

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: 140213	Period: From 10/01/2012 To 09/30/2013	Worksheet S Parts I-III Date/Time Prepared: 2/25/2014 2:36 pm
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<b>PART I - COST REPORT STATUS</b>			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report	Date: 2/25/2014 Time: 2:36 pm	
	2. <input type="checkbox"/> Manually submitted cost report		
	3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by SILVER CROSS HOSPITAL ( 140213 ) for the cost reporting period beginning 10/01/2012 and ending 09/30/2013 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00 Hospital	0	290,530	502,505	193,261	0	1.00
2.00 Subprovider - IPF	0	63,185	0		0	2.00
3.00 Subprovider - IRF	0	-24,143	7		0	3.00
4.00 SUBPROVIDER I	0	0	0		0	4.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0		0	7.00
8.00 NURSING FACILITY	0				0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00 RURAL HEALTH CLINIC I	0		0		0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
12.00 CMHC I	0		0		0	12.00
200.00 Total	0	329,572	502,512	193,261	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: 140213		Period: From 10/01/2012 To 09/30/2013		Worksheet S-2 Part I Date/Time Prepared: 2/25/2014 3:59 am					
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 1900 SILVER CROSS BLVD.		PO Box:						1.00		
2.00	City: NEW LENOX		State: IL		Zip Code: 60451		County: WILL		2.00		
		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00		
Hospital and Hospital-Based Component Identification:											
3.00	Hospital		SILVER CROSS HOSPITAL	140213	16974	1	07/01/1966	N	P	P	3.00
4.00	Subprovider - IPF		SCH - MENTAL HEALTH CARE UNIT	14S213	16974	4	04/01/1991	N	P	P	4.00
5.00	Subprovider - IRF		SCH - REHAB	14T213	16974	5	10/01/2000	N	P	P	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		SCH HOME HEALTH	147452	16974		04/01/1994	N	P	N	12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital-Based Hospice										14.00
15.00	Hospital-Based Health Clinic - RHC										15.00
16.00	Hospital-Based Health Clinic - FQHC										16.00
17.00	Hospital-Based (CMHC) I										17.00
17.10	Hospital-Based (CORF) I										17.10
18.00	Renal Dialysis										18.00
18.01											18.01
18.02											18.02
19.00	Other										19.00
						From:	To:				
						1.00	2.00				
20.00	Cost Reporting Period (mm/dd/yyyy)					10/01/2012	09/30/2013		20.00		
21.00	Type of Control (see instructions)					1				21.00	
Inpatient PPS Information											
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N		22.00		
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					1	N		23.00		
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days				
		1.00	2.00	3.00	4.00	5.00	6.00				
24.00	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.		7,072	2,659	0	0	0	0	24.00		
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in col. 1, the in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6.		80	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		

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		Beginning: 1.00	Ending: 2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0				37.00
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.					38.00
		Y/N 1.00	Y/N 2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					39.00
		V 1.00	XVIII 2.00	XIX 3.00		
<b>Prospective Payment System (PPS)-Capital</b>						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N		45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Worksheet L, Part III and L-1, Parts I through III.	N	N	N		46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00
<b>Teaching Hospitals</b>						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	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)	Y				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

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	Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count		
	1.00	2.00	3.00	4.00		
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.		0.00	0.00	61.20	
				1.00		
<b>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</b>						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)			0.00	62.00	
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)			0.00	62.01	
<b>Teaching Hospitals that Claim Residents in Non-Provider Settings</b>						
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)			N	63.00	
			Unweighted FTEs Nonprovi der Site	Unweighted FTEs in Hospi tal	Ratio (col. 1/ (col. 1 + col. 2))	
			1.00	2.00	3.00	
<b>Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.</b>						
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	64.00
			Unweighted FTEs Nonprovi der Site	Unweighted FTEs in Hospi tal	Ratio (col. 3/ (col. 3 + col. 4))	
			1.00	2.00	3.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2 the program code, enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000	65.00
			Unweighted FTEs Nonprovi der Site	Unweighted FTEs in Hospi tal	Ratio (col. 1/ (col. 1 + col. 2))	
			1.00	2.00	3.00	
<b>Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010</b>						
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	66.00

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	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		
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.			Y			70.00
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions)			N		0	71.00
<b>Inpatient Rehabilitation Facility PPS</b>							
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			Y			75.00
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions)			N		0	76.00
					1.00		
<b>Long Term Care Hospital PPS</b>							
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.					N	80.00
<b>TEFRA Providers</b>							
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.					N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.						86.00
					V	XIX	
					1.00	2.00	
<b>Title V and XIX Services</b>							
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.			N		Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.			N		N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.					N	92.00
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.			N		N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.			N		N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.				0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.			N		N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.				0.00	0.00	97.00
<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
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.			N		
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.			N		
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.			0		
		Premiums	Losses	Insurance		
		1.00	2.00	3.00		
118.01	List amounts of malpractice premiums and paid losses:	0	0	0		
				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		
119.00	DO NOT USE THIS LINE					
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2 "Y" for yes or "N" for no.			N	N	
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.			Y		
<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		
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.					
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.					
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.					
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.					
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.					
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.					
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.					
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.					
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.					
<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		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140213	Period: From 10/01/2012 To 09/30/2013	Worksheet S-2 Part I Date/Time Prepared: 2/25/2014 3:59 am			
1.00		2.00		3.00			
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name:	Contractor's Name:		Contractor's Number:		141.00	
142.00	Street:	PO Box:				142.00	
143.00	City:	State:		Zip Code:		143.00	
						1.00	
144.00	Are provider based physicians' costs included in Worksheet A?					Y	144.00
145.00	If costs for renal services are claimed on Worksheet A, line 74, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.					Y	145.00
						1.00	
						2.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.					N	146.00
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.					N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.					N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.					N	149.00
		Part A	Part B	Title V	Title XIX		
		1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	N	155.00	
156.00	Subprovider - IPF	N	N	N	N	156.00	
157.00	Subprovider - IRF	N	N	N	N	157.00	
158.00	SUBPROVIDER					158.00	
159.00	SNF	N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00	
161.00	CMHC		N	N	N	161.00	
161.10	CORF		N	N	N	161.10	
						1.00	
165.00	Multi campus Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.					N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5						0.00
						1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.					Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)						0
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)						1.00
						1.00	
						2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			07/01/2013	09/30/2013	170.00	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140213	Period: From 10/01/2012 To 09/30/2013	Worksheet S-2 Part II Date/Time Prepared: 2/25/2014 3:59 am	
			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.	Y			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.			Y	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	01/27/2014	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: 140213	Period: From 10/01/2012 To 09/30/2013	Worksheet S-2 Part II Date/Time Prepared: 2/25/2014 3:59 am	
	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.				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.			Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			N	35.00
		Y/N	Date		
		1.00	2.00		
<b>Home Office Costs</b>					
36.00	Were home office costs claimed on the cost report?			Y	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			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.	JOHN		KREPPS	41.00
42.00	Enter the employer/company name of the cost report preparer.	SILVER CROSS HOSPITAL			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	815-300-7084		JKREPPS@SILVERCROSS.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140213	Period: From 10/01/2012 To 09/30/2013	Worksheet S-2 Part II Date/Time Prepared: 2/25/2014 3:59 am
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		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)	01/27/2014		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.	VICE PRESIDENT OF FINANCE		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HFS Supplemental Information		Provider CCN: 140213	Period: From 10/01/2012 To 09/30/2013	Worksheet S-2 Part IX Date/Time Prepared: 2/25/2014 3:59 am	
			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: 140213

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
2/25/2014 3:59 am

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Trips	Trips
	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	223	81,395	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)		223	81,395	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	22	8,030	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)		245	89,425	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	20	7,300		0	16.00
17.00 SUBPROVIDER - IRF	41.00	24	8,760		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0		0	19.00
20.00 NURSING FACILITY	45.00	0	0		0	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	99.00				0	25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		289				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)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140213

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
2/25/2014 3:59 am

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)	28,893	7,658	55,100			1.00
2.00 HMO and other (see instructions)	1,130	165				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	28,893	7,658	55,100			7.00
8.00 INTENSIVE CARE UNIT	2,969	813	5,730			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		901	6,348			13.00
14.00 Total (see instructions)	31,862	9,372	67,178	0.00	1,486.13	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	1,562	840	4,848	0.00	25.42	16.00
17.00 SUBPROVIDER - IRF	4,297	80	6,211	0.00	38.73	17.00
18.00 SUBPROVIDER	0	0	0	0.00	0.00	18.00
19.00 SKILLED NURSING FACILITY	0	0	0	0.00	0.00	19.00
20.00 NURSING FACILITY		0	0	0.00	0.00	20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	16,425	0	21,377	0.00	20.09	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	0	0	0	0.00	0.00	25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00 RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				0.00	1,570.37	27.00
28.00 Observation Bed Days		524	6,108			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)		194	1,369			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140213

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
2/25/2014 3:59 am

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	7,314	2,857	19,442	1.00
2.00 HMO and other (see instructions)			253			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	7,314	2,857	19,442	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	217	234	804	16.00
17.00 SUBPROVIDER - IRF	0.00	0	348	16	534	17.00
18.00 SUBPROVIDER	0.00	0	0	0	0	18.00
19.00 SKILLED NURSING FACILITY	0.00					19.00
20.00 NURSING FACILITY	0.00					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	0.00					25.00
25.10 CMHC - CORF	0.00					25.10
26.00 RURAL HEALTH CLINIC	0.00					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140213

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
2/25/2014 3:59 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART II - WAGE DATA</b>							
<b>SALARIES</b>							
1.00	Total salaries (see instructions)	200.00	95,447,814	0	95,447,814	3,266,338.00	29.22
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)		5,887,915	-343,983	5,543,932	186,110.00	29.79
<b>OTHER WAGES &amp; RELATED COSTS</b>							
11.00	Contract labor (see instructions)		3,703,423	0	3,703,423	64,499.00	57.42
12.00	Contract management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		180,856	0	180,856	1,440.00	125.59
14.00	Home office salaries & wage-related costs		7,339,845	0	7,339,845	21,840.00	336.07
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
<b>WAGE-RELATED COSTS</b>							
17.00	Wage-related costs (core) (see instructions)		29,320,682	0	29,320,682		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		1,808,063	0	1,808,063		
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	503,341	0	503,341	14,656.00	34.34
27.00	Administrative & General	5.00	12,095,742	-338,810	11,756,932	401,637.00	29.27
28.00	Administrative & General under contract (see inst.)		101,578	0	101,578	1,804.00	56.31
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00
30.00	Operation of Plant	7.00	2,763,390	0	2,763,390	111,996.00	24.67
31.00	Laundry & Linen Service	8.00	91,096	0	91,096	6,264.00	14.54
32.00	Housekeeping	9.00	2,129,731	0	2,129,731	151,992.00	14.01
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00
34.00	Dietary	10.00	1,682,738	-1,056,399	626,339	59,289.00	10.56
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00
36.00	Cafeteria	11.00	0	1,056,399	1,056,399	59,289.00	17.82
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00
38.00	Nursing Administration	13.00	1,620,838	0	1,620,838	49,840.00	32.52
39.00	Central Services and Supply	14.00	1,258,180	-710,183	547,997	36,216.00	15.13
40.00	Pharmacy	15.00	2,398,295	0	2,398,295	58,546.00	40.96
41.00	Medical Records & Medical Records Library	16.00	1,847,721	0	1,847,721	82,680.00	22.35

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140213

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
2/25/2014 3:59 am

		Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
42.00	Soci al Servi ce	17.00	0	338,810	338,810	10,798.00	31.38	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: 140213

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

Worksheet S-3  
Part III  
Date/Time Prepared:  
2/25/2014 3:59 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Sal aries (from Worksheet A-6)	Adjusted Sal aries (col . 2 ± col . 3)	Paid Hours Related to Sal aries 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)	95,549,392	0	95,549,392	3,268,142.00	29.24	1.00
2.00	Excluded area salaries (see instructions)	5,887,915	-343,983	5,543,932	186,110.00	29.79	2.00
3.00	Subtotal salaries (line 1 minus line 2)	89,661,477	343,983	90,005,460	3,082,032.00	29.20	3.00
4.00	Subtotal other wages & related costs (see inst.)	11,224,124	0	11,224,124	87,779.00	127.87	4.00
5.00	Subtotal wage-related costs (see inst.)	29,320,682	0	29,320,682	0.00	32.58	5.00
6.00	Total (sum of lines 3 thru 5)	130,206,283	343,983	130,550,266	3,169,811.00	41.19	6.00
7.00	Total overhead cost (see instructions)	26,492,650	-710,183	25,782,467	1,045,007.00	24.67	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 140213	Period: From 10/01/2012 To 09/30/2013	Worksheet S-3 Part IV Date/Time Prepared: 2/25/2014 3:59 am
				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			0 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0 2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		3,857,397	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		0	4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>				
5.00	401K/TSA Plan Administration Fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
<b>HEALTH AND INSURANCE COST</b>				
8.00	Health Insurance (Purchased or Self Funded)		16,161,723	8.00
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		577,860	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		102,090	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)		706,808	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		2,072,447	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		7,348,287	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		140,956	19.00
20.00	State or Federal Unemployment Taxes		0	20.00
<b>OTHER</b>				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		0	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		161,178	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		31,128,746	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: 140213	Period: From 10/01/2012 To 09/30/2013	Worksheet S-3 Part V Date/Time Prepared: 2/25/2014 3:59 am
Cost Center Description		Contract Labor	Benefit Cost	
PART V - Contract Labor and Benefit Cost		1.00	2.00	
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	0	0	1.00
2.00	Hospital	0	0	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF	0	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	0	0	8.00
9.00	Hospital-Based NF	0	0	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	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC	0	0	16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 140213 Component CCN: 147452		Period: From 10/01/2012 To 09/30/2013		Worksheet S-4 Date/Time Prepared: 2/25/2014 3:59 am		
				Home Health Agency I		PPS		
				1.00				
0.00	County	WILL				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	2,970	0	0	2,970	1.00	
2.00	Unduplicated Census Count (see instructions)	0.00	960.00	43.00	304.00	1,039.00	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			6.61	0.00	6.61	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				11.99	0.00	11.99	6.00
7.00	Nursing Supervisor				0.00	0.00	0.00	7.00
8.00	Physical Therapy Service				0.00	74.97	74.97	8.00
9.00	Physical Therapy Supervisor				0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service				0.00	1.47	1.47	10.00
11.00	Occupational Therapy Supervisor				0.00	0.00	0.00	11.00
12.00	Speech Pathology Service				0.00	4.41	4.41	12.00
13.00	Speech Pathology Supervisor				0.00	0.00	0.00	13.00
14.00	Medical Social Service				0.07	5.25	5.32	14.00
15.00	Medical Social Service Supervisor				0.00	0.00	0.00	15.00
16.00	Home Health Aide				1.43	0.00	1.43	16.00
17.00	Home Health Aide Supervisor				0.00	0.00	0.00	17.00
18.00	Other (specify)				0.00	0.00	0.00	18.00
HOME HEALTH AGENCY CBSA CODES								
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.				1			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).	16974						20.00
		Full Episodes		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	7,050	522	232	359	8,163	21.00	
22.00	Skilled Nursing Visit Charges	1,666,806	125,376	51,921	85,117	1,929,220	22.00	
23.00	Physical Therapy Visits	4,670	50	31	240	4,991	23.00	
24.00	Physical Therapy Visit Charges	1,052,132	11,279	7,000	54,192	1,124,603	24.00	
25.00	Occupational Therapy Visits	1,325	8	7	57	1,397	25.00	
26.00	Occupational Therapy Visit Charges	298,207	1,796	1,581	12,871	314,455	26.00	
27.00	Speech Pathology Visits	90	0	3	0	93	27.00	
28.00	Speech Pathology Visit Charges	21,569	0	719	0	22,288	28.00	
29.00	Medical Social Service Visits	142	5	2	7	156	29.00	
30.00	Medical Social Service Visit Charges	46,526	1,649	660	2,308	51,143	30.00	
31.00	Home Health Aide Visits	1,191	151	4	74	1,420	31.00	
32.00	Home Health Aide Visit Charges	174,726	22,207	589	10,897	208,419	32.00	
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	14,468	736	279	737	16,220	33.00	
34.00	Other Charges	12,842	1,700	371	217	15,130	34.00	
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	3,272,808	164,007	62,841	165,602	3,665,258	35.00	
36.00	Total Number of Episodes (standard/non outlier)	1,106		104	50	1,260	36.00	
37.00	Total Number of Outlier Episodes		20		14	34	37.00	
38.00	Total Non-Routine Medical Supply Charges	21,578	2,303	3,055	144	27,080	38.00	

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 140213	Period: From 10/01/2012 To 09/30/2013	Worksheet S-10 Date/Time Prepared: 2/25/2014 3:59 am
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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)			0.288664	1.00	
Medicaid (see instructions for each line)						
2.00	Net revenue from Medicaid			36,687,000	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?			Y	4.00	
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid			0	5.00	
6.00	Medicaid charges			88,303,000	6.00	
7.00	Medicaid cost (line 1 times line 6)			25,489,897	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)			0	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)			0	19.00	
				Uninsured patients	Insured patients	Total (col. 1 + col. 2)
				1.00	2.00	3.00
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility			28,075,000	0	28,075,000
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)			8,104,242	0	8,104,242
22.00	Partial payment by patients approved for charity care			0	0	0
23.00	Cost of charity care (line 21 minus line 22)			8,104,242	0	8,104,242
				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
26.00	Total bad debt expense for the entire hospital complex (see instructions)			14,822,000		26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)			1,385,192		27.00
28.00	Non-Medicare and Non-Reimbursable Medicare bad debt expense (line 26 minus line 27)			13,436,808		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)			3,878,723		29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)			11,982,965		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			11,982,965		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140213

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

Worksheet A  
Date/Time Prepared:  
2/25/2014 3:59 am

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		58,929,539	58,929,539	-22,302,315	36,627,224	1.00
2.00	00200		0	0	13,909,346	13,909,346	2.00
4.00	00400				0	32,259,307	4.00
5.00	00500	503,341	31,755,966	32,259,307	0	32,259,307	5.00
7.00	00700	12,095,742	34,118,621	46,214,363	5,843,096	52,057,459	7.00
8.00	00800	2,763,390	5,871,313	8,634,703	-14	8,634,689	8.00
9.00	00900	91,096	181,052	272,148	0	272,148	9.00
10.00	01000	2,129,731	1,180,618	3,310,349	0	3,310,349	10.00
11.00	01100	1,682,738	2,008,333	3,691,071	-2,317,202	1,373,869	11.00
13.00	01300	0	0	0	2,317,202	2,317,202	13.00
14.00	01400	1,620,838	47,991	1,668,829	-211	1,668,618	14.00
15.00	01500	1,258,180	1,073,298	2,331,478	-1,722,119	609,359	15.00
16.00	01600	2,398,295	11,000,532	13,398,827	-8,755,237	4,643,590	16.00
17.00	01700	1,847,721	393,023	2,240,744	0	2,240,744	17.00
23.00	02300	0	0	0	338,810	338,810	23.00
		319,965	447,450	767,415	-5,346	762,069	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	18,177,294	2,752,328	20,929,622	3,366,917	24,296,539	30.00
31.00	03100	4,321,688	1,311,892	5,633,580	-178,000	5,455,580	31.00
40.00	04000	1,595,470	359,306	1,954,776	-412,466	1,542,310	40.00
41.00	04100	2,549,374	565,857	3,115,231	81,806	3,197,037	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	6,648,548	1,062,415	7,710,963	-5,555,584	2,155,379	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	6,995,059	27,116,229	34,111,288	-20,195,126	13,916,162	50.00
51.00	05100	1,144,518	50,869	1,195,387	-5,850	1,189,537	51.00
52.00	05200	0	665,643	665,643	2,498,139	3,163,782	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	6,118,735	10,959,921	17,078,656	-7,173,912	9,904,744	54.00
54.01	05401	1,009,391	169,624	1,179,015	-2,833	1,176,182	54.01
57.00	05700	934,892	689,967	1,624,859	-36,100	1,588,759	57.00
58.00	05800	585,723	448,938	1,034,661	-51	1,034,610	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	3,339,052	4,560,400	7,899,452	55,666	7,955,118	60.00
60.01	06001	0	0	0	0	0	60.01
63.00	06300	110,100	1,838,703	1,948,803	0	1,948,803	63.00
65.00	06500	1,333,097	237,847	1,570,944	78,678	1,649,622	65.00
65.01	06501	145,408	133,151	278,559	110,001	388,560	65.01
66.00	06600	1,424,747	500,269	1,925,016	-3,763	1,921,253	66.00
67.00	06700	1,232,894	265,310	1,498,204	-3,194	1,495,010	67.00
68.00	06800	0	0	0	0	0	68.00
69.00	06900	976,780	96,664	1,073,444	182,496	1,255,940	69.00
70.00	07000	197,672	21,387	219,059	565,414	784,473	70.00
71.00	07100	0	0	0	12,363,991	12,363,991	71.00
72.00	07200	0	0	0	17,553,212	17,553,212	72.00
73.00	07300	0	0	0	8,730,817	8,730,817	73.00
74.00	07400	381,956	127,919	509,875	8,309	518,184	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	343,004	337,366	680,370	49,214	729,584	90.00
90.01	09001	446,278	209,511	655,789	-394	655,395	90.01
90.02	09002	855,705	741,091	1,596,796	0	1,596,796	90.02
90.03	09003	622,188	518,410	1,140,598	-55,037	1,085,561	90.03
91.00	09100	5,164,628	1,087,206	6,251,834	249,149	6,500,983	91.00
91.01	09101	349,234	11,496	360,730	500,149	860,879	91.01
91.02	09102	310,236	6,704	316,940	-98,423	218,517	91.02
92.00	09200	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400	0	0	0	0	0	94.00
99.00	09900	0	0	0	0	0	99.00
99.10	09910	0	0	0	0	0	99.10
101.00	10100	1,410,465	900,023	2,310,488	20,765	2,331,253	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	0	0	0	0	0	109.00
110.00	11000	0	0	0	0	0	110.00
111.00	11100	0	0	0	0	0	111.00
118.00		95,435,173	204,754,182	300,189,355	0	300,189,355	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	12,641	0	12,641	0	12,641	190.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140213

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

Worksheet A  
Date/Time Prepared:  
2/25/2014 3:59 am

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
192.00	19200	0	0	0	0	0	192.00
200.00		95,447,814	204,754,182	300,201,996	0	300,201,996	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140213

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

Worksheet A  
Date/Time Prepared:  
2/25/2014 3:59 am

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	-8,039,899	28,587,325	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	13,909,346	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-46,310	32,212,997	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-11,190,946	40,866,513	5.00
7.00	00700	OPERATION OF PLANT	0	8,634,689	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	272,148	8.00
9.00	00900	HOUSEKEEPING	-42	3,310,307	9.00
10.00	01000	DIETARY	-1,992,959	-619,090	10.00
11.00	01100	CAFETERIA	0	2,317,202	11.00
13.00	01300	NURSING ADMINISTRATION	0	1,668,618	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	609,359	14.00
15.00	01500	PHARMACY	0	4,643,590	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-19,632	2,221,112	16.00
17.00	01700	SOCIAL SERVICE	0	338,810	17.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	-150,374	611,695	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	-714,865	23,581,674	30.00
31.00	03100	INTENSIVE CARE UNIT	-8,454	5,447,126	31.00
40.00	04000	SUBPROVIDER - I PF	-9,999	1,532,311	40.00
41.00	04100	SUBPROVIDER - I RF	-100,021	3,097,016	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	-2,582	2,152,797	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	-33,605	13,882,557	50.00
51.00	05100	RECOVERY ROOM	0	1,189,537	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,163,782	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,602,196	12,506,940	54.00
54.01	05401	ULTRASOUND	0	1,176,182	54.01
57.00	05700	CT SCAN	0	1,588,759	57.00
58.00	05800	MRI	0	1,034,610	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	-11,671	7,943,447	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	-10	1,948,793	63.00
65.00	06500	RESPIRATORY THERAPY	-63,834	1,585,788	65.00
65.01	06501	SLEEP LAB	-110,001	278,559	65.01
66.00	06600	PHYSICAL THERAPY	0	1,921,253	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,495,010	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	-222,165	1,033,775	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-574,700	209,773	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	12,363,991	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	17,553,212	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	8,730,817	73.00
74.00	07400	RENAL DIALYSIS	-5,276	512,908	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	-70,000	659,584	90.00
90.01	09001	HOMER GLEN LAB	0	655,395	90.01
90.02	09002	HOMER GLEN FEC	-265,545	1,331,251	90.02
90.03	09003	WOMEN'S HEALTH	0	1,085,561	90.03
91.00	09100	EMERGENCY	-319,372	6,181,611	91.00
91.01	09101	OP MENTAL HEALTH	-87,238	773,641	91.01
91.02	09102	DIABETES CENTER	-1,414	217,103	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00
99.00	09900	CMHC	0	0	99.00
99.10	09910	CORF	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	2,331,253	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-21,438,718	278,750,637	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	12,641	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
200.00		TOTAL (SUM OF LINES 118-199)	-21,438,718	278,763,278	200.00

COST CENTERS USED IN COST REPORT		Provider CCN: 140213	Period: From 10/01/2012 To 09/30/2013	Worksheet Non-CMS W Date/Time Prepared: 2/25/2014 3:59 am
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
23.00	PARAMED ED PRGM-(SPECIFY)	02300		23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	ADULTS & PEDIATRICS	03000		30.00
31.00	INTENSIVE CARE UNIT	03100		31.00
40.00	SUBPROVIDER - I PF	04000		40.00
41.00	SUBPROVIDER - IRF	04100		41.00
42.00	SUBPROVIDER	04200		42.00
43.00	NURSERY	04300		43.00
44.00	SKILLED NURSING FACILITY	04400		44.00
45.00	NURSING FACILITY	04500		45.00
<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
54.01	ULTRASOUND	05401		54.01
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
60.01	BLOOD LABORATORY	06001		60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	06300		63.00
65.00	RESPIRATORY THERAPY	06500		65.00
65.01	SLEEP LAB	06501		65.01
66.00	PHYSICAL THERAPY	06600		66.00
67.00	OCCUPATIONAL THERAPY	06700		67.00
68.00	SPEECH PATHOLOGY	06800		68.00
69.00	ELECTROCARDIOLOGY	06900		69.00
70.00	ELECTROENCEPHALOGRAPHY	07000		70.00
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
74.00	RENAL DIALYSIS	07400		74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	RURAL HEALTH CLINIC	08800		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	08900		89.00
90.00	CLINIC	09000		90.00
90.01	HOMER GLEN LAB	09001		90.01
90.02	HOMER GLEN FEC	09002		90.02
90.03	WOMEN'S HEALTH	09003		90.03
91.00	EMERGENCY	09100		91.00
91.01	OP MENTAL HEALTH	09101		91.01
91.02	DIABETES CENTER	09102		91.02
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	09200		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
94.00	HOME PROGRAM DIALYSIS	09400		94.00
99.00	CMHC	09900		99.00
99.10	CORF	09910		99.10
101.00	HOME HEALTH AGENCY	10100		101.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
109.00	PANCREAS ACQUISITION	10900		109.00
110.00	INTESTINAL ACQUISITION	11000		110.00
111.00	ISLET ACQUISITION	11100		111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)			118.00
<b>NONREIMBURSABLE COST CENTERS</b>				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	19000		190.00

COST CENTERS USED IN COST REPORT		Provider CCN: 140213	Period: From 10/01/2012 To 09/30/2013	Worksheet Non-CMS W Date/Time Prepared: 2/25/2014 3:59 am
Cost Center Description		CMS Code	Standard Label For Non-Standard Codes	
192.00	PHYSICIANS' PRIVATE OFFICES	19200	1.00	2.00
200.00	TOTAL (SUM OF LINES 118-199)			200.00

RECLASSIFICATIONS

Provider CCN: 140213

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

Worksheet A-6  
Date/Time Prepared:  
2/25/2014 3:59 am

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
<b>A - STERILE PROCESSING</b>					
1.00	ADULTS & PEDIATRICS	30.00	9,943	11,619	1.00
2.00	OPERATING ROOM	50.00	636,324	743,609	2.00
3.00	DELIVERY ROOM & LABOR ROOM	52.00	44,741	52,285	3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	4,971	5,809	4.00
5.00	CLINIC	90.00	2,841	3,320	5.00
6.00	EMERGENCY	91.00	11,363	13,279	6.00
	TOTALS		710,183	829,921	
<b>B - OP MHU</b>					
1.00	OP MENTAL HEALTH	91.01	343,983	77,466	1.00
	TOTALS		343,983	77,466	
<b>C - CAPITAL INSURANCE</b>					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	193,365	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	215,969	2.00
	TOTALS		0	409,334	
<b>D - CHARGEABLE DRUGS</b>					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	8,730,817	1.00
	TOTALS		0	8,730,817	
<b>E - MALPRACTICE INSURANCE</b>					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	8,177,000	1.00
	TOTALS		0	8,177,000	
<b>F - DEPRECIATION</b>					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	13,715,981	1.00
	TOTALS		0	13,715,981	
<b>G - PHYSICIAN FEES</b>					
1.00	ADULTS & PEDIATRICS	30.00	0	714,632	1.00
2.00	INTENSIVE CARE UNIT	31.00	0	22,000	2.00
3.00	SUBPROVIDER - IPF	40.00	0	9,999	3.00
4.00	SUBPROVIDER - IRF	41.00	0	100,000	4.00
5.00	OPERATING ROOM	50.00	0	42,916	5.00
6.00	LABORATORY	60.00	0	57,574	6.00
7.00	RESPIRATORY THERAPY	65.00	0	81,532	7.00
8.00	ELECTROCARDIOLOGY	69.00	0	182,499	8.00
9.00	ELECTROENCEPHALOGRAPHY	70.00	0	574,700	9.00
10.00	RENAL DIALYSIS	74.00	0	9,450	10.00
11.00	EMERGENCY	91.00	0	360,349	11.00
12.00	DIABETES CENTER	91.02	0	5,000	12.00
13.00	HOME HEALTH AGENCY	101.00	0	34,999	13.00
14.00	OP MENTAL HEALTH	91.01	0	78,700	14.00
15.00	SLEEP LAB	65.01	0	110,001	15.00
16.00	CLINIC	90.00	0	70,000	16.00
	TOTALS		0	2,454,351	
<b>H - LABOR AND DELIVERY</b>					
1.00	ADULTS & PEDIATRICS	30.00	2,800,188	0	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	2,745,191	0	2.00
	TOTALS		5,545,379	0	
<b>I - SOCIAL SERVICES</b>					
1.00	SOCIAL SERVICE	17.00	338,810	0	1.00
	TOTALS		338,810	0	
<b>K - CHARGEABLE SUPPLIES</b>					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	12,363,991	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	243,288	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00

Provider CCN: 140213

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

Worksheet A-6

Date/Time Prepared:  
2/25/2014 3:59 am

Increases						
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
	TOTALS		0	12,607,279		
<b>L - DIABETES MANAGEMENT</b>						
1.00	ADULTS & PEDIATRICS	30.00	101,235	2,188		1.00
	TOTALS		101,235	2,188		
<b>M - DIETARY RECLASS</b>						
1.00	CAFETERIA	11.00	1,056,399	1,260,803		1.00
	TOTALS		1,056,399	1,260,803		
<b>N - IMPLANTABLE DEVICES</b>						
1.00	IMPL. DEV. CHARGED TO	72.00	0	17,553,212		1.00
	PATIENTS					
2.00		0.00	0	0		2.00
	TOTALS		0	17,553,212		
500.00	Grand Total: Increases		8,095,989	65,818,352		500.00

RECLASSIFICATIONS

Provider CCN: 140213

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

Worksheet A-6  
Date/Time Prepared:  
2/25/2014 3:59 am

Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
<b>A - STERILE PROCESSING</b>						
1.00	CENTRAL SERVICES & SUPPLY	14.00	710,183	829,921	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
	<b>TOTALS</b>		710,183	829,921		
<b>B - OP MHU</b>						
1.00	SUBPROVIDER - IPF	40.00	343,983	77,466	0	1.00
	<b>TOTALS</b>		343,983	77,466		
<b>C - CAPITAL INSURANCE</b>						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	409,334	9	1.00
2.00		0.00	0	0	0	2.00
	<b>TOTALS</b>		0	409,334		
<b>D - CHARGEABLE DRUGS</b>						
1.00	PHARMACY	15.00	0	8,730,817	0	1.00
	<b>TOTALS</b>		0	8,730,817		
<b>E - MALPRACTICE INSURANCE</b>						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	8,177,000	9	1.00
	<b>TOTALS</b>		0	8,177,000		
<b>F - DEPRECIATION</b>						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	13,715,981	9	1.00
	<b>TOTALS</b>		0	13,715,981		
<b>G - PHYSICIAN FEES</b>						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	2,454,351	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
	<b>TOTALS</b>		0	2,454,351		
<b>H - LABOR AND DELIVERY</b>						
1.00	NURSERY	43.00	5,545,379	0	0	1.00
2.00		0.00	0	0	0	2.00
	<b>TOTALS</b>		5,545,379	0		
<b>I - SOCIAL SERVICES</b>						
1.00	ADMINISTRATIVE & GENERAL	5.00	338,810	0	0	1.00
	<b>TOTALS</b>		338,810	0		
<b>K - CHARGEABLE SUPPLIES</b>						
1.00	OPERATION OF PLANT	7.00	0	14	0	1.00
2.00	NURSING ADMINISTRATION	13.00	0	211	0	2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	182,015	0	3.00
4.00	PHARMACY	15.00	0	24,420	0	4.00
5.00	PARAMED ED PRGM-(SPECIFY)	23.00	0	5,346	0	5.00
6.00	ADULTS & PEDIATRICS	30.00	0	272,888	0	6.00
7.00	INTENSIVE CARE UNIT	31.00	0	200,000	0	7.00
8.00	SUBPROVIDER - IPF	40.00	0	1,016	0	8.00
9.00	SUBPROVIDER - IRF	41.00	0	18,194	0	9.00
10.00	NURSERY	43.00	0	10,205	0	10.00
11.00	OPERATING ROOM	50.00	0	8,237,870	0	11.00
12.00	RECOVERY ROOM	51.00	0	5,850	0	12.00
13.00	DELIVERY ROOM & LABOR ROOM	52.00	0	344,078	0	13.00
14.00	RADIOLOGY-DIAGNOSTIC	54.00	0	3,011,585	0	14.00
15.00	ULTRASOUND	54.01	0	2,833	0	15.00
16.00	CT SCAN	57.00	0	36,100	0	16.00
17.00	MRI	58.00	0	51	0	17.00
18.00	LABORATORY	60.00	0	1,908	0	18.00
19.00	WOMEN'S HEALTH	90.03	0	55,037	0	19.00
20.00	RESPIRATORY THERAPY	65.00	0	2,854	0	20.00
21.00	PHYSICAL THERAPY	66.00	0	3,763	0	21.00
22.00	OCCUPATIONAL THERAPY	67.00	0	3,194	0	22.00
23.00	ELECTROCARDIOLOGY	69.00	0	3	0	23.00
24.00	ELECTROENCEPHALOGRAPHY	70.00	0	9,286	0	24.00

RECLASSIFICATIONS

Provider CCN: 140213

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

Worksheet A-6

Date/Time Prepared:  
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Decreases							
Cost Center	Line #	Salary	Other	Wkst.	A-7 Ref.		
6.00	7.00	8.00	9.00	10.00			
25.00	RENAL DIALYSIS	74.00	0	1,141	0	25.00	
26.00	CLINIC	90.00	0	26,947	0	26.00	
27.00	EMERGENCY	91.00	0	135,842	0	27.00	
28.00	HOMER GLEN LAB	90.01	0	394	0	28.00	
29.00	HOME HEALTH AGENCY	101.00	0	14,234	0	29.00	
	TOTALS		0	12,607,279			
L - DIABETES MANAGEMENT							
1.00	DIABETES CENTER	91.02	101,235	2,188	0	1.00	
	TOTALS		101,235	2,188			
M - DIETARY RECLASS							
1.00	DIETARY	10.00	1,056,399	1,260,803	0	1.00	
	TOTALS		1,056,399	1,260,803			
N - IMPLANTABLE DEVICES							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	0	4,173,107	0	1.00	
2.00	OPERATING ROOM	50.00	0	13,380,105	0	2.00	
	TOTALS		0	17,553,212			
500.00	Grand Total: Decreases		8,095,989	65,818,352		500.00	

RECLASSIFICATIONS

Provider CCN: 140213

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

Worksheet A-6  
Non-CMS Worksheet  
Date/Time Prepared:  
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Increases			Decreases				
Cost Center	Line #	Salary	Cost Center	Line #	Salary		
2.00	3.00	4.00	6.00	7.00	8.00		
<b>A - STERILE PROCESSING</b>							
1.00	ADULTS & PEDIATRICS	30.00	9,943	CENTRAL SERVICES & SUPPLY	14.00	710,183	1.00
2.00	OPERATING ROOM	50.00	636,324		0.00	0	2.00
3.00	DELIVERY ROOM & LABOR ROOM	52.00	44,741		0.00	0	3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	4,971		0.00	0	4.00
5.00	CLINIC	90.00	2,841		0.00	0	5.00
6.00	EMERGENCY	91.00	11,363		0.00	0	6.00
	TOTALS		710,183	TOTALS		710,183	
<b>B - OP MHU</b>							
1.00	OP MENTAL HEALTH	91.01	343,983	SUBPROVIDER - IPF	40.00	343,983	1.00
	TOTALS		343,983	TOTALS		343,983	
<b>C - CAPITAL INSURANCE</b>							
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0		0.00	0	2.00
	TOTALS		0	TOTALS		0	
<b>D - CHARGEABLE DRUGS</b>							
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	PHARMACY	15.00	0	1.00
	TOTALS		0	TOTALS		0	
<b>E - MALPRACTICE INSURANCE</b>							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
	TOTALS		0	TOTALS		0	
<b>F - DEPRECIATION</b>							
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
	TOTALS		0	TOTALS		0	
<b>G - PHYSICIAN FEES</b>							
1.00	ADULTS & PEDIATRICS	30.00	0	ADMINISTRATIVE & GENERAL	5.00	0	1.00
2.00	INTENSIVE CARE UNIT	31.00	0		0.00	0	2.00
3.00	SUBPROVIDER - IPF	40.00	0		0.00	0	3.00
4.00	SUBPROVIDER - IRF	41.00	0		0.00	0	4.00
5.00	OPERATING ROOM	50.00	0		0.00	0	5.00
6.00	LABORATORY	60.00	0		0.00	0	6.00
7.00	RESPIRATORY THERAPY	65.00	0		0.00	0	7.00
8.00	ELECTROCARDIOLOGY	69.00	0		0.00	0	8.00
9.00	ELECTROENCEPHALOGRAPHY	70.00	0		0.00	0	9.00
10.00	RENAL DIALYSIS	74.00	0		0.00	0	10.00
11.00	EMERGENCY	91.00	0		0.00	0	11.00
12.00	DIABETES CENTER	91.02	0		0.00	0	12.00
13.00	HOME HEALTH AGENCY	101.00	0		0.00	0	13.00
14.00	OP MENTAL HEALTH	91.01	0		0.00	0	14.00
15.00	SLEEP LAB	65.01	0		0.00	0	15.00
16.00	CLINIC	90.00	0		0.00	0	16.00
	TOTALS		0	TOTALS		0	
<b>H - LABOR AND DELIVERY</b>							
1.00	ADULTS & PEDIATRICS	30.00	2,800,188	NURSERY	43.00	5,545,379	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	2,745,191		0.00	0	2.00
	TOTALS		5,545,379	TOTALS		5,545,379	
<b>I - SOCIAL SERVICES</b>							
1.00	SOCIAL SERVICE	17.00	338,810	ADMINISTRATIVE & GENERAL	5.00	338,810	1.00
	TOTALS		338,810	TOTALS		338,810	
<b>K - CHARGEABLE SUPPLIES</b>							
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	OPERATION OF PLANT	7.00	0	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	NURSING ADMINISTRATION	13.00	0	2.00
3.00		0.00	0	CENTRAL SERVICES & SUPPLY	14.00	0	3.00
4.00		0.00	0	PHARMACY	15.00	0	4.00
5.00		0.00	0	PARAMED ED PRGM-(SPECIFY)	23.00	0	5.00
6.00		0.00	0	ADULTS & PEDIATRICS	30.00	0	6.00
7.00		0.00	0	INTENSIVE CARE UNIT	31.00	0	7.00
8.00		0.00	0	SUBPROVIDER - IPF	40.00	0	8.00
9.00		0.00	0	SUBPROVIDER - IRF	41.00	0	9.00
10.00		0.00	0	NURSERY	43.00	0	10.00
11.00		0.00	0	OPERATING ROOM	50.00	0	11.00
12.00		0.00	0	RECOVERY ROOM	51.00	0	12.00
13.00		0.00	0	DELIVERY ROOM & LABOR ROOM	52.00	0	13.00
14.00		0.00	0	RADIOLOGY-DIAGNOSTIC	54.00	0	14.00
15.00		0.00	0	ULTRASOUND	54.01	0	15.00
16.00		0.00	0	CT SCAN	57.00	0	16.00
17.00		0.00	0	MRI	58.00	0	17.00
18.00		0.00	0	LABORATORY	60.00	0	18.00
19.00		0.00	0	WOMEN'S HEALTH	90.03	0	19.00
20.00		0.00	0	RESPIRATORY THERAPY	65.00	0	20.00
21.00		0.00	0	PHYSICAL THERAPY	66.00	0	21.00
22.00		0.00	0	OCCUPATIONAL THERAPY	67.00	0	22.00
23.00		0.00	0	ELECTROCARDIOLOGY	69.00	0	23.00

RECLASSIFICATIONS

Provider CCN: 140213

Period:  
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Worksheet A-6  
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	Increases			Decreases			
	Cost Center	Line #	Salary	Cost Center	Line #	Salary	
	2.00	3.00	4.00	6.00	7.00	8.00	
24.00		0.00		0 ELECTROENCEPHALOGRAPHY	70.00	0	24.00
25.00		0.00		0 RENAL DIALYSIS	74.00	0	25.00
26.00		0.00		0 CLINIC	90.00	0	26.00
27.00		0.00		0 EMERGENCY	91.00	0	27.00
28.00		0.00		0 HOMER GLEN LAB	90.01	0	28.00
29.00		0.00		0 HOME HEALTH AGENCY	101.00	0	29.00
	TOTALS			0 TOTALS		0	
<b>L - DIABETES MANAGEMENT</b>							
1.00	ADULTS & PEDIATRICS	30.00	101,235	DIABETES CENTER	91.02	101,235	1.00
	TOTALS		101,235	TOTALS		101,235	
<b>M - DIETARY RECLASS</b>							
1.00	CAFETERIA	11.00	1,056,399	DIETARY	10.00	1,056,399	1.00
	TOTALS		1,056,399	TOTALS		1,056,399	
<b>N - IMPLANTABLE DEVICES</b>							
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00		RADIOLOGY-DIAGNOSTIC	54.00	0	1.00
2.00		0.00		OPERATING ROOM	50.00	0	2.00
	TOTALS			0 TOTALS		0	
500.00	Grand Total: Increases		8,095,989	Grand Total: Decreases		8,095,989	500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140213

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

Worksheet A-7  
Part I  
Date/Time Prepared:  
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	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	31,661,000	0	0	16,859,839	1.00
2.00	Land Improvements	5,522,000	8,051,986	0	0	2.00
3.00	Buildings and Fixtures	186,599,000	146,661,750	0	0	3.00
4.00	Building Improvements	344,954,000	0	0	344,435,616	4.00
5.00	Fixed Equipment	0	13,139,002	0	0	5.00
6.00	Movable Equipment	111,845,000	72,352,453	0	0	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	680,581,000	240,205,191	0	361,295,455	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	680,581,000	240,205,191	0	361,295,455	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	14,801,161	0			1.00
2.00	Land Improvements	13,573,986	0			2.00
3.00	Buildings and Fixtures	333,260,750	0			3.00
4.00	Building Improvements	518,384	0			4.00
5.00	Fixed Equipment	13,139,002	0			5.00
6.00	Movable Equipment	184,197,453	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	559,490,736	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	559,490,736	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140213

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

Worksheet A-7  
Part II  
Date/Time Prepared:  
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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	24,848,772	0	25,280,244	8,753,796	46,727	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	24,848,772	0	25,280,244	8,753,796	46,727	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	58,929,539				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	58,929,539				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140213

Period:  
From 10/01/2012  
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Worksheet A-7  
Part III  
Date/Time Prepared:  
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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	375,293,283	0	375,293,283	0.670777	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	184,197,453	0	184,197,453	0.329223	0	2.00
3.00	Total (sum of lines 1-2)	559,490,736	0	559,490,736	1.000000	0	3.00
Cost Center Description	ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL			
	Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease		
	6.00	7.00	8.00	9.00	10.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	2,560,808	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	13,909,346	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	16,470,154	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	17,225,994	8,753,796	46,727	0	28,587,325	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	13,909,346	2.00
3.00	Total (sum of lines 1-2)	17,225,994	8,753,796	46,727	0	42,496,671	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140213

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

Worksheet A-8

Date/Time Prepared:  
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Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center	Line #	Wkst. A-7 Ref.		
			1.00	2.00	3.00	4.00	5.00
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)			0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)			0		0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)			0		0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)			0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)			0		0.00	0	7.00
8.00 Television and radio service (chapter 21)			0		0.00	0	8.00
9.00 Parking lot (chapter 21)			0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-3,080,791				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	2,538,303				0	12.00
13.00 Laundry and linen service			0		0.00	0	13.00
14.00 Cafeteria-employees and guests			0		0.00	0	14.00
15.00 Rental of quarters to employee and others			0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients			0		0.00	0	16.00
17.00 Sale of drugs to other than patients			0		0.00	0	17.00
18.00 Sale of medical records and abstracts			0		0.00	0	18.00
19.00 Nursing school (tuition, fees, books, etc.)			0		0.00	0	19.00
20.00 Vending machines			0		0.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)			0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0	RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0	PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0	*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT			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 OTHER ADJUSTMENTS (SPECIFY) (3)			0		0.00	0	33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140213

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

Worksheet A-8

Date/Time Prepared:  
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Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center	Line #		
			1.00	2.00	3.00	
33.01	1996 DSR INTEXP. ADD ON	A	14,351	CAP REL COSTS-BLDG & FIXT	1.00	9 33.01
33.02	TELEPHONE BENEFITS	B	-16,572	EMPLOYEE BENEFITS	4.00	0 33.02
33.03	PHYSICIANS	B	-192,674	ADMINISTRATIVE & GENERAL	5.00	0 33.03
38.00	CONTRIBUTIONS EXPENSE	A	-50,753	ADMINISTRATIVE & GENERAL	5.00	9 38.00
39.00	BAD DEBTS	A	1,104,751	ADMINISTRATIVE & GENERAL	5.00	0 39.00
40.00	AHA & IHA DUES-POLITICAL LOBBY	A	-39,013	ADMINISTRATIVE & GENERAL	5.00	0 40.00
41.00	OTHER REV A & G	B	-2,531,652	ADMINISTRATIVE & GENERAL	5.00	0 41.00
42.00	TELEPHONE COSTS	A	-64,579	ADMINISTRATIVE & GENERAL	5.00	0 42.00
43.00	COMMUNITY RELATIONS	A	-1,265,297	ADMINISTRATIVE & GENERAL	5.00	0 43.00
44.00	ADVERTISING ADMIN (EXPENSE ACCT# 510)	A	-720	ADMINISTRATIVE & GENERAL	5.00	0 44.00
45.00	OTHER REV-EMPLOYEE BENEFITS	B	-29,738	EMPLOYEE BENEFITS	4.00	0 45.00
45.01	OTHER REV-CAFÉ'-EMP & GUESTS	B	-1,988,495	DIETARY	10.00	0 45.01
45.02	OTHER REV-VENDING MACHINES	B	-4,464	DIETARY	10.00	0 45.02
45.04	OTHER REV-PARAMED ED PROGRAM	B	-150,374	PARAMED ED PRGM-(SPECIFY)	23.00	0 45.04
45.05	OTHER REV-A & P	B	-233	ADULTS & PEDIATRICS	30.00	0 45.05
45.06	OTHER REV-PSYCH	B	-8,538	OP MENTAL HEALTH	91.01	0 45.06
45.07	OTHER REV-NURSERY	B	-2,582	NURSERY	43.00	0 45.07
45.08	OTHER REV-RADIOLOGY	B	-6,240	RADIOLOGY-DIAGNOSTIC	54.00	0 45.08
45.09	OTHER REV-LAB	B	-1,800	LABORATORY	60.00	0 45.09
45.11	OTHER REV-CARDIAC CATH	B	-39,666	ELECTROCARDIOLOGY	69.00	0 45.11
45.12	OTHER REV-DIABETES	B	-1,355	DIABETES CENTER	91.02	0 45.12
45.13			0		0.00	0 45.13
45.15			0		0.00	0 45.15
45.16	INVESTMENT INCOME	B	-8,102,002	CAP REL COSTS-BLDG & FIXT	1.00	11 45.16
45.19	OTHER REV-MED REC	B	-19,632	MEDICAL RECORDS & LIBRARY	16.00	0 45.19
45.20	OTHER REV-OPER ROOM	B	6,811	OPERATING ROOM	50.00	0 45.20
45.22	OTHER REV-RESPIRATORY THERAPY	B	-22	RESPIRATORY THERAPY	65.00	0 45.22
45.24	OTHER REV-ENVIRONMENTAL SERVICES	B	-42	HOUSEKEEPING	9.00	0 45.24
45.25	ADMINISTRATIVE MI SC. EXPENSE	A	-252,176	ADMINISTRATIVE & GENERAL	5.00	0 45.25
45.27	OTHER REV-REHAB	B	-21	SUBPROVIDER - IRF	41.00	0 45.27
45.32	OTHER REV-BLOOD	B	-10	BLOOD STORING, PROCESSING & TRANS.	63.00	0 45.32
45.34	OTHER REV-HOMER FEC	B	-265,545	HOMER GLEN FEC	90.02	0 45.34
45.35	PUBLIC AID PROVIDER TAX ASSESSMENT	A	-6,987,948	ADMINISTRATIVE & GENERAL	5.00	0 45.35
46.00			0		0.00	0 46.00
46.01			0		0.00	0 46.01
46.03			0		0.00	0 46.03
46.05			0		0.00	0 46.05
46.06			0		0.00	0 46.06
46.07			0		0.00	0 46.07
46.08			0		0.00	0 46.08
46.14			0		0.00	0 46.14
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-21,438,718			50.00

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

Provider CCN: 140213

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

Worksheet A-8-1

Date/Time Prepared: 2/25/2014 3:59 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR HOME OFFICE COSTS:					
1.00	5.00	ADMINISTRATIVE & GENERAL	MANAGEMENT FEE	8,608,517	8,726,402
2.00	54.00	RADIOLOGY-DIAGNOSTIC	JOINT VENTURE OPERATING EXPE	2,608,436	0
3.00	1.00	CAP REL COSTS-BLDG & FIXT	JOINT VENTURE INTEREST EXPEN	47,752	0
4.00	0.00			0	0
4.01	0.00			0	0
4.02	0.00			0	0
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			11,264,705	8,726,402

\* 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	G	SILVER CROSS HO	100.00	SILVER CROSS HO	100.00	6.00
7.00	C	UCMS/SCH ONC JV	60.00	UCMS/SCH ONC JV	60.00	7.00
8.00	C	UCMC/SCH ONC JV	60.00	UCMC/SCH ONC JV	60.00	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: FINANCIAL					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: 140213

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

Worksheet A-8-1

Date/Time Prepared:  
2/25/2014 3:59 am

	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	-117,885	0		1.00
2.00	2,608,436	0		2.00
3.00	47,752	11		3.00
4.00	0	0		4.00
4.01	0	0		4.01
4.02	0	0		4.02
5.00	2,538,303			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 request 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	RADIOLOGY ONCOL		7.00
8.00	RADIOLOGY ONCOL		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: 140213

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

Worksheet A-8-2

Date/Time Prepared:  
2/25/2014 3:59 am

Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	793,000	793,000	0	0	0	1.00
2.00	30.00	714,632	714,632	0	0	0	2.00
3.00	31.00	22,000	0	22,000	177,200	159	3.00
4.00	40.00	9,999	9,999	0	154,100	0	4.00
5.00	41.00	100,000	100,000	0	154,100	0	5.00
6.00	50.00	42,916	37,916	5,000	208,000	25	6.00
7.00	65.00	81,532	55,700	25,832	177,200	208	7.00
8.00	66.00	0	0	0	177,200	0	8.00
9.00	69.00	182,499	182,499	0	177,200	0	9.00
10.00	70.00	574,700	574,700	0	177,200	0	10.00
11.00	74.00	9,450	0	9,450	177,200	49	11.00
12.00	90.00	70,000	70,000	0	177,200	0	12.00
13.00	91.00	360,350	295,350	65,000	177,200	481	13.00
14.00	60.00	57,574	9,000	48,574	215,700	460	14.00
15.00	91.02	5,000	0	5,000	177,200	58	15.00
16.00	65.01	110,001	110,001	0	0	0	16.00
17.00	91.01	78,700	78,700	0	0	0	17.00
200.00		3,212,353	3,031,497	180,856		1,440	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	0	0	0	0	0	1.00
2.00	30.00	0	0	0	0	0	2.00
3.00	31.00	13,546	677	0	0	0	3.00
4.00	40.00	0	0	0	0	0	4.00
5.00	41.00	0	0	0	0	0	5.00
6.00	50.00	2,500	125	0	0	0	6.00
7.00	65.00	17,720	886	0	0	0	7.00
8.00	66.00	0	0	0	0	0	8.00
9.00	69.00	0	0	0	0	0	9.00
10.00	70.00	0	0	0	0	0	10.00
11.00	74.00	4,174	209	0	0	0	11.00
12.00	90.00	0	0	0	0	0	12.00
13.00	91.00	40,978	2,049	0	0	0	13.00
14.00	60.00	47,703	2,385	0	0	0	14.00
15.00	91.02	4,941	247	0	0	0	15.00
16.00	65.01	0	0	0	0	0	16.00
17.00	91.01	0	0	0	0	0	17.00
200.00		131,562	6,578	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	0	0	0	793,000		1.00
2.00	30.00	0	0	0	714,632		2.00
3.00	31.00	0	13,546	8,454	8,454		3.00
4.00	40.00	0	0	0	9,999		4.00
5.00	41.00	0	0	0	100,000		5.00
6.00	50.00	0	2,500	2,500	40,416		6.00
7.00	65.00	0	17,720	8,112	63,812		7.00
8.00	66.00	0	0	0	0		8.00
9.00	69.00	0	0	0	182,499		9.00
10.00	70.00	0	0	0	574,700		10.00
11.00	74.00	0	4,174	5,276	5,276		11.00
12.00	90.00	0	0	0	70,000		12.00
13.00	91.00	0	40,978	24,022	319,372		13.00
14.00	60.00	0	47,703	871	9,871		14.00
15.00	91.02	0	4,941	59	59		15.00
16.00	65.01	0	0	0	110,001		16.00
17.00	91.01	0	0	0	78,700		17.00
200.00		0	131,562	49,294	3,080,791		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140213

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

Worksheet B  
Part I  
Date/Time Prepared:  
2/25/2014 3:59 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst Allocation 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT	28,587,325	28,587,325			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	13,909,346		13,909,346		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	32,212,997	119,363	4,144	32,336,504	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	40,866,513	5,955,923	6,459,235	4,004,211	5.00
7.00 00700	OPERATION OF PLANT	8,634,689	358,696	51,185	941,164	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	272,148	137,048	0	31,026	8.00
9.00 00900	HOUSEKEEPING	3,310,307	267,715	42,198	725,350	9.00
10.00 01000	DIETARY	-619,090	1,059,375	17,482	213,320	10.00
11.00 01100	CAFETERIA	2,317,202	259,207	29,487	359,792	11.00
13.00 01300	NURSING ADMINISTRATION	1,668,618	132,733	49,918	552,030	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	609,359	938,979	199,044	186,638	14.00
15.00 01500	PHARMACY	4,643,590	345,933	0	816,819	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	2,221,112	202,868	7,319	629,302	16.00
17.00 01700	SOCIAL SERVICE	338,810	0	0	115,393	17.00
23.00 02300	PARAMED PRGM-(SPECIFY)	611,695	57,554	40,803	108,975	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	23,581,674	5,986,314	463,066	7,182,471	30.00
31.00 03100	INTENSIVE CARE UNIT	5,447,126	921,354	210,340	1,471,893	31.00
40.00 04000	SUBPROVIDER - I PF	1,532,311	561,929	19,258	426,235	40.00
41.00 04100	SUBPROVIDER - I RF	3,097,016	959,643	22,008	868,273	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	42.00
43.00 04300	NURSERY	2,152,797	1,684,632	148,070	375,721	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00 04500	NURSING FACILITY	0	0	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	13,882,557	2,656,794	1,813,421	2,599,119	50.00
51.00 05100	RECOVERY ROOM	1,189,537	209,918	31,374	389,803	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	3,163,782	319,314	270,650	950,203	52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	12,506,940	1,476,962	1,759,771	2,085,630	54.00
54.01 05401	ULTRASOUND	1,176,182	245,654	165,934	343,781	54.01
57.00 05700	CT SCAN	1,588,759	95,478	391,208	318,408	57.00
58.00 05800	MRI	1,034,610	123,070	255,698	199,487	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00 06000	LABORATORY	7,943,447	268,870	42,047	1,137,224	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	60.01
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	1,948,793	10,149	5,069	37,498	63.00
65.00 06500	RESPIRATORY THERAPY	1,585,788	85,450	50,161	454,030	65.00
65.01 06501	SLEEP LAB	278,559	0	26,289	49,523	65.01
66.00 06600	PHYSICAL THERAPY	1,921,253	127,567	32,464	485,245	66.00
67.00 06700	OCCUPATIONAL THERAPY	1,495,010	62,842	2,467	419,903	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00 06900	ELECTROCARDIOLOGY	1,033,775	76,942	72,796	332,675	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	209,773	79,069	8,244	67,324	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	12,363,991	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	17,553,212	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	8,730,817	0	535,930	0	73.00
74.00 07400	RENAL DIALYSIS	512,908	265,224	30,128	130,088	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00 09000	CLINIC	659,584	37,863	2,542	117,789	90.00
90.01 09001	HOMER GLEN LAB	655,395	158,806	2,292	151,995	90.01
90.02 09002	HOMER GLEN FEC	1,331,251	0	34,422	291,439	90.02
90.03 09003	WOMEN'S HEALTH	1,085,561	0	255,978	211,907	90.03
91.00 09100	EMERGENCY	6,181,611	1,849,758	353,605	1,762,855	91.00
91.01 09101	OP MENTAL HEALTH	773,641	214,962	1,656	236,098	91.01
91.02 09102	DIABETES CENTER	217,103	31,542	431	71,182	91.02
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00 09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
99.00 09900	CMHC	0	0	0	0	99.00
99.10 09910	CORF	0	0	0	0	99.10
101.00 10100	HOME HEALTH AGENCY	2,331,253	0	1,212	480,380	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00 11100	ISLET ACQUISITION	0	0	0	0	111.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140213

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

Worksheet B  
Part I  
Date/Time Prepared:  
2/25/2014 3:59 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal		
		BLDG & FIXT	MVBLE EQUIP				
	0	1.00	2.00	4.00	4A		
118.00	SUBTOTALS (SUM OF LINES 1-117)	278,750,637	28,345,500	13,909,346	32,332,199	278,504,507	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	12,641	202,807	0	4,305	219,753	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	39,018	0	0	39,018	192.00
200.00	Cross Foot Adjustments					0	200.00
201.00	Negative Cost Centers		0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	278,763,278	28,587,325	13,909,346	32,336,504	278,763,278	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 140213	Period: From 10/01/2012 To 09/30/2013	Worksheet B Part I Date/Time Prepared: 2/25/2014 3:59 am		
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	57,285,882				5.00
7.00	00700	OPERATION OF PLANT	2,582,840	12,568,574			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	113,865	77,754	631,841		8.00
9.00	00900	HOUSEKEEPING	1,123,995	151,887	0	5,621,452	9.00
10.00	01000	DIETARY	173,579	601,030	7,084	273,821	1,726,601
11.00	01100	CAFETERIA	767,084	147,060	0	66,998	0
13.00	01300	NURSING ADMINISTRATION	621,620	75,306	0	34,308	0
14.00	01400	CENTRAL SERVICES & SUPPLY	500,240	532,724	2,207	242,702	0
15.00	01500	PHARMACY	1,501,828	196,263	0	89,415	0
16.00	01600	MEDICAL RECORDS & LIBRARY	791,634	115,096	0	52,436	0
17.00	01700	SOCIAL SERVICE	117,481	0	0	0	0
23.00	02300	PARAMED ED PRGM-(SPECIFY)	211,844	32,653	23,951	14,876	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	9,625,479	3,396,300	244,426	1,547,312	1,186,687
31.00	03100	INTENSIVE CARE UNIT	2,082,341	522,725	29,533	238,147	279,783
40.00	04000	SUBPROVIDER - I/PF	656,910	318,807	0	145,244	103,970
41.00	04100	SUBPROVIDER - I/RF	1,279,541	544,448	17,249	248,043	156,161
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	1,128,043	955,766	0	435,434	0
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
45.00	04500	NURSING FACILITY	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	5,419,269	1,507,317	87,685	686,713	0
51.00	05100	RECOVERY ROOM	470,912	119,096	281	54,258	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,216,691	181,161	23,734	82,534	0
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,611,603	837,946	42,440	381,757	0
54.01	05401	ULTRASOUND	499,601	139,370	0	63,495	0
57.00	05700	CT SCAN	619,177	54,169	0	24,679	0
58.00	05800	MRI	417,172	69,823	9,164	31,810	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	2,429,162	152,542	932	69,496	0
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	517,696	5,758	0	2,623	0
65.00	06500	RESPIRATORY THERAPY	562,681	48,480	0	22,087	0
65.01	06501	SLEEP LAB	91,659	0	0	0	0
66.00	06600	PHYSICAL THERAPY	663,840	72,375	9,704	32,973	0
67.00	06700	OCCUPATIONAL THERAPY	512,190	35,653	1,143	16,243	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	392,167	43,652	0	19,887	0
70.00	07000	ELECTROENCEPHALOGRAPHY	94,256	44,859	0	20,437	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,197,983	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,540,191	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	2,396,872	0	0	0	0
74.00	07400	RENAL DIALYSIS	242,707	150,473	0	68,554	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	211,521	21,481	0	9,787	0
90.01	09001	HOMER GLEN LAB	250,502	90,098	3,334	41,047	0
90.02	09002	HOMER GLEN FEC	428,617	0	40,301	0	0
90.03	09003	WOMEN'S HEALTH	401,803	0	13,761	0	0
91.00	09100	EMERGENCY	2,624,766	1,049,450	74,912	478,115	0
91.01	09101	OP MENTAL HEALTH	317,201	121,958	0	55,562	0
91.02	09102	DIABETES CENTER	82,836	17,895	0	8,153	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0
99.00	09900	CMHC	0	0	0	0	0
99.10	09910	CORF	0	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	727,551	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0
111.00	11100	ISLET ACQUISITION	0	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	57,218,950	12,431,375	631,841	5,558,946	1,726,601
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	56,840	115,062	0	52,421	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	10,092	22,137	0	10,085	0
200.00		Cross Foot Adjustments					200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140213

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

Worksheet B  
Part I  
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2/25/2014 3:59 am

Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.00	7.00	8.00	9.00	10.00	
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	57,285,882	12,568,574	631,841	5,621,452	1,726,601	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140213		Period: From 10/01/2012 To 09/30/2013		Worksheet B Part I Date/Time Prepared: 2/25/2014 3:59 am	
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	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	3,946,830				11.00
13.00	01300	NURSING ADMINISTRATION	79,896	3,214,429			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	58,022	0	3,269,915		14.00
15.00	01500	PHARMACY	93,868	0	29,885	7,717,601	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	132,549	0	2,834	0	4,155,150
17.00	01700	SOCIAL SERVICE	17,306	0	0	0	0
23.00	02300	PARAMED PRGM-(SPECIFY)	87,066	0	21,423	28,179	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	1,132,155	2,116,229	202,953	17,260	1,644,398
31.00	03100	INTENSIVE CARE UNIT	185,102	345,997	57,943	9,845	506,166
40.00	04000	SUBPROVIDER - IPF	82,464	0	3,941	299	132,094
41.00	04100	SUBPROVIDER - IRF	129,148	241,405	11,674	0	128,464
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	50,019	93,520	23,034	485	177,585
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
45.00	04500	NURSING FACILITY	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	371,604	0	291,009	2,458	0
51.00	05100	RECOVERY ROOM	41,382	0	6,157	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	128,114	239,475	35,453	1,320	0
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	331,523	0	92,015	18,554	0
54.01	05401	ULTRASOUND	43,416	0	10,534	0	0
57.00	05700	CT SCAN	42,016	0	29,424	89	0
58.00	05800	MRI	22,408	0	5,750	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	216,280	0	407,177	0	0
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	5,835	0	23,760	0	0
65.00	06500	RESPIRATORY THERAPY	74,694	0	24,560	0	0
65.01	06501	SLEEP LAB	9,670	0	2,055	0	0
66.00	06600	PHYSICAL THERAPY	72,927	0	3,443	136	382,507
67.00	06700	OCCUPATIONAL THERAPY	60,756	0	4,054	136	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	48,251	0	5,052	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	10,537	0	1,117	0	88,846
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	1,831,347	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	7,632,647	0
74.00	07400	RENAL DIALYSIS	13,405	25,058	12,102	296	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	13,438	0	3,895	0	16,765
90.01	09001	HOMER GLEN LAB	15,739	0	20,520	184	0
90.02	09002	HOMER GLEN FEC	37,514	0	10,422	448	0
90.03	09003	WOMEN'S HEALTH	31,078	0	8,399	295	0
91.00	09100	EMERGENCY	274,669	0	80,099	4,044	1,078,325
91.01	09101	OP MENTAL HEALTH	17,006	0	1,535	0	0
91.02	09102	DIABETES CENTER	14,739	27,521	710	0	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0
99.00	09900	CMHC	0	0	0	0	0
99.10	09910	CORF	0	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	0	125,224	5,639	926	0
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0
111.00	11100	ISLET ACQUISITION	0	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	3,944,596	3,214,429	3,269,915	7,717,601	4,155,150
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GI FT, FLOWER, COFFEE SHOP & CANTEEN	2,234	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140213

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

Worksheet B  
Part I  
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2/25/2014 3:59 am

Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	3,946,830	3,214,429	3,269,915	7,717,601	4,155,150	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140213

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

Worksheet B  
Part I  
Date/Time Prepared:  
2/25/2014 3:59 am

Cost Center Description		SOCIAL SERVICE	PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		17.00	23.00	24.00	25.00	26.00	
<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						11.00
13.00	01300						13.00
14.00	01400						14.00
15.00	01500						15.00
16.00	01600						16.00
17.00	01700	588,990					17.00
23.00	02300		1,239,019				23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	511,601	0	58,838,325	0	58,838,325	30.00
31.00	03100	31,374	28,869	12,368,538	0	12,368,538	31.00
40.00	04000	0	0	3,983,462	0	3,983,462	40.00
41.00	04100	0	0	7,703,073	0	7,703,073	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	0	7,225,106	0	7,225,106	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	0	52,090	29,370,036	0	29,370,036	50.00
51.00	05100	0	0	2,512,718	0	2,512,718	51.00
52.00	05200	0	0	6,612,431	0	6,612,431	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	0	0	24,145,141	0	24,145,141	54.00
54.01	05401	0	0	2,687,967	0	2,687,967	54.01
57.00	05700	0	0	3,163,407	0	3,163,407	57.00
58.00	05800	0	0	2,168,992	0	2,168,992	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	0	0	12,667,177	0	12,667,177	60.00
60.01	06001	0	0	0	0	0	60.01
63.00	06300	0	0	2,557,181	0	2,557,181	63.00
65.00	06500	0	52,718	2,960,649	0	2,960,649	65.00
65.01	06501	0	0	457,755	0	457,755	65.01
66.00	06600	0	0	3,804,434	0	3,804,434	66.00
67.00	06700	0	0	2,610,397	0	2,610,397	67.00
68.00	06800	0	0	0	0	0	68.00
69.00	06900	0	13,807	2,039,004	0	2,039,004	69.00
70.00	07000	0	0	624,462	0	624,462	70.00
71.00	07100	0	0	17,393,321	0	17,393,321	71.00
72.00	07200	0	0	22,093,403	0	22,093,403	72.00
73.00	07300	0	0	19,296,266	0	19,296,266	73.00
74.00	07400	0	0	1,450,943	0	1,450,943	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	7,321	0	1,101,986	0	1,101,986	90.00
90.01	09001	0	0	1,389,912	0	1,389,912	90.01
90.02	09002	0	0	2,174,414	0	2,174,414	90.02
90.03	09003	0	0	2,008,782	0	2,008,782	90.03
91.00	09100	38,694	1,091,535	16,942,438	0	16,942,438	91.00
91.01	09101	0	0	1,739,619	0	1,739,619	91.01
91.02	09102	0	0	472,112	0	472,112	91.02
92.00	09200	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400	0	0	0	0	0	94.00
99.00	09900	0	0	0	0	0	99.00
99.10	09910	0	0	0	0	0	99.10
101.00	10100	0	0	3,672,185	0	3,672,185	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	0	0	0	0	0	109.00
110.00	11000	0	0	0	0	0	110.00
111.00	11100	0	0	0	0	0	111.00
118.00		588,990	1,239,019	278,235,636	0	278,235,636	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140213

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

Worksheet B  
Part I  
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Cost Center Description			SOCIAL SERVICE	PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			17.00	23.00	24.00	25.00	26.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	446,310	0	446,310	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	81,332	0	81,332	192.00
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	588,990	1,239,019	278,763,278	0	278,763,278	202.00

Provider CCN: 140213

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

Worksheet Non-CMS W  
 Date/Time Prepared:  
 2/25/2014 3:59 am

Cost Center Description		Statistics Code	Statistics Description	
		1.00	2.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2	DOLLAR VALUE	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	3	POUNDS OF LAUNDRY	8.00
9.00	HOUSEKEEPING	1	SQUARE FEET	9.00
10.00	DIETARY	4	MEALS SERVED	10.00
11.00	CAFETERIA	5	NUMBER HOUSED	11.00
13.00	NURSING ADMINISTRATION	6	DIRECT NRSING	13.00
14.00	CENTRAL SERVICES & SUPPLY	7	COSTED REQUIS.	14.00
15.00	PHARMACY	8	COSTED REQUIS.	15.00
16.00	MEDICAL RECORDS & LIBRARY	9	TIME SPENT	16.00
17.00	SOCIAL SERVICE	10	TIME SPENT	17.00
23.00	PARAMED ED PRGM-(SPECIFY)	11	ASSIGNED TIME	23.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140213

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

Worksheet B  
Part II  
Date/Time Prepared:  
2/25/2014 3:59 am

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	119,363	4,144	123,507	123,507
5.00 00500	ADMINISTRATIVE & GENERAL	0	5,955,923	6,459,235	12,415,158	15,296
7.00 00700	OPERATION OF PLANT	0	358,696	51,185	409,881	3,595
8.00 00800	LAUNDRY & LINEN SERVICE	0	137,048	0	137,048	119
9.00 00900	HOUSEKEEPING	0	267,715	42,198	309,913	2,771
10.00 01000	DIETARY	0	1,059,375	17,482	1,076,857	815
11.00 01100	CAFETERIA	0	259,207	29,487	288,694	1,374
13.00 01300	NURSING ADMINISTRATION	0	132,733	49,918	182,651	2,109
14.00 01400	CENTRAL SERVICES & SUPPLY	0	938,979	199,044	1,138,023	713
15.00 01500	PHARMACY	0	345,933	0	345,933	3,120
16.00 01600	MEDICAL RECORDS & LIBRARY	0	202,868	7,319	210,187	2,404
17.00 01700	SOCIAL SERVICE	0	0	0	0	441
23.00 02300	PARAMED PRGM-(SPECIFY)	0	57,554	40,803	98,357	416
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	0	5,986,314	463,066	6,449,380	27,421
31.00 03100	INTENSIVE CARE UNIT	0	921,354	210,340	1,131,694	5,623
40.00 04000	SUBPROVIDER - IPF	0	561,929	19,258	581,187	1,628
41.00 04100	SUBPROVIDER - IRF	0	959,643	22,008	981,651	3,317
42.00 04200	SUBPROVIDER	0	0	0	0	0
43.00 04300	NURSERY	0	1,684,632	148,070	1,832,702	1,435
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0
45.00 04500	NURSING FACILITY	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	0	2,656,794	1,813,421	4,470,215	9,928
51.00 05100	RECOVERY ROOM	0	209,918	31,374	241,292	1,489
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	319,314	270,650	589,964	3,630
53.00 05300	ANESTHESIOLOGY	0	0	0	0	0
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	1,476,962	1,759,771	3,236,733	7,967
54.01 05401	ULTRASOUND	0	245,654	165,934	411,588	1,313
57.00 05700	CT SCAN	0	95,478	391,208	486,686	1,216
58.00 05800	MRI	0	123,070	255,698	378,768	762
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00 06000	LABORATORY	0	268,870	42,047	310,917	4,344
60.01 06001	BLOOD LABORATORY	0	0	0	0	0
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	10,149	5,069	15,218	143
65.00 06500	RESPIRATORY THERAPY	0	85,450	50,161	135,611	1,734
65.01 06501	SLEEP LAB	0	0	26,289	26,289	189
66.00 06600	PHYSICAL THERAPY	0	127,567	32,464	160,031	1,854
67.00 06700	OCCUPATIONAL THERAPY	0	62,842	2,467	65,309	1,604
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00 06900	ELECTROCARDIOLOGY	0	76,942	72,796	149,738	1,271
70.00 07000	ELECTROENCEPHALOGRAPHY	0	79,069	8,244	87,313	257
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	535,930	535,930	0
74.00 07400	RENAL DIALYSIS	0	265,224	30,128	295,352	497
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00 09000	CLINIC	0	37,863	2,542	40,405	450
90.01 09001	HOMER GLEN LAB	0	158,806	2,292	161,098	581
90.02 09002	HOMER GLEN FEC	0	0	34,422	34,422	1,113
90.03 09003	WOMEN'S HEALTH	0	0	255,978	255,978	809
91.00 09100	EMERGENCY	0	1,849,758	353,605	2,203,363	6,734
91.01 09101	OP MENTAL HEALTH	0	214,962	1,656	216,618	902
91.02 09102	DIABETES CENTER	0	31,542	431	31,973	272
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00 09400	HOME PROGRAM DIALYSIS	0	0	0	0	0
99.00 09900	CMHC	0	0	0	0	0
99.10 09910	CORF	0	0	0	0	0
101.00 10100	HOME HEALTH AGENCY	0	0	1,212	1,212	1,835
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0	0
111.00 11100	ISLET ACQUISITION	0	0	0	0	0
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	28,345,500	13,909,346	42,254,846	123,491

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140213

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

Worksheet B  
Part II  
Date/Time Prepared:  
2/25/2014 3:59 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	202,807	0	202,807	16	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	39,018	0	39,018	0	192.00
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	0	28,587,325	13,909,346	42,496,671	123,507	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140213	Period: From 10/01/2012 To 09/30/2013	Worksheet B Part II Date/Time Prepared: 2/25/2014 3:59 am		
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	12,430,454				5.00
7.00	00700	OPERATION OF PLANT	560,449	973,925			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	24,707	6,025	167,899		8.00
9.00	00900	HOUSEKEEPING	243,895	11,770	0	568,349	9.00
10.00	01000	DIETARY	37,665	46,573	1,882	27,684	877,013
11.00	01100	CAFETERIA	166,449	11,395	0	6,774	0
13.00	01300	NURSING ADMINISTRATION	134,885	5,835	0	3,469	0
14.00	01400	CENTRAL SERVICES & SUPPLY	108,547	41,280	586	24,538	0
15.00	01500	PHARMACY	325,881	15,208	0	9,040	0
16.00	01600	MEDICAL RECORDS & LIBRARY	171,776	8,919	0	5,301	0
17.00	01700	SOCIAL SERVICE	25,492	0	0	0	0
23.00	02300	PARAMED ED PRGM-(SPECIFY)	45,968	2,530	6,365	1,504	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	2,088,646	263,175	64,950	156,439	602,767
31.00	03100	INTENSIVE CARE UNIT	451,846	40,505	7,848	24,077	142,114
40.00	04000	SUBPROVIDER - I/PF	142,543	24,704	0	14,685	52,811
41.00	04100	SUBPROVIDER - I/RF	277,647	42,189	4,583	25,078	79,321
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	244,773	74,061	0	44,024	0
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
45.00	04500	NURSING FACILITY	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	1,175,925	116,800	23,301	69,429	0
51.00	05100	RECOVERY ROOM	102,183	9,229	75	5,486	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	264,009	14,038	6,307	8,345	0
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,000,670	64,932	11,278	38,597	0
54.01	05401	ULTRASOUND	108,408	10,800	0	6,420	0
57.00	05700	CT SCAN	134,355	4,197	0	2,495	0
58.00	05800	MRI	90,522	5,411	2,435	3,216	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	527,103	11,820	248	7,026	0
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	112,335	446	0	265	0
65.00	06500	RESPIRATORY THERAPY	122,096	3,757	0	2,233	0
65.01	06501	SLEEP LAB	19,889	0	0	0	0
66.00	06600	PHYSICAL THERAPY	144,046	5,608	2,579	3,334	0
67.00	06700	OCCUPATIONAL THERAPY	111,140	2,763	304	1,642	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	85,096	3,383	0	2,011	0
70.00	07000	ELECTROENCEPHALOGRAPHY	20,453	3,476	0	2,066	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	693,929	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	985,174	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	520,096	0	0	0	0
74.00	07400	RENAL DIALYSIS	52,665	11,660	0	6,931	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	45,898	1,665	0	989	0
90.01	09001	HOMER GLEN LAB	54,356	6,982	886	4,150	0
90.02	09002	HOMER GLEN FEC	93,005	0	10,709	0	0
90.03	09003	WOMEN'S HEALTH	87,187	0	3,657	0	0
91.00	09100	EMERGENCY	569,547	81,321	19,906	48,339	0
91.01	09101	OP MENTAL HEALTH	68,829	9,450	0	5,618	0
91.02	09102	DIABETES CENTER	17,974	1,387	0	824	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0
99.00	09900	CMHC	0	0	0	0	0
99.10	09910	CORF	0	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	157,871	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0
111.00	11100	ISLET ACQUISITION	0	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	12,415,930	963,294	167,899	562,029	877,013
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	12,334	8,916	0	5,300	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	2,190	1,715	0	1,020	0
200.00		Cross Foot Adjustments					200.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140213			Period: From 10/01/2012 To 09/30/2013		Worksheet B Part II Date/Time Prepared: 2/25/2014 3:59 am	
Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY		
201.00	Negative Cost Centers	5.00	7.00	8.00	9.00	10.00		
		0	0	0	0	314,463	201.00	
202.00	TOTAL (sum lines 118-201)	12,430,454	973,925	167,899	568,349	1,191,476	202.00	

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140213		Period: From 10/01/2012 To 09/30/2013		Worksheet B Part II Date/Time Prepared: 2/25/2014 3:59 am	
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	474,686					11.00
13.00	01300	9,609	338,558				13.00
14.00	01400	6,978	0	1,320,665			14.00
15.00	01500	11,290	0	12,070	722,542		15.00
16.00	01600	15,942	0	1,145	0	415,674	16.00
17.00	01700	2,081	0	0	0	0	17.00
23.00	02300	10,471	0	8,652	2,638	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	136,165	222,890	81,970	1,616	164,504	30.00
31.00	03100	22,262	36,442	23,402	922	50,636	31.00
40.00	04000	9,918	0	1,592	28	13,214	40.00
41.00	04100	15,533	25,426	4,715	0	12,851	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	6,016	9,850	9,303	45	17,765	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	44,693	0	117,535	230	0	50.00
51.00	05100	4,977	0	2,487	0	0	51.00
52.00	05200	15,408	25,223	14,319	124	0	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	39,872	0	37,164	1,737	0	54.00
54.01	05401	5,222	0	4,255	0	0	54.01
57.00	05700	5,053	0	11,884	8	0	57.00
58.00	05800	2,695	0	2,322	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	26,012	0	164,453	0	0	60.00
60.01	06001	0	0	0	0	0	60.01
63.00	06300	702	0	9,596	0	0	63.00
65.00	06500	8,984	0	9,919	0	0	65.00
65.01	06501	1,163	0	830	0	0	65.01
66.00	06600	8,771	0	1,391	13	38,265	66.00
67.00	06700	7,307	0	1,637	13	0	67.00
68.00	06800	0	0	0	0	0	68.00
69.00	06900	5,803	0	2,040	0	0	69.00
70.00	07000	1,267	0	451	0	8,888	70.00
71.00	07100	0	0	739,647	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	714,587	0	73.00
74.00	07400	1,612	2,639	4,888	28	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	1,616	0	1,573	0	1,677	90.00
90.01	09001	1,893	0	8,288	17	0	90.01
90.02	09002	4,512	0	4,209	42	0	90.02
90.03	09003	3,738	0	3,392	28	0	90.03
91.00	09100	33,034	0	32,351	379	107,874	91.00
91.01	09101	2,045	0	620	0	0	91.01
91.02	09102	1,773	2,899	287	0	0	91.02
92.00	09200	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400	0	0	0	0	0	94.00
99.00	09900	0	0	0	0	0	99.00
99.10	09910	0	0	0	0	0	99.10
101.00	10100	0	13,189	2,278	87	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	0	0	0	0	0	109.00
110.00	11000	0	0	0	0	0	110.00
111.00	11100	0	0	0	0	0	111.00
118.00		474,417	338,558	1,320,665	722,542	415,674	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	269	0	0	0	0	190.00
192.00	19200	0	0	0	0	0	192.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140213			Period: From 10/01/2012 To 09/30/2013		Worksheet B Part II Date/Time Prepared: 2/25/2014 3:59 am	
Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY		
		11.00	13.00	14.00	15.00	16.00		
200.00	Cross Foot Adjustments							200.00
201.00	Negative Cost Centers	0	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	474,686	338,558	1,320,665	722,542	415,674		202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140213

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

Worksheet B  
Part II  
Date/Time Prepared:  
2/25/2014 3:59 am

Cost Center Description		SOCIAL SERVICE	PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		17.00	23.00	24.00	25.00	26.00	
<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						11.00
13.00	01300						13.00
14.00	01400						14.00
15.00	01500						15.00
16.00	01600						16.00
17.00	01700	28,014					17.00
23.00	02300		176,901				23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	24,334		10,284,257	0	10,284,257	30.00
31.00	03100	1,492		1,938,863	0	1,938,863	31.00
40.00	04000	0		842,310	0	842,310	40.00
41.00	04100	0		1,472,311	0	1,472,311	41.00
42.00	04200	0		0	0	0	42.00
43.00	04300	0		2,239,974	0	2,239,974	43.00
44.00	04400	0		0	0	0	44.00
45.00	04500	0		0	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	0		6,028,056	0	6,028,056	50.00
51.00	05100	0		367,218	0	367,218	51.00
52.00	05200	0		941,367	0	941,367	52.00
53.00	05300	0		0	0	0	53.00
54.00	05400	0		4,438,950	0	4,438,950	54.00
54.01	05401	0		548,006	0	548,006	54.01
57.00	05700	0		645,894	0	645,894	57.00
58.00	05800	0		486,131	0	486,131	58.00
59.00	05900	0		0	0	0	59.00
60.00	06000	0		1,051,923	0	1,051,923	60.00
60.01	06001	0		0	0	0	60.01
63.00	06300	0		138,705	0	138,705	63.00
65.00	06500	0		284,334	0	284,334	65.00
65.01	06501	0		48,360	0	48,360	65.01
66.00	06600	0		365,892	0	365,892	66.00
67.00	06700	0		191,719	0	191,719	67.00
68.00	06800	0		0	0	0	68.00
69.00	06900	0		249,342	0	249,342	69.00
70.00	07000	0		124,171	0	124,171	70.00
71.00	07100	0		1,433,576	0	1,433,576	71.00
72.00	07200	0		985,174	0	985,174	72.00
73.00	07300	0		1,770,613	0	1,770,613	73.00
74.00	07400	0		376,272	0	376,272	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	0		0	0	0	88.00
89.00	08900	0		0	0	0	89.00
90.00	09000	348		94,621	0	94,621	90.00
90.01	09001	0		238,251	0	238,251	90.01
90.02	09002	0		148,012	0	148,012	90.02
90.03	09003	0		354,789	0	354,789	90.03
91.00	09100	1,840		3,104,688	0	3,104,688	91.00
91.01	09101	0		304,082	0	304,082	91.01
91.02	09102	0		57,389	0	57,389	91.02
92.00	09200	0		0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400	0		0	0	0	94.00
99.00	09900	0		0	0	0	99.00
99.10	09910	0		0	0	0	99.10
101.00	10100	0		176,472	0	176,472	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	0		0	0	0	109.00
110.00	11000	0		0	0	0	110.00
111.00	11100	0		0	0	0	111.00
118.00		28,014	0	41,731,722	0	41,731,722	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140213

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

Worksheet B  
Part II  
Date/Time Prepared:  
2/25/2014 3:59 am

Cost Center Description			SOCIAL SERVICE	PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			17.00	23.00	24.00	25.00	26.00	
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0		229,642	0	229,642	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0		43,943	0	43,943	192.00
200.00		Cross Foot Adjustments		176,901	176,901	0	176,901	200.00
201.00		Negative Cost Centers	0	0	314,463	0	314,463	201.00
202.00		TOTAL (sum lines 118-201)	28,014	176,901	42,496,671	0	42,496,671	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140213

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

Worksheet B-1  
Date/Time Prepared:  
2/25/2014 3:59 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT	470,377				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		13,686,362			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	1,964	4,078	94,944,473		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	97,999	6,355,683	11,756,932	-57,285,882	5.00
7.00 00700	OPERATION OF PLANT	5,902	50,364	2,763,390	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	2,255	0	91,096	0	8.00
9.00 00900	HOUSEKEEPING	4,405	41,522	2,129,731	0	9.00
10.00 01000	DIETARY	17,431	17,202	626,339	0	10.00
11.00 01100	CAFETERIA	4,265	29,014	1,056,399	0	11.00
13.00 01300	NURSING ADMINISTRATION	2,184	49,118	1,620,838	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	15,450	195,853	547,997	0	14.00
15.00 01500	PHARMACY	5,692	0	2,398,295	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	3,338	7,202	1,847,721	0	16.00
17.00 01700	SOCIAL SERVICE	0	0	338,810	0	17.00
23.00 02300	PARAMED PRGM-(SPECIFY)	947	40,149	319,965	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	98,499	455,643	21,088,660	0	30.00
31.00 03100	INTENSIVE CARE UNIT	15,160	206,968	4,321,688	0	31.00
40.00 04000	SUBPROVIDER - I PF	9,246	18,949	1,251,487	0	40.00
41.00 04100	SUBPROVIDER - I RF	15,790	21,655	2,549,374	0	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	42.00
43.00 04300	NURSERY	27,719	145,696	1,103,169	0	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00 04500	NURSING FACILITY	0	0	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	43,715	1,784,350	7,631,383	0	50.00
51.00 05100	RECOVERY ROOM	3,454	30,871	1,144,518	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	5,254	266,311	2,789,932	0	52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	24,302	1,731,560	6,123,706	0	54.00
54.01 05401	ULTRASOUND	4,042	163,274	1,009,391	0	54.01
57.00 05700	CT SCAN	1,571	384,937	934,892	0	57.00
58.00 05800	MRI	2,025	251,599	585,723	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00 06000	LABORATORY	4,424	41,373	3,339,052	0	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	60.01
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	167	4,988	110,100	0	63.00
65.00 06500	RESPIRATORY THERAPY	1,406	49,357	1,333,097	0	65.00
65.01 06501	SLEEP LAB	0	25,868	145,408	0	65.01
66.00 06600	PHYSICAL THERAPY	2,099	31,944	1,424,747	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	1,034	2,427	1,232,894	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00 06900	ELECTROCARDIOLOGY	1,266	71,629	976,780	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	1,301	8,112	197,672	0	70.00
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	527,339	0	0	73.00
74.00 07400	RENAL DIALYSIS	4,364	29,645	381,956	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00 09000	CLINIC	623	2,501	345,845	0	90.00
90.01 09001	HOMER GLEN LAB	2,613	2,255	446,278	0	90.01
90.02 09002	HOMER GLEN FEC	0	33,870	855,705	0	90.02
90.03 09003	WOMEN'S HEALTH	0	251,874	622,188	0	90.03
91.00 09100	EMERGENCY	30,436	347,936	5,175,991	0	91.00
91.01 09101	OP MENTAL HEALTH	3,537	1,629	693,217	0	91.01
91.02 09102	DIABETES CENTER	519	424	209,001	0	91.02
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00 09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
99.00 09900	CMHC	0	0	0	0	99.00
99.10 09910	CORF	0	0	0	0	99.10
101.00 10100	HOME HEALTH AGENCY	0	1,193	1,410,465	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00 11100	ISLET ACQUISITION	0	0	0	0	111.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140213

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

Worksheet B-1

Date/Time Prepared:  
2/25/2014 3:59 am

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)		
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)						
	1.00	2.00	4.00					
118.00	SUBTOTALS (SUM OF LINES 1-117)				5A	5.00	118.00	
	NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,337	0	12,641	0	219,753	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	642	0	0	0	39,018	192.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	28,587,325	13,909,346	32,336,504		57,285,882	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	60.775346	1.016292	0.340583		0.258653	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			123,507		12,430,454	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.001301		0.056125	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140213

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

Worksheet B-1

Date/Time Prepared:  
2/25/2014 3:59 am

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (NUMBER HOUSED)	
		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	364,512				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	2,255	2,517,259			8.00
9.00	00900	HOUSEKEEPING	4,405	0	357,852		9.00
10.00	01000	DIETARY	17,431	28,223	17,431	326,821	10.00
11.00	01100	CAFETERIA	4,265	0	4,265	0	118,361
13.00	01300	NURSING ADMINISTRATION	2,184	0	2,184	0	2,396
14.00	01400	CENTRAL SERVICES & SUPPLY	15,450	8,791	15,450	0	1,740
15.00	01500	PHARMACY	5,692	0	5,692	0	2,815
16.00	01600	MEDICAL RECORDS & LIBRARY	3,338	0	3,338	0	3,975
17.00	01700	SOCIAL SERVICE	0	0	0	0	519
23.00	02300	PARAMED ED PRGM-(SPECIFY)	947	95,422	947	0	2,611
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	98,499	973,796	98,499	224,623	33,952
31.00	03100	INTENSIVE CARE UNIT	15,160	117,661	15,160	52,959	5,551
40.00	04000	SUBPROVIDER - I/PF	9,246	0	9,246	19,680	2,473
41.00	04100	SUBPROVIDER - I/RF	15,790	68,719	15,790	29,559	3,873
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	27,719	0	27,719	0	1,500
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
45.00	04500	NURSING FACILITY	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	43,715	349,339	43,715	0	11,144
51.00	05100	RECOVERY ROOM	3,454	1,118	3,454	0	1,241
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,254	94,555	5,254	0	3,842
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	24,302	169,081	24,302	0	9,942
54.01	05401	ULTRASOUND	4,042	0	4,042	0	1,302
57.00	05700	CT SCAN	1,571	0	1,571	0	1,260
58.00	05800	MRI	2,025	36,510	2,025	0	672
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	4,424	3,714	4,424	0	6,486
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	167	0	167	0	175
65.00	06500	RESPIRATORY THERAPY	1,406	0	1,406	0	2,240
65.01	06501	SLEEP LAB	0	0	0	0	290
66.00	06600	PHYSICAL THERAPY	2,099	38,662	2,099	0	2,187
67.00	06700	OCCUPATIONAL THERAPY	1,034	4,553	1,034	0	1,822
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	1,266	0	1,266	0	1,447
70.00	07000	ELECTROENCEPHALOGRAPHY	1,301	0	1,301	0	316
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00	07400	RENAL DIALYSIS	4,364	0	4,364	0	402
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	623	0	623	0	403
90.01	09001	HOMER GLEN LAB	2,613	13,282	2,613	0	472
90.02	09002	HOMER GLEN FEC	0	160,558	0	0	1,125
90.03	09003	WOMEN'S HEALTH	0	54,825	0	0	932
91.00	09100	EMERGENCY	30,436	298,450	30,436	0	8,237
91.01	09101	OP MENTAL HEALTH	3,537	0	3,537	0	510
91.02	09102	DIABETES CENTER	519	0	519	0	442
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0
99.00	09900	CMHC	0	0	0	0	0
99.10	09910	CORF	0	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0
111.00	11100	ISLET ACQUISITION	0	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	360,533	2,517,259	353,873	326,821	118,294
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,337	0	3,337	0	67

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140213

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

Worksheet B-1

Date/Time Prepared:  
2/25/2014 3:59 am

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (NUMBER HOUSED)	
		7.00	8.00	9.00	10.00	11.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	642	0	642	0	192.00
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	12,568,574	631,841	5,621,452	1,726,601	3,946,830
203.00		Unit cost multiplier (Wkst. B, Part I)	34.480549	0.251004	15.708874	5.283017	33.345697
204.00		Cost to be allocated (per Wkst. B, Part II)	973,925	167,899	568,349	1,191,476	474,686
205.00		Unit cost multiplier (Wkst. B, Part II)	2.671860	0.066699	1.588224	2.683466	4.010493

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140213

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

Worksheet B-1  
Date/Time Prepared:  
2/25/2014 3:59 am

Cost Center Description		NURSING ADMINISTRATION  (DIRECT NRS ING)	CENTRAL SERVICES & SUPPLY  (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY  (TIME SPENT)	SOCIAL SERVICE  (TIME SPENT)	
		13.00	14.00	15.00	16.00	17.00	
<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						11.00
13.00	01300	1,072,671					13.00
14.00	01400	0	22,510,617				14.00
15.00	01500	0	205,731	8,827,995			15.00
16.00	01600	0	19,509	0	38,911		16.00
17.00	01700	0	0	0	0	2,816	17.00
23.00	02300	0	147,477	32,233	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	706,196	1,397,161	19,743	15,399	2,446	30.00
31.00	03100	115,461	398,887	11,262	4,740	150	31.00
40.00	04000	0	27,132	342	1,237	0	40.00
41.00	04100	80,558	80,368	0	1,203	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	31,208	158,573	555	1,663	0	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	0	2,003,350	2,812	0	0	50.00
51.00	05100	0	42,389	0	0	0	51.00
52.00	05200	79,914	244,067	1,510	0	0	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	0	633,444	21,224	0	0	54.00
54.01	05401	0	72,519	0	0	0	54.01
57.00	05700	0	202,560	102	0	0	57.00
58.00	05800	0	39,584	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	0	2,803,072	0	0	0	60.00
60.01	06001	0	0	0	0	0	60.01
63.00	06300	0	163,567	0	0	0	63.00
65.00	06500	0	169,075	0	0	0	65.00
65.01	06501	0	14,149	0	0	0	65.01
66.00	06600	0	23,704	155	3,582	0	66.00
67.00	06700	0	27,906	155	0	0	67.00
68.00	06800	0	0	0	0	0	68.00
69.00	06900	0	34,777	0	0	0	69.00
70.00	07000	0	7,691	0	832	0	70.00
71.00	07100	0	12,607,279	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	8,730,817	0	0	73.00
74.00	07400	8,362	83,311	339	0	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	26,811	0	157	35	90.00
90.01	09001	0	141,266	211	0	0	90.01
90.02	09002	0	71,748	512	0	0	90.02
90.03	09003	0	57,821	338	0	0	90.03
91.00	09100	0	551,413	4,626	10,098	185	91.00
91.01	09101	0	10,565	0	0	0	91.01
91.02	09102	9,184	4,891	0	0	0	91.02
92.00	09200	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400	0	0	0	0	0	94.00
99.00	09900	0	0	0	0	0	99.00
99.10	09910	0	0	0	0	0	99.10
101.00	10100	41,788	38,820	1,059	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	0	0	0	0	0	109.00
110.00	11000	0	0	0	0	0	110.00
111.00	11100	0	0	0	0	0	111.00
118.00		1,072,671	22,510,617	8,827,995	38,911	2,816	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140213

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

Worksheet B-1

Date/Time Prepared:  
2/25/2014 3:59 am

Cost Center Description		NURSING ADMINISTRATION  (DIRECT NRS ING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE  (TIME SPENT)	
		13.00	14.00	15.00	16.00	17.00	
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	3,214,429	3,269,915	7,717,601	4,155,150	588,990
203.00		Unit cost multiplier (Wkst. B, Part I)	2.996659	0.145261	0.874219	106.785999	209.158381
204.00		Cost to be allocated (per Wkst. B, Part II)	338,558	1,320,665	722,542	415,674	28,014
205.00		Unit cost multiplier (Wkst. B, Part II)	0.315621	0.058669	0.081847	10.682686	9.948153

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140213

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

Worksheet B-1  
Date/Time Prepared:  
2/25/2014 3:59 am

Cost Center Description		PARAMED ED PRGM (ASSIGNED TIME)	
		23.00	
<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	17.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	23.00
		7,897	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
40.00	04000	SUBPROVIDER - I PF	40.00
41.00	04100	SUBPROVIDER - I RF	41.00
42.00	04200	SUBPROVIDER	42.00
43.00	04300	NURSERY	43.00
44.00	04400	SKILLED NURSING FACILITY	44.00
45.00	04500	NURSING FACILITY	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00	05000	OPERATING ROOM	50.00
51.00	05100	RECOVERY ROOM	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
54.01	05401	ULTRASOUND	54.01
57.00	05700	CT SCAN	57.00
58.00	05800	MRI	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
60.01	06001	BLOOD LABORATORY	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	63.00
65.00	06500	RESPIRATORY THERAPY	65.00
65.01	06501	SLEEP LAB	65.01
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
74.00	07400	RENAL DIALYSIS	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>			
88.00	08800	RURAL HEALTH CLINIC	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	89.00
90.00	09000	CLINIC	90.00
90.01	09001	HOMER GLEN LAB	90.01
90.02	09002	HOMER GLEN FEC	90.02
90.03	09003	WOMEN'S HEALTH	90.03
91.00	09100	EMERGENCY	91.00
91.01	09101	OP MENTAL HEALTH	91.01
91.02	09102	DIABETES CENTER	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>			
94.00	09400	HOME PROGRAM DIALYSIS	94.00
99.00	09900	CMHC	99.00
99.10	09910	CORF	99.10
101.00	10100	HOME HEALTH AGENCY	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>			
109.00	10900	PANCREAS ACQUISITION	109.00
110.00	11000	INTESTINAL ACQUISITION	110.00
111.00	11100	ISLET ACQUISITION	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	118.00
		7,897	
<b>NONREIMBURSABLE COST CENTERS</b>			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140213

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

Worksheet B-1  
Date/Time Prepared:  
2/25/2014 3:59 am

Cost Center Description		PARAMED ED PRGM (ASSIGNED TIME)	
		23.00	
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	192.00
200.00	Cross Foot Adjustments		200.00
201.00	Negative Cost Centers		201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	1,239,019	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	156.897429	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	176,901	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	22.401038	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140213

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

Worksheet C  
Part I  
Date/Time Prepared:  
2/25/2014 3:59 am

		Title XVIIII		Hospital		PPS		
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs		
				Total Costs	RCE Disallowance			
		1.00	2.00	3.00	4.00	5.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	58,838,325		58,838,325	0	58,838,325	30.00
31.00	03100	INTENSIVE CARE UNIT	12,368,538		12,368,538	8,454	12,376,992	31.00
40.00	04000	SUBPROVIDER - IPF	3,983,462		3,983,462	0	3,983,462	40.00
41.00	04100	SUBPROVIDER - IRF	7,703,073		7,703,073	0	7,703,073	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	42.00
43.00	04300	NURSERY	7,225,106		7,225,106	0	7,225,106	43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0	44.00
45.00	04500	NURSING FACILITY	0		0	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	29,370,036		29,370,036	2,500	29,372,536	50.00
51.00	05100	RECOVERY ROOM	2,512,718		2,512,718	0	2,512,718	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,612,431		6,612,431	0	6,612,431	52.00
53.00	05300	ANESTHESIOLOGY	0		0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	24,145,141		24,145,141	0	24,145,141	54.00
54.01	05401	ULTRASOUND	2,687,967		2,687,967	0	2,687,967	54.01
57.00	05700	CT SCAN	3,163,407		3,163,407	0	3,163,407	57.00
58.00	05800	MRI	2,168,992		2,168,992	0	2,168,992	58.00
59.00	05900	CARDIAC CATHETERIZATION	0		0	0	0	59.00
60.00	06000	LABORATORY	12,667,177		12,667,177	871	12,668,048	60.00
60.01	06001	BLOOD LABORATORY	0		0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,557,181		2,557,181	0	2,557,181	63.00
65.00	06500	RESPIRATORY THERAPY	2,960,649	0	2,960,649	8,112	2,968,761	65.00
65.01	06501	SLEEP LAB	457,755	0	457,755	0	457,755	65.01
66.00	06600	PHYSICAL THERAPY	3,804,434	0	3,804,434	0	3,804,434	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,610,397	0	2,610,397	0	2,610,397	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	2,039,004		2,039,004	0	2,039,004	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	624,462		624,462	0	624,462	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	17,393,321		17,393,321	0	17,393,321	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	22,093,403		22,093,403	0	22,093,403	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	19,296,266		19,296,266	0	19,296,266	73.00
74.00	07400	RENAL DIALYSIS	1,450,943		1,450,943	5,276	1,456,219	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000	CLINIC	1,101,986		1,101,986	0	1,101,986	90.00
90.01	09001	HOMER GLEN LAB	1,389,912		1,389,912	0	1,389,912	90.01
90.02	09002	HOMER GLEN FEC	2,174,414		2,174,414	0	2,174,414	90.02
90.03	09003	WOMEN'S HEALTH	2,008,782		2,008,782	0	2,008,782	90.03
91.00	09100	EMERGENCY	16,942,438		16,942,438	24,022	16,966,460	91.00
91.01	09101	OP MENTAL HEALTH	1,739,619		1,739,619	0	1,739,619	91.01
91.02	09102	DIABETES CENTER	472,112		472,112	59	472,171	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	5,871,498		5,871,498	0	5,871,498	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0		0	0	0	94.00
99.00	09900	CMHC	0		0	0	0	99.00
99.10	09910	CORF	0		0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	3,672,185		3,672,185	0	3,672,185	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
109.00	10900	PANCREAS ACQUISITION	0		0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0		0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0		0	0	0	111.00
200.00		Subtotal (see instructions)	284,107,134	0	284,107,134	49,294	284,156,428	200.00
201.00		Less Observation Beds	5,871,498		5,871,498	0	5,871,498	201.00
202.00		Total (see instructions)	278,235,636	0	278,235,636	49,294	278,284,930	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140213

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

Worksheet C  
Part I  
Date/Time Prepared:  
2/25/2014 3:59 am

		Title XVIIII			Hospital	PPS	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00	9.00	10.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000 ADULTS & PEDIATRICS	58,101,876		58,101,876			30.00
31.00	03100 INTENSIVE CARE UNIT	13,698,705		13,698,705			31.00
40.00	04000 SUBPROVIDER - IPF	5,090,400		5,090,400			40.00
41.00	04100 SUBPROVIDER - IRF	7,645,966		7,645,966			41.00
42.00	04200 SUBPROVIDER	0		0			42.00
43.00	04300 NURSERY	7,358,120		7,358,120			43.00
44.00	04400 SKILLED NURSING FACILITY	0		0			44.00
45.00	04500 NURSING FACILITY	0		0			45.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	63,788,315	80,672,121	144,460,436	0.203309	0.000000	50.00
51.00	05100 RECOVERY ROOM	7,940,033	9,908,222	17,848,255	0.140782	0.000000	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	7,816,405	1,002,534	8,818,939	0.749799	0.000000	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0.000000	0.000000	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	50,976,712	70,368,036	121,344,748	0.198980	0.000000	54.00
54.01	05401 ULTRASOUND	7,003,718	16,107,020	23,110,738	0.116308	0.000000	54.01
57.00	05700 CT SCAN	24,642,131	47,948,068	72,590,199	0.043579	0.000000	57.00
58.00	05800 MRI	8,125,338	17,980,924	26,106,262	0.083083	0.000000	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000	59.00
60.00	06000 LABORATORY	64,260,867	82,996,806	147,257,673	0.086020	0.000000	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	6,730,083	2,272,325	9,002,408	0.284055	0.000000	63.00
65.00	06500 RESPIRATORY THERAPY	19,881,175	2,889,573	22,770,748	0.130020	0.000000	65.00
65.01	06501 SLEEP LAB	0	2,375,575	2,375,575	0.192692	0.000000	65.01
66.00	06600 PHYSICAL THERAPY	6,475,413	3,802,927	10,278,340	0.370141	0.000000	66.00
67.00	06700 OCCUPATIONAL THERAPY	3,490,287	6,593,769	10,084,056	0.258864	0.000000	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0.000000	0.000000	68.00
69.00	06900 ELECTROCARDIOLOGY	9,666,402	6,404,456	16,070,858	0.126876	0.000000	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	857,945	1,589,634	2,447,579	0.255135	0.000000	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	23,520,926	13,393,378	36,914,304	0.471181	0.000000	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	19,331,063	14,872,130	34,203,193	0.645946	0.000000	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	41,583,954	15,091,697	56,675,651	0.340468	0.000000	73.00
74.00	07400 RENAL DIALYSIS	3,605,551	0	3,605,551	0.402419	0.000000	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0			88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0			89.00
90.00	09000 CLINIC	4,584	596,111	600,695	1.834518	0.000000	90.00
90.01	09001 HOMER GLEN LAB	367,026	4,742,833	5,109,859	0.272006	0.000000	90.01
90.02	09002 HOMER GLEN FEC	469,013	8,820,399	9,289,412	0.234074	0.000000	90.02
90.03	09003 WOMEN'S HEALTH	6,175	5,024,612	5,030,787	0.399298	0.000000	90.03
91.00	09100 EMERGENCY	21,285,654	51,381,117	72,666,771	0.233152	0.000000	91.00
91.01	09101 OP MENTAL HEALTH	0	1,380,058	1,380,058	1.260540	0.000000	91.01
91.02	09102 DIABETES CENTER	72,922	320,748	393,670	1.199258	0.000000	91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	1,213,015	5,355,395	6,568,410	0.893899	0.000000	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000	94.00
99.00	09900 CMHC	0	0	0			99.00
99.10	09910 CORF	0	0	0			99.10
101.00	10100 HOME HEALTH AGENCY	0	4,974,565	4,974,565			101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900 PANCREAS ACQUISITION	0	0	0			109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0			110.00
111.00	11100 ISLET ACQUISITION	0	0	0			111.00
200.00	Subtotal (see instructions)	485,009,774	478,865,033	963,874,807			200.00
201.00	Less Observation Beds						201.00
202.00	Total (see instructions)	485,009,774	478,865,033	963,874,807			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140213	Period: From 10/01/2012 To 09/30/2013	Worksheet C Part I Date/Time Prepared: 2/25/2014 3:59 am
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital PPS
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
40.00	04000 SUBPROVIDER - I PF			40.00
41.00	04100 SUBPROVIDER - I RF			41.00
42.00	04200 SUBPROVIDER			42.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
45.00	04500 NURSING FACILITY			45.00
	ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.203326		50.00
51.00	05100 RECOVERY ROOM	0.140782		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.749799		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.198980		54.00
54.01	05401 ULTRASOUND	0.116308		54.01
57.00	05700 CT SCAN	0.043579		57.00
58.00	05800 MRI	0.083083		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.086026		60.00
60.01	06001 BLOOD LABORATORY	0.000000		60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.284055		63.00
65.00	06500 RESPIRATORY THERAPY	0.130376		65.00
65.01	06501 SLEEP LAB	0.192692		65.01
66.00	06600 PHYSICAL THERAPY	0.370141		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.258864		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	0.126876		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.255135		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.471181		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.645946		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.340468		73.00
74.00	07400 RENAL DIALYSIS	0.403883		74.00
	OUTPATIENT SERVICE COST CENTERS			
88.00	08800 RURAL HEALTH CLINIC			88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000 CLINIC	1.834518		90.00
90.01	09001 HOMER GLEN LAB	0.272006		90.01
90.02	09002 HOMER GLEN FEC	0.234074		90.02
90.03	09003 WOMEN'S HEALTH	0.399298		90.03
91.00	09100 EMERGENCY	0.233483		91.00
91.01	09101 OP MENTAL HEALTH	1.260540		91.01
91.02	09102 DIABETES CENTER	1.199408		91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.893899		92.00
	OTHER REIMBURSABLE COST CENTERS			
94.00	09400 HOME PROGRAM DIALYSIS	0.000000		94.00
99.00	09900 CMHC			99.00
99.10	09910 CORF			99.10
101.00	10100 HOME HEALTH AGENCY			101.00
	SPECIAL PURPOSE COST CENTERS			
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140213	Period: From 10/01/2012 To 09/30/2013	Worksheet D Part I Date/Time Prepared: 2/25/2014 3:59 am
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	10,284,257	0	10,284,257	61,208	168.02	30.00
31.00	INTENSIVE CARE UNIT	1,938,863		1,938,863	5,730	338.37	31.00
40.00	SUBPROVIDER - IPF	842,310	0	842,310	4,848	173.74	40.00
41.00	SUBPROVIDER - IRF	1,472,311	0	1,472,311	6,211	237.05	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	2,239,974		2,239,974	6,348	352.86	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
45.00	NURSING FACILITY	0		0	0	0.00	45.00
200.00	Total (lines 30-199)	16,777,715		16,777,715	84,345		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	28,893	4,854,602				
31.00	INTENSIVE CARE UNIT	2,969	1,004,621				
40.00	SUBPROVIDER - IPF	1,562	271,382				
41.00	SUBPROVIDER - IRF	4,297	1,018,604				
42.00	SUBPROVIDER	0	0				
43.00	NURSERY	0	0				
44.00	SKILLED NURSING FACILITY	0	0				
45.00	NURSING FACILITY	0	0				
200.00	Total (lines 30-199)	37,721	7,149,209				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 140213

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

Worksheet D  
Part II  
Date/Time Prepared:  
2/25/2014 3:59 am

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	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	6,028,056	144,460,436	0.041728	37,877,791	1,580,564	50.00
51.00	05100 RECOVERY ROOM	367,218	17,848,255	0.020574	2,640,235	54,320	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	941,367	8,818,939	0.106744	1,224,611	130,720	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	4,438,950	121,344,748	0.036581	40,323,785	1,475,084	54.00
54.01	05401 ULTRASOUND	548,006	23,110,738	0.023712	3,939,906	93,423	54.01
57.00	05700 CT SCAN	645,894	72,590,199	0.008898	0	0	57.00
58.00	05800 MRI	486,131	26,106,262	0.018621	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000 LABORATORY	1,051,923	147,257,673	0.007143	34,043,299	243,171	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	138,705	9,002,408	0.015408	3,792,149	58,429	63.00
65.00	06500 RESPIRATORY THERAPY	284,334	22,770,748	0.012487	12,088,045	150,943	65.00
65.01	06501 SLEEP LAB	48,360	2,375,575	0.020357	0	0	65.01
66.00	06600 PHYSICAL THERAPY	365,892	10,278,340	0.035598	2,733,405	97,304	66.00
67.00	06700 OCCUPATIONAL THERAPY	191,719	10,084,056	0.019012	63,195	1,201	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	249,342	16,070,858	0.015515	6,066,595	94,123	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	124,171	2,447,579	0.050732	473,950	24,044	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	1,433,576	36,914,304	0.038835	3,729,213	144,824	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	985,174	34,203,193	0.028804	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,770,613	56,675,651	0.031241	20,147,446	629,426	73.00
74.00	07400 RENAL DIALYSIS	376,272	3,605,551	0.104359	2,336,218	243,805	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000 CLINIC	94,621	600,695	0.157519	39	6	90.00
90.01	09001 HOMER GLEN LAB	238,251	5,109,859	0.046626	349,082	16,276	90.01
90.02	09002 HOMER GLEN FEC	148,012	9,289,412	0.015933	238,312	3,797	90.02
90.03	09003 WOMEN'S HEALTH	354,789	5,030,787	0.070524	1,406	99	90.03
91.00	09100 EMERGENCY	3,104,688	72,666,771	0.042725	11,632,457	496,997	91.00
91.01	09101 OP MENTAL HEALTH	304,082	1,380,058	0.220340	0	0	91.01
91.02	09102 DIABETES CENTER	57,389	393,670	0.145779	30,770	4,486	91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	1,026,267	6,568,410	0.156243	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
200.00	Total (lines 50-199)	25,803,802	867,005,175		183,731,909	5,543,042	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140213	Period: From 10/01/2012 To 09/30/2013	Worksheet D Part III Date/Time Prepared: 2/25/2014 3:59 am
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Cost Center Description			Title XVIII		Hospital		PPS	
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	28,869	0	0	28,869	31.00
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
200.00		Total (lines 30-199)	0	28,869	0	0	28,869	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	61,208	0.00	28,893	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	5,730	5.04	2,969	14,964	0	31.00
40.00	04000	SUBPROVIDER - I PF	4,848	0.00	1,562	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	6,211	0.00	4,297	0	0	41.00
42.00	04200	SUBPROVIDER	0	0.00	0	0	0	42.00
43.00	04300	NURSERY	6,348	0.00	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0.00	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0.00	0	0	0	45.00
200.00		Total (lines 30-199)	84,345	0.00	37,721	14,964	0	200.00
Cost Center Description			PSA Adj. Allied Health Cost	PSA Adj. All Other Medical Education Cost				
			12.00	13.00				
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0				30.00
31.00	03100	INTENSIVE CARE UNIT	0	0				31.00
40.00	04000	SUBPROVIDER - I PF	0	0				40.00
41.00	04100	SUBPROVIDER - I RF	0	0				41.00
42.00	04200	SUBPROVIDER	0	0				42.00
43.00	04300	NURSERY	0	0				43.00
44.00	04400	SKILLED NURSING FACILITY	0	0				44.00
45.00	04500	NURSING FACILITY	0	0				45.00
200.00		Total (lines 30-199)	0	0				200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140213	Period: From 10/01/2012 To 09/30/2013	Worksheet D Part IV Date/Time Prepared: 2/25/2014 3:59 am
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Cost Center Description		Title XVIII				Hospital		PPS
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)		
		1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0	52,090	0	52,090	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
54.01	05401	ULTRASOUND	0	0	0	0	0	54.01
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
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	52,718	0	52,718	65.00
65.01	06501	SLEEP LAB	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	13,807	0	13,807	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
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
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	HOMER GLEN LAB	0	0	0	0	0	90.01
90.02	09002	HOMER GLEN FEC	0	0	0	0	0	90.02
90.03	09003	WOMEN'S HEALTH	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	0	1,091,535	0	1,091,535	91.00
91.01	09101	OP MENTAL HEALTH	0	0	0	0	0	91.01
91.02	09102	DIABETES CENTER	0	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
200.00		Total (lines 50-199)	0	0	1,210,150	0	1,210,150	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140213	Period: From 10/01/2012 To 09/30/2013	Worksheet D Part IV Date/Time Prepared: 2/25/2014 3:59 am
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Cost Center Description			Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
			6.00	7.00	8.00	9.00	10.00	
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	52,090	144,460,436	0.000361	0.000361	37,877,791	50.00
51.00	05100	RECOVERY ROOM	0	17,848,255	0.000000	0.000000	2,640,235	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	8,818,939	0.000000	0.000000	1,224,611	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	121,344,748	0.000000	0.000000	40,323,785	54.00
54.01	05401	ULTRASOUND	0	23,110,738	0.000000	0.000000	3,939,906	54.01
57.00	05700	CT SCAN	0	72,590,199	0.000000	0.000000	0	57.00
58.00	05800	MRI	0	26,106,262	0.000000	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	0	147,257,673	0.000000	0.000000	34,043,299	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	9,002,408	0.000000	0.000000	3,792,149	63.00
65.00	06500	RESPIRATORY THERAPY	52,718	22,770,748	0.002315	0.002315	12,088,045	65.00
65.01	06501	SLEEP LAB	0	2,375,575	0.000000	0.000000	0	65.01
66.00	06600	PHYSICAL THERAPY	0	10,278,340	0.000000	0.000000	2,733,405	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	10,084,056	0.000000	0.000000	63,195	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	13,807	16,070,858	0.000859	0.000859	6,066,595	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,447,579	0.000000	0.000000	473,950	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	36,914,304	0.000000	0.000000	3,729,213	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	34,203,193	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	56,675,651	0.000000	0.000000	20,147,446	73.00
74.00	07400	RENAL DIALYSIS	0	3,605,551	0.000000	0.000000	2,336,218	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000	CLINIC	0	600,695	0.000000	0.000000	39	90.00
90.01	09001	HOMER GLEN LAB	0	5,109,859	0.000000	0.000000	349,082	90.01
90.02	09002	HOMER GLEN FEC	0	9,289,412	0.000000	0.000000	238,312	90.02
90.03	09003	WOMEN'S HEALTH	0	5,030,787	0.000000	0.000000	1,406	90.03
91.00	09100	EMERGENCY	1,091,535	72,666,771	0.015021	0.015021	11,632,457	91.00
91.01	09101	OP MENTAL HEALTH	0	1,380,058	0.000000	0.000000	0	91.01
91.02	09102	DIABETES CENTER	0	393,670	0.000000	0.000000	30,770	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	6,568,410	0.000000	0.000000	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
200.00		Total (lines 50-199)	1,210,150	867,005,175			183,731,909	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140213	Period: From 10/01/2012 To 09/30/2013	Worksheet D Part IV Date/Time Prepared: 2/25/2014 3:59 am
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Cost Center Description	Title XVIII					
	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges before 1/1	Outpatient Program Charges on/after 1/1	Outpatient Program Pass-Through Costs (col. 9 x col. 12) before 1/1	Outpatient Program Pass-Through Costs (col. 9 x col. 12) on/after 1/1	
	11.00	12.00	12.01	13.00	13.01	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	13,674	26,149,849	0	9,440	0	50.00
51.00 05100 RECOVERY ROOM	0	1,986,315	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	171,302	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	44,887,211	0	0	0	54.00
54.01 05401 ULTRASOUND	0	2,651,971	0	0	0	54.01
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	2,356,200	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	431,558	0	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	27,984	638,366	0	1,478	0	65.00
65.01 06501 SLEEP LAB	0	460,817	0	0	0	65.01
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	5,211	1,528,975	0	1,313	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	340,159	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	991,516	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	3,924,698	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	259,500	0	0	0	90.00
90.01 09001 HOMER GLEN LAB	0	15,858	0	0	0	90.01
90.02 09002 HOMER GLEN FEC	0	1,268,026	0	0	0	90.02
90.03 09003 WOMEN'S HEALTH	0	313,349	0	0	0	90.03
91.00 09100 EMERGENCY	174,731	7,314,710	0	109,874	0	91.00
91.01 09101 OP MENTAL HEALTH	0	57,244	0	0	0	91.01
91.02 09102 DIABETES CENTER	0	69,819	0	0	0	91.02
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	1,450,609	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
200.00 Total (lines 50-199)	221,600	97,268,052	0	122,105	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140213	Period: From 10/01/2012 To 09/30/2013	Worksheet D Part IV Date/Time Prepared: 2/25/2014 3:59 am
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Cost Center Description		Title XVIII				Hospital	PPS
		PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost		
		21.00	22.00	23.00	24.00		
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
54.01	05401	ULTRASOUND	0	0	0	0	54.01
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
65.01	06501	SLEEP LAB	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
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
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	HOMER GLEN LAB	0	0	0	0	90.01
90.02	09002	HOMER GLEN FEC	0	0	0	0	90.02
90.03	09003	WOMEN'S HEALTH	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	0	0	0	91.00
91.01	09101	OP MENTAL HEALTH	0	0	0	0	91.01
91.02	09102	DIABETES CENTER	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
200.00		Total (lines 50-199)	0	0	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140213	Period: From 10/01/2012 To 09/30/2013	Worksheet D Part V Date/Time Prepared: 2/25/2014 3:59 am
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges				Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	
		PPS Reimbursed Services (see inst.) before 1/1	PPS Reimbursed Services (see inst.) on/after 1/1	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
	1.00	2.00	2.01	3.00	4.00			
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0.203309	26,149,849	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.140782	1,986,315	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.749799	171,302	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.198980	44,887,211	0	0	0	54.00
54.01	05401	ULTRASOUND	0.116308	2,651,971	0	0	0	54.01
57.00	05700	CT SCAN	0.043579	0	0	0	0	57.00
58.00	05800	MRI	0.083083	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.086020	2,356,200	0	1,201	0	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.284055	431,558	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.130020	638,366	0	0	0	65.00
65.01	06501	SLEEP LAB	0.192692	460,817	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0.370141	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.258864	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.126876	1,528,975	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.255135	340,159	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.471181	991,516	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.645946	0	0	112,654	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.340468	3,924,698	0	0	31,163	73.00
74.00	07400	RENAL DIALYSIS	0.402419	0	0	0	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0.000000					88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000					89.00
90.00	09000	CLINIC	1.834518	259,500	0	0	0	90.00
90.01	09001	HOMER GLEN LAB	0.272006	15,858	0	0	0	90.01
90.02	09002	HOMER GLEN FEC	0.234074	1,268,026	0	0	0	90.02
90.03	09003	WOMEN'S HEALTH	0.399298	313,349	0	0	0	90.03
91.00	09100	EMERGENCY	0.233152	7,314,710	0	0	0	91.00
91.01	09101	OP MENTAL HEALTH	1.260540	57,244	0	0	0	91.01
91.02	09102	DIABETES CENTER	1.199258	69,819	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.893899	1,450,609	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0.000000			0		94.00
200.00		Subtotal (see instructions)		97,268,052	0	113,855	31,163	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges				0	0	201.00
202.00		Net Charges (line 200 +/- line 201)		97,268,052	0	113,855	31,163	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140213	Period: From 10/01/2012 To 09/30/2013	Worksheet D Part V Date/Time Prepared: 2/25/2014 3:59 am
		Title XVIII	Hospital	PPS

Cost Center Description	Costs						
	PPS Services (see inst.) before 1/1	PPS Services (see inst.) on/after 1/1	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
	5.00	5.01	6.00	7.00			
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	5,316,500	0	0	0	50.00
51.00	05100	RECOVERY ROOM	279,637	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	128,442	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,931,657	0	0	0	54.00
54.01	05401	ULTRASOUND	308,445	0	0	0	54.01
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	202,680	0	103	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	122,586	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	83,000	0	0	0	65.00
65.01	06501	SLEEP LAB	88,796	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	193,990	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	86,786	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	467,184	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72,768	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,336,234	0	0	10,610	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	476,057	0	0	0	90.00
90.01	09001	HOMER GLEN LAB	4,313	0	0	0	90.01
90.02	09002	HOMER GLEN FEC	296,812	0	0	0	90.02
90.03	09003	WOMEN'S HEALTH	125,120	0	0	0	90.03
91.00	09100	EMERGENCY	1,705,439	0	0	0	91.00
91.01	09101	OP MENTAL HEALTH	72,158	0	0	0	91.01
91.02	09102	DIABETES CENTER	83,731	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,296,698	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400	HOME PROGRAM DIALYSIS			0	0	94.00
200.00		Subtotal (see instructions)	21,606,265	0	72,871	10,610	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0		201.00
202.00		Net Charges (line 200 +/- line 201)	21,606,265	0	72,871	10,610	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140213 Component CCN: 14S213		Period: From 10/01/2012 To 09/30/2013		Worksheet D Part II Date/Time Prepared: 2/25/2014 3:59 am		
		Title XVIII		Subprovider - IPF		PPS		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	6,028,056	144,460,436	0.041728	38,611	1,611	50.00
51.00	05100	RECOVERY ROOM	367,218	17,848,255	0.020574	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	941,367	8,818,939	0.106744	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,438,950	121,344,748	0.036581	52,277	1,912	54.00
54.01	05401	ULTRASOUND	548,006	23,110,738	0.023712	10,695	254	54.01
57.00	05700	CT SCAN	645,894	72,590,199	0.008898	0	0	57.00
58.00	05800	MRI	486,131	26,106,262	0.018621	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000	LABORATORY	1,051,923	147,257,673	0.007143	370,702	2,648	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	138,705	9,002,408	0.015408	19,692	303	63.00
65.00	06500	RESPIRATORY THERAPY	284,334	22,770,748	0.012487	34,059	425	65.00
65.01	06501	SLEEP LAB	48,360	2,375,575	0.020357	0	0	65.01
66.00	06600	PHYSICAL THERAPY	365,892	10,278,340	0.035598	4,303	153	66.00
67.00	06700	OCCUPATIONAL THERAPY	191,719	10,084,056	0.019012	71	1	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	249,342	16,070,858	0.015515	23,046	358	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	124,171	2,447,579	0.050732	3,458	175	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,433,576	36,914,304	0.038835	8,826	343	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	985,174	34,203,193	0.028804	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,770,613	56,675,651	0.031241	234,950	7,340	73.00
74.00	07400	RENAL DIALYSIS	376,272	3,605,551	0.104359	1,522	159	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	94,621	600,695	0.157519	0	0	90.00
90.01	09001	HOMER GLEN LAB	238,251	5,109,859	0.046626	3,938	184	90.01
90.02	09002	HOMER GLEN FEC	148,012	9,289,412	0.015933	5,598	89	90.02
90.03	09003	WOMEN'S HEALTH	354,789	5,030,787	0.070524	0	0	90.03
91.00	09100	EMERGENCY	3,104,688	72,666,771	0.042725	274,323	11,720	91.00
91.01	09101	OP MENTAL HEALTH	304,082	1,380,058	0.220340	0	0	91.01
91.02	09102	DIABETES CENTER	57,389	393,670	0.145779	62	9	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	6,568,410	0.000000	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
200.00		Total (lines 50-199)	24,777,535	867,005,175		1,086,133	27,684	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140213 Component CCN: 14S213	Period: From 10/01/2012 To 09/30/2013	Worksheet D Part IV Date/Time Prepared: 2/25/2014 3:59 am
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	0	52,090	0	52,090	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
54.01	05401 ULTRASOUND	0	0	0	0	0	54.01
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
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	0	52,718	0	52,718	65.00
65.01	06501 SLEEP LAB	0	0	0	0	0	65.01
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	13,807	0	13,807	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
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
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 HOMER GLEN LAB	0	0	0	0	0	90.01
90.02	09002 HOMER GLEN FEC	0	0	0	0	0	90.02
90.03	09003 WOMEN'S HEALTH	0	0	0	0	0	90.03
91.00	09100 EMERGENCY	0	0	1,091,535	0	1,091,535	91.00
91.01	09101 OP MENTAL HEALTH	0	0	0	0	0	91.01
91.02	09102 DIABETES CENTER	0	0	0	0	0	91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
200.00	Total (lines 50-199)	0	0	1,210,150	0	1,210,150	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140213 Component CCN: 14S213		Period: From 10/01/2012 To 09/30/2013		Worksheet D Part IV Date/Time Prepared: 2/25/2014 3:59 am		
				Title XVIII		Subprovider - IPF	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	52,090	144,460,436	0.000361	0.000361	38,611	50.00
51.00	05100	RECOVERY ROOM	0	17,848,255	0.000000	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	8,818,939	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	121,344,748	0.000000	0.000000	52,277	54.00
54.01	05401	ULTRASOUND	0	23,110,738	0.000000	0.000000	10,695	54.01
57.00	05700	CT SCAN	0	72,590,199	0.000000	0.000000	0	57.00
58.00	05800	MRI	0	26,106,262	0.000000	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	0	147,257,673	0.000000	0.000000	370,702	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	9,002,408	0.000000	0.000000	19,692	63.00
65.00	06500	RESPIRATORY THERAPY	52,718	22,770,748	0.002315	0.002315	34,059	65.00
65.01	06501	SLEEP LAB	0	2,375,575	0.000000	0.000000	0	65.01
66.00	06600	PHYSICAL THERAPY	0	10,278,340	0.000000	0.000000	4,303	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	10,084,056	0.000000	0.000000	71	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	13,807	16,070,858	0.000859	0.000859	23,046	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,447,579	0.000000	0.000000	3,458	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	36,914,304	0.000000	0.000000	8,826	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	34,203,193	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	56,675,651	0.000000	0.000000	234,950	73.00
74.00	07400	RENAL DIALYSIS	0	3,605,551	0.000000	0.000000	1,522	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000	CLINIC	0	600,695	0.000000	0.000000	0	90.00
90.01	09001	HOMER GLEN LAB	0	5,109,859	0.000000	0.000000	3,938	90.01
90.02	09002	HOMER GLEN FEC	0	9,289,412	0.000000	0.000000	5,598	90.02
90.03	09003	WOMEN'S HEALTH	0	5,030,787	0.000000	0.000000	0	90.03
91.00	09100	EMERGENCY	1,091,535	72,666,771	0.015021	0.015021	274,323	91.00
91.01	09101	OP MENTAL HEALTH	0	1,380,058	0.000000	0.000000	0	91.01
91.02	09102	DIABETES CENTER	0	393,670	0.000000	0.000000	62	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	6,568,410	0.000000	0.000000	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
200.00		Total (lines 50-199)	1,210,150	867,005,175			1,086,133	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140213 Component CCN: 14S213	Period: From 10/01/2012 To 09/30/2013	Worksheet D Part IV Date/Time Prepared: 2/25/2014 3:59 am
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges before 1/1	Outpatient Program Charges on/after 1/1	Outpatient Program Pass-Through Costs (col. 9 x col. 12) before 1/1	Outpatient Program Pass-Through Costs (col. 9 x col. 12) on/after 1/1	
		11.00	12.00	12.01	13.00	13.01	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	14	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
54.01	05401 ULTRASOUND	0	0	0	0	0	54.01
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
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	79	0	0	0	0	65.00
65.01	06501 SLEEP LAB	0	0	0	0	0	65.01
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	20	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
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
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 HOMER GLEN LAB	0	0	0	0	0	90.01
90.02	09002 HOMER GLEN FEC	0	0	0	0	0	90.02
90.03	09003 WOMEN'S HEALTH	0	0	0	0	0	90.03
91.00	09100 EMERGENCY	4,121	0	0	0	0	91.00
91.01	09101 OP MENTAL HEALTH	0	0	0	0	0	91.01
91.02	09102 DIABETES CENTER	0	0	0	0	0	91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
200.00	Total (lines 50-199)	4,234	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140213 Component CCN: 14S213	Period: From 10/01/2012 To 09/30/2013	Worksheet D Part IV Date/Time Prepared: 2/25/2014 3:59 am
Title XVIII		Subprovider - IPF	PPS

Cost Center Description		PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	
		21.00	22.00	23.00	24.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
54.01	05401 ULTRASOUND	0	0	0	0	54.01
57.00	05700 CT SCAN	0	0	0	0	57.00
58.00	05800 MRI	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	65.00
65.01	06501 SLEEP LAB	0	0	0	0	65.01
66.00	06600 PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
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
74.00	07400 RENAL DIALYSIS	0	0	0	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	90.00
90.01	09001 HOMER GLEN LAB	0	0	0	0	90.01
90.02	09002 HOMER GLEN FEC	0	0	0	0	90.02
90.03	09003 WOMEN'S HEALTH	0	0	0	0	90.03
91.00	09100 EMERGENCY	0	0	0	0	91.00
91.01	09101 OP MENTAL HEALTH	0	0	0	0	91.01
91.02	09102 DIABETES CENTER	0	0	0	0	91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	94.00
200.00	Total (lines 50-199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140213 Component CCN: 14T213		Period: From 10/01/2012 To 09/30/2013		Worksheet D Part II Date/Time Prepared: 2/25/2014 3:59 am		
		Title XVIII		Subprovider - IRF		PPS		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	6,028,056	144,460,436	0.041728	478,515	19,967	50.00
51.00	05100	RECOVERY ROOM	367,218	17,848,255	0.020574	59,117	1,216	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	941,367	8,818,939	0.106744	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,438,950	121,344,748	0.036581	440,569	16,116	54.00
54.01	05401	ULTRASOUND	548,006	23,110,738	0.023712	93,816	2,225	54.01
57.00	05700	CT SCAN	645,894	72,590,199	0.008898	0	0	57.00
58.00	05800	MRI	486,131	26,106,262	0.018621	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000	LABORATORY	1,051,923	147,257,673	0.007143	884,811	6,320	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	138,705	9,002,408	0.015408	96,899	1,493	63.00
65.00	06500	RESPIRATORY THERAPY	284,334	22,770,748	0.012487	593,696	7,413	65.00
65.01	06501	SLEEP LAB	48,360	2,375,575	0.020357	0	0	65.01
66.00	06600	PHYSICAL THERAPY	365,892	10,278,340	0.035598	1,603,182	57,070	66.00
67.00	06700	OCCUPATIONAL THERAPY	191,719	10,084,056	0.019012	1,832,465	34,839	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	249,342	16,070,858	0.015515	29,085	451	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	124,171	2,447,579	0.050732	3,694	187	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,433,576	36,914,304	0.038835	112,997	4,388	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	985,174	34,203,193	0.028804	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,770,613	56,675,651	0.031241	934,650	29,199	73.00
74.00	07400	RENAL DIALYSIS	376,272	3,605,551	0.104359	121,784	12,709	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	94,621	600,695	0.157519	0	0	90.00
90.01	09001	HOMER GLEN LAB	238,251	5,109,859	0.046626	9,330	435	90.01
90.02	09002	HOMER GLEN FEC	148,012	9,289,412	0.015933	56	1	90.02
90.03	09003	WOMEN'S HEALTH	354,789	5,030,787	0.070524	0	0	90.03
91.00	09100	EMERGENCY	3,104,688	72,666,771	0.042725	2,021	86	91.00
91.01	09101	OP MENTAL HEALTH	304,082	1,380,058	0.220340	0	0	91.01
91.02	09102	DIABETES CENTER	57,389	393,670	0.145779	1,049	153	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	6,568,410	0.000000	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
200.00		Total (lines 50-199)	24,777,535	867,005,175		7,297,736	194,268	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140213 Component CCN: 14T213	Period: From 10/01/2012 To 09/30/2013	Worksheet D Part IV Date/Time Prepared: 2/25/2014 3:59 am
	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	52,090	0	52,090	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
54.01	05401 ULTRASOUND	0	0	0	0	0	54.01
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
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	0	52,718	0	52,718	65.00
65.01	06501 SLEEP LAB	0	0	0	0	0	65.01
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	13,807	0	13,807	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
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
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 HOMER GLEN LAB	0	0	0	0	0	90.01
90.02	09002 HOMER GLEN FEC	0	0	0	0	0	90.02
90.03	09003 WOMEN'S HEALTH	0	0	0	0	0	90.03
91.00	09100 EMERGENCY	0	0	1,091,535	0	1,091,535	91.00
91.01	09101 OP MENTAL HEALTH	0	0	0	0	0	91.01
91.02	09102 DIABETES CENTER	0	0	0	0	0	91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
200.00	Total (lines 50-199)	0	0	1,210,150	0	1,210,150	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140213 Component CCN: 14T213		Period: From 10/01/2012 To 09/30/2013		Worksheet D Part IV Date/Time Prepared: 2/25/2014 3:59 am		
				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	52,090	144,460,436	0.000361	0.000361	478,515	50.00
51.00	05100	RECOVERY ROOM	0	17,848,255	0.000000	0.000000	59,117	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	8,818,939	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	121,344,748	0.000000	0.000000	440,569	54.00
54.01	05401	ULTRASOUND	0	23,110,738	0.000000	0.000000	93,816	54.01
57.00	05700	CT SCAN	0	72,590,199	0.000000	0.000000	0	57.00
58.00	05800	MRI	0	26,106,262	0.000000	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	0	147,257,673	0.000000	0.000000	884,811	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	9,002,408	0.000000	0.000000	96,899	63.00
65.00	06500	RESPIRATORY THERAPY	52,718	22,770,748	0.002315	0.002315	593,696	65.00
65.01	06501	SLEEP LAB	0	2,375,575	0.000000	0.000000	0	65.01
66.00	06600	PHYSICAL THERAPY	0	10,278,340	0.000000	0.000000	1,603,182	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	10,084,056	0.000000	0.000000	1,832,465	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	13,807	16,070,858	0.000859	0.000859	29,085	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,447,579	0.000000	0.000000	3,694	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	36,914,304	0.000000	0.000000	112,997	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	34,203,193	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	56,675,651	0.000000	0.000000	934,650	73.00
74.00	07400	RENAL DIALYSIS	0	3,605,551	0.000000	0.000000	121,784	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000	CLINIC	0	600,695	0.000000	0.000000	0	90.00
90.01	09001	HOMER GLEN LAB	0	5,109,859	0.000000	0.000000	9,330	90.01
90.02	09002	HOMER GLEN FEC	0	9,289,412	0.000000	0.000000	56	90.02
90.03	09003	WOMEN'S HEALTH	0	5,030,787	0.000000	0.000000	0	90.03
91.00	09100	EMERGENCY	1,091,535	72,666,771	0.015021	0.015021	2,021	91.00
91.01	09101	OP MENTAL HEALTH	0	1,380,058	0.000000	0.000000	0	91.01
91.02	09102	DIABETES CENTER	0	393,670	0.000000	0.000000	1,049	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	6,568,410	0.000000	0.000000	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
200.00		Total (lines 50-199)	1,210,150	867,005,175			7,297,736	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140213 Component CCN: 14T213	Period: From 10/01/2012 To 09/30/2013	Worksheet D Part IV Date/Time Prepared: 2/25/2014 3:59 am
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges before 1/1	Outpatient Program Charges on/after 1/1	Outpatient Program Pass-Through Costs (col. 9 x col. 12) before 1/1	Outpatient Program Pass-Through Costs (col. 9 x col. 12) on/after 1/1	
		11.00	12.00	12.01	13.00	13.01	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	173	276	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	19	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	2,393	0	0	0	54.00
54.01	05401 ULTRASOUND	0	0	0	0	0	54.01
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
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	2	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	1,374	0	0	0	0	65.00
65.01	06501 SLEEP LAB	0	0	0	0	0	65.01
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	25	719	0	1	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	24	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	149	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 HOMER GLEN LAB	0	0	0	0	0	90.01
90.02	09002 HOMER GLEN FEC	0	0	0	0	0	90.02
90.03	09003 WOMEN'S HEALTH	0	0	0	0	0	90.03
91.00	09100 EMERGENCY	30	3	0	0	0	91.00
91.01	09101 OP MENTAL HEALTH	0	0	0	0	0	91.01
91.02	09102 DIABETES CENTER	0	0	0	0	0	91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
200.00	Total (lines 50-199)	1,602	3,585	0	1	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140213 Component CCN: 14T213	Period: From 10/01/2012 To 09/30/2013	Worksheet D Part IV Date/Time Prepared: 2/25/2014 3:59 am
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	
		21.00	22.00	23.00	24.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
54.01	05401 ULTRASOUND	0	0	0	0	54.01
57.00	05700 CT SCAN	0	0	0	0	57.00
58.00	05800 MRI	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	65.00
65.01	06501 SLEEP LAB	0	0	0	0	65.01
66.00	06600 PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
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
74.00	07400 RENAL DIALYSIS	0	0	0	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	90.00
90.01	09001 HOMER GLEN LAB	0	0	0	0	90.01
90.02	09002 HOMER GLEN FEC	0	0	0	0	90.02
90.03	09003 WOMEN'S HEALTH	0	0	0	0	90.03
91.00	09100 EMERGENCY	0	0	0	0	91.00
91.01	09101 OP MENTAL HEALTH	0	0	0	0	91.01
91.02	09102 DIABETES CENTER	0	0	0	0	91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	94.00
200.00	Total (lines 50-199)	0	0	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140213	Period: From 10/01/2012 To 09/30/2013	Worksheet D Part V Date/Time Prepared: 2/25/2014 3:59 am		
		Component CCN: 14T213	Title XVIII	Subprovider - IRF	PPS	
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges				
		PPS Reimbursed Services (see inst.) before 1/1	PPS Reimbursed Services (see inst.) on/after 1/1	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
	1.00	2.00	2.01	3.00	4.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM	0.203309	276	0	0	50.00
51.00	05100 RECOVERY ROOM	0.140782	19	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.749799	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.198980	2,393	0	0	54.00
54.01	05401 ULTRASOUND	0.116308	0	0	0	54.01
57.00	05700 CT SCAN	0.043579	0	0	0	57.00
58.00	05800 MRI	0.083083	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	59.00
60.00	06000 LABORATORY	0.086020	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.284055	2	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.130020	0	0	0	65.00
65.01	06501 SLEEP LAB	0.192692	0	0	0	65.01
66.00	06600 PHYSICAL THERAPY	0.370141	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.258864	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.126876	719	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.255135	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.471181	24	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.645946	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.340468	149	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.402419	0	0	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	08800 RURAL HEALTH CLINIC	0.000000				88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000				89.00
90.00	09000 CLINIC	1.834518	0	0	0	90.00
90.01	09001 HOMER GLEN LAB	0.272006	0	0	0	90.01
90.02	09002 HOMER GLEN FEC	0.234074	0	0	0	90.02
90.03	09003 WOMEN'S HEALTH	0.399298	0	0	0	90.03
91.00	09100 EMERGENCY	0.233152	3	0	0	91.00
91.01	09101 OP MENTAL HEALTH	1.260540	0	0	0	91.01
91.02	09102 DIABETES CENTER	1.199258	0	0	0	91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.893899	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00	09400 HOME PROGRAM DIALYSIS	0.000000				94.00
200.00	Subtotal (see instructions)		3,585	0	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges				0	201.00
202.00	Net Charges (line 200 +/- line 201)		3,585	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140213 Component CCN: 14T213		Period: From 10/01/2012 To 09/30/2013		Worksheet D Part V Date/Time Prepared: 2/25/2014 3:59 am	
				Title XVIII		Subprovider - IRF	PPS
Cost Center Description		Costs					
		PPS Services (see inst.) before 1/1	PPS Services (see inst.) on/after 1/1	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
		5.00	5.01	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	56	0	0	0	50.00
51.00	05100	RECOVERY ROOM	3	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	476	0	0	0	54.00
54.01	05401	ULTRASOUND	0	0	0	0	54.01
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
65.01	06501	SLEEP LAB	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	91	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	11	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	51	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	HOMER GLEN LAB	0	0	0	0	90.01
90.02	09002	HOMER GLEN FEC	0	0	0	0	90.02
90.03	09003	WOMEN'S HEALTH	0	0	0	0	90.03
91.00	09100	EMERGENCY	1	0	0	0	91.00
91.01	09101	OP MENTAL HEALTH	0	0	0	0	91.01
91.02	09102	DIABETES CENTER	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400	HOME PROGRAM DIALYSIS			0	0	94.00
200.00		Subtotal (see instructions)	690	0	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0		201.00
202.00		Net Charges (line 200 +/- line 201)	690	0	0	0	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140213	Period: From 10/01/2012 To 09/30/2013	Worksheet D-1 Date/Time Prepared: 2/25/2014 3:59 am
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)		61,208	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		61,208	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)		55,100	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)		28,893	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)		58,838,325	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)		58,838,325	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)		58,838,325	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)		961.28	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		27,774,263	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)		27,774,263	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140213		Period: From 10/01/2012 To 09/30/2013		Worksheet D-1	
Title XVIII		Hospital		PPS		Date/Time Prepared: 2/25/2014 3:59 am	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
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	12,376,992	5,730	2,160.03	2,969	6,413,129		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)					37,438,338		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					71,625,730		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)					5,874,187		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					5,764,642		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					11,638,829		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					59,986,901		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)					6,108		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					961.28		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					5,871,498		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140213		Period: From 10/01/2012 To 09/30/2013		Worksheet D-1 Date/Time Prepared: 2/25/2014 3:59 am	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	10,284,257	58,838,325	0.174788	5,871,498	1,026,267	90.00
91.00	Nursing School cost	0	58,838,325	0.000000	5,871,498	0	91.00
92.00	Allied health cost	0	58,838,325	0.000000	5,871,498	0	92.00
93.00	All other Medical Education	0	58,838,325	0.000000	5,871,498	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140213	Period: From 10/01/2012 To 09/30/2013	Worksheet D-1
		Component CCN: 14S213		Date/Time Prepared: 2/25/2014 3:59 am
		Title XVIII	Subprovider - IPF	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)		4,848	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		4,848	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)		4,848	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		1,562	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)		3,983,462	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)		3,983,462	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)		3,983,462	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)		821.67	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,283,449	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,283,449	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140213		Period: From 10/01/2012 To 09/30/2013		Worksheet D-1	
		Component CCN: 14S213				Date/Time Prepared: 2/25/2014 3:59 am	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
<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
Cost Center Description					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					218,110		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,501,559		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)					271,382		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					31,918		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					303,300		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,198,259		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: 140213 Component CCN: 14S213		Period: From 10/01/2012 To 09/30/2013		Worksheet D-1 Date/Time Prepared: 2/25/2014 3:59 am	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	842,310	3,983,462	0.211452	0	0	90.00
91.00	Nursing School cost	0	3,983,462	0.000000	0	0	91.00
92.00	Allied health cost	0	3,983,462	0.000000	0	0	92.00
93.00	All other Medical Education	0	3,983,462	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140213 Component CCN: 14T213	Period: From 10/01/2012 To 09/30/2013	Worksheet D-1 Date/Time Prepared: 2/25/2014 3:59 am
		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)			6,211 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			6,211 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)			6,211 4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period			0 5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period			0 7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)			4,297 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)			7,703,073 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)			7,703,073 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)			7,703,073 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)			1,240.23 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			5,329,268 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)			5,329,268 41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140213		Period: From 10/01/2012 To 09/30/2013		Worksheet D-1	
		Component CCN: 14T213				Date/Time Prepared: 2/25/2014 3:59 am	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	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
Cost Center Description					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,882,561		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					7,211,829		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)					1,018,604		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					195,870		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					1,214,474		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					5,997,355		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: 140213 Component CCN: 14T213		Period: From 10/01/2012 To 09/30/2013		Worksheet D-1 Date/Time Prepared: 2/25/2014 3:59 am	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,472,311	7,703,073	0.191133	0	0	90.00
91.00	Nursing School cost	0	7,703,073	0.000000	0	0	91.00
92.00	Allied health cost	0	7,703,073	0.000000	0	0	92.00
93.00	All other Medical Education	0	7,703,073	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140213	Period: From 10/01/2012 To 09/30/2013	Worksheet D-3 Date/Time Prepared: 2/25/2014 3:59 am	
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		30,863,783	30.00
31.00	03100	INTENSIVE CARE UNIT		6,761,850	31.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.203326	37,877,791	7,701,540 50.00
51.00	05100	RECOVERY ROOM	0.140782	2,640,235	371,698 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.749799	1,224,611	918,212 52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.198980	40,323,785	8,023,627 54.00
54.01	05401	ULTRASOUND	0.116308	3,939,906	458,243 54.01
57.00	05700	CT SCAN	0.043579	0	0 57.00
58.00	05800	MRI	0.083083	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0 59.00
60.00	06000	LABORATORY	0.086026	34,043,299	2,928,609 60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0 60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.284055	3,792,149	1,077,179 63.00
65.00	06500	RESPIRATORY THERAPY	0.130376	12,088,045	1,575,991 65.00
65.01	06501	SLEEP LAB	0.192692	0	0 65.01
66.00	06600	PHYSICAL THERAPY	0.370141	2,733,405	1,011,745 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.258864	63,195	16,359 67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	0.126876	6,066,595	769,705 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.255135	473,950	120,921 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.471181	3,729,213	1,757,134 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.645946	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.340468	20,147,446	6,859,561 73.00
74.00	07400	RENAL DIALYSIS	0.403883	2,336,218	943,559 74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0.000000		0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0 89.00
90.00	09000	CLINIC	1.834518	39	72 90.00
90.01	09001	HOMER GLEN LAB	0.272006	349,082	94,952 90.01
90.02	09002	HOMER GLEN FEC	0.234074	238,312	55,783 90.02
90.03	09003	WOMEN'S HEALTH	0.399298	1,406	561 90.03
91.00	09100	EMERGENCY	0.233483	11,632,457	2,715,981 91.00
91.01	09101	OP MENTAL HEALTH	1.260540	0	0 91.01
91.02	09102	DIABETES CENTER	1.199408	30,770	36,906 91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.893899	0	0 92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0 94.00
200.00		Total (sum of lines 50-94 and 96-98)		183,731,909	37,438,338 200.00
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)		183,731,909	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140213	Period: From 10/01/2012 To 09/30/2013	Worksheet D-3	
		Component CCN: 14S213		Date/Time Prepared: 2/25/2014 3:59 am	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
40.00	04000	SUBPROVIDER - IPF		1,638,450	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.203326	38,611	50.00
51.00	05100	RECOVERY ROOM	0.140782	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.749799	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.198980	52,277	54.00
54.01	05401	ULTRASOUND	0.116308	10,695	54.01
57.00	05700	CT SCAN	0.043579	0	57.00
58.00	05800	MRI	0.083083	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	06000	LABORATORY	0.086026	370,702	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.284055	19,692	63.00
65.00	06500	RESPIRATORY THERAPY	0.130376	34,059	65.00
65.01	06501	SLEEP LAB	0.192692	0	65.01
66.00	06600	PHYSICAL THERAPY	0.370141	4,303	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.258864	71	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.126876	23,046	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.255135	3,458	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.471181	8,826	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.645946	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.340468	234,950	73.00
74.00	07400	RENAL DIALYSIS	0.403883	1,522	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	1.834518	0	90.00
90.01	09001	HOMER GLEN LAB	0.272006	3,938	90.01
90.02	09002	HOMER GLEN FEC	0.234074	5,598	90.02
90.03	09003	WOMEN'S HEALTH	0.399298	0	90.03
91.00	09100	EMERGENCY	0.233483	274,323	91.00
91.01	09101	OP MENTAL HEALTH	1.260540	0	91.01
91.02	09102	DIABETES CENTER	1.199408	62	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.893899	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	94.00
200.00		Total (sum of lines 50-94 and 96-98)		1,086,133	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)		1,086,133	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140213 Component CCN: 14T213	Period: From 10/01/2012 To 09/30/2013	Worksheet D-3 Date/Time Prepared: 2/25/2014 3:59 am	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		4,167,511	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.203326	478,515	50.00
51.00	05100	RECOVERY ROOM	0.140782	59,117	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.749799	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.198980	440,569	54.00
54.01	05401	ULTRASOUND	0.116308	93,816	54.01
57.00	05700	CT SCAN	0.043579	0	57.00
58.00	05800	MRI	0.083083	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	06000	LABORATORY	0.086026	884,811	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.284055	96,899	63.00
65.00	06500	RESPIRATORY THERAPY	0.130376	593,696	65.00
65.01	06501	SLEEP LAB	0.192692	0	65.01
66.00	06600	PHYSICAL THERAPY	0.370141	1,603,182	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.258864	1,832,465	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.126876	29,085	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.255135	3,694	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.471181	112,997	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.645946	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.340468	934,650	73.00
74.00	07400	RENAL DIALYSIS	0.403883	121,784	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000	CLINIC	1.834518	0	90.00
90.01	09001	HOMER GLEN LAB	0.272006	9,330	90.01
90.02	09002	HOMER GLEN FEC	0.234074	56	90.02
90.03	09003	WOMEN'S HEALTH	0.399298	0	90.03
91.00	09100	EMERGENCY	0.233483	2,021	91.00
91.01	09101	OP MENTAL HEALTH	1.260540	0	91.01
91.02	09102	DIABETES CENTER	1.199408	1,049	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.893899	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	94.00
200.00		Total (sum of lines 50-94 and 96-98)		7,297,736	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)		7,297,736	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140213	Period: From 10/01/2012 To 09/30/2013	Worksheet E Part A Date/Time Prepared: 2/25/2014 3:59 am	
		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		53,871,010		1.00
2.00	Outlier payments for discharges. (see instructions)		1,327,176		2.00
2.01	Outlier reconciliation amount		0		2.01
3.00	Managed Care Simulated Payments		1,773,582		3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		228.27		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)		3.19		30.00
31.00	Percentage of Medicaid patient days (see instructions)		14.20		31.00
32.00	Sum of lines 30 and 31		17.39		32.00
33.00	Allowable disproportionate share percentage (see instructions)		4.05		33.00
34.00	Disproportionate share adjustment (see instructions)		2,181,776		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: 140213	Period: From 10/01/2012 To 09/30/2013	Worksheet E Part A Date/Time Prepared: 2/25/2014 3:59 am	
		Title XVIII	Hospital	PPS	
		0	before 1/1	on/after 1/1	
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 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)		57,379,962		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)		57,379,962		49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		4,647,622		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		14,048		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).		14,964		57.00
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)		221,600		58.00
59.00	Total (sum of amounts on lines 49 through 58)		62,278,196		59.00
60.00	Primary payer payments		58,923		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		62,219,273		61.00
62.00	Deductibles billed to program beneficiaries		5,779,520		62.00
63.00	Coinurance billed to program beneficiaries		189,961		63.00
64.00	Allowable bad debts (see instructions)		1,101,422		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		715,924		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		715,254		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		56,965,716		67.00
68.00	Credits received from manufacturers for replaced devices applicable to MS-DRG (see instructions)		0		68.00
69.00	Outlier payments reconciliation (Sum of lines 93, 95 and 96). (For SCH see instructions)		0		69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0		70.00
70.92	Bundled Model 1 discount amount		0		70.92
70.93	HVBP incentive payment (see instructions)		111,589		70.93
70.94	Hospital readmissions reduction adjustment (see instructions)		-538,713		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)		56,538,592		71.00
71.01	Sequestration adjustment (see instructions)		565,386		71.01
72.00	Interim payments		55,682,676		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		290,530		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: 140213	Period: From 10/01/2012 To 09/30/2013	Worksheet E Part A Date/Time Prepared: 2/25/2014 3:59 am	
		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: 140213		Period: From 10/01/2012 To 09/30/2013		Worksheet DSH	
		Title XVIII		Hospital		Date/Time Prepared: 2/25/2014 3:59 am	
		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)	3.19	0.00	0.00	0.00	0.00	1.00
2.00	Percentage of Medicaid patient days to total days (From line 27)	14.20	0.00			14.20	2.00
3.00	Sum of lines 1 and 2, if less than 15% DSH Payment Percentage = 0	17.39	0.00			14.20	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)	228.27	0.00			228.27	5.00
6.00	Disproportionate Share Payment Percentage (transfer to Worksheet E, Part A, line 33)	4.05	0.00			0.00	6.00
7.00	Qualify for Operating DSH Eligibility (DPP 15% or more)?	Yes				No	7.00
8.00	S-2, Line 22	Yes				Yes	8.00
9.00	Qualify for Capital DSH Eligibility (Urban with 100 or more beds)?	Yes				No	9.00
10.00	S-2, Line 45	Yes				Yes	10.00
11.00	Is the provider reimbursed under the fully prospective method? (Worksheet L, Part I, line 1 greater than -0-)	Yes				Yes	11.00
12.00	Percentage of SSI patient days to Medicare Part A days (Previous from L, Part I, line 7 - Revised from CMS)	3.19	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)	0.89	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)	7,072	0			7,072	15.00
16.00	In-State Medicaid eligible unpaid paid days (Worksheet S-2, line 24, column 2)	2,659	0			2,659	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)	0	0			0	19.00
20.00	Other Medicaid days (Worksheet S-2, line 24, column 6)	0	0			0	20.00
21.00	Total Medicaid patient days for the DSH calculation (sum of lines 15-20)	9,731	0			9,731	21.00
22.00	Total patient days (Worksheet S-3, Part I, Column 8, Line 14)	67,178	0			67,178	22.00
23.00	Plus total labor room days (Worksheet S-3, Part I, Column 8, Line 32)	1,369	0			1,369	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)	68,547	0			68,547	26.00
27.00	Percentage of Medicaid patient days to total days (Line 21 divided by line 26)	14.20	0.00			14.20	27.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 140213	Period: From 10/01/2012 To 09/30/2013	Worksheet DSH Date/Time Prepared: 2/25/2014 3:59 am
		Title XVIII	Hospital	PPS

		Original .mcrx Values		Adjusted .mcax Values		Revised	
		Condition	Percentage	Condition	Percentage	Condition	
		1.00	2.00	3.00	4.00	5.00	
<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	4.05		0.00	True	29.00
30.00	Line 28 or 29 as applicable		4.05		0.00		30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.		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: 140213	Period: From 10/01/2012 To 09/30/2013	Worksheet DSH Date/Time Prepared: 2/25/2014 3:59 am
		Title XVIII	Hospital	PPS

		Revised		
		Percentage		
		6.00		
CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE				
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	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	3.02		29.00
30.00	Line 28 or 29 as applicable	3.02		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: 140213	Period: From 10/01/2012 To 09/30/2013	Worksheet E Part B Date/Time Prepared: 2/25/2014 3:59 am
		Title XVIII	Hospital	PPS
		before 1/1	on/after 1/1	
		1.00	1.01	
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)	83,481		1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	21,484,160	0	2.00
3.00	PPS payments	19,162,748	0	3.00
4.00	Outlier payment (see instructions)	121,888	0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)	0.000	0.000	5.00
6.00	Line 2 times line 5	0	0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6	0.00	0.00	7.00
8.00	Transitional corridor payment (see instructions)	0	0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200	122,105		9.00
10.00	Organ acquisitions	0		10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	83,481		11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges	145,018		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)	145,018		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 chargebasis had such payment been made in accordance with 42 CFR 413.13(e)	0		16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)	0.000000		17.00
18.00	Total customary charges (see instructions)	145,018		18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	61,537		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)	83,481		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)	19,406,741		24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)	22,531		25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)	4,146,420		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)	15,321,271		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)	15,321,271		30.00
31.00	Primary payer payments	572		31.00
32.00	Subtotal (line 30 minus line 31)	15,320,699		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)	934,967		34.00
35.00	Adjusted reimbursable bad debts (see instructions)	607,729		35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	769,446		36.00
37.00	Subtotal (see instructions)	15,928,428		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)	15,928,428		40.00
40.01	Sequestration adjustment (see instructions)	159,284		40.01
41.00	Interim payments	15,266,639		41.00
42.00	Tentative settlement (for contractors use only)	0		42.00
43.00	Balance due provider/program (see instructions)	502,505		43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-11, 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: 140213 Component CCN: 14T213	Period: From 10/01/2012 To 09/30/2013	Worksheet E Part B Date/Time Prepared: 2/25/2014 3:59 am
		Title XVIII	Subprovider - IRF	PPS
			before 1/1 1.00	on/after 1/1 1.01
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		689	2.00
3.00	PPS payments		810	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		1	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
<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 chargebasis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		811	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)		178	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)		633	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)		633	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		633	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)		633	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)		633	40.00
40.01	Sequestration adjustment (see instructions)		6	40.01
41.00	Interim payments		620	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		7	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

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 140213 Component CCN: 14T213	Period: From 10/01/2012 To 09/30/2013	Worksheet E Part B Date/Time Prepared: 2/25/2014 3:59 am
	Title XVIII	Subprovider - IRF	PPS
			Overrides 1.00
WORKSHEET OVERRIDE VALUES			
112.00	Override of Ancillary service charges (line 12)		0112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140213

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
2/25/2014 3:59 am

Title XVIII

Hospital

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		56,095,704		15,023,117	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		413,366		241,387	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	03/22/2013	2,135	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM	03/22/2013	378,847		0	3.50
3.51		09/27/2013	447,547		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)		-826,394		2,135	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)		55,682,676		15,266,639	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		290,530		502,505	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		55,973,206		15,769,144	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor	Novitas Solutions, Inc.				8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140213  
Component CCN: 14S213

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
2/25/2014 3:59 am

Title XVIII

Subprovider -  
IPF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		1,116,921		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,116,921		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		63,185		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		1,180,106		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor	Novitas Solutions, Inc.				8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140213  
Component CCN: 14T213

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
2/25/2014 3:59 am

Title XVIII

Subprovider -  
IRF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					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		6,064,773		620	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		6,064,773		620	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		7	6.01
6.02	SETTLEMENT TO PROGRAM		24,143		0	6.02
7.00	Total Medicare program liability (see instructions)		6,040,630		627	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor	Novitas Solutions, Inc.				8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 140213	Period: From 10/01/2012 To 09/30/2013	Worksheet E-1 Part II Date/Time Prepared: 2/25/2014 3:59 am
		Title XVIII	Hospital	PPS
				1.00
<b>TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS</b>				
<b>HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION</b>				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst S-3, Part I column 15 line 14			19,442 1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12			31,862 2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6, line 2			1,130 3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12			60,830 4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200			963,874,807 5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20			28,075,000 6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Worksheet S-2, Part I line 168			0 7.00
8.00	Calculation of the HIT incentive payment (see instructions)			3,160,894 8.00
9.00	Sequestration adjustment amount (see instructions)			63,218 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			3,097,676 10.00
<b>INPATIENT HOSPITAL SERVICES UNDER PPS &amp; CAH</b>				
30.00	Initial/interim HIT payment adjustment (see instructions)			2,904,415 30.00
31.00	Other Adjustment (specify)			0 31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			193,261 32.00
				Overrides
				1.00
<b>CONTRACTOR OVERRIDES</b>				
108.00	Override of HIT payment			0 108.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140213	Period: From 10/01/2012 To 09/30/2013	Worksheet E-3 Part II Date/Time Prepared: 2/25/2014 3:59 am
		Component CCN: 14S213	Title XVII I	Subprovider - IPF
		PPS		
		1.00		
<b>PART II - MEDICARE PART A SERVICES - IPF PPS</b>				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)		1,295,741	1.00
2.00	Net IPF PPS Outlier Payments		0	2.00
3.00	Net IPF PPS ECT Payments		0	3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)		0.00	4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)		0.00	4.01
5.00	New Teaching program adjustment. (see instructions)		0.00	5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program". (see inst.)		0.00	6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program". (see inst.)		0.00	7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)		0.00	8.00
9.00	Average Daily Census (see instructions)		13.282192	9.00
10.00	Indirect Medical Education Adjustment Factor $\{((1 + (\text{line } 8/\text{line } 9)) \text{ raised to the power of } .5150 - 1)\}$ .		0.000000	10.00
11.00	Indirect Medical Education Adjustment (line 1 multiplied by line 10).		0	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)		1,295,741	12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)		0	13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			14.00
15.00	Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions)		0	15.00
16.00	Subtotal (see instructions)		1,295,741	16.00
17.00	Primary payer payments		0	17.00
18.00	Subtotal (line 16 less line 17).		1,295,741	18.00
19.00	Deductibles		152,716	19.00
20.00	Subtotal (line 18 minus line 19)		1,143,025	20.00
21.00	Coinsurance		14,590	21.00
22.00	Subtotal (line 20 minus line 21)		1,128,435	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		91,318	23.00
24.00	Adjusted reimbursable bad debts (see instructions)		59,357	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		66,852	25.00
26.00	Subtotal (sum of lines 22 and 24)		1,187,792	26.00
27.00	Direct graduate medical education payments (from Worksheet E-4, line 49)		0	27.00
28.00	Other pass through costs (see instructions)		4,234	28.00
29.00	Outlier payments reconciliation		0	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	30.00
30.99	Recovery of Accelerated Depreciation		0	30.99
31.00	Total amount payable to the provider (see instructions)		1,192,026	31.00
31.01	Sequestration adjustment (see instructions)		11,920	31.01
32.00	Interim payments		1,116,921	32.00
33.00	Tentative settlement (for contractor use only)		0	33.00
34.00	Balance due provider/program line 31 minus lines 31.01, 32 and 33		63,185	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		0	35.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2		0	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)		0	51.00
52.00	The rate used to calculate the Time Value of Money		0.00	52.00
53.00	Time Value of Money (see instructions)		0	53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140213 Component CCN: 14T213	Period: From 10/01/2012 To 09/30/2013	Worksheet E-3 Part III Date/Time Prepared: 2/25/2014 3:59 am
		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)			5,658,483 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0089 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			56,585 3.00
4.00	Outlier Payments			517,737 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)			17.016438 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)			6,232,805 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)			6,232,805 17.00
18.00	Primary payer payments			12,880 18.00
19.00	Subtotal (line 17 less line 18).			6,219,925 19.00
20.00	Deductibles			35,268 20.00
21.00	Subtotal (line 19 minus line 20)			6,184,657 21.00
22.00	Coinurance			86,795 22.00
23.00	Subtotal (line 21 minus line 22)			6,097,862 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			3,357 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			2,182 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			1,184 26.00
27.00	Subtotal (sum of lines 23 and 25)			6,100,044 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)			1,602 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)			6,101,646 32.00
32.01	Sequestration adjustment (see instructions)			61,016 32.01
33.00	Interim payments			6,064,773 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			-24,143 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			517,737 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: 140213

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

Worksheet G

Date/Time Prepared:  
2/25/2014 3:59 am

		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	4,891,000	0	0	0	1.00
2.00	Temporary investments	5,638,000	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	61,027,000	0	0	0	4.00
5.00	Other receivable	35,931,000	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	0	0	0	0	7.00
8.00	Prepaid expenses	3,635,000	0	0	0	8.00
9.00	Other current assets	2,108,000	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)	113,230,000	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	0	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	559,490,736	0	0	0	15.00
16.00	Accumulated depreciation	-110,288,736	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	0	0	0	0	23.00
24.00	Accumulated depreciation	0	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	449,202,000	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	115,247,000	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	32,396,000	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	147,643,000	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	710,075,000	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	14,811,000	0	0	0	37.00
38.00	Salaries, wages, and fees payable	14,199,000	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	5,375,000	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	31,216,000	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	65,601,000	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	387,137,000	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	891,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	388,028,000	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	453,629,000	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	256,446,000				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)	256,446,000	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	710,075,000	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140213

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

Worksheet G-1

Date/Time Prepared:  
2/25/2014 3:59 am

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		250,352,865		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		4,892,342			2.00
3.00	Total (sum of line 1 and line 2)		255,245,207		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00	CONTRIBUTIONS FOR SPECIFIC PURPOSES	-8,698,209		0		5.00
6.00	INCREASE IN TEMPORARILY RESTRICTED N	4,048,002		0		6.00
7.00	INCREASE IN PERMANENTLY RESTRICTED N	5,851,000		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		1,200,793		0	10.00
11.00	Subtotal (line 3 plus line 10)		256,446,000		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		256,446,000		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	Additions (credit adjustments) (specify)		0			4.00
5.00	CONTRIBUTIONS FOR SPECIFIC PURPOSES		0			5.00
6.00	INCREASE IN TEMPORARILY RESTRICTED N		0			6.00
7.00	INCREASE IN PERMANENTLY RESTRICTED N		0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments) (specify)		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 140213

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

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
2/25/2014 3:59 am

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	58,101,876		58,101,876	1.00
2.00	SUBPROVIDER - IPF	5,090,400		5,090,400	2.00
3.00	SUBPROVIDER - IRF	7,645,966		7,645,966	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	0		0	7.00
8.00	NURSING FACILITY	0		0	8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	70,838,242		70,838,242	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	13,698,705		13,698,705	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)	13,698,705		13,698,705	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	84,536,947		84,536,947	17.00
18.00	Ancillary services	366,892,416	393,823,821	760,716,237	18.00
19.00	Outpatient services	23,418,390	77,621,274	101,039,664	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		4,974,565	4,974,565	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC		0	0	24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	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)	474,847,753	476,419,660	951,267,413	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		300,201,996		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)		300,201,996		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140213

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

Worksheet G-3

Date/Time Prepared:  
2/25/2014 3:59 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	951,267,413	1.00
2.00	Less contractual allowances and discounts on patients' accounts	661,491,581	2.00
3.00	Net patient revenues (line 1 minus line 2)	289,775,832	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	300,201,996	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-10,426,164	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	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	MISC - OTHER REVENUE	7,216,505	24.00
24.01	NON-OPERATING INCOME	8,102,002	24.01
25.00	Total other income (sum of lines 6-24)	15,318,507	25.00
26.00	Total (line 5 plus line 25)	4,892,343	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
27.01	ROUNDING	1	27.01
28.00	Total other expenses (sum of line 27 and subscripts)	1	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	4,892,342	29.00

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 140213

Period: From 10/01/2012

Worksheet H

HHA CCN: 147452

To 09/30/2013

Date/Time Prepared: 2/25/2014 3:59 am

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	Capital Related - Bldg. & Fixtures		0		0	0	1.00
2.00	Capital Related - Movable Equipment		0		0	0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	423,096	0	246	23	41,074	5.00
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	Skilled Nursing Care	931,508	0	63,973	0	47,136	6.00
7.00	Physical Therapy	0	0	0	738,972	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	5,066	0	0	0	0	10.00
11.00	Home Health Aide	50,795	0	8,599	0	0	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
<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)	1,410,465	0	72,818	738,995	88,210	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	Capital Related - Bldg. & Fixtures	0	0	0	0		1.00
2.00	Capital Related - Movable Equipment	0	0	0	0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation	0	0	0	0		4.00
5.00	Administrative and General	34,999	499,438	0	499,438		5.00
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	Skilled Nursing Care	0	1,042,617	0	1,042,617		6.00
7.00	Physical Therapy	-14,234	724,738	0	724,738		7.00
8.00	Occupational Therapy	0	0	0	0		8.00
9.00	Speech Pathology	0	0	0	0		9.00
10.00	Medical Social Services	0	5,066	0	5,066		10.00
11.00	Home Health Aide	0	59,394	0	59,394		11.00
12.00	Supplies (see instructions)	0	0	0	0		12.00
13.00	Drugs	0	0	0	0		13.00
14.00	DME	0	0	0	0		14.00
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	Home Dialysis Aide Services	0	0	0	0		15.00
16.00	Respiratory Therapy	0	0	0	0		16.00
17.00	Private Duty Nursing	0	0	0	0		17.00
18.00	Clinic	0	0	0	0		18.00
19.00	Health Promotion Activities	0	0	0	0		19.00
20.00	Day Care Program	0	0	0	0		20.00
21.00	Home Delivered Meals Program	0	0	0	0		21.00
22.00	Homemaker Service	0	0	0	0		22.00
23.00	All Others (specify)	0	0	0	0		23.00
24.00	Total (sum of lines 1-23)	20,765	2,331,253	0	2,331,253		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: 140213	Period: From 10/01/2012 To 09/30/2013	Worksheet H-1 Part I Date/Time Prepared: 2/25/2014 3:59 am
		HHA CCN: 147452	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				
<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	499,438	0	0	0	499,438	5.00
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	Skilled Nursing Care	1,042,617	0	0	0	1,042,617	6.00
7.00	Physical Therapy	724,738	0	0	0	724,738	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	5,066	0	0	0	5,066	10.00
11.00	Home Health Aide	59,394	0	0	0	59,394	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
<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)	2,331,253	0	0	0	2,331,253	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	499,438					5.00
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	Skilled Nursing Care	284,265	1,326,882				6.00
7.00	Physical Therapy	197,598	922,336				7.00
8.00	Occupational Therapy	0	0				8.00
9.00	Speech Pathology	0	0				9.00
10.00	Medical Social Services	1,381	6,447				10.00
11.00	Home Health Aide	16,194	75,588				11.00
12.00	Supplies (see instructions)	0	0				12.00
13.00	Drugs	0	0				13.00
14.00	DME	0	0				14.00
<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)		2,331,253				24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 140213

Period:

Worksheet H-1

HHA CCN: 147452

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

Part II  
Date/Time Prepared:  
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	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	-499,438	1,831,815
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	Skilled Nursing Care	0	0	0	0	0	1,042,617
7.00	Physical Therapy	0	0	0	0	0	724,738
8.00	Occupational Therapy	0	0	0	0	0	0
9.00	Speech Pathology	0	0	0	0	0	0
10.00	Medical Social Services	0	0	0	0	0	5,066
11.00	Home Health Aide	0	0	0	0	0	59,394
12.00	Supplies (see instructions)	0	0	0	0	0	0
13.00	Drugs	0	0	0	0	0	0
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	-499,438	1,831,815
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		499,438
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.272647

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 140213

Period: From 10/01/2012

Worksheet H-2

HHA CCN: 147452

To 09/30/2013

Part I  
Date/Time Prepared:  
2/25/2014 3:59 am

Home Health Agency I

PPS

Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	Subtotal	ADMINISTRATIVE & GENERAL	
		BLDG & FIXT	MVBLE EQUIP					
		1.00	2.00	4.00				
1.00 Administrative and General	0	0	1,212	480,380	481,592	124,565	1.00	
2.00 Skilled Nursing Care	1,326,882	0	0	0	1,326,882	343,202	2.00	
3.00 Physical Therapy	922,336	0	0	0	922,336	238,565	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	6,447	0	0	0	6,447	1,668	6.00	
7.00 Home Health Aide	75,588	0	0	0	75,588	19,551	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)	2,331,253	0	1,212	480,380	2,812,845	727,551	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	0	125,224	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	0	125,224	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: 140213

Period: From 10/01/2012

Worksheet H-2

HHA CCN: 147452

To 09/30/2013

Part I Date/Time Prepared: 2/25/2014 3:59 am

Home Health Agency I

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Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PARAMED PRGM	Subtotal	
		14.00	15.00	16.00	17.00	23.00	24.00	
1.00	Administrative and General	5,639	926	0	0	0	737,946	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	1,670,084	2.00
3.00	Physical Therapy	0	0	0	0	0	1,160,901	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	8,115	6.00
7.00	Home Health Aide	0	0	0	0	0	95,139	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)	5,639	926	0	0	0	3,672,185	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs			
		25.00	26.00	27.00	28.00			
1.00	Administrative and General	0	737,946					1.00
2.00	Skilled Nursing Care	0	1,670,084	420,017	2,090,101			2.00
3.00	Physical Therapy	0	1,160,901	291,961	1,452,862			3.00
4.00	Occupational Therapy	0	0	0	0			4.00
5.00	Speech Pathology	0	0	0	0			5.00
6.00	Medical Social Services	0	8,115	2,041	10,156			6.00
7.00	Home Health Aide	0	95,139	23,927	119,066			7.00
8.00	Supplies (see instructions)	0	0	0	0			8.00
9.00	Drugs	0	0	0	0			9.00
10.00	DME	0	0	0	0			10.00
11.00	Home Dialysis Aide Services	0	0	0	0			11.00
12.00	Respiratory Therapy	0	0	0	0			12.00
13.00	Private Duty Nursing	0	0	0	0			13.00
14.00	Clinic	0	0	0	0			14.00
15.00	Health Promotion Activities	0	0	0	0			15.00
16.00	Day Care Program	0	0	0	0			16.00
17.00	Home Delivered Meals Program	0	0	0	0			17.00
18.00	Homemaker Service	0	0	0	0			18.00
19.00	All Others (specify)	0	0	0	0			19.00
20.00	Total (sum of lines 1-19) (2)	0	3,672,185	737,946	3,672,185			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.			0.251495				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: 140213  
HHA CCN: 147452

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

Worksheet H-2  
Part II  
Date/Time Prepared:  
2/25/2014 3:59 am

Home Health Agency I

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 (DOLLAR VALUE)					
	1.00	2.00					
1.00 Administrative and General	0	1,193	1,410,465	0	481,592	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	1,326,882	0	2.00
3.00 Physical Therapy	0	0	0	0	922,336	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	6,447	0	6.00
7.00 Home Health Aide	0	0	0	0	75,588	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	1,193	1,410,465	0	2,812,845	0	20.00
21.00 Total cost to be allocated	0	1,212	480,380	0	727,551	0	21.00
22.00 Unit cost multiplier	0.000000	1.015926	0.340583	0	0.258653	0.000000	22.00
Cost Center Description	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (NUMBER HOUSED)	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	0	41,788	38,820	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	0	41,788	38,820	20.00
21.00 Total cost to be allocated	0	0	0	0	125,224	5,639	21.00
22.00 Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	2.996650	0.145260	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 140213  
HHA CCN: 147452

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

Worksheet H-2  
Part II  
Date/Time Prepared:  
2/25/2014 3:59 am  
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Cost Center Description	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	PARAMED PRGM (ASSIGNED TIME)		
	15.00	16.00	17.00	23.00		
1.00 Administrative and General	1,059	0	0	0		1.00
2.00 Skilled Nursing Care	0	0	0	0		2.00
3.00 Physical Therapy	0	0	0	0		3.00
4.00 Occupational Therapy	0	0	0	0		4.00
5.00 Speech Pathology	0	0	0	0		5.00
6.00 Medical Social Services	0	0	0	0		6.00
7.00 Home Health Aide	0	0	0	0		7.00
8.00 Supplies (see instructions)	0	0	0	0		8.00
9.00 Drugs	0	0	0	0		9.00
10.00 DME	0	0	0	0		10.00
11.00 Home Dialysis Aide Services	0	0	0	0		11.00
12.00 Respiratory Therapy	0	0	0	0		12.00
13.00 Private Duty Nursing	0	0	0	0		13.00
14.00 Clinic	0	0	0	0		14.00
15.00 Health Promotion Activities	0	0	0	0		15.00
16.00 Day Care Program	0	0	0	0		16.00
17.00 Home Delivered Meals Program	0	0	0	0		17.00
18.00 Homemaker Service	0	0	0	0		18.00
19.00 All Others (specify)	0	0	0	0		19.00
20.00 Total (sum of lines 1-19)	1,059	0	0	0		20.00
21.00 Total cost to be allocated	926	0	0	0		21.00
22.00 Unit cost multiplier	0.874410	0.000000	0.000000	0.000000		22.00

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 140213 HHA CCN: 147452	Period: From 10/01/2012 To 09/30/2013	Worksheet H-3 Part I Date/Time Prepared: 2/25/2014 3:59 am		
				Title XVIII	Home Health Agency I	PPS		
Cost Center Description	From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (col. 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	2,090,101		2,090,101	10,793	193.65	1.00
2.00	Physical Therapy	3.00	1,452,862	0	1,452,862	6,866	211.60	2.00
3.00	Occupational Therapy	4.00	0	0	0	1,800	0.00	3.00
4.00	Speech Pathology	5.00	0	0	0	167	0.00	4.00
5.00	Medical Social Services	6.00	10,156		10,156	168	60.45	5.00
6.00	Home Health Aide	7.00	119,066		119,066	1,583	75.22	6.00
7.00	Total (sum of lines 1-6)		3,672,185	0	3,672,185	21,377		7.00
Program Visits								
Part B								
Not Subject to Deductibles & Coinsurance								
Subject to Deductibles								
Cost Center Description	Cost Limits	CBSA No. (1)	Part A					
	0	1.00	2.00	3.00	4.00	5.00		
Limitation Cost Computation								
8.00	Skilled Nursing Care		16974	5,878	2,285			8.00
9.00	Physical Therapy		16974	3,816	1,175			9.00
10.00	Occupational Therapy		16974	1,134	263			10.00
11.00	Speech Pathology		16974	74	19			11.00
12.00	Medical Social Services		16974	111	45			12.00
13.00	Home Health Aide		16974	1,031	389			13.00
14.00	Total (sum of lines 8-13)			12,044	4,176			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 (col. 1 + 2)	Total Charges (from HHA Record)	Ratio (col. 3 + col. 4)			
0	1.00	2.00	3.00	4.00	5.00			
Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	8.00	0	0	0	27,379	0.000000	15.00
16.00	Cost of Drugs	9.00	0	0	0	0	0.000000	16.00
Program Visits								
Part B								
Cost of Services								
Part A								
Not Subject to Deductibles & Coinsurance								
Subject to Deductibles & Coinsurance								
Cost Center Description	Part A							
	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	5,878	2,285		1,138,275	442,490		1.00
2.00	Physical Therapy	3,816	1,175		807,466	248,630		2.00
3.00	Occupational Therapy	1,134	263		0	0		3.00
4.00	Speech Pathology	74	19		0	0		4.00
5.00	Medical Social Services	111	45		6,710	2,720		5.00
6.00	Home Health Aide	1,031	389		77,552	29,261		6.00
7.00	Total (sum of lines 1-6)	12,044	4,176		2,030,003	723,101		7.00
Cost Center Description								
	6.00	7.00	8.00	9.00	10.00	11.00		
Limitation Cost Computation								
8.00	Skilled Nursing Care							8.00
9.00	Physical Therapy							9.00
10.00	Occupational Therapy							10.00
11.00	Speech Pathology							11.00
12.00	Medical Social Services							12.00
13.00	Home Health Aide							13.00
14.00	Total (sum of lines 8-13)							14.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 140213  
HHA CCN: 147452

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

Worksheet H-3  
Part I  
Date/Time Prepared:  
2/25/2014 3:59 am

Title XVIII

Home Health  
Agency I

PPS

Cost Center Description	Program Covered Charges			Cost of Services						
	Part A	Part B						Part A	Part B	
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance						Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
	6.00	7.00	8.00	9.00	10.00	11.00				
<b>Supplies and Drugs Cost Computations</b>										
15.00	Cost of Medical Supplies						15.00			
16.00	Cost of Drugs		311	0		0	16.00			
<b>Cost Center Description</b>										
	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	1,580,765					1.00			
2.00	Physical Therapy	1,056,096					2.00			
3.00	Occupational Therapy	0					3.00			
4.00	Speech Pathology	0					4.00			
5.00	Medical Social Services	9,430					5.00			
6.00	Home Health Aide	106,813					6.00			
7.00	Total (sum of lines 1-6)	2,753,104					7.00			
<b>Cost Center Description</b>										
	12.00									
<b>Limitation Cost Computation</b>										
8.00	Skilled Nursing Care						8.00			
9.00	Physical Therapy						9.00			
10.00	Occupational Therapy						10.00			
11.00	Speech Pathology						11.00			
12.00	Medical Social Services						12.00			
13.00	Home Health Aide						13.00			
14.00	Total (sum of lines 8-13)						14.00			

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 140213 HHA CCN: 147452	Period: From 10/01/2012 To 09/30/2013	Worksheet H-3 Part II Date/Time Prepared: 2/25/2014 3:59 am
		Title XVIII	Home Health Agency I	PPS

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated	
	0	1.00	2.00	3.00	4.00	
<b>PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS</b>						
1.00	Physical Therapy	66.00	0.370141	0	0	col. 2, line 2.00 1.00
2.00	Occupational Therapy	67.00	0.258864	0	0	col. 2, line 3.00 2.00
3.00	Speech Pathology	68.00	0.000000	0	0	col. 2, line 4.00 3.00
4.00	Cost of Medical Supplies	71.00	0.471181	0	0	col. 2, line 15.00 4.00
5.00	Cost of Drugs	73.00	0.340468	0	0	col. 2, line 16.00 5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 140213 HHA CCN: 147452	Period: From 10/01/2012 To 09/30/2013	Worksheet H-4 Part I-11 Date/Time Prepared: 2/25/2014 3:59 am
		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	2,723,268	970,482	0
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(b)	0	0	0
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000
6.00	Total customary charges (see instructions)	2,723,268	970,482	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	2,723,268	970,482	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0
9.00	Primary payer amounts	0	0	0
			Part A Services	Part B Services
			1.00	2.00
<b>PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT</b>				
10.00	Total reasonable cost (see instructions)		0	0
11.00	Total PPS Reimbursement - Full Episodes without Outliers		1,870,528	604,332
12.00	Total PPS Reimbursement - Full Episodes with Outliers		26,680	18,318
13.00	Total PPS Reimbursement - LUPA Episodes		22,846	12,616
14.00	Total PPS Reimbursement - PEP Episodes		45,265	33,845
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		6,507	5,836
16.00	Total PPS Outlier Reimbursement - PEP Episodes		1,953	514
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)		1,973,779	675,461
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		1,973,779	675,461
25.00	Coinsurance billed to program patients (from your records)		0	0
26.00	Net cost (line 24 minus line 25)		1,973,779	675,461
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)		1,973,779	675,461
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0
31.00	Subtotal (line 29 plus/minus line 30)		1,973,779	675,461
31.01	Sequestration adjustment (see instructions)		19,142	6,898
32.00	Interim payments (see instructions)		1,954,637	668,563
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: 140213

Period: From 10/01/2012

Worksheet H-5

HHA CCN: 147452

To 09/30/2013

Date/Time Prepared: 2/25/2014 3:59 am

Home Health Agency I

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		1,954,637		668,563	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)		1,954,637		668,563	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		19,142		6,898	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		1,973,779		675,461	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor	Novitas Solutions, Inc.				8.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140213	Period: From 10/01/2012 To 09/30/2013	Worksheet L Parts I-III Date/Time Prepared: 2/25/2014 3:59 am
		Title XVIII	Hospital	PPS
				1.00
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		4,284,050	1.00
2.00	Capital DRG outlier payments		210,203	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		166.66	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)		3.19	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		14.20	8.00
9.00	Sum of lines 7 and 8		17.39	9.00
10.00	Allowable disproportionate share percentage (see instructions)		3.58	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		153,369	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		4,647,622	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