

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: 140116	Period: From 07/01/2012 To 06/30/2013	Worksheet S Parts I-III Date/Time Prepared: 11/26/2013 3:01 pm
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**PART I - COST REPORT STATUS**

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 11/26/2013 Time: 3:01 pm
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN 10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

**PART II - CERTIFICATION**

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by NORTHERN ILLINOIS MEDICAL CENTER ( 140116 ) for the cost reporting period beginning 07/01/2012 and ending 06/30/2013 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

Cost Center Description	Title XVIII			HIT	Title XIX	
	Title V	Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00 Hospital	0	-118,042	-38,092	0	0	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	-44,306	12	0	0	3.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
9.00 HOME HEALTH AGENCY I	0	0	0	0	0	9.00
200.00 Total	0	-162,348	-38,080	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.

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

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**PART I - COST REPORT STATUS**

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

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

Date: 11/26/2013 Time: 3:01 pm

**PART II - CERTIFICATION**

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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 NORTHERN ILLINOIS MEDICAL CENTER ( 140116 ) for the cost reporting period beginning 07/01/2012 and ending 06/30/2013 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

Encryption Information  
 ECR: Date: 11/26/2013 Time: 3:01 pm  
 GE4Gnu8YNAwjwBaSvbTctKzfV8AWp0  
 eB9j607cfexVo9: .PRI 13fb5vkn3m4  
 1sB61cQ: 290yzWik  
 PI: Date: 11/26/2013 Time: 3:01 pm  
 pkWchBEDntaZ1IKDd0r45: o122piy0  
 y0sMDOxvxhrqnrpvt58ZQwAT9V0j .w  
 Ow9D0fSPjAOqaFDI

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

	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00 Hospital	0	-118,042	-38,092	0	0	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	-44,306	12	0	0	3.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
9.00 HOME HEALTH AGENCY I	0	0	0	0	0	9.00
200.00 Total	0	-162,348	-38,080	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: 140116	Period: From 07/01/2012 To 06/30/2013	Worksheet S-2 Part I Date/Time Prepared: 11/26/2013 2:59 pm
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1.00	2.00	3.00	4.00	1.00	2.00
Hospital and Hospital Health Care Complex Address:					
Street: 4201 MEDICAL CENTER DRIVE		PO Box:			
City: MCHENRY		State: IL		Zip Code: 60050- County: MCHENRY	

	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	NORTHERN ILLINOIS MEDICAL CENTER	140116	16974	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF	NIMC REHABILITATION UNIT	14T116	16974	5	07/01/1985	N	P	O	5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC	NIMC HOME HEALTH AGENCY	147455	16974		07/01/1986	N	P	N	13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FOHC									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)	07/01/2012	06/30/2013	20.00
21.00	Type of Control (see instructions)	2		21.00

Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					N		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.					0				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.	3,648	0	0	0	342	90	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.	133	0	0	0	0	0	25.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140116	Period: From 07/01/2012 To 06/30/2013	Worksheet S-2 Part I Date/Time Prepared: 11/26/2013 2:59 pm		
		Beginning: 1.00	Ending: 2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0				37.00
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.					38.00
		Y/N 1.00	Y/N 2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					39.00
		V 1.00	XVIII 2.00	XIX 3.00		
<b>Prospective Payment System (PPS)-Capital</b>						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N		45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Worksheet L, Part III and L-1, Parts I through III.	N	N	N		46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00
<b>Teaching Hospitals</b>						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N				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.					57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N				58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N				59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N				60.00
		Y/N 1.00	IME 2.00	Direct GME 3.00	IME 4.00	Direct GME 5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00		61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN and general surgery) added as a result of section 5503. (see instructions)		0.00	0.00		61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00		61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00		61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00		61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00		61.06
		Program Name 1.00	Program Code 2.00	Unweighted IME FTE Count 3.00	Unweighted Direct GME FTE Count 4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.			0.00	0.00	61.10

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	Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
	1.00	2.00	3.00	4.00	
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.		0.00	0.00	61.20
				1.00	
<u>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</u>					
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)			0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)			0.00	62.01
<u>Teaching Hospitals that Claim Residents in Non-Provider Settings</u>					
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)			N	63.00
			Unweighted FTEs Nonprovi der Site	Unweighted FTEs in Hospi tal	Ratio (col. 1/ (col. 1 + col. 2))
			1.00	2.00	3.00
<u>Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.</u>					
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	64.00
			Unweighted FTEs Nonprovi der Site	Unweighted FTEs in Hospi tal	Ratio (col. 3/ (col. 3 + col. 4))
			1.00	2.00	3.00
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2 the program code, enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	65.00
			Unweighted FTEs Nonprovi der Site	Unweighted FTEs in Hospi tal	Ratio (col. 1/ (col. 1 + col. 2))
			1.00	2.00	3.00
<u>Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010</u>					
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	66.00

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

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			V	XIX	
			1.00	2.00	
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N			107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N			108.00
		Physical	Occupational	Speech	Respiratory
		1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N
			1.00	2.00	3.00
<b>Miscellaneous Cost Reporting Information</b>					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospital providers) based on the definition in CMS 15-1, §2208.1.	N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1			118.00
		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	1,626,644	4,457,009	9,314	
				1.00	2.00
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N			118.02
119.00	DO NOT USE THIS LINE				119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2 "Y" for yes or "N" for no.	N		N	120.00
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y			121.00
<b>Transplant Center Information</b>					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N			125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00
<b>All Providers</b>					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y		14H122	140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140116	Period: From 07/01/2012 To 06/30/2013	Worksheet S-2 Part I Date/Time Prepared: 11/26/2013 2:59 pm				
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: NAME: CENTEGRA HEALTH SYSTEM	Contractor's Name: NATIONAL GOVERNMENT SERVICES		Contractor's Number: 00131		141.00		
142.00	Street: STREET: STREET: 385 MILLENNIUM DR	PO Box:				142.00		
143.00	City: CRYSTAL LAKE	State: IL		Zip Code: 60012		143.00		
						1.00		
144.00	Are provider based physicians' costs included in Worksheet A?				Y		144.00	
145.00	If costs for renal services are claimed on Worksheet A, line 74, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.				Y		145.00	
						1.00		
						2.00		
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.				N		146.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.				N		147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.				N		148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.				N		149.00	
		Part A	Part B	Title V	Title XIX			
		1.00	2.00	3.00	4.00			
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)								
155.00	Hospital	N	N	N	N		155.00	
156.00	Subprovider - IPF	N	N	N	N		156.00	
157.00	Subprovider - IRF	N	N	N	N		157.00	
158.00	SUBPROVIDER						158.00	
159.00	SNF	N	N	N	N		159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N		160.00	
161.00	CMHC		N	N	N		161.00	
						1.00		
Multi campus								
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.				N		165.00	
		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5						0.00	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)				0		168.00	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)				0.00		169.00	
		Beginning		Ending				
		1.00		2.00				
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)						170.00	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140116	Period: From 07/01/2012 To 06/30/2013	Worksheet S-2 Part II Date/Time Prepared: 11/26/2013 2:59 pm	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
			Y/N	Legal Oper.	
			1.00	2.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	N			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
				Y/N	
				1.00	
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N	15.00
		Part A		Part B	
		Y/N	Date	Y/N	
		1.00	2.00	3.00	
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	11/13/2013	Y	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140116	Period: From 07/01/2012 To 06/30/2013	Worksheet S-2 Part II Date/Time Prepared: 11/26/2013 2:59 pm	
	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	
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>					
<b>Capital Related Cost</b>					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			N	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	27.00
<b>Interest Expense</b>					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N	31.00
<b>Purchased Services</b>					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.			N	33.00
<b>Provider-Based Physicians</b>					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			N	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			N	35.00
		Y/N	Date		
		1.00	2.00		
<b>Home Office Costs</b>					
36.00	Were home office costs claimed on the cost report?			N	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			N	37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			N	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			N	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			N	40.00
		1.00	2.00		
<b>Cost Report Preparer Contact Information</b>					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	ANNA		BURACKER	41.00
42.00	Enter the employer/company name of the cost report preparer.	CENTEGRA HEALTH SYSTEM			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	(815)759-8037		ABURACKER@CENTEGRA.COM	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 140116

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

Worksheet S-2  
Part II  
Date/Time Prepared:  
11/26/2013 2:59 pm

		Part B	
		Date	
		4.00	
<b>PS&amp;R Data</b>			
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	11/13/2013	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		21.00
		3.00	
<b>Cost Report Preparer Contact Information</b>			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	REIMBURSEMENT ANALYST	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

VOLUNTARY CONTACT INFORMATION

Provider CCN: 140116

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

Worksheet S-2  
Part V  
Date/Time Prepared:  
11/26/2013 2:59 pm

		1.00	
<b>Cost Report Preparer Contact Information</b>			
1.00	First Name	ANNA	1.00
2.00	Last Name	BURACKER	2.00
3.00	Title	REIMBURSEMENT ANALYST	3.00
4.00	Employer	CENTEGRA HEALTH SYSTEM	4.00
5.00	Phone Number	(815)759-8037	5.00
6.00	E-mail Address	ABURACKER@CENTEGRA.COM	6.00
7.00	Department	FINANCE	7.00
8.00	Mailing Address 1	4209 W. SHAMROCK LANE, SUITE B	8.00
9.00	Mailing Address 2		9.00
10.00	City	MCHENRY	10.00
11.00	State	IL	11.00
12.00	Zip	60050	12.00
<b>Officer or Administrator of Provider Contact Information</b>			
13.00	First Name	DAVID	13.00
14.00	Last Name	TOMLINSON	14.00
15.00	Title	CHIEF FINANCIAL OFFICER	15.00
16.00	Employer	CENTEGRA HEALTH SYSTEM	16.00
17.00	Phone Number		17.00
18.00	E-mail Address	DTOMLINSON@CENTEGRA.COM	18.00
19.00	Department	ADMINISTRATION	19.00
20.00	Mailing Address 1	385 MILLENNIUM DRIVE	20.00
21.00	Mailing Address 2	(815)788-5800	21.00
22.00	City	CRYSTAL LAKE	22.00
23.00	State	IL	23.00
24.00	Zip	60012	24.00

HFS Supplemental Information		Provider CCN: 140116	Period: From 07/01/2012 To 06/30/2013	Worksheet S-2 Part IX Date/Time Prepared: 11/26/2013 2:59 pm	
			Title V	Title XIX	
			1.00	2.00	
<b>TITLES V AND/OR XIX FOLLOWING MEDICARE</b>					
1.00	Do Title V or XIX follow Medicare (Title XVIII) for the Interns and Residence post stepdown adjustments on W/S B, Part I, column 25? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.		Y	Y	1.00
2.00	Do Title V or XIX follow Medicare (Title XVIII) for the reporting of charges on W/S C, Part I (e.g. net of Physician's component)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.		Y	Y	2.00
3.00	Do Title V or XIX follow Medicare (Title XVIII) for the calculation of Observation Bed Cost on W/S D-1, Part IV, line 89? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.		Y	Y	3.00
			Inpatient	Outpatient	
			1.00	2.00	
<b>CRITICAL ACCESS HOSPITALS</b>					
4.00	Does Title V follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.		N	N	4.00
5.00	Does Title XIX follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.		N	N	5.00
			Title V	Title XIX	
			1.00	2.00	
<b>RCE DISALLOWANCE</b>					
6.00	Do Title V or XIX follow Medicare and add back the RCE Disallowance on W/S C, Part I column 4? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.		Y	Y	6.00
<b>PASS THROUGH COST</b>					
7.00	Do Title V or XIX follow Medicare when cost reimbursed (payment system is "0") for worksheets D, parts I through IV? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.		Y	Y	7.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140116

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
11/26/2013 2:59 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	Title V
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	140	51,100	0.00	0	1.00
2.00 HMO and other (see instructions)						2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF					0	5.00
6.00 Hospital Adults & Peds. Swing Bed NF					0	6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		140	51,100	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	18	6,570	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		158	57,670	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	15	5,475		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	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		173				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140116

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
11/26/2013 2:59 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	17,444	2,594	30,932			1.00
2.00 HMO and other (see instructions)	720	342				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	77	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)	17,444	2,594	30,932			7.00
8.00 INTENSIVE CARE UNIT	2,840	320	4,749			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		824	2,051			13.00
14.00 Total (see instructions)	20,284	3,738	37,732	0.00	1,012.07	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	3,259	133	4,369	0.00	23.02	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	23,003	1,202	29,979	0.00	39.41	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)				0.00	1,074.50	27.00
28.00 Observation Bed Days		463	3,820			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140116

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
11/26/2013 2:59 pm

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)			0	4,510	942	9,213	1.00
2.00 HMO and other (see instructions)				0			2.00
3.00 HMO IPF Subprovider							3.00
4.00 HMO IRF Subprovider							4.00
5.00 Hospital Adults & Peds. Swing Bed SNF							5.00
6.00 Hospital Adults & Peds. Swing Bed NF							6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)							7.00
8.00 INTENSIVE CARE UNIT							8.00
9.00 CORONARY CARE UNIT							9.00
10.00 BURN INTENSIVE CARE UNIT							10.00
11.00 SURGICAL INTENSIVE CARE UNIT							11.00
12.00 OTHER SPECIAL CARE (SPECIFY)							12.00
13.00 NURSERY							13.00
14.00 Total (see instructions)	0.00	0		4,510	942	9,213	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF							16.00
17.00 SUBPROVIDER - IRF	0.00	0	242		11	344	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	0.00						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)							23.00
24.00 HOSPICE							24.00
24.10 HOSPICE (non-distinct part)							24.10
25.00 CMHC - CMHC							25.00
26.00 RURAL HEALTH CLINIC							26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER							26.25
27.00 Total (sum of lines 14-26)	0.00						27.00
28.00 Observation Bed Days							28.00
29.00 Ambulance Trips							29.00
30.00 Employee discount days (see instruction)							30.00
31.00 Employee discount days - IRF							31.00
32.00 Labor & delivery days (see instructions)							32.00
33.00 LTCH non-covered days							33.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140116

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
11/26/2013 2:59 pm

	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART II - WAGE DATA</b>							
<b>SALARIES</b>							
1.00	Total salaries (see instructions)	200.00	84,170,790	-14,727,608	69,443,182	2,258,124.00	30.75
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		0	0	0	0.00	0.00
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	0	0	0	0.00	0.00
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)		4,180,024	225,565	4,405,589	138,193.00	31.88
<b>OTHER WAGES &amp; RELATED COSTS</b>							
11.00	Contract labor (see instructions)		2,942,886	0	2,942,886	84,347.00	34.89
12.00	Contract management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		416,945	0	416,945	1,888.00	220.84
14.00	Home office salaries & wage-related costs		19,911,552	0	19,911,552	374,579.00	53.16
15.00	Home office: Physician Part A - Administrative		29,520	0	29,520	189.00	156.19
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
<b>WAGE-RELATED COSTS</b>							
17.00	Wage-related costs (core) (see instructions)		15,930,395	0	15,930,395		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		1,038,463	0	1,038,463		
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/FOHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
<b>OVERHEAD COSTS - DIRECT SALARIES</b>							
26.00	Employee Benefits Department	4.00	864,579	-864,579	0	0.00	0.00
27.00	Administrative & General	5.00	18,672,465	-16,328,017	2,344,448	112,639.00	20.81
28.00	Administrative & General under contract (see inst.)		573,692	0	573,692	1,982.00	289.45
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00
30.00	Operation of Plant	7.00	1,339,725	11,996	1,351,721	54,579.00	24.77
31.00	Laundry & Linen Service	8.00	50,901	757	51,658	3,100.00	16.66
32.00	Housekeeping	9.00	1,350,463	16,738	1,367,201	90,787.00	15.06
33.00	Housekeeping under contract (see instructions)		191,368	0	191,368	4,379.00	43.70
34.00	Dietary	10.00	1,455,655	-841,587	614,068	43,353.00	14.16
35.00	Dietary under contract (see instructions)		349,911	0	349,911	5,574.00	62.78
36.00	Cafeteria	11.00	0	858,115	858,115	41,403.00	20.73
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00
38.00	Nursing Administration	13.00	1,540,735	7,373	1,548,108	47,066.00	32.89
39.00	Central Services and Supply	14.00	419,508	6,557	426,065	21,541.00	19.78
40.00	Pharmacy	15.00	2,735,211	30,987	2,766,198	69,193.00	39.98
41.00	Medical Records & Medical Records Library	16.00	1,835,046	22,693	1,857,739	76,758.00	24.20

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140116

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
11/26/2013 2:59 pm

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

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140116

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

Worksheet S-3  
Part III  
Date/Time Prepared:  
11/26/2013 2:59 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>							
1.00	Net salaries (see instructions)	85,285,761	-14,727,608	70,558,153	2,270,059.00	31.08	1.00
2.00	Excluded area salaries (see instructions)	4,180,024	225,565	4,405,589	138,193.00	31.88	2.00
3.00	Subtotal salaries (line 1 minus line 2)	81,105,737	-14,953,173	66,152,564	2,131,866.00	31.03	3.00
4.00	Subtotal other wages & related costs (see inst.)	23,300,903	0	23,300,903	461,003.00	50.54	4.00
5.00	Subtotal wage-related costs (see inst.)	15,930,395	0	15,930,395	0.00	24.08	5.00
6.00	Total (sum of lines 3 thru 5)	120,337,035	-14,953,173	105,383,862	2,592,869.00	40.64	6.00
7.00	Total overhead cost (see instructions)	31,379,259	-17,078,967	14,300,292	572,354.00	24.99	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 140116	Period: From 07/01/2012 To 06/30/2013	Worksheet S-3 Part IV Date/Time Prepared: 11/26/2013 2:59 pm
				Amount Reported
				1.00
<b>PART IV - WAGE RELATED COSTS</b>				
<b>Part A - Core List</b>				
<b>RETIREMENT COST</b>				
1.00	401K Employer Contributions			1,132,610 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0 2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)			0 3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)			0 4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>				
5.00	401K/TSA Plan Administration Fees			11,505 5.00
6.00	Legal/Accounting/Management Fees-Pension Plan			0 6.00
7.00	Employee Managed Care Program Administration Fees			0 7.00
<b>HEALTH AND INSURANCE COST</b>				
8.00	Health Insurance (Purchased or Self Funded)			7,709,276 8.00
9.00	Prescription Drug Plan			0 9.00
10.00	Dental, Hearing and Vision Plan			518,342 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			139,577 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)			739,219 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance			999,072 15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)			0 16.00
<b>TAXES</b>				
17.00	FICA-Employers Portion Only			4,898,393 17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance			163,861 19.00
20.00	State or Federal Unemployment Taxes			0 20.00
<b>OTHER</b>				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))			0 21.00
22.00	Day Care Cost and Allowances			355,840 22.00
23.00	Tuition Reimbursement			301,163 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			16,968,858 24.00
<b>Part B - Other than Core Related Cost</b>				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)			0 25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 140116

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

Worksheet S-3  
Part V  
Date/Time Prepared:  
11/26/2013 2:59 pm

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
<b>PART V - Contract Labor and Benefit Cost</b>				
<b>Hospital and Hospital-Based Component Identification:</b>				
1.00	Total facility's contract labor and benefit cost	2,960,782	0	1.00
2.00	Hospital	2,942,886	0	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF	17,896	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis			17.00
18.00	Other	0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 140116 Component CCN: 147455		Period: From 07/01/2012 To 06/30/2013		Worksheet S-4 Date/Time Prepared: 11/26/2013 2:59 pm	
				Home Health Agency I		PPS	
						1.00	
0.00	County					0.00	
		Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	
HOME HEALTH AGENCY STATISTICAL DATA							
1.00	Home Health Aide Hours	0	3,506	20	573	4,099	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	965.00	75.00	66.00	0.00	2.00
				Number of Employees (Full Time Equivalent)			
		Enter the number of hours in your normal work week		Staff	Contract	Total	
		0		1.00	2.00	3.00	
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES							
3.00	Administrator and Assistant Administrator(s)	40.00		11.58	0.00	11.58	3.00
4.00	Director(s) and Assistant Director(s)			0.00	0.00	0.00	4.00
5.00	Other Administrative Personnel			0.00	0.00	0.00	5.00
6.00	Direct Nursing Service			17.39	0.00	17.39	6.00
7.00	Nursing Supervisor			0.00	0.00	0.00	7.00
8.00	Physical Therapy Service			5.78	0.00	5.78	8.00
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service			0.49	0.00	0.49	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00
12.00	Speech Pathology Service			0.48	0.00	0.48	12.00
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00
14.00	Medical Social Service			0.00	0.00	0.00	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			2.76	0.00	2.76	16.00
17.00	Home Health Aide Supervisor			0.00	0.00	0.00	17.00
18.00	Other (specify)			0.00	0.00	0.00	18.00
HOME HEALTH AGENCY CBSA CODES							
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.			2			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).			16974			20.00
20.01				29404			20.01
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		Without Outliers	With Outliers	3.00	4.00	5.00	
		1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	10,265	1,477	361	133	12,236	21.00
22.00	Skilled Nursing Visit Charges	2,080,330	297,070	74,760	27,200	2,479,360	22.00
23.00	Physical Therapy Visits	6,805	170	65	112	7,152	23.00
24.00	Physical Therapy Visit Charges	1,395,790	34,850	13,225	22,995	1,466,860	24.00
25.00	Occupational Therapy Visits	545	37	1	6	589	25.00
26.00	Occupational Therapy Visit Charges	111,725	7,585	205	1,230	120,745	26.00
27.00	Speech Pathology Visits	589	14	7	12	622	27.00
28.00	Speech Pathology Visit Charges	120,540	2,870	1,435	2,460	127,305	28.00
29.00	Medical Social Service Visits	0	0	0	0	0	29.00
30.00	Medical Social Service Visit Charges	0	0	0	0	0	30.00
31.00	Home Health Aide Visits	2,190	185	4	25	2,404	31.00
32.00	Home Health Aide Visit Charges	240,900	20,350	440	2,750	264,440	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	20,394	1,883	438	288	23,003	33.00
34.00	Other Charges	2,808	1,822	137	8	4,775	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	3,952,093	364,547	90,202	56,643	4,463,485	35.00
36.00	Total Number of Episodes (standard/non outlier)	1,161		155	20	1,336	36.00
37.00	Total Number of Outlier Episodes		38		2	40	37.00
38.00	Total Non-Routine Medical Supply Charges	176,546	28,585	13,363	1,511	220,005	38.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 140116	Period: From 07/01/2012 To 06/30/2013	Worksheet S-10 Date/Time Prepared: 11/26/2013 2: 59 pm
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			1.00		
<b>Uncompensated and indigent care cost computation</b>					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.289188	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		11,691,278	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		72,568	5.00	
6.00	Medicaid charges		60,114,271	6.00	
7.00	Medicaid cost (line 1 times line 6)		17,384,326	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)		5,620,480	8.00	
State Children's Health Insurance Program (SCHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone SCHIP		0	9.00	
10.00	Stand-alone SCHIP charges		0	10.00	
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0	11.00	
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00	
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00	
Uncompensated care (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00	
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		5,620,480	19.00	
			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	21,111,726	0	21,111,726	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	6,105,258	0	6,105,258	21.00
22.00	Partial payment by patients approved for charity care	1,677,063	0	1,677,063	22.00
23.00	Cost of charity care (line 21 minus line 22)	4,428,195	0	4,428,195	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)		11,914,799	26.00	
27.00	Medicare bad debts for the entire hospital complex (see instructions)		595,435	27.00	
28.00	Non-Medicare and Non-Reimbursable Medicare bad debt expense (line 26 minus line 27)		11,319,364	28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		3,273,424	29.00	
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)		7,701,619	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		13,322,099	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140116

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

Worksheet A  
Date/Time Prepared:  
11/26/2013 2:59 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT		10,464,726			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0		7,319,460	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	864,579	15,490,115	16,354,694	-133,106	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	18,672,465	34,229,178	52,901,643	-2,085,938	5.00
7.00	00700	OPERATION OF PLANT	1,339,725	2,767,853	4,107,578	11,981	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	50,901	649,501	700,402	757	8.00
9.00	00900	HOUSEKEEPING	1,350,463	923,483	2,273,946	12,908	9.00
10.00	01000	DIETARY	1,455,655	1,772,986	3,228,641	-1,521,563	10.00
11.00	01100	CAFETERIA	0	0	0	1,538,091	11.00
13.00	01300	NURSING ADMINISTRATION	1,540,735	205,063	1,745,798	-79,771	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	419,508	1,045,306	1,464,814	22,612	14.00
15.00	01500	PHARMACY	2,735,211	10,195,984	12,931,195	-9,429,802	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,835,046	180,903	2,015,949	22,693	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	16,658,272	1,883,711	18,541,983	-682,385	30.00
31.00	03100	INTENSIVE CARE UNIT	4,086,335	600,222	4,686,557	128,204	31.00
41.00	04100	SUBPROVIDER - IRF	1,456,702	98,394	1,555,096	214,156	41.00
43.00	04300	NURSERY	0	0	0	1,076,035	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	6,813,125	12,398,576	19,211,701	-8,648,530	50.00
51.00	05100	RECOVERY ROOM	962,570	120,543	1,083,113	-33,115	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	1,132,506	52.00
53.00	05300	ANESTHESIOLOGY	40,087	535,659	575,746	-74,347	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,325,133	2,399,885	6,725,018	-19,949	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,870,647	709,962	2,580,609	-15,415	55.00
56.00	05600	RADIOISOTOPE	488,325	1,038,924	1,527,249	7,854	56.00
57.00	05700	CT SCAN	674,391	421,736	1,096,127	-22,705	57.00
58.00	05800	MRI	335,204	196,131	531,335	1,999	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,353,869	5,019,644	6,373,513	-4,087,048	59.00
60.00	06000	LABORATORY	0	6,104,548	6,104,548	-17	60.00
65.00	06500	RESPIRATORY THERAPY	1,104,606	398,061	1,502,667	-68,557	65.00
66.00	06600	PHYSICAL THERAPY	3,829,992	650,909	4,480,901	30,163	66.00
67.00	06700	OCCUPATIONAL THERAPY	690,677	12,651	703,328	4,148	67.00
68.00	06800	SPEECH PATHOLOGY	346,619	5,940	352,559	3,394	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
70.01	07001	SLEEP LAB/NEUROLOGY	307,080	170,563	477,643	-2,369	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	6,717,649	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	7,901,626	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	9,414,789	73.00
76.00	03140	CARDIOLOGY	418,036	38,046	456,082	3,384	76.00
76.97	07697	CARDIAC REHABILITATION	571,070	227,728	798,798	5,609	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	380,703	129,516	510,219	-490	90.00
90.01	09001	DIABETES CENTER	87,817	28,832	116,649	-689	90.01
91.00	09100	EMERGENCY	4,178,778	1,402,474	5,581,252	-188,754	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	203,142	1,348,336	1,551,478	-478,889	97.00
101.00	10100	HOME HEALTH AGENCY	2,647,904	465,822	3,113,726	37,974	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE		4,157,432	4,157,432	-4,157,432	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	84,095,372	118,489,343	202,584,715	1,176	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	802	802	0	190.00
192.01	19201	OCCUPATIONAL HEALTH	75,418	72,831	148,249	722	192.01
192.02	19202	FLIGHT FOR LIFE	0	4,564	4,564	-1,898	192.02
192.04	19204	WELLNESS PROGRAM	0	0	0	0	192.04
200.00		TOTAL (SUM OF LINES 118-199)	84,170,790	118,567,540	202,738,330	0	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140116

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

Worksheet A  
Date/Time Prepared:  
11/26/2013 2:59 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation		
		6.00	7.00		
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-3,427,140	3,161,641	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-53,371	7,266,089	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-3,545	16,218,043	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-16,901,788	33,913,917	5.00
7.00	00700	OPERATION OF PLANT	-456,770	3,662,789	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	701,159	8.00
9.00	00900	HOUSEKEEPING	-190,364	2,096,490	9.00
10.00	01000	DIETARY	0	1,707,078	10.00
11.00	01100	CAFETERIA	-824,942	713,149	11.00
13.00	01300	NURSING ADMINISTRATION	33,460	1,699,487	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,487,426	14.00
15.00	01500	PHARMACY	0	3,501,393	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-20,609	2,018,033	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	-324,191	17,535,407	30.00
31.00	03100	INTENSIVE CARE UNIT	0	4,814,761	31.00
41.00	04100	SUBPROVIDER - IRF	0	1,769,252	41.00
43.00	04300	NURSERY	0	1,076,035	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	-751,095	9,812,076	50.00
51.00	05100	RECOVERY ROOM	0	1,049,998	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,132,506	52.00
53.00	05300	ANESTHESIOLOGY	-21,288	480,111	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-125,674	6,579,395	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-44,879	2,520,315	55.00
56.00	05600	RADIOISOTOPE	0	1,535,103	56.00
57.00	05700	CT SCAN	0	1,073,422	57.00
58.00	05800	MRI	0	533,334	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	2,286,465	59.00
60.00	06000	LABORATORY	-521,316	5,583,215	60.00
65.00	06500	RESPIRATORY THERAPY	-46,306	1,387,804	65.00
66.00	06600	PHYSICAL THERAPY	-137,941	4,373,123	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	707,476	67.00
68.00	06800	SPEECH PATHOLOGY	0	355,953	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
70.01	07001	SLEEP LAB/NEUROLOGY	0	475,274	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	6,717,649	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	7,901,626	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	9,414,789	73.00
76.00	03140	CARDIOLOGY	0	459,466	76.00
76.97	07697	CARDIAC REHABILITATION	-127,767	676,640	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	-39,319	470,410	90.00
90.01	09001	DIABETES CENTER	-11,820	104,140	90.01
91.00	09100	EMERGENCY	-43,543	5,348,955	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	1,072,589	97.00
101.00	10100	HOME HEALTH AGENCY	-61,733	3,089,967	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-24,101,941	178,483,950	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	802	190.00
192.01	19201	OCCUPATIONAL HEALTH	-32,320	116,651	192.01
192.02	19202	FLIGHT FOR LIFE	0	2,666	192.02
192.04	19204	WELLNESS PROGRAM	0	0	192.04
200.00		TOTAL (SUM OF LINES 118-199)	-24,134,261	178,604,069	200.00

COST CENTERS USED IN COST REPORT		Provider CCN: 140116	Period: From 07/01/2012 To 06/30/2013	Worksheet Non-CMS W Date/Time Prepared: 11/26/2013 2:59 pm
Cost Center Description		CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	CAP REL COSTS-BLDG & FIXT	00100		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	00200		2.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	00400		4.00
5.00	ADMINISTRATIVE & GENERAL	00500		5.00
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
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	ADULTS & PEDIATRICS	03000		30.00
31.00	INTENSIVE CARE UNIT	03100		31.00
41.00	SUBPROVIDER - IRF	04100		41.00
43.00	NURSERY	04300		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	OPERATING ROOM	05000		50.00
51.00	RECOVERY ROOM	05100		51.00
52.00	DELIVERY ROOM & LABOR ROOM	05200		52.00
53.00	ANESTHESIOLOGY	05300		53.00
54.00	RADIOLOGY-DIAGNOSTIC	05400		54.00
55.00	RADIOLOGY-THERAPEUTIC	05500		55.00
56.00	RADIOISOTOPE	05600		56.00
57.00	CT SCAN	05700		57.00
58.00	MRI	05800		58.00
59.00	CARDIAC CATHETERIZATION	05900		59.00
60.00	LABORATORY	06000		60.00
65.00	RESPIRATORY THERAPY	06500		65.00
66.00	PHYSICAL THERAPY	06600		66.00
67.00	OCCUPATIONAL THERAPY	06700		67.00
68.00	SPEECH PATHOLOGY	06800		68.00
70.00	ELECTROENCEPHALOGRAPHY	07000		70.00
70.01	SLEEP LAB/NEUROLOGY	07001		70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	07100		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	07200		72.00
73.00	DRUGS CHARGED TO PATIENTS	07300		73.00
76.00	CARDIOLOGY	03140		76.00
76.97	CARDIAC REHABILITATION	07697	CARDIAC REHABILITATION	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	CLINIC	09000		90.00
90.01	DIABETES CENTER	09001		90.01
91.00	EMERGENCY	09100		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART	09200		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
97.00	DURABLE MEDICAL EQUIP-SOLD	09700		97.00
101.00	HOME HEALTH AGENCY	10100		101.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
113.00	INTEREST EXPENSE	11300		113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)			118.00
<b>NONREIMBURSABLE COST CENTERS</b>				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	19000		190.00
192.01	OCCUPATIONAL HEALTH	19201		192.01
192.02	FLIGHT FOR LIFE	19202		192.02
192.04	WELLNESS PROGRAM	19204		192.04
200.00	TOTAL (SUM OF LINES 118-199)			200.00

RECLASSIFICATIONS

Provider CCN: 140116

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

Worksheet A-6  
Date/Time Prepared:  
11/26/2013 2:59 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
<b>A - CAPITAL RECLASS</b>					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	7,266,089	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	36,996	2.00
	TOTALS		0	7,303,085	
<b>B - CAFETERIA RECLASS</b>					
1.00	CAFETERIA	11.00	858,115	679,976	1.00
	TOTALS		858,115	679,976	
<b>C - MED SUPPLIES &amp; IMPLANTS</b>					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	6,717,649	1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	7,901,626	2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	16,055	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
	TOTALS		0	14,635,330	
<b>D - NURSERY</b>					
1.00	NURSERY	43.00	777,454	195,854	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	904,617	227,889	2.00
	TOTALS		1,682,071	423,743	
<b>E - INTEREST EXPENSE</b>					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	3,427,140	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	53,371	2.00
3.00	ADMINISTRATIVE & GENERAL	5.00	0	676,921	3.00
	TOTALS		0	4,157,432	
<b>F - CHARGABLE DRUG COSTS</b>					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	9,414,789	1.00
	TOTALS		0	9,414,789	
<b>G - ATO RECLASS</b>					
1.00	ADMINISTRATIVE & GENERAL	5.00	42,938	0	1.00
2.00	OPERATION OF PLANT	7.00	11,996	0	2.00
3.00	LAUNDRY & LINEN SERVICE	8.00	757	0	3.00
4.00	HOUSEKEEPING	9.00	16,738	0	4.00
5.00	DIETARY	10.00	16,528	0	5.00
6.00	NURSING ADMINISTRATION	13.00	7,373	0	6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	6,557	0	7.00
8.00	PHARMACY	15.00	30,987	0	8.00
9.00	MEDICAL RECORDS & LIBRARY	16.00	22,693	0	9.00
10.00	ADULTS & PEDIATRICS	30.00	213,835	0	10.00
11.00	INTENSIVE CARE UNIT	31.00	62,508	0	11.00
12.00	SUBPROVIDER - IRF	41.00	16,200	0	12.00
13.00	OPERATING ROOM	50.00	88,882	0	13.00
14.00	RECOVERY ROOM	51.00	14,413	0	14.00
15.00	ANESTHESIOLOGY	53.00	645	0	15.00
16.00	RADIOLOGY-DIAGNOSTIC	54.00	56,207	0	16.00
17.00	RADIOLOGY-THERAPEUTIC	55.00	26,910	0	17.00
18.00	RADIOISOTOPE	56.00	8,280	0	18.00
19.00	CT SCAN	57.00	7,828	0	19.00

Provider CCN: 140116

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

Worksheet A-6

Date/Time Prepared:  
11/26/2013 2:59 pm

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
20.00	MRI	58.00	4,812	0	20.00
21.00	CARDIAC CATHETERIZATION	59.00	17,167	0	21.00
22.00	RESPIRATORY THERAPY	65.00	13,085	0	22.00
23.00	PHYSICAL THERAPY	66.00	54,702	0	23.00
24.00	OCCUPATIONAL THERAPY	67.00	9,112	0	24.00
25.00	SPEECH PATHOLOGY	68.00	3,660	0	25.00
26.00	SLEEP LAB/NEUROLOGY	70.01	3,954	0	26.00
27.00	CARDIOLOGY	76.00	7,402	0	27.00
28.00	CARDIAC REHABILITATION	76.97	7,231	0	28.00
29.00	CLINIC	90.00	5,306	0	29.00
30.00	DIABETES CENTER	90.01	2,043	0	30.00
31.00	EMERGENCY	91.00	43,580	0	31.00
32.00	DURABLE MEDICAL EQUIP-SOLD	97.00	1,422	0	32.00
33.00	HOME HEALTH AGENCY	101.00	37,974	0	33.00
34.00	OCCUPATIONAL HEALTH	192.01	854	0	34.00
	TOTALS		864,579	0	
H - CENTEGRA ALLOCATION					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	14,708,541	1.00
	TOTALS		0	14,708,541	
I - CASE MANAGEMENT/SOCIAL SERVICES					
1.00	ADULTS & PEDIATRICS	30.00	1,207,382	341,883	1.00
2.00	INTENSIVE CARE UNIT	31.00	185,370	52,489	2.00
3.00	SUBPROVIDER - IRF	41.00	170,537	48,289	3.00
4.00	NURSERY	43.00	80,058	22,669	4.00
	TOTALS		1,643,347	465,330	
J - WORKERS COMP INSURANCE					
1.00	EMPLOYEE BENEFITS	4.00	0	731,473	1.00
	TOTALS		0	731,473	
K - SALARY RECLASS					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	19,067	1.00
	TOTALS		0	19,067	
500.00	Grand Total: Increases		5,048,112	52,538,766	500.00

RECLASSIFICATIONS

Provider CCN: 140116

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

Worksheet A-6  
Date/Time Prepared:  
11/26/2013 2:59 pm

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
<b>A - CAPITAL RECLASS</b>							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	7,303,085	9		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		0	7,303,085			
<b>B - CAFETERIA RECLASS</b>							
1.00	DIETARY	10.00	858,115	679,976	0		1.00
	TOTALS		858,115	679,976			
<b>C - MED SUPPLIES &amp; IMPLANTS</b>							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	2,643	0		1.00
2.00	OPERATION OF PLANT	7.00	0	15	0		2.00
3.00	HOUSEKEEPING	9.00	0	3,830	0		3.00
4.00	NURSING ADMINISTRATION	13.00	0	87,144	0		4.00
5.00	PHARMACY	15.00	0	46,000	0		5.00
6.00	ADULTS & PEDIATRICS	30.00	0	339,671	0		6.00
7.00	INTENSIVE CARE UNIT	31.00	0	172,163	0		7.00
8.00	SUBPROVIDER - IRF	41.00	0	20,870	0		8.00
9.00	OPERATING ROOM	50.00	0	8,737,412	0		9.00
10.00	RECOVERY ROOM	51.00	0	47,528	0		10.00
11.00	ANESTHESIOLOGY	53.00	0	74,992	0		11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	76,156	0		12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0	42,325	0		13.00
14.00	RADIOISOTOPE	56.00	0	426	0		14.00
15.00	CT SCAN	57.00	0	30,533	0		15.00
16.00	MRI	58.00	0	2,813	0		16.00
17.00	CARDIAC CATHETERIZATION	59.00	0	4,104,215	0		17.00
18.00	LABORATORY	60.00	0	17	0		18.00
19.00	RESPIRATORY THERAPY	65.00	0	81,642	0		19.00
20.00	PHYSICAL THERAPY	66.00	0	24,539	0		20.00
21.00	OCCUPATIONAL THERAPY	67.00	0	4,964	0		21.00
22.00	SPEECH PATHOLOGY	68.00	0	266	0		22.00
23.00	SLEEP LAB/NEUROLOGY	70.01	0	6,323	0		23.00
24.00	CARDIOLOGY	76.00	0	4,018	0		24.00
25.00	CARDIAC REHABILITATION	76.97	0	1,622	0		25.00
26.00	CLINIC	90.00	0	5,796	0		26.00
27.00	DIABETES CENTER	90.01	0	2,732	0		27.00
28.00	EMERGENCY	91.00	0	232,334	0		28.00
29.00	DURABLE MEDICAL EQUIP-SOLD	97.00	0	480,311	0		29.00
30.00	OCCUPATIONAL HEALTH	192.01	0	132	0		30.00
31.00	FLIGHT FOR LIFE	192.02	0	1,898	0		31.00
	TOTALS		0	14,635,330			
<b>D - NURSERY</b>							
1.00	ADULTS & PEDIATRICS	30.00	1,682,071	423,743	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		1,682,071	423,743			
<b>E - INTEREST EXPENSE</b>							
1.00	INTEREST EXPENSE	113.00	0	4,157,432	11		1.00
2.00		0.00	0	0	11		2.00
3.00		0.00	0	0	0		3.00
	TOTALS		0	4,157,432			
<b>F - CHARGABLE DRUG COSTS</b>							
1.00	PHARMACY	15.00	0	9,414,789	0		1.00
	TOTALS		0	9,414,789			
<b>G - ATO RECLASS</b>							
1.00	EMPLOYEE BENEFITS	4.00	864,579	0	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
12.00		0.00	0	0	0		12.00
13.00		0.00	0	0	0		13.00
14.00		0.00	0	0	0		14.00
15.00		0.00	0	0	0		15.00
16.00		0.00	0	0	0		16.00
17.00		0.00	0	0	0		17.00
18.00		0.00	0	0	0		18.00
19.00		0.00	0	0	0		19.00
20.00		0.00	0	0	0		20.00
21.00		0.00	0	0	0		21.00

Provider CCN: 140116

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

Worksheet A-6

Date/Time Prepared:  
11/26/2013 2:59 pm

		Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7	Ref.		
	6.00	7.00	8.00	9.00	10.00			
22.00		0.00	0	0	0	0		22.00
23.00		0.00	0	0	0	0		23.00
24.00		0.00	0	0	0	0		24.00
25.00		0.00	0	0	0	0		25.00
26.00		0.00	0	0	0	0		26.00
27.00		0.00	0	0	0	0		27.00
28.00		0.00	0	0	0	0		28.00
29.00		0.00	0	0	0	0		29.00
30.00		0.00	0	0	0	0		30.00
31.00		0.00	0	0	0	0		31.00
32.00		0.00	0	0	0	0		32.00
33.00		0.00	0	0	0	0		33.00
34.00		0.00	0	0	0	0		34.00
	TOTALS		864,579	0				
H - CENTEGRA ALLOCATION								
1.00	ADMINISTRATIVE & GENERAL	5.00	14,708,541	0				1.00
	TOTALS		14,708,541	0				
I - CASE MANAGEMENT/SOCIAL SERVICES								
1.00	ADMINISTRATIVE & GENERAL	5.00	1,643,347	465,330				1.00
2.00		0.00	0	0				2.00
3.00		0.00	0	0				3.00
4.00		0.00	0	0				4.00
	TOTALS		1,643,347	465,330				
J - WORKERS COMP INSURANCE								
1.00	ADMINISTRATIVE & GENERAL	5.00	0	731,473				1.00
	TOTALS		0	731,473				
K - SALARY RECLASS								
1.00	ADMINISTRATIVE & GENERAL	5.00	19,067	0				1.00
	TOTALS		19,067	0				
500.00	Grand Total: Decreases		19,775,720	37,811,158				500.00

RECLASSIFICATIONS

Provider CCN: 140116

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

Worksheet A-6  
Non-CMS Worksheet  
Date/Time Prepared:  
11/26/2013 2:59 pm

Increases			Decreases			
Cost Center	Line #	Salary	Cost Center	Line #	Salary	
2.00	3.00	4.00	6.00	7.00	8.00	
<b>A - CAPITAL RECLASS</b>						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	CAP REL COSTS-BLDG & FIXT	1.00	0
2.00	ADMINISTRATIVE & GENERAL	5.00	0		0.00	0
	TOTALS		0	TOTALS		0
<b>B - CAFETERIA RECLASS</b>						
1.00	CAFETERIA	11.00	858,115	DIETARY	10.00	858,115
	TOTALS		858,115	TOTALS		858,115
<b>C - MED SUPPLIES &amp; IMPLANTS</b>						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	ADMINISTRATIVE & GENERAL	5.00	0
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	OPERATION OF PLANT	7.00	0
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	HOUSEKEEPING	9.00	0
4.00		0.00	0	NURSING ADMINISTRATION	13.00	0
5.00		0.00	0	PHARMACY	15.00	0
6.00		0.00	0	ADULTS & PEDIATRICS	30.00	0
7.00		0.00	0	INTENSIVE CARE UNIT	31.00	0
8.00		0.00	0	SUBPROVIDER - IRF	41.00	0
9.00		0.00	0	OPERATING ROOM	50.00	0
10.00		0.00	0	RECOVERY ROOM	51.00	0
11.00		0.00	0	ANESTHESIOLOGY	53.00	0
12.00		0.00	0	RADIOLOGY-DIAGNOSTIC	54.00	0
13.00		0.00	0	RADIOLOGY-THERAPEUTIC	55.00	0
14.00		0.00	0	RADIOISOTOPE	56.00	0
15.00		0.00	0	CT SCAN	57.00	0
16.00		0.00	0	MRI	58.00	0
17.00		0.00	0	CARDIAC CATHETERIZATION	59.00	0
18.00		0.00	0	LABORATORY	60.00	0
19.00		0.00	0	RESPIRATORY THERAPY	65.00	0
20.00		0.00	0	PHYSICAL THERAPY	66.00	0
21.00		0.00	0	OCCUPATIONAL THERAPY	67.00	0
22.00		0.00	0	SPEECH PATHOLOGY	68.00	0
23.00		0.00	0	SLEEP LAB/NEUROLOGY	70.01	0
24.00		0.00	0	CARDIOLOGY	76.00	0
25.00		0.00	0	CARDIAC REHABILITATION	76.97	0
26.00		0.00	0	CLINIC	90.00	0
27.00		0.00	0	DIABETES CENTER	90.01	0
28.00		0.00	0	EMERGENCY	91.00	0
29.00		0.00	0	DURABLE MEDICAL EQUIP-SOLD	97.00	0
30.00		0.00	0	OCCUPATIONAL HEALTH	192.01	0
31.00		0.00	0	FLIGHT FOR LIFE	192.02	0
	TOTALS		0	TOTALS		0
<b>D - NURSERY</b>						
1.00	NURSERY	43.00	777,454	ADULTS & PEDIATRICS	30.00	1,682,071
2.00	DELIVERY ROOM & LABOR ROOM	52.00	904,617		0.00	0
	TOTALS		1,682,071	TOTALS		1,682,071
<b>E - INTEREST EXPENSE</b>						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	INTEREST EXPENSE	113.00	0
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0		0.00	0
3.00	ADMINISTRATIVE & GENERAL	5.00	0		0.00	0
	TOTALS		0	TOTALS		0
<b>F - CHARGABLE DRUG COSTS</b>						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	PHARMACY	15.00	0
	TOTALS		0	TOTALS		0
<b>G - ATO RECLASS</b>						
1.00	ADMINISTRATIVE & GENERAL	5.00	42,938	EMPLOYEE BENEFITS	4.00	864,579
2.00	OPERATION OF PLANT	7.00	11,996		0.00	0
3.00	LAUNDRY & LINEN SERVICE	8.00	757		0.00	0
4.00	HOUSEKEEPING	9.00	16,738		0.00	0
5.00	DIETARY	10.00	16,528		0.00	0
6.00	NURSING ADMINISTRATION	13.00	7,373		0.00	0
7.00	CENTRAL SERVICES & SUPPLY	14.00	6,557		0.00	0
8.00	PHARMACY	15.00	30,987		0.00	0
9.00	MEDICAL RECORDS & LIBRARY	16.00	22,693		0.00	0
10.00	ADULTS & PEDIATRICS	30.00	213,835		0.00	0
11.00	INTENSIVE CARE UNIT	31.00	62,508		0.00	0
12.00	SUBPROVIDER - IRF	41.00	16,200		0.00	0
13.00	OPERATING ROOM	50.00	88,882		0.00	0
14.00	RECOVERY ROOM	51.00	14,413		0.00	0
15.00	ANESTHESIOLOGY	53.00	645		0.00	0
16.00	RADIOLOGY-DIAGNOSTIC	54.00	56,207		0.00	0
17.00	RADIOLOGY-THERAPEUTIC	55.00	26,910		0.00	0
18.00	RADIOISOTOPE	56.00	8,280		0.00	0
19.00	CT SCAN	57.00	7,828		0.00	0

Provider CCN: 140116

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

Worksheet A-6  
Non-CMS Worksheet  
Date/Time Prepared:  
11/26/2013 2:59 pm

Increases				Decreases			
Cost Center	Line #	Salary	Cost Center	Line #	Salary		
2.00	3.00	4.00	6.00	7.00	8.00		
20.00	MRI	58.00	4,812		0.00	0	20.00
21.00	CARDIAC CATHETERIZATION	59.00	17,167		0.00	0	21.00
22.00	RESPIRATORY THERAPY	65.00	13,085		0.00	0	22.00
23.00	PHYSICAL THERAPY	66.00	54,702		0.00	0	23.00
24.00	OCCUPATIONAL THERAPY	67.00	9,112		0.00	0	24.00
25.00	SPEECH PATHOLOGY	68.00	3,660		0.00	0	25.00
26.00	SLEEP LAB/NEUROLOGY	70.01	3,954		0.00	0	26.00
27.00	CARDIOLOGY	76.00	7,402		0.00	0	27.00
28.00	CARDIAC REHABILITATION	76.97	7,231		0.00	0	28.00
29.00	CLINIC	90.00	5,306		0.00	0	29.00
30.00	DIABETES CENTER	90.01	2,043		0.00	0	30.00
31.00	EMERGENCY	91.00	43,580		0.00	0	31.00
32.00	DURABLE MEDICAL EQUIP-SOLD	97.00	1,422		0.00	0	32.00
33.00	HOME HEALTH AGENCY	101.00	37,974		0.00	0	33.00
34.00	OCCUPATIONAL HEALTH	192.01	854		0.00	0	34.00
TOTALS			864,579	TOTALS			864,579
H - CENTEGRA ALLOCATION							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	ADMINISTRATIVE & GENERAL	5.00	14,708,541	1.00
TOTALS			0	TOTALS			14,708,541
I - CASE MANAGEMENT/SOCIAL SERVICES							
1.00	ADULTS & PEDIATRICS	30.00	1,207,382	ADMINISTRATIVE & GENERAL	5.00	1,643,347	1.00
2.00	INTENSIVE CARE UNIT	31.00	185,370		0.00	0	2.00
3.00	SUBPROVIDER - IRF	41.00	170,537		0.00	0	3.00
4.00	NURSERY	43.00	80,058		0.00	0	4.00
TOTALS			1,643,347	TOTALS			1,643,347
J - WORKERS COMP INSURANCE							
1.00	EMPLOYEE BENEFITS	4.00	0	ADMINISTRATIVE & GENERAL	5.00	0	1.00
TOTALS			0	TOTALS			0
K - SALARY RECLASS							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	ADMINISTRATIVE & GENERAL	5.00	19,067	1.00
TOTALS			0	TOTALS			19,067
500.00	Grand Total: Increases		5,048,112	Grand Total: Decreases		19,775,720	500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140116

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

Worksheet A-7  
Part I  
Date/Time Prepared:  
11/26/2013 2:59 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	65,000	0	0	0	0	1.00
2.00	Land Improvements	1,764,249	0	0	0	0	2.00
3.00	Buildings and Fixtures	78,851,185	556,168	0	556,168	0	3.00
4.00	Building Improvements	77,154	0	0	0	0	4.00
5.00	Fixed Equipment	12,588,902	0	0	0	0	5.00
6.00	Movable Equipment	87,054,361	4,998,895	0	4,998,895	0	6.00
7.00	HIT designated Assets	1,759,092	5,926,324	0	5,926,324	0	7.00
8.00	Subtotal (sum of lines 1-7)	182,159,943	11,481,387	0	11,481,387	0	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	182,159,943	11,481,387	0	11,481,387	0	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	65,000	0				1.00
2.00	Land Improvements	1,764,249	0				2.00
3.00	Buildings and Fixtures	79,407,353	0				3.00
4.00	Building Improvements	77,154	0				4.00
5.00	Fixed Equipment	12,588,902	0				5.00
6.00	Movable Equipment	92,053,256	0				6.00
7.00	HIT designated Assets	7,685,416	0				7.00
8.00	Subtotal (sum of lines 1-7)	193,641,330	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	193,641,330	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140116

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

Worksheet A-7  
Part II  
Date/Time Prepared:  
11/26/2013 2:59 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	10,464,726	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)	10,464,726	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	10,464,726				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	10,464,726				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140116

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

Worksheet A-7  
Part III  
Date/Time Prepared:  
11/26/2013 2:59 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	81,006,432	0	81,006,432	0.417332	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	113,098,899	0	113,098,899	0.582668	0	2.00
3.00	Total (sum of lines 1-2)	194,105,331	0	194,105,331	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	3,161,641	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	7,266,089	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	10,427,730	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	3,161,641	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	7,266,089	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	10,427,730	3.00

Line #	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.	
				Cost Center		Line #		
				1.00	2.00	3.00		4.00
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-2,739,470	CAP REL COSTS-BLDG & FIXT		1.00	11	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)	B	-42,662	CAP REL COSTS-MVBLE EQUIP		2.00	11	2.00
3.00	Investment income - other (chapter 2)	B	90,051	ADMINISTRATIVE & GENERAL		5.00	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)	A	-128,611	OPERATION OF PLANT		7.00	0	7.00
8.00	Television and radio service (chapter 21)	A	-239,649	OPERATION OF PLANT		7.00	0	8.00
9.00	Parking lot (chapter 21)		0			0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-1,854,941				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	-10,174,610				0	12.00
13.00	Laundry and linen service		0			0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-792,305	CAFETERIA		11.00	0	14.00
15.00	Rental of quarters to employee and others		0			0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0			0.00	0	16.00
17.00	Sale of drugs to other than patients		0			0.00	0	17.00
18.00	Sale of medical records and abstracts	B	-13,093	MEDICAL RECORDS & LIBRARY		16.00	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)		0			0.00	0	19.00
20.00	Vending machines		0			0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0			0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY		65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY		66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***		114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT		1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP		2.00	0	27.00
28.00	Non-physician Anesthetist		0	*** Cost Center Deleted ***		19.00		28.00
29.00	Physicians' assistant		0			0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY		67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS		30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY		68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0			0.00	0	32.00
33.00	MEDICAL STAFF FEES	B	-12,256	ADMINISTRATIVE & GENERAL		5.00	0	33.00
34.00	OTHER INCOME	B	-421,198	ADMINISTRATIVE & GENERAL		5.00	0	34.00

Provider CCN: 140116

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

Worksheet A-8

Date/Time Prepared:  
11/26/2013 2:59 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
			Cost Center	Line #	
			1.00	2.00	
35.00 RADIOLOGY X-RAY COPY FEES	B	-2,793	RADIOLOGY-DIAGNOSTIC	54.00	0 35.00
36.00 COPYING FEES PATIENT ACCTS	B	-60	ADMINISTRATIVE & GENERAL	5.00	0 36.00
37.00 NURSING EDUCATION INCOME	B	-1,032	NURSING ADMINISTRATION	13.00	0 37.00
38.00 OB EDUCATION INCOME	B	-5,040	ADMINISTRATIVE & GENERAL	5.00	0 38.00
39.00 EMS TUITION INCOME	B	-47,272	EMERGENCY	91.00	0 39.00
40.00 RELATED PARTY SALARIES	A	-19,067	ADMINISTRATIVE & GENERAL	5.00	0 40.00
41.00 RELATED PARTY BENEFITS	A	-3,545	EMPLOYEE BENEFITS	4.00	0 41.00
42.00 VIS INCOME	B	-55	ADMINISTRATIVE & GENERAL	5.00	0 42.00
43.00 ONCOLOGY EDUCATION INCOME	B	-4,735	RADIOLOGY-THERAPEUTIC	55.00	0 43.00
44.00 NEURO DAY TRAUMA INCOME	B	-40	PHYSICAL THERAPY	66.00	0 44.00
45.00 MEMBERSHIP DUES	B	-2,145	ADMINISTRATIVE & GENERAL	5.00	0 45.00
45.01 LABORATORY INCOME	B	-521,316	LABORATORY	60.00	0 45.01
45.02 MAINTENANCE SERVICES	B	-58,390	OPERATION OF PLANT	7.00	0 45.02
45.03 HOUSEKEEPING SERVICES	B	-190,364	HOUSEKEEPING	9.00	0 45.03
45.04 MEALS ON WHEELS	B	-32,637	CAFETERIA	11.00	0 45.04
45.05 IDPA PROVIDER TAX	A	-4,950,237	ADMINISTRATIVE & GENERAL	5.00	0 45.05
45.06 CHILD CARE CENTER	B	-835,196	ADMINISTRATIVE & GENERAL	5.00	0 45.06
45.07 IHA/AHA LOBBYING EXPENSE	A	-28,435	ADMINISTRATIVE & GENERAL	5.00	0 45.07
45.08 2002 INTEREST INCOME	B	262	ADMINISTRATIVE & GENERAL	5.00	0 45.08
45.09 2002 INTEREST INCOME	B	-7,971	CAP REL COSTS-BLDG & FIXT	1.00	11 45.09
45.10 2002 INTEREST INCOME	B	-124	CAP REL COSTS-MVBLE EQUIP	2.00	11 45.10
45.11 1998/2002 INTEREST EXPENSE	A	-679,699	CAP REL COSTS-BLDG & FIXT	1.00	11 45.11
45.12 1998/2002 INTEREST EXPENSE	A	-10,585	CAP REL COSTS-MVBLE EQUIP	2.00	11 45.12
45.13 1998/2002 INTEREST EXPENSE	A	22,343	ADMINISTRATIVE & GENERAL	5.00	0 45.13
45.14 RELATED RENTAL - ER	A	-8,903	EMERGENCY	91.00	0 45.14
45.15 RELATED RENTAL - BIOMED	A	-21,300	OPERATION OF PLANT	7.00	0 45.15
45.16 RELATED RENTAL - CARDIAC REHAB	A	-102,623	CARDIAC REHABILITATION	76.97	0 45.16
45.17 RELATED RENTAL - MEDICAL RECORDS	A	-7,516	MEDICAL RECORDS & LIBRARY	16.00	0 45.17
45.18 RELATED RENTAL - DIABETES CENTER	A	-11,820	DIABETES CENTER	90.01	0 45.18
45.19 RELATED RENTAL - HEART FAIL CLINIC	A	-5,021	CLINIC	90.00	0 45.19
45.20 RELATED RENTAL - PLANT OPERATIONS	A	-8,820	OPERATION OF PLANT	7.00	0 45.20
45.21 RELATED RENTAL - INFUSION CLINIC	A	-34,298	CLINIC	90.00	0 45.21
45.22 RELATED RENTAL - HOME HEALTH	A	-61,733	HOME HEALTH AGENCY	101.00	0 45.22
45.23 RELATED RENTAL - BTW PROGRAM	A	-32,320	OCCUPATIONAL HEALTH	192.01	0 45.23
45.24 RELATED RENTAL - PHYSICAL THERAPY	A	-117,551	PHYSICAL THERAPY	66.00	0 45.24
45.25 RELATED RENTAL - ONCOLOGY ADMIN	A	-15,479	RADIOLOGY-THERAPEUTIC	55.00	0 45.25
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-24,134,261			50.00

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

Provider CCN: 140116

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

Worksheet A-8-1

Date/Time Prepared:  
11/26/2013 2:59 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	5.00	ADMINISTRATIVE & GENERAL	CENTEGRA HEALTH SYSTEM	28,836,506	39,501,892 1.00
2.00	13.00	NURSING ADMINISTRATION	CENTEGRA HEALTH SYSTEM	34,492	0 2.00
3.00	91.00	EMERGENCY	CENTEGRA HEALTH SYSTEM	456,284	0 3.00
4.00	0.00			0	0 4.00
5.00	0			29,327,282	39,501,892 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	CENTEGRA HEALTH	0.00	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: 140116

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

Worksheet A-8-1

Date/Time Prepared:  
11/26/2013 2:59 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>				
1.00	-10,665,386	0		1.00
2.00	34,492	0		2.00
3.00	456,284	0		3.00
4.00	0	0		4.00
5.00	-10,174,610			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>B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:</b>			

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 requested information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

6.00	HOME OFFICE		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: 140116

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

Worksheet A-8-2

Date/Time Prepared:  
11/26/2013 2:59 pm

	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	76,647	71,230	5,417	177,200	15	1.00
2.00	30.00	ADULTS & PEDIATRICS	324,191	324,191	0	0	0	2.00
3.00	50.00	OPERATING ROOM	751,095	751,095	0	0	0	3.00
4.00	53.00	ANESTHESIOLOGY	60,000	0	60,000	200,300	402	4.00
5.00	54.00	RADIOLOGY-DIAGNOSTIC	219,500	0	219,500	225,300	892	5.00
6.00	55.00	RADIOLOGY-THERAPEUTIC	40,000	0	40,000	177,200	180	6.00
7.00	65.00	RESPIRATORY THERAPY	53,639	46,306	7,333	177,200	274	7.00
8.00	66.00	PHYSICAL THERAPY	24,695	0	24,695	177,200	51	8.00
9.00	76.97	CARDIAC REHABILITATION	30,000	0	30,000	177,200	57	9.00
10.00	91.00	EMERGENCY	445,100	415,100	30,000	177,200	17	10.00
200.00			2,024,867	1,607,922	416,945		1,888	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	1,278	64	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	2.00
3.00	50.00	OPERATING ROOM	0	0	0	0	0	3.00
4.00	53.00	ANESTHESIOLOGY	38,712	1,936	0	0	0	4.00
5.00	54.00	RADIOLOGY-DIAGNOSTIC	96,619	4,831	0	0	0	5.00
6.00	55.00	RADIOLOGY-THERAPEUTIC	15,335	767	0	0	0	6.00
7.00	65.00	RESPIRATORY THERAPY	23,343	1,167	0	0	0	7.00
8.00	66.00	PHYSICAL THERAPY	4,345	217	0	0	0	8.00
9.00	76.97	CARDIAC REHABILITATION	4,856	243	0	0	0	9.00
10.00	91.00	EMERGENCY	1,448	72	0	0	0	10.00
200.00			185,936	9,297	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	1,278	4,139	75,369	1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	324,191	2.00
3.00	50.00	OPERATING ROOM	0	0	0	751,095	3.00
4.00	53.00	ANESTHESIOLOGY	0	38,712	21,288	21,288	4.00
5.00	54.00	RADIOLOGY-DIAGNOSTIC	0	96,619	122,881	122,881	5.00
6.00	55.00	RADIOLOGY-THERAPEUTIC	0	15,335	24,665	24,665	6.00
7.00	65.00	RESPIRATORY THERAPY	0	23,343	0	46,306	7.00
8.00	66.00	PHYSICAL THERAPY	0	4,345	20,350	20,350	8.00
9.00	76.97	CARDIAC REHABILITATION	0	4,856	25,144	25,144	9.00
10.00	91.00	EMERGENCY	0	1,448	28,552	443,652	10.00
200.00			0	185,936	247,019	1,854,941	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140116

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

Worksheet B Part I Date/Time Prepared: 11/26/2013 2:59 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT	3,161,641	3,161,641			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	7,266,089		7,266,089		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	16,218,043	21,531	49,482	16,289,056	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	33,913,917	544,071	1,250,385	549,930	36,258,303
7.00 00700	OPERATION OF PLANT	3,662,789	248,175	570,356	317,069	4,798,389
8.00 00800	LAUNDRY & LINEN SERVICE	701,159	5,107	11,737	12,117	730,120
9.00 00900	HOUSEKEEPING	2,096,490	34,451	79,176	320,700	2,530,817
10.00 01000	DIETARY	1,707,078	96,413	221,577	144,040	2,169,108
11.00 01100	CAFETERIA	713,149	0	0	201,285	914,434
13.00 01300	NURSING ADMINISTRATION	1,699,487	12,779	29,368	363,135	2,104,769
14.00 01400	CENTRAL SERVICES & SUPPLY	1,487,426	62,606	143,881	99,941	1,793,854
15.00 01500	PHARMACY	3,501,393	32,476	74,636	648,859	4,257,364
16.00 01600	MEDICAL RECORDS & LIBRARY	2,018,033	11,818	27,161	435,764	2,492,776
17.00 01700	SOCIAL SERVICE	0	0	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	17,535,407	564,324	1,296,933	3,846,273	23,242,937
31.00 03100	INTENSIVE CARE UNIT	4,814,761	98,115	225,489	1,016,663	6,155,028
41.00 04100	SUBPROVIDER - IRF	1,769,252	59,987	137,862	385,497	2,352,598
43.00 04300	NURSERY	1,076,035	83,362	191,582	201,144	1,552,123
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	9,812,076	464,049	1,066,478	1,618,983	12,961,586
51.00 05100	RECOVERY ROOM	1,049,998	25,514	58,636	229,168	1,363,316
52.00 05200	DELIVERY ROOM & LABOR ROOM	1,132,506	45,702	105,033	212,193	1,495,434
53.00 05300	ANESTHESIOLOGY	480,111	7,137	16,402	9,554	513,204
54.00 05400	RADIOLOGY-DIAGNOSTIC	6,579,395	198,828	456,947	1,027,718	8,262,888
55.00 05500	RADIOLOGY-THERAPEUTIC	2,520,315	123,455	283,724	445,104	3,372,598
56.00 05600	RADIOISOTOPE	1,535,103	30,599	70,323	116,487	1,752,512
57.00 05700	CT SCAN	1,073,422	21,203	48,729	160,026	1,303,380
58.00 05800	MRI	533,334	24,237	55,701	79,757	693,029
59.00 05900	CARDIAC CATHETERIZATION	2,286,465	111,396	256,011	321,600	2,975,472
60.00 06000	LABORATORY	5,583,215	12,942	29,744	0	5,625,901
65.00 06500	RESPIRATORY THERAPY	1,387,804	21,389	49,156	262,173	1,720,522
66.00 06600	PHYSICAL THERAPY	4,373,123	37,267	85,646	911,221	5,407,257
67.00 06700	OCCUPATIONAL THERAPY	707,476	0	0	164,147	871,623
68.00 06800	SPEECH PATHOLOGY	355,953	0	0	82,164	438,117
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
70.01 07001	SLEEP LAB/NEUROLOGY	475,274	12,277	28,214	72,958	588,723
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	6,717,649	0	0	0	6,717,649
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	7,901,626	0	0	0	7,901,626
73.00 07300	DRUGS CHARGED TO PATIENTS	9,414,789	0	0	0	9,414,789
76.00 03140	CARDIOLOGY	459,466	13,390	30,772	99,794	603,422
76.97 07697	CARDIAC REHABILITATION	676,640	0	0	135,650	812,290
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000	CLINIC	470,410	19,610	45,068	90,545	625,633
90.01 09001	DIABETES CENTER	104,140	0	0	21,078	125,218
91.00 09100	EMERGENCY	5,348,955	101,509	233,289	990,426	6,674,179
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					0
<b>OTHER REIMBURSABLE COST CENTERS</b>						
97.00 09700	DURABLE MEDICAL EQUIP-SOLD	1,072,589	0	0	47,984	1,120,573
101.00 10100	HOME HEALTH AGENCY	3,089,967	0	0	630,018	3,719,985
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300	INTEREST EXPENSE					
118.00	SUBTOTALS (SUM OF LINES 1-117)	178,483,950	3,145,719	7,229,498	16,271,165	178,413,546
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	802	15,922	36,591	0	53,315
192.01 19201	OCCUPATIONAL HEALTH	116,651	0	0	17,891	134,542
192.02 19202	FLIGHT FOR LIFE	2,666	0	0	0	2,666
192.04 19204	WELLNESS PROGRAM	0	0	0	0	0
200.00	Cross Foot Adjustments					0
201.00	Negative Cost Centers		0	0	0	0
202.00	TOTAL (sum lines 118-201)	178,604,069	3,161,641	7,266,089	16,289,056	178,604,069

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140116

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

Worksheet B  
Part I  
Date/Time Prepared:  
11/26/2013 2:59 pm

Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY		
		5.00	7.00	8.00	9.00	10.00		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.00	00500	ADMINISTRATIVE & GENERAL	36,258,303				5.00	
7.00	00700	OPERATION OF PLANT	1,222,246	6,020,635			7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	185,976	13,096	929,192		8.00	
9.00	00900	HOUSEKEEPING	644,650	88,343	0	3,263,810	9.00	
10.00	01000	DIETARY	552,515	247,232	0	136,323	10.00	
11.00	01100	CAFETERIA	232,925	0	0	0	11.00	
13.00	01300	NURSING ADMINISTRATION	536,127	32,768	0	18,068	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	456,930	160,540	0	88,521	14.00	
15.00	01500	PHARMACY	1,084,436	83,278	0	45,919	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	634,960	30,306	0	16,711	16.00	
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	5,920,427	1,447,101	329,062	797,923	2,398,229	30.00
31.00	03100	INTENSIVE CARE UNIT	1,567,809	251,598	74,593	138,730	368,204	31.00
41.00	04100	SUBPROVIDER - I RF	599,254	153,824	42,571	84,818	338,745	41.00
43.00	04300	NURSERY	395,357	213,764	11,964	117,868	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	3,301,575	1,189,962	111,843	656,138	0	50.00
51.00	05100	RECOVERY ROOM	347,264	65,425	18,579	36,075	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	380,917	117,194	13,921	64,620	0	52.00
53.00	05300	ANESTHESIOLOGY	130,723	18,301	0	10,091	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,104,723	509,856	102,134	281,131	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	859,068	316,575	0	174,558	0	55.00
56.00	05600	RADIOISOTOPE	446,400	78,465	0	43,265	0	56.00
57.00	05700	CT SCAN	331,997	54,372	0	29,980	0	57.00
58.00	05800	MRI	176,528	62,151	0	34,270	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	757,912	285,654	71,232	157,508	0	59.00
60.00	06000	LABORATORY	1,433,030	33,188	0	18,300	0	60.00
65.00	06500	RESPIRATORY THERAPY	438,251	54,847	0	30,242	0	65.00
66.00	06600	PHYSICAL THERAPY	1,377,337	95,563	0	52,693	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	222,020	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	111,597	0	0	0	0	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	07001	SLEEP LAB/NEUROLOGY	149,960	31,481	0	17,359	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,711,120	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,012,702	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,398,135	0	0	0	0	73.00
76.00	03140	CARDIOLOGY	153,704	34,336	0	18,932	0	76.00
76.97	07697	CARDIAC REHABILITATION	206,907	0	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	159,361	50,286	0	27,727	0	90.00
90.01	09001	DIABETES CENTER	31,896	0	0	0	0	90.01
91.00	09100	EMERGENCY	1,700,047	260,301	153,293	143,528	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	285,432	0	0	0	0	97.00
101.00	10100	HOME HEALTH AGENCY	947,555	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	36,209,773	5,979,807	929,192	3,241,298	3,105,178	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	13,580	40,828	0	22,512	0	190.00
192.01	19201	OCCUPATIONAL HEALTH	34,271	0	0	0	0	192.01
192.02	19202	FLIGHT FOR LIFE	679	0	0	0	0	192.02
192.04	19204	WELLNESS PROGRAM	0	0	0	0	0	192.04
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)	36,258,303	6,020,635	929,192	3,263,810	3,105,178	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140116

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

Worksheet B  
Part I  
Date/Time Prepared:  
11/26/2013 2:59 pm

Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	1,147,359					11.00
13.00	01300		2,720,388				13.00
14.00	01400	13,119	0	2,512,964			14.00
15.00	01500	42,129	0	0	5,513,126		15.00
16.00	01600	45,852	0	0	0	3,220,605	16.00
17.00	01700	0	0	0	0	0	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	330,616	1,410,388	0	0	304,700	30.00
31.00	03100	74,344	317,165	0	0	72,176	31.00
41.00	04100	31,961	136,364	0	0	30,231	41.00
43.00	04300	12,878	54,945	0	0	12,958	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	119,753	510,853	0	0	392,180	50.00
51.00	05100	13,575	57,911	0	0	53,487	51.00
52.00	05200	13,448	57,365	0	0	15,078	52.00
53.00	05300	1,292	5,493	0	0	38,197	53.00
54.00	05400	75,990	0	0	0	295,647	54.00
55.00	05500	28,302	0	0	0	121,964	55.00
56.00	05600	7,205	0	0	0	71,861	56.00
57.00	05700	11,118	0	0	0	300,213	57.00
58.00	05800	5,470	0	0	0	73,668	58.00
59.00	05900	21,388	0	0	0	117,008	59.00
60.00	06000	63	0	0	0	362,209	60.00
65.00	06500	21,894	93,398	0	0	41,733	65.00
66.00	06600	64,733	0	0	0	78,044	66.00
67.00	06700	10,561	0	0	0	14,033	67.00
68.00	06800	5,331	0	0	0	12,237	68.00
70.00	07000	0	0	0	0	0	70.00
70.01	07001	7,762	0	0	0	14,276	70.01
71.00	07100	0	0	1,166,050	0	115,201	71.00
72.00	07200	0	0	1,346,914	0	133,958	72.00
73.00	07300	0	0	0	5,513,126	352,326	73.00
76.00	03140	7,965	33,957	0	0	14,033	76.00
76.97	07697	9,978	42,549	0	0	5,958	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	6,281	0	0	0	8,250	90.00
90.01	09001	1,722	0	0	0	483	90.01
91.00	09100	78,269	0	0	0	168,496	91.00
92.00	09200						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
97.00	09700	4,470	0	0	0	0	97.00
101.00	10100	49,904	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300						113.00
118.00		1,146,029	2,720,388	2,512,964	5,513,126	3,220,605	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	0	0	0	0	0	190.00
192.01	19201	1,330	0	0	0	0	192.01
192.02	19202	0	0	0	0	0	192.02
192.04	19204	0	0	0	0	0	192.04
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		1,147,359	2,720,388	2,512,964	5,513,126	3,220,605	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140116

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

Worksheet B  
Part I  
Date/Time Prepared:  
11/26/2013 2:59 pm

Cost Center Description			SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			17.00	24.00	25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
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	0				17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	0	36,181,383	0	36,181,383	30.00
31.00	03100	INTENSIVE CARE UNIT	0	9,019,647	0	9,019,647	31.00
41.00	04100	SUBPROVIDER - IRF	0	3,770,366	0	3,770,366	41.00
43.00	04300	NURSERY	0	2,371,857	0	2,371,857	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	19,243,890	0	19,243,890	50.00
51.00	05100	RECOVERY ROOM	0	1,955,632	0	1,955,632	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,157,977	0	2,157,977	52.00
53.00	05300	ANESTHESIOLOGY	0	717,301	0	717,301	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	11,632,369	0	11,632,369	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	4,873,065	0	4,873,065	55.00
56.00	05600	RADIOISOTOPE	0	2,399,708	0	2,399,708	56.00
57.00	05700	CT SCAN	0	2,031,060	0	2,031,060	57.00
58.00	05800	MRI	0	1,045,116	0	1,045,116	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	4,386,174	0	4,386,174	59.00
60.00	06000	LABORATORY	0	7,472,691	0	7,472,691	60.00
65.00	06500	RESPIRATORY THERAPY	0	2,400,887	0	2,400,887	65.00
66.00	06600	PHYSICAL THERAPY	0	7,075,627	0	7,075,627	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,118,237	0	1,118,237	67.00
68.00	06800	SPEECH PATHOLOGY	0	567,282	0	567,282	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
70.01	07001	SLEEP LAB/NEUROLOGY	0	809,561	0	809,561	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	9,710,020	0	9,710,020	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	11,395,200	0	11,395,200	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	17,678,376	0	17,678,376	73.00
76.00	03140	CARDIOLOGY	0	866,349	0	866,349	76.00
76.97	07697	CARDIAC REHABILITATION	0	1,077,682	0	1,077,682	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	877,538	0	877,538	90.00
90.01	09001	DIABETES CENTER	0	159,319	0	159,319	90.01
91.00	09100	EMERGENCY	0	9,178,113	0	9,178,113	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		0		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	1,410,475	0	1,410,475	97.00
101.00	10100	HOME HEALTH AGENCY	0	4,717,444	0	4,717,444	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	178,300,346	0	178,300,346	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	130,235	0	130,235	190.00
192.01	19201	OCCUPATIONAL HEALTH	0	170,143	0	170,143	192.01
192.02	19202	FLIGHT FOR LIFE	0	3,345	0	3,345	192.02
192.04	19204	WELLNESS PROGRAM	0	0	0	0	192.04
200.00		Cross Foot Adjustments	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	178,604,069	0	178,604,069	202.00

Provider CCN: 140116

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

Worksheet Non-CMS W  
 Date/Time Prepared:  
 11/26/2013 2:59 pm

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 DEPARTMENT	S	GROSS SALARIES	4.00
5.00	ADMINISTRATIVE & GENERAL	-1	ACCUM. COST	5.00
7.00	OPERATION OF PLANT	1	SQUARE FEET	7.00
8.00	LAUNDRY & LINEN SERVICE	2	POUNDS OF LAUNDRY	8.00
9.00	HOUSEKEEPING	1	SQUARE FEET	9.00
10.00	DIETARY	3	MEALS SERVED	10.00
11.00	CAFETERIA	4	FTES	11.00
13.00	NURSING ADMINISTRATION	13	DIRECT NRSING	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	16	GROSS CHAR GES	16.00
17.00	SOCIAL SERVICE	17	TIME SPENT	17.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140116

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

Worksheet B  
Part II  
Date/Time Prepared:  
11/26/2013 2:59 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	21,531	49,482	71,013	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	1,262,365	544,071	1,250,385	3,056,821	5.00
7.00 00700	OPERATION OF PLANT	81,533	248,175	570,356	900,064	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	5,107	11,737	16,844	8.00
9.00 00900	HOUSEKEEPING	0	34,451	79,176	113,627	9.00
10.00 01000	DIETARY	8,241	96,413	221,577	326,231	10.00
11.00 01100	CAFETERIA	0	0	0	0	11.00
13.00 01300	NURSING ADMINISTRATION	159	12,779	29,368	42,306	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	303,963	62,606	143,881	510,450	14.00
15.00 01500	PHARMACY	566,626	32,476	74,636	673,738	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	12,509	11,818	27,161	51,488	16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	9,424	564,324	1,296,933	1,870,681	30.00
31.00 03100	INTENSIVE CARE UNIT	3,316	98,115	225,489	326,920	31.00
41.00 04100	SUBPROVIDER - IRF	148	59,987	137,862	197,997	41.00
43.00 04300	NURSERY	0	83,362	191,582	274,944	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	52,894	464,049	1,066,478	1,583,421	50.00
51.00 05100	RECOVERY ROOM	0	25,514	58,636	84,150	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	45,702	105,033	150,735	52.00
53.00 05300	ANESTHESIOLOGY	9,957	7,137	16,402	33,496	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	577,338	198,828	456,947	1,233,113	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	40,495	123,455	283,724	447,674	55.00
56.00 05600	RADIOISOTOPE	392,902	30,599	70,323	493,824	56.00
57.00 05700	CT SCAN	0	21,203	48,729	69,932	57.00
58.00 05800	MRI	0	24,237	55,701	79,938	58.00
59.00 05900	CARDIAC CATHETERIZATION	4,358	111,396	256,011	371,765	59.00
60.00 06000	LABORATORY	0	12,942	29,744	42,686	60.00
65.00 06500	RESPIRATORY THERAPY	62,564	21,389	49,156	133,109	65.00
66.00 06600	PHYSICAL THERAPY	407,215	37,267	85,646	530,128	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	549	0	0	549	68.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
70.01 07001	SLEEP LAB/NEUROLOGY	111,657	12,277	28,214	152,148	70.01
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00 03140	CARDIOLOGY	499	13,390	30,772	44,661	76.00
76.97 07697	CARDIAC REHABILITATION	176,546	0	0	176,546	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000	CLINIC	74,035	19,610	45,068	138,713	90.00
90.01 09001	DIABETES CENTER	21,339	0	0	21,339	90.01
91.00 09100	EMERGENCY	24,084	101,509	233,289	358,882	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART				0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
97.00 09700	DURABLE MEDICAL EQUIP-SOLD	263	0	0	263	97.00
101.00 10100	HOME HEALTH AGENCY	71,442	0	0	71,442	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300	INTEREST EXPENSE					113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	4,276,421	3,145,719	7,229,498	14,651,638	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	15,922	36,591	52,513	190.00
192.01 19201	OCCUPATIONAL HEALTH	65,016	0	0	65,016	192.01
192.02 19202	FLIGHT FOR LIFE	0	0	0	0	192.02
192.04 19204	WELLNESS PROGRAM	0	0	0	0	192.04
200.00	Cross Foot Adjustments				0	200.00
201.00	Negative Cost Centers				0	201.00
202.00	TOTAL (sum lines 118-201)	4,341,437	3,161,641	7,266,089	14,769,167	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140116	Period: From 07/01/2012 To 06/30/2013	Worksheet B Part II Date/Time Prepared: 11/26/2013 2:59 pm				
Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY		
		5.00	7.00	8.00	9.00	10.00		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.00	00500	ADMINISTRATIVE & GENERAL	3,059,219				5.00	
7.00	00700	OPERATION OF PLANT	103,122	1,004,569			7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	15,691	2,185	34,773		8.00	
9.00	00900	HOUSEKEEPING	54,390	14,740	0	184,156	9.00	
10.00	01000	DIETARY	46,616	41,252	0	7,692	422,419	10.00
11.00	01100	CAFETERIA	19,652	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	45,234	5,468	0	1,019	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	38,552	26,787	0	4,995	0	14.00
15.00	01500	PHARMACY	91,495	13,895	0	2,591	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	53,572	5,057	0	943	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	499,581	241,455	12,313	45,023	326,248	30.00
31.00	03100	INTENSIVE CARE UNIT	132,278	41,980	2,792	7,828	50,089	31.00
41.00	04100	SUBPROVIDER - I RF	50,560	25,666	1,593	4,786	46,082	41.00
43.00	04300	NURSERY	33,357	35,668	448	6,651	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	278,557	198,550	4,186	37,022	0	50.00
51.00	05100	RECOVERY ROOM	29,299	10,916	695	2,035	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	32,138	19,554	521	3,646	0	52.00
53.00	05300	ANESTHESIOLOGY	11,029	3,054	0	569	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	177,578	85,072	3,822	15,862	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	72,481	52,822	0	9,849	0	55.00
56.00	05600	RADIOISOTOPE	37,663	13,092	0	2,441	0	56.00
57.00	05700	CT SCAN	28,011	9,072	0	1,692	0	57.00
58.00	05800	MRI	14,894	10,370	0	1,934	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	63,946	47,663	2,666	8,887	0	59.00
60.00	06000	LABORATORY	120,906	5,538	0	1,033	0	60.00
65.00	06500	RESPIRATORY THERAPY	36,976	9,152	0	1,706	0	65.00
66.00	06600	PHYSICAL THERAPY	116,207	15,945	0	2,973	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	18,732	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	9,416	0	0	0	0	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	07001	SLEEP LAB/NEUROLOGY	12,652	5,253	0	979	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	144,369	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	169,814	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	202,333	0	0	0	0	73.00
76.00	03140	CARDIOLOGY	12,968	5,729	0	1,068	0	76.00
76.97	07697	CARDIAC REHABILITATION	17,457	0	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	13,445	8,390	0	1,564	0	90.00
90.01	09001	DIABETES CENTER	2,691	0	0	0	0	90.01
91.00	09100	EMERGENCY	143,435	43,432	5,737	8,098	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	24,082	0	0	0	0	97.00
101.00	10100	HOME HEALTH AGENCY	79,946	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	3,055,125	997,757	34,773	182,886	422,419	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,146	6,812	0	1,270	0	190.00
192.01	19201	OCCUPATIONAL HEALTH	2,891	0	0	0	0	192.01
192.02	19202	FLIGHT FOR LIFE	57	0	0	0	0	192.02
192.04	19204	WELLNESS PROGRAM	0	0	0	0	0	192.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	3,059,219	1,004,569	34,773	184,156	422,419	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140116	Period: From 07/01/2012 To 06/30/2013	Worksheet B Part II Date/Time Prepared: 11/26/2013 2:59 pm
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Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	20,530					11.00
13.00	01300		96,124				13.00
14.00	01400	235	0	581,455			14.00
15.00	01500	754	0	0	785,303		15.00
16.00	01600	820	0	0	0	113,780	16.00
17.00	01700	0	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	5,915	49,837	0	0	10,741	30.00
31.00	03100	1,330	11,207	0	0	2,544	31.00
41.00	04100	572	4,818	0	0	1,066	41.00
43.00	04300	230	1,941	0	0	457	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	2,143	18,051	0	0	14,080	50.00
51.00	05100	243	2,046	0	0	1,885	51.00
52.00	05200	241	2,027	0	0	531	52.00
53.00	05300	23	194	0	0	1,346	53.00
54.00	05400	1,360	0	0	0	10,421	54.00
55.00	05500	506	0	0	0	4,299	55.00
56.00	05600	129	0	0	0	2,533	56.00
57.00	05700	199	0	0	0	10,582	57.00
58.00	05800	98	0	0	0	2,597	58.00
59.00	05900	383	0	0	0	4,125	59.00
60.00	06000	1	0	0	0	12,768	60.00
65.00	06500	392	3,300	0	0	1,471	65.00
66.00	06600	1,158	0	0	0	2,751	66.00
67.00	06700	189	0	0	0	495	67.00
68.00	06800	95	0	0	0	431	68.00
70.00	07000	0	0	0	0	0	70.00
70.01	07001	139	0	0	0	503	70.01
71.00	07100	0	0	269,800	0	4,061	71.00
72.00	07200	0	0	311,655	0	4,722	72.00
73.00	07300	0	0	0	785,303	12,419	73.00
76.00	03140	143	1,200	0	0	495	76.00
76.97	07697	179	1,503	0	0	210	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	112	0	0	0	291	90.00
90.01	09001	31	0	0	0	17	90.01
91.00	09100	1,400	0	0	0	5,939	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
97.00	09700	80	0	0	0	0	97.00
101.00	10100	893	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
118.00		20,506	96,124	581,455	785,303	113,780	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
192.01	19201	24	0	0	0	0	192.01
192.02	19202	0	0	0	0	0	192.02
192.04	19204	0	0	0	0	0	192.04
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		20,530	96,124	581,455	785,303	113,780	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140116		Period: From 07/01/2012 To 06/30/2013		Worksheet B Part II Date/Time Prepared: 11/26/2013 2:59 pm	
Cost Center Description			SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			17.00	24.00	25.00	26.00		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
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	0					17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	0	3,078,542	0	3,078,542		30.00
31.00	03100	INTENSIVE CARE UNIT	0	581,402	0	581,402		31.00
41.00	04100	SUBPROVIDER - I RF	0	334,821	0	334,821		41.00
43.00	04300	NURSERY	0	354,573	0	354,573		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	2,143,071	0	2,143,071		50.00
51.00	05100	RECOVERY ROOM	0	132,268	0	132,268		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	210,318	0	210,318		52.00
53.00	05300	ANESTHESIOLOGY	0	49,753	0	49,753		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,531,710	0	1,531,710		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	589,572	0	589,572		55.00
56.00	05600	RADIOISOTOPE	0	550,190	0	550,190		56.00
57.00	05700	CT SCAN	0	120,186	0	120,186		57.00
58.00	05800	MRI	0	110,179	0	110,179		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	500,838	0	500,838		59.00
60.00	06000	LABORATORY	0	182,932	0	182,932		60.00
65.00	06500	RESPIRATORY THERAPY	0	187,249	0	187,249		65.00
66.00	06600	PHYSICAL THERAPY	0	673,136	0	673,136		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	20,132	0	20,132		67.00
68.00	06800	SPEECH PATHOLOGY	0	10,849	0	10,849		68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0		70.00
70.01	07001	SLEEP LAB/NEUROLOGY	0	171,992	0	171,992		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	418,230	0	418,230		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	486,191	0	486,191		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,000,055	0	1,000,055		73.00
76.00	03140	CARDIOLOGY	0	66,699	0	66,699		76.00
76.97	07697	CARDIAC REHABILITATION	0	196,487	0	196,487		76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	162,910	0	162,910		90.00
90.01	09001	DIABETES CENTER	0	24,170	0	24,170		90.01
91.00	09100	EMERGENCY	0	571,242	0	571,242		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		0			92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	24,634	0	24,634		97.00
101.00	10100	HOME HEALTH AGENCY	0	155,029	0	155,029		101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	14,639,360	0	14,639,360		118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	61,741	0	61,741		190.00
192.01	19201	OCCUPATIONAL HEALTH	0	68,009	0	68,009		192.01
192.02	19202	FLIGHT FOR LIFE	0	57	0	57		192.02
192.04	19204	WELLNESS PROGRAM	0	0	0	0		192.04
200.00		Cross Foot Adjustments	0	0	0	0		200.00
201.00		Negative Cost Centers	0	0	0	0		201.00
202.00		TOTAL (sum lines 118-201)	0	14,769,167	0	14,769,167		202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140116

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

Worksheet B-1  
Date/Time Prepared:  
11/26/2013 2:59 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT	289,723				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		289,723			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	1,973	1,973	69,443,182		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	49,857	49,857	2,344,448	-36,258,303	142,345,766
7.00 00700	OPERATION OF PLANT	22,742	22,742	1,351,721	0	4,798,389
8.00 00800	LAUNDRY & LINEN SERVICE	468	468	51,658	0	730,120
9.00 00900	HOUSEKEEPING	3,157	3,157	1,367,201	0	2,530,817
10.00 01000	DIETARY	8,835	8,835	614,068	0	2,169,108
11.00 01100	CAFETERIA	0	0	858,115	0	914,434
13.00 01300	NURSING ADMINISTRATION	1,171	1,171	1,548,108	0	2,104,769
14.00 01400	CENTRAL SERVICES & SUPPLY	5,737	5,737	426,065	0	1,793,854
15.00 01500	PHARMACY	2,976	2,976	2,766,198	0	4,257,364
16.00 01600	MEDICAL RECORDS & LIBRARY	1,083	1,083	1,857,739	0	2,492,776
17.00 01700	SOCIAL SERVICE	0	0	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	51,713	51,713	16,397,418	0	23,242,937
31.00 03100	INTENSIVE CARE UNIT	8,991	8,991	4,334,213	0	6,155,028
41.00 04100	SUBPROVIDER - IRF	5,497	5,497	1,643,439	0	2,352,598
43.00 04300	NURSERY	7,639	7,639	857,512	0	1,552,123
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	42,524	42,524	6,902,007	0	12,961,586
51.00 05100	RECOVERY ROOM	2,338	2,338	976,983	0	1,363,316
52.00 05200	DELIVERY ROOM & LABOR ROOM	4,188	4,188	904,617	0	1,495,434
53.00 05300	ANESTHESIOLOGY	654	654	40,732	0	513,204
54.00 05400	RADIOLOGY-DIAGNOSTIC	18,220	18,220	4,381,340	0	8,262,888
55.00 05500	RADIOLOGY-THERAPEUTIC	11,313	11,313	1,897,557	0	3,372,598
56.00 05600	RADIOISOTOPE	2,804	2,804	496,605	0	1,752,512
57.00 05700	CT SCAN	1,943	1,943	682,219	0	1,303,380
58.00 05800	MRI	2,221	2,221	340,016	0	693,029
59.00 05900	CARDIAC CATHETERIZATION	10,208	10,208	1,371,036	0	2,975,472
60.00 06000	LABORATORY	1,186	1,186	0	0	5,625,901
65.00 06500	RESPIRATORY THERAPY	1,960	1,960	1,117,691	0	1,720,522
66.00 06600	PHYSICAL THERAPY	3,415	3,415	3,884,694	0	5,407,257
67.00 06700	OCCUPATIONAL THERAPY	0	0	699,789	0	871,623
68.00 06800	SPEECH PATHOLOGY	0	0	350,279	0	438,117
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
70.01 07001	SLEEP LAB/NEUROLOGY	1,125	1,125	311,034	0	588,723
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	6,717,649
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	7,901,626
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	9,414,789
76.00 03140	CARDIOLOGY	1,227	1,227	425,438	0	603,422
76.97 07697	CARDIAC REHABILITATION	0	0	578,301	0	812,290
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000	CLINIC	1,797	1,797	386,009	0	625,633
90.01 09001	DIABETES CENTER	0	0	89,860	0	125,218
91.00 09100	EMERGENCY	9,302	9,302	4,222,358	0	6,674,179
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					
<b>OTHER REIMBURSABLE COST CENTERS</b>						
97.00 09700	DURABLE MEDICAL EQUIP-SOLD	0	0	204,564	0	1,120,573
101.00 10100	HOME HEALTH AGENCY	0	0	2,685,878	0	3,719,985
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300	INTEREST EXPENSE					
118.00	SUBTOTALS (SUM OF LINES 1-117)	288,264	288,264	69,366,910	-36,258,303	142,155,243
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,459	1,459	0	0	53,315
192.01 19201	OCCUPATIONAL HEALTH	0	0	76,272	0	134,542
192.02 19202	FLIGHT FOR LIFE	0	0	0	0	2,666
192.04 19204	WELLNESS PROGRAM	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)	3,161,641	7,266,089	16,289,056		36,258,303
203.00	Unit cost multiplier (Wkst. B, Part I)	10.912634	25.079434	0.234567		0.254720
204.00	Cost to be allocated (per Wkst. B, Part II)			71,013		3,059,219
205.00	Unit cost multiplier (Wkst. B, Part II)			0.001023		0.021491

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140116

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

Worksheet B-1

Date/Time Prepared:  
11/26/2013 2:59 pm

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		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.00	00500	ADMINISTRATIVE & GENERAL					5.00	
7.00	00700	OPERATION OF PLANT	215,151				7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	468	1,219,949			8.00	
9.00	00900	HOUSEKEEPING	3,157	0	211,526		9.00	
10.00	01000	DIETARY	8,835	0	8,835	298,615	10.00	
11.00	01100	CAFETERIA	0	0	0	90,608	11.00	
13.00	01300	NURSING ADMINISTRATION	1,171	0	1,171	0	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	5,737	0	5,737	0	14.00	
15.00	01500	PHARMACY	2,976	0	2,976	0	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	1,083	0	1,083	0	16.00	
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	51,713	432,030	51,713	230,630	26,109	30.00
31.00	03100	INTENSIVE CARE UNIT	8,991	97,934	8,991	35,409	5,871	31.00
41.00	04100	SUBPROVIDER - IRF	5,497	55,892	5,497	32,576	2,524	41.00
43.00	04300	NURSERY	7,639	15,708	7,639	0	1,017	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	42,524	146,840	42,524	0	9,457	50.00
51.00	05100	RECOVERY ROOM	2,338	24,392	2,338	0	1,072	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,188	18,277	4,188	0	1,062	52.00
53.00	05300	ANESTHESIOLOGY	654	0	654	0	102	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	18,220	134,093	18,220	0	6,001	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	11,313	0	11,313	0	2,235	55.00
56.00	05600	RADIOISOTOPE	2,804	0	2,804	0	569	56.00
57.00	05700	CT SCAN	1,943	0	1,943	0	878	57.00
58.00	05800	MRI	2,221	0	2,221	0	432	58.00
59.00	05900	CARDIAC CATHETERIZATION	10,208	93,522	10,208	0	1,689	59.00
60.00	06000	LABORATORY	1,186	0	1,186	0	5	60.00
65.00	06500	RESPIRATORY THERAPY	1,960	0	1,960	0	1,729	65.00
66.00	06600	PHYSICAL THERAPY	3,415	0	3,415	0	5,112	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	834	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	421	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	07001	SLEEP LAB/NEUROLOGY	1,125	0	1,125	0	613	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03140	CARDIOLOGY	1,227	0	1,227	0	629	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	788	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	1,797	0	1,797	0	496	90.00
90.01	09001	DIABETES CENTER	0	0	0	0	136	90.01
91.00	09100	EMERGENCY	9,302	201,261	9,302	0	6,181	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	353	97.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	3,941	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	213,692	1,219,949	210,067	298,615	90,503	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,459	0	1,459	0	0	190.00
192.01	19201	OCCUPATIONAL HEALTH	0	0	0	0	105	192.01
192.02	19202	FLIGHT FOR LIFE	0	0	0	0	0	192.02
192.04	19204	WELLNESS PROGRAM	0	0	0	0	0	192.04
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)	6,020,635	929,192	3,263,810	3,105,178	1,147,359	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	27.983300	0.761665	15.429829	10.398600	12.662888	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	1,004,569	34,773	184,156	422,419	20,530	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	4.669135	0.028504	0.870607	1.414594	0.226580	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140116

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

Worksheet B-1  
Date/Time Prepared:  
11/26/2013 2:59 pm

Cost Center Description			NURSING ADMINISTRATION  (DIRECT NURSING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE  (TIME SPENT)	
			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 DEPARTMENT						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	1,047,464					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	14,742,232				14.00
15.00	01500	PHARMACY	0	0	9,414,789			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	607,035,826		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	543,059	0	0	57,436,405	0	30.00
31.00	03100	INTENSIVE CARE UNIT	122,122	0	0	13,605,259	0	31.00
41.00	04100	SUBPROVIDER - I RF	52,506	0	0	5,698,622	0	41.00
43.00	04300	NURSERY	21,156	0	0	2,442,674	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	196,700	0	0	73,873,629	0	50.00
51.00	05100	RECOVERY ROOM	22,298	0	0	10,082,330	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	22,088	0	0	2,842,205	0	52.00
53.00	05300	ANESTHESIOLOGY	2,115	0	0	7,200,151	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	55,729,901	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	22,990,329	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	13,545,849	0	56.00
57.00	05700	CT SCAN	0	0	0	56,590,568	0	57.00
58.00	05800	MRI	0	0	0	13,886,589	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	22,056,200	0	59.00
60.00	06000	LABORATORY	0	0	0	68,276,948	0	60.00
65.00	06500	RESPIRATORY THERAPY	35,962	0	0	7,866,778	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	14,711,326	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	2,645,295	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	2,306,659	0	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	07001	SLEEP LAB/NEUROLOGY	0	0	0	2,691,082	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	6,840,606	0	21,715,627	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	7,901,626	0	25,251,252	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	9,414,789	66,413,905	0	73.00
76.00	03140	CARDIOLOGY	13,075	0	0	2,645,168	0	76.00
76.97	07697	CARDIAC REHABILITATION	16,383	0	0	1,123,100	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	1,555,140	0	90.00
90.01	09001	DIABETES CENTER	0	0	0	91,088	0	90.01
91.00	09100	EMERGENCY	0	0	0	31,761,747	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,047,464	14,742,232	9,414,789	607,035,826	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.01	19201	OCCUPATIONAL HEALTH	0	0	0	0	0	192.01
192.02	19202	FLIGHT FOR LIFE	0	0	0	0	0	192.02
192.04	19204	WELLNESS PROGRAM	0	0	0	0	0	192.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	2,720,388	2,512,964	5,513,126	3,220,605	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	2.597118	0.170460	0.585581	0.005305	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	96,124	581,455	785,303	113,780	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.091768	0.039441	0.083412	0.000187	0.000000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140116	Period: From 07/01/2012 To 06/30/2013	Worksheet C Part I Date/Time Prepared: 11/26/2013 2:59 pm		
		Title XVIIII	Hospital	PPS		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Dissallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000 ADULTS & PEDIATRICS		36,181,383	0	36,181,383	30.00
31.00	03100 INTENSIVE CARE UNIT		9,019,647	0	9,019,647	31.00
41.00	04100 SUBPROVIDER - I RF		3,770,366	0	3,770,366	41.00
43.00	04300 NURSERY		2,371,857	0	2,371,857	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM		19,243,890	0	19,243,890	50.00
51.00	05100 RECOVERY ROOM		1,955,632	0	1,955,632	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		2,157,977	0	2,157,977	52.00
53.00	05300 ANESTHESIOLOGY		717,301	21,288	738,589	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		11,632,369	122,881	11,755,250	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC		4,873,065	24,665	4,897,730	55.00
56.00	05600 RADIOISOTOPE		2,399,708	0	2,399,708	56.00
57.00	05700 CT SCAN		2,031,060	0	2,031,060	57.00
58.00	05800 MRI		1,045,116	0	1,045,116	58.00
59.00	05900 CARDIAC CATHETERIZATION		4,386,174	0	4,386,174	59.00
60.00	06000 LABORATORY		7,472,691	0	7,472,691	60.00
65.00	06500 RESPIRATORY THERAPY	0	2,400,887	0	2,400,887	65.00
66.00	06600 PHYSICAL THERAPY	0	7,075,627	20,350	7,095,977	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	1,118,237	0	1,118,237	67.00
68.00	06800 SPEECH PATHOLOGY	0	567,282	0	567,282	68.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
70.01	07001 SLEEP LAB/NEUROLOGY		809,561	0	809,561	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		9,710,020	0	9,710,020	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		11,395,200	0	11,395,200	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		17,678,376	0	17,678,376	73.00
76.00	03140 RADIOLOGY		866,349	0	866,349	76.00
76.97	07697 CARDIAC REHABILITATION		1,077,682	25,144	1,102,826	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000 CLINIC		877,538	0	877,538	90.00
90.01	09001 DIABETES CENTER		159,319	0	159,319	90.01
91.00	09100 EMERGENCY		9,178,113	28,552	9,206,665	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		3,977,117	0	3,977,117	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
97.00	09700 DURABLE MEDICAL EQUIP-SOLD		1,410,475	0	1,410,475	97.00
101.00	10100 HOME HEALTH AGENCY		4,717,444	0	4,717,444	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00	11300 INTEREST EXPENSE					113.00
200.00	Subtotal (see instructions)	0	182,277,463	242,880	182,520,343	200.00
201.00	Less Observation Beds		3,977,117		3,977,117	201.00
202.00	Total (see instructions)	0	178,300,346	242,880	178,543,226	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140116		Period: From 07/01/2012 To 06/30/2013		Worksheet C Part I Date/Time Prepared: 11/26/2013 2:59 pm	
			Title XVIII		Hospital		PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00				9.00	10.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	52,387,219		52,387,219			30.00
31.00	03100	INTENSIVE CARE UNIT	13,596,232		13,596,232			31.00
41.00	04100	SUBPROVIDER - IRF	5,698,621		5,698,621			41.00
43.00	04300	NURSERY	2,442,674		2,442,674			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	24,415,157	49,458,473	73,873,630	0.260497	0.000000	50.00
51.00	05100	RECOVERY ROOM	3,619,139	6,463,191	10,082,330	0.193966	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,712,411	129,794	2,842,205	0.759262	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	3,063,450	4,136,701	7,200,151	0.099623	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,784,997	42,944,904	55,729,901	0.208728	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	857,330	22,133,000	22,990,330	0.211962	0.000000	55.00
56.00	05600	RADIOISOTOPE	2,380,771	11,165,078	13,545,849	0.177154	0.000000	56.00
57.00	05700	CT SCAN	15,833,593	40,756,975	56,590,568	0.035890	0.000000	57.00
58.00	05800	MRI	4,306,768	9,579,821	13,886,589	0.075261	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	14,640,899	7,415,300	22,056,199	0.198864	0.000000	59.00
60.00	06000	LABORATORY	37,882,773	30,394,175	68,276,948	0.109447	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	6,792,281	1,074,497	7,866,778	0.305193	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	4,056,972	10,654,354	14,711,326	0.480965	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,581,826	63,468	2,645,294	0.422727	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	2,274,301	32,359	2,306,660	0.245932	0.000000	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	0.000000	70.00
70.01	07001	SLEEP LAB/NEUROLOGY	298,502	2,392,580	2,691,082	0.300831	0.000000	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	13,348,455	8,367,171	21,715,626	0.447144	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	16,902,967	8,348,285	25,251,252	0.451273	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	34,628,068	31,785,838	66,413,906	0.266185	0.000000	73.00
76.00	03140	CARDIOLOGY	534,055	2,111,112	2,645,167	0.327521	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	39,213	1,083,887	1,123,100	0.959560	0.000000	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	15,204	1,539,936	1,555,140	0.564282	0.000000	90.00
90.01	09001	DIABETES CENTER	0	91,088	91,088	1.749067	0.000000	90.01
91.00	09100	EMERGENCY	9,981,031	21,780,717	31,761,748	0.288968	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	5,058,213	5,058,213	0.786269	0.000000	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	3,981,622	3,981,622	0.354246	0.000000	97.00
101.00	10100	HOME HEALTH AGENCY	0	5,538,124	5,538,124			101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	288,074,909	328,480,663	616,555,572			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	288,074,909	328,480,663	616,555,572			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140116	Period: From 07/01/2012 To 06/30/2013	Worksheet C Part I Date/Time Prepared: 11/26/2013 2:59 pm
		Title XVIII	Hospital	PPS

Cost Center Description		PPS Inpatient Ratio		
		11.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
41.00	04100 SUBPROVIDER - IRF			41.00
43.00	04300 NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0.260497		50.00
51.00	05100 RECOVERY ROOM	0.193966		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.759262		52.00
53.00	05300 ANESTHESIOLOGY	0.102580		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.210933		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.213034		55.00
56.00	05600 RADIOISOTOPE	0.177154		56.00
57.00	05700 CT SCAN	0.035890		57.00
58.00	05800 MRI	0.075261		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.198864		59.00
60.00	06000 LABORATORY	0.109447		60.00
65.00	06500 RESPIRATORY THERAPY	0.305193		65.00
66.00	06600 PHYSICAL THERAPY	0.482348		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.422727		67.00
68.00	06800 SPEECH PATHOLOGY	0.245932		68.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
70.01	07001 SLEEP LAB/NEUROLOGY	0.300831		70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.447144		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.451273		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.266185		73.00
76.00	03140 RADIOLOGY	0.327521		76.00
76.97	07697 CARDIAC REHABILITATION	0.981948		76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000 CLINIC	0.564282		90.00
90.01	09001 DIABETES CENTER	1.749067		90.01
91.00	09100 EMERGENCY	0.289866		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.786269		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.354246		97.00
101.00	10100 HOME HEALTH AGENCY			101.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
113.00	11300 INTEREST EXPENSE			113.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140116	Period: From 07/01/2012 To 06/30/2013	Worksheet C Part I Date/Time Prepared: 11/26/2013 2:59 pm	
			Title XIX	Hospital	Cost	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Dissallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000 ADULTS & PEDIATRICS		36,181,383	0	0	30.00
31.00	03100 INTENSIVE CARE UNIT		9,019,647	0	0	31.00
41.00	04100 SUBPROVIDER - I RF		3,770,366	0	0	41.00
43.00	04300 NURSERY		2,371,857	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM		19,243,890	0	0	50.00
51.00	05100 RECOVERY ROOM		1,955,632	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		2,157,977	0	0	52.00
53.00	05300 ANESTHESIOLOGY		717,301	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		11,632,369	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC		4,873,065	0	0	55.00
56.00	05600 RADIOISOTOPE		2,399,708	0	0	56.00
57.00	05700 CT SCAN		2,031,060	0	0	57.00
58.00	05800 MRI		1,045,116	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION		4,386,174	0	0	59.00
60.00	06000 LABORATORY		7,472,691	0	0	60.00
65.00	06500 RESPIRATORY THERAPY	0	2,400,887	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	7,075,627	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	1,118,237	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	567,282	0	0	68.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
70.01	07001 SLEEP LAB/NEUROLOGY		809,561	0	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		9,710,020	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		11,395,200	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		17,678,376	0	0	73.00
76.00	03140 RADIOLOGY		866,349	0	0	76.00
76.97	07697 CARDIAC REHABILITATION		1,077,682	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000 CLINIC		877,538	0	0	90.00
90.01	09001 DIABETES CENTER		159,319	0	0	90.01
91.00	09100 EMERGENCY		9,178,113	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		3,977,117	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
97.00	09700 DURABLE MEDICAL EQUIP-SOLD		1,410,475	0	0	97.00
101.00	10100 HOME HEALTH AGENCY		4,717,444	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00	11300 INTEREST EXPENSE					113.00
200.00	Subtotal (see instructions)	0	182,277,463	0	0	200.00
201.00	Less Observation Beds		3,977,117			201.00
202.00	Total (see instructions)	0	178,300,346	0	0	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140116		Period: From 07/01/2012 To 06/30/2013		Worksheet C Part I Date/Time Prepared: 11/26/2013 2:59 pm	
			Title XIX		Hospital		Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00				9.00	10.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	52,387,219		52,387,219			30.00
31.00	03100	INTENSIVE CARE UNIT	13,596,232		13,596,232			31.00
41.00	04100	SUBPROVIDER - I RF	5,698,621		5,698,621			41.00
43.00	04300	NURSERY	2,442,674		2,442,674			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	24,415,157	49,458,473	73,873,630	0.260497	0.000000	50.00
51.00	05100	RECOVERY ROOM	3,619,139	6,463,191	10,082,330	0.193966	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,712,411	129,794	2,842,205	0.759262	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	3,063,450	4,136,701	7,200,151	0.099623	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,784,997	42,944,904	55,729,901	0.208728	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	857,330	22,133,000	22,990,330	0.211962	0.000000	55.00
56.00	05600	RADIOISOTOPE	2,380,771	11,165,078	13,545,849	0.177154	0.000000	56.00
57.00	05700	CT SCAN	15,833,593	40,756,975	56,590,568	0.035890	0.000000	57.00
58.00	05800	MRI	4,306,768	9,579,821	13,886,589	0.075261	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	14,640,899	7,415,300	22,056,199	0.198864	0.000000	59.00
60.00	06000	LABORATORY	37,882,773	30,394,175	68,276,948	0.109447	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	6,792,281	1,074,497	7,866,778	0.305193	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	4,056,972	10,654,354	14,711,326	0.480965	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,581,826	63,468	2,645,294	0.422727	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	2,274,301	32,359	2,306,660	0.245932	0.000000	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	0.000000	70.00
70.01	07001	SLEEP LAB/NEUROLOGY	298,502	2,392,580	2,691,082	0.300831	0.000000	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	13,348,455	8,367,171	21,715,626	0.447144	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	16,902,967	8,348,285	25,251,252	0.451273	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	34,628,068	31,785,838	66,413,906	0.266185	0.000000	73.00
76.00	03140	CARDIOLOGY	534,055	2,111,112	2,645,167	0.327521	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	39,213	1,083,887	1,123,100	0.959560	0.000000	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	15,204	1,539,936	1,555,140	0.564282	0.000000	90.00
90.01	09001	DIABETES CENTER	0	91,088	91,088	1.749067	0.000000	90.01
91.00	09100	EMERGENCY	9,981,031	21,780,717	31,761,748	0.288968	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	5,058,213	5,058,213	0.786269	0.000000	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	3,981,622	3,981,622	0.354246	0.000000	97.00
101.00	10100	HOME HEALTH AGENCY	0	5,538,124	5,538,124			101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	288,074,909	328,480,663	616,555,572			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	288,074,909	328,480,663	616,555,572			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140116	Period: From 07/01/2012 To 06/30/2013	Worksheet C Part I Date/Time Prepared: 11/26/2013 2:59 pm
		Title XIX	Hospital	Cost

Cost Center Description		PPS Inpatient Ratio		
		11.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
41.00	04100 SUBPROVIDER - IRF			41.00
43.00	04300 NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0.000000		50.00
51.00	05100 RECOVERY ROOM	0.000000		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600 RADIOISOTOPE	0.000000		56.00
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MRI	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.000000		60.00
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
70.01	07001 SLEEP LAB/NEUROLOGY	0.000000		70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
76.00	03140 RADIOLOGY	0.000000		76.00
76.97	07697 CARDIAC REHABILITATION	0.000000		76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000 CLINIC	0.000000		90.00
90.01	09001 DIABETES CENTER	0.000000		90.01
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000		97.00
101.00	10100 HOME HEALTH AGENCY			101.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
113.00	11300 INTEREST EXPENSE			113.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140116		Period: From 07/01/2012 To 06/30/2013		Worksheet D Part I Date/Time Prepared: 11/26/2013 2:59 pm	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	PPS Per Diem (col. 3 / col. 4)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	3,078,542	0	3,078,542	34,752	88.59	30.00
31.00	INTENSIVE CARE UNIT	581,402	0	581,402	4,749	122.43	31.00
41.00	SUBPROVIDER - IRF	334,821	0	334,821	4,369	76.64	41.00
43.00	NURSERY	354,573		354,573	2,051	172.88	43.00
200.00	Total (lines 30-199)	4,349,338		4,349,338	45,921		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00				
30.00	ADULTS & PEDIATRICS	17,444	1,545,364				
31.00	INTENSIVE CARE UNIT	2,840	347,701				
41.00	SUBPROVIDER - IRF	3,259	249,770				
43.00	NURSERY	0	0				
200.00	Total (lines 30-199)	23,543	2,142,835				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140116	Period: From 07/01/2012 To 06/30/2013	Worksheet D Part II Date/Time Prepared: 11/26/2013 2:59 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	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	2,143,071	73,873,630	0.029010	11,635,171	337,536	50.00
51.00	05100 RECOVERY ROOM	132,268	10,082,330	0.013119	1,668,636	21,891	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	210,318	2,842,205	0.073998	0	0	52.00
53.00	05300 ANESTHESIOLOGY	49,753	7,200,151	0.006910	1,396,157	9,647	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,531,710	55,729,901	0.027485	7,866,511	216,211	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	589,572	22,990,330	0.025644	531,317	13,625	55.00
56.00	05600 RADIOISOTOPE	550,190	13,545,849	0.040617	1,410,189	57,278	56.00
57.00	05700 CT SCAN	120,186	56,590,568	0.002124	9,143,583	19,421	57.00
58.00	05800 MRI	110,179	13,886,589	0.007934	2,206,491	17,506	58.00
59.00	05900 CARDIAC CATHETERIZATION	500,838	22,056,199	0.022707	7,671,208	174,190	59.00
60.00	06000 LABORATORY	182,932	68,276,948	0.002679	21,414,033	57,368	60.00
65.00	06500 RESPIRATORY THERAPY	187,249	7,866,778	0.023803	4,164,863	99,136	65.00
66.00	06600 PHYSICAL THERAPY	673,136	14,711,326	0.045756	1,634,771	74,801	66.00
67.00	06700 OCCUPATIONAL THERAPY	20,132	2,645,294	0.007610	714,632	5,438	67.00
68.00	06800 SPEECH PATHOLOGY	10,849	2,306,660	0.004703	547,188	2,573	68.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
70.01	07001 SLEEP LAB/NEUROLOGY	171,992	2,691,082	0.063912	177,393	11,338	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	418,230	21,715,626	0.019259	7,191,839	138,508	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	486,191	25,251,252	0.019254	9,148,811	176,151	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,000,055	66,413,906	0.015058	18,322,996	275,908	73.00
76.00	03140 RADIOLOGY	66,699	2,645,167	0.025215	318,701	8,036	76.00
76.97	07697 CARDIAC REHABILITATION	196,487	1,123,100	0.174951	22,497	3,936	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	162,910	1,555,140	0.104756	12,939	1,355	90.00
90.01	09001 DIABETES CENTER	24,170	91,088	0.265348	0	0	90.01
91.00	09100 EMERGENCY	571,242	31,761,748	0.017985	5,584,173	100,431	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	338,397	5,058,213	0.066901	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	24,634	3,981,622	0.006187	0	0	97.00
200.00	Total (lines 50-199)	10,473,390	536,892,702		112,784,099	1,822,284	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140116	Period: From 07/01/2012 To 06/30/2013	Worksheet D Part III Date/Time Prepared: 11/26/2013 2:59 pm
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Cost Center Description			Title XVIII				Hospital		PPS	
			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)			
			1.00	2.00	3.00	4.00	5.00			
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0		0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0		0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0		0	41.00
43.00	04300	NURSERY	0	0	0	0	0		0	43.00
200.00		Total (lines 30-199)	0	0	0	0	0		0	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. Nursing School			
			6.00	7.00	8.00	9.00	11.00			
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	34,752	0.00	17,444	0	0		0	30.00
31.00	03100	INTENSIVE CARE UNIT	4,749	0.00	2,840	0	0		0	31.00
41.00	04100	SUBPROVIDER - IRF	4,369	0.00	3,259	0	0		0	41.00
43.00	04300	NURSERY	2,051	0.00	0	0	0		0	43.00
200.00		Total (lines 30-199)	45,921		23,543	0	0		0	200.00
Cost Center Description			PSA Adj. Allied Health Cost	PSA Adj. All Other Medical Education Cost						
			12.00	13.00						
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	0						30.00
31.00	03100	INTENSIVE CARE UNIT	0	0						31.00
41.00	04100	SUBPROVIDER - IRF	0	0						41.00
43.00	04300	NURSERY	0	0						43.00
200.00		Total (lines 30-199)	0	0						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140116

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

Worksheet D  
Part IV  
Date/Time Prepared:  
11/26/2013 2:59 pm

Cost Center Description		Title XVIII				Hospital		PPS	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)			
		1.00	2.00	3.00	4.00	5.00			
<b>ANCILLARY SERVICE COST CENTERS</b>									
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00	
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00	
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00	
57.00	05700	CT SCAN	0	0	0	0	0	57.00	
58.00	05800	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	
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00	
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00	
70.01	07001	SLEEP LAB/NEUROLOGY	0	0	0	0	0	70.01	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00	
76.00	03140	CARDIOLOGY	0	0	0	0	0	76.00	
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97	
<b>OUTPATIENT SERVICE COST CENTERS</b>									
90.00	09000	CLINIC	0	0	0	0	0	90.00	
90.01	09001	DIABETES CENTER	0	0	0	0	0	90.01	
91.00	09100	EMERGENCY	0	0	0	0	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>									
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00	
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: 140116

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

Worksheet D  
Part IV  
Date/Time Prepared:  
11/26/2013 2:59 pm

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital		Inpatient Program Charges	
					Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	PPS		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	73,873,630	0.000000	0.000000	11,635,171	50.00
51.00	05100	RECOVERY ROOM	0	10,082,330	0.000000	0.000000	1,668,636	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,842,205	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	7,200,151	0.000000	0.000000	1,396,157	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	55,729,901	0.000000	0.000000	7,866,511	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	22,990,330	0.000000	0.000000	531,317	55.00
56.00	05600	RADIOISOTOPE	0	13,545,849	0.000000	0.000000	1,410,189	56.00
57.00	05700	CT SCAN	0	56,590,568	0.000000	0.000000	9,143,583	57.00
58.00	05800	MRI	0	13,886,589	0.000000	0.000000	2,206,491	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	22,056,199	0.000000	0.000000	7,671,208	59.00
60.00	06000	LABORATORY	0	68,276,948	0.000000	0.000000	21,414,033	60.00
65.00	06500	RESPIRATORY THERAPY	0	7,866,778	0.000000	0.000000	4,164,863	65.00
66.00	06600	PHYSICAL THERAPY	0	14,711,326	0.000000	0.000000	1,634,771	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,645,294	0.000000	0.000000	714,632	67.00
68.00	06800	SPEECH PATHOLOGY	0	2,306,660	0.000000	0.000000	547,188	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0.000000	0	70.00
70.01	07001	SLEEP LAB/NEUROLOGY	0	2,691,082	0.000000	0.000000	177,393	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	21,715,626	0.000000	0.000000	7,191,839	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	25,251,252	0.000000	0.000000	9,148,811	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	66,413,906	0.000000	0.000000	18,322,996	73.00
76.00	03140	CARDIOLOGY	0	2,645,167	0.000000	0.000000	318,701	76.00
76.97	07697	CARDIAC REHABILITATION	0	1,123,100	0.000000	0.000000	22,497	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	1,555,140	0.000000	0.000000	12,939	90.00
90.01	09001	DIABETES CENTER	0	91,088	0.000000	0.000000	0	90.01
91.00	09100	EMERGENCY	0	31,761,748	0.000000	0.000000	5,584,173	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	5,058,213	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS								
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	3,981,622	0.000000	0.000000	0	97.00
200.00		Total (lines 50-199)	0	536,892,702			112,784,099	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140116

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

Worksheet D  
Part IV  
Date/Time Prepared:  
11/26/2013 2:59 pm

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	14,308,454	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	1,127,963	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	812,046	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	10,517,775	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	8,746,895	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	5,000,868	0	0	0	56.00
57.00	05700	CT SCAN	0	10,922,559	0	0	0	57.00
58.00	05800	MRI	0	2,743,651	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	3,753,593	0	0	0	59.00
60.00	06000	LABORATORY	0	1,857,232	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	347,595	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	07001	SLEEP LAB/NEUROLOGY	0	518,694	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	2,031,666	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	3,683,737	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	10,883,939	0	0	0	73.00
76.00	03140	CARDIOLOGY	0	790,569	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	529,313	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	436,892	0	0	0	90.00
90.01	09001	DIABETES CENTER	0	36,084	0	0	0	90.01
91.00	09100	EMERGENCY	0	4,040,122	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	1,570,592	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
200.00		Total (lines 50-199)	0	84,660,239	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140116

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

Worksheet D  
Part IV  
Date/Time Prepared:  
11/26/2013 2:59 pm

Cost Center Description		PSA Adj . Allied Health	PSA Adj . All Other Medical Education Cost	Title XVIII	Hospital	PPS
		23.00	24.00			
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM	0	0			50.00
51.00	05100 RECOVERY ROOM	0	0			51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0			52.00
53.00	05300 ANESTHESIOLOGY	0	0			53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0			54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0			55.00
56.00	05600 RADIOISOTOPE	0	0			56.00
57.00	05700 CT SCAN	0	0			57.00
58.00	05800 MRI	0	0			58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0			59.00
60.00	06000 LABORATORY	0	0			60.00
65.00	06500 RESPIRATORY THERAPY	0	0			65.00
66.00	06600 PHYSICAL THERAPY	0	0			66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0			67.00
68.00	06800 SPEECH PATHOLOGY	0	0			68.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0			70.00
70.01	07001 SLEEP LAB/NEUROLOGY	0	0			70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0			73.00
76.00	03140 RADIOLOGY	0	0			76.00
76.97	07697 CARDIAC REHABILITATION	0	0			76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000 CLINIC	0	0			90.00
90.01	09001 DIABETES CENTER	0	0			90.01
91.00	09100 EMERGENCY	0	0			91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0			92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0			97.00
200.00	Total (Lines 50-199)	0	0			200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140116	Period: From 07/01/2012 To 06/30/2013	Worksheet D Part V Date/Time Prepared: 11/26/2013 2:59 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
	1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0.260497	14,308,454	0	0	3,727,309	50.00
51.00	05100 RECOVERY ROOM	0.193966	1,127,963	0	0	218,786	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.759262	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.099623	812,046	0	0	80,898	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.208728	10,517,775	0	0	2,195,354	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.211962	8,746,895	0	0	1,854,009	55.00
56.00	05600 RADIOISOTOPE	0.177154	5,000,868	0	0	885,924	56.00
57.00	05700 CT SCAN	0.035890	10,922,559	0	0	392,011	57.00
58.00	05800 MRI	0.075261	2,743,651	0	0	206,490	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.198864	3,753,593	0	0	746,455	59.00
60.00	06000 LABORATORY	0.109447	1,857,232	875	0	203,268	60.00
65.00	06500 RESPIRATORY THERAPY	0.305193	347,595	0	0	106,084	65.00
66.00	06600 PHYSICAL THERAPY	0.480965	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.422727	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.245932	0	0	0	0	68.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
70.01	07001 SLEEP LAB/NEUROLOGY	0.300831	518,694	0	0	156,039	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.447144	2,031,666	0	0	908,447	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.451273	3,683,737	0	0	1,662,371	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.266185	10,883,939	0	88,511	2,897,141	73.00
76.00	03140 RADIOLOGY	0.327521	790,569	0	0	258,928	76.00
76.97	07697 CARDIAC REHABILITATION	0.959560	529,313	0	0	507,908	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0.564282	436,892	252	0	246,530	90.00
90.01	09001 DIABETES CENTER	1.749067	36,084	0	0	63,113	90.01
91.00	09100 EMERGENCY	0.288968	4,040,122	0	0	1,167,466	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.786269	1,570,592	0	0	1,234,908	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.354246	0	0	0	0	97.00
200.00	Subtotal (see instructions)		84,660,239	1,127	88,511	19,719,439	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 +/- line 201)		84,660,239	1,127	88,511	19,719,439	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140116	Period: From 07/01/2012 To 06/30/2013	Worksheet D Part V Date/Time Prepared: 11/26/2013 2:59 pm
	Title XVIII	Hospital	PPS

Cost Center Description	Costs		Hospital	PPS
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MRI	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	96	0		60.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
70.01 07001 SLEEP LAB/NEUROLOGY	0	0		70.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	23,560		73.00
76.00 03140 RADIOLOGY	0	0		76.00
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00 09000 CLINIC	142	0		90.00
90.01 09001 DIABETES CENTER	0	0		90.01
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
200.00 Subtotal (see instructions)	238	23,560		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	238	23,560		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140116		Period: From 07/01/2012 To 06/30/2013		Worksheet D Part II Date/Time Prepared: 11/26/2013 2:59 pm		
		Component CCN: 14T116		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		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	2,143,071	73,873,630	0.029010	3,613	105	50.00
51.00	05100	RECOVERY ROOM	132,268	10,082,330	0.013119	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	210,318	2,842,205	0.073998	0	0	52.00
53.00	05300	ANESTHESIOLOGY	49,753	7,200,151	0.006910	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,531,710	55,729,901	0.027485	90,848	2,497	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	589,572	22,990,330	0.025644	53,234	1,365	55.00
56.00	05600	RADIOISOTOPE	550,190	13,545,849	0.040617	5,136	209	56.00
57.00	05700	CT SCAN	120,186	56,590,568	0.002124	81,501	173	57.00
58.00	05800	MRI	110,179	13,886,589	0.007934	9,691	77	58.00
59.00	05900	CARDIAC CATHETERIZATION	500,838	22,056,199	0.022707	0	0	59.00
60.00	06000	LABORATORY	182,932	68,276,948	0.002679	751,192	2,012	60.00
65.00	06500	RESPIRATORY THERAPY	187,249	7,866,778	0.023803	75,470	1,796	65.00
66.00	06600	PHYSICAL THERAPY	673,136	14,711,326	0.045756	1,225,410	56,070	66.00
67.00	06700	OCCUPATIONAL THERAPY	20,132	2,645,294	0.007610	1,137,215	8,654	67.00
68.00	06800	SPEECH PATHOLOGY	10,849	2,306,660	0.004703	1,200,400	5,645	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
70.01	07001	SLEEP LAB/NEUROLOGY	171,992	2,691,082	0.063912	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	418,230	21,715,626	0.019259	136,736	2,633	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	486,191	25,251,252	0.019254	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,000,055	66,413,906	0.015058	902,461	13,589	73.00
76.00	03140	CARDIOLOGY	66,699	2,645,167	0.025215	1,012	26	76.00
76.97	07697	CARDIAC REHABILITATION	196,487	1,123,100	0.174951	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	162,910	1,555,140	0.104756	0	0	90.00
90.01	09001	DIABETES CENTER	24,170	91,088	0.265348	0	0	90.01
91.00	09100	EMERGENCY	571,242	31,761,748	0.017985	208	4	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	5,058,213	0.000000	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	24,634	3,981,622	0.006187	0	0	97.00
200.00		Total (lines 50-199)	10,134,993	536,892,702		5,674,127	94,855	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140116 Component CCN: 14T116	Period: From 07/01/2012 To 06/30/2013	Worksheet D Part IV Date/Time Prepared: 11/26/2013 2:59 pm
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
	1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 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
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01 07001 SLEEP LAB/NEUROLOGY	0	0	0	0	0	70.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00 03140 RADIOLOGY	0	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 DIABETES CENTER	0	0	0	0	0	90.01
91.00 09100 EMERGENCY	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
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: 140116 Component CCN: 14T116	Period: From 07/01/2012 To 06/30/2013	Worksheet D Part IV Date/Time Prepared: 11/26/2013 2:59 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
	6.00	7.00	8.00	9.00	10.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0	73,873,630	0.000000	0.000000	3,613	50.00
51.00 05100 RECOVERY ROOM	0	10,082,330	0.000000	0.000000	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	2,842,205	0.000000	0.000000	0	52.00
53.00 05300 ANESTHESIOLOGY	0	7,200,151	0.000000	0.000000	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	55,729,901	0.000000	0.000000	90,848	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	22,990,330	0.000000	0.000000	53,234	55.00
56.00 05600 RADIOISOTOPE	0	13,545,849	0.000000	0.000000	5,136	56.00
57.00 05700 CT SCAN	0	56,590,568	0.000000	0.000000	81,501	57.00
58.00 05800 MRI	0	13,886,589	0.000000	0.000000	9,691	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	22,056,199	0.000000	0.000000	0	59.00
60.00 06000 LABORATORY	0	68,276,948	0.000000	0.000000	751,192	60.00
65.00 06500 RESPIRATORY THERAPY	0	7,866,778	0.000000	0.000000	75,470	65.00
66.00 06600 PHYSICAL THERAPY	0	14,711,326	0.000000	0.000000	1,225,410	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	2,645,294	0.000000	0.000000	1,137,215	67.00
68.00 06800 SPEECH PATHOLOGY	0	2,306,660	0.000000	0.000000	1,200,400	68.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0.000000	0.000000	0	70.00
70.01 07001 SLEEP LAB/NEUROLOGY	0	2,691,082	0.000000	0.000000	0	70.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	21,715,626	0.000000	0.000000	136,736	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	25,251,252	0.000000	0.000000	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	66,413,906	0.000000	0.000000	902,461	73.00
76.00 03140 RADIOLOGY	0	2,645,167	0.000000	0.000000	1,012	76.00
76.97 07697 CARDIAC REHABILITATION	0	1,123,100	0.000000	0.000000	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000 CLINIC	0	1,555,140	0.000000	0.000000	0	90.00
90.01 09001 DIABETES CENTER	0	91,088	0.000000	0.000000	0	90.01
91.00 09100 EMERGENCY	0	31,761,748	0.000000	0.000000	208	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	5,058,213	0.000000	0.000000	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	3,981,622	0.000000	0.000000	0	97.00
200.00 Total (lines 50-199)	0	536,892,702			5,674,127	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140116	Period: From 07/01/2012 To 06/30/2013	Worksheet D Part IV Date/Time Prepared: 11/26/2013 2:59 pm
	Component CCN: 14T116	Title XVIII	Subprovider - IRF PPS

Cost Center Description			Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
			11.00	12.00	13.00	21.00	22.00	
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	292	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	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
65.00	06500	RESPIRATORY THERAPY	0	206	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	07001	SLEEP LAB/NEUROLOGY	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	790	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,071	0	0	0	73.00
76.00	03140	CARDIOLOGY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	DIABETES CENTER	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
200.00		Total (lines 50-199)	0	2,359	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140116

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

Worksheet D  
Part IV  
Date/Time Prepared:  
11/26/2013 2:59 pm

Component CCN: 14T116

Title XVIII

Subprovider -  
IRF

PPS

Cost Center Description		PSA Adj .	PSA Adj . All		
		Allied Health	Other Medical Education Cost		
		23.00	24.00		
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MRI	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
70.01	07001	SLEEP LAB/NEUROLOGY	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
76.00	03140	CARDIOLOGY	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0	0	90.00
90.01	09001	DIABETES CENTER	0	0	90.01
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
200.00		Total (lines 50-199)	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140116 Component CCN: 14T116	Period: From 07/01/2012 To 06/30/2013	Worksheet D Part V Date/Time Prepared: 11/26/2013 2:59 pm
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
	1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0.260497	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0.193966	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.759262	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0.099623	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.208728	292	0	0	61	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0.211962	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0.177154	0	0	0	0	56.00
57.00 05700 CT SCAN	0.035890	0	0	0	0	57.00
58.00 05800 MRI	0.075261	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.198864	0	0	0	0	59.00
60.00 06000 LABORATORY	0.109447	0	0	0	0	60.00
65.00 06500 RESPIRATORY THERAPY	0.305193	206	0	0	63	65.00
66.00 06600 PHYSICAL THERAPY	0.480965	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.422727	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.245932	0	0	0	0	68.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
70.01 07001 SLEEP LAB/NEUROLOGY	0.300831	0	0	0	0	70.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.447144	790	0	0	353	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.451273	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.266185	1,071	0	710	285	73.00
76.00 03140 RADIOLOGY	0.327521	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0.959560	0	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000 CLINIC	0.564282	0	0	0	0	90.00
90.01 09001 DIABETES CENTER	1.749067	0	0	0	0	90.01
91.00 09100 EMERGENCY	0.288968	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0.786269	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0.354246	0	0	0	0	97.00
200.00	Subtotal (see instructions)		2,359	0	710	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		2,359	0	710	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140116	Period: From 07/01/2012 To 06/30/2013	Worksheet D Part V Date/Time Prepared: 11/26/2013 2:59 pm
	Component CCN: 14T116	Title XVIII	Subprovider - IRF

Cost Center Description	Costs		
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
	6.00	7.00	
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00 05000 OPERATING ROOM	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	56.00
57.00 05700 CT SCAN	0	0	57.00
58.00 05800 MRI	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000 LABORATORY	0	0	60.00
65.00 06500 RESPIRATORY THERAPY	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	68.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
70.01 07001 SLEEP LAB/NEUROLOGY	0	0	70.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	189	73.00
76.00 03140 RADIOLOGY	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>			
90.00 09000 CLINIC	0	0	90.00
90.01 09001 DIABETES CENTER	0	0	90.01
91.00 09100 EMERGENCY	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>			
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
200.00 Subtotal (see instructions)	0	189	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00 Net Charges (line 200 +/- line 201)	0	189	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140116	Period: From 07/01/2012 To 06/30/2013	Worksheet D-1 Date/Time Prepared: 11/26/2013 2:59 pm
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		34,752	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		34,752	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)		30,932	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)		17,444	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		36,181,383	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)		36,181,383	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		36,181,383	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,041.13	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		18,161,472	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)		18,161,472	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 140116	Period: From 07/01/2012 To 06/30/2013	Worksheet D-1 Date/Time Prepared: 11/26/2013 2:59 pm		
Cost Center Description			Title XVIII		Hospital	PPS	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	9,019,647	4,749	1,899.27	2,840	5,393,927	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)					26,407,363	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					49,962,762	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)					1,893,065	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,822,284	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					3,715,349	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					46,247,413	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)					3,820	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,041.13	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					3,977,117	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140116		Period: From 07/01/2012 To 06/30/2013		Worksheet D-1 Date/Time Prepared: 11/26/2013 2:59 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	3,078,542	36,181,383	0.085086	3,977,117	338,397	90.00
91.00	Nursing School cost	0	36,181,383	0.000000	3,977,117	0	91.00
92.00	Allied health cost	0	36,181,383	0.000000	3,977,117	0	92.00
93.00	All other Medical Education	0	36,181,383	0.000000	3,977,117	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140116	Period: From 07/01/2012 To 06/30/2013	Worksheet D-1
		Component CCN: 14T116		Date/Time Prepared: 11/26/2013 2:59 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		4,369	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		4,369	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)		4,369	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)		3,259	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		3,770,366	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		3,770,366	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		3,770,366	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		862.98	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,812,452	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)		2,812,452	41.00

COMPUTATION OF INPATIENT OPERATING COST					Provider CCN: 140116	Period: From 07/01/2012 To 06/30/2013	Worksheet D-1
					Component CCN: 14T116		Date/Time Prepared: 11/26/2013 2:59 pm
					Title XVIII	Subprovider - IRF	PPS
Cost Center Description	Total	Total	Average Per	Program Days	Program Cost (col. 3 x col. 4)		
	Inpatient Cost	Inpatient Days	Diem (col. 1 ÷ col. 2)				
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00	
<b>Intensive Care Type Inpatient Hospital Units</b>							
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	
<b>Cost Center Description</b>							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,810,034	48.00	
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					4,622,486	49.00	
<b>PASS THROUGH COST ADJUSTMENTS</b>							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					249,770	50.00	
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					94,855	51.00	
52.00 Total Program excludable cost (sum of lines 50 and 51)					344,625	52.00	
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					4,277,861	53.00	
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>							
54.00 Program discharges					0	54.00	
55.00 Target amount per discharge					0.00	55.00	
56.00 Target amount (line 54 x line 55)					0	56.00	
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00	
58.00 Bonus payment (see instructions)					0	58.00	
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00	
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00	
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00	
62.00 Relief payment (see instructions)					0	62.00	
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00	
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00	
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00	
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00	
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00	
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00	
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00	
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY</b>							
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00	
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00	
72.00 Program routine service cost (line 9 x line 71)						72.00	
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00	
74.00 Total Program general inpatient routine service costs (line 72 + line 73)						74.00	
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00	
76.00 Per diem capital-related costs (line 75 ÷ line 2)						76.00	
77.00 Program capital-related costs (line 9 x line 76)						77.00	
78.00 Inpatient routine service cost (line 74 minus line 77)						78.00	
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)						79.00	
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00	
81.00 Inpatient routine service cost per diem limitation						81.00	
82.00 Inpatient routine service cost limitation (line 9 x line 81)						82.00	
83.00 Reasonable inpatient routine service costs (see instructions)						83.00	
84.00 Program inpatient ancillary services (see instructions)						84.00	
85.00 Utilization review - physician compensation (see instructions)						85.00	
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)						86.00	
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>							
87.00 Total observation bed days (see instructions)					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: 140116 Component CCN: 14T116		Period: From 07/01/2012 To 06/30/2013		Worksheet D-1 Date/Time Prepared: 11/26/2013 2:59 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	334,821	3,770,366	0.088803	0	0	90.00
91.00	Nursing School cost	0	3,770,366	0.000000	0	0	91.00
92.00	Allied health cost	0	3,770,366	0.000000	0	0	92.00
93.00	All other Medical Education	0	3,770,366	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140116	Period: From 07/01/2012 To 06/30/2013	Worksheet D-3 Date/Time Prepared: 11/26/2013 2:59 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		31,154,073	30.00
31.00	03100	INTENSIVE CARE UNIT		8,140,413	31.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.260497	11,635,171	50.00
51.00	05100	RECOVERY ROOM	0.193966	1,668,636	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.759262	0	52.00
53.00	05300	ANESTHESIOLOGY	0.102580	1,396,157	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.210933	7,866,511	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.213034	531,317	55.00
56.00	05600	RADIOISOTOPE	0.177154	1,410,189	56.00
57.00	05700	CT SCAN	0.035890	9,143,583	57.00
58.00	05800	MRI	0.075261	2,206,491	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.198864	7,671,208	59.00
60.00	06000	LABORATORY	0.109447	21,414,033	60.00
65.00	06500	RESPIRATORY THERAPY	0.305193	4,164,863	65.00
66.00	06600	PHYSICAL THERAPY	0.482348	1,634,771	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.422727	714,632	67.00
68.00	06800	SPEECH PATHOLOGY	0.245932	547,188	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	70.00
70.01	07001	SLEEP LAB/NEUROLOGY	0.300831	177,393	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.447144	7,191,839	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.451273	9,148,811	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.266185	18,322,996	73.00
76.00	03140	CARDIOLOGY	0.327521	318,701	76.00
76.97	07697	CARDIAC REHABILITATION	0.981948	22,497	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0.564282	12,939	90.00
90.01	09001	DIABETES CENTER	1.749067	0	90.01
91.00	09100	EMERGENCY	0.289866	5,584,173	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.786269	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.354246	0	97.00
200.00		Total (sum of lines 50-94 and 96-98)		112,784,099	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		112,784,099	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140116 Component CCN: 14T116	Period: From 07/01/2012 To 06/30/2013	Worksheet D-3 Date/Time Prepared: 11/26/2013 2:59 pm	
		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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
41.00	04100 SUBPROVIDER - IRF		4,203,030		41.00
43.00	04300 NURSERY				43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0.260497	3,613	941	50.00
51.00	05100 RECOVERY ROOM	0.193966	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.759262	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.102580	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.210933	90,848	19,163	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.213034	53,234	11,341	55.00
56.00	05600 RADIOISOTOPE	0.177154	5,136	910	56.00
57.00	05700 CT SCAN	0.035890	81,501	2,925	57.00
58.00	05800 MRI	0.075261	9,691	729	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.198864	0	0	59.00
60.00	06000 LABORATORY	0.109447	751,192	82,216	60.00
65.00	06500 RESPIRATORY THERAPY	0.305193	75,470	23,033	65.00
66.00	06600 PHYSICAL THERAPY	0.482348	1,225,410	591,074	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.422727	1,137,215	480,731	67.00
68.00	06800 SPEECH PATHOLOGY	0.245932	1,200,400	295,217	68.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	70.00
70.01	07001 SLEEP LAB/NEUROLOGY	0.300831	0	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.447144	136,736	61,141	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.451273	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.266185	902,461	240,222	73.00
76.00	03140 RADIOLOGY	0.327521	1,012	331	76.00
76.97	07697 CARDIAC REHABILITATION	0.981948	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000 CLINIC	0.564282	0	0	90.00
90.01	09001 DIABETES CENTER	1.749067	0	0	90.01
91.00	09100 EMERGENCY	0.289866	208	60	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.786269	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.354246	0	0	97.00
200.00	Total (sum of lines 50-94 and 96-98)		5,674,127	1,810,034	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)		5,674,127		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140116	Period: From 07/01/2012 To 06/30/2013	Worksheet E Part A Date/Time Prepared: 11/26/2013 2:59 pm	
		Title XVIII	Hospital	PPS	
		0	before 1/1	on/after 1/1	
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER PPS</b>					
1.00	DRG Amounts Other than Outlier Payments		37,938,833		1.00
2.00	Outlier payments for discharges. (see instructions)		557,372		2.00
2.01	Outlier reconciliation amount		0		2.01
3.00	Managed Care Simulated Payments		1,441,381		3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		147.53		4.00
<b>Indirect Medical Education Adjustment</b>					
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00		5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00		6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(F)(1)(iv)(B)(1)		0.00		7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(F)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00		7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.		0.00		8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00		8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00		8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00		9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00		10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00		11.00
12.00	Current year allowable FTE (see instructions)		0.00		12.00
13.00	Total allowable FTE count for the prior year.		0.00		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.		0.00		14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00		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		0.00		18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000		19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000		20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000		21.00
22.00	IME payment adjustment (see instructions)		0		22.00
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>					
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (F)(1)(iv)(C).		0.00		23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00		24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00		25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000		26.00
27.00	IME payments adjustment. (see instructions)		0.000000		27.00
28.00	IME Adjustment (see instructions)		0		28.00
29.00	Total IME payment (sum of lines 22 and 28)		0		29.00
<b>Disproportionate Share Adjustment</b>					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		0.00		30.00
31.00	Percentage of Medicaid patient days (see instructions)		10.81		31.00
32.00	Sum of lines 30 and 31		10.81		32.00
33.00	Allowable disproportionate share percentage (see instructions)		0.00		33.00
34.00	Disproportionate share adjustment (see instructions)		0		34.00
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140116	Period: From 07/01/2012 To 06/30/2013	Worksheet E Part A Date/Time Prepared: 11/26/2013 2:59 pm	
		Title XVIII	Hospital	PPS	
		0	before 1/1	on/after 1/1	
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41)		0		46.00
47.00	Subtotal (see instructions)		38,496,205		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0		48.00
49.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)		38,496,205		49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		3,149,183		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).		0		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)		41,645,388		59.00
60.00	Primary payer payments		65,947		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		41,579,441		61.00
62.00	Deductibles billed to program beneficiaries		3,648,832		62.00
63.00	Coinurance billed to program beneficiaries		53,685		63.00
64.00	Allowable bad debts (see instructions)		347,818		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		243,473		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		235,594		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		38,120,397		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	PS&R OTHER ADJUSTMENTS		-145		70.00
70.92	Bundled Model 1 discount amount		0		70.92
70.93	HVBP incentive payment (see instructions)		-35,299		70.93
70.94	Hospital readmissions reduction adjustment (see instructions)		-289,279		70.94
70.95	Recovery of Accelerated Depreciation		0		70.95
70.96	Low Volume Payment-1 (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0		70.96
70.97	Low Volume Payment-2 (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0		70.97
70.98	Low Volume Payment-3		0		70.98
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		37,795,674		71.00
71.01	Sequestration adjustment (see instructions)		188,978		71.01
72.00	Interim payments		37,724,738		72.00
73.00	Tentative settlement (for contractor use only)		0		73.00
74.00	Balance due provider (Program) line 71 minus lines 71.01, 72 and 73		-118,042		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		0		75.00
<b>TO BE COMPLETED BY CONTRACTOR</b>					
90.00	Operating outlier amount from Worksheet E, Part A line 2 (see instructions)		0		90.00
91.00	Capital outlier from Worksheet L, Part I, line 2		0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the Time Value of Money		0.00		94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140116	Period: From 07/01/2012 To 06/30/2013	Worksheet E Part A Date/Time Prepared: 11/26/2013 2:59 pm	
		Title XVIII	Hospital	PPS	
			before 1/1	on/after 1/1	
		0	1.00	1.01	
95.00	Time Value of Money for operating expenses(see instructions)		0		95.00
96.00	Time Value of Money for capital related expenses (see instructions)		0		96.00

CALCULATION OF DSH PAYMENT PERCENTAGE				Provider CCN: 140116	Period: From 07/01/2012 To 06/30/2013	Worksheet DSH Date/Time Prepared: 11/26/2013 2:59 pm		
				Title XVIII	Hospital	PPS		
				Original .mcrcx Values	Adjusted .mcax Values	HFS Look Up	Override Value	Revised Value
				1.00	2.00	3.00	4.00	5.00
CALCULATION OF THE DSH PAYMENT PERCENTAGE								
1.00	Percentage of SSI patient days to Medicare Part A days (Previous from E, Part A, line 30 - Revised from CMS)	0.00	0.00	0.00	0.00	0.00	0.00	1.00
2.00	Percentage of Medicaid patient days to total days (From line 27)	10.81	0.00				10.81	2.00
3.00	Sum of lines 1 and 2, if less than 15% DSH Payment Percentage = 0	10.81	0.00				10.81	3.00
4.00	Provider Type * (urban, rural, SCH, RRC, pickle - If pickle worksheet NA)	Urban					Urban	4.00
5.00	Bed days available divided by number of days in the cost reporting period (Worksheet E, Part A, Line 4)	147.53	0.00				147.53	5.00
6.00	Disproportionate Share Payment Percentage (transfer to Worksheet E, Part A, line 33)	0.00	0.00				0.00	6.00
7.00	Qualify for Operating DSH Eligibility (DPP 15% or more)?	No					No	7.00
8.00	S-2, Line 22	No					No	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)	2.24	0.00	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)	0.95	0.00	0.00	0.00	0.00	0.00	14.00
CALCULATION OF THE PERCENTAGE OF MEDICAID DAYS TO TOTAL DAYS								
15.00	In-State Medicaid paid days (Worksheet S-2, line 24, column 1)	3,648	0				3,648	15.00
16.00	In-State Medicaid eligible unpaid paid days (Worksheet S-2, line 24, column 2)	0	0				0	16.00
17.00	Out-of-State Medicaid paid days (Worksheet S-2, line 24, column 3)	0	0				0	17.00
18.00	Out-of-State Medicaid eligible unpaid days (Worksheet S-2, line 24, column 4)	0	0				0	18.00
18.01	N/A	0	0				0	18.01
19.00	Medicaid HMO days (Worksheet S-2, line 24, column 5)	342	0				342	19.00
20.00	Other Medicaid days (Worksheet S-2, line 24, column 6)	90	0				90	20.00
21.00	Total Medicaid patient days for the DSH calculation (sum of lines 15-20)	4,080	0				4,080	21.00
22.00	Total patient days (Worksheet S-3, Part I, Column 8, Line 14)	37,732	0				37,732	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)	37,732	0				37,732	26.00
27.00	Percentage of Medicaid patient days to total days (Line 21 divided by line 26)	10.81	0.00				10.81	27.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 140116		Period: From 07/01/2012 To 06/30/2013		Worksheet DSH Date/Time Prepared: 11/26/2013 2:59 pm	
		Title XVIII		Hospital		PPS	
		Original .mcrx Values		Adjusted .mcax Values		Revised	
		Condition	Percentage	Condition	Percentage	Condition	
		1.00	2.00	3.00	4.00	5.00	
<b>CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE</b>							
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	False	0.00		0.00	False	28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	True	5.22		0.00	True	29.00
30.00	Line 28 or 29 as applicable		5.22		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.		0.00		0.00		31.00
		Original .mcrx Values	Adjusted .mcax Values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
<b>DETERMINATION OF PROVIDER TYPE</b>							
32.00	Does the hospital qualify under the Pickle amendment? (Worksheet S-2, Part I, Line 22, column 2 = "Y")	False				False	32.00
33.00	Is This a Rural Referral Center? (Worksheet S-2, Part I, line 116, column 1 = "Y")	False				False	33.00
34.00	Is this a Medicare Dependant Hospital? (Worksheet S-2, Part I, Line 37 greater than -0-)	False				False	34.00
35.00	Is this a Sole Community hospital? (Worksheet S-2, Part I, Line 35 greater than -0-)	False				False	35.00
36.00	Is this an Urban or Rural hospital? (Worksheet S-2, Part I, Line 26, Column 1, Urban=1, Rural=2)	Urban				Urban	36.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 140116	Period: From 07/01/2012 To 06/30/2013	Worksheet DSH Date/Time Prepared: 11/26/2013 2:59 pm
		Title XVIII	Hospital	PPS

		Revised Percentage	
CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE		6.00	
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	0.00	28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	5.22	29.00
30.00	Line 28 or 29 as applicable	5.22	30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.	0.00	31.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140116	Period: From 07/01/2012 To 06/30/2013	Worksheet E Part B Date/Time Prepared: 11/26/2013 2:59 pm
		Title XVII	Hospital	PPS
				1.00
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)			23,798 1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)			19,719,439 2.00
3.00	PPS payments			16,968,389 3.00
4.00	Outlier payment (see instructions)			33,098 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)			23,798 11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges			89,638 12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)			0 13.00
14.00	Total reasonable charges (sum of lines 12 and 13)			89,638 14.00
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis			0 15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)			0 16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)			0.000000 17.00
18.00	Total customary charges (see instructions)			89,638 18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			65,840 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)			23,798 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)			17,001,487 24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)			0 25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)			3,953,524 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)			13,071,761 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)			13,071,761 30.00
31.00	Primary payer payments			3,290 31.00
32.00	Subtotal (line 30 minus line 31)			13,068,471 32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)			0 33.00
34.00	Allowable bad debts (see instructions)			497,945 34.00
35.00	Adjusted reimbursable bad debts (see instructions)			348,562 35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			419,196 36.00
37.00	Subtotal (see instructions)			13,417,033 37.00
38.00	MSP-LCC reconciliation amount from PS&R			0 38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 39.00
39.99	RECOVERY OF ACCELERATED DEPRECIATION			0 39.99
40.00	Subtotal (see instructions)			13,417,033 40.00
40.01	Sequestration adjustment (see instructions)			67,085 40.01
41.00	Interim payments			13,388,040 41.00
42.00	Tentative settlement (for contractors use only)			0 42.00
43.00	Balance due provider/program (see instructions)			-38,092 43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2			0 44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)			0 90.00
91.00	Outlier reconciliation adjustment amount (see instructions)			0 91.00
92.00	The rate used to calculate the Time Value of Money			0.00 92.00
93.00	Time Value of Money (see instructions)			0 93.00
94.00	Total (sum of lines 91 and 93)			0 94.00
				Overrides
				1.00
<b>WORKSHEET OVERRIDE VALUES</b>				
112.00	Override of Ancillary service charges (line 12)			0 112.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140116	Period: From 07/01/2012 To 06/30/2013	Worksheet E Part B Date/Time Prepared: 11/26/2013 2:59 pm
		Component CCN: 14T116	Title XVIII	Subprovider - IRF
		PPS		
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		189	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		762	2.00
3.00	PPS payments		254	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)		189	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		710	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)		710	14.00
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		710	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		521	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)		189	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)		254	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		15	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)		428	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)		428	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		428	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		428	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		428	40.00
40.01	Sequestration adjustment (see instructions)		2	40.01
41.00	Interim payments		414	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		12	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00
		Overrides		
		1.00		
<b>WORKSHEET OVERRIDE VALUES</b>				
112.00	Override of Ancillary service charges (line 12)		0	112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140116

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
11/26/2013 2:59 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		37,724,738		13,356,077	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0	01/29/2013	31,963	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		31,963	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)		37,724,738		13,388,040	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		70,936		28,993	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		37,795,674		13,417,033	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: 140116 Component CCN: 14T116	Period: From 07/01/2012 To 06/30/2013	Worksheet E-1 Part I Date/Time Prepared: 11/26/2013 2:59 pm		
		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				414	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		4,198,273		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	01/29/2013	20,812		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)		20,812		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		4,219,085		414	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		14	6.01
6.02	SETTLEMENT TO PROGRAM		23,327		0	6.02
7.00	Total Medicare program liability (see instructions)		4,195,758		428	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140116 Component CCN: 14T116	Period: From 07/01/2012 To 06/30/2013	Worksheet E-3 Part III Date/Time Prepared: 11/26/2013 2:59 pm
		Title XVIIII	Subprovider - IRF	PPS
				1.00
<b>PART III - MEDICARE PART A SERVICES - IRF PPS</b>				
1.00	Net Federal PPS Payment (see instructions)			4,117,306 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0095 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			74,935 3.00
4.00	Outlier Payments			34,367 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program". (see inst.)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program". (see inst.)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			11.969863 10.00
11.00	Indirect Medical Education Adjustment Factor $\{((1 + (\text{line } 9/\text{line } 10)) \text{ raised to the power of } .6876 - 1)\}$ .			0.000000 11.00
12.00	Indirect Medical Education Adjustment (line 1 multiplied by line 11).			0 12.00
13.00	Total PPS Payment (sum of lines 1, 3, 4 and 12)			4,226,608 13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0 14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0 15.00
16.00	Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions)			0 16.00
17.00	Subtotal (see instructions)			4,226,608 17.00
18.00	Primary payer payments			3,844 18.00
19.00	Subtotal (line 17 less line 18).			4,222,764 19.00
20.00	Deductibles			11,644 20.00
21.00	Subtotal (line 19 minus line 20)			4,211,120 21.00
22.00	Coinurance			18,762 22.00
23.00	Subtotal (line 21 minus line 22)			4,192,358 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			4,857 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			3,400 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			3,757 26.00
27.00	Subtotal (sum of lines 23 and 25)			4,195,758 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 (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.99	Recovery of Accelerated Depreciation			0 31.99
32.00	Total amount payable to the provider (see instructions)			4,195,758 32.00
32.01	Sequestration adjustment (see instructions)			20,979 32.01
33.00	Interim payments			4,219,085 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program line 32 minus lines 32.01, 33 and 34			-44,306 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2			0 36.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
50.00	Original outlier amount from Worksheet E-3, Part III, line 4			34,367 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

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

Provider CCN: 140116

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

Worksheet G

Date/Time Prepared:  
11/26/2013 2:59 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	248,000	0	0	0	1.00
2.00	Temporary investments	15,083,000	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	29,906,000	0	0	0	4.00
5.00	Other receivable	45,450,000	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	3,987,000	0	0	0	7.00
8.00	Prepaid expenses	1,258,000	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)	95,932,000	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	65,000	0	0	0	12.00
13.00	Land improvements	1,764,249	0	0	0	13.00
14.00	Accumulated depreciation	-1,517,098	0	0	0	14.00
15.00	Buildings	79,407,353	0	0	0	15.00
16.00	Accumulated depreciation	-35,999,798	0	0	0	16.00
17.00	Leasehold improvements	77,154	0	0	0	17.00
18.00	Accumulated depreciation	-74,602	0	0	0	18.00
19.00	Fixed equipment	12,588,902	0	0	0	19.00
20.00	Accumulated depreciation	-12,557,081	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	92,053,256	0	0	0	23.00
24.00	Accumulated depreciation	-76,069,564	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	7,685,416	0	0	0	27.00
28.00	Accumulated depreciation	-562,187	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	66,861,000	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	95,501,000	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	2,563,000	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	98,064,000	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	260,857,000	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	1,800,000	0	0	0	37.00
38.00	Salaries, wages, and fees payable	12,877,000	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	0	0	0	0	43.00
44.00	Other current liabilities	5,496,000	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	20,173,000	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	88,836,000	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	3,202,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	92,038,000	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	112,211,000	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	148,646,000				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	148,646,000	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	260,857,000	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140116

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

Worksheet G-1

Date/Time Prepared:  
11/26/2013 2:59 pm

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		142,710,000		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		17,681,000			2.00
3.00	Total (sum of line 1 and line 2)		160,391,000		0	3.00
4.00	UNRESTRICTED NET ASSETS RELEASED	161,000		0		4.00
5.00	OTHER	291,000		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		452,000		0	10.00
11.00	Subtotal (line 3 plus line 10)		160,843,000		0	11.00
12.00	CHANGES IN UNREALIZED GAINS	386,000		0		12.00
13.00	TRANSFERS TO AFFILIATES	11,811,000		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		12,197,000		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		148,646,000		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	UNRESTRICTED NET ASSETS RELEASED		0			4.00
5.00	OTHER		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	CHANGES IN UNREALIZED GAINS		0			12.00
13.00	TRANSFERS TO AFFILIATES		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: 140116

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

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
11/26/2013 2:59 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Services					
1.00	Hospital	52,387,219		52,387,219	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	5,698,621		5,698,621	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)	58,085,840		58,085,840	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	13,596,232		13,596,232	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)	13,596,232		13,596,232	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	71,682,072		71,682,072	17.00
18.00	Ancillary services	215,684,699	324,150,082	539,834,781	18.00
19.00	Outpatient services	0	0	0	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		5,538,124	5,538,124	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	287,366,771	329,688,206	617,054,977	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		202,738,330		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)		202,738,330		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140116

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

Worksheet G-3

Date/Time Prepared:  
11/26/2013 2:59 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	617,054,977	1.00
2.00	Less contractual allowances and discounts on patients' accounts	409,343,233	2.00
3.00	Net patient revenues (line 1 minus line 2)	207,711,744	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	202,738,330	4.00
5.00	Net income from service to patients (line 3 minus line 4)	4,973,414	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	405,848	6.00
7.00	Income from investments	8,904,205	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	<b>OTHER REVENUE</b>	3,318,901	24.00
24.01	INTEREST SWAP DERIVATIVE	78,617	24.01
24.02	ROUNDING	15	24.02
25.00	Total other income (sum of lines 6-24)	12,707,586	25.00
26.00	Total (line 5 plus line 25)	17,681,000	26.00
27.00	<b>OTHER EXPENSES (SPECIFY)</b>	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)	17,681,000	29.00

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 140116

Period: From 07/01/2012

Worksheet H

HHA CCN: 147455

To 06/30/2013

Date/Time Prepared: 11/26/2013 2:59 pm

Home Health Agency I

PPS

	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of col. 1 thru 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00			0		0	0	1.00
2.00			0		0	0	2.00
3.00	0	0	0	0	0	0	3.00
4.00	0	0	0	0	0	0	4.00
5.00	681,824	0	0	0	172,860	854,684	5.00
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	1,109,635	0	86,881	0	0	1,196,516	6.00
7.00	653,553	0	53,527	0	0	707,080	7.00
8.00	52,939	0	4,022	0	0	56,961	8.00
9.00	51,240	0	3,893	0	0	55,133	9.00
10.00	0	0	0	0	0	0	10.00
11.00	98,713	0	12,872	0	0	111,585	11.00
12.00	0	0	0	0	122,957	122,957	12.00
13.00	0	0	0	0	8,810	8,810	13.00
14.00	0	0	0	0	0	0	14.00
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	0	0	0	0	0	0	15.00
16.00	0	0	0	0	0	0	16.00
17.00	0	0	0	0	0	0	17.00
18.00	0	0	0	0	0	0	18.00
19.00	0	0	0	0	0	0	19.00
20.00	0	0	0	0	0	0	20.00
21.00	0	0	0	0	0	0	21.00
22.00	0	0	0	0	0	0	22.00
23.00	0	0	0	0	0	0	23.00
24.00	2,647,904	0	161,195	0	304,627	3,113,726	24.00
	Reclassifi cation	Reclassifi ed Trial Balance (col. 6 + col. 7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)			
	7.00	8.00	9.00	10.00			
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	0	0	0	0			1.00
2.00	0	0	0	0			2.00
3.00	0	0	0	0			3.00
4.00	0	0	0	0			4.00
5.00	37,974	892,658	-61,733	830,925			5.00
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	0	1,196,516	0	1,196,516			6.00
7.00	0	707,080	0	707,080			7.00
8.00	0	56,961	0	56,961			8.00
9.00	0	55,133	0	55,133			9.00
10.00	0	0	0	0			10.00
11.00	0	111,585	0	111,585			11.00
12.00	0	122,957	0	122,957			12.00
13.00	0	8,810	0	8,810			13.00
14.00	0	0	0	0			14.00
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	0	0	0	0			15.00
16.00	0	0	0	0			16.00
17.00	0	0	0	0			17.00
18.00	0	0	0	0			18.00
19.00	0	0	0	0			19.00
20.00	0	0	0	0			20.00
21.00	0	0	0	0			21.00
22.00	0	0	0	0			22.00
23.00	0	0	0	0			23.00
24.00	37,974	3,151,700	-61,733	3,089,967			24.00

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

COST ALLOCATION - HHA GENERAL SERVICE COST		Provider CCN: 140116	Period: From 07/01/2012 To 06/30/2013	Worksheet H-1 Part I Date/Time Prepared: 11/26/2013 2:59 pm
		HHA CCN: 147455	Home Health Agency I	PPS

	Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)		
		Bldgs & Fixtures	Movable Equipment					
		1.00	2.00					3.00
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	Capital Related - Bldg. & Fixtures	0	0			0	1.00	
2.00	Capital Related - Movable Equipment	0	0			0	2.00	
3.00	Plant Operation & Maintenance	0	0	0		0	3.00	
4.00	Transportation	0	0	0	0	0	4.00	
5.00	Administrative and General	830,925	0	0	0	830,925	5.00	
<b>HHA REIMBURSABLE SERVICES</b>								
6.00	Skilled Nursing Care	1,196,516	0	0	0	1,196,516	6.00	
7.00	Physical Therapy	707,080	0	0	0	707,080	7.00	
8.00	Occupational Therapy	56,961	0	0	0	56,961	8.00	
9.00	Speech Pathology	55,133	0	0	0	55,133	9.00	
10.00	Medical Social Services	0	0	0	0	0	10.00	
11.00	Home Health Aide	111,585	0	0	0	111,585	11.00	
12.00	Supplies (see instructions)	122,957	0	0	0	122,957	12.00	
13.00	Drugs	8,810	0	0	0	8,810	13.00	
14.00	DME	0	0	0	0	0	14.00	
<b>HHA NONREIMBURSABLE SERVICES</b>								
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00	
16.00	Respiratory Therapy	0	0	0	0	0	16.00	
17.00	Private Duty Nursing	0	0	0	0	0	17.00	
18.00	Clinic	0	0	0	0	0	18.00	
19.00	Health Promotion Activities	0	0	0	0	0	19.00	
20.00	Day Care Program	0	0	0	0	0	20.00	
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00	
22.00	Homemaker Service	0	0	0	0	0	22.00	
23.00	All Others (specify)	0	0	0	0	0	23.00	
24.00	Total (sum of lines 1-23)	3,089,967	0	0	0	3,089,967	24.00	
		Administrative & General	Total (cols. 4A + 5)					
		5.00	6.00					
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	Capital Related - Bldg. & Fixtures						1.00	
2.00	Capital Related - Movable Equipment						2.00	
3.00	Plant Operation & Maintenance						3.00	
4.00	Transportation						4.00	
5.00	Administrative and General	830,925					5.00	
<b>HHA REIMBURSABLE SERVICES</b>								
6.00	Skilled Nursing Care	440,104	1,636,620				6.00	
7.00	Physical Therapy	260,080	967,160				7.00	
8.00	Occupational Therapy	20,952	77,913				8.00	
9.00	Speech Pathology	20,279	75,412				9.00	
10.00	Medical Social Services	0	0				10.00	
11.00	Home Health Aide	41,043	152,628				11.00	
12.00	Supplies (see instructions)	45,226	168,183				12.00	
13.00	Drugs	3,241	12,051				13.00	
14.00	DME	0	0				14.00	
<b>HHA NONREIMBURSABLE SERVICES</b>								
15.00	Home Dialysis Aide Services	0	0				15.00	
16.00	Respiratory Therapy	0	0				16.00	
17.00	Private Duty Nursing	0	0				17.00	
18.00	Clinic	0	0				18.00	
19.00	Health Promotion Activities	0	0				19.00	
20.00	Day Care Program	0	0				20.00	
21.00	Home Delivered Meals Program	0	0				21.00	
22.00	Homemaker Service	0	0				22.00	
23.00	All Others (specify)	0	0				23.00	
24.00	Total (sum of lines 1-23)		3,089,967				24.00	

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 140116

Period:

Worksheet H-1

HHA CCN: 147455

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

Part II  
Date/Time Prepared:  
11/26/2013 2:59 pm

Home Health  
Agency I

PPS

	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
	Bl dgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
	1.00	2.00					
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related - Bldg. & Fixtures	0			0		1.00
2.00	Capital Related - Movable Equipment		0		0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation (see instructions)	0	0	0	0		4.00
5.00	Administrative and General	0	0	0	0	-830,925	2,259,042
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	Skilled Nursing Care	0	0	0	0	0	1,196,516
7.00	Physical Therapy	0	0	0	0	0	707,080
8.00	Occupational Therapy	0	0	0	0	0	56,961
9.00	Speech Pathology	0	0	0	0	0	55,133
10.00	Medical Social Services	0	0	0	0	0	0
11.00	Home Health Aide	0	0	0	0	0	111,585
12.00	Supplies (see instructions)	0	0	0	0	0	122,957
13.00	Drugs	0	0	0	0	0	8,810
14.00	DME	0	0	0	0	0	0
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0
16.00	Respiratory Therapy	0	0	0	0	0	0
17.00	Private Duty Nursing	0	0	0	0	0	0
18.00	Clinic	0	0	0	0	0	0
19.00	Health Promotion Activities	0	0	0	0	0	0
20.00	Day Care Program	0	0	0	0	0	0
21.00	Home Delivered Meals Program	0	0	0	0	0	0
22.00	Homemaker Service	0	0	0	0	0	0
23.00	All Others (specify)	0	0	0	0	0	0
24.00	Total (sum of lines 1-23)	0	0	0	0	-830,925	2,259,042
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		830,925
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.367822

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 140116

Period: From 07/01/2012

Worksheet H-2

HHA CCN: 147455

To 06/30/2013

Part I  
Date/Time Prepared:  
11/26/2013 2:59 pm

Home Health Agency I

PPS

Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	ADMINISTRATIVE & GENERAL	
		BLDG & FIXT	MVBLE EQUIP				
		0	1.00				
1.00 Administrative and General	0	0	0	630,018	630,018	160,478	1.00
2.00 Skilled Nursing Care	1,636,620	0	0	0	1,636,620	416,880	2.00
3.00 Physical Therapy	967,160	0	0	0	967,160	246,355	3.00
4.00 Occupational Therapy	77,913	0	0	0	77,913	19,846	4.00
5.00 Speech Pathology	75,412	0	0	0	75,412	19,209	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	152,628	0	0	0	152,628	38,877	7.00
8.00 Supplies (see instructions)	168,183	0	0	0	168,183	42,840	8.00
9.00 Drugs	12,051	0	0	0	12,051	3,070	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	3,089,967	0	0	630,018	3,719,985	947,555	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.					0.000000		21.00
Cost Center Description	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
	7.00	8.00	9.00	10.00	11.00	13.00	
1.00 Administrative and General	0	0	0	0	49,904	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	0	0	0	0	49,904	0	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 140116

Period: From 07/01/2012

Worksheet H-2

HHA CCN: 147455

To 06/30/2013

Part I  
Date/Time Prepared:  
11/26/2013 2:59 pm

Home Health Agency I

PPS

Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		14.00	15.00	16.00	17.00	24.00	25.00	
1.00	Administrative and General	0	0	0	0	840,400	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	2,053,500	0	2.00
3.00	Physical Therapy	0	0	0	0	1,213,515	0	3.00
4.00	Occupational Therapy	0	0	0	0	97,759	0	4.00
5.00	Speech Pathology	0	0	0	0	94,621	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	191,505	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	211,023	0	8.00
9.00	Drugs	0	0	0	0	15,121	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	0	0	0	4,717,444	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description		Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs				
		26.00	27.00	28.00				
1.00	Administrative and General	840,400						1.00
2.00	Skilled Nursing Care	2,053,500	445,123	2,498,623				2.00
3.00	Physical Therapy	1,213,515	263,045	1,476,560				3.00
4.00	Occupational Therapy	97,759	21,191	118,950				4.00
5.00	Speech Pathology	94,621	20,510	115,131				5.00
6.00	Medical Social Services	0	0	0				6.00
7.00	Home Health Aide	191,505	41,511	233,016				7.00
8.00	Supplies (see instructions)	211,023	45,742	256,765				8.00
9.00	Drugs	15,121	3,278	18,399				9.00
10.00	DME	0	0	0				10.00
11.00	Home Dialysis Aide Services	0	0	0				11.00
12.00	Respiratory Therapy	0	0	0				12.00
13.00	Private Duty Nursing	0	0	0				13.00
14.00	Clinic	0	0	0				14.00
15.00	Health Promotion Activities	0	0	0				15.00
16.00	Day Care Program	0	0	0				16.00
17.00	Home Delivered Meals Program	0	0	0				17.00
18.00	Homemaker Service	0	0	0				18.00
19.00	All Others (specify)	0	0	0				19.00
20.00	Total (sum of lines 1-19) (2)	4,717,444	840,400	4,717,444				20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.		0.216763					21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 140116  
HHA CCN: 147455

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

Worksheet H-2  
Part II  
Date/Time Prepared: 11/26/2013 2:59 pm  
PPS

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)					
	1.00	2.00					
1.00 Administrative and General	0	0	2,685,878	0	630,018	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	1,636,620	0	2.00
3.00 Physical Therapy	0	0	0	0	967,160	0	3.00
4.00 Occupational Therapy	0	0	0	0	77,913	0	4.00
5.00 Speech Pathology	0	0	0	0	75,412	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	152,628	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	168,183	0	8.00
9.00 Drugs	0	0	0	0	12,051	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	0	0	2,685,878	0	3,719,985	0	20.00
21.00 Total cost to be allocated	0	0	630,018	0	947,555	0	21.00
22.00 Unit cost multiplier	0.000000	0.000000	0.234567		0.254720	0.000000	22.00
Cost Center Description	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTES)	NURSING ADMINISTRATION (DIRECT NRSING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
	8.00	9.00	10.00	11.00	13.00	14.00	
1.00 Administrative and General	0	0	0	3,941	0	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	0	0	0	3,941	0	0	20.00
21.00 Total cost to be allocated	0	0	0	49,904	0	0	21.00
22.00 Unit cost multiplier	0.000000	0.000000	0.000000	12.662776	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 140116 HHA CCN: 147455	Period: From 07/01/2012 To 06/30/2013	Worksheet H-2 Part II Date/Time Prepared: 11/26/2013 2:59 pm PPS
		Home Health Agency I	

Cost Center Description	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)		
	15.00	16.00	17.00		
1.00 Administrative and General	0	0	0		1.00
2.00 Skilled Nursing Care	0	0	0		2.00
3.00 Physical Therapy	0	0	0		3.00
4.00 Occupational Therapy	0	0	0		4.00
5.00 Speech Pathology	0	0	0		5.00
6.00 Medical Social Services	0	0	0		6.00
7.00 Home Health Aide	0	0	0		7.00
8.00 Supplies (see instructions)	0	0	0		8.00
9.00 Drugs	0	0	0		9.00
10.00 DME	0	0	0		10.00
11.00 Home Dialysis Aide Services	0	0	0		11.00
12.00 Respiratory Therapy	0	0	0		12.00
13.00 Private Duty Nursing	0	0	0		13.00
14.00 Clinic	0	0	0		14.00
15.00 Health Promotion Activities	0	0	0		15.00
16.00 Day Care Program	0	0	0		16.00
17.00 Home Delivered Meals Program	0	0	0		17.00
18.00 Homemaker Service	0	0	0		18.00
19.00 All Others (specify)	0	0	0		19.00
20.00 Total (sum of lines 1-19)	0	0	0		20.00
21.00 Total cost to be allocated	0	0	0		21.00
22.00 Unit cost multiplier	0.000000	0.000000	0.000000		22.00

APPORTIONMENT OF PATIENT SERVICE COSTS			Provider CCN: 140116	Period: From 07/01/2012 To 06/30/2013	Worksheet H-3 Part I Date/Time Prepared: 11/26/2013 2:59 pm
			HHA CCN: 147455	Title XVIII	Home Health Agency I

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

PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	2.00	2,498,623		2,498,623	16,158	154.64	1.00
2.00	Physical Therapy	3.00	1,476,560	0	1,476,560	9,955	148.32	2.00
3.00	Occupational Therapy	4.00	118,950	0	118,950	748	159.02	3.00
4.00	Speech Pathology	5.00	115,131	0	115,131	724	159.02	4.00
5.00	Medical Social Services	6.00	0		0	0	0.00	5.00
6.00	Home Health Aide	7.00	233,016		233,016	2,394	97.33	6.00
7.00	Total (sum of lines 1-6)		4,442,280	0	4,442,280	29,979		7.00

Cost Center Description	Cost Limits	CBSA No. (1)	Part A	Program Visits		Ratio (col. 3 ÷ col. 4)
				Not Subject to Deductibles & Coinsurance	Subject to Deductibles	
	0	1.00	2.00	3.00	4.00	5.00

Limitation Cost Computation							
8.00	Skilled Nursing Care		16974	6,507	4,605		8.00
8.01	Skilled Nursing Care		29404	557	567		8.01
9.00	Physical Therapy		16974	4,731	1,975		9.00
9.01	Physical Therapy		29404	299	147		9.01
10.00	Occupational Therapy		16974	412	177		10.00
10.01	Occupational Therapy		29404	0	0		10.01
11.00	Speech Pathology		16974	455	150		11.00
11.01	Speech Pathology		29404	11	6		11.01
12.00	Medical Social Services		16974	0	0		12.00
12.01	Medical Social Services		29404	0	0		12.01
13.00	Home Health Aide		16974	1,006	1,304		13.00
13.01	Home Health Aide		29404	34	60		13.01
14.00	Total (sum of lines 8-13)			14,012	8,991		14.00

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

Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	8.00	256,765	0	256,765	264,066	0.972352	15.00
16.00	Cost of Drugs	9.00	18,399	0	18,399	0	0.000000	16.00

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

PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
Cost Per Visit Computation							
1.00	Skilled Nursing Care	7,064	5,172		1,092,377	799,798	1.00
2.00	Physical Therapy	5,030	2,122		746,050	314,735	2.00
3.00	Occupational Therapy	412	177		65,516	28,147	3.00
4.00	Speech Pathology	466	156		74,103	24,807	4.00
5.00	Medical Social Services	0	0		0	0	5.00
6.00	Home Health Aide	1,040	1,364		101,223	132,758	6.00
7.00	Total (sum of lines 1-6)	14,012	8,991		2,079,269	1,300,245	7.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 140116  
HHA CCN: 147455

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

Worksheet H-3  
Part I  
Date/Time Prepared:  
11/26/2013 2:59 pm  
PPS

Title XVII I

Home Health Agency I

Cost Center Description		6.00	7.00	8.00	9.00	10.00	11.00
<b>Limitation Cost Computation</b>							
8.00	Skilled Nursing Care						8.00
8.01	Skilled Nursing Care						8.01
9.00	Physical Therapy						9.00
9.01	Physical Therapy						9.01
10.00	Occupational Therapy						10.00
10.01	Occupational Therapy						10.01
11.00	Speech Pathology						11.00
11.01	Speech Pathology						11.01
12.00	Medical Social Services						12.00
12.01	Medical Social Services						12.01
13.00	Home Health Aide						13.00
13.01	Home Health Aide						13.01
14.00	Total (sum of lines 8-13)						14.00
Cost Center Description		Program Covered Charges			Cost of Services		
		Part A	Part B		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		6.00	7.00	8.00	9.00	10.00	11.00
<b>Supplies and Drugs Cost Computations</b>							
15.00	Cost of Medical Supplies						15.00
16.00	Cost of Drugs		0	0		0	16.00
Cost Center Description		Total Program Cost (sum of col s. 9-10)					
		12.00					
<b>PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION</b>							
<b>Cost Per Visit Computation</b>							
1.00	Skilled Nursing Care	1,892,175					1.00
2.00	Physical Therapy	1,060,785					2.00
3.00	Occupational Therapy	93,663					3.00
4.00	Speech Pathology	98,910					4.00
5.00	Medical Social Services	0					5.00
6.00	Home Health Aide	233,981					6.00
7.00	Total (sum of lines 1-6)	3,379,514					7.00
Cost Center Description							
		12.00					
<b>Limitation Cost Computation</b>							
8.00	Skilled Nursing Care						8.00
8.01	Skilled Nursing Care						8.01
9.00	Physical Therapy						9.00
9.01	Physical Therapy						9.01
10.00	Occupational Therapy						10.00
10.01	Occupational Therapy						10.01
11.00	Speech Pathology						11.00
11.01	Speech Pathology						11.01
12.00	Medical Social Services						12.00
12.01	Medical Social Services						12.01
13.00	Home Health Aide						13.00
13.01	Home Health Aide						13.01
14.00	Total (sum of lines 8-13)						14.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 140116

Period:

Worksheet H-3

HHA CCN: 147455

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

Part II  
Date/Time Prepared:  
11/26/2013 2:59 pm

Title XVIII

Home Health  
Agency I

PPS

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated		
	0	1.00	2.00	3.00	4.00		
<b>PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS</b>							
1.00 Physical Therapy	66.00	0.480965	0	0	col. 2, line 2.00		1.00
2.00 Occupational Therapy	67.00	0.422727	0	0	col. 2, line 3.00		2.00
3.00 Speech Pathology	68.00	0.245932	0	0	col. 2, line 4.00		3.00
4.00 Cost of Medical Supplies	71.00	0.447144	0	0	col. 2, line 15.00		4.00
5.00 Cost of Drugs	73.00	0.266185	0	0	col. 2, line 16.00		5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 140116 HHA CCN: 147455	Period: From 07/01/2012 To 06/30/2013	Worksheet H-4 Part I-11 Date/Time Prepared: 11/26/2013 2:59 pm
		Title XVII I	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
<b>PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES</b>				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	0	0	2.00
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	3.00
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(b)	0	0	4.00
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	5.00
6.00	Total customary charges (see instructions)	0	0	6.00
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	7.00
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	8.00
9.00	Primary payer amounts	2,195	0	9.00
			Part A Services	Part B Services
			1.00	2.00
<b>PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT</b>				
10.00	Total reasonable cost (see instructions)		-2,195	0
11.00	Total PPS Reimbursement - Full Episodes without Outliers		2,277,258	1,277,232
12.00	Total PPS Reimbursement - Full Episodes with Outliers		66,212	50,389
13.00	Total PPS Reimbursement - LUPA Episodes		31,315	27,527
14.00	Total PPS Reimbursement - PEP Episodes		19,202	8,435
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		25,094	15,349
16.00	Total PPS Outlier Reimbursement - PEP Episodes		597	0
17.00	Total Other Payments		0	0
18.00	DME Payments		0	0
19.00	Oxygen Payments		0	0
20.00	Prosthetic and Orthotic Payments		0	0
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		2,417,483	1,378,932
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		2,417,483	1,378,932
25.00	Coinsurance billed to program patients (from your records)		0	0
26.00	Net cost (line 24 minus line 25)		2,417,483	1,378,932
27.00	Reimbursable bad debts (from your records)		0	0
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	0
29.00	Total costs - current cost reporting period (line 26 plus line 27)		2,417,483	1,378,932
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0
31.00	Subtotal (line 29 plus/minus line 30)		2,417,483	1,378,932
31.01	Sequestration adjustment (see instructions)		10,922	6,180
32.00	Interim payments (see instructions)		2,406,561	1,372,752
33.00	Tentative settlement (for contractor use only)		0	0
34.00	Balance due provider/program line 31 minus lines 31.01, 32 and 33		0	0
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		0	0

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAs FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES

Provider CCN: 140116  
HHA CCN: 147455

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

Worksheet H-5  
Date/Time Prepared:  
11/26/2013 2:59 pm  
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		2,406,561		1,372,752	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		2,406,561		1,372,752	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		10,922		6,180	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		2,417,483		1,378,932	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140116	Period: From 07/01/2012 To 06/30/2013	Worksheet L Parts I-III Date/Time Prepared: 11/26/2013 2:59 pm
		Title XVII	Hospital	PPS
				1.00
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		3,029,068	1.00
2.00	Capital DRG outlier payments		38,936	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		97.76	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		2.24	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		10.81	8.00
9.00	Sum of lines 7 and 8		13.05	9.00
10.00	Allowable disproportionate share percentage (see instructions)		2.68	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		81,179	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		3,149,183	12.00
				1.00
<b>PART II - PAYMENT UNDER REASONABLE COST</b>				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
<b>PART III - COMPUTATION OF EXCEPTION PAYMENTS</b>				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00