0	71.00	
72.00	07200	Implantable Devices Chrgd to Patient	0	0	0	0	72.00	
73.00	07300	Drugs Charged to Patients	0	0	0	0	73.00	
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00	
76.00	03951	Wound Care	0	36,319	53,535	89,854	76.00	
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	Clinic	0	93,547	137,892	231,439	90.00	
91.00	09100	Emergency	0	162,175	239,052	401,227	91.00	
92.00	09200	Observation Beds (Non-Distinct Part)	0	0	0	0	92.00	
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (sum of lines 1-117)	0	4,112,563	6,062,058	10,174,621	93,409	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	Gift, Flower, Coffee Shop, & Canteen	0	0	0	0	0	190.00
192.00	19200	Physicians' Private Offices	0	495,324	730,125	1,225,449	1,945	192.00
194.00	07950	Marketing	0	4,242	6,253	10,495	357	194.00
194.01	07951	Hospice	0	28,655	42,239	70,894	0	194.01
194.02	07952	Other Nonreimbursable Cost Centers	0	0	0	0	0	194.02
194.03	07953	Vacant Area	0	111,843	164,861	276,704	0	194.03
194.04	07954	Lakefront	0	25,439	37,499	62,938	0	194.04
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	4,778,066	7,043,035	11,821,101	95,711	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140082

Period:
From 06/01/2012
To 05/31/2013

Worksheet B
Part II
Date/Time Prepared:
10/31/2013 8:07 am

Cost Center Description		Administrative & General 5.00	Operation of Plant 7.00	Laundry & Linen Service 8.00	Housekeeping 9.00	Dietary 10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	Cap Rel Costs-Bldg & Fixt					1.00
2.00	00200	Cap Rel Costs-Mvble Equip					2.00
4.00	00400	Employee Benefits					4.00
5.00	00500	Administrative & General	1,331,316				5.00
7.00	00700	Operation of Plant	104,545	1,740,047			7.00
8.00	00800	Laundry & Linen Service	9,473	18,904	123,749		8.00
9.00	00900	Housekeeping	20,734	20,340	0	145,340	9.00
10.00	01000	Dietary	28,024	43,001	0	3,675	293,669
11.00	01100	Cafeteria	1,643	21,648	0	1,850	167,999
13.00	01300	Nursing Administration	16,416	2,349	0	201	0
14.00	01400	Central Services & Supply	13,570	22,675	0	1,938	0
15.00	01500	Pharmacy	29,047	8,153	0	697	0
16.00	01600	Medical Records & Library	18,917	17,837	0	1,524	0
17.00	01700	Social Service	397	0	0	0	0
21.00	02100	I&R Services-Salary & Fringes Apprvd	70,024	0	0	0	0
22.00	02200	I&R Services-Other Prgrm Costs Apprvd	42,658	68,012	0	5,812	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	Adults & Pediatrics	167,413	373,535	48,483	31,917	70,622
31.00	03100	Intensive Care Unit	47,513	78,816	15,838	6,735	11,066
40.00	04000	SUBPROVIDER - IPF	19,277	33,996	3,548	2,905	10,171
41.00	04100	SUBPROVIDER - IRF	26,732	65,871	10,597	5,629	13,976
ANCILLARY SERVICE COST CENTERS							
50.00	05000	Operating Room	120,556	185,380	13,399	15,841	0
50.01	03340	Gastro Intestinal Services	10,368	24,071	1,902	2,057	0
51.00	05100	Recovery Room	12,098	22,548	0	1,927	0
53.00	05300	Anesthesiology	2,721	2,651	0	227	0
54.00	05400	Radiology - Diagnostic	34,333	79,567	9,547	6,799	0
54.01	03630	ultra Sound	3,164	1,148	0	98	0
55.00	05500	Radiology - Therapeutic	10,556	24,702	957	2,111	0
56.00	05600	Radioisotope	9,135	19,977	957	1,707	0
56.01	03650	Vascular Lab	3,333	0	0	0	0
56.02	03950	Strauss Oncology	47,783	0	957	0	0
57.00	05700	CT Scan	12,131	6,033	0	516	0
58.00	05800	Magnetic Resonance Imaging (MRI)	3,338	6,885	0	588	0
59.00	05900	Cardiac Catheterization	11,484	10,307	0	881	0
60.00	06000	Laboratory	46,023	30,748	0	2,628	0
63.00	06300	Blood Storing, Processing, & Trans.	10,702	1,470	0	126	0
65.00	06500	Respiratory Therapy	15,097	7,006	0	599	0
66.00	06600	Physical Therapy	33,203	24,031	0	2,054	0
69.00	06900	Electro cardiology	12,591	48,155	957	4,115	0
70.00	07000	Electroencephalography	921	671	957	57	0
71.00	07100	Medical Supplies Charged to Patients	39,413	0	0	0	0
72.00	07200	Implantable Devices Chrgd to Patient	81,037	0	0	0	0
73.00	07300	Drugs Charged to Patients	34,443	0	0	0	0
74.00	07400	RENAL DIALYSIS	5,148	0	0	0	0
76.00	03951	wound Care	6,134	17,810	0	1,522	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	Clinic	27,742	45,874	1,937	3,920	0
91.00	09100	Emergency	45,269	79,527	6,209	6,796	0
92.00	09200	Observation Beds (Non-Distinct Part)					92.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (sum of lines 1-117)	1,255,106	1,413,698	116,245	117,452	273,834
NONREIMBURSABLE COST CENTERS							
190.00	19000	Gift, Flower, Coffee Shop, & Canteen	0	0	0	0	0
192.00	19200	Physicians' Private Offices	48,386	242,896	467	20,756	15,407
194.00	07950	Marketing	21,498	2,080	0	178	0
194.01	07951	Hospice	1,214	14,052	7,037	1,201	3,728
194.02	07952	Other Nonreimbursable Cost Centers	2	0	0	0	700
194.03	07953	Vacant Area	4,163	54,846	0	4,687	0
194.04	07954	Lakefront	947	12,475	0	1,066	0
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	1,331,316	1,740,047	123,749	145,340	293,669

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140082

Period:
From 06/01/2012
To 05/31/2013

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description		Cafeteria	Nursing Administration	Central Services & Supply	Pharmacy	Medical Records & Library		
		11.00	13.00	14.00	15.00	16.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	Cap-Rel Costs-Bldg & Fixt					1.00	
2.00	00200	Cap Rel Costs-Mvble Equip					2.00	
4.00	00400	Employee Benefits					4.00	
5.00	00500	Administrative & General					5.00	
7.00	00700	Operation of Plant					7.00	
8.00	00800	Laundry & Linen Service					8.00	
9.00	00900	Housekeeping					9.00	
10.00	01000	Dietary					10.00	
11.00	01100	Cafeteria	302,359				11.00	
13.00	01300	Nursing Administration	4,559	36,715			13.00	
14.00	01400	Central Services & Supply	4,086	0	157,308		14.00	
15.00	01500	Pharmacy	9,254	0	0	90,736	15.00	
16.00	01600	Medical Records & Library	8,769	0	0	0	16.00	
17.00	01700	Social Service	209	0	0	0	17.00	
21.00	02100	I&R Services-Salary & Fringes Apprvd	40,601	0	0	0	21.00	
22.00	02200	I&R Services-Other Prgrm Costs Apprvd	0	0	0	0	22.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	Adults & Pediatrics	69,391	14,882	0	0	12,974	30.00
31.00	03100	Intensive Care Unit	15,651	3,356	0	0	2,935	31.00
40.00	04000	SUBPROVIDER - IPF	7,648	1,640	0	0	1,292	40.00
41.00	04100	SUBPROVIDER - IRF	10,021	2,149	0	0	1,437	41.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	Operating Room	22,949	4,922	0	0	21,753	50.00
50.01	03340	Gastro Intestinal Services	2,423	520	0	0	1,357	50.01
51.00	05100	Recovery Room	4,013	860	0	0	3,028	51.00
53.00	05300	Anesthesiology	1,730	372	0	0	3,229	53.00
54.00	05400	Radiology - Diagnostic	11,260	0	0	0	3,881	54.00
54.01	03630	ultra Sound	1,020	0	0	0	763	54.01
55.00	05500	Radiology - Therapeutic	2,006	0	0	0	1,358	55.00
56.00	05600	Radioisotope	1,347	0	0	0	1,611	56.00
56.01	03650	Vascular Lab	1,324	284	0	0	1,052	56.01
56.02	03950	Strauss Oncology	4,171	895	0	0	8,527	56.02
57.00	05700	CT Scan	2,750	0	0	0	7,376	57.00
58.00	05800	Magnetic Resonance Imaging (MRI)	913	0	0	0	2,311	58.00
59.00	05900	Cardiac Catheterization	2,243	482	0	0	3,352	59.00
60.00	06000	Laboratory	12,523	0	0	0	15,227	60.00
63.00	06300	Blood Storing, Processing, & Trans.	0	0	0	0	1,197	63.00
65.00	06500	Respiratory Therapy	7,716	0	0	0	2,151	65.00
66.00	06600	Physical Therapy	12,974	2,782	0	0	3,953	66.00
69.00	06900	Electro cardiology	4,058	0	0	0	4,061	69.00
70.00	07000	Electroencephalography	535	0	0	0	120	70.00
71.00	07100	Medical Supplies Charged to Patients	0	0	51,474	0	7,197	71.00
72.00	07200	Implantable Devices Chrgd to Patient	0	0	105,834	0	5,269	72.00
73.00	07300	Drugs Charged to Patients	0	0	0	90,736	10,498	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	311	74.00
76.00	03951	wound Care	2,187	0	0	0	853	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	Clinic	8,769	0	0	0	354	90.00
91.00	09100	Emergency	16,648	3,571	0	0	9,275	91.00
92.00	09200	Observation Beds (Non-Distinct Part)						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (sum of lines 1-117)	293,748	36,715	157,308	90,736	138,702	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	Gift, Flower, Coffee Shop, & Canteen	0	0	0	0	0	190.00
192.00	19200	Physicians' Private Offices	7,563	0	0	0	0	192.00
194.00	07950	Marketing	1,048	0	0	0	0	194.00
194.01	07951	Hospice	0	0	0	0	0	194.01
194.02	07952	Other Nonreimbursable Cost Centers	0	0	0	0	0	194.02
194.03	07953	Vacant Area	0	0	0	0	0	194.03
194.04	07954	Lakefront	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	302,359	36,715	157,308	90,736	138,702	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140082

Period:
From 06/01/2012
To 05/31/2013

Worksheet B
Part II
Date/Time Prepared:
10/31/2013 8:07 am

Cost Center Description		INTERNS & RESIDENTS			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		Social Service	Services-Salary & Fringes	Services-Other Prgrm Costs			
		17.00	21.00	22.00	24.00	25.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	Cap Rel Costs-Bldg & Fixt					1.00
2.00	00200	Cap Rel Costs-Mvble Equip					2.00
4.00	00400	Employee Benefits					4.00
5.00	00500	Administrative & General					5.00
7.00	00700	Operation of Plant					7.00
8.00	00800	Laundry & Linen Service					8.00
9.00	00900	Housekeeping					9.00
10.00	01000	Dietary					10.00
11.00	01100	Cafeteria					11.00
13.00	01300	Nursing Administration					13.00
14.00	01400	Central Services & Supply					14.00
15.00	01500	Pharmacy					15.00
16.00	01600	Medical Records & Library					16.00
17.00	01700	Social Service	652				17.00
21.00	02100	I&R Services-Salary & Fringes Apprvd	0	118,762			21.00
22.00	02200	I&R Services-Other Prgrm Costs Apprvd	0		459,611		22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	Adults & Pediatrics	435			2,689,503	30.00
31.00	03100	Intensive Care Unit	68			583,903	31.00
40.00	04000	SUBPROVIDER - IPF	63			253,937	40.00
41.00	04100	SUBPROVIDER - IRF	86			471,121	41.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	Operating Room	0			1,326,244	50.00
50.01	03340	Gastro Intestinal Services	0			164,731	50.01
51.00	05100	Recovery Room	0			159,389	51.00
53.00	05300	Anesthesiology	0			24,570	53.00
54.00	05400	Radiology - Diagnostic	0			549,569	54.00
54.01	03630	Ultra Sound	0			12,337	54.01
55.00	05500	Radiology - Therapeutic	0			166,818	55.00
56.00	05600	Radioisotope	0			135,931	56.00
56.01	03650	Vascular Lab	0			6,348	56.01
56.02	03950	Strauss Oncology	0			63,353	56.02
57.00	05700	CT Scan	0			60,064	57.00
58.00	05800	Magnetic Resonance Imaging (MRI)	0			49,060	58.00
59.00	05900	Cardiac Catheterization	0			81,590	59.00
60.00	06000	Laboratory	0			264,632	60.00
63.00	06300	Blood Storing, Processing, & Trans.	0			20,910	63.00
65.00	06500	Respiratory Therapy	0			69,716	65.00
66.00	06600	Physical Therapy	0			203,853	66.00
69.00	06900	Electro cardiology	0			317,821	69.00
70.00	07000	Electroencephalography	0			6,753	70.00
71.00	07100	Medical Supplies Charged to Patients	0			98,084	71.00
72.00	07200	Implantable Devices Chrgd to Patient	0			192,140	72.00
73.00	07300	Drugs Charged to Patients	0			135,677	73.00
74.00	07400	RENAL DIALYSIS	0			5,459	74.00
76.00	03951	wound Care	0			118,863	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	Clinic	0			322,547	90.00
91.00	09100	Emergency	0			572,626	91.00
92.00	09200	Observation Beds (Non-Distinct Part)	0			0	92.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (sum of lines 1-117)	652	0	0	9,127,549	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	Gift, Flower, Coffee Shop, & Canteen	0			0	190.00
192.00	19200	Physicians' Private Offices	0			1,562,869	192.00
194.00	07950	Marketing	0			35,656	194.00
194.01	07951	Hospice	0			98,126	194.01
194.02	07952	Other Nonreimbursable Cost Centers	0			702	194.02
194.03	07953	Vacant Area	0			340,400	194.03
194.04	07954	Lakefront	0			77,426	194.04
200.00		Cross Foot Adjustments		118,762	459,611	578,373	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	652	118,762	459,611	11,821,101	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140082

Period:
From 06/01/2012
To 05/31/2013

Worksheet B
Part II
Date/Time Prepared:
10/31/2013 8:07 am

Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100 Cap Rel Costs-Bldg & Fixt		1.00
2.00	00200 Cap Rel Costs-Mvble Equip		2.00
4.00	00400 Employee Benefits		4.00
5.00	00500 Administrative & General		5.00
7.00	00700 Operation of Plant		7.00
8.00	00800 Laundry & Linen Service		8.00
9.00	00900 Housekeeping		9.00
10.00	01000 Dietary		10.00
11.00	01100 Cafeteria		11.00
13.00	01300 Nursing Administration		13.00
14.00	01400 Central Services & Supply		14.00
15.00	01500 Pharmacy		15.00
16.00	01600 Medical Records & Library		16.00
17.00	01700 Social Service		17.00
21.00	02100 I&R Services-Salary & Fringes Apprvd		21.00
22.00	02200 I&R Services-Other Prgrm Costs Apprvd		22.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 Adults & Pediatrics	2,689,503	30.00
31.00	03100 Intensive Care Unit	583,903	31.00
40.00	04000 SUBPROVIDER - IPF	253,937	40.00
41.00	04100 SUBPROVIDER - IRF	471,121	41.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 Operating Room	1,326,244	50.00
50.01	03340 Gastro Intestinal Services	164,731	50.01
51.00	05100 Recovery Room	159,389	51.00
53.00	05300 Anesthesiology	24,570	53.00
54.00	05400 Radiology - Diagnostic	549,569	54.00
54.01	03630 Ultra Sound	12,337	54.01
55.00	05500 Radiology - Therapeutic	166,818	55.00
56.00	05600 Radioisotope	135,931	56.00
56.01	03650 Vascular Lab	6,348	56.01
56.02	03950 Strauss Oncology	63,353	56.02
57.00	05700 CT Scan	60,064	57.00
58.00	05800 Magnetic Resonance Imaging (MRI)	49,060	58.00
59.00	05900 Cardiac Catheterization	81,590	59.00
60.00	06000 Laboratory	264,632	60.00
63.00	06300 Blood Storing, Processing, & Trans.	20,910	63.00
65.00	06500 Respiratory Therapy	69,716	65.00
66.00	06600 Physical Therapy	203,853	66.00
69.00	06900 Electro cardiology	317,821	69.00
70.00	07000 Electroencephalography	6,753	70.00
71.00	07100 Medical Supplies Charged to Patients	98,084	71.00
72.00	07200 Implantable Devices Chrgd to Patient	192,140	72.00
73.00	07300 Drugs Charged to Patients	135,677	73.00
74.00	07400 RENAL DIALYSIS	5,459	74.00
76.00	03951 Wound Care	118,863	76.00
OUTPATIENT SERVICE COST CENTERS			
90.00	09000 Clinic	322,547	90.00
91.00	09100 Emergency	572,626	91.00
92.00	09200 Observation Beds (Non-Distinct Part)		92.00
SPECIAL PURPOSE COST CENTERS			
118.00	SUBTOTALS (sum of lines 1-117)	9,127,549	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 Gift, Flower, Coffee Shop, & Canteen	0	190.00
192.00	19200 Physicians' Private Offices	1,562,869	192.00
194.00	07950 Marketing	35,656	194.00
194.01	07951 Hospice	98,126	194.01
194.02	07952 Other Nonreimbursable Cost Centers	702	194.02
194.03	07953 Vacant Area	340,400	194.03
194.04	07954 Lakefront	77,426	194.04
200.00	Cross Foot Adjustments	578,373	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118-201)	11,821,101	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140082

Period:
From 06/01/2012
To 05/31/2013

Worksheet B-1

Date/Time Prepared:
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Cost Center Description	CAPITAL RELATED COSTS		Employee Benefits (Gross Salaries)	Reconciliation	Administrative & General (Accum. Cost)	
	Bldg & Fixt (Square Feet)	Mvble Equip (Square Feet)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	Cap Rel Costs-Bldg & Fixt	349,159				1.00
2.00 00200	Cap Rel Costs-Mvble Equip		349,159			2.00
4.00 00400	Employee Benefits	2,827	2,827	46,407,125		4.00
5.00 00500	Administrative & General	38,791	38,791	8,725,726	-18,709,052	88,493,079
7.00 00700	Operation of Plant	48,242	48,242	1,078,463	0	6,949,277
8.00 00800	Laundry & Linen Service	2,817	2,817	0	0	629,709
9.00 00900	Housekeeping	3,031	3,031	799,066	0	1,378,248
10.00 01000	Dietary	6,408	6,408	979,967	0	1,862,820
11.00 01100	Cafeteria	3,226	3,226	0	0	109,219
13.00 01300	Nursing Administration	350	350	649,869	0	1,091,178
14.00 01400	Central Services & Supply	3,379	3,379	310,286	0	902,024
15.00 01500	Pharmacy	1,215	1,215	1,187,946	0	1,930,771
16.00 01600	Medical Records & Library	2,658	2,658	808,124	0	1,257,441
17.00 01700	Social Service	0	0	22,366	0	26,381
21.00 02100	I&R Services-Salary & Fringes Apprvd	0	0	3,946,207	0	4,654,646
22.00 02200	I&R Services-Other Prgrm Costs Apprvd	10,135	10,135	0	0	2,835,544
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	Adults & Pediatrics	55,664	55,664	7,415,746	0	11,126,538
31.00 03100	Intensive Care Unit	11,745	11,745	2,079,463	0	3,158,282
40.00 04000	SUBPROVIDER - IPF	5,066	5,066	913,152	0	1,281,370
41.00 04100	SUBPROVIDER - IRF	9,816	9,816	1,111,898	0	1,776,907
ANCILLARY SERVICE COST CENTERS						
50.00 05000	Operating Room	27,625	27,625	2,994,127	0	8,013,542
50.01 03340	Gastro Intestinal Services	3,587	3,587	286,937	0	689,177
51.00 05100	Recovery Room	3,360	3,360	562,003	0	804,167
53.00 05300	Anesthesiology	395	395	129,717	0	180,891
54.00 05400	Radiology - Diagnostic	11,857	11,857	1,334,861	0	2,282,149
54.01 03630	Ultra Sound	171	171	172,270	0	210,328
55.00 05500	Radiology - Therapeutic	3,681	3,681	244,261	0	701,702
56.00 05600	Radioisotope	2,977	2,977	197,906	0	607,206
56.01 03650	Vascular Lab	0	0	172,384	0	221,574
56.02 03950	Strauss Oncology	0	0	494,734	0	3,176,210
57.00 05700	CT Scan	899	899	398,539	0	806,376
58.00 05800	Magnetic Resonance Imaging (MRI)	1,026	1,026	140,364	0	221,856
59.00 05900	Cardiac Catheterization	1,536	1,536	406,735	0	763,392
60.00 06000	Laboratory	4,582	4,582	1,142,489	0	3,059,235
63.00 06300	Blood Storing, Processing, & Trans.	219	219	0	0	711,369
65.00 06500	Respiratory Therapy	1,044	1,044	873,348	0	1,003,551
66.00 06600	Physical Therapy	3,581	3,581	1,754,785	0	2,207,079
69.00 06900	Electrocardiology	7,176	7,176	453,145	0	836,936
70.00 07000	Electroencephalography	100	100	51,752	0	61,191
71.00 07100	Medical Supplies Charged to Patients	0	0	0	0	2,619,818
72.00 07200	Implantable Devices Chrgd to Patient	0	0	0	0	5,386,654
73.00 07300	Drugs Charged to Patients	0	0	0	0	2,289,455
74.00 07400	RENAL DIALYSIS	0	0	0	0	342,196
76.00 03951	Wound Care	2,654	2,654	243,746	0	407,759
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	Clinic	6,836	6,836	1,218,149	0	1,844,027
91.00 09100	Emergency	11,851	11,851	1,990,515	0	3,009,109
92.00 09200	Observation Beds (Non-Distinct Part)					
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (sum of lines 1-117)	300,527	300,527	45,291,046	-18,709,052	83,427,304
NONREIMBURSABLE COST CENTERS						
190.00 19000	Gift, Flower, Coffee Shop, & Canteen	0	0	0	0	0
192.00 19200	Physicians' Private Offices	36,196	36,196	943,166	0	3,216,314
194.00 07950	Marketing	310	310	172,913	0	1,428,986
194.01 07951	Hospice	2,094	2,094	0	0	80,678
194.02 07952	Other Nonreimbursable Cost Centers	0	0	0	0	155
194.03 07953	Vacant Area	8,173	8,173	0	0	276,704
194.04 07954	Lakefront	1,859	1,859	0	0	62,938
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)	4,778,066	7,043,035	8,331,187		18,709,052
203.00	Unit cost multiplier (wkst. B, Part I)	13.684499	20.171426	0.179524		0.211418
204.00	Cost to be allocated (per wkst. B, Part II)			95,711		1,331,316
205.00	Unit cost multiplier (wkst. B, Part II)			0.002062		0.015044

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140082

Period:
From 06/01/2012
To 05/31/2013

Worksheet B-1

Date/Time Prepared:
10/31/2013 8:07 am

Cost Center Description		Operation of Plant (Square Feet)	Laundry & Linen Service (Pounds of Laundry)	Housekeeping (Square Feet)	Dietary (Meals Served)	Cafeteria (FTES)	
		7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	Cap Rel Costs-Bldg & Fixt					1.00
2.00	00200	Cap Rel Costs-Mvble Equip					2.00
4.00	00400	Employee Benefits					4.00
5.00	00500	Administrative & General					5.00
7.00	00700	Operation of Plant	259,299				7.00
8.00	00800	Laundry & Linen Service	2,817	774,005			8.00
9.00	00900	Housekeeping	3,031	0	253,451		9.00
10.00	01000	Dietary	6,408	0	6,408	322,145	10.00
11.00	01100	Cafeteria	3,226	0	3,226	184,289	53,649
13.00	01300	Nursing Administration	350	0	350	0	809
14.00	01400	Central Services & Supply	3,379	0	3,379	0	725
15.00	01500	Pharmacy	1,215	0	1,215	0	1,642
16.00	01600	Medical Records & Library	2,658	0	2,658	0	1,556
17.00	01700	Social Service	0	0	0	0	37
21.00	02100	I&R Services-Salary & Fringes Apprvd	0	0	0	0	7,204
22.00	02200	I&R Services-Other Prgrm Costs Apprvd	10,135	0	10,135	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	Adults & Pediatrics	55,664	303,237	55,664	77,470	12,312
31.00	03100	Intensive Care Unit	11,745	99,060	11,745	12,139	2,777
40.00	04000	SUBPROVIDER - IPF	5,066	22,192	5,066	11,157	1,556
41.00	04100	SUBPROVIDER - IRF	9,816	66,283	9,816	15,331	1,778
ANCILLARY SERVICE COST CENTERS							
50.00	05000	Operating Room	27,625	83,803	27,625	0	4,072
50.01	03340	Gastro Intestinal Services	3,587	11,898	3,587	0	430
51.00	05100	Recovery Room	3,360	0	3,360	0	712
53.00	05300	Anesthesiology	395	0	395	0	307
54.00	05400	Radiology - Diagnostic	11,857	59,714	11,857	0	1,998
54.01	03630	Ultra Sound	171	0	171	0	181
55.00	05500	Radiology - Therapeutic	3,681	5,986	3,681	0	356
56.00	05600	Radioisotope	2,977	5,986	2,977	0	239
56.01	03650	Vascular Lab	0	0	0	0	235
56.02	03950	Strauss Oncology	0	5,986	0	0	740
57.00	05700	CT Scan	899	0	899	0	488
58.00	05800	Magnetic Resonance Imaging (MRI)	1,026	0	1,026	0	162
59.00	05900	Cardiac Catheterization	1,536	0	1,536	0	398
60.00	06000	Laboratory	4,582	0	4,582	0	2,222
63.00	06300	Blood Storing, Processing, & Trans.	219	0	219	0	0
65.00	06500	Respiratory Therapy	1,044	0	1,044	0	1,369
66.00	06600	Physical Therapy	3,581	0	3,581	0	2,302
69.00	06900	Electro cardiology	7,176	5,986	7,176	0	720
70.00	07000	Electroencephalography	100	5,986	100	0	95
71.00	07100	Medical Supplies Charged to Patients	0	0	0	0	0
72.00	07200	Implantable Devices Chrgd to Patient	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
76.00	03951	wound Care	2,654	0	2,654	0	388
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	Clinic	6,836	12,118	6,836	0	1,556
91.00	09100	Emergency	11,851	38,835	11,851	0	2,954
92.00	09200	Observation Beds (Non-Distinct Part)					
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (sum of lines 1-117)	210,667	727,070	204,819	300,386	52,121
NONREIMBURSABLE COST CENTERS							
190.00	19000	Gift, Flower, Coffee Shop, & Canteen	0	0	0	0	0
192.00	19200	Physicians' Private Offices	36,196	2,921	36,196	16,901	1,342
194.00	07950	Marketing	310	0	310	0	186
194.01	07951	Hospice	2,094	44,014	2,094	4,090	0
194.02	07952	Other Nonreimbursable Cost Centers	0	0	0	768	0
194.03	07953	Vacant Area	8,173	0	8,173	0	0
194.04	07954	Lakefront	1,859	0	1,859	0	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers					
202.00		Cost to be allocated (per wkst. B, Part I)	8,418,479	854,299	1,768,039	2,509,399	1,695,098
203.00		Unit cost multiplier (wkst. B, Part I)	32.466300	1.103738	6.975861	7.789657	31.596078
204.00		Cost to be allocated (per wkst. B, Part II)	1,740,047	123,749	145,340	293,669	302,359
205.00		Unit cost multiplier (wkst. B, Part II)	6.710581	0.159881	0.573444	0.911605	5.635874

Cost Center Description		Nursing Administration (Direct Nurs. Hrs.)	Central Services & Supply (Costed Requis.)	Pharmacy (Costed Requis.)	Medical Records & Library (Gross Charges)	Social Service (Total Patient Days)	
		13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	Cap Rel Costs-Bldg & Fixt					1.00
2.00	00200	Cap Rel Costs-Mvble Equip					2.00
4.00	00400	Employee Benefits					4.00
5.00	00500	Administrative & General					5.00
7.00	00700	Operation of Plant					7.00
8.00	00800	Laundry & Linen Service					8.00
9.00	00900	Housekeeping					9.00
10.00	01000	Dietary					10.00
11.00	01100	Cafeteria					11.00
13.00	01300	Nursing Administration	631,759				13.00
14.00	01400	Central Services & Supply	0	8,006,472			14.00
15.00	01500	Pharmacy	0	0	2,289,455		15.00
16.00	01600	Medical Records & Library	0	0	0	477,744,547	16.00
17.00	01700	Social Service	0	0	0	0	32,986
21.00	02100	I&R Services-Salary & Fringes Apprvd	0	0	0	0	21.00
22.00	02200	I&R Services-Other Prgrm Costs Apprvd	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	Adults & Pediatrics	256,089	0	0	44,736,567	22,011
31.00	03100	Intensive Care Unit	57,753	0	0	10,120,628	3,449
40.00	04000	SUBPROVIDER - IPF	28,220	0	0	4,454,956	3,170
41.00	04100	SUBPROVIDER - IRF	36,972	0	0	4,953,638	4,356
ANCILLARY SERVICE COST CENTERS							
50.00	05000	Operating Room	84,688	0	0	74,468,596	0
50.01	03340	Gastro Intestinal Services	8,954	0	0	4,680,524	0
51.00	05100	Recovery Room	14,806	0	0	10,441,993	0
53.00	05300	Anesthesiology	6,393	0	0	11,132,844	0
54.00	05400	Radiology - Diagnostic	0	0	0	13,383,045	0
54.01	03630	Ultra Sound	0	0	0	2,631,706	0
55.00	05500	Radiology - Therapeutic	0	0	0	4,683,781	0
56.00	05600	Radioisotope	0	0	0	5,553,731	0
56.01	03650	Vascular Lab	4,888	0	0	3,629,244	0
56.02	03950	Strauss Oncology	15,395	0	0	29,404,899	0
57.00	05700	CT Scan	0	0	0	25,434,897	0
58.00	05800	Magnetic Resonance Imaging (MRI)	0	0	0	7,969,567	0
59.00	05900	Cardiac Catheterization	8,288	0	0	11,559,366	0
60.00	06000	Laboratory	0	0	0	52,507,287	0
63.00	06300	Blood Storing, Processing, & Trans.	0	0	0	4,128,430	0
65.00	06500	Respiratory Therapy	0	0	0	7,418,677	0
66.00	06600	Physical Therapy	47,874	0	0	13,630,719	0
69.00	06900	Electrocardiology	0	0	0	14,004,310	0
70.00	07000	Electroencephalography	0	0	0	412,181	0
71.00	07100	Medical Supplies Charged to Patients	0	2,619,818	0	24,818,695	0
72.00	07200	Implantable Devices Chrgd to Patient	0	5,386,654	0	18,168,219	0
73.00	07300	Drugs Charged to Patients	0	0	2,289,455	36,200,443	0
74.00	07400	RENAL DIALYSIS	0	0	0	1,072,457	0
76.00	03951	wound Care	0	0	0	2,940,553	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	Clinic	0	0	0	1,219,777	0
91.00	09100	Emergency	61,439	0	0	31,982,817	0
92.00	09200	Observation Beds (Non-Distinct Part)	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (sum of lines 1-117)	631,759	8,006,472	2,289,455	477,744,547	32,986
NONREIMBURSABLE COST CENTERS							
190.00	19000	Gift, Flower, Coffee Shop, & Canteen	0	0	0	0	0
192.00	19200	Physicians' Private Offices	0	0	0	0	0
194.00	07950	Marketing	0	0	0	0	0
194.01	07951	Hospice	0	0	0	0	0
194.02	07952	Other Nonreimbursable Cost Centers	0	0	0	0	0
194.03	07953	Vacant Area	0	0	0	0	0
194.04	07954	Lakefront	0	0	0	0	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers					
202.00		Cost to be allocated (per wkst. B, Part I)	1,361,239	1,248,910	2,438,775	1,677,287	33,127
203.00		Unit cost multiplier (wkst. B, Part I)	2.154681	0.155988	1.065221	0.003511	1.004275
204.00		Cost to be allocated (per wkst. B, Part II)	36,715	157,308	90,736	138,702	652
205.00		Unit cost multiplier (wkst. B, Part II)	0.058116	0.019648	0.039632	0.000290	0.019766

Cost Center Description	INTERNS & RESIDENTS			
	Services-Salary & Fringes (Assigned Time)	Services-Other Prgrm Costs (Assigned Time)		
	21.00	22.00		
GENERAL SERVICE COST CENTERS				
1.00 00100	Cap Rel Costs-Bldg & Fixt			1.00
2.00 00200	Cap Rel Costs-Mvble Equip			2.00
4.00 00400	Employee Benefits			4.00
5.00 00500	Administrative & General			5.00
7.00 00700	Operation of Plant			7.00
8.00 00800	Laundry & Linen Service			8.00
9.00 00900	Housekeeping			9.00
10.00 01000	Dietary			10.00
11.00 01100	Cafeteria			11.00
13.00 01300	Nursing Administration			13.00
14.00 01400	Central Services & Supply			14.00
15.00 01500	Pharmacy			15.00
16.00 01600	Medical Records & Library			16.00
17.00 01700	Social Service			17.00
21.00 02100	I&R Services-Salary & Fringes Apprvd	77,773		21.00
22.00 02200	I&R Services-Other Prgrm Costs Apprvd		77,773	22.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00 03000	Adults & Pediatrics	46,443	46,443	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
ANCILLARY SERVICE COST CENTERS				
50.00 05000	Operating Room	27,072	27,072	50.00
50.01 03340	Gastro Intestinal Services	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
54.01 03630	Ultra Sound	0	0	54.01
55.00 05500	Radiology - Therapeutic	0	0	55.00
56.00 05600	Radioisotope	0	0	56.00
56.01 03650	Vascular Lab	0	0	56.01
56.02 03950	Strauss Oncology	0	0	56.02
57.00 05700	CT Scan	0	0	57.00
58.00 05800	Magnetic Resonance Imaging (MRI)	0	0	58.00
59.00 05900	Cardiac Catheterization	0	0	59.00
60.00 06000	Laboratory	0	0	60.00
63.00 06300	Blood Storing, Processing, & Trans.	0	0	63.00
65.00 06500	Respiratory Therapy	0	0	65.00
66.00 06600	Physical Therapy	0	0	66.00
69.00 06900	Electro cardiology	0	0	69.00
70.00 07000	Electroencephalography	0	0	70.00
71.00 07100	Medical Supplies Charged to Patients	0	0	71.00
72.00 07200	Implantable Devices Chrgd to Patient	0	0	72.00
73.00 07300	Drugs Charged to Patients	0	0	73.00
74.00 07400	RENAL DIALYSIS	0	0	74.00
76.00 03951	wound Care	0	0	76.00
OUTPATIENT SERVICE COST CENTERS				
90.00 09000	Clinic	0	0	90.00
91.00 09100	Emergency	4,258	4,258	91.00
92.00 09200	Observation Beds (Non-Distinct Part)			92.00
SPECIAL PURPOSE COST CENTERS				
118.00	SUBTOTALS (sum of lines 1-117)	77,773	77,773	118.00
NONREIMBURSABLE COST CENTERS				
190.00 19000	Gift, Flower, Coffee Shop, & Canteen	0	0	190.00
192.00 19200	Physicians' Private Offices	0	0	192.00
194.00 07950	Marketing	0	0	194.00
194.01 07951	Hospice	0	0	194.01
194.02 07952	Other Nonreimbursable Cost Centers	0	0	194.02
194.03 07953	Vacant Area	0	0	194.03
194.04 07954	Lakefront	0	0	194.04
200.00	Cross Foot Adjustments			200.00
201.00	Negative Cost Centers			201.00
202.00	Cost to be allocated (per wkst. B, Part I)	5,866,340	3,834,775	202.00
203.00	Unit cost multiplier (wkst. B, Part I)	75.429005	49.307279	203.00
204.00	Cost to be allocated (per wkst. B, Part II)	118,762	459,611	204.00
205.00	Unit cost multiplier (wkst. B, Part II)	1.527034	5.909647	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140082

Period: From 06/01/2012 To 05/31/2013

Worksheet C Part I Date/Time Prepared: 10/31/2013 8:07 am

		Title XVIII		Hospital		PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	RCE Disallowance	Total Costs	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 Adults & Pediatrics	17,732,557		17,732,557	13,010	17,745,567	30.00
31.00	03100 Intensive Care Unit	4,744,322		4,744,322	0	4,744,322	31.00
40.00	04000 SUBPROVIDER - IPF	1,985,998		1,985,998	8,314	1,994,312	40.00
41.00	04100 SUBPROVIDER - IRF	2,889,931		2,889,931	20,054	2,909,985	41.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 Operating Room	11,462,357		11,462,357	86,284	11,548,641	50.00
50.01	03340 Gastro Intestinal Services	1,038,804		1,038,804	0	1,038,804	50.01
51.00	05100 Recovery Room	1,197,768		1,197,768	0	1,197,768	51.00
53.00	05300 Anesthesiology	297,276		297,276	0	297,276	53.00
54.00	05400 Radiology - Diagnostic	3,408,328		3,408,328	32,540	3,440,868	54.00
54.01	03630 Ultra Sound	276,499		276,499	0	276,499	54.01
55.00	05500 Radiology - Therapeutic	1,029,540		1,029,540	3,888	1,033,428	55.00
56.00	05600 Radioisotope	886,656		886,656	0	886,656	56.00
56.01	03650 Vascular Lab	299,118		299,118	0	299,118	56.01
56.02	03950 Strauss Oncology	4,014,118		4,014,118	7,201	4,021,319	56.02
57.00	05700 CT Scan	1,117,037		1,117,037	0	1,117,037	57.00
58.00	05800 Magnetic Resonance Imaging (MRI)	342,327		342,327	0	342,327	58.00
59.00	05900 Cardiac Catheterization	1,056,388		1,056,388	0	1,056,388	59.00
60.00	06000 Laboratory	4,141,295		4,141,295	0	4,141,295	60.00
63.00	06300 Blood Storing, Processing, & Trans.	884,898		884,898	0	884,898	63.00
65.00	06500 Respiratory Therapy	1,326,200	0	1,326,200	0	1,326,200	65.00
66.00	06600 Physical Therapy	3,038,682	0	3,038,682	0	3,038,682	66.00
69.00	06900 Electro cardiology	1,375,441		1,375,441	0	1,375,441	69.00
70.00	07000 Electroencephalography	89,129		89,129	0	89,129	70.00
71.00	07100 Medical Supplies Charged to Patients	3,669,493		3,669,493	0	3,669,493	71.00
72.00	07200 Implantable Devices Chrgd to Patient	7,429,529		7,429,529	0	7,429,529	72.00
73.00	07300 Drugs Charged to Patients	5,339,362		5,339,362	0	5,339,362	73.00
74.00	07400 RENAL DIALYSIS	418,307		418,307	0	418,307	74.00
76.00	03951 Wound Care	621,230		621,230	6,481	627,711	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 Clinic	2,570,336		2,570,336	0	2,570,336	90.00
91.00	09100 Emergency	4,493,590		4,493,590	0	4,493,590	91.00
92.00	09200 Observation Beds (Non-Distinct Part)	1,310,423		1,310,423		1,310,423	92.00
200.00	Subtotal (see instructions)	90,486,939	0	90,486,939	177,772	90,664,711	200.00
201.00	Less Observation Beds	1,310,423		1,310,423		1,310,423	201.00
202.00	Total (see instructions)	89,176,516	0	89,176,516	177,772	89,354,288	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140082		Period: From 06/01/2012 To 05/31/2013		Worksheet C Part I Date/Time Prepared: 10/31/2013 8:07 am	
			Title XVIII			Hospital		PPS
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	Adults & Pediatrics	42,422,416		42,422,416			30.00
31.00	03100	Intensive Care Unit	10,120,628		10,120,628			31.00
40.00	04000	SUBPROVIDER - IPF	4,454,956		4,454,956			40.00
41.00	04100	SUBPROVIDER - IRF	4,953,638		4,953,638			41.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	Operating Room	31,698,248	42,770,348	74,468,596	0.153922	0.000000	50.00
50.01	03340	Gastro Intestinal Services	1,382,603	3,297,921	4,680,524	0.221942	0.000000	50.01
51.00	05100	Recovery Room	3,922,068	6,519,925	10,441,993	0.114707	0.000000	51.00
53.00	05300	Anesthesiology	5,013,218	6,119,626	11,132,844	0.026703	0.000000	53.00
54.00	05400	Radiology - Diagnostic	5,007,054	8,375,991	13,383,045	0.254675	0.000000	54.00
54.01	03630	Ultra Sound	960,047	1,671,659	2,631,706	0.105065	0.000000	54.01
55.00	05500	Radiology - Therapeutic	414,620	4,269,161	4,683,781	0.219810	0.000000	55.00
56.00	05600	Radioisotope	1,839,785	3,713,946	5,553,731	0.159651	0.000000	56.00
56.01	03650	Vascular Lab	1,778,440	1,850,804	3,629,244	0.082419	0.000000	56.01
56.02	03950	Strauss Oncology	813,938	28,590,961	29,404,899	0.136512	0.000000	56.02
57.00	05700	CT Scan	11,033,064	14,401,833	25,434,897	0.043917	0.000000	57.00
58.00	05800	Magnetic Resonance Imaging (MRI)	1,813,765	6,155,802	7,969,567	0.042954	0.000000	58.00
59.00	05900	Cardiac Catheterization	8,415,801	3,143,565	11,559,366	0.091388	0.000000	59.00
60.00	06000	Laboratory	34,175,841	18,331,446	52,507,287	0.078871	0.000000	60.00
63.00	06300	Blood Storing, Processing, & Trans.	3,557,473	570,957	4,128,430	0.214342	0.000000	63.00
65.00	06500	Respiratory Therapy	6,974,133	444,544	7,418,677	0.178765	0.000000	65.00
66.00	06600	Physical Therapy	9,503,080	4,127,639	13,630,719	0.222929	0.000000	66.00
69.00	06900	Electro cardiology	8,194,403	5,809,907	14,004,310	0.098216	0.000000	69.00
70.00	07000	Electroencephalography	300,352	111,829	412,181	0.216238	0.000000	70.00
71.00	07100	Medical Supplies Charged to Patients	13,485,841	11,332,854	24,818,695	0.147852	0.000000	71.00
72.00	07200	Implantable Devices Chrgd to Patient	14,176,130	3,992,089	18,168,219	0.408930	0.000000	72.00
73.00	07300	Drugs Charged to Patients	27,783,719	8,416,724	36,200,443	0.147494	0.000000	73.00
74.00	07400	RENAL DIALYSIS	1,036,657	35,800	1,072,457	0.390045	0.000000	74.00
76.00	03951	wound Care	32,017	2,908,536	2,940,553	0.211263	0.000000	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	Clinic	0	1,219,777	1,219,777	2.107218	0.000000	90.00
91.00	09100	Emergency	9,615,713	22,367,104	31,982,817	0.140500	0.000000	91.00
92.00	09200	Observation Beds (Non-Distinct Part)	103,115	2,211,036	2,314,151	0.566265	0.000000	92.00
200.00		Subtotal (see instructions)	264,982,763	212,761,784	477,744,547			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	264,982,763	212,761,784	477,744,547			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140082

Period:
From 06/01/2012
To 05/31/2013

Worksheet C
Part I
Date/Time Prepared:
10/31/2013 8:07 am

Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital	PPS
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 Adults & Pediatrics				30.00
31.00	03100 Intensive Care Unit				31.00
40.00	04000 SUBPROVIDER - IPF				40.00
41.00	04100 SUBPROVIDER - IRF				41.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 Operating Room	0.155081			50.00
50.01	03340 Gastro Intestinal Services	0.221942			50.01
51.00	05100 Recovery Room	0.114707			51.00
53.00	05300 Anesthesiology	0.026703			53.00
54.00	05400 Radiology - Diagnostic	0.257107			54.00
54.01	03630 Ultra Sound	0.105065			54.01
55.00	05500 Radiology - Therapeutic	0.220640			55.00
56.00	05600 Radioisotope	0.159651			56.00
56.01	03650 Vascular Lab	0.082419			56.01
56.02	03950 Strauss Oncology	0.136757			56.02
57.00	05700 CT Scan	0.043917			57.00
58.00	05800 Magnetic Resonance Imaging (MRI)	0.042954			58.00
59.00	05900 Cardiac Catheterization	0.091388			59.00
60.00	06000 Laboratory	0.078871			60.00
63.00	06300 Blood Storing, Processing, & Trans.	0.214342			63.00
65.00	06500 Respiratory Therapy	0.178765			65.00
66.00	06600 Physical Therapy	0.222929			66.00
69.00	06900 Electro cardiology	0.098216			69.00
70.00	07000 Electroencephalography	0.216238			70.00
71.00	07100 Medical Supplies Charged to Patients	0.147852			71.00
72.00	07200 Implantable Devices Chrgd to Patient	0.408930			72.00
73.00	07300 Drugs Charged to Patients	0.147494			73.00
74.00	07400 RENAL DIALYSIS	0.390045			74.00
76.00	03951 wound Care	0.213467			76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 Clinic	2.107218			90.00
91.00	09100 Emergency	0.140500			91.00
92.00	09200 Observation Beds (Non-Distinct Part)	0.566265			92.00
200.00	Subtotal (see instructions)				200.00
201.00	Less Observation Beds				201.00
202.00	Total (see instructions)				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 140082

Period:
From 06/01/2012
To 05/31/2013

Worksheet D
Part I
Date/Time Prepared:
10/31/2013 8:07 am

Cost Center Description		Title XVIII			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)		
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	Adults & Pediatrics	2,689,503	0	2,689,503	23,766	113.17	30.00	
31.00	Intensive Care Unit	583,903		583,903	3,449	169.30	31.00	
40.00	SUBPROVIDER - IPF	253,937	0	253,937	3,170	80.11	40.00	
41.00	SUBPROVIDER - IRF	471,121	0	471,121	4,356	108.15	41.00	
200.00	Total (lines 30-199)	3,998,464		3,998,464	34,741		200.00	
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)					
		6.00	7.00					
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	Adults & Pediatrics	11,579	1,310,395					30.00
31.00	Intensive Care Unit	1,814	307,110					31.00
40.00	SUBPROVIDER - IPF	2,437	195,228					40.00
41.00	SUBPROVIDER - IRF	2,949	318,934					41.00
200.00	Total (lines 30-199)	18,779	2,131,667					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 140082

Period:
From 06/01/2012
To 05/31/2013

Worksheet D
Part II
Date/Time Prepared:
10/31/2013 8:07 am

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Hospital Inpatient Program Charges	PPS Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 Operating Room	1,326,244	74,468,596	0.017809	15,539,883	276,750	50.00
50.01	03340 Gastro Intestinal Services	164,731	4,680,524	0.035195	469,743	16,533	50.01
51.00	05100 Recovery Room	159,389	10,441,993	0.015264	2,019,838	30,831	51.00
53.00	05300 Anesthesiology	24,570	11,132,844	0.002207	2,359,720	5,208	53.00
54.00	05400 Radiology - Diagnostic	549,569	13,383,045	0.041065	1,912,427	78,534	54.00
54.01	03630 Ultra Sound	12,337	2,631,706	0.004688	631,351	2,960	54.01
55.00	05500 Radiology - Therapeutic	166,818	4,683,781	0.035616	229,694	8,181	55.00
56.00	05600 Radioisotope	135,931	5,553,731	0.024476	1,061,772	25,988	56.00
56.01	03650 Vascular Lab	6,348	3,629,244	0.001749	964,208	1,686	56.01
56.02	03950 Strauss Oncology	63,353	29,404,899	0.002155	0	0	56.02
57.00	05700 CT Scan	60,064	25,434,897	0.002361	5,391,541	12,729	57.00
58.00	05800 Magnetic Resonance Imaging (MRI)	49,060	7,969,567	0.006156	1,007,804	6,204	58.00
59.00	05900 Cardiac Catheterization	81,590	11,559,366	0.007058	4,880,931	34,450	59.00
60.00	06000 Laboratory	264,632	52,507,287	0.005040	17,939,590	90,416	60.00
63.00	06300 Blood Storing, Processing, & Trans.	20,910	4,128,430	0.005065	1,197,124	6,063	63.00
65.00	06500 Respiratory Therapy	69,716	7,418,677	0.009397	3,083,196	28,973	65.00
66.00	06600 Physical Therapy	203,853	13,630,719	0.014955	2,406,824	35,994	66.00
69.00	06900 Electro cardiology	317,821	14,004,310	0.022695	4,455,612	101,120	69.00
70.00	07000 Electroencephalography	6,753	412,181	0.016384	153,623	2,517	70.00
71.00	07100 Medical Supplies Charged to Patients	98,084	24,818,695	0.003952	6,577,934	25,996	71.00
72.00	07200 Implantable Devices Chrgd to Patient	192,140	18,168,219	0.010576	7,770,129	82,177	72.00
73.00	07300 Drugs Charged to Patients	135,677	36,200,443	0.003748	14,835,437	55,603	73.00
74.00	07400 RENAL DIALYSIS	5,459	1,072,457	0.005090	542,362	2,761	74.00
76.00	03951 wound Care	118,863	2,940,553	0.040422	860	35	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 Clinic	322,547	1,219,777	0.264431	0	0	90.00
91.00	09100 Emergency	572,626	31,982,817	0.017904	3,728,274	66,751	91.00
92.00	09200 Observation Beds (Non-Distinct Part)	198,606	2,314,151	0.085822	60,562	5,198	92.00
200.00	Total (lines 50-199)	5,327,691	415,792,909		99,220,439	1,003,658	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140082	Period: From 06/01/2012 To 05/31/2013	Worksheet D Part III Date/Time Prepared: 10/31/2013 8:07 am
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Cost Center Description	Title XVIII			Hospital	PPS	Total Costs (sum of cols. 1 through 3, minus col. 4)	
	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)			
	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
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	23,766	0.00	11,579	0	30.00
31.00	03100	Intensive Care Unit	3,449	0.00	1,814	0	31.00
40.00	04000	SUBPROVIDER - IPF	3,170	0.00	2,437	0	40.00
41.00	04100	SUBPROVIDER - IRF	4,356	0.00	2,949	0	41.00
200.00		Total (lines 30-199)	34,741		18,779	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
200.00		Total (lines 30-199)	0	0			200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140082

Period: From 06/01/2012 To 05/31/2013

Worksheet D Part IV Date/Time Prepared: 10/31/2013 8:07 am

Cost Center Description	Title XVIII			Hospital	PPS	Total Cost (sum of col 1 through col. 4)
	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost		
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 Operating Room	0	0	0	0	0	50.00
50.01 03340 Gastro Intestinal Services	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
54.01 03630 Ultra sound	0	0	0	0	0	54.01
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 03650 Vascular Lab	0	0	0	0	0	56.01
56.02 03950 Strauss Oncology	0	0	0	0	0	56.02
57.00 05700 CT Scan	0	0	0	0	0	57.00
58.00 05800 Magnetic Resonance Imaging (MRI)	0	0	0	0	0	58.00
59.00 05900 Cardiac Catheterization	0	0	0	0	0	59.00
60.00 06000 Laboratory	0	0	0	0	0	60.00
63.00 06300 Blood Storing, Processing, & Trans.	0	0	0	0	0	63.00
65.00 06500 Respiratory Therapy	0	0	0	0	0	65.00
66.00 06600 Physical Therapy	0	0	0	0	0	66.00
69.00 06900 Electro cardiology	0	0	0	0	0	69.00
70.00 07000 Electroencephalography	0	0	0	0	0	70.00
71.00 07100 Medical Supplies charged to Patients	0	0	0	0	0	71.00
72.00 07200 Implantable Devices Chrgd to Patient	0	0	0	0	0	72.00
73.00 07300 Drugs Charged to Patients	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00 03951 wound Care	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 Clinic	0	0	0	0	0	90.00
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: 140082

Period: From 06/01/2012 To 05/31/2013

Worksheet D Part IV Date/Time Prepared: 10/31/2013 8:07 am

Cost Center Description		Title XVIII			Hospital		PPS	
		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	Operating Room	0	74,468,596	0.000000	0.000000	15,539,883	50.00
50.01	03340	Gastro Intestinal Services	0	4,680,524	0.000000	0.000000	469,743	50.01
51.00	05100	Recovery Room	0	10,441,993	0.000000	0.000000	2,019,838	51.00
53.00	05300	Anesthesiology	0	11,132,844	0.000000	0.000000	2,359,720	53.00
54.00	05400	Radiology - Diagnostic	0	13,383,045	0.000000	0.000000	1,912,427	54.00
54.01	03630	Ultra Sound	0	2,631,706	0.000000	0.000000	631,351	54.01
55.00	05500	Radiology - Therapeutic	0	4,683,781	0.000000	0.000000	229,694	55.00
56.00	05600	Radioisotope	0	5,553,731	0.000000	0.000000	1,061,772	56.00
56.01	03650	Vascular Lab	0	3,629,244	0.000000	0.000000	964,208	56.01
56.02	03950	Strauss Oncology	0	29,404,899	0.000000	0.000000	0	56.02
57.00	05700	CT Scan	0	25,434,897	0.000000	0.000000	5,391,541	57.00
58.00	05800	Magnetic Resonance Imaging (MRI)	0	7,969,567	0.000000	0.000000	1,007,804	58.00
59.00	05900	Cardiac Catheterization	0	11,559,366	0.000000	0.000000	4,880,931	59.00
60.00	06000	Laboratory	0	52,507,287	0.000000	0.000000	17,939,590	60.00
63.00	06300	Blood Storing, Processing, & Trans.	0	4,128,430	0.000000	0.000000	1,197,124	63.00
65.00	06500	Respiratory Therapy	0	7,418,677	0.000000	0.000000	3,083,196	65.00
66.00	06600	Physical Therapy	0	13,630,719	0.000000	0.000000	2,406,824	66.00
69.00	06900	Electro cardiology	0	14,004,310	0.000000	0.000000	4,455,612	69.00
70.00	07000	Electroencephalography	0	412,181	0.000000	0.000000	153,623	70.00
71.00	07100	Medical Supplies Charged to Patients	0	24,818,695	0.000000	0.000000	6,577,934	71.00
72.00	07200	Implantable Devices Chrgd to Patient	0	18,168,219	0.000000	0.000000	7,770,129	72.00
73.00	07300	Drugs Charged to Patients	0	36,200,443	0.000000	0.000000	14,835,437	73.00
74.00	07400	RENAL DIALYSIS	0	1,072,457	0.000000	0.000000	542,362	74.00
76.00	03951	Wound Care	0	2,940,553	0.000000	0.000000	860	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	Clinic	0	1,219,777	0.000000	0.000000	0	90.00
91.00	09100	Emergency	0	31,982,817	0.000000	0.000000	3,728,274	91.00
92.00	09200	Observation Beds (Non-Distinct Part)	0	2,314,151	0.000000	0.000000	60,562	92.00
200.00		Total (lines 50-199)	0	415,792,909			99,220,439	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140082

Period:
From 06/01/2012
To 05/31/2013

Worksheet D
Part IV
Date/Time Prepared:
10/31/2013 8:07 am

Cost Center Description		Title XVIII			Hospital		PPS	
		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School		
		11.00	12.00	13.00	21.00	22.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	Operating Room	0	10,857,147	0	0	0	50.00
50.01	03340	Gastro Intestinal Services	0	976,263	0	0	0	50.01
51.00	05100	Recovery Room	0	2,630,187	0	0	0	51.00
53.00	05300	Anesthesiology	0	1,523,980	0	0	0	53.00
54.00	05400	Radiology - Diagnostic	0	5,485,849	0	0	0	54.00
54.01	03630	Ultra Sound	0	763,216	0	0	0	54.01
55.00	05500	Radiology - Therapeutic	0	0	0	0	0	55.00
56.00	05600	Radioisotope	0	1,759,822	0	0	0	56.00
56.01	03650	Vascular Lab	0	836,757	0	0	0	56.01
56.02	03950	Strauss Oncology	0	18,908,256	0	0	0	56.02
57.00	05700	CT Scan	0	6,874,505	0	0	0	57.00
58.00	05800	Magnetic Resonance Imaging (MRI)	0	2,573,420	0	0	0	58.00
59.00	05900	Cardiac Catheterization	0	1,557,558	0	0	0	59.00
60.00	06000	Laboratory	0	1,204,930	0	0	0	60.00
63.00	06300	Blood Storing, Processing, & Trans.	0	210,668	0	0	0	63.00
65.00	06500	Respiratory Therapy	0	157,054	0	0	0	65.00
66.00	06600	Physical Therapy	0	0	0	0	0	66.00
69.00	06900	Electro cardiology	0	3,218,119	0	0	0	69.00
70.00	07000	Electroencephalography	0	51,789	0	0	0	70.00
71.00	07100	Medical Supplies Charged to Patients	0	3,623,320	0	0	0	71.00
72.00	07200	Implantable Devices Chrgd to Patient	0	1,366,503	0	0	0	72.00
73.00	07300	Drugs Charged to Patients	0	2,538,266	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	15,422	0	0	0	74.00
76.00	03951	Wound Care	0	360,980	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	Clinic	0	322,299	0	0	0	90.00
91.00	09100	Emergency	0	5,969,898	0	0	0	91.00
92.00	09200	Observation Beds (Non-Distinct Part)	0	826,427	0	0	0	92.00
200.00		Total (lines 50-199)	0	74,612,635	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140082	Period: From 06/01/2012 To 05/31/2013	Worksheet D Part IV Date/Time Prepared: 10/31/2013 8:07 am
	Title XVIII	Hospital	PPS

Cost Center Description		PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost		
		23.00	24.00		
ANCILLARY SERVICE COST CENTERS					
50.00	05000	Operating Room	0	0	50.00
50.01	03340	Gastro Intestinal Services	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
54.01	03630	Ultra Sound	0	0	54.01
55.00	05500	Radiology - Therapeutic	0	0	55.00
56.00	05600	Radioisotope	0	0	56.00
56.01	03650	Vascular Lab	0	0	56.01
56.02	03950	Strauss Oncology	0	0	56.02
57.00	05700	CT Scan	0	0	57.00
58.00	05800	Magnetic Resonance Imaging (MRI)	0	0	58.00
59.00	05900	Cardiac Catheterization	0	0	59.00
60.00	06000	Laboratory	0	0	60.00
63.00	06300	Blood Storing, Processing, & Trans.	0	0	63.00
65.00	06500	Respiratory Therapy	0	0	65.00
66.00	06600	Physical Therapy	0	0	66.00
69.00	06900	Electro cardiology	0	0	69.00
70.00	07000	Electroencephalography	0	0	70.00
71.00	07100	Medical Supplies Charged to Patients	0	0	71.00
72.00	07200	Implantable Devices Chrgd to Patient	0	0	72.00
73.00	07300	Drugs Charged to Patients	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
76.00	03951	wound Care	0	0	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	Clinic	0	0	90.00
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: 140082	Period: From 06/01/2012 To 05/31/2013	Worksheet D Part V Date/Time Prepared: 10/31/2013 8:07 am
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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
ANCILLARY SERVICE COST CENTERS								
50.00	05000	Operating Room	0.153922	10,857,147	0	0	1,671,154	50.00
50.01	03340	Gastro Intestinal Services	0.221942	976,263	0	0	216,674	50.01
51.00	05100	Recovery Room	0.114707	2,630,187	0	0	301,701	51.00
53.00	05300	Anesthesiology	0.026703	1,523,980	0	0	40,695	53.00
54.00	05400	Radiology - Diagnostic	0.254675	5,485,849	0	0	1,397,109	54.00
54.01	03630	Ultra Sound	0.105065	763,216	0	0	80,187	54.01
55.00	05500	Radiology - Therapeutic	0.219810	0	0	0	0	55.00
56.00	05600	Radioisotope	0.159651	1,759,822	0	0	280,957	56.00
56.01	03650	Vascular Lab	0.082419	836,757	0	0	68,965	56.01
56.02	03950	Strauss Oncology	0.136512	18,908,256	0	32,708	2,581,204	56.02
57.00	05700	CT Scan	0.043917	6,874,505	0	0	301,908	57.00
58.00	05800	Magnetic Resonance Imaging (MRI)	0.042954	2,573,420	0	0	110,539	58.00
59.00	05900	Cardiac Catheterization	0.091388	1,557,558	0	0	142,342	59.00
60.00	06000	Laboratory	0.078871	1,204,930	0	0	95,034	60.00
63.00	06300	Blood Storing, Processing, & Trans.	0.214342	210,668	0	0	45,155	63.00
65.00	06500	Respiratory Therapy	0.178765	157,054	0	0	28,076	65.00
66.00	06600	Physical Therapy	0.222929	0	0	0	0	66.00
69.00	06900	Electro cardiology	0.098216	3,218,119	0	0	316,071	69.00
70.00	07000	Electroencephalography	0.216238	51,789	0	0	11,199	70.00
71.00	07100	Medical Supplies Charged to Patients	0.147852	3,623,320	0	0	535,715	71.00
72.00	07200	Implantable Devices Chrgd to Patient	0.408930	1,366,503	0	0	558,804	72.00
73.00	07300	Drugs Charged to Patients	0.147494	2,538,266	0	0	374,379	73.00
74.00	07400	RENAL DIALYSIS	0.390045	15,422	0	0	6,015	74.00
76.00	03951	Wound Care	0.211263	360,980	0	0	76,262	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	Clinic	2.107218	322,299	0	0	679,154	90.00
91.00	09100	Emergency	0.140500	5,969,898	0	0	838,771	91.00
92.00	09200	Observation Beds (Non-Distinct Part)	0.566265	826,427	0	0	467,977	92.00
200.00		Subtotal (see instructions)		74,612,635	0	32,708	11,226,047	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		74,612,635	0	32,708	11,226,047	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 140082

Period:
From 06/01/2012
To 05/31/2013

Worksheet D
Part V
Date/Time Prepared:
10/31/2013 8:07 am

		Title XVIII		Hospital	PPS
Cost Center Description	Costs		6.00	7.00	
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
	ANCILLARY SERVICE COST CENTERS				
50.00	05000	Operating Room	0	0	50.00
50.01	03340	Gastro Intestinal Services	0	0	50.01
51.00	05100	Recovery Room	0	0	53.00
53.00	05300	Anesthesiology	0	0	54.00
54.00	05400	Radiology - Diagnostic	0	0	54.01
54.01	03630	Ultra Sound	0	0	55.00
55.00	05500	Radiology - Therapeutic	0	0	56.00
56.00	05600	Radioisotope	0	0	56.01
56.01	03650	Vascular Lab	0	0	56.02
56.02	03950	Strauss Oncology	0	4,465	57.00
57.00	05700	CT Scan	0	0	58.00
58.00	05800	Magnetic Resonance Imaging (MRI)	0	0	59.00
59.00	05900	Cardiac Catheterization	0	0	60.00
60.00	06000	Laboratory	0	0	63.00
63.00	06300	Blood Storing, Processing, & Trans.	0	0	65.00
65.00	06500	Respiratory Therapy	0	0	66.00
66.00	06600	Physical Therapy	0	0	69.00
69.00	06900	Electro cardiology	0	0	70.00
70.00	07000	Electroencephalography	0	0	71.00
71.00	07100	Medical Supplies Charged to Patients	0	0	72.00
72.00	07200	Implantable Devices Chrgd to Patient	0	0	73.00
73.00	07300	Drugs Charged to Patients	0	0	74.00
74.00	07400	RENAL DIALYSIS	0	0	76.00
76.00	03951	wound care	0	0	
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	Clinic	0	0	90.00
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	4,465	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 +/- line 201)	0	4,465	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS	Provider CCN: 140082 Component CCN: 14S082	Period: From 06/01/2012 To 05/31/2013	Worksheet D Part II Date/Time Prepared: 10/31/2013 8:07 am
Title XVIII		Subprovider - IPF	PPS

Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 Operating Room	1,326,244	74,468,596	0.017809	496	9	50.00
50.01 03340 Gastro Intestinal Services	164,731	4,680,524	0.035195	0	0	50.01
51.00 05100 Recovery Room	159,389	10,441,993	0.015264	0	0	51.00
53.00 05300 Anesthesiology	24,570	11,132,844	0.002207	0	0	53.00
54.00 05400 Radiology - Diagnostic	549,569	13,383,045	0.041065	26,330	1,081	54.00
54.01 03630 Ultra Sound	12,337	2,631,706	0.004688	1,052	5	54.01
55.00 05500 Radiology - Therapeutic	166,818	4,683,781	0.035616	0	0	55.00
56.00 05600 Radioisotope	135,931	5,553,731	0.024476	5,072	124	56.00
56.01 03650 Vascular Lab	6,348	3,629,244	0.001749	7,163	13	56.01
56.02 03950 Strauss Oncology	63,353	29,404,899	0.002155	0	0	56.02
57.00 05700 CT Scan	60,064	25,434,897	0.002361	85,307	201	57.00
58.00 05800 Magnetic Resonance Imaging (MRI)	49,060	7,969,567	0.006156	5,159	32	58.00
59.00 05900 Cardiac Catheterization	81,590	11,559,366	0.007058	0	0	59.00
60.00 06000 Laboratory	264,632	52,507,287	0.005040	482,849	2,434	60.00
63.00 06300 Blood Storing, Processing, & Trans.	20,910	4,128,430	0.005065	0	0	63.00
65.00 06500 Respiratory Therapy	69,716	7,418,677	0.009397	14,024	132	65.00
66.00 06600 Physical Therapy	203,853	13,630,719	0.014955	113,797	1,702	66.00
69.00 06900 Electro cardiology	317,821	14,004,310	0.022695	61,672	1,400	69.00
70.00 07000 Electroencephalography	6,753	412,181	0.016384	919	15	70.00
71.00 07100 Medical Supplies Charged to Patients	98,084	24,818,695	0.003952	7,824	31	71.00
72.00 07200 Implantable Devices Chrgd to Patient	192,140	18,168,219	0.010576	1,925	20	72.00
73.00 07300 Drugs Charged to Patients	135,677	36,200,443	0.003748	460,377	1,725	73.00
74.00 07400 RENAL DIALYSIS	5,459	1,072,457	0.005090	0	0	74.00
76.00 03951 wound Care	118,863	2,940,553	0.040422	0	0	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 Clinic	322,547	1,219,777	0.264431	0	0	90.00
91.00 09100 Emergency	572,626	31,982,817	0.017904	151,408	2,711	91.00
92.00 09200 Observation Beds (Non-Distinct Part)	0	2,314,151	0.000000	0	0	92.00
200.00 Total (lines 50-199)	5,129,085	415,792,909		1,425,374	11,635	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140082
Component CCN: 14S082

Period:
From 06/01/2012
To 05/31/2013

Worksheet D
Part IV
Date/Time Prepared:
10/31/2013 8:07 am

		Title XVIII			Subprovider - IPF	PPS	
Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)		
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000	Operating Room	0	0	0	0	50.00
50.01	03340	Gastro Intestinal Services	0	0	0	0	50.01
51.00	05100	Recovery Room	0	0	0	0	51.00
53.00	05300	Anesthesiology	0	0	0	0	53.00
54.00	05400	Radiology - Diagnostic	0	0	0	0	54.00
54.01	03630	Ultra Sound	0	0	0	0	54.01
55.00	05500	Radiology - Therapeutic	0	0	0	0	55.00
56.00	05600	Radioisotope	0	0	0	0	56.00
56.01	03650	Vascular Lab	0	0	0	0	56.01
56.02	03950	Strauss Oncology	0	0	0	0	56.02
57.00	05700	CT Scan	0	0	0	0	57.00
58.00	05800	Magnetic Resonance Imaging (MRI)	0	0	0	0	58.00
59.00	05900	Cardiac Catheterization	0	0	0	0	59.00
60.00	06000	Laboratory	0	0	0	0	60.00
63.00	06300	Blood Storing, Processing, & Trans.	0	0	0	0	63.00
65.00	06500	Respiratory Therapy	0	0	0	0	65.00
66.00	06600	Physical Therapy	0	0	0	0	66.00
69.00	06900	Electro cardiology	0	0	0	0	69.00
70.00	07000	Electroencephalography	0	0	0	0	70.00
71.00	07100	Medical Supplies Charged to Patients	0	0	0	0	71.00
72.00	07200	Implantable Devices Chrgd to Patient	0	0	0	0	72.00
73.00	07300	Drugs Charged to Patients	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00	03951	Wound Care	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	Clinic	0	0	0	0	90.00
91.00	09100	Emergency	0	0	0	0	91.00
92.00	09200	Observation Beds (Non-Distinct Part)	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140082
Component CCN: 14S082

Period:
From 06/01/2012
To 05/31/2013

Worksheet D
Part IV
Date/Time Prepared:
10/31/2013 8:07 am

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	Operating Room	0	74,468,596	0.000000	0.000000	496 50.00
50.01	03340	Gastro Intestinal Services	0	4,680,524	0.000000	0.000000	0 50.01
51.00	05100	Recovery Room	0	10,441,993	0.000000	0.000000	0 51.00
53.00	05300	Anesthesiology	0	11,132,844	0.000000	0.000000	0 53.00
54.00	05400	Radiology - Diagnostic	0	13,383,045	0.000000	0.000000	26,330 54.00
54.01	03630	Ultra Sound	0	2,631,706	0.000000	0.000000	1,052 54.01
55.00	05500	Radiology - Therapeutic	0	4,683,781	0.000000	0.000000	0 55.00
56.00	05600	Radioisotope	0	5,553,731	0.000000	0.000000	5,072 56.00
56.01	03650	Vascular Lab	0	3,629,244	0.000000	0.000000	7,163 56.01
56.02	03950	Strauss Oncology	0	29,404,899	0.000000	0.000000	0 56.02
57.00	05700	CT Scan	0	25,434,897	0.000000	0.000000	85,307 57.00
58.00	05800	Magnetic Resonance Imaging (MRI)	0	7,969,567	0.000000	0.000000	5,159 58.00
59.00	05900	Cardiac Catheterization	0	11,559,366	0.000000	0.000000	0 59.00
60.00	06000	Laboratory	0	52,507,287	0.000000	0.000000	482,849 60.00
63.00	06300	Blood Storing, Processing, & Trans.	0	4,128,430	0.000000	0.000000	0 63.00
65.00	06500	Respiratory Therapy	0	7,418,677	0.000000	0.000000	14,024 65.00
66.00	06600	Physical Therapy	0	13,630,719	0.000000	0.000000	113,797 66.00
69.00	06900	Electro cardiology	0	14,004,310	0.000000	0.000000	61,672 69.00
70.00	07000	Electroencephalography	0	412,181	0.000000	0.000000	919 70.00
71.00	07100	Medical Supplies Charged to Patients	0	24,818,695	0.000000	0.000000	7,824 71.00
72.00	07200	Implantable Devices Chrgd to Patient	0	18,168,219	0.000000	0.000000	1,925 72.00
73.00	07300	Drugs Charged to Patients	0	36,200,443	0.000000	0.000000	460,377 73.00
74.00	07400	RENAL DIALYSIS	0	1,072,457	0.000000	0.000000	0 74.00
76.00	03951	wound Care	0	2,940,553	0.000000	0.000000	0 76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	Clinic	0	1,219,777	0.000000	0.000000	0 90.00
91.00	09100	Emergency	0	31,982,817	0.000000	0.000000	151,408 91.00
92.00	09200	Observation Beds (Non-Distinct Part)	0	2,314,151	0.000000	0.000000	0 92.00
200.00		Total (lines 50-199)	0	415,792,909			1,425,374 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140082
Component CCN: 14S082

Period:
From 06/01/2012
To 05/31/2013

Worksheet D
Part IV
Date/Time Prepared:
10/31/2013 8:07 am

Title XVIII

Subprovider -
IPF

PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	Operating Room	0	0	0	0	50.00
50.01	03340	Gastro Intestinal Services	0	0	0	0	50.01
51.00	05100	Recovery Room	0	0	0	0	51.00
53.00	05300	Anesthesiology	0	0	0	0	53.00
54.00	05400	Radiology - Diagnostic	0	1,964	0	0	54.00
54.01	03630	Ultra Sound	0	967	0	0	54.01
55.00	05500	Radiology - Therapeutic	0	0	0	0	55.00
56.00	05600	Radioisotope	0	1,311	0	0	56.00
56.01	03650	Vascular Lab	0	0	0	0	56.01
56.02	03950	Strauss Oncology	0	0	0	0	56.02
57.00	05700	CT Scan	0	8,740	0	0	57.00
58.00	05800	Magnetic Resonance Imaging (MRI)	0	0	0	0	58.00
59.00	05900	Cardiac Catheterization	0	0	0	0	59.00
60.00	06000	Laboratory	0	0	0	0	60.00
63.00	06300	Blood Storing, Processing, & Trans.	0	0	0	0	63.00
65.00	06500	Respiratory Therapy	0	0	0	0	65.00
66.00	06600	Physical Therapy	0	0	0	0	66.00
69.00	06900	Electro cardiology	0	4,550	0	0	69.00
70.00	07000	Electroencephalography	0	0	0	0	70.00
71.00	07100	Medical Supplies Charged to Patients	0	570	0	0	71.00
72.00	07200	Implantable Devices Chrgd to Patient	0	0	0	0	72.00
73.00	07300	Drugs Charged to Patients	0	140	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00	03951	Wound Care	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	Clinic	0	0	0	0	90.00
91.00	09100	Emergency	0	0	0	0	91.00
92.00	09200	Observation Beds (Non-Distinct Part)	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	18,242	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140082 Component CCN: 145082	Period: From 06/01/2012 To 05/31/2013	Worksheet D Part IV Date/Time Prepared: 10/31/2013 8:07 am
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description		PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	
		23.00	24.00	
ANCILLARY SERVICE COST CENTERS				
50.00	05000 Operating Room	0	0	50.00
50.01	03340 Gastro Intestinal Services	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
54.01	03630 Ultra Sound	0	0	54.01
55.00	05500 Radiology - Therapeutic	0	0	55.00
56.00	05600 Radioisotope	0	0	56.00
56.01	03650 Vascular Lab	0	0	56.01
56.02	03950 Strauss Oncology	0	0	56.02
57.00	05700 CT Scan	0	0	57.00
58.00	05800 Magnetic Resonance Imaging (MRI)	0	0	58.00
59.00	05900 Cardiac Catheterization	0	0	59.00
60.00	06000 Laboratory	0	0	60.00
63.00	06300 Blood Storing, Processing, & Trans.	0	0	63.00
65.00	06500 Respiratory Therapy	0	0	65.00
66.00	06600 Physical Therapy	0	0	66.00
69.00	06900 Electro cardiology	0	0	69.00
70.00	07000 Electroencephalography	0	0	70.00
71.00	07100 Medical Supplies Charged to Patients	0	0	71.00
72.00	07200 Implantable Devices Chrgd to Patient	0	0	72.00
73.00	07300 Drugs Charged to Patients	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
76.00	03951 wound Care	0	0	76.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 Clinic	0	0	90.00
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: 140082 Component CCN: 14S082	Period: From 06/01/2012 To 05/31/2013	Worksheet D Part V Date/Time Prepared: 10/31/2013 8:07 am
Title XVIII		Subprovider - IPF	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	PPS Services (see inst.)		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)				
	1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	Operating Room	0.153922	0	0	0	0	50.00
50.01	03340	Gastro Intestinal Services	0.221942	0	0	0	0	50.01
51.00	05100	Recovery Room	0.114707	0	0	0	0	51.00
53.00	05300	Anesthesiology	0.026703	0	0	0	0	53.00
54.00	05400	Radiology - Diagnostic	0.254675	1,964	0	0	500	54.00
54.01	03630	Ultra Sound	0.105065	967	0	0	102	54.01
55.00	05500	Radiology - Therapeutic	0.219810	0	0	0	0	55.00
56.00	05600	Radioisotope	0.159651	1,311	0	0	209	56.00
56.01	03650	Vascular Lab	0.082419	0	0	0	0	56.01
56.02	03950	Strauss Oncology	0.136512	0	0	0	0	56.02
57.00	05700	CT Scan	0.043917	8,740	0	0	384	57.00
58.00	05800	Magnetic Resonance Imaging (MRI)	0.042954	0	0	0	0	58.00
59.00	05900	Cardiac Catheterization	0.091388	0	0	0	0	59.00
60.00	06000	Laboratory	0.078871	0	0	0	0	60.00
63.00	06300	Blood Storing, Processing, & Trans.	0.214342	0	0	0	0	63.00
65.00	06500	Respiratory Therapy	0.178765	0	0	0	0	65.00
66.00	06600	Physical Therapy	0.222929	0	0	0	0	66.00
69.00	06900	Electro cardiology	0.098216	4,550	0	0	447	69.00
70.00	07000	Electroencephalography	0.216238	0	0	0	0	70.00
71.00	07100	Medical supplies charged to Patients	0.147852	570	0	0	84	71.00
72.00	07200	Implantable Devices Chrgd to Patient	0.408930	0	0	0	0	72.00
73.00	07300	Drugs Charged to Patients	0.147494	140	0	0	21	73.00
74.00	07400	RENAL DIALYSIS	0.390045	0	0	0	0	74.00
76.00	03951	wound Care	0.211263	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	Clinic	2.107218	0	0	0	0	90.00
91.00	09100	Emergency	0.140500	0	0	0	0	91.00
92.00	09200	Observation Beds (Non-Distinct Part)	0.566265	0	0	0	0	92.00
200.00		Subtotal (see instructions)		18,242	0	0	1,747	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		18,242	0	0	1,747	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 140082

Period: From 06/01/2012

Worksheet D

Component CCN: 14S082

To 05/31/2013

Part V

Date/Time Prepared: 10/31/2013 8:07 am

Title XVIII

Subprovider - IPF

PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 Operating Room	0	0		50.00
50.01 03340 Gastro Intestinal Services	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
54.01 03630 Ultra Sound	0	0		54.01
55.00 05500 Radiology - Therapeutic	0	0		55.00
56.00 05600 Radioisotope	0	0		56.00
56.01 03650 Vascular Lab	0	0		56.01
56.02 03950 Strauss Oncology	0	0		56.02
57.00 05700 CT Scan	0	0		57.00
58.00 05800 Magnetic Resonance Imaging (MRI)	0	0		58.00
59.00 05900 Cardiac Catheterization	0	0		59.00
60.00 06000 Laboratory	0	0		60.00
63.00 06300 Blood Storing, Processing, & Trans.	0	0		63.00
65.00 06500 Respiratory Therapy	0	0		65.00
66.00 06600 Physical Therapy	0	0		66.00
69.00 06900 Electro cardiology	0	0		69.00
70.00 07000 Electroencephalography	0	0		70.00
71.00 07100 Medical Supplies Charged to Patients	0	0		71.00
72.00 07200 Implantable Devices Chrgd to Patient	0	0		72.00
73.00 07300 Drugs Charged to Patients	0	0		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03951 Wound Care	0	0		76.00
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 Clinic	0	0		90.00
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	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		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS	Provider CCN: 140082 Component CCN: 14T082	Period: From 06/01/2012 To 05/31/2013	Worksheet D Part II Date/Time Prepared: 10/31/2013 8:07 am
Title XVIII		Subprovider - IRF	

Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	Operating Room	1,326,244	74,468,596	0.017809	52,036	927	50.00
50.01	03340	Gastro Intestinal Services	164,731	4,680,524	0.035195	0	0	50.01
51.00	05100	Recovery Room	159,389	10,441,993	0.015264	4,265	65	51.00
53.00	05300	Anesthesiology	24,570	11,132,844	0.002207	4,688	10	53.00
54.00	05400	Radiology - Diagnostic	549,569	13,383,045	0.041065	66,919	2,748	54.00
54.01	03630	Ultra Sound	12,337	2,631,706	0.004688	14,945	70	54.01
55.00	05500	Radiology - Therapeutic	166,818	4,683,781	0.035616	0	0	55.00
56.00	05600	Radioisotope	135,931	5,553,731	0.024476	31,823	779	56.00
56.01	03650	Vascular Lab	6,348	3,629,244	0.001749	35,164	62	56.01
56.02	03950	Strauss Oncology	63,353	29,404,899	0.002155	47,443	102	56.02
57.00	05700	CT Scan	60,064	25,434,897	0.002361	49,062	116	57.00
58.00	05800	Magnetic Resonance Imaging (MRI)	49,060	7,969,567	0.006156	32,611	201	58.00
59.00	05900	Cardiac Catheterization	81,590	11,559,366	0.007058	0	0	59.00
60.00	06000	Laboratory	264,632	52,507,287	0.005040	610,256	3,076	60.00
63.00	06300	Blood Storing, Processing, & Trans.	20,910	4,128,430	0.005065	24,926	126	63.00
65.00	06500	Respiratory Therapy	69,716	7,418,677	0.009397	151,019	1,419	65.00
66.00	06600	Physical Therapy	203,853	13,630,719	0.014955	3,549,839	53,088	66.00
69.00	06900	Electro cardiology	317,821	14,004,310	0.022695	37,744	857	69.00
70.00	07000	Electroencephalography	6,753	412,181	0.016384	885	14	70.00
71.00	07100	Medical Supplies Charged to Patients	98,084	24,818,695	0.003952	150,338	594	71.00
72.00	07200	Implantable Devices Chrgd to Patient	192,140	18,168,219	0.010576	19,756	209	72.00
73.00	07300	Drugs Charged to Patients	135,677	36,200,443	0.003748	837,839	3,140	73.00
74.00	07400	RENAL DIALYSIS	5,459	1,072,457	0.005090	68,419	348	74.00
76.00	03951	Wound Care	118,863	2,940,553	0.040422	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	Clinic	322,547	1,219,777	0.264431	0	0	90.00
91.00	09100	Emergency	572,626	31,982,817	0.017904	1,063	19	91.00
92.00	09200	Observation Beds (Non-Distinct Part)	0	2,314,151	0.000000	0	0	92.00
200.00		Total (lines 50-199)	5,129,085	415,792,909		5,791,040	67,970	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140082 Component CCN: 14T082	Period: From 06/01/2012 To 05/31/2013	Worksheet D Part IV Date/Time Prepared: 10/31/2013 8:07 am
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	Title XVIII	Subprovider - IRF	PPS
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Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	Operating Room	0	0	0	0	50.00
50.01	03340	Gastro Intestinal Services	0	0	0	0	50.01
51.00	05100	Recovery Room	0	0	0	0	51.00
53.00	05300	Anesthesiology	0	0	0	0	53.00
54.00	05400	Radiology - Diagnostic	0	0	0	0	54.00
54.01	03630	Ultra Sound	0	0	0	0	54.01
55.00	05500	Radiology - Therapeutic	0	0	0	0	55.00
56.00	05600	Radioisotope	0	0	0	0	56.00
56.01	03650	Vascular Lab	0	0	0	0	56.01
56.02	03950	Strauss Oncology	0	0	0	0	56.02
57.00	05700	CT Scan	0	0	0	0	57.00
58.00	05800	Magnetic Resonance Imaging (MRI)	0	0	0	0	58.00
59.00	05900	Cardiac Catheterization	0	0	0	0	59.00
60.00	06000	Laboratory	0	0	0	0	60.00
63.00	06300	Blood Storing, Processing, & Trans.	0	0	0	0	63.00
65.00	06500	Respiratory Therapy	0	0	0	0	65.00
66.00	06600	Physical Therapy	0	0	0	0	66.00
69.00	06900	Electro cardiology	0	0	0	0	69.00
70.00	07000	Electroencephalography	0	0	0	0	70.00
71.00	07100	Medical Supplies Charged to Patients	0	0	0	0	71.00
72.00	07200	Implantable Devices Chrgd to Patient	0	0	0	0	72.00
73.00	07300	Drugs Charged to Patients	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00	03951	wound Care	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	Clinic	0	0	0	0	90.00
91.00	09100	Emergency	0	0	0	0	91.00
92.00	09200	Observation Beds (Non-Distinct Part)	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	0	0	200.00

Health Financial Systems

LOUIS A. WEISS MEMORIAL HOSPITAL

In Lieu of Form CMS-2552-10

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140082	Period: From 06/01/2012 To 05/31/2013	Worksheet D Part IV Date/Time Prepared: 10/31/2013 8:07 am
	Component CCN: 14T082		
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	Operating Room	0	74,468,596	0.000000	0.000000	52,036 50.00
50.01	03340	Gastro Intestinal Services	0	4,680,524	0.000000	0.000000	0 50.01
51.00	05100	Recovery Room	0	10,441,993	0.000000	0.000000	4,265 51.00
53.00	05300	Anesthesiology	0	11,132,844	0.000000	0.000000	4,688 53.00
54.00	05400	Radiology - Diagnostic	0	13,383,045	0.000000	0.000000	66,919 54.00
54.01	03630	Ultra Sound	0	2,631,706	0.000000	0.000000	14,945 54.01
55.00	05500	Radiology - Therapeutic	0	4,683,781	0.000000	0.000000	0 55.00
56.00	05600	Radioisotope	0	5,553,731	0.000000	0.000000	31,823 56.00
56.01	03650	Vascular Lab	0	3,629,244	0.000000	0.000000	35,164 56.01
56.02	03950	Strauss Oncology	0	29,404,899	0.000000	0.000000	47,443 56.02
57.00	05700	CT Scan	0	25,434,897	0.000000	0.000000	49,062 57.00
58.00	05800	Magnetic Resonance Imaging (MRI)	0	7,969,567	0.000000	0.000000	32,611 58.00
59.00	05900	Cardiac Catheterization	0	11,559,366	0.000000	0.000000	0 59.00
60.00	06000	Laboratory	0	52,507,287	0.000000	0.000000	610,256 60.00
63.00	06300	Blood Storing, Processing, & Trans.	0	4,128,430	0.000000	0.000000	24,926 63.00
65.00	06500	Respiratory Therapy	0	7,418,677	0.000000	0.000000	151,019 65.00
66.00	06600	Physical Therapy	0	13,630,719	0.000000	0.000000	3,549,839 66.00
69.00	06900	Electro cardiology	0	14,004,310	0.000000	0.000000	37,744 69.00
70.00	07000	Electroencephalography	0	412,181	0.000000	0.000000	885 70.00
71.00	07100	Medical supplies Charged to Patients	0	24,818,695	0.000000	0.000000	150,338 71.00
72.00	07200	Implantable Devices Chrgd to Patient	0	18,168,219	0.000000	0.000000	19,756 72.00
73.00	07300	Drugs Charged to Patients	0	36,200,443	0.000000	0.000000	837,839 73.00
74.00	07400	RENAL DIALYSIS	0	1,072,457	0.000000	0.000000	68,419 74.00
76.00	03951	wound Care	0	2,940,553	0.000000	0.000000	0 76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	Clinic	0	1,219,777	0.000000	0.000000	0 90.00
91.00	09100	Emergency	0	31,982,817	0.000000	0.000000	1,063 91.00
92.00	09200	Observation Beds (Non-Distinct Part)	0	2,314,151	0.000000	0.000000	0 92.00
200.00		Total (lines 50-199)	0	415,792,909			5,791,040 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140082	Period: From 06/01/2012 To 05/31/2013	Worksheet D Part IV Date/Time Prepared: 10/31/2013 8:07 am	
		Component CCN: 14T082	Title XVIII	Subprovider - IRF	PPS
Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School
	11.00	12.00	13.00	21.00	22.00

ANCILLARY SERVICE COST CENTERS							
50.00	05000	Operating Room	0	0	0	0	50.00
50.01	03340	Gastro Intestinal Services	0	0	0	0	50.01
51.00	05100	Recovery Room	0	0	0	0	51.00
53.00	05300	Anesthesiology	0	0	0	0	53.00
54.00	05400	Radiology - Diagnostic	0	9,145	0	0	54.00
54.01	03630	Ultra Sound	0	3,568	0	0	54.01
55.00	05500	Radiology - Therapeutic	0	0	0	0	55.00
56.00	05600	Radioisotope	0	2,799	0	0	56.00
56.01	03650	Vascular Lab	0	2,567	0	0	56.01
56.02	03950	Strauss Oncology	0	0	0	0	56.02
57.00	05700	CT Scan	0	8,429	0	0	57.00
58.00	05800	Magnetic Resonance Imaging (MRI)	0	0	0	0	58.00
59.00	05900	Cardiac Catheterization	0	0	0	0	59.00
60.00	06000	Laboratory	0	2,133	0	0	60.00
63.00	06300	Blood Storing, Processing, & Trans.	0	0	0	0	63.00
65.00	06500	Respiratory Therapy	0	0	0	0	65.00
66.00	06600	Physical Therapy	0	0	0	0	66.00
69.00	06900	Electro cardiology	0	4,277	0	0	69.00
70.00	07000	Electroencephalography	0	0	0	0	70.00
71.00	07100	Medical Supplies Charged to Patients	0	4,693	0	0	71.00
72.00	07200	Implantable Devices Chrgd to Patient	0	0	0	0	72.00
73.00	07300	Drugs Charged to Patients	0	42	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	1,378	0	0	74.00
76.00	03951	wound Care	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	Clinic	0	0	0	0	90.00
91.00	09100	Emergency	0	0	0	0	91.00
92.00	09200	Observation Beds (Non-Distinct Part)	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	39,031	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140082 Component CCN: 14T082	Period: From 06/01/2012 To 05/31/2013	Worksheet D Part IV Date/Time Prepared: 10/31/2013 8:07 am
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	
		23.00	24.00	
ANCILLARY SERVICE COST CENTERS				
50.00	05000 Operating Room	0	0	50.00
50.01	03340 Gastro Intestinal Services	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
54.01	03630 Ultra Sound	0	0	54.01
55.00	05500 Radiology - Therapeutic	0	0	55.00
56.00	05600 Radioisotope	0	0	56.00
56.01	03650 Vascular Lab	0	0	56.01
56.02	03950 Strauss Oncology	0	0	56.02
57.00	05700 CT Scan	0	0	57.00
58.00	05800 Magnetic Resonance Imaging (MRI)	0	0	58.00
59.00	05900 Cardiac Catheterization	0	0	59.00
60.00	06000 Laboratory	0	0	60.00
63.00	06300 Blood Storing, Processing, & Trans.	0	0	63.00
65.00	06500 Respiratory Therapy	0	0	65.00
66.00	06600 Physical Therapy	0	0	66.00
69.00	06900 Electro cardiology	0	0	69.00
70.00	07000 Electroencephalography	0	0	70.00
71.00	07100 Medical Supplies Charged to Patients	0	0	71.00
72.00	07200 Implantable Devices Chrgd to Patient	0	0	72.00
73.00	07300 Drugs Charged to Patients	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
76.00	03951 wound Care	0	0	76.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 Clinic	0	0	90.00
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:140082 Component CCN:14T082	Period: From 06/01/2012 To 05/31/2013	Worksheet D Part V Date/Time Prepared: 10/31/2013 8:07 am
Title XVIII		Subprovider - IRF	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
	1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 Operating Room	0.153922	0	0	0	0 50.00
50.01 03340 Gastro Intestinal Services	0.221942	0	0	0	0 50.01
51.00 05100 Recovery Room	0.114707	0	0	0	0 51.00
53.00 05300 Anesthesiology	0.026703	0	0	0	0 53.00
54.00 05400 Radiology - Diagnostic	0.254675	9,145	0	0	2,329 54.00
54.01 03630 Ultra Sound	0.105065	3,568	0	0	375 54.01
55.00 05500 Radiology - Therapeutic	0.219810	0	0	0	0 55.00
56.00 05600 Radioisotope	0.159651	2,799	0	0	447 56.00
56.01 03650 Vascular Lab	0.082419	2,567	0	0	212 56.01
56.02 03950 Strauss Oncology	0.136512	0	0	0	0 56.02
57.00 05700 CT Scan	0.043917	8,429	0	0	370 57.00
58.00 05800 Magnetic Resonance Imaging (MRI)	0.042954	0	0	0	0 58.00
59.00 05900 Cardiac Catheterization	0.091388	0	0	0	0 59.00
60.00 06000 Laboratory	0.078871	2,133	0	0	168 60.00
63.00 06300 Blood Storing, Processing, & Trans.	0.214342	0	0	0	0 63.00
65.00 06500 Respiratory Therapy	0.178765	0	0	0	0 65.00
66.00 06600 Physical Therapy	0.222929	0	0	0	0 66.00
69.00 06900 Electro cardiology	0.098216	4,277	0	0	420 69.00
70.00 07000 Electroencephalography	0.216238	0	0	0	0 70.00
71.00 07100 Medical Supplies Charged to Patients	0.147852	4,693	0	0	694 71.00
72.00 07200 Implantable Devices Chrgd to Patient	0.408930	0	0	0	0 72.00
73.00 07300 Drugs Charged to Patients	0.147494	42	0	0	6 73.00
74.00 07400 RENAL DIALYSIS	0.390045	1,378	0	0	537 74.00
76.00 03951 Wound Care	0.211263	0	0	0	0 76.00
OUTPATIENT SERVICE COST CENTERS					
90.00 09000 Clinic	2.107218	0	0	0	0 90.00
91.00 09100 Emergency	0.140500	0	0	0	0 91.00
92.00 09200 Observation Beds (Non-Distinct Part)	0.566265	0	0	0	0 92.00
200.00 Subtotal (see instructions)			39,031	0	5,558 200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges				0	0 201.00
202.00 Net Charges (line 200 +/- line 201)			39,031	0	5,558 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140082 Component CCN: 14T082	Period: From 06/01/2012 To 05/31/2013	Worksheet D Part V Date/Time Prepared: 10/31/2013 8:07 am
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Costs			
	Cost Reimbursed	Cost Reimbursed		
	Services Subject To Ded. & Coins. (see inst.) 6.00	Services Not Subject To Ded. & Coins. (see inst.) 7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 Operating Room	0	0		50.00
50.01 03340 Gastro Intestinal Services	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
54.01 03630 Ultra Sound	0	0		54.01
55.00 05500 Radiology - Therapeutic	0	0		55.00
56.00 05600 Radioisotope	0	0		56.00
56.01 03650 Vascular Lab	0	0		56.01
56.02 03950 Strauss Oncology	0	0		56.02
57.00 05700 CT Scan	0	0		57.00
58.00 05800 Magnetic Resonance Imaging (MRI)	0	0		58.00
59.00 05900 Cardiac Catheterization	0	0		59.00
60.00 06000 Laboratory	0	0		60.00
63.00 06300 Blood Storing, Processing, & Trans.	0	0		63.00
65.00 06500 Respiratory Therapy	0	0		65.00
66.00 06600 Physical Therapy	0	0		66.00
69.00 06900 Electro cardiology	0	0		69.00
70.00 07000 Electroencephalography	0	0		70.00
71.00 07100 Medical supplies Charged to Patients	0	0		71.00
72.00 07200 Implantable Devices Chrgd to Patient	0	0		72.00
73.00 07300 Drugs Charged to Patients	0	0		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03951 Wound Care	0	0		76.00
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 Clinic	0	0		90.00
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	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		202.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 140082	Period: From 06/01/2012 To 05/31/2013	Worksheet D-1 Date/Time Prepared: 10/31/2013 8:07 am
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Cost Center Description	Title XVIII	Hospital	PPS
			1.00

PART I - ALL PROVIDER COMPONENTS			
INPATIENT DAYS			
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	23,766	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	23,766	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)	22,011	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	11,579	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	0	14.00
15.00	Total nursery days (title V or XIX only)	0	15.00
16.00	Nursery days (title V or XIX only)	0	16.00
SWING BED ADJUSTMENT			
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period	0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)	17,745,567	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)	17,745,567	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28.00	General inpatient routine service charges (excluding swing-bed charges)	42,422,416	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	42,422,416	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.418306	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	1,927.33	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)	17,745,567	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY			
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS			
38.00	Adjusted general inpatient routine service cost per diem (see instructions)	746.68	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	8,645,808	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)	8,645,808	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140082

Period:
From 06/01/2012
To 05/31/2013

Worksheet D-1

Date/Time Prepared:
10/31/2013 8:07 am

Cost Center Description		Title XVIII			Hospital	PPS	
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	Nursery (title V & XIX only)						42.00
Intensive Care Type Inpatient Hospital Units							
43.00	Intensive Care Unit	4,744,322	3,449	1,375.56	1,814	2,495,266	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)					14,730,761	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					25,871,835	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from wkst. D, sum of Parts I and III)					1,617,505	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from wkst. D, sum of Parts II and IV)					1,003,658	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					2,621,163	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					23,250,672	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					1,755	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					746.68	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					1,310,423	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140082

Period:
From 06/01/2012
To 05/31/2013

Worksheet D-1

Date/Time Prepared:
10/31/2013 8:07 am

Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Hospital Total Observation Bed Cost (from line 89)	PPS Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00 Capital-related cost	2,689,503	17,745,567	0.151559	1,310,423	198,606	90.00
91.00 Nursing School cost	0	17,745,567	0.000000	1,310,423	0	91.00
92.00 Allied health cost	0	17,745,567	0.000000	1,310,423	0	92.00
93.00 All other Medical Education	0	17,745,567	0.000000	1,310,423	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140082	Period: From 06/01/2012 To 05/31/2013	Worksheet D-1
		Component CCN: 145082		Date/Time Prepared: 10/31/2013 8:07 am
Cost Center Description		Title XVIII	Subprovider - IPF	PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		3,170	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		3,170	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		3,170	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		2,437	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		1,994,312	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)		1,994,312	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		4,454,956	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		4,454,956	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.447661	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		1,405.35	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)		1,994,312	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		629.12	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,533,165	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)		1,533,165	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140082
Component CCN: 14S082

Period:
From 06/01/2012
To 05/31/2013

Worksheet D-1
Date/Time Prepared:
10/31/2013 8:07 am

Title XVIII

Subprovider -
IPF

PPS

Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
	1.00	2.00	3.00	4.00	5.00	
42.00 Nursery (title V & XIX only)						42.00
Intensive Care Type Inpatient Hospital Units						
43.00 Intensive Care Unit	0	0	0.00	0	0	43.00
44.00 CORONARY CARE UNIT						44.00
45.00 BURN INTENSIVE CARE UNIT						45.00
46.00 SURGICAL INTENSIVE CARE UNIT						46.00
47.00 OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description					1.00	
48.00 Program inpatient ancillary service cost (wkst. D-3, col. 3, line 200)					175,661	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,708,826	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)					195,228	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from wkst. D, sum of Parts II and IV)					11,635	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					206,863	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,501,963	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: 140082
Component CCN: 145082

Period:
From 06/01/2012
To 05/31/2013

Worksheet D-1
Date/Time Prepared:
10/31/2013 8:07 am

Title XVIII

Subprovider -
IPF

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	253,937	1,994,312	0.127331	0	0	90.00
91.00 Nursing School cost	0	1,994,312	0.000000	0	0	91.00
92.00 Allied health cost	0	1,994,312	0.000000	0	0	92.00
93.00 All other Medical Education	0	1,994,312	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 140082	Period: From 06/01/2012 To 05/31/2013	Worksheet D-1
	Component CCN: 14T082		Date/Time Prepared: 10/31/2013 8:07 am
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description			
		1.00	
PART I - ALL PROVIDER COMPONENTS			
INPATIENT DAYS			
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	4,356	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	4,356	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.	0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	4,356	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	2,949	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	0	14.00
15.00	Total nursery days (title V or XIX only)	0	15.00
16.00	Nursery days (title V or XIX only)	0	16.00
SWING BED ADJUSTMENT			
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period	0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)	2,909,985	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)	2,909,985	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28.00	General inpatient routine service charges (excluding swing-bed charges)	4,953,638	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	4,953,638	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.587444	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	1,137.20	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)	2,909,985	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY			
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS			
38.00	Adjusted general inpatient routine service cost per diem (see instructions)	668.04	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	1,970,050	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)	1,970,050	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140082 Component CCN: 14T082		Period: From 06/01/2012 To 05/31/2013		Worksheet D-1 Date/Time Prepared: 10/31/2013 8:07 am	
Title XVIII		Subprovider - IRF		PPS			
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 Nursery (title V & XIX only)							42.00
Intensive Care Type Inpatient Hospital Units							
43.00 Intensive Care Unit	0	0	0.00	0	0		
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (wkst. D-3, col. 3, line 200)					1,101,932		
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,071,982		
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from wkst. D, sum of Parts I and III)					318,934		
51.00 Pass through costs applicable to Program inpatient ancillary services (from wkst. D, sum of Parts II and IV)					67,970		
52.00 Total Program excludable cost (sum of lines 50 and 51)					386,904		
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					2,685,078		
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0		
55.00 Target amount per discharge					0.00		
56.00 Target amount (line 54 x line 55)					0		
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		
58.00 Bonus payment (see instructions)					0		
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		
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		
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		
62.00 Relief payment (see instructions)					0		
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		
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		
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		
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		
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		
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		
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		
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		
89.00 observation bed cost (line 87 x line 88) (see instructions)					0		

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140082
Component CCN: 14T082

Period:
From 06/01/2012
To 05/31/2013

Worksheet D-1
Date/Time Prepared:
10/31/2013 8:07 am

Title XVIII

Subprovider -
IRF

PPS

Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)
	1.00	2.00	3.00	4.00	5.00
COMPUTATION OF OBSERVATION BED PASS THROUGH COST					
90.00 Capital-related cost	471,121	2,909,985	0.161898	0	0 90.00
91.00 Nursing School cost	0	2,909,985	0.000000	0	0 91.00
92.00 Allied health cost	0	2,909,985	0.000000	0	0 92.00
93.00 All other Medical Education	0	2,909,985	0.000000	0	0 93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140082	Period: From 06/01/2012 To 05/31/2013	Worksheet D-3	
		Title XVIII	Hospital	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	Adults & Pediatrics		22,601,145	30.00
31.00	03100	Intensive Care Unit		5,494,634	31.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	Operating Room	0.155081	15,539,883	2,409,941 50.00
50.01	03340	Gastro Intestinal Services	0.221942	469,743	104,256 50.01
51.00	05100	Recovery Room	0.114707	2,019,838	231,690 51.00
53.00	05300	Anesthesiology	0.026703	2,359,720	63,012 53.00
54.00	05400	Radiology - Diagnostic	0.257107	1,912,427	491,698 54.00
54.01	03630	Ultra sound	0.105065	631,351	66,333 54.01
55.00	05500	Radiology - Therapeutic	0.220640	229,694	50,680 55.00
56.00	05600	Radioisotope	0.159651	1,061,772	169,513 56.00
56.01	03650	Vascular Lab	0.082419	964,208	79,469 56.01
56.02	03950	Strauss Oncology	0.136757	0	0 56.02
57.00	05700	CT Scan	0.043917	5,391,541	236,780 57.00
58.00	05800	Magnetic Resonance Imaging (MRI)	0.042954	1,007,804	43,289 58.00
59.00	05900	Cardiac Catheterization	0.091388	4,880,931	446,059 59.00
60.00	06000	Laboratory	0.078871	17,939,590	1,414,913 60.00
63.00	06300	Blood Storing, Processing, & Trans.	0.214342	1,197,124	256,594 63.00
65.00	06500	Respiratory Therapy	0.178765	3,083,196	551,168 65.00
66.00	06600	Physical Therapy	0.222929	2,406,824	536,551 66.00
69.00	06900	Electro cardiology	0.098216	4,455,612	437,612 69.00
70.00	07000	Electroencephalography	0.216238	153,623	33,219 70.00
71.00	07100	Medical Supplies Charged to Patients	0.147852	6,577,934	972,561 71.00
72.00	07200	Implantable Devices Chrgd to Patient	0.408930	7,770,129	3,177,439 72.00
73.00	07300	Drugs Charged to Patients	0.147494	14,835,437	2,188,138 73.00
74.00	07400	RENAL DIALYSIS	0.390045	542,362	211,546 74.00
76.00	03951	wound Care	0.213467	860	184 76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	Clinic	2.107218	0	0 90.00
91.00	09100	Emergency	0.140500	3,728,274	523,822 91.00
92.00	09200	Observation Beds (Non-Distinct Part)	0.566265	60,562	34,294 92.00
200.00		Total (sum of lines 50-94 and 96-98)		99,220,439	14,730,761 200.00
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)		99,220,439	14,730,761 202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 140082

Period: From 06/01/2012

Worksheet D-3

Component CCN: 14S082

To 05/31/2013

Date/Time Prepared: 10/31/2013 8:07 am

Title XVIII

Subprovider - IPF

PPS

Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 Adults & Pediatrics		0		30.00
31.00	03100 Intensive Care Unit		0		31.00
40.00	04000 SUBPROVIDER - IPF		3,517,217		40.00
41.00	04100 SUBPROVIDER - IRF		0		41.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 Operating Room	0.155081	496	77	50.00
50.01	03340 Gastro Intestinal Services	0.221942	0	0	50.01
51.00	05100 Recovery Room	0.114707	0	0	51.00
53.00	05300 Anesthesiology	0.026703	0	0	53.00
54.00	05400 Radiology - Diagnostic	0.257107	26,330	6,770	54.00
54.01	03630 Ultra Sound	0.105065	1,052	111	54.01
55.00	05500 Radiology - Therapeutic	0.220640	0	0	55.00
56.00	05600 Radioisotope	0.159651	5,072	810	56.00
56.01	03650 Vascular Lab	0.082419	7,163	590	56.01
56.02	03950 Strauss Oncology	0.136757	0	0	56.02
57.00	05700 CT Scan	0.043917	85,307	3,746	57.00
58.00	05800 Magnetic Resonance Imaging (MRI)	0.042954	5,159	222	58.00
59.00	05900 Cardiac Catheterization	0.091388	0	0	59.00
60.00	06000 Laboratory	0.078871	482,849	38,083	60.00
63.00	06300 Blood Storing, Processing, & Trans.	0.214342	0	0	63.00
65.00	06500 Respiratory Therapy	0.178765	14,024	2,507	65.00
66.00	06600 Physical Therapy	0.222929	113,797	25,369	66.00
69.00	06900 Electro cardiology	0.098216	61,672	6,057	69.00
70.00	07000 Electroencephalography	0.216238	919	199	70.00
71.00	07100 Medical Supplies Charged to Patients	0.147852	7,824	1,157	71.00
72.00	07200 Implantable Devices Chrgd to Patient	0.408930	1,925	787	72.00
73.00	07300 Drugs Charged to Patients	0.147494	460,377	67,903	73.00
74.00	07400 RENAL DIALYSIS	0.390045	0	0	74.00
76.00	03951 wound Care	0.213467	0	0	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 Clinic	2.107218	0	0	90.00
91.00	09100 Emergency	0.140500	151,408	21,273	91.00
92.00	09200 Observation Beds (Non-Distinct Part)	0.566265	0	0	92.00
200.00	Total (sum of lines 50-94 and 96-98)		1,425,374	175,661	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)		1,425,374		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT	Provider CCN: 140082 Component CCN: 14T082	Period: From 06/01/2012 To 05/31/2013	Worksheet D-3 Date/Time Prepared: 10/31/2013 8:07 am
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 Adults & Pediatrics		0		30.00
31.00	03100 Intensive Care Unit		0		31.00
40.00	04000 SUBPROVIDER - IPF		0		40.00
41.00	04100 SUBPROVIDER - IRF		3,348,230		41.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 Operating Room	0.155081	52,036	8,070	50.00
50.01	03340 Gastro Intestinal Services	0.221942	0	0	50.01
51.00	05100 Recovery Room	0.114707	4,265	489	51.00
53.00	05300 Anesthesiology	0.026703	4,688	125	53.00
54.00	05400 Radiology - Diagnostic	0.257107	66,919	17,205	54.00
54.01	03630 Ultra Sound	0.105065	14,945	1,570	54.01
55.00	05500 Radiology - Therapeutic	0.220640	0	0	55.00
56.00	05600 Radioisotope	0.159651	31,823	5,081	56.00
56.01	03650 Vascular Lab	0.082419	35,164	2,898	56.01
56.02	03950 Strauss Oncology	0.136757	47,443	6,488	56.02
57.00	05700 CT Scan	0.043917	49,062	2,155	57.00
58.00	05800 Magnetic Resonance Imaging (MRI)	0.042954	32,611	1,401	58.00
59.00	05900 Cardiac Catheterization	0.091388	0	0	59.00
60.00	06000 Laboratory	0.078871	610,256	48,132	60.00
63.00	06300 Blood Storing, Processing, & Trans.	0.214342	24,926	5,343	63.00
65.00	06500 Respiratory Therapy	0.178765	151,019	26,997	65.00
66.00	06600 Physical Therapy	0.222929	3,549,839	791,362	66.00
69.00	06900 Electro cardiology	0.098216	37,744	3,707	69.00
70.00	07000 Electroencephalography	0.216238	885	191	70.00
71.00	07100 Medical Supplies Charged to Patients	0.147852	150,338	22,228	71.00
72.00	07200 Implantable Devices Chrgd to Patient	0.408930	19,756	8,079	72.00
73.00	07300 Drugs Charged to Patients	0.147494	837,839	123,576	73.00
74.00	07400 RENAL DIALYSIS	0.390045	68,419	26,686	74.00
76.00	03951 Wound Care	0.213467	0	0	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 Clinic	2.107218	0	0	90.00
91.00	09100 Emergency	0.140500	1,063	149	91.00
92.00	09200 Observation Beds (Non-Distinct Part)	0.566265	0	0	92.00
200.00	Total (sum of lines 50-94 and 96-98)		5,791,040	1,101,932	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net Charges (line 200 minus line 201)		5,791,040		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 140082	Period: From 06/01/2012 To 05/31/2013	Worksheet E Part A Date/Time Prepared: 10/31/2013 8:07 am
Title XVIII	Hospital	PPS
	before 1/1	on/after 1/1
	1.00	1.01

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS			
1.00	DRG Amounts Other than Outlier Payments	23,823,060	1.00
2.00	Outlier payments for discharges (see instructions)	375,351	2.00
2.01	Outlier reconciliation amount	0	2.01
3.00	Managed Care Simulated Payments	2,093,886	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)	159.19	4.00
Indirect Medical Education Adjustment			
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)	56.25	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)	1.41	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.	4.46	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.	10.12	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)	10.00	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)	70.50	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records	71.24	10.00
11.00	FTE count for residents in dental and podiatric programs.	6.53	11.00
12.00	Current year allowable FTE (see instructions)	77.03	12.00
13.00	Total allowable FTE count for the prior year.	65.78	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.	67.35	14.00
15.00	Sum of lines 12 through 14 divided by 3.	70.05	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	70.05	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).	0.440040	19.00
20.00	Prior year resident to bed ratio (see instructions)	0.431033	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)	0.431033	21.00
22.00	IME payment adjustment (see instructions)	5,465,599	22.00
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA			
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).	0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)	0.74	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)	5,465,599	29.00
Disproportionate Share Adjustment			
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	12.99	30.00
31.00	Percentage of Medicaid patient days to total days reported on worksheet S-2, Part I, line 24. (see instructions)	25.60	31.00
32.00	Sum of lines 30 and 31	38.59	32.00
33.00	Allowable disproportionate share percentage (see instructions)	21.05	33.00
34.00	Disproportionate share adjustment (see instructions)	5,014,754	34.00
Additional payment for high percentage of ESRD beneficiary discharges			
40.00	Total Medicare discharges on worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)	0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0	41.00
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00	42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000	44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41)	0	46.00
47.00	Subtotal (see instructions)	34,678,764	47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only.(see instructions)	0	48.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140082	Period: From 06/01/2012 To 05/31/2013	Worksheet E Part A Date/Time Prepared: 10/31/2013 8:07 am
		Title XVIII	Hospital	PPS
			before 1/1	on/after 1/1
			1.00	1.01
49.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)		34,678,764	49.00
50.00	Payment for inpatient program capital (from worksheet L, Parts I, II, as applicable)		2,714,189	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).		3,416,043	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)		40,808,996	59.00
60.00	Primary payer payments		48,445	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		40,760,551	61.00
62.00	Deductibles billed to program beneficiaries		1,842,340	62.00
63.00	Coinurance billed to program beneficiaries		233,768	63.00
64.00	Allowable bad debts (see instructions)		1,265,473	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		885,831	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		1,107,115	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		39,570,274	67.00
68.00	Credits received from manufacturers for replaced devices applicable to MS-DRG (see instructions)		0	68.00
69.00	Outlier payments reconciliation (Sum of lines 93, 95 and 96).(For SCH see instructions)		0	69.00
70.00	OTHER ADJUSTMENTS (SEQUESTRATION)		-131,907	70.00
70.93	HVBP incentive payment (see instructions)		16,780	70.93
70.94	Hospital readmissions reduction adjustment (see instructions)		-122,932	70.94
70.95	Recovery of Accelerated Depreciation		0	70.95
70.96	Low Volume Payment-1		0	70.96
70.97	Low Volume Payment-2		0	70.97
70.98	Low Volume Payment-3		0	70.98
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		39,332,215	71.00
72.00	Interim payments		37,755,575	72.00
73.00	Tentative settlement (for contractor use only)		0	73.00
74.00	Balance due provider (Program) (line 71 minus the sum of lines 72 and 73)		1,576,640	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		4,386,006	75.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Operating outlier amount from worksheet E, Part A line 2 (see instructions)		0	90.00
91.00	Capital outlier from worksheet L, Part I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the Time Value of Money		0.00	94.00
95.00	Time Value of Money for operating expenses(see instructions)		0	95.00
96.00	Time Value of Money for capital related expenses (see instructions)		0	96.00

CALCULATION OF DSH PAYMENT PERCENTAGE

Provider CCN: 140082

Period:
From 06/01/2012
To 05/31/2013

Worksheet DSH

Date/Time Prepared:
10/31/2013 8:07 am

		Title XVIII		Hospital		PPS	
		Original .mcrx Values	Adjusted .mcax Values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
CALCULATION OF THE DSH PAYMENT PERCENTAGE							
1.00	Percentage of SSI patient days to Medicare Part A days (Previous from E, Part A, line 30 - Revised from CMS)	12.99	0.00	0.00	0.00	0.00	1.00
2.00	Percentage of Medicaid patient days to total days (From line 27)	25.60	0.00			25.60	2.00
3.00	Sum of lines 1 and 2, if less than 15% DSH Payment Percentage = 0	38.59	0.00			25.60	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)	159.19	0.00			159.19	5.00
6.00	Disproportionate Share Payment Percentage (transfer to worksheet E, Part A, line 33)	21.05	0.00			10.33	6.00
7.00	Qualify for Operating DSH Eligibility (DPP 15% or more)?	Yes				Yes	7.00
8.00	S-2, Line 22	Yes				Yes	8.00
9.00	Qualify for capital DSH Eligibility (Urban with 100 or more beds)?	Yes				No	9.00
10.00	S-2, Line 45	Yes				Yes	10.00
11.00	Is the provider reimbursed under the fully prospective method? (worksheet L, Part I, line 1 greater than -0-)	Yes				Yes	11.00
12.00	Percentage of SSI patient days to Medicare Part A days (Previous from L, Part I, line 7 - Revised from CMS)	12.99	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)	12.43	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)	5,688	0			5,688	15.00
16.00	In-State Medicaid eligible unpaid paid days (worksheet S-2, line 24, column 2)	648	0			648	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)	183	0			183	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)	6,519	0			6,519	21.00
22.00	Total patient days (worksheet S-3, Part I, Column 8, Line 14)	25,460	0			25,460	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)	25,460	0			25,460	26.00
27.00	Percentage of Medicaid patient days to total days (Line 21 divided by line 26)	25.60	0.00			25.60	27.00

CALCULATION OF DSH PAYMENT PERCENTAGE

Provider CCN: 140082

Period:
From 06/01/2012
To 05/31/2013

Worksheet DSH

Date/Time Prepared:
10/31/2013 8:07 am

		Title XVIII		Hospital		PPS	
		Original .mcrx Values		Adjusted .mcax Values		Revised	
		Condition	Percentage	Condition	Percentage	Condition	
		1.00	2.00	3.00	4.00	5.00	
CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE							
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	True	21.05		0.00	True	28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	False	0.00		0.00	False	29.00
30.00	Line 28 or 29 as applicable		21.05		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.		21.05		0.00		31.00
		Original .mcrx Values	Adjusted .mcax Values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
DETERMINATION OF PROVIDER TYPE							
32.00	Does the hospital qualify under the Pickle ammendment? (worksheet S-2, Part I, Line 22, column 2 = "Y")	False				False	32.00
33.00	Is This a Rural Referral Center? (worksheet S-2, Part I, line 116, column 1 = "Y")	False				False	33.00
34.00	Is this a Medicare Dependant Hospital? (worksheet S-2, Part I, Line 37 greater than -0-)	False				False	34.00
35.00	Is this a Sole Cummunity 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: 140082

Period:
From 06/01/2012
To 05/31/2013

Worksheet DSH

Date/Time Prepared:
10/31/2013 8:07 am

Title XVIII

Hospital

PPS

		Revised Percentage	
		6.00	
CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE			
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	10.33	28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	0.00	29.00
30.00	Line 28 or 29 as applicable	10.33	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.	10.33	31.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140082	Period: From 06/01/2012 To 05/31/2013	Worksheet E Part B Date/Time Prepared: 10/31/2013 8:07 am
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		4,465	1.00
2.00	Medical and other services reimbursed under OPPI (see instructions)		11,226,047	2.00
3.00	PPS payments		10,440,848	3.00
4.00	Outlier payment (see instructions)		78,839	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)		4,465	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		32,708	12.00
13.00	Organ acquisition charges (from worksheet D-4, Part III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		32,708	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		32,708	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		28,243	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		4,465	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)		10,519,687	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		2,373,019	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)		8,151,133	27.00
28.00	Direct graduate medical education payments (from worksheet E-4, line 50)		1,254,121	28.00
29.00	ESRD direct medical education costs (from worksheet E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		9,405,254	30.00
31.00	Primary payer payments		2,177	31.00
32.00	Subtotal (line 30 minus line 31)		9,403,077	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		1,597,483	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		1,118,238	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		1,454,162	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		10,521,315	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEQUESTRATION)		-35,167	39.00
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (line 37 plus or minus lines 39 minus 38)		10,486,148	40.00
41.00	Interim payments		10,009,333	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (line 40 minus the sum of lines 41, and 42)		476,815	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00
				Overrides
				1.00
WORKSHEET OVERRIDE VALUES				
112.00	Override of Ancillary service charges (line 12)		0	112.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140082	Period: From 06/01/2012 To 05/31/2013	Worksheet E Part B Date/Time Prepared: 10/31/2013 8:07 am
		Component CCN: 14S082	Title XVIII	Subprovider - IPF
				PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		1,747	2.00
3.00	PPS payments		2,164	3.00
4.00	Outlier payment (see instructions)		0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from worksheet D, Part IV, column 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from worksheet D-4, Part III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a 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)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		2,164	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		538	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)		1,626	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)		1,626	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		1,626	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		1,626	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (line 37 plus or minus lines 39 minus 38)		1,626	40.00
41.00	Interim payments		1,625	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (line 40 minus the sum of lines 41, and 42)		1	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00
				Overrides
				1.00
WORKSHEET OVERRIDE VALUES				
112.00	override of Ancillary service charges (line 12)		0	112.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140082	Period: From 06/01/2012 To 05/31/2013	Worksheet E Part B Date/Time Prepared: 10/31/2013 8:07 am
		Component CCN: 14T082		
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		5,558	2.00
3.00	PPS payments		3,969	3.00
4.00	Outlier payment (see instructions)		0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from worksheet D, Part IV, column 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from worksheet D-4, Part III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a 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)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		3,969	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		1,125	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)		2,844	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)		2,844	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		2,844	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		2,844	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (line 37 plus or minus lines 39 minus 38)		2,844	40.00
41.00	Interim payments		2,845	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (line 40 minus the sum of lines 41, and 42)		-1	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00
			Overrides	
			1.00	
WORKSHEET OVERRIDE VALUES				
112.00	Override of Ancillary service charges (line 12)			0 112.00

		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						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						2.00
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	11/24/2012	24,985			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	03/15/2013	9,857	11/27/2012	2,198		3.50
3.51			0	03/15/2013	5,776		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)		15,128		-7,974		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)		37,755,575		10,009,333		4.00
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						5.00
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0			0	5.01
5.02			0			0	5.02
5.03			0			0	5.03
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0			0	5.50
5.51			0			0	5.51
5.52			0			0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0			0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)						6.00
6.01	SETTLEMENT TO PROVIDER		1,576,640		476,815		6.01
6.02	SETTLEMENT TO PROGRAM		0		0		6.02
7.00	Total Medicare program liability (see instructions)		39,332,215		10,486,148		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: 140082 Component CCN: 14S082	Period: From 06/01/2012 To 05/31/2013	Worksheet E-1 Part I Date/Time Prepared: 10/31/2013 8:07 am	
		Title XVIII	Subprovider - IPF	PPS	
		Inpatient Part A		Part B	
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount
		1.00	2.00	3.00	4.00
1.00	Total interim payments paid to provider		2,028,585		1,625
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0
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)				
Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER		0		0
3.02			0		0
3.03			0		0
3.04			0		0
3.05			0		0
Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0
3.51			0		0
3.52			0		0
3.53			0		0
3.54			0		0
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0
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)		2,028,585		1,625
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)				
Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0
5.02			0		0
5.03			0		0
Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0
5.51			0		0
5.52			0		0
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0
6.00	Determined net settlement amount (balance due) based on the cost report. (1)				
6.01	SETTLEMENT TO PROVIDER		0		1
6.02	SETTLEMENT TO PROGRAM		592		0
7.00	Total Medicare program liability (see instructions)		2,027,993		1,626
				Contractor Number	NPR Date (Mo/Day/Yr)
		0		1.00	2.00
8.00	Name of Contractor				

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140082
Component CCN: 14T082

Period:
From 06/01/2012
To 05/31/2013

Worksheet E-1
Part I
Date/Time Prepared:
10/31/2013 8:07 am

Title XVIII

Subprovider -
IRF

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		5,172,667		2,845	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER	11/27/2012	74,839		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)		74,839		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)		5,247,506		2,845	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		147,550		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		1	6.02
7.00	Total Medicare program liability (see instructions)		5,395,056		2,844	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	8.00
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140082	Period: From 06/01/2012 To 05/31/2013	Worksheet E-3 Part II Date/Time Prepared: 10/31/2013 8:07 am
		Component CCN: 14S082		
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			2,213,440 1.00
2.00	Net IPF PPS Outlier Payments			0 2.00
3.00	Net IPF PPS ECT Payments			0 3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)			0.00 4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 4.01
5.00	New Teaching program adjustment. (see instructions)			0.00 5.00
6.00	Current year's unweighted FTE count of I&R other than FTEs in the first 3 years of a "new teaching program". (see inst.)			0.00 6.00
7.00	Current year's unweighted I&R FTE count for residents within the first 3 years of a "new teaching program". (see inst.)			0.00 7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)			0.00 8.00
9.00	Average Daily Census (see instructions)			8.684932 9.00
10.00	Medical Education Adjustment Factor $\{(1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1\}$.			0.000000 10.00
11.00	Medical Education Adjustment (line 1 multiplied by line 10).			0 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			2,213,440 12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)			0 13.00
14.00	Organ acquisition			0 14.00
15.00	Cost of teaching physicians (from worksheet D-5, Part II, column 3, line 20) (see instructions)			0 15.00
16.00	Subtotal (see instructions)			2,213,440 16.00
17.00	Primary payer payments			0 17.00
18.00	Subtotal (line 16 less line 17).			2,213,440 18.00
19.00	Deductibles			130,424 19.00
20.00	Subtotal (line 18 minus line 19)			2,083,016 20.00
21.00	Coinsurance			48,222 21.00
22.00	Subtotal (line 20 minus line 21)			2,034,794 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			0 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			0 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 25.00
26.00	Subtotal (sum of lines 22 and 24)			2,034,794 26.00
27.00	Direct graduate medical education payments (from worksheet E-4, line 49)			0 27.00
28.00	Other pass through costs (see instructions)			0 28.00
29.00	Outlier payments reconciliation			0 29.00
30.00	OTHER ADJUSTMENTS (SEQUESTRATION)			-6,801 30.00
30.99	Recovery of Accelerated Depreciation			0 30.99
31.00	Total amount payable to the provider (see instructions)			2,027,993 31.00
32.00	Interim payments			2,028,585 32.00
33.00	Tentative settlement (for contractor use only)			0 33.00
34.00	Balance due provider/program (line 31 minus the sum lines 32 and 33)			-592 34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2			0 35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from worksheet E-3, Part II, line 2			0 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time value of Money (see instructions)			0 53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140082 Component CCN: 14T082	Period: From 06/01/2012 To 05/31/2013	Worksheet E-3 Part III Date/Time Prepared: 10/31/2013 8:07 am
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			4,856,515 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.1243 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			596,001 3.00
4.00	Outlier Payments			10,987 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 other than FTEs in the first 3 years of a "new teaching program". (see inst.)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the first 3 years of a "new teaching program". (see inst.)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			11.934247 10.00
11.00	Medical Education Adjustment Factor {((1 + (line 9/line 10)) raised to the power of .6876 -1}.			0.000000 11.00
12.00	Medical Education Adjustment (line 1 multiplied by line 11).			0 12.00
13.00	Total PPS Payment (sum of lines 1, 3, 4 and 12)			5,463,503 13.00
14.00	Nursing and Allied Health Managed Care payment (see instruction)			0 14.00
15.00	Organ acquisition			0 15.00
16.00	Cost of teaching physicians (from worksheet D-5, Part II, column 3, line 20) (see instructions)			0 16.00
17.00	Subtotal (see instructions)			5,463,503 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			5,463,503 19.00
20.00	Deductibles			35,976 20.00
21.00	Subtotal (line 19 minus line 20)			5,427,527 21.00
22.00	Coinsurance			14,378 22.00
23.00	Subtotal (line 21 minus line 22)			5,413,149 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			0 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			0 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 26.00
27.00	Subtotal (sum of lines 23 and 25)			5,413,149 27.00
28.00	Direct graduate medical education payments (from worksheet E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			0 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEQUESTRATION)			-18,093 31.00
31.99	Recovery of Accelerated Depreciation			0 31.99
32.00	Total amount payable to the provider (see instructions)			5,395,056 32.00
33.00	Interim payments			5,247,506 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus the sum lines 33 and 34)			147,550 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2			0 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from worksheet E-3, Part III, line 4			10,987 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time value of Money			0.00 52.00
53.00	Time value of Money (see instructions)			0 53.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	Provider CCN: 140082	Period: From 06/01/2012 To 05/31/2013	Worksheet E-4 Date/Time Prepared: 10/31/2013 8:07 am
	Title XVIII	Hospital	PPS

			1.00	
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COMPUTATION OF TOTAL DIRECT GME AMOUNT				
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.		56.79	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		0.28	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)		3.59	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))		8.54	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)		10.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus line 4.01 plus line 4.02 plus applicable subscripts)		71.46	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)		71.24	6.00
7.00	Enter the lesser of line 5 or line 6		71.24	7.00

		Primary Care 1.00	Other 2.00	Total 3.00	
8.00	weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	37.44	32.26	69.70	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.	37.44	32.26	69.70	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		5.11		10.00
11.00	Total weighted FTE count	37.44	37.37		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	32.98	29.23		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	29.13	30.10		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	33.18	32.23		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	33.18	32.23		17.00
18.00	Per resident amount	121,946.30	115,472.17		18.00
19.00	Approved amount for resident costs	4,046,178	3,721,668	7,767,846	19.00

			1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)		0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)		0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)		0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)		0.00	23.00
24.00	Multiply line 22 time line 23		0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)		7,767,846	25.00

		Inpatient Part A 1.00	Managed care 2.00	Total 3.00	
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COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days	18,779	1,226		26.00
27.00	Total Inpatient Days (see instructions)	32,986	32,986		27.00
28.00	Ratio of inpatient days to total inpatient days	0.569302	0.037167		28.00
29.00	Program direct GME amount	4,422,250	288,708		29.00
30.00	Reduction for direct GME payments for Medicare managed care		40,794		30.00
31.00	Net Program direct GME amount			4,670,164	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140082	Period: From 06/01/2012 To 05/31/2013	Worksheet E-4 Date/Time Prepared: 10/31/2013 8:07 am
		Title XVIII	Hospital	PPS
				1.00
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from worksheet B, Part I, sum of columns 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (worksheet C, Part I, column 8, sum of lines 74 and 94)		1,072,457	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		30,652,643	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)		48,445	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		30,604,198	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		11,237,817	42.00
43.00	Primary payer payments (see instructions)		2,177	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		11,235,640	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		41,839,838	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.731461	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.268539	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		4,670,164	48.00
49.00	Part A Medicare GME payment (line 46 x 48)(title XVIII only)(see instructions)		3,416,043	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		1,254,121	50.00

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

Provider CCN: 140082

Period:
From 06/01/2012
To 05/31/2013

Worksheet G

Date/Time Prepared:
10/31/2013 8:07 am

	General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
	1.00	2.00	3.00	4.00	
CURRENT ASSETS					
1.00	Cash on hand in banks	-350,824	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	23,039,405	0	0	0 4.00
5.00	Other receivable	442,627	0	0	0 5.00
6.00	Allowances for uncollectible notes and accounts receivable	-5,351,123	0	0	0 6.00
7.00	Inventory	3,269,367	0	0	0 7.00
8.00	Prepaid expenses	569,129	0	0	0 8.00
9.00	Other current assets	0	0	0	0 9.00
10.00	Due from other funds	0	0	0	0 10.00
11.00	Total current assets (sum of lines 1-10)	21,618,581	0	0	0 11.00
FIXED ASSETS					
12.00	Land	13,168,721	0	0	0 12.00
13.00	Land improvements	43,156	0	0	0 13.00
14.00	Accumulated depreciation	0	0	0	0 14.00
15.00	Buildings	43,876,178	0	0	0 15.00
16.00	Accumulated depreciation	0	0	0	0 16.00
17.00	Leasehold improvements	2,507,348	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	41,325,932	0	0	0 23.00
24.00	Accumulated depreciation	-58,445,511	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	66,750	0	0	0 29.00
30.00	Total fixed assets (sum of lines 12-29)	42,542,574	0	0	0 30.00
OTHER ASSETS					
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	916,574	0	0	0 34.00
35.00	Total other assets (sum of lines 31-34)	916,574	0	0	0 35.00
36.00	Total assets (sum of lines 11, 30, and 35)	65,077,729	0	0	0 36.00
CURRENT LIABILITIES					
37.00	Accounts payable	8,612,885	0	0	0 37.00
38.00	Salaries, wages, and fees payable	5,838,643	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	-1,527,226	0	0	0 43.00
44.00	Other current liabilities	0	0	0	0 44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	12,924,302	0	0	0 45.00
LONG TERM LIABILITIES					
46.00	Mortgage payable	125,274,668	0	0	0 46.00
47.00	Notes payable	1,999,194	0	0	0 47.00
48.00	Unsecured loans	0	0	0	0 48.00
49.00	Other long term liabilities	3,381,342	0	0	0 49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	130,655,204	0	0	0 50.00
51.00	Total liabilities (sum of lines 45 and 50)	143,579,506	0	0	0 51.00
CAPITAL ACCOUNTS					
52.00	General fund balance	-78,501,777	0	0	0 52.00
53.00	Specific purpose fund	0	0	0	0 53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0 54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0 55.00
56.00	Governing body created - endowment fund balance	0	0	0	0 56.00
57.00	Plant fund balance - invested in plant	0	0	0	0 57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0 58.00
59.00	Total fund balances (sum of lines 52 thru 58)	-78,501,777	0	0	0 59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	65,077,729	0	0	0 60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140082

Period:
From 06/01/2012
To 05/31/2013

Worksheet G-1

Date/Time Prepared:
10/31/2013 8:07 am

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		-75,138,483		0		1.00
2.00	Net income (loss) (from wkst. G-3, line 29)		-4,770,192				2.00
3.00	Total (sum of line 1 and line 2)		-79,908,675		0		3.00
4.00	RECONCILING ITEM	1,406,894		0		0	4.00
5.00		4		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		1,406,898		0		10.00
11.00	Subtotal (line 3 plus line 10)		-78,501,777		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		-78,501,777		0		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (from wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	RECONCILING ITEM		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 140082

Period:
From 06/01/2012
To 05/31/2013

Worksheet G-2
Parts I & II
Date/Time Prepared:
10/31/2013 8:07 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	42,422,416		42,422,416	1.00
2.00	SUBPROVIDER - IPF	4,454,956		4,454,956	2.00
3.00	SUBPROVIDER - IRF	4,953,638		4,953,638	3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	51,831,010		51,831,010	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	Intensive Care Unit	10,120,628		10,120,628	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	10,120,628		10,120,628	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	61,951,638		61,951,638	17.00
18.00	Ancillary services	193,312,298	186,963,866	380,276,164	18.00
19.00	Outpatient services	9,718,828	25,797,917	35,516,745	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PHYSICIAN PRIVATE OFFICES	0	1,571,490	1,571,490	27.00
27.01	PROFESSIONAL FEES	0	84,947	84,947	27.01
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to wkst. G-3, line 1)	264,982,764	214,418,220	479,400,984	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per wkst. A, column 3, line 200)		122,709,915		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)		122,709,915		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140082

Period:
From 06/01/2012
To 05/31/2013

Worksheet G-3

Date/Time Prepared:
10/31/2013 8:07 am

		1.00	
1.00	Total patient revenues (from wkst. G-2, Part I, column 3, line 28)	479,400,984	1.00
2.00	Less contractual allowances and discounts on patients' accounts	362,878,416	2.00
3.00	Net patient revenues (line 1 minus line 2)	116,522,568	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	122,709,915	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-6,187,347	5.00
	OTHER INCOME		
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and telegraph service	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	94,039	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	299,923	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	6,381	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	5,018	21.00
22.00	Rental of hospital space	831,388	22.00
23.00	Governmental appropriations	0	23.00
24.00	HOSPICE BED RENTAL REVENUE	140,420	24.00
24.01	OTHER OPERATING REVENUE	39,986	24.01
25.00	Total other income (sum of lines 6-24)	1,417,155	25.00
26.00	Total (line 5 plus line 25)	-4,770,192	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-4,770,192	29.00

Provider CCN: 140082	Period: From 06/01/2012 To 05/31/2013	Worksheet L Parts I-III Date/Time Prepared: 10/31/2013 8:07 am
Title XVIII	Hospital	PPS

	1.00	
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PART I - FULLY PROSPECTIVE METHOD
CAPITAL FEDERAL AMOUNT

1.00	Capital DRG other than outlier	1,905,634	1.00
2.00	Capital DRG outlier payments	29,342	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)	69.75	3.00
4.00	Number of interns & residents (see instructions)	70.05	4.00
5.00	Indirect medical education percentage (see instructions)	32.77	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)	624,476	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (worksheet E, part A line 30) (see instructions)	12.99	7.00
8.00	Percentage of Medicaid patient days to total days reported on worksheet S-3, Part I (see instructions)	25.60	8.00
9.00	Sum of lines 7 and 8	38.59	9.00
10.00	Allowable disproportionate share percentage (see instructions)	8.12	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)	154,737	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)	2,714,189	12.00
		1.00	

PART II - PAYMENT UNDER REASONABLE COST

1.00	Program inpatient routine capital cost (see instructions)	0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)	0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)	0	3.00
4.00	Capital cost payment factor (see instructions)	0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)	0	5.00
		1.00	

PART III - COMPUTATION OF EXCEPTION PAYMENTS

1.00	Program inpatient capital costs (see instructions)	0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)	0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)	0	3.00
4.00	Applicable exception percentage (see instructions)	0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)	0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)	0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)	0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)	0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)	0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)	0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year worksheet L, Part III, line 14)	0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)	0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)	0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)	0	14.00
15.00	Current year allowable operating and capital payment (see instructions)	0	15.00
16.00	Current year operating and capital costs (see instructions)	0	16.00
17.00	Current year exception offset amount (see instructions)	0	17.00