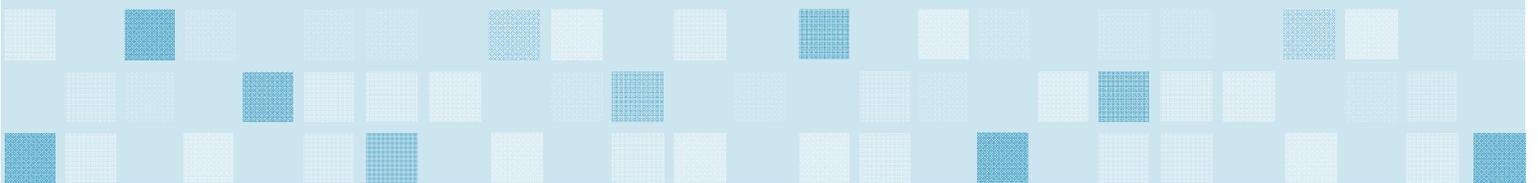


# SwedishAmerican Hospital

## Medicare Cost Report

Fiscal Year Ended 5.31.2013



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: 140228	Period: From 06/01/2012 To 05/31/2013	Worksheet S Parts I-III Date/Time Prepared: 10/28/2013 5:57 pm
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**PART I - COST REPORT STATUS**

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

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

Date: 10/28/2013 Time: 5:57 pm

**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 SWEDI SHAMERICAN HOSPITAL ( 140228 ) for the cost reporting period beginning 06/01/2012 and ending 05/31/2013 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

Encryption Information  
 ECR: Date: 10/28/2013 Time: 5:57 pm  
 Qkw5D4voSvBVWcgYj QYm4kFD01syEO  
 : zotp0Vj uERmf3CnvAnvqKcal u: fcl  
 mq3a1eFnTe06dRfD  
 PI: Date: 10/28/2013 Time: 5:57 pm  
 t00u3n4ESG80mQv4otuOX2W1nJqF.0  
 eUmA.0adMan: pLIGI tnNpFdZCBONDD  
 : Z600XOJHT0i8sj6

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

	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00 Hospital	0	34,230	518,675	-171,826	0	1.00
2.00 Subprovider - IPF	0	84,450	-212		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
9.00 HOME HEALTH AGENCY I	0	584	206		0	9.00
200.00 Total	0	119,264	518,669	-171,826	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: 140228	Period: From 06/01/2012 To 05/31/2013	Worksheet S-2 Part I Date/Time Prepared: 10/28/2013 5:55 pm
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1.00 Hospital and Hospital Health Care Complex Address:	2.00 Street: 1401 EAST STATE ST.	PO Box:	3.00 State: IL	Zip Code: 61104	4.00 County: WINNEBAGO	1.00	2.00
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	Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
						V	XVIII	XIX		
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00			
Hospital and Hospital-Based Component Identification:										
3.00	Hospital	SWEDI SHAMERICAN HOSPITAL	140228	40420	1	06/30/1966	0	P	0	3.00
4.00	Subprovider - IPF	SWEI SHAMERICAN HOSPITAL PSYCH UNIT	14S228	40420	4	05/31/1986	N	P	0	4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA	SWEDI SHAMERICAN HOME HEALTH	147448	40420		03/24/1986	N	P	0	12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00

		From:	To:	
		1.00	2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)	06/01/2012		05/31/2013
21.00	Type of Control (see instructions)	2		

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

	In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
1.00	2.00	3.00	4.00	5.00	6.00			
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	14,618	1,128	216	0	59	1,731	24.00
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in col. 1, the in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6.	0	0	0	0	0	0	25.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140228	Period: From 06/01/2012 To 05/31/2013	Worksheet S-2 Part I Date/Time Prepared: 10/28/2013 5:55 pm		
		Beginning: 1.00	Ending: 2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0				37.00
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.					38.00
		Y/N 1.00	Y/N 2.00			
39.00	Does the facility potentially qualify for the inpatient hospital adjustment for low volume hospitals as deemed by CMS according to the Federal Register? Enter in column 1 "Y" for yes or "N" for no. Additionally, does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)? Enter in column 2 "Y" for yes or "N" for no.					39.00
		V 1.00	XVIII 2.00	XIX 3.00		
<b>Prospective Payment System (PPS)-Capital</b>						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N		45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Worksheet L, Part III and L-1, Parts I through III.	N	N	N		46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00
<b>Teaching Hospitals</b>						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y				56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.	N				57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N				58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N				59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y				60.00
		Y/N 1.00	IME Average 2.00	Direct GME Average 3.00		
61.00	Did your facility receive additional FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. If "Y", effective for portions of cost reporting periods beginning on or after July 1, 2011 enter the average number of primary care FTE residents for IME in column 2 and direct GME in column 3, from the hospital's three most recent cost reports ending and submitted before March 23, 2010. (see instructions)	N	0.00	0.00		61.00
<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 Nonprovider Site 1.00	Unweighted FTEs in Hospital 2.00	Ratio (col. 1/ (col. 1 + col. 2)) 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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 140228

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

Worksheet S-2  
Part I  
Date/Time Prepared:  
10/28/2013 5:55 pm

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name. Enter in column 2 the program code, enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	65.00
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))	
				1.00	2.00	3.00	
Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	66.00
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	If line 63 is yes, then, for each primary care residency program in which you are training residents, enter in column 1 the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations that occurred in nonprovider settings for each applicable program. Enter in column 4 the number of unweighted primary care FTE residents in your hospital for each applicable program. Enter in column 5 the ratio of column 3 divided by the sum of columns 3 and 4. Use subscripted lines 67.01 through 67.50 for each additional primary care program. If you operated a primary care program that did not have FTE residents in a nonprovider setting, enter zero in column 3 and complete all other columns for each applicable program.			0.00	0.00	0.000000	67.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140228	Period: From 06/01/2012 To 05/31/2013	Worksheet S-2 Part I Date/Time Prepared: 10/28/2013 5:55 pm		
		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 subsequent academic years of the new teaching program in existence, enter 5. (see instructions)	Y	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.	N				75.00
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)			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)					106.00
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)					107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N				108.00
		Physical	Occupational	Speech	Respiratory	
		1.00	2.00	3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	109.00
		1.00			3.00	
<b>Miscellaneous Cost Reporting Information</b>						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospital providers) based on the definition in CMS 15-1, §2208.1.	N			0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N				116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y				117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1				118.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140228	Period: From 06/01/2012 To 05/31/2013	Worksheet S-2 Part I Date/Time Prepared: 10/28/2013 5:55 pm	
		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	841,837	0	1,894,400	118.01
			1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.		N		118.02
119.00	DO NOT USE THIS LINE				119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2 "Y" for yes or "N" for no.		N	N	120.00
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y		121.00
<b>Transplant Center Information</b>					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00
<b>All Providers</b>					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)		Y		140.00
		1.00	2.00	3.00	
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.					
141.00	Name:	Contractor's Name:		Contractor's Number:	
142.00	Street:	PO Box:			
143.00	City:	State:		Zip Code:	
				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.		N		145.00
			1.00	2.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.		N		146.00
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.		N		147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.		N		148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.		N		149.00
		Part A	Part B	Title V	Title XIX
		1.00	2.00	3.00	4.00
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
155.00	Hospital	N	N	N	N
156.00	Subprovider - IPF	N	N	N	N
157.00	Subprovider - IRF	N	N	N	N
158.00	SUBPROVIDER				
159.00	SNF	N	N	N	N
160.00	HOME HEALTH AGENCY	N	N	N	N
161.00	CMHC		N	N	N

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140228		Period: From 06/01/2012 To 05/31/2013		Worksheet S-2 Part I Date/Time Prepared: 10/28/2013 5:55 pm		
							1.00	
<b>Multi campus</b>								
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.						N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5						0.00	166.00
							1.00	
<b>Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act</b>								
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)							168.00
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)						1.00	169.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140228	Period: From 06/01/2012 To 05/31/2013	Worksheet S-2 Part II Date/Time Prepared: 10/28/2013 5:55 pm	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y			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.	Y			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	Y			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
				Y/N	
				1.00	
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N	15.00
		Part A		Part B	
Description		Y/N	Date	Y/N	
0		1.00	2.00	3.00	
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	10/03/2013	Y	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140228	Period: From 06/01/2012 To 05/31/2013	Worksheet S-2 Part II Date/Time Prepared: 10/28/2013 5:55 pm	
	Description	Part A		Part B	
		Y/N	Date	Y/N	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
					1.00
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>					
<b>Capital Related Cost</b>					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				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.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				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.				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				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				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.				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.				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.				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?				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.				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.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				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.	PATTI		DEWANE	
42.00	Enter the employer/company name of the cost report preparer.	SWEDI SHAMERICAN HEALTH SYSTEM			
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	(779) 696-7350		PDEWANE@SWEDI SHAMERICAN.ORG	

		Part B	
		Date	
		4.00	
<b>PS&amp;R Data</b>			
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	10/03/2013	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		21.00
		3.00	
<b>Cost Report Preparer Contact Information</b>			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	CORPORATE CONTROLLER	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

VOLUNTARY CONTACT INFORMATION

Provider CCN: 140228

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

Worksheet S-2  
Part V  
Date/Time Prepared:  
10/28/2013 5:55 pm

		1.00	
<b>Cost Report Preparer Contact Information</b>			
1.00	First Name		1.00
2.00	Last Name		2.00
3.00	Title		3.00
4.00	Employer		4.00
5.00	Phone Number		5.00
6.00	E-mail Address		6.00
7.00	Department		7.00
8.00	Mailing Address 1		8.00
9.00	Mailing Address 2		9.00
10.00	City		10.00
11.00	State		11.00
12.00	Zip		12.00
<b>Officer or Administrator of Provider Contact Information</b>			
13.00	First Name	PATTI	13.00
14.00	Last Name	DEWANE	14.00
15.00	Title	CORPORATE CONTROLLER	15.00
16.00	Employer	SWEDI SHAMERICAN HEALTH SYSTEM	16.00
17.00	Phone Number	(779)696-7350	17.00
18.00	E-mail Address	PDEWANE@SWEDI SHAMERICAN.ORG	18.00
19.00	Department		19.00
20.00	Mailing Address 1	1401 E. STATE STREET	20.00
21.00	Mailing Address 2		21.00
22.00	City	ROCKFORD	22.00
23.00	State	IL	23.00
24.00	Zip	61104	24.00

HFS Supplemental Information		Provider CCN: 140228	Period: From 06/01/2012 To 05/31/2013	Worksheet S-2 Part IX Date/Time Prepared: 10/28/2013 5:55 pm	
			Title V	Title XIX	
			1.00	2.00	
<b>TITLES V AND/OR XIX FOLLOWING MEDICARE</b>					
1.00	Do Title V or XIX follow Medicare (Title XVIII) for the Interns and Residence post stepdown adjustments on W/S B, Part I, column 25? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.		Y	Y	1.00
2.00	Do Title V or XIX follow Medicare (Title XVIII) for the reporting of charges on W/S C, Part I (e.g. net of Physician's component)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.		Y	Y	2.00
3.00	Do Title V or XIX follow Medicare (Title XVIII) for the calculation of Observation Bed Cost on W/S D-1, Part IV, line 89? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.		Y	Y	3.00
			Inpatient	Outpatient	
			1.00	2.00	
<b>CRITICAL ACCESS HOSPITALS</b>					
4.00	Does Title V follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.		N	N	4.00
5.00	Does Title XIX follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.		N	N	5.00
			Title V	Title XIX	
			1.00	2.00	
<b>RCE DISALLOWANCE</b>					
6.00	Do Title V or XIX follow Medicare and add back the RCE Disallowance on W/S C, Part I column 4? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.		Y	Y	6.00
<b>PASS THROUGH COST</b>					
7.00	Do Title V or XIX follow Medicare when cost reimbursed (payment system is "0") for worksheets D, parts I through IV? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.		Y	Y	7.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140228

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
10/28/2013 5:55 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	Title V
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	30.00	278	101,470	0.00	0	1.00
2.00 HMO						2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF					0	5.00
6.00 Hospital Adults & Peds. Swing Bed NF					0	6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		278	101,470	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	30	10,950	0.00	0	8.00
8.01 PEDIATRIC ICU	31.01	0	0	0.00	0	8.01
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)		308	112,420	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						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		328				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140228

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
10/28/2013 5:55 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII	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)	21,780	12,323	53,008			1.00
2.00 HMO	4,588	331				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	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	21,780	12,323	53,008			7.00
8.00 INTENSIVE CARE UNIT	2,703	725	5,946			8.00
8.01 PEDIATRIC ICU	0	0	0			8.01
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		4,378	7,047			13.00
14.00 Total (see instructions)	24,483	17,426	66,001	22.01	2,525.92	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	1,280	756	4,451	0.29	31.16	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	15,136	2,222	25,857	0.00	42.44	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)				22.30	2,599.52	27.00
28.00 Observation Bed Days		564	3,193			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)		273	537			32.00
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140228

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
10/28/2013 5:55 pm

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)		0	5,123	5,719	18,206	1.00	
2.00 HMO			861			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	
8.01 PEDIATRIC ICU						8.01	
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	5,123	5,719	18,206	14.00	
15.00 CAH visits						15.00	
16.00 SUBPROVIDER - IPF	0.00	0	165	261	702	16.00	
17.00 SUBPROVIDER - IRF						17.00	
18.00 SUBPROVIDER						18.00	
19.00 SKILLED NURSING FACILITY						19.00	
20.00 NURSING FACILITY						20.00	
21.00 OTHER LONG TERM CARE						21.00	
22.00 HOME HEALTH AGENCY	0.00					22.00	
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00	
24.00 HOSPICE						24.00	
25.00 CMHC - CMHC						25.00	
26.00 RURAL HEALTH CLINIC						26.00	
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25	
27.00 Total (sum of lines 14-26)	0.00					27.00	
28.00 Observation Bed Days						28.00	
29.00 Ambulance Trips						29.00	
30.00 Employee discount days (see instruction)						30.00	
31.00 Employee discount days - IRF						31.00	
32.00 Labor & delivery days (see instructions)						32.00	
33.00 LTCH non-covered days						33.00	

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140228

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
10/28/2013 5:55 pm

	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	161,414,595	399,700	161,814,295	5,266,892.00	30.72
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		135,000	0	135,000	593.00	227.66
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician-Part B		1,218,228	0	1,218,228	12,105.60	100.63
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)		55,683,961	-2,663,212	53,020,749	1,322,125.00	40.10
<b>OTHER WAGES &amp; RELATED COSTS</b>							
11.00	Contract labor (see instructions)		97,226	0	97,226	1,236.00	78.66
12.00	Contract management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		6,853,580	0	6,853,580	100,688.00	68.07
14.00	Home office salaries & wage-related costs		0	0	0	0.00	0.00
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) Wkst S-3, Part IV line 24		37,008,094	0	37,008,094		
18.00	Wage-related costs (other) Wkst S-3, Part IV line 25		0	0	0		
19.00	Excluded areas		13,377,540	0	13,377,540		
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		6,369	0	6,369		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		130,011	0	130,011		
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	4.00	1,812,281	26,853	1,839,134	53,914.00	34.11
27.00	Administrative & General	5.00	22,266,033	-309,736	21,956,297	745,666.00	29.45
28.00	Administrative & General under contract (see inst.)		2,250,197	0	2,250,197	17,896.00	125.74
29.00	Maintenance & Repairs	6.00	564,459	372,847	937,306	47,195.00	19.86
30.00	Operation of Plant	7.00	1,022,136	0	1,022,136	41,309.00	24.74
31.00	Laundry & Linen Service	8.00	68,390	0	68,390	6,240.00	10.96
32.00	Housekeeping	9.00	2,674,627	0	2,674,627	195,125.00	13.71
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00
34.00	Dietary	10.00	2,155,439	0	2,155,439	153,920.00	14.00
35.00	Dietary under contract (see instructions)		277,033	0	277,033	8,160.00	33.95
36.00	Cafeteria	11.00	0	0	0	0.00	0.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00
38.00	Nursing Administration	13.00	1,084,181	0	1,084,181	27,560.00	39.34
39.00	Central Services and Supply	14.00	0	0	0	0.00	0.00
40.00	Pharmacy	15.00	4,463,217	0	4,463,217	107,099.00	41.67
41.00	Medical Records & Medical Records Library	16.00	1,658,374	0	1,658,374	93,496.00	17.74

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140228

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
10/28/2013 5:55 pm

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

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140228

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

Worksheet S-3  
Part III  
Date/Time Prepared:  
10/28/2013 5:55 pm

	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>							
1.00	Net salaries (see instructions)	162,723,597	399,700	163,123,297	5,280,842.40	30.89	1.00
2.00	Excluded area salaries (see instructions)	55,683,961	-2,663,212	53,020,749	1,322,125.00	40.10	2.00
3.00	Subtotal salaries (line 1 minus line 2)	107,039,636	3,062,912	110,102,548	3,958,717.40	27.81	3.00
4.00	Subtotal other wages & related costs (see inst.)	6,950,806	0	6,950,806	101,924.00	68.20	4.00
5.00	Subtotal wage-related costs (see inst.)	37,014,463	0	37,014,463	0.00	33.62	5.00
6.00	Total (sum of lines 3 thru 5)	151,004,905	3,062,912	154,067,817	4,060,641.40	37.94	6.00
7.00	Total overhead cost (see instructions)	40,296,367	89,964	40,386,331	1,497,580.00	26.97	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 140228

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

Worksheet S-3  
Part IV  
Date/Time Prepared:  
10/28/2013 5:55 pm

		Amount Reported	
		1.00	
<b>PART IV - WAGE RELATED COSTS</b>			
<b>Part A - Core List</b>			
<b>RETIREMENT COST</b>			
1.00	401K Employer Contributions	0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	7,772,441	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>			
5.00	401K/TSA Plan Administration Fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	2,029,066	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)	25,238,547	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	370,266	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)	1,133,272	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	1,960,222	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	10,792,412	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	246,649	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	979,138	23.00
24.00	<b>Total Wage Related cost (Sum of lines 1 -23)</b>	<b>50,522,013</b>	<b>24.00</b>
<b>Part B - Other than Core Related Cost</b>			
25.00	<b>OTHER WAGE RELATED COSTS (SPECIFY)</b>	<b>1,761,160</b>	<b>25.00</b>

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 140228

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

Worksheet S-3  
Part V  
Date/Time Prepared:  
10/28/2013 5:55 pm

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
<b>PART V - Contract Labor and Benefit Cost</b>				
<b>Hospital and Hospital-Based Component Identification:</b>				
1.00	Total facility's contract labor and benefit cost	97,226	50,522,013	1.00
2.00	Hospital	97,226	50,522,013	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis			17.00
18.00	Other	0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 140228	Period: From 06/01/2012 To 05/31/2013	Worksheet S-4
		Component CCN: 147448		Date/Time Prepared: 10/28/2013 5:55 pm
			Home Health Agency I	PPS

		1.00					
0.00	County						0.00
		Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	
HOME HEALTH AGENCY STATISTICAL DATA							
1.00	Home Health Aide Hours	0	2,700	37	549	3,286	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	869.00	135.00	577.00	1,435.00	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					3.00
4.00	Director(s) and Assistant Director(s)	0.98					4.00
5.00	Other Administrative Personnel	20.04					5.00
6.00	Direct Nursing Service	13.18					6.00
7.00	Nursing Supervisor	0.00					7.00
8.00	Physical Therapy Service	4.20					8.00
9.00	Physical Therapy Supervisor	0.00					9.00
10.00	Occupational Therapy Service	1.37					10.00
11.00	Occupational Therapy Supervisor	0.00					11.00
12.00	Speech Pathology Service	0.10					12.00
13.00	Speech Pathology Supervisor	0.00					13.00
14.00	Medical Social Service	0.98					14.00
15.00	Medical Social Service Supervisor	0.00					15.00
16.00	Home Health Aide	1.58					16.00
17.00	Home Health Aide Supervisor	0.00					17.00
18.00	PHARMACY TECH	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.	4					19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).	16974					20.00
20.01		25180					20.01
20.02		40420					20.02
20.03		99914					20.03
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (col s. 1-4)	
		Without Outliers	With Outliers				
		1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	8,118	46	381	113	8,658	21.00
22.00	Skilled Nursing Visit Charges	1,278,585	7,125	63,225	18,000	1,366,935	22.00
23.00	Physical Therapy Visits	3,852	15	63	85	4,015	23.00
24.00	Physical Therapy Visit Charges	604,860	2,280	11,100	13,290	631,530	24.00
25.00	Occupational Therapy Visits	986	7	7	28	1,028	25.00
26.00	Occupational Therapy Visit Charges	156,960	1,080	1,200	4,410	163,650	26.00
27.00	Speech Pathology Visits	243	20	1	2	266	27.00
28.00	Speech Pathology Visit Charges	37,800	3,030	180	330	41,340	28.00
29.00	Medical Social Service Visits	114	0	5	2	121	29.00
30.00	Medical Social Service Visit Charges	20,520	0	900	360	21,780	30.00
31.00	Home Health Aide Visits	1,030	0	14	4	1,048	31.00
32.00	Home Health Aide Visit Charges	92,700	0	1,260	360	94,320	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	14,343	88	471	234	15,136	33.00
34.00	Other Charges	0	0	0	0	0	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	2,191,425	13,515	77,865	36,750	2,319,555	35.00
36.00	Total Number of Episodes (standard/non outlier)	1,065		167	17	1,249	36.00
37.00	Total Number of Outlier Episodes		2		1	3	37.00
38.00	Total Non-Routine Medical Supply Charges	604,286	22	19,729	2,742	626,779	38.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 140228	Period: From 06/01/2012 To 05/31/2013	Worksheet S-10 Date/Time Prepared: 10/28/2013 5:55 pm
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			1.00		
<b>Uncompensated and indigent care cost computation</b>					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.200467	1.00	
<b>Medicaid (see instructions for each line)</b>					
2.00	Net revenue from Medicaid		44,913,827	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00	
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?		N	4.00	
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		14,936,253	5.00	
6.00	Medicaid charges		275,296,593	6.00	
7.00	Medicaid cost (line 1 times line 6)		55,187,882	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	
<b>State Children's Health Insurance Program (SCHIP) (see instructions for each line)</b>					
9.00	Net revenue from stand-alone SCHIP		0	9.00	
10.00	Stand-alone SCHIP charges		0	10.00	
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0	11.00	
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00	
<b>Other state or local government indigent care program (see instructions for each line)</b>					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00	
<b>Uncompensated care (see instructions for each line)</b>					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00	
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		0	19.00	
			1.00		
			2.00		
			3.00		
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	52,333,115	4,445,666	56,778,781	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	10,491,063	891,209	11,382,272	21.00
22.00	Partial payment by patients approved for charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	10,491,063	891,209	11,382,272	23.00
			1.00		
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N	24.00	
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit		0	25.00	
26.00	Total bad debt expense for the entire hospital complex (see instructions)		27,107,504	26.00	
27.00	Medicare bad debts for the entire hospital complex (see instructions)		2,605,845	27.00	
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)		24,501,659	28.00	
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)		4,911,774	29.00	
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)		16,294,046	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		16,294,046	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140228

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

Worksheet A  
Date/Time Prepared:  
10/28/2013 5:55 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT		12,930,335		0	12,930,335
2.00	00200	CAP REL COSTS-MVBLE EQUIP		10,299,889	3,298,478		13,598,367
3.00	00300	OTHER CAPITAL RELATED COSTS		0	0	0	0
4.00	00400	EMPLOYEE BENEFITS	1,812,281	2,161,616	-14,942		3,958,955
5.00	00500	ADMINISTRATIVE & GENERAL	22,266,033	43,155,377	-4,224,149		61,197,261
6.00	00600	MAINTENANCE & REPAIRS	564,459	755,038	852,514		2,172,011
7.00	00700	OPERATION OF PLANT	1,022,136	3,621,532	-7,210		4,636,458
8.00	00800	LAUNDRY & LINEN SERVICE	68,390	1,257,062	-505		1,324,947
9.00	00900	HOUSEKEEPING	2,674,627	1,604,498	-17,838		4,261,287
10.00	01000	DIETARY	2,155,439	2,915,519	-157,235		4,913,723
11.00	01100	CAFETERIA	0	0	0		0
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0		0
13.00	01300	NURSING ADMINISTRATION	1,084,181	601,301	-3,494		1,681,988
14.00	01400	CENTRAL SERVICES & SUPPLY	0	4,479,219	-3,531,991		947,228
15.00	01500	PHARMACY	4,463,217	10,426,766	-8,518,275		6,371,708
16.00	01600	MEDICAL RECORDS & LIBRARY	1,658,374	1,690,117	-236,651		3,111,840
17.00	01700	SOCIAL SERVICE	0	0	0		0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0		0
20.00	02000	NURSING SCHOOL	0	0	0		0
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0		0
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	4,156,857	-54		4,156,803
23.00	02300	PARAMED ED PRGM - LABORATORY	140,211	52,840	193,051		193,051
23.20	02301	PARAMED ED PRGM - RADIOLOGY	165,630	89,932	255,562	-1,841	253,721
23.30	02302	PARAMED ED - RADIATION ONCOLOGY	124,111	105,380	229,491	-8,744	220,747
23.40	02303	PARAMED ED - PARAMEDICAL TECHS	432,735	637,470	1,070,205	-38,720	1,031,485
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	20,447,286	15,098,476	35,545,762	609,413	36,155,175
31.00	03100	INTENSIVE CARE UNIT	4,173,674	3,145,682	7,319,356	275,865	7,595,221
31.01	03101	PEDIATRIC ICU	0	0	0	0	0
40.00	04000	SUBPROVIDER - I/PF	3,412,558	1,524,991	4,937,549	-1,087,633	3,849,916
43.00	04300	NURSERY	1,249,048	1,885,806	3,134,854	1,266,655	4,401,509
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	8,194,925	29,774,006	37,968,931	-12,093,073	25,875,858
50.20	03340	GASTROENTEROLOGY	485,109	413,961	899,070	2,103	901,173
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,878,978	1,670,824	4,549,802	123,371	4,673,173
53.00	05300	ANESTHESIOLOGY	0	496,416	496,416	1,700,000	2,196,416
54.00	05400	RADIOLOGY - DIAGNOSTIC	7,554,243	13,039,921	20,594,164	-2,722,433	17,871,731
54.01	05404	CHEMO/IV THERAPY	179,820	91,421	271,241	-3,961	267,280
54.10	03480	RADIATION ONCOLOGY	1,955,984	1,174,271	3,130,255	15,999,357	19,129,612
54.20	05401	CT	889,325	1,519,972	2,409,297	-120,855	2,288,442
54.30	05402	MRI	717,811	774,130	1,491,941	-81,712	1,410,229
60.00	06000	LABORATORY	3,186,107	9,830,884	13,016,991	-639,801	12,377,190
65.00	06500	RESPIRATORY THERAPY	2,105,243	1,514,593	3,619,836	-356,875	3,262,961
66.00	06600	PHYSICAL THERAPY	3,463,230	2,082,373	5,545,603	-13,891	5,531,712
69.00	06900	ELECTROCARDIOLOGY	1,350,166	1,215,914	2,566,080	-7,965	2,558,115
70.00	07000	ELECTROENCEPHALOGRAPHY	82,448	108,120	190,568	-849	189,719
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	1,768,996	1,768,996
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	12,749,030	12,749,030
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	8,511,541	8,511,541
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
75.01	07501	SLEEP LAB	431,777	474,694	906,471	-5,343	901,128
75.10	03950	NUTRITIONAL SUPPORT	0	0	0	136,178	136,178
75.20	03951	HEMODIALYSIS	0	558,922	558,922	0	558,922
76.97	07697	CARDIAC REHABILITATION	688,990	537,455	1,226,445	-2,416	1,224,029
76.98	07698	WOUND CARE	610,122	611,877	1,221,999	-2,072	1,219,927
76.99	07699	LITHOTRIPSY	0	0	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	0	0	0	0
90.01	09001	CHILDRENS CLINIC	0	0	0	0	0
90.02	09002	DIABETES CLINIC	304,566	164,566	469,132	-498	468,634
91.00	09100	EMERGENCY	6,978,165	7,502,732	14,480,897	-70,257	14,410,640
91.05	09101	AMBULATORY CARE	34,480	16,066	50,546	-1,655	48,891
91.10	09102	PSYCHIATRIC PARTIAL	0	0	0	394,546	394,546
92.00	09200	OBSERVATION BEDS	0	0	0	0	0
<b>OTHER REIMBURSABLE COST CENTERS</b>							
101.00	10100	HOME HEALTH AGENCY	3,290,711	1,862,876	5,153,587	-98,678	5,054,909
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00		SUBTOTALS (SUM OF LINES 1-117)	113,296,590	198,031,697	311,328,287	13,616,431	324,944,718
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	36	6,223	6,259	0	6,259
190.10	19001	MCC WORD PROCESSING	0	0	0	0	0

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140228

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

Worksheet A

Date/Time Prepared:  
10/28/2013 5:55 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	SPECIALISTS/PCP'S	46,240,934	51,767,784	98,008,718	-16,000,722	82,007,996	192.01
192.02	19202	MEDWORKS	0	0	0	0	0	192.02
192.03	19203	SWEDISH AMERICAN ER	0	0	0	0	0	192.03
192.20	19204	IDLE SPACE	0	0	0	0	0	192.20
193.00	19300	NONPAID WORKERS	19,866	41,289	61,155	0	61,155	193.00
193.10	19301	HOTEL	0	0	0	0	0	193.10
193.30	19302	PHYSICIAN BILLING	0	0	0	0	0	193.30
193.40	19303	MEALS ON WHEELS	0	0	0	0	0	193.40
193.50	19304	WEE CARE	0	0	0	0	0	193.50
193.60	19305	PHYSICIAN RELATED AREAS	399,372	469,366	868,738	0	868,738	193.60
193.70	19306	WOMEN'S CENTER	0	0	0	0	0	193.70
193.80	19307	MARKETING EXPENSES	236,691	100,527	337,218	2,384,291	2,721,509	193.80
193.90	19308	COMPLIMENTARY MEDICINE	461,613	194,445	656,058	0	656,058	193.90
194.00	07950	NON-MEDICARE HOME HEALTH SERVICES	759,493	729,036	1,488,529	0	1,488,529	194.00
200.00		TOTAL (SUM OF LINES 118-199)	161,414,595	251,340,367	412,754,962	0	412,754,962	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140228

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

Worksheet A  
Date/Time Prepared:  
10/28/2013 5:55 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-4,556,430	8,373,905	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	13,598,367	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS	-820,841	3,138,114	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-14,192,371	47,004,890	5.00
6.00	00600	MAINTENANCE & REPAIRS	-10,165	2,161,846	6.00
7.00	00700	OPERATION OF PLANT	-6,801	4,629,657	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-13,255	1,311,692	8.00
9.00	00900	HOUSEKEEPING	-245	4,261,042	9.00
10.00	01000	DIETARY	-1,361,505	3,552,218	10.00
11.00	01100	CAFETERIA	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	-285,580	1,396,408	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-384	946,844	14.00
15.00	01500	PHARMACY	-900	6,370,808	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-199,904	2,911,936	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	-188,791	3,968,012	22.00
23.00	02300	PARAMED PRGM - LABORATORY	-1,000	192,051	23.00
23.20	02301	PARAMED PRGM - RADIOLOGY	-105,675	148,046	23.20
23.30	02302	PARAMED ED - RADIATION ONCOLOGY	-67,705	153,042	23.30
23.40	02303	PARAMED ED - PARAMEDICAL TECHS	-140,886	890,599	23.40
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	-163,989	35,991,186	30.00
31.00	03100	INTENSIVE CARE UNIT	-1,186,383	6,408,838	31.00
31.01	03101	PEDIATRIC ICU	0	0	31.01
40.00	04000	SUBPROVIDER - I PF	-971,477	2,878,439	40.00
43.00	04300	NURSERY	-1,326,682	3,074,827	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	-4,301,904	21,573,954	50.00
50.20	03340	GASTROENTEROLOGY	0	901,173	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	-925	4,672,248	52.00
53.00	05300	ANESTHESIOLOGY	-1,871,371	325,045	53.00
54.00	05400	RADIOLOGY - DIAGNOSTIC	-98,718	17,773,013	54.00
54.01	05404	CHEMO/IV THERAPY	0	267,280	54.01
54.10	03480	RADIATION ONCOLOGY	-1,018,145	18,111,467	54.10
54.20	05401	CT	-4,065	2,284,377	54.20
54.30	05402	MRI	0	1,410,229	54.30
60.00	06000	LABORATORY	-391,921	11,985,269	60.00
65.00	06500	RESPIRATORY THERAPY	0	3,262,961	65.00
66.00	06600	PHYSICAL THERAPY	-65,143	5,466,569	66.00
69.00	06900	ELECTROCARDIOLOGY	-116,575	2,441,540	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-62,856	126,863	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	1,768,996	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	12,749,030	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	8,511,541	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
75.01	07501	SLEEP LAB	-35,892	865,236	75.01
75.10	03950	NUTRITIONAL SUPPORT	0	136,178	75.10
75.20	03951	HEMODIALYSIS	0	558,922	75.20
76.97	07697	CARDIAC REHABILITATION	-81,008	1,143,021	76.97
76.98	07698	WOUND CARE	-127,906	1,092,021	76.98
76.99	07699	LITHOTRIPSY	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0	0	90.00
90.01	09001	CHILDRENS CLINIC	0	0	90.01
90.02	09002	DIABETES CLINIC	-713	467,921	90.02
91.00	09100	EMERGENCY	-1,899,721	12,510,919	91.00
91.05	09101	AMBULATORY CARE	0	48,891	91.05
91.10	09102	PSYCHIATRIC PARTIAL	-33,102	361,444	91.10
92.00	09200	OBSERVATION BEDS			92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
101.00	10100	HOME HEALTH AGENCY	-8,031	5,046,878	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
118.00		SUBTOTALS (SUM OF LINES 1-117)	-35,718,965	289,225,753	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	6,259	190.00
190.10	19001	MCC WORD PROCESSING	0	0	190.10
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01	19201	SPECIALISTS/PCP'S	-403,735	81,604,261	192.01

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140228

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

Worksheet A  
Date/Time Prepared:  
10/28/2013 5:55 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
192.02	19202	MEDWORKS	0	0	192.02
192.03	19203	SWEDISH AMERICAN ER	0	0	192.03
192.20	19204	IDLE SPACE	0	0	192.20
193.00	19300	NONPAID WORKERS	0	61,155	193.00
193.10	19301	HOTEL	0	0	193.10
193.30	19302	PHYSICIAN BILLING	0	0	193.30
193.40	19303	MEALS ON WHEELS	0	0	193.40
193.50	19304	WEE CARE	0	0	193.50
193.60	19305	PHYSICIAN RELATED AREAS	-4,556	864,182	193.60
193.70	19306	WOMEN'S CENTER	0	0	193.70
193.80	19307	MARKETING EXPENSES	0	2,721,509	193.80
193.90	19308	COMPLIMENTARY MEDICINE	0	656,058	193.90
194.00	07950	NON-MEDICARE HOME HEALTH SERVICES	-2,749	1,485,780	194.00
200.00		TOTAL (SUM OF LINES 118-199)	-36,130,005	376,624,957	200.00

COST CENTERS USED IN COST REPORT

Provider CCN: 140228

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

Worksheet Non-CMS W  
Date/Time Prepared:  
10/28/2013 5:55 pm

Cost Center Description	CMS Code	Standard Label For Non-Standard Codes	
	1.00	2.00	
<b>GENERAL SERVICE COST CENTERS</b>			
1.00 CAP REL COSTS-BLDG & FIXT	00100		1.00
2.00 CAP REL COSTS-MVBLE EQUIP	00200		2.00
3.00 OTHER CAPITAL RELATED COSTS	00300		3.00
4.00 EMPLOYEE BENEFITS	00400		4.00
5.00 ADMINISTRATIVE & GENERAL	00500		5.00
6.00 MAINTENANCE & REPAIRS	00600		6.00
7.00 OPERATION OF PLANT	00700		7.00
8.00 LAUNDRY & LINEN SERVICE	00800		8.00
9.00 HOUSEKEEPING	00900		9.00
10.00 DIETARY	01000		10.00
11.00 CAFETERIA	01100		11.00
12.00 MAINTENANCE OF PERSONNEL	01200		12.00
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
19.00 NONPHYSICIAN ANESTHETISTS	01900		19.00
20.00 NURSING SCHOOL	02000		20.00
21.00 I&R SRVCES-SALARY & FRINGES APPRVD	02100		21.00
22.00 I&R SRVCES-OTHER PRGM COSTS APPRVD	02200		22.00
23.00 PARAMED ED PRGM - LABORATORY	02300		23.00
23.20 PARAMED ED PRGM - RADIOLOGY	02301		23.20
23.30 PARAMED ED - RADIATION ONCOLOGY	02302		23.30
23.40 PARAMED ED - PARAMEDICAL TECHS	02303		23.40
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>			
30.00 ADULTS & PEDIATRICS	03000		30.00
31.00 INTENSIVE CARE UNIT	03100		31.00
31.01 PEDIATRIC ICU	03101		31.01
40.00 SUBPROVIDER - IPF	04000		40.00
43.00 NURSERY	04300		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00 OPERATING ROOM	05000		50.00
50.20 GASTROENTEROLOGY	03340		50.20
52.00 DELIVERY ROOM & LABOR ROOM	05200		52.00
53.00 ANESTHESIOLOGY	05300		53.00
54.00 RADIOLOGY - DIAGNOSTIC	05400		54.00
54.01 CHEMO/IV THERAPY	05404		54.01
54.10 RADIATION ONCOLOGY	03480		54.10
54.20 CT	05401		54.20
54.30 MRI	05402		54.30
60.00 LABORATORY	06000		60.00
65.00 RESPIRATORY THERAPY	06500		65.00
66.00 PHYSICAL THERAPY	06600		66.00
69.00 ELECTROCARDIOLOGY	06900		69.00
70.00 ELECTROENCEPHALOGRAPHY	07000		70.00
71.00 MEDICAL SUPPLIES CHRGD TO PATIENTS	07100		71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	07200		72.00
73.00 DRUGS CHARGED TO PATIENTS	07300		73.00
75.00 ASC (NON-DISTINCT PART)	07500		75.00
75.01 SLEEP LAB	07501		75.01
75.10 NUTRITIONAL SUPPORT	03950		75.10
75.20 HEMODIALYSIS	03951		75.20
76.97 CARDIAC REHABILITATION	07697	CARDIAC REHABILITATION	76.97
76.98 WOUND CARE	07698	HYPERBARIC OXYGEN THERAPY	76.98
76.99 LI THOTRI PSY	07699	LI THOTRI PSY	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>			
90.00 CLINIC	09000		90.00
90.01 CHILDRENS CLINIC	09001		90.01
90.02 DIABETES CLINIC	09002		90.02
91.00 EMERGENCY	09100		91.00
91.05 AMBULATORY CARE	09101		91.05
91.10 PSYCHIATRIC PARTIAL	09102		91.10
92.00 OBSERVATION BEDS	09200		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>			
101.00 HOME HEALTH AGENCY	10100		101.00
<b>SPECIAL PURPOSE COST CENTERS</b>			
118.00 SUBTOTALS (SUM OF LINES 1-117)			118.00
<b>NONREIMBURSABLE COST CENTERS</b>			
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	19000		190.00
190.10 MCC WORD PROCESSING	19001		190.10

COST CENTERS USED IN COST REPORT

Provider CCN: 140228

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

Worksheet Non-CMS W  
Date/Time Prepared:  
10/28/2013 5:55 pm

Cost Center Description	CMS Code	Standard Label For Non-Standard Codes	
	1.00	2.00	
192.00 PHYSICIANS' PRIVATE OFFICES	19200		192.00
192.01 SPECIALISTS/PCP'S	19201		192.01
192.02 MEDWORKS	19202		192.02
192.03 SWEDISH AMERICAN ER	19203		192.03
192.20 IDLE SPACE	19204		192.20
193.00 NONPAID WORKERS	19300		193.00
193.10 HOTEL	19301		193.10
193.30 PHYSICIAN BILLING	19302		193.30
193.40 MEALS ON WHEELS	19303		193.40
193.50 WEE CARE	19304		193.50
193.60 PHYSICIAN RELATED AREAS	19305		193.60
193.70 WOMEN'S CENTER	19306		193.70
193.80 MARKETING EXPENSES	19307		193.80
193.90 COMPLIMENTARY MEDICINE	19308		193.90
194.00 NON-MEDICARE HOME HEALTH SERVICES	07950		194.00
200.00 TOTAL (SUM OF LINES 118-199)			200.00

		Increases				
Cost Center		Line #	Salary	Other		
2.00	3.00	4.00	5.00			
<b>A - MEDICAL MAINTENANCE</b>						
1.00	MAINTENANCE & REPAIRS	6.00	0	854,185	1.00	
	TOTALS		0	854,185		
<b>B - CHARGABLE MED SUPPLIES</b>						
1.00	MEDICAL SUPPLIES CHRGD TO PATIENTS	71.00	0	1,768,996	1.00	
	TOTALS		0	1,768,996		
<b>C - CHARGEABLE DRUGS</b>						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	8,511,541	1.00	
	TOTALS		0	8,511,541		
<b>D - MEDICAL SUPPLIES</b>						
1.00	ADULTS & PEDIATRICS	30.00	0	10,137	1.00	
	TOTALS		0	10,137		
<b>E - PR EXPENSE</b>						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	41,283	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
	TOTALS		0	41,283		
<b>F - ANESTHESIA PHYSICIANS</b>						
1.00	ANESTHESIOLOGY	53.00	0	1,700,000	1.00	
	TOTALS		0	1,700,000		
<b>G - CAPITAL RELATED COSTS</b>						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	3,298,478	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
6.00		0.00	0	0	6.00	
7.00		0.00	0	0	7.00	
8.00		0.00	0	0	8.00	
9.00		0.00	0	0	9.00	
10.00		0.00	0	0	10.00	
11.00		0.00	0	0	11.00	
12.00		0.00	0	0	12.00	
13.00		0.00	0	0	13.00	
14.00		0.00	0	0	14.00	
15.00		0.00	0	0	15.00	
16.00		0.00	0	0	16.00	
17.00		0.00	0	0	17.00	
18.00		0.00	0	0	18.00	
19.00		0.00	0	0	19.00	
20.00		0.00	0	0	20.00	
21.00		0.00	0	0	21.00	
22.00		0.00	0	0	22.00	
23.00		0.00	0	0	23.00	
24.00		0.00	0	0	24.00	
25.00		0.00	0	0	25.00	
26.00		0.00	0	0	26.00	
27.00		0.00	0	0	27.00	
28.00		0.00	0	0	28.00	
29.00		0.00	0	0	29.00	
30.00		0.00	0	0	30.00	
31.00		0.00	0	0	31.00	
32.00		0.00	0	0	32.00	
33.00		0.00	0	0	33.00	
34.00		0.00	0	0	34.00	
35.00		0.00	0	0	35.00	
36.00		0.00	0	0	36.00	
37.00		0.00	0	0	37.00	
38.00		0.00	0	0	38.00	
39.00		0.00	0	0	39.00	
	TOTALS		0	3,298,478		
<b>H - PSYCHIATRIC</b>						
1.00	ADULTS & PEDIATRICS	30.00	495,533	192,896	1.00	
2.00	PSYCHIATRIC PARTIAL	91.10	283,995	110,551	2.00	
	TOTALS		779,528	303,447		
<b>I - NURSERY</b>						
1.00	NURSERY	43.00	854,406	412,674	1.00	
	TOTALS		854,406	412,674		
<b>J - NUTRITIONAL SUPPORT</b>						
1.00	NUTRITIONAL SUPPORT	75.10	0	136,178	1.00	
	TOTALS		0	136,178		

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
<b>K - MARKETING</b>					
1.00	MARKETING EXPENSES	193.80	309,736	2,074,555	1.00
	TOTALS		309,736	2,074,555	
<b>L - CHEMO</b>					
1.00	RADIATION ONCOLOGY	54.10	2,193,420	13,807,302	1.00
	TOTALS		2,193,420	13,807,302	
<b>M - RECRUITMENT BONUS</b>					
1.00	EMPLOYEE BENEFITS	4.00	26,853	0	1.00
	TOTALS		26,853	0	
<b>N - MAINTENANCE &amp; REPAIRS</b>					
1.00	MAINTENANCE & REPAIRS	6.00	372,847	0	1.00
	TOTALS		372,847	0	
<b>O - IMPLANTABLE DEVICES</b>					
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	12,749,030	1.00
2.00		0.00	0	0	2.00
	TOTALS		0	12,749,030	
<b>P - EQUIPMENT RENTAL</b>					
1.00	ADULTS & PEDIATRICS	30.00	0	1,274,323	1.00
2.00	INTENSIVE CARE UNIT	31.00	0	279,232	2.00
3.00	SUBPROVIDER - IPF	40.00	0	840	3.00
4.00	OPERATING ROOM	50.00	0	56,578	4.00
5.00	GASTROENTEROLOGY	50.20	0	2,608	5.00
6.00	DELIVERY ROOM & LABOR ROOM	52.00	0	124,841	6.00
7.00	RADIOLOGY - DIAGNOSTIC	54.00	0	12,655	7.00
8.00	ELECTROCARDIOLOGY	69.00	0	3,522	8.00
9.00	EMERGENCY	91.00	0	8,342	9.00
	TOTALS		0	1,762,941	
500.00	Grand Total: Increases		4,536,790	47,430,747	500.00

RECLASSIFICATIONS

Provider CCN: 140228

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

Worksheet A-6  
Date/Time Prepared:  
10/28/2013 5:55 pm

Decreases						Wkst. A-7 Ref.	
Cost Center	Line #	Salary	Other				
6.00	7.00	8.00	9.00	10.00			
<b>A - MEDICAL MAINTENANCE</b>							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	854,185	0		1.00
	TOTALS		0	854,185			
<b>B - CHARGABLE MED SUPPLIES</b>							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,768,996	0		1.00
	TOTALS		0	1,768,996			
<b>C - CHARGEABLE DRUGS</b>							
1.00	PHARMACY	15.00	0	8,511,541	0		1.00
	TOTALS		0	8,511,541			
<b>D - MEDICAL SUPPLIES</b>							
1.00	DIETARY	10.00	0	10,137	0		1.00
	TOTALS		0	10,137			
<b>E - PR EXPENSE</b>							
1.00	PARAMED PRGM - RADIOLOGY	23.20	0	855	0		1.00
2.00	PARAMED - RADIATION ONCOLOGY	23.30	0	7,782	0		2.00
3.00	PARAMED - PARAMEDICAL TECHS	23.40	0	32,646	0		3.00
	TOTALS		0	41,283			
<b>F - ANESTHESIA PHYSICIANS</b>							
1.00	OPERATING ROOM	50.00	0	1,700,000	0		1.00
	TOTALS		0	1,700,000			
<b>G - CAPITAL RELATED COSTS</b>							
1.00	EMPLOYEE BENEFITS	4.00	0	14,942	10		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	1,026,956	0		2.00
3.00	MAINTENANCE & REPAIRS	6.00	0	1,671	0		3.00
4.00	OPERATION OF PLANT	7.00	0	7,210	0		4.00
5.00	LAUNDRY & LINEN SERVICE	8.00	0	505	0		5.00
6.00	HOUSEKEEPING	9.00	0	17,838	0		6.00
7.00	DIETARY	10.00	0	10,920	0		7.00
8.00	NURSING ADMINISTRATION	13.00	0	3,494	0		8.00
9.00	CENTRAL SERVICES & SUPPLY	14.00	0	54	0		9.00
10.00	PHARMACY	15.00	0	6,734	0		10.00
11.00	MEDICAL RECORDS & LIBRARY	16.00	0	236,651	0		11.00
12.00	I&R SRVCES-OTHER PRGM COSTS APPRVD	22.00	0	54	0		12.00
13.00	PARAMED PRGM - RADIOLOGY	23.20	0	986	0		13.00
14.00	PARAMED - RADIATION ONCOLOGY	23.30	0	962	0		14.00
15.00	PARAMED - PARAMEDICAL TECHS	23.40	0	6,074	0		15.00
16.00	ADULTS & PEDIATRICS	30.00	0	96,396	0		16.00
17.00	INTENSIVE CARE UNIT	31.00	0	3,367	0		17.00
18.00	SUBPROVIDER - IPF	40.00	0	5,498	0		18.00
19.00	NURSERY	43.00	0	425	0		19.00
20.00	OPERATING ROOM	50.00	0	108,935	0		20.00
21.00	GASTROENTEROLOGY	50.20	0	505	0		21.00
22.00	DELIVERY ROOM & LABOR ROOM	52.00	0	1,470	0		22.00
23.00	RADIOLOGY - DIAGNOSTIC	54.00	0	326,774	0		23.00
24.00	CHEMO/IV THERAPY	54.01	0	3,961	0		24.00
25.00	RADIATION ONCOLOGY	54.10	0	1,365	0		25.00
26.00	CT	54.20	0	120,855	0		26.00
27.00	MRI	54.30	0	81,712	0		27.00
28.00	LABORATORY	60.00	0	639,801	0		28.00
29.00	RESPIRATORY THERAPY	65.00	0	356,875	0		29.00
30.00	PHYSICAL THERAPY	66.00	0	13,891	0		30.00
31.00	ELECTROCARDIOLOGY	69.00	0	11,487	0		31.00
32.00	ELECTROENCEPHALOGRAPHY	70.00	0	849	0		32.00
33.00	SLEEP LAB	75.01	0	5,343	0		33.00
34.00	CARDIAC REHABILITATION	76.97	0	2,416	0		34.00
35.00	WOUND CARE	76.98	0	2,072	0		35.00
36.00	DIABETES CLINIC	90.02	0	498	0		36.00
37.00	EMERGENCY	91.00	0	78,599	0		37.00
38.00	AMBULATORY CARE	91.05	0	1,655	0		38.00
39.00	HOME HEALTH AGENCY	101.00	0	98,678	0		39.00
	TOTALS		0	3,298,478			
<b>H - PSYCHIATRIC</b>							
1.00	SUBPROVIDER - IPF	40.00	779,528	303,447	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		779,528	303,447			
<b>I - NURSERY</b>							
1.00	ADULTS & PEDIATRICS	30.00	854,406	412,674	0		1.00
	TOTALS		854,406	412,674			

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
<b>J - NUTRITIONAL SUPPORT</b>							
1.00	DIETARY	10.00	0	136,178	0		1.00
	TOTALS		0	136,178			
<b>K - MARKETING</b>							
1.00	ADMINISTRATIVE & GENERAL	5.00	309,736	2,074,555	0		1.00
	TOTALS		309,736	2,074,555			
<b>L - CHEMO</b>							
1.00	SPECIALISTS/PCP'S	192.01	2,193,420	13,807,302	0		1.00
	TOTALS		2,193,420	13,807,302			
<b>M - RECRUITMENT BONUS</b>							
1.00	EMPLOYEE BENEFITS	4.00	0	26,853	0		1.00
	TOTALS		0	26,853			
<b>N - MAINTENANCE &amp; REPAIRS</b>							
1.00	MAINTENANCE & REPAIRS	6.00	0	372,847	0		1.00
	TOTALS		0	372,847			
<b>O - IMPLANTABLE DEVICES</b>							
1.00	OPERATING ROOM	50.00	0	10,340,716	0		1.00
2.00	RADIOLOGY - DIAGNOSTIC	54.00	0	2,408,314	0		2.00
	TOTALS		0	12,749,030			
<b>P - EQUIPMENT RENTAL</b>							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,762,941	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
	TOTALS		0	1,762,941			
500.00	Grand Total: Decreases		4,137,090	47,830,447			500.00

Increases			Decreases			
Cost Center	Line #	Salary	Cost Center	Line #	Salary	
2.00	3.00	4.00	6.00	7.00	8.00	
<b>A - MEDICAL MAINTENANCE</b>						
1.00	MAINTENANCE & REPAIRS	6.00	ADMINISTRATIVE & GENERAL	5.00	0	1.00
	TOTALS		TOTALS		0	
<b>B - CHARGABLE MED SUPPLIES</b>						
1.00	MEDICAL SUPPLIES CHRGD TO PATIENTS	71.00	CENTRAL SERVICES & SUPPLY	14.00	0	1.00
	TOTALS		TOTALS		0	
<b>C - CHARGEABLE DRUGS</b>						
1.00	DRUGS CHARGED TO PATIENTS	73.00	PHARMACY	15.00	0	1.00
	TOTALS		TOTALS		0	
<b>D - MEDICAL SUPPLIES</b>						
1.00	ADULTS & PEDIATRICS	30.00	DIETARY	10.00	0	1.00
	TOTALS		TOTALS		0	
<b>E - PR EXPENSE</b>						
1.00	ADMINISTRATIVE & GENERAL	5.00	PARAMED ED PRGM - RADIOLOGY	23.20	0	1.00
2.00		0.00	PARAMED ED - RADIATION ONCOLOGY	23.30	0	2.00
3.00		0.00	PARAMED ED - PARAMEDICAL TECHS	23.40	0	3.00
	TOTALS		TOTALS		0	
<b>F - ANESTHESIA PHYSICIANS</b>						
1.00	ANESTHESIOLOGY	53.00	OPERATING ROOM	50.00	0	1.00
	TOTALS		TOTALS		0	
<b>G - CAPITAL RELATED COSTS</b>						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	EMPLOYEE BENEFITS	4.00	0	1.00
2.00		0.00	ADMINISTRATIVE & GENERAL	5.00	0	2.00
3.00		0.00	MAINTENANCE & REPAIRS	6.00	0	3.00
4.00		0.00	OPERATION OF PLANT	7.00	0	4.00
5.00		0.00	LAUNDRY & LINEN SERVICE	8.00	0	5.00
6.00		0.00	HOUSEKEEPING	9.00	0	6.00
7.00		0.00	DIETARY	10.00	0	7.00
8.00		0.00	NURSING ADMINISTRATION	13.00	0	8.00
9.00		0.00	CENTRAL SERVICES & SUPPLY	14.00	0	9.00
10.00		0.00	PHARMACY	15.00	0	10.00
11.00		0.00	MEDICAL RECORDS & LIBRARY	16.00	0	11.00
12.00		0.00	I&R SRVCES-OTHER PRGM COSTS	22.00	0	12.00
13.00		0.00	PARAMED ED PRGM - RADIOLOGY	23.20	0	13.00
14.00		0.00	PARAMED ED - RADIATION ONCOLOGY	23.30	0	14.00
15.00		0.00	PARAMED ED - PARAMEDICAL TECHS	23.40	0	15.00
16.00		0.00	ADULTS & PEDIATRICS	30.00	0	16.00
17.00		0.00	INTENSIVE CARE UNIT	31.00	0	17.00
18.00		0.00	SUBPROVIDER - IPF	40.00	0	18.00
19.00		0.00	NURSERY	43.00	0	19.00
20.00		0.00	OPERATING ROOM	50.00	0	20.00
21.00		0.00	GASTROENTEROLOGY	50.20	0	21.00
22.00		0.00	DELIVERY ROOM & LABOR ROOM	52.00	0	22.00
23.00		0.00	RADIOLOGY - DIAGNOSTIC	54.00	0	23.00
24.00		0.00	CHEMO/IV THERAPY	54.01	0	24.00
25.00		0.00	RADIATION ONCOLOGY	54.10	0	25.00
26.00		0.00	CT	54.20	0	26.00
27.00		0.00	MRI	54.30	0	27.00
28.00		0.00	LABORATORY	60.00	0	28.00
29.00		0.00	RESPIRATORY THERAPY	65.00	0	29.00
30.00		0.00	PHYSICAL THERAPY	66.00	0	30.00
31.00		0.00	ELECTROCARDIOLOGY	69.00	0	31.00
32.00		0.00	ELECTROENCEPHALOGRAPHY	70.00	0	32.00
33.00		0.00	SLEEP LAB	75.01	0	33.00
34.00		0.00	CARDIAC REHABILITATION	76.97	0	34.00
35.00		0.00	WOUND CARE	76.98	0	35.00
36.00		0.00	DIABETES CLINIC	90.02	0	36.00
37.00		0.00	EMERGENCY	91.00	0	37.00
38.00		0.00	AMBULATORY CARE	91.05	0	38.00
39.00		0.00	HOME HEALTH AGENCY	101.00	0	39.00
	TOTALS		TOTALS		0	
<b>H - PSYCHIATRIC</b>						
1.00	ADULTS & PEDIATRICS	30.00	SUBPROVIDER - IPF	40.00	779,528	1.00
2.00	PSYCHIATRIC PARTIAL	91.10		0.00	0	2.00
	TOTALS		TOTALS		779,528	

Increases			Decreases			
Cost Center	Line #	Salary	Cost Center	Line #	Salary	
2.00	3.00	4.00	6.00	7.00	8.00	
<b>I - NURSERY</b>						
1.00	NURSERY	43.00	854,406	ADULTS & PEDIATRICS	30.00	854,406
	TOTALS		854,406	TOTALS		854,406
<b>J - NUTRITIONAL SUPPORT</b>						
1.00	NUTRITIONAL SUPPORT	75.10	0	DIETARY	10.00	0
	TOTALS		0	TOTALS		0
<b>K - MARKETING</b>						
1.00	MARKETING EXPENSES	193.80	309,736	ADMINISTRATIVE & GENERAL	5.00	309,736
	TOTALS		309,736	TOTALS		309,736
<b>L - CHEMO</b>						
1.00	RADIATION ONCOLOGY	54.10	2,193,420	SPECIALISTS/PCP'S	192.01	2,193,420
	TOTALS		2,193,420	TOTALS		2,193,420
<b>M - RECRUITMENT BONUS</b>						
1.00	EMPLOYEE BENEFITS	4.00	26,853	EMPLOYEE BENEFITS	4.00	0
	TOTALS		26,853	TOTALS		0
<b>N - MAINTENANCE &amp; REPAIRS</b>						
1.00	MAINTENANCE & REPAIRS	6.00	372,847	MAINTENANCE & REPAIRS	6.00	0
	TOTALS		372,847	TOTALS		0
<b>O - IMPLANTABLE DEVICES</b>						
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	OPERATING ROOM	50.00	0
2.00		0.00	0	RADIOLOGY - DIAGNOSTIC	54.00	0
	TOTALS		0	TOTALS		0
<b>P - EQUIPMENT RENTAL</b>						
1.00	ADULTS & PEDIATRICS	30.00	0	CENTRAL SERVICES & SUPPLY	14.00	0
2.00	INTENSIVE CARE UNIT	31.00	0		0.00	0
3.00	SUBPROVIDER - IPF	40.00	0		0.00	0
4.00	OPERATING ROOM	50.00	0		0.00	0
5.00	GASTROENTEROLOGY	50.20	0		0.00	0
6.00	DELIVERY ROOM & LABOR ROOM	52.00	0		0.00	0
7.00	RADIOLOGY - DIAGNOSTIC	54.00	0		0.00	0
8.00	ELECTROCARDIOLOGY	69.00	0		0.00	0
9.00	EMERGENCY	91.00	0		0.00	0
	TOTALS		0	TOTALS		0
500.00	Grand Total: Increases		4,536,790	Grand Total: Decreases		4,137,090

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140228

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

Worksheet A-7  
Part I  
Date/Time Prepared:  
10/28/2013 5:55 pm

	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	2,459,971	0	0	0	1.00
2.00	Land Improvements	6,564,724	264,416	0	264,416	2.00
3.00	Buildings and Fixtures	109,675,327	2,851,283	0	2,851,283	3.00
4.00	Building Improvements	88,898,567	2,947,145	0	2,947,145	4.00
5.00	Fixed Equipment	6,600,182	112,815	0	112,815	5.00
6.00	Movable Equipment	141,738,042	8,465,537	0	8,465,537	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	355,936,813	14,641,196	0	14,641,196	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	355,936,813	14,641,196	0	14,641,196	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	2,459,971	0			1.00
2.00	Land Improvements	6,853,409	0			2.00
3.00	Buildings and Fixtures	112,698,606	0			3.00
4.00	Building Improvements	91,845,712	0			4.00
5.00	Fixed Equipment	6,722,064	0			5.00
6.00	Movable Equipment	152,698,289	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	373,278,051	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	373,278,051	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140228

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

Worksheet A-7  
Part II  
Date/Time Prepared:  
10/28/2013 5:55 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	8,110,359	0	4,819,976	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	10,299,889	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	18,410,248	0	4,819,976	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	12,930,335				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	10,299,889				2.00
3.00	Total (sum of lines 1-2)	0	23,230,224				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140228

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

Worksheet A-7  
Part III  
Date/Time Prepared:  
10/28/2013 5:55 pm

Cost Center Description	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			
	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance		
	1.00	2.00	3.00	4.00	5.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	213,465,169	58	213,465,111	0.580261	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	154,412,800	42	154,412,758	0.419739	0	2.00
3.00	Total (sum of lines 1-2)	367,877,969	100	367,877,869	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	8,110,359	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	10,299,889	3,298,478	2.00
3.00	Total (sum of lines 1-2)	0	0	0	18,410,248	3,298,478	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	263,546	0	0	0	8,373,905	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	13,598,367	2.00
3.00	Total (sum of lines 1-2)	263,546	0	0	0	21,972,272	3.00

Line #	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.	
				Cost Center		Line #		
				1.00	2.00	3.00		
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-9,360,275	CAP REL COSTS-BLDG & FIXT		1.00	11	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP		2.00		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)	A	-24,458	ADMINISTRATIVE & GENERAL		5.00	0	7.00
8.00	Television and radio service (chapter 21)		0			0.00	0	8.00
9.00	Parking lot (chapter 21)		0			0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-13,356,725				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	-1,405,357				0	12.00
13.00	Laundry and linen service		0			0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-1,360,701	DIETARY		10.00	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	NONPHYSICIAN ANESTHETISTS		19.00		28.00
29.00	Physicians' assistant		0			0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	*** Cost Center Deleted ***		67.00		30.00
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	*** Cost Center Deleted ***		68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0			0.00	0	32.00
33.00	CUDDLE CARE	B	-526	ADULTS & PEDIATRICS		30.00	0	33.00
33.01	MEDICAL SUPPLY SERVICE RECYCLING REV	B	-384	CENTRAL SERVICES & SUPPLY		14.00	0	33.01

ADJUSTMENTS TO EXPENSES

Provider CCN: 140228

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

Worksheet A-8

Date/Time Prepared:  
10/28/2013 5:55 pm

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
33.02 SCHOOL OF MEDICAL TECHNOLOGY TUITION	B	-1,000	PARAMED ED PRGM - LABORATORY		23.00	0	33.02
33.03 CHEMISTRY OTHER REVENUE	B	-78,867	LABORATORY		60.00	0	33.03
33.04 SLEEP CLINIC INTERNAL RENT REV	B	-12,750	SLEEP LAB		75.01	0	33.04
33.05 SPECIAL PROCEDURES OTHER REVENUE	B	-22,370	RADIOLOGY - DIAGNOSTIC		54.00	0	33.05
33.06 CT SCANNER LUNG SCREENING	B	-450	CT		54.20	0	33.06
33.07 ENGR SERVICES ADM RECYCLING REVENUE	B	-3,804	MAINTENANCE & REPAIRS		6.00	0	33.07
33.08 IP CV ADMIN OTHER REVENUE	B	-375	ELECTROCARDIOLOGY		69.00	0	33.08
33.09 LAB OTHER OPERATING REVENUE	B	-1,316	LABORATORY		60.00	0	33.09
33.10 OTHER REVENUE	B	-320	SUBPROVIDER - IPF		40.00	0	33.10
33.11 OTHER REVENUE	B	-33,102	PSYCHIATRIC PARTIAL		91.10	0	33.11
33.12 RECYCLING	B	-1,309	ADULTS & PEDIATRICS		30.00	0	33.12
33.13 BABY PICTURES	B	-793	DELIVERY ROOM & LABOR ROOM		52.00	0	33.13
33.14 EMS EDUCATION FEES	B	-120,853	PARAMED ED - PARAMEDICAL TECHS		23.40	0	33.14
33.15 OTHER REVENUE	B	-79,012	EMERGENCY		91.00	0	33.15
33.16 OTHER REVENUE	B	-56,297	CARDIAC REHABILITATION		76.97	0	33.16
33.17 OTHER REVENUE	B	-55	ADMINISTRATIVE & GENERAL		5.00	0	33.17
33.18 TUITION	B	-102,222	PARAMED ED PRGM - RADIOLOGY		23.20	0	33.18
33.19 RECYCLING	B	-830	RADIOLOGY - DIAGNOSTIC		54.00	0	33.19
33.20 MED REC TRANSCRIPTS	B	-2,854	RADIOLOGY - DIAGNOSTIC		54.00	0	33.20
33.21 OTHER REVENUE	B	-45	RADIOLOGY - DIAGNOSTIC		54.00	0	33.21
33.22 RECLAIMED WIRE	B	-706	RADIOLOGY - DIAGNOSTIC		54.00	0	33.22
33.23 TUITION	B	-60,599	PARAMED ED - RADIATION ONCOLOGY		23.30	0	33.23
33.24 BOOK FEES & ADMISSION FEES	B	-3,653	PARAMED ED - RADIATION ONCOLOGY		23.30	0	33.24
33.25 OTHER REVENUE	B	-47,640	RADIATION ONCOLOGY		54.10	0	33.25
33.26 OTHER REVENUE	B	-250	PHYSICAL THERAPY		66.00	0	33.26
33.27 HEART SCAN REVENUE	B	-3,615	CT		54.20	0	33.27
33.28 GROSS REVENUE	B	-5,737	EMPLOYEE BENEFITS		4.00	0	33.28
33.29 EMPLOYEE HEALTH	B	-789,566	EMPLOYEE BENEFITS		4.00	0	33.29
33.30 OTHER REVENUE/TRANSCRIPTS	B	-197,344	MEDICAL RECORDS & LIBRARY		16.00	0	33.30
33.31 OTHER REVENUE	B	-900	PHARMACY		15.00	0	33.31
33.32 PHOTO	B	-2,330	ADMINISTRATIVE & GENERAL		5.00	0	33.32
33.33 VENDING MACHINES	B	-245	HOUSEKEEPING		9.00	0	33.33
33.34 NON PATIENT LINEN	B	-13,255	LAUNDRY & LINEN SERVICE		8.00	0	33.34
33.35 GUEST ROOM RENTAL	B	-11,709	ADMINISTRATIVE & GENERAL		5.00	0	33.35
33.36 INSURANCE AUDIT	B	-521	ADMINISTRATIVE & GENERAL		5.00	0	33.36
33.37 COMMUNICATIONS	B	-5,655	ADMINISTRATIVE & GENERAL		5.00	0	33.37
33.38 PHYSICIAN PAGING AND ANSWERING	B	-363,067	ADMINISTRATIVE & GENERAL		5.00	0	33.38
33.39 WORD PROCESSING	B	-52,530	ADMINISTRATIVE & GENERAL		5.00	0	33.39
33.40 OTHER REVENUE	B	-1,423,465	ADMINISTRATIVE & GENERAL		5.00	0	33.40
33.41 OTHER REVENUE	B	1,888	EMPLOYEE BENEFITS		4.00	0	33.41
33.42 OTHER REVENUE	B	-321,601	ADMINISTRATIVE & GENERAL		5.00	0	33.42
33.43 INVESTMENT PREMIUM DISCOUNT	B	-533,345	CAP REL COSTS-BLDG & FIXT		1.00	11	33.43
33.44 INVESTMENT MANAGEMENT	B	603,677	ADMINISTRATIVE & GENERAL		5.00	0	33.44
33.45 COURIER FEES TO SAHMC	B	-311,640	ADMINISTRATIVE & GENERAL		5.00	0	33.45
33.46 MALPRACTICE EXPENSE	A	-3,732,122	ADMINISTRATIVE & GENERAL		5.00	0	33.46
33.47 UNNECESSARY BOND INTEREST EXPEN	A	-421,256	CAP REL COSTS-BLDG & FIXT		1.00	11	33.47
33.48 T.V. REPAIR SALARY	A	-6,284	MAINTENANCE & REPAIRS		6.00	0	33.48
33.49 T.V. ELECTRICITY COST	A	-6,262	OPERATION OF PLANT		7.00	0	33.49
33.50 DUES RELATED TO LOBBYING	A	-42,609	ADMINISTRATIVE & GENERAL		5.00	0	33.50
33.51 LOSS ON DEFEASANCE	A	406,135	CAP REL COSTS-BLDG & FIXT		1.00	11	33.51
33.52 CORPORATE SPONSORSHIP	A	46,899	ADMINISTRATIVE & GENERAL		5.00	0	33.52
33.53 SITTERS COST	A	-103	RADIATION ONCOLOGY		54.10	0	33.53
33.54 SITTERS COST	A	-191,152	NURSING ADMINISTRATIVE		13.00	0	33.54
33.55 SITTERS COST	A	-25,597	ADULTS & PEDIATRICS		30.00	0	33.55
33.56 SITTERS COST	A	-52,383	INTENSIVE CARE UNIT		31.00	0	33.56
33.57 SITTERS COST	A	-86	EMERGENCY		91.00	0	33.57
33.58 SITTERS COST	A	-132	DELIVERY ROOM & LABOR ROOM		52.00	0	33.58
33.59 ALCOHOL COSTS	A	-7,128	EMPLOYEE BENEFITS		4.00	0	33.59
33.60 ALCOHOL COSTS	A	-582	ADMINISTRATIVE & GENERAL		5.00	0	33.60
33.61 INTERNAL RENT REVENUE	B	-52,591	OPERATING ROOM		50.00	0	33.61
33.62 EXTERNAL RENT REVENUE	B	-9,766	ADMINISTRATIVE & GENERAL		5.00	0	33.62
33.63 MISC PATIENT REVENUE	B	-1,724	ADULTS & PEDIATRICS		30.00	0	33.63

Provider CCN: 140228

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

Worksheet A-8

Date/Time Prepared:  
 10/28/2013 5:55 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
			Cost Center	Line #		
	1.00	2.00	3.00	4.00	5.00	
33.64 MISC PATIENT REVENUE	B	-163,619	ADMINISTRATIVE & GENERAL	5.00	0	33.64
33.65 INTEREST EXPENSE ADD BACK	A	5,352,311	CAP REL COSTS-BLDG & FIXT	1.00	11	33.65
33.66 MISC PATIENT REVENUE	B	-1,023	LABORATORY	60.00	0	33.66
33.67 IPA PROVIDER ASSESSMENT	A	-7,650,073	ADMINISTRATIVE & GENERAL	5.00	0	33.67
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-36,130,005				50.00

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

Provider CCN: 140228

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

Worksheet A-8-1

Date/Time Prepared: 10/28/2013 5:55 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5		
1.00	2.00	3.00	4.00	5.00		
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>						
1.00	5.00	ADMINISTRATIVE & GENERAL	PARKING LOTS	32,081	294,876	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	MEDICAL MAINTENANCE	767,412	854,185	2.00
3.00	4.00	EMPLOYEE BENEFITS	RENTAL ADJUSTMENT	111,430	113,457	3.00
4.00	5.00	ADMINISTRATIVE & GENERAL	RENTAL ADJUSTMENT	912,229	1,240,728	4.00
4.01	6.00	MAINTENANCE & REPAIRS	RENTAL ADJUSTMENT	1,180	1,257	4.01
4.02	7.00	OPERATION OF PLANT	RENTAL ADJUSTMENT	29,641	30,180	4.02
4.03	10.00	DIETARY	RENTAL ADJUSTMENT	44,175	44,979	4.03
4.04	16.00	MEDICAL RECORDS & LIBRARY	RENTAL ADJUSTMENT	126,572	129,132	4.04
4.05	22.00	I&R SRVCES-OTHER PRGM COSTS APPRVD	RENTAL ADJUSTMENT	232,049	420,840	4.05
4.06	23.20	PARAMEDICAL PRGM - RADIOLOGY	RENTAL ADJUSTMENT	5,109	8,562	4.06
4.07	23.30	PARAMEDICAL - RADIATION ONCOLOGY	RENTAL ADJUSTMENT	5,109	8,562	4.07
4.08	23.40	PARAMEDICAL - PARAMEDICAL TECHS	RENTAL ADJUSTMENT	107,743	127,776	4.08
4.09	40.00	SUBPROVIDER - IPF	RENTAL ADJUSTMENT	67,885	69,120	4.09
4.10	50.00	OPERATING ROOM	RENTAL ADJUSTMENT	23,820	18,000	4.10
4.11	54.00	RADIOLOGY - DIAGNOSTIC	RENTAL ADJUSTMENT	243,877	235,778	4.11
4.12	66.00	PHYSICAL THERAPY	RENTAL ADJUSTMENT	388,974	438,432	4.12
4.13	75.01	SLEEP LAB	RENTAL ADJUSTMENT	182,005	205,147	4.13
4.14	76.97	CARDIAC REHABILITATION	RENTAL ADJUSTMENT	194,343	219,054	4.14
4.15	76.98	WOUND CARE	RENTAL ADJUSTMENT	62,758	63,900	4.15
4.16	90.02	DIABETES CLINIC	RENTAL ADJUSTMENT	39,178	39,891	4.16
4.17	101.00	HOME HEALTH AGENCY	RENTAL ADJUSTMENT	122,711	130,742	4.17
4.18	192.01	SPECIALISTS/PCP'S	RENTAL ADJUSTMENT	2,901,459	3,305,194	4.18
4.19	193.60	PHYSICIAN RELATED AREAS	RENTAL ADJUSTMENT	69,607	74,163	4.19
4.20	194.00	NON-MEDICARE HOME HEALTH SERVICES	RENTAL ADJUSTMENT	42,002	44,751	4.20
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			6,713,349	8,118,706	5.00

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

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

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

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

6.00	C		0.00	IL IMAGING	50.00	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

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



PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140228

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

Worksheet A-8-2

Date/Time Prepared:  
10/28/2013 5:55 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	4.00	EMPLOYEE BENEFITS	27,500	2,500	25,000	171,400	112	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	130,575	7,075	123,500	171,400	989	2.00
3.00	13.00	NURSING ADMINISTRATION	125,000	0	125,000	171,400	371	3.00
4.00	30.00	ADULTS & PEDIATRICS	138,294	132,294	6,000	171,400	42	4.00
5.00	31.00	INTENSIVE CARE UNIT	1,134,000	1,134,000	0	0	0	5.00
6.00	40.00	SUBPROVIDER - IPF	999,917	967,834	32,083	171,400	364	6.00
7.00	43.00	NURSERY	1,326,682	1,326,682	0	0	0	7.00
8.00	50.00	OPERATING ROOM	4,312,623	4,222,623	90,000	200,300	597	8.00
9.00	53.00	ANESTHESIOLOGY	1,908,962	1,848,962	60,000	194,500	402	9.00
10.00	54.00	RADIOLOGY - DIAGNOSTIC	106,320	0	106,320	142,500	384	10.00
11.00	54.10	RADIATION ONCOLOGY	970,402	970,402	0	0	0	11.00
12.00	60.00	LABORATORY	310,715	310,715	0	0	0	12.00
13.00	66.00	PHYSICAL THERAPY	15,435	15,435	0	0	0	13.00
14.00	70.00	ELECTROENCEPHALOGRAPHY	62,856	62,856	0	0	0	14.00
15.00	75.01	SLEEP LAB	7,500	0	7,500	171,400	109	15.00
16.00	76.98	WOUND CARE	135,499	118,299	17,200	171,400	106	16.00
17.00	91.00	EMERGENCY	1,919,178	1,755,578	163,600	171,400	1,196	17.00
18.00	69.00	ELECTROCARDIOLOGY	392,500	62,500	330,000	171,400	3,353	18.00
200.00			14,023,958	12,937,755	1,086,203		8,025	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	4.00	EMPLOYEE BENEFITS	9,229	461	0	0	0	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	81,497	4,075	0	0	0	2.00
3.00	13.00	NURSING ADMINISTRATION	30,572	1,529	0	0	0	3.00
4.00	30.00	ADULTS & PEDIATRICS	3,461	173	0	0	0	4.00
5.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	5.00
6.00	40.00	SUBPROVIDER - IPF	29,995	1,500	0	0	0	6.00
7.00	43.00	NURSERY	0	0	0	0	0	7.00
8.00	50.00	OPERATING ROOM	57,490	2,875	0	0	0	8.00
9.00	53.00	ANESTHESIOLOGY	37,591	1,880	0	0	0	9.00
10.00	54.00	RADIOLOGY - DIAGNOSTIC	26,308	1,315	0	0	0	10.00
11.00	54.10	RADIATION ONCOLOGY	0	0	0	0	0	11.00
12.00	60.00	LABORATORY	0	0	0	0	0	12.00
13.00	66.00	PHYSICAL THERAPY	0	0	0	0	0	13.00
14.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	14.00
15.00	75.01	SLEEP LAB	8,982	449	0	0	0	15.00
16.00	76.98	WOUND CARE	8,735	437	0	0	0	16.00
17.00	91.00	EMERGENCY	98,555	4,928	0	0	0	17.00
18.00	69.00	ELECTROCARDIOLOGY	276,300	13,815	0	0	0	18.00
200.00			668,715	33,437	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	4.00	EMPLOYEE BENEFITS	0	9,229	15,771	18,271		1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	0	81,497	42,003	49,078		2.00
3.00	13.00	NURSING ADMINISTRATION	0	30,572	94,428	94,428		3.00
4.00	30.00	ADULTS & PEDIATRICS	0	3,461	2,539	134,833		4.00
5.00	31.00	INTENSIVE CARE UNIT	0	0	0	1,134,000		5.00
6.00	40.00	SUBPROVIDER - IPF	0	29,995	2,088	969,922		6.00
7.00	43.00	NURSERY	0	0	0	1,326,682		7.00
8.00	50.00	OPERATING ROOM	0	57,490	32,510	4,255,133		8.00
9.00	53.00	ANESTHESIOLOGY	0	37,591	22,409	1,871,371		9.00
10.00	54.00	RADIOLOGY - DIAGNOSTIC	0	26,308	80,012	80,012		10.00
11.00	54.10	RADIATION ONCOLOGY	0	0	0	970,402		11.00
12.00	60.00	LABORATORY	0	0	0	310,715		12.00
13.00	66.00	PHYSICAL THERAPY	0	0	0	15,435		13.00
14.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	62,856		14.00
15.00	75.01	SLEEP LAB	0	8,982	0	0		15.00
16.00	76.98	WOUND CARE	0	8,735	8,465	126,764		16.00
17.00	91.00	EMERGENCY	0	98,555	65,045	1,820,623		17.00
18.00	69.00	ELECTROCARDIOLOGY	0	276,300	53,700	116,200		18.00
200.00			0	668,715	418,970	13,356,725		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140228

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

Worksheet B  
Part I  
Date/Time Prepared:  
10/28/2013 5:55 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	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	8,373,905	8,373,905			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	13,598,367		13,598,367		2.00
4.00 00400	EMPLOYEE BENEFITS	3,138,114	13,751	22,891	3,174,756	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	47,004,890	522,978	870,574	450,552	48,848,994
6.00 00600	MAINTENANCE & REPAIRS	2,161,846	159,429	265,393	12,902	2,599,570
7.00 00700	OPERATION OF PLANT	4,629,657	497,832	828,715	25,071	5,981,275
8.00 00800	LAUNDRY & LINEN SERVICE	1,311,692	33,668	56,045	3,787	1,405,192
9.00 00900	HOUSEKEEPING	4,261,042	285,045	474,499	118,426	5,139,012
10.00 01000	DIETARY	3,552,218	395,312	658,055	93,418	4,699,003
11.00 01100	CAFETERIA	0	0	0	0	0
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00 01300	NURSING ADMINISTRATION	1,396,408	24,290	40,435	16,714	1,477,847
14.00 01400	CENTRAL SERVICES & SUPPLY	946,844	152,731	254,243	0	1,353,818
15.00 01500	PHARMACY	6,370,808	93,433	155,533	65,001	6,684,775
16.00 01600	MEDICAL RECORDS & LIBRARY	2,911,936	18,980	31,596	56,745	3,019,257
17.00 01700	SOCIAL SERVICE	0	0	0	0	0
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00 02000	NURSING SCHOOL	0	0	0	0	0
21.00 02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00 02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	3,968,012	0	0	0	3,968,012
23.00 02300	PARAMED ED PRGM - LABORATORY	192,051	0	0	2,525	194,576
23.20 02301	PARAMED ED PRGM - RADIOLOGY	148,046	0	0	2,752	150,798
23.30 02302	PARAMED ED - RADIATION ONCOLOGY	153,042	0	0	2,525	155,567
23.40 02303	PARAMED ED - PARAMEDICAL TECHS	890,599	0	0	11,311	901,910
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	35,991,186	2,126,257	3,539,468	429,217	42,086,128
31.00 03100	INTENSIVE CARE UNIT	6,408,838	389,728	648,759	79,670	7,526,995
31.01 03101	PEDIATRIC ICU	0	0	0	0	0
40.00 04000	SUBPROVIDER - IPF	2,878,439	276,588	460,421	45,964	3,661,412
43.00 04300	NURSERY	3,074,827	85,815	142,852	39,336	3,342,830
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	21,573,954	688,330	1,145,827	191,406	23,599,517
50.20 03340	GASTROENTEROLOGY	901,173	91,141	151,718	10,213	1,154,245
52.00 05200	DELIVERY ROOM & LABOR ROOM	4,672,248	90,609	150,832	56,669	4,970,358
53.00 05300	ANESTHESIOLOGY	325,045	21,724	36,163	0	382,932
54.00 05400	RADIOLOGY - DIAGNOSTIC	17,773,013	1,008,124	1,678,171	158,507	20,617,815
54.01 05404	CHEMO/IV THERAPY	267,280	0	0	3,042	270,322
54.10 03480	RADIATION ONCOLOGY	18,111,467	132,669	220,847	68,839	18,533,822
54.20 05401	CT	2,284,377	28,890	48,092	16,310	2,377,669
54.30 05402	MRI	1,410,229	49,113	81,757	13,495	1,554,594
60.00 06000	LABORATORY	11,985,269	260,948	434,387	90,641	12,771,245
65.00 06500	RESPIRATORY THERAPY	3,262,961	59,846	99,623	46,747	3,469,177
66.00 06600	PHYSICAL THERAPY	5,466,569	58,039	96,614	65,834	5,687,056
69.00 06900	ELECTROCARDIOLOGY	2,441,540	59,782	99,516	24,049	2,624,887
70.00 07000	ELECTROENCEPHALOGRAPHY	126,863	27,954	46,534	2,487	203,838
71.00 07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	1,768,996	0	0	0	1,768,996
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	12,749,030	0	0	0	12,749,030
73.00 07300	DRUGS CHARGED TO PATIENTS	8,511,541	0	0	0	8,511,541
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
75.01 07501	SLEEP LAB	865,236	0	0	10,453	875,689
75.10 03950	NUTRITIONAL SUPPORT	136,178	0	0	0	136,178
75.20 03951	HEMODIALYSIS	558,922	36,024	59,967	0	654,913
76.97 07697	CARDIAC REHABILITATION	1,143,021	0	0	14,429	1,157,450
76.98 07698	WOUND CARE	1,092,021	0	0	10,478	1,102,499
76.99 07699	LITHOTRIPSY	0	0	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000	CLINIC	0	0	0	0	0
90.01 09001	CHILDRENS CLINIC	0	0	0	0	0
90.02 09002	DIABETES CLINIC	467,921	0	0	6,022	473,943
91.00 09100	EMERGENCY	12,510,919	321,230	534,735	141,452	13,508,336
91.05 09101	AMBULATORY CARE	48,891	59,314	98,737	656	207,598
91.10 09102	PSYCHIATRIC PARTIAL	361,444	56,134	93,444	6,312	517,334
92.00 09200	OBSERVATION BEDS	0	0	0	0	0
<b>OTHER REIMBURSABLE COST CENTERS</b>						
101.00 10100	HOME HEALTH AGENCY	5,046,878	2,421	4,030	53,576	5,106,905
<b>SPECIAL PURPOSE COST CENTERS</b>						
118.00	SUBTOTALS (SUM OF LINES 1-117)	289,225,753	8,128,129	13,530,473	2,447,533	288,184,860

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140228

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

Worksheet B  
Part I  
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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	Subtotal		
		BLDG & FIXT	MVBLE EQUIP				
		0	1.00				2.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	6,259	20,578	34,256	429	61,522	190.00
190.10 19001	MCC WORD PROCESSING	0	0	0	0	0	190.10
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	42,625	0	0	42,625	192.00
192.01 19201	SPECIALISTS/PCP'S	81,604,261	56,360	0	633,529	82,294,150	192.01
192.02 19202	MEDWORKS	0	0	0	0	0	192.02
192.03 19203	SWEDISH AMERICAN ER	0	0	0	0	0	192.03
192.20 19204	IDLE SPACE	0	106,006	0	0	106,006	192.20
193.00 19300	NONPAID WORKERS	61,155	0	0	694	61,849	193.00
193.10 19301	HOTEL	0	0	0	0	0	193.10
193.30 19302	PHYSICIAN BILLING	0	0	0	0	0	193.30
193.40 19303	MEALS ON WHEELS	0	0	0	0	0	193.40
193.50 19304	WEE CARE	0	0	0	0	0	193.50
193.60 19305	PHYSICIAN RELATED AREAS	864,182	0	0	45,989	910,171	193.60
193.70 19306	WOMEN'S CENTER	0	0	0	0	0	193.70
193.80 19307	MARKETING EXPENSES	2,721,509	5,036	8,383	9,670	2,744,598	193.80
193.90 19308	COMPLIMENTARY MEDICINE	656,058	15,171	25,255	14,189	710,673	193.90
194.00 07950	NON-MEDICARE HOME HEALTH SERVICES	1,485,780	0	0	22,723	1,508,503	194.00
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)	376,624,957	8,373,905	13,598,367	3,174,756	376,624,957	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140228

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

Worksheet B  
Part I  
Date/Time Prepared:  
10/28/2013 5:55 pm

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
<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						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	48,848,994					5.00
6.00	00600	MAINTENANCE & REPAIRS	517,738	3,117,308				6.00
7.00	00700	OPERATION OF PLANT	1,191,249	204,959	7,377,483			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	279,862	13,861	34,594	1,733,509		8.00
9.00	00900	HOUSEKEEPING	1,023,501	117,354	292,888	0	6,572,755	9.00
10.00	01000	DIETARY	935,868	162,751	406,190	8,619	384,635	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	294,332	10,000	24,959	0	23,634	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	269,630	62,880	156,933	0	148,606	14.00
15.00	01500	PHARMACY	1,331,360	38,467	96,004	0	90,910	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	601,324	7,814	19,503	0	18,468	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	790,281	0	0	3,327	0	22.00
23.00	02300	PARAMED ED PRGM - LABORATORY	38,752	0	0	0	0	23.00
23.20	02301	PARAMED ED PRGM - RADIOLOGY	30,033	0	0	0	0	23.20
23.30	02302	PARAMED ED - RADIATION ONCOLOGY	30,983	0	0	0	0	23.30
23.40	02303	PARAMED ED - PARAMEDICAL TECHS	179,627	0	0	0	0	23.40
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	8,382,019	875,387	2,184,764	711,470	2,068,829	30.00
31.00	03100	INTENSIVE CARE UNIT	1,499,099	160,452	400,452	89,643	379,202	31.00
31.01	03101	PEDIATRIC ICU	0	0	0	0	0	31.01
40.00	04000	SUBPROVIDER - IPF	729,218	113,872	284,198	15,651	269,118	40.00
43.00	04300	NURSERY	665,768	35,330	88,177	75,586	83,498	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	4,700,151	283,387	707,270	176,488	669,740	50.00
50.20	03340	GASTROENTEROLOGY	229,883	37,523	93,649	16,927	88,680	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	989,911	37,304	93,102	23,551	88,162	52.00
53.00	05300	ANESTHESIOLOGY	76,266	8,944	22,322	0	21,137	53.00
54.00	05400	RADIOLOGY - DIAGNOSTIC	4,106,306	415,047	1,035,864	94,392	980,897	54.00
54.01	05404	CHEMO/IV THERAPY	53,838	0	0	0	0	54.01
54.10	03480	RADIATION ONCOLOGY	3,691,252	54,620	136,320	11,483	129,086	54.10
54.20	05401	CT	473,544	11,894	29,685	13,160	28,110	54.20
54.30	05402	MRI	309,618	20,220	50,465	7,338	47,787	54.30
60.00	06000	LABORATORY	2,543,559	107,433	268,129	0	253,901	60.00
65.00	06500	RESPIRATORY THERAPY	690,932	24,639	61,493	199	58,230	65.00
66.00	06600	PHYSICAL THERAPY	1,132,651	23,895	59,636	0	56,471	66.00
69.00	06900	ELECTROCARDIOLOGY	522,780	24,612	61,427	8,375	58,167	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	40,597	11,509	28,723	2,248	27,199	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	352,319	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	2,539,135	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,695,184	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	SLEEP LAB	174,405	0	0	0	0	75.01
75.10	03950	NUTRITIONAL SUPPORT	27,122	0	0	0	0	75.10
75.20	03951	HEMODIALYSIS	130,434	14,831	37,015	2,844	35,051	75.20
76.97	07697	CARDIAC REHABILITATION	230,521	0	0	0	0	76.97
76.98	07698	WOUND CARE	219,577	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	CHILDRENS CLINIC	0	0	0	0	0	90.01
90.02	09002	DIABETES CLINIC	94,392	0	0	0	0	90.02
91.00	09100	EMERGENCY	2,690,361	132,251	330,069	463,936	312,555	91.00
91.05	09101	AMBULATORY CARE	41,346	24,420	60,946	5,688	57,712	91.05
91.10	09102	PSYCHIATRIC PARTIAL	103,034	23,111	57,679	2,518	54,618	91.10
92.00	09200	OBSERVATION BEDS	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
101.00	10100	HOME HEALTH AGENCY	1,017,107	997	2,488	0	2,356	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
118.00		SUBTOTALS (SUM OF LINES 1-117)	47,666,869	3,059,764	7,124,944	1,733,443	6,436,759	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	12,253	8,472	21,144	0	20,022	190.00
190.10	19001	MCC WORD PROCESSING	0	0	0	0	0	190.10
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	17,549	43,798	0	41,474	192.00
192.01	19201	SPECIALISTS/PCP'S	0	23,204	57,911	66	54,838	192.01
192.02	19202	MEDWORKS	0	0	0	0	0	192.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140228

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

Worksheet B  
Part I  
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Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
192.03	19203	SWEDI SHAMERICAN ER	0	0	0	0	0	192.03
192.20	19204	IDLE SPACE	0	0	108,923	0	0	192.20
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.10	19301	HOTEL	0	0	0	0	0	193.10
193.30	19302	PHYSICIAN BILLING	0	0	0	0	0	193.30
193.40	19303	MEALS ON WHEELS	0	0	0	0	0	193.40
193.50	19304	WEE CARE	0	0	0	0	0	193.50
193.60	19305	PHYSICIAN RELATED AREAS	181,272	0	0	0	0	193.60
193.70	19306	WOMEN'S CENTER	0	0	0	0	0	193.70
193.80	19307	MARKETING EXPENSES	546,622	2,073	5,174	0	4,900	193.80
193.90	19308	COMPLIMENTARY MEDICINE	141,540	6,246	15,589	0	14,762	193.90
194.00	07950	NON-MEDICARE HOME HEALTH SERVICES	300,438	0	0	0	0	194.00
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)	48,848,994	3,117,308	7,377,483	1,733,509	6,572,755	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140228

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

Worksheet B  
Part I  
Date/Time Prepared:  
10/28/2013 5:55 pm

Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
<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						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	6,597,066					10.00
11.00	01100	CAFETERIA	3,679,269	3,679,269				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	25,856	0	1,856,628		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	1,991,867	14.00
15.00	01500	PHARMACY	0	100,552	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	87,780	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM - LABORATORY	0	3,906	0	0	0	23.00
23.20	02301	PARAMED ED PRGM - RADIOLOGY	0	4,257	0	0	0	23.20
23.30	02302	PARAMED ED - RADIOLOGY ONCOLOGY	0	3,906	0	0	0	23.30
23.40	02303	PARAMED ED - PARAMEDICAL TECHS	0	0	0	213	0	23.40
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	2,463,360	663,966	0	746,935	323,950	30.00
31.00	03100	INTENSIVE CARE UNIT	174,304	123,244	0	185,407	161,403	31.00
31.01	03101	PEDIATRIC ICU	0	0	0	0	0	31.01
40.00	04000	SUBPROVIDER - I/PF	280,133	71,103	0	36,083	0	40.00
43.00	04300	NURSERY	0	60,851	0	91,331	15,043	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	296,090	0	225,440	252,524	50.00
50.20	03340	GASTROENTEROLOGY	0	15,798	0	16,098	292,614	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	87,663	0	115,173	515,884	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY - DIAGNOSTIC	0	245,199	0	60,116	194,883	54.00
54.01	05404	CHEMO/IV THERAPY	0	801	0	8,641	9,465	54.01
54.10	03480	RADIOLOGY ONCOLOGY	0	79,871	0	0	0	54.10
54.20	05401	CT	0	25,231	0	0	31,936	54.20
54.30	05402	MRI	0	20,876	0	0	0	54.30
60.00	06000	LABORATORY	0	140,214	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	72,314	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	101,841	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	37,202	0	32,594	2,338	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	3,847	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	SLEEP LAB	0	16,170	0	0	0	75.01
75.10	03950	NUTRITIONAL SUPPORT	0	0	0	0	0	75.10
75.20	03951	HEMODIALYSIS	0	0	0	0	475	75.20
76.97	07697	CARDIAC REHABILITATION	0	22,321	0	15,540	0	76.97
76.98	07698	WOUND CARE	0	16,209	0	22,545	166,384	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	CHILDRENS CLINIC	0	0	0	0	0	90.01
90.02	09002	DIABETES CLINIC	0	9,315	0	7,219	0	90.02
91.00	09100	EMERGENCY	0	218,816	0	259,363	24,968	91.00
91.05	09101	AMBULATORY CARE	0	1,015	0	1,657	0	91.05
91.10	09102	PSYCHIATRIC PARTIAL	0	9,764	0	4,989	0	91.10
92.00	09200	OBSERVATION BEDS						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
118.00		SUBTOTALS (SUM OF LINES 1-117)	6,597,066	2,565,978	0	1,829,344	1,991,867	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	664	0	0	0	190.00
190.10	19001	MCC WORD PROCESSING	0	0	0	0	0	190.10
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	SPECIALISTS/PCP'S	0	980,009	0	14,791	0	192.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140228

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

Worksheet B  
Part I  
Date/Time Prepared:  
10/28/2013 5:55 pm

Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY		
			10.00	11.00	12.00	13.00	14.00		
192.02	19202	MEDWORKS	0	0	0	0	0	0	192.02
192.03	19203	SWEDISH AMERICAN ER	0	0	0	0	0	0	192.03
192.20	19204	IDLE SPACE	0	0	0	0	0	0	192.20
193.00	19300	NONPAID WORKERS	0	1,074	0	0	0	0	193.00
193.10	19301	HOTEL	0	0	0	0	0	0	193.10
193.30	19302	PHYSICIAN BILLING	0	0	0	0	0	0	193.30
193.40	19303	MEALS ON WHEELS	0	0	0	0	0	0	193.40
193.50	19304	WEE CARE	0	0	0	0	0	0	193.50
193.60	19305	PHYSICIAN RELATED AREAS	0	59,484	0	0	0	0	193.60
193.70	19306	WOMEN'S CENTER	0	0	0	0	0	0	193.70
193.80	19307	MARKETING EXPENSES	0	14,959	0	10,821	0	0	193.80
193.90	19308	COMPLIMENTARY MEDICINE	0	21,950	0	1,672	0	0	193.90
194.00	07950	NON-MEDICARE HOME HEALTH SERVICES	0	35,151	0	0	0	0	194.00
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)	6,597,066	3,679,269	0	1,856,628	1,991,867	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140228

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

Worksheet B  
Part I  
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Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		15.00	16.00	17.00	19.00	20.00	
<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
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
12.00	01200						12.00
13.00	01300						13.00
14.00	01400						14.00
15.00	01500						15.00
16.00	01600	8,342,068	3,754,146				16.00
17.00	01700	0	0	0			17.00
19.00	01900	0	0	0	0		19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
23.20	02301	0	0	0	0	0	23.20
23.30	02302	0	0	0	0	0	23.30
23.40	02303	8,420	0	0	0	0	23.40
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	506	246,444	0	0	0	30.00
31.00	03100	39	102,391	0	0	0	31.00
31.01	03101	0	0	0	0	0	31.01
40.00	04000	1	21,056	0	0	0	40.00
43.00	04300	92	61,910	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	1,014	417,420	0	0	0	50.00
50.20	03340	68	24,854	0	0	0	50.20
52.00	05200	63	65,569	0	0	0	52.00
53.00	05300	3,227	34,310	0	0	0	53.00
54.00	05400	30,631	344,761	0	0	0	54.00
54.01	05404	0	3,366	0	0	0	54.01
54.10	03480	4,249,993	298,584	0	0	0	54.10
54.20	05401	85,367	159,722	0	0	0	54.20
54.30	05402	44,526	73,304	0	0	0	54.30
60.00	06000	2,740	462,446	0	0	0	60.00
65.00	06500	17,174	36,939	0	0	0	65.00
66.00	06600	125	75,089	0	0	0	66.00
69.00	06900	39	85,567	0	0	0	69.00
70.00	07000	0	5,367	0	0	0	70.00
71.00	07100	0	270,482	0	0	0	71.00
72.00	07200	0	315,261	0	0	0	72.00
73.00	07300	3,283,846	338,573	0	0	0	73.00
75.00	07500	0	0	0	0	0	75.00
75.01	07501	0	21,218	0	0	0	75.01
75.10	03950	0	1,224	0	0	0	75.10
75.20	03951	890	4,966	0	0	0	75.20
76.97	07697	32	5,226	0	0	0	76.97
76.98	07698	3,847	8,960	0	0	0	76.98
76.99	07699	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	0	0	0	0	0	90.00
90.01	09001	0	0	0	0	0	90.01
90.02	09002	110	1,184	0	0	0	90.02
91.00	09100	125	251,591	0	0	0	91.00
91.05	09101	0	334	0	0	0	91.05
91.10	09102	0	3,387	0	0	0	91.10
92.00	09200	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
101.00	10100	0	12,641	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00		7,732,875	3,754,146	0	0	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	0	0	0	0	0	190.00
190.10	19001	0	0	0	0	0	190.10
192.00	19200	0	0	0	0	0	192.00
192.01	19201	596,379	0	0	0	0	192.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140228

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

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Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		15.00	16.00	17.00	19.00	20.00	
192.02	19202 MEDWORKS	0	0	0	0	0	0 192.02
192.03	19203 SWEDISH AMERICAN ER	0	0	0	0	0	0 192.03
192.20	19204 IDLE SPACE	0	0	0	0	0	0 192.20
193.00	19300 NONPAID WORKERS	12,814	0	0	0	0	0 193.00
193.10	19301 HOTEL	0	0	0	0	0	0 193.10
193.30	19302 PHYSICIAN BILLING	0	0	0	0	0	0 193.30
193.40	19303 MEALS ON WHEELS	0	0	0	0	0	0 193.40
193.50	19304 WEE CARE	0	0	0	0	0	0 193.50
193.60	19305 PHYSICIAN RELATED AREAS	0	0	0	0	0	0 193.60
193.70	19306 WOMEN'S CENTER	0	0	0	0	0	0 193.70
193.80	19307 MARKETING EXPENSES	0	0	0	0	0	0 193.80
193.90	19308 COMPLIMENTARY MEDICINE	0	0	0	0	0	0 193.90
194.00	07950 NON-MEDICARE HOME HEALTH SERVICES	0	0	0	0	0	0 194.00
200.00	Cross Foot Adjustments						0 200.00
201.00	Negative Cost Centers	0	0	0	0	0	0 201.00
202.00	TOTAL (sum lines 118-201)	8,342,068	3,754,146	0	0	0	0 202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140228

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

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Part I  
Date/Time Prepared:  
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Cost Center Description	INTERNS & RESIDENTS		PARAMED PRGM - LABORATORY	PARAMED PRGM - RADIOLOGY	PARAMED PRGM - RADIATION ONCOLOGY	
	SRVCES-SALARY & FRINGES	SRVCES-OTHER PRGM COSTS				
	21.00	22.00				
<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					4.00
5.00 00500	ADMINISTRATIVE & GENERAL					5.00
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
12.00 01200	MAINTENANCE OF PERSONNEL					12.00
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
19.00 01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00 02000	NURSING SCHOOL					20.00
21.00 02100	I&R SRVCES-SALARY & FRINGES APPRVD	0				21.00
22.00 02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	4,761,620			22.00
23.00 02300	PARAMED ED PRGM - LABORATORY	0	0	237,234		23.00
23.20 02301	PARAMED ED PRGM - RADIOLOGY	0	0	0	185,088	23.20
23.30 02302	PARAMED ED - RADIATION ONCOLOGY	0	0	0	0	23.30
23.40 02303	PARAMED ED - PARAMEDICAL TECHS	0	0	0	0	23.40
23.40 02303	PARAMED ED - PARAMEDICAL TECHS	0	0	0	0	23.40
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	0	2,843,926	0	0	30.00
31.00 03100	INTENSIVE CARE UNIT	0	208,729	0	0	31.00
31.01 03101	PEDIATRIC ICU	0	0	0	0	31.01
40.00 04000	SUBPROVIDER - I/PF	0	143,501	0	0	40.00
43.00 04300	NURSERY	0	260,911	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	0	391,366	0	0	50.00
50.20 03340	GASTROENTEROLOGY	0	156,546	0	0	50.20
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	185,088	54.00
54.01 05404	CHEMO/IV THERAPY	0	0	0	0	54.01
54.10 03480	RADIATION ONCOLOGY	0	0	0	0	54.10
54.20 05401	CT	0	0	0	0	54.20
54.30 05402	MRI	0	0	0	0	54.30
60.00 06000	LABORATORY	0	0	237,234	0	60.00
65.00 06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00 06600	PHYSICAL THERAPY	0	0	0	0	66.00
69.00 06900	ELECTROCARDIOLOGY	0	182,637	0	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00 07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01 07501	SLEEP LAB	0	0	0	0	75.01
75.10 03950	NUTRITIONAL SUPPORT	0	0	0	0	75.10
75.20 03951	HEMODIALYSIS	0	234,820	0	0	75.20
76.97 07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98 07698	WOUND CARE	0	0	0	0	76.98
76.99 07699	LITHOTRIPSY	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000	CLINIC	0	0	0	0	90.00
90.01 09001	CHILDRENS CLINIC	0	0	0	0	90.01
90.02 09002	DIABETES CLINIC	0	0	0	0	90.02
91.00 09100	EMERGENCY	0	339,184	0	0	91.00
91.05 09101	AMBULATORY CARE	0	0	0	0	91.05
91.10 09102	PSYCHIATRIC PARTIAL	0	0	0	0	91.10
92.00 09200	OBSERVATION BEDS	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
101.00 10100	HOME HEALTH AGENCY	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	4,761,620	237,234	185,088	190,456
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
190.10 19001	MCC WORD PROCESSING	0	0	0	0	190.10

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140228

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

Worksheet B  
Part I  
Date/Time Prepared:  
10/28/2013 5:55 pm

Cost Center Description			INTERNS & RESIDENTS		PARAMED PRGM - LABORATORY	PARAMED PRGM - RADIOLOGY	PARAMED - RADIATION ONCOLOGY	
			SRVCES-SALARY & FRINGES	SRVCES-OTHER PRGM COSTS				
			21.00	22.00				
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	SPECIALISTS/PCP'S	0	0	0	0	0	192.01
192.02	19202	MEDWORKS	0	0	0	0	0	192.02
192.03	19203	SWEDISH AMERICAN ER	0	0	0	0	0	192.03
192.20	19204	IDLE SPACE	0	0	0	0	0	192.20
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.10	19301	HOTEL	0	0	0	0	0	193.10
193.30	19302	PHYSICIAN BILLING	0	0	0	0	0	193.30
193.40	19303	MEALS ON WHEELS	0	0	0	0	0	193.40
193.50	19304	WEE CARE	0	0	0	0	0	193.50
193.60	19305	PHYSICIAN RELATED AREAS	0	0	0	0	0	193.60
193.70	19306	WOMEN'S CENTER	0	0	0	0	0	193.70
193.80	19307	MARKETING EXPENSES	0	0	0	0	0	193.80
193.90	19308	COMPLIMENTARY MEDICINE	0	0	0	0	0	193.90
194.00	07950	NON-MEDICARE HOME HEALTH SERVICES	0	0	0	0	0	194.00
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)	0	4,761,620	237,234	185,088	190,456	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140228

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

Worksheet B  
Part I  
Date/Time Prepared:  
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Cost Center Description			PARAMED ED - PARAMEDICAL TECHS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.40	24.00	25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
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
19.00	01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00	02000	NURSING SCHOOL					20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD					21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD					22.00
23.00	02300	PARAMED ED PRGM - LABORATORY					23.00
23.20	02301	PARAMED ED PRGM - RADIOLOGY					23.20
23.30	02302	PARAMED ED - RADIATION ONCOLOGY					23.30
23.40	02303	PARAMED ED - PARAMEDICAL TECHS	1,090,170				23.40
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	0	63,597,684	-2,843,926	60,753,758	30.00
31.00	03100	INTENSIVE CARE UNIT	0	11,011,360	-208,729	10,802,631	31.00
31.01	03101	PEDIATRIC ICU	0	0	0	0	31.01
40.00	04000	SUBPROVIDER - I/PF	0	5,625,346	-143,501	5,481,845	40.00
43.00	04300	NURSERY	0	4,781,327	-260,911	4,520,416	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	31,720,407	-391,366	31,329,041	50.00
50.20	03340	GASTROENTEROLOGY	0	2,126,885	-156,546	1,970,339	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	6,986,740	0	6,986,740	52.00
53.00	05300	ANESTHESIOLOGY	0	549,138	0	549,138	53.00
54.00	05400	RADIOLOGY - DIAGNOSTIC	0	28,310,999	0	28,310,999	54.00
54.01	05404	CHEMO/IV THERAPY	0	346,433	0	346,433	54.01
54.10	03480	RADIATION ONCOLOGY	0	27,375,487	0	27,375,487	54.10
54.20	05401	CT	0	3,236,318	0	3,236,318	54.20
54.30	05402	MRI	0	2,128,728	0	2,128,728	54.30
60.00	06000	LABORATORY	0	16,786,901	0	16,786,901	60.00
65.00	06500	RESPIRATORY THERAPY	0	4,431,097	0	4,431,097	65.00
66.00	06600	PHYSICAL THERAPY	0	7,136,764	0	7,136,764	66.00
69.00	06900	ELECTROCARDIOLOGY	0	3,640,625	-182,637	3,457,988	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	323,328	0	323,328	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	2,391,797	0	2,391,797	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	15,603,426	0	15,603,426	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	13,829,144	0	13,829,144	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01	07501	SLEEP LAB	0	1,087,482	0	1,087,482	75.01
75.10	03950	NUTRITIONAL SUPPORT	0	164,524	0	164,524	75.10
75.20	03951	HEMODIALYSIS	0	1,116,239	-234,820	881,419	75.20
76.97	07697	CARDIAC REHABILITATION	0	1,431,090	0	1,431,090	76.97
76.98	07698	WOUND CARE	0	1,540,021	0	1,540,021	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	CHILDRENS CLINIC	0	0	0	0	90.01
90.02	09002	DIABETES CLINIC	0	586,163	0	586,163	90.02
91.00	09100	EMERGENCY	1,090,170	19,621,725	-339,184	19,282,541	91.00
91.05	09101	AMBULATORY CARE	0	400,716	0	400,716	91.05
91.10	09102	PSYCHIATRIC PARTIAL	0	776,434	0	776,434	91.10
92.00	09200	OBSERVATION BEDS	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
101.00	10100	HOME HEALTH AGENCY	0	6,142,494	0	6,142,494	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,090,170	284,806,822	-4,761,620	280,045,202	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	124,077	0	124,077	190.00
190.10	19001	MCC WORD PROCESSING	0	0	0	0	190.10

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140228

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

Worksheet B  
Part I  
Date/Time Prepared:  
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Cost Center Description			PARAMED ED - PARAMEDICAL TECHS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.40	24.00	25.00	26.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	145,446	0	145,446	192.00
192.01	19201	SPECIALISTS/PCP'S	0	84,021,348	0	84,021,348	192.01
192.02	19202	MEDWORKS	0	0	0	0	192.02
192.03	19203	SWEDISH AMERICAN ER	0	0	0	0	192.03
192.20	19204	IDLE SPACE	0	214,929	0	214,929	192.20
193.00	19300	NONPAID WORKERS	0	75,737	0	75,737	193.00
193.10	19301	HOTEL	0	0	0	0	193.10
193.30	19302	PHYSICIAN BILLING	0	0	0	0	193.30
193.40	19303	MEALS ON WHEELS	0	0	0	0	193.40
193.50	19304	WEE CARE	0	0	0	0	193.50
193.60	19305	PHYSICIAN RELATED AREAS	0	1,150,927	0	1,150,927	193.60
193.70	19306	WOMEN'S CENTER	0	0	0	0	193.70
193.80	19307	MARKETING EXPENSES	0	3,329,147	0	3,329,147	193.80
193.90	19308	COMPLIMENTARY MEDICINE	0	912,432	0	912,432	193.90
194.00	07950	NON-MEDICARE HOME HEALTH SERVICES	0	1,844,092	0	1,844,092	194.00
200.00		Cross Foot Adjustments	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,090,170	376,624,957	-4,761,620	371,863,337	202.00

Provider CCN: 140228

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

Worksheet Non-CMS W  
 Date/Time Prepared:  
 10/28/2013 5:55 pm

Cost Center Description		Statistics Code	Statistics Description	
		1.00	2.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2	SQUARE FEET	2.00
4.00	EMPLOYEE BENEFITS	4	FTE'S	4.00
5.00	ADMINISTRATIVE & GENERAL	-1	ACCUM COST	5.00
6.00	MAINTENANCE & REPAIRS	5	SQUARE FEET	6.00
7.00	OPERATION OF PLANT	1	SQUARE FEET	7.00
8.00	LAUNDRY & LINEN SERVICE	6	POUNDS OF LAUNDRY	8.00
9.00	HOUSEKEEPING	5	SQUARE FEET	9.00
10.00	DIETARY	7	MEALS SERVED	10.00
11.00	CAFETERIA	8	FTE'S	11.00
12.00	MAINTENANCE OF PERSONNEL	9	NUMBER HOUSED	12.00
13.00	NURSING ADMINISTRATION	10	DIRECT NRSING HRS	13.00
14.00	CENTRAL SERVICES & SUPPLY	11	COSTED REQUIS.	14.00
15.00	PHARMACY	12	COSTED REQUIS.	15.00
16.00	MEDICAL RECORDS & LIBRARY	C	GROSS CHARGES	16.00
17.00	SOCIAL SERVICE	14	TIME SPENT	17.00
19.00	NONPHYSICIAN ANESTHETISTS	15	ASSIGNED TIME	19.00
20.00	NURSING SCHOOL	20	ASSIGNED TIME	20.00
21.00	I&R SRVCES-SALARY & FRINGES APPRVD	17	ASSIGNED TIME	21.00
22.00	I&R SRVCES-OTHER PRGM COSTS APPRVD	18	ASSIGNED TIME	22.00
23.00	PARAMED ED PRGM - LABORATORY	19	ASSIGNED TIME	23.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140228

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

Worksheet B  
Part II  
Date/Time Prepared:  
10/28/2013 5:55 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		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	0	13,751	22,891	36,642	36,642 4.00
5.00 00500	ADMINISTRATIVE & GENERAL	0	522,978	870,574	1,393,552	5,200 5.00
6.00 00600	MAINTENANCE & REPAIRS	0	159,429	265,393	424,822	149 6.00
7.00 00700	OPERATION OF PLANT	0	497,832	828,715	1,326,547	289 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	33,668	56,045	89,713	44 8.00
9.00 00900	HOUSEKEEPING	0	285,045	474,499	759,544	1,367 9.00
10.00 01000	DIETARY	0	395,312	658,055	1,053,367	1,078 10.00
11.00 01100	CAFETERIA	0	0	0	0	0 11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0 12.00
13.00 01300	NURSING ADMINISTRATION	0	24,290	40,435	64,725	193 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	152,731	254,243	406,974	0 14.00
15.00 01500	PHARMACY	0	93,433	155,533	248,966	750 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	18,980	31,596	50,576	655 16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	0 17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0 19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	0 20.00
21.00 02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0 21.00
22.00 02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0 22.00
23.00 02300	PARAMED PRGM - LABORATORY	0	0	0	0	29 23.00
23.20 02301	PARAMED PRGM - RADIOLOGY	0	0	0	0	32 23.20
23.30 02302	PARAMED ED - RADIATION ONCOLOGY	0	0	0	0	29 23.30
23.40 02303	PARAMED ED - PARAMEDICAL TECHS	0	0	0	0	131 23.40
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	0	2,126,257	3,539,468	5,665,725	4,954 30.00
31.00 03100	INTENSIVE CARE UNIT	0	389,728	648,759	1,038,487	920 31.00
31.01 03101	PEDIATRIC ICU	0	0	0	0	0 31.01
40.00 04000	SUBPROVIDER - I/PF	0	276,588	460,421	737,009	531 40.00
43.00 04300	NURSERY	0	85,815	142,852	228,667	454 43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	0	688,330	1,145,827	1,834,157	2,209 50.00
50.20 03340	GASTROENTEROLOGY	0	91,141	151,718	242,859	118 50.20
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	90,609	150,832	241,441	654 52.00
53.00 05300	ANESTHESIOLOGY	0	21,724	36,163	57,887	0 53.00
54.00 05400	RADIOLOGY - DIAGNOSTIC	0	1,008,124	1,678,171	2,686,295	1,829 54.00
54.01 05404	CHEMO/IV THERAPY	0	0	0	0	35 54.01
54.10 03480	RADIATION ONCOLOGY	0	132,669	220,847	353,516	795 54.10
54.20 05401	CT	0	28,890	48,092	76,982	188 54.20
54.30 05402	MRI	0	49,113	81,757	130,870	156 54.30
60.00 06000	LABORATORY	0	260,948	434,387	695,335	1,046 60.00
65.00 06500	RESPIRATORY THERAPY	0	59,846	99,623	159,469	540 65.00
66.00 06600	PHYSICAL THERAPY	0	58,039	96,614	154,653	760 66.00
69.00 06900	ELECTROCARDIOLOGY	0	59,782	99,516	159,298	278 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	27,954	46,534	74,488	29 70.00
71.00 07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0 75.00
75.01 07501	SLEEP LAB	0	0	0	0	121 75.01
75.10 03950	NUTRITIONAL SUPPORT	0	0	0	0	0 75.10
75.20 03951	HEMODIALYSIS	0	36,024	59,967	95,991	0 75.20
76.97 07697	CARDIAC REHABILITATION	0	0	0	0	167 76.97
76.98 07698	WOUND CARE	0	0	0	0	121 76.98
76.99 07699	LITHOTRIPSY	0	0	0	0	0 76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000	CLINIC	0	0	0	0	0 90.00
90.01 09001	CHILDRENS CLINIC	0	0	0	0	0 90.01
90.02 09002	DIABETES CLINIC	0	0	0	0	70 90.02
91.00 09100	EMERGENCY	0	321,230	534,735	855,965	1,633 91.00
91.05 09101	AMBULATORY CARE	0	59,314	98,737	158,051	8 91.05
91.10 09102	PSYCHIATRIC PARTIAL	0	56,134	93,444	149,578	73 91.10
92.00 09200	OBSERVATION BEDS	0	0	0	0	0 92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
101.00 10100	HOME HEALTH AGENCY	0	2,421	4,030	6,451	618 101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	8,128,129	13,530,473	21,658,602	28,253 118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	20,578	34,256	54,834	5 190.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140228

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

Worksheet B  
Part II  
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10/28/2013 5:55 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
190.10 19001  MCC WORD PROCESSING	0	0	0	0	0	190.10
192.00 19200  PHYSICIANS' PRIVATE OFFICES	0	42,625	0	42,625	0	192.00
192.01 19201  SPECIALISTS/PCP'S	0	56,360	0	56,360	7,307	192.01
192.02 19202  MEDWORKS	0	0	0	0	0	192.02
192.03 19203  SWEDI SHAMERICAN ER	0	0	0	0	0	192.03
192.20 19204  IDLE SPACE	0	106,006	0	106,006	0	192.20
193.00 19300  NONPAID WORKERS	0	0	0	0	8	193.00
193.10 19301  HOTEL	0	0	0	0	0	193.10
193.30 19302  PHYSICIAN BILLING	0	0	0	0	0	193.30
193.40 19303  MEALS ON WHEELS	0	0	0	0	0	193.40
193.50 19304  WEE CARE	0	0	0	0	0	193.50
193.60 19305  PHYSICIAN RELATED AREAS	0	0	0	0	531	193.60
193.70 19306  WOMEN'S CENTER	0	0	0	0	0	193.70
193.80 19307  MARKETING EXPENSES	0	5,036	8,383	13,419	112	193.80
193.90 19308  COMPLIMENTARY MEDICINE	0	15,171	25,255	40,426	164	193.90
194.00 07950  NON-MEDICARE HOME HEALTH SERVICES	0	0	0	0	262	194.00
200.00    Cross Foot Adjustments				0	0	200.00
201.00    Negative Cost Centers		0	0	0	0	201.00
202.00    TOTAL (sum lines 118-201)	0	8,373,905	13,598,367	21,972,272	36,642	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140228

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

Worksheet B  
Part II  
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Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.00	6.00	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500	1,398,752					5.00
6.00	00600	14,825	439,796				6.00
7.00	00700	34,111	28,916	1,389,863			7.00
8.00	00800	8,014	1,956	6,517	106,244		8.00
9.00	00900	29,308	16,556	55,178	0	861,953	9.00
10.00	01000	26,798	22,961	76,523	528	50,441	10.00
11.00	01100	0	0	0	0	0	11.00
12.00	01200	0	0	0	0	0	12.00
13.00	01300	8,428	1,411	4,702	0	3,099	13.00
14.00	01400	7,721	8,871	29,565	0	19,488	14.00
15.00	01500	38,123	5,427	18,086	0	11,922	15.00
16.00	01600	17,219	1,102	3,674	0	2,422	16.00
17.00	01700	0	0	0	0	0	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	22,630	0	0	204	0	22.00
23.00	02300	1,110	0	0	0	0	23.00
23.20	02301	860	0	0	0	0	23.20
23.30	02302	887	0	0	0	0	23.30
23.40	02303	5,144	0	0	0	0	23.40
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	239,986	123,503	411,595	43,605	271,306	30.00
31.00	03100	42,926	22,637	75,442	5,494	49,729	31.00
31.01	03101	0	0	0	0	0	31.01
40.00	04000	20,881	16,065	53,541	959	35,292	40.00
43.00	04300	19,064	4,984	16,612	4,633	10,950	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	134,588	39,981	133,245	10,817	87,830	50.00
50.20	03340	6,583	5,294	17,643	1,037	11,630	50.20
52.00	05200	28,346	5,263	17,540	1,443	11,562	52.00
53.00	05300	2,184	1,262	4,205	0	2,772	53.00
54.00	05400	117,583	58,556	195,149	5,785	128,635	54.00
54.01	05404	1,542	0	0	0	0	54.01
54.10	03480	105,698	7,706	25,682	704	16,928	54.10
54.20	05401	13,560	1,678	5,592	807	3,686	54.20
54.30	05402	8,866	2,853	9,507	450	6,267	54.30
60.00	06000	72,834	15,157	50,513	0	33,297	60.00
65.00	06500	19,785	3,476	11,585	12	7,636	65.00
66.00	06600	32,433	3,371	11,235	0	7,406	66.00
69.00	06900	14,970	3,472	11,572	513	7,628	69.00
70.00	07000	1,162	1,624	5,411	138	3,567	70.00
71.00	07100	10,089	0	0	0	0	71.00
72.00	07200	72,708	0	0	0	0	72.00
73.00	07300	48,541	0	0	0	0	73.00
75.00	07500	0	0	0	0	0	75.00
75.01	07501	4,994	0	0	0	0	75.01
75.10	03950	777	0	0	0	0	75.10
75.20	03951	3,735	2,092	6,973	174	4,597	75.20
76.97	07697	6,601	0	0	0	0	76.97
76.98	07698	6,288	0	0	0	0	76.98
76.99	07699	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	0	0	0	0	0	90.00
90.01	09001	0	0	0	0	0	90.01
90.02	09002	2,703	0	0	0	0	90.02
91.00	09100	77,038	18,658	62,183	28,434	40,988	91.00
91.05	09101	1,184	3,445	11,482	349	7,568	91.05
91.10	09102	2,950	3,260	10,866	154	7,163	91.10
92.00	09200	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
101.00	10100	29,125	141	469	0	309	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00		1,364,902	431,678	1,342,287	106,240	844,118	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	351	1,195	3,983	0	2,626	190.00
190.10	19001	0	0	0	0	0	190.10
192.00	19200	0	2,476	8,251	0	5,439	192.00
192.01	19201	0	3,274	10,910	4	7,191	192.01
192.02	19202	0	0	0	0	0	192.02

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140228

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

Worksheet B  
Part II  
Date/Time Prepared:  
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Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING		
			5.00	6.00	7.00	8.00	9.00		
192.03	19203	SWEDI SHAMERICAN ER	0	0	0	0	0	0	192.03
192.20	19204	IDLE SPACE	0	0	20,520	0	0	0	192.20
193.00	19300	NONPAID WORKERS	0	0	0	0	0	0	193.00
193.10	19301	HOTEL	0	0	0	0	0	0	193.10
193.30	19302	PHYSICIAN BILLING	0	0	0	0	0	0	193.30
193.40	19303	MEALS ON WHEELS	0	0	0	0	0	0	193.40
193.50	19304	WEE CARE	0	0	0	0	0	0	193.50
193.60	19305	PHYSICIAN RELATED AREAS	5,191	0	0	0	0	0	193.60
193.70	19306	WOMEN'S CENTER	0	0	0	0	0	0	193.70
193.80	19307	MARKETING EXPENSES	15,652	292	975	0	643	193.80	
193.90	19308	COMPLIMENTARY MEDICINE	4,053	881	2,937	0	1,936	193.90	
194.00	07950	NON-MEDICARE HOME HEALTH SERVICES	8,603	0	0	0	0	194.00	
200.00		Cross Foot Adjustments						200.00	
201.00		Negative Cost Centers	0	0	0	0	0	201.00	
202.00		TOTAL (sum lines 118-201)	1,398,752	439,796	1,389,863	106,244	861,953	202.00	

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140228

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

Worksheet B  
Part II  
Date/Time Prepared:  
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Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
<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						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	1,231,696					10.00
11.00	01100	CAFETERIA	686,933	686,933				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	4,827	0	87,385		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	472,619	14.00
15.00	01500	PHARMACY	0	18,773	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	16,389	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM - LABORATORY	0	729	0	0	0	23.00
23.20	02301	PARAMED ED PRGM - RADIOLOGY	0	795	0	0	0	23.20
23.30	02302	PARAMED ED - RADIATION ONCOLOGY	0	729	0	0	0	23.30
23.40	02303	PARAMED ED - PARAMEDICAL TECHS	0	0	0	10	0	23.40
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	459,918	123,965	0	35,145	76,865	30.00
31.00	03100	INTENSIVE CARE UNIT	32,543	23,010	0	8,728	38,297	31.00
31.01	03101	PEDIATRIC ICU	0	0	0	0	0	31.01
40.00	04000	SUBPROVIDER - I PF	52,302	13,275	0	1,699	0	40.00
43.00	04300	NURSERY	0	11,361	0	4,299	3,569	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	55,281	0	10,613	59,917	50.00
50.20	03340	GASTROENTEROLOGY	0	2,950	0	758	69,430	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	16,367	0	5,422	122,405	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY - DIAGNOSTIC	0	45,779	0	2,830	46,241	54.00
54.01	05404	CHEMO/IV THERAPY	0	149	0	407	2,246	54.01
54.10	03480	RADIATION ONCOLOGY	0	14,912	0	0	0	54.10
54.20	05401	CT	0	4,711	0	0	7,578	54.20
54.30	05402	MRI	0	3,898	0	0	0	54.30
60.00	06000	LABORATORY	0	26,178	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	13,501	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	19,014	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	6,946	0	1,534	555	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	718	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	SLEEP LAB	0	3,019	0	0	0	75.01
75.10	03950	NUTRITIONAL SUPPORT	0	0	0	0	0	75.10
75.20	03951	HEMODIALYSIS	0	0	0	0	113	75.20
76.97	07697	CARDIAC REHABILITATION	0	4,167	0	732	0	76.97
76.98	07698	WOUND CARE	0	3,026	0	1,061	39,479	76.98
76.99	07699	LI THOTRI PSY	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	CHILDRENS CLINIC	0	0	0	0	0	90.01
90.02	09002	DIABETES CLINIC	0	1,739	0	340	0	90.02
91.00	09100	EMERGENCY	0	40,854	0	12,210	5,924	91.00
91.05	09101	AMBULATORY CARE	0	190	0	78	0	91.05
91.10	09102	PSYCHIATRIC PARTIAL	0	1,823	0	235	0	91.10
92.00	09200	OBSERVATION BEDS						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,231,696	479,075	0	86,101	472,619	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	124	0	0	0	190.00
190.10	19001	MCC WORD PROCESSING	0	0	0	0	0	190.10
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	SPECIALISTS/PCP'S	0	182,973	0	696	0	192.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140228

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

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Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
192.02	19202	MEDWORKS	0	0	0	0	0
192.03	19203	SWEDISH AMERICAN ER	0	0	0	0	0
192.20	19204	IDLE SPACE	0	0	0	0	0
193.00	19300	NONPAID WORKERS	0	201	0	0	0
193.10	19301	HOTEL	0	0	0	0	0
193.30	19302	PHYSICIAN BILLING	0	0	0	0	0
193.40	19303	MEALS ON WHEELS	0	0	0	0	0
193.50	19304	WEE CARE	0	0	0	0	0
193.60	19305	PHYSICIAN RELATED AREAS	0	11,106	0	0	0
193.70	19306	WOMEN'S CENTER	0	0	0	0	0
193.80	19307	MARKETING EXPENSES	0	2,793	0	509	0
193.90	19308	COMPLIMENTARY MEDICINE	0	4,098	0	79	0
194.00	07950	NON-MEDICARE HOME HEALTH SERVICES	0	6,563	0	0	0
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	1,231,696	686,933	0	87,385	472,619

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140228

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Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		15.00	16.00	17.00	19.00	20.00	
<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
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
12.00	01200						12.00
13.00	01300						13.00
14.00	01400						14.00
15.00	01500						15.00
16.00	01600	342,047					16.00
17.00	01700		92,037				17.00
19.00	01900				0		19.00
20.00	02000					0	20.00
21.00	02100						21.00
22.00	02200						22.00
23.00	02300						23.00
23.20	02301						23.20
23.30	02302						23.30
23.40	02303	345	0	0			23.40
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	21	6,053	0			30.00
31.00	03100	2	2,515	0			31.00
31.01	03101	0	0	0			31.01
40.00	04000	0	517	0			40.00
43.00	04300	4	1,521	0			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	42	10,253	0			50.00
50.20	03340	3	610	0			50.20
52.00	05200	3	1,611	0			52.00
53.00	05300	132	843	0			53.00
54.00	05400	1,256	8,468	0			54.00
54.01	05404	0	83	0			54.01
54.10	03480	174,263	7,334	0			54.10
54.20	05401	3,500	3,923	0			54.20
54.30	05402	1,826	1,801	0			54.30
60.00	06000	112	11,184	0			60.00
65.00	06500	704	907	0			65.00
66.00	06600	5	1,844	0			66.00
69.00	06900	2	2,102	0			69.00
70.00	07000	0	132	0			70.00
71.00	07100	0	6,644	0			71.00
72.00	07200	0	7,744	0			72.00
73.00	07300	134,644	8,316	0			73.00
75.00	07500	0	0	0			75.00
75.01	07501	0	521	0			75.01
75.10	03950	0	30	0			75.10
75.20	03951	36	122	0			75.20
76.97	07697	1	128	0			76.97
76.98	07698	158	220	0			76.98
76.99	07699	0	0	0			76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	0	0	0			90.00
90.01	09001	0	0	0			90.01
90.02	09002	5	29	0			90.02
91.00	09100	5	6,180	0			91.00
91.05	09101	0	8	0			91.05
91.10	09102	0	83	0			91.10
92.00	09200						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
101.00	10100	0	311	0			101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00		317,069	92,037	0	0	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	0	0	0			190.00
190.10	19001	0	0	0			190.10
192.00	19200	0	0	0			192.00
192.01	19201	24,453	0	0			192.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140228

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

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Part II  
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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
192.02	19202	MEDWORKS	0	0	0			192.02
192.03	19203	SWEDISH AMERICAN ER	0	0	0			192.03
192.20	19204	IDLE SPACE	0	0	0			192.20
193.00	19300	NONPAID WORKERS	525	0	0			193.00
193.10	19301	HOTEL	0	0	0			193.10
193.30	19302	PHYSICIAN BILLING	0	0	0			193.30
193.40	19303	MEALS ON WHEELS	0	0	0			193.40
193.50	19304	WEE CARE	0	0	0			193.50
193.60	19305	PHYSICIAN RELATED AREAS	0	0	0			193.60
193.70	19306	WOMEN'S CENTER	0	0	0			193.70
193.80	19307	MARKETING EXPENSES	0	0	0			193.80
193.90	19308	COMPLIMENTARY MEDICINE	0	0	0			193.90
194.00	07950	NON-MEDICARE HOME HEALTH SERVICES	0	0	0			194.00
200.00		Cross Foot Adjustments				0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	342,047	92,037	0	0	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140228

Period:  
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To 05/31/2013

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Cost Center Description	INTERNS & RESIDENTS		PARAMED PRGM - LABORATORY	PARAMED PRGM - RADIOLOGY	PARAMED PRGM - RADIATION ONCOLOGY	
	SRVCES-SALARY & FRINGES	SRVCES-OTHER PRGM COSTS				
	21.00	22.00				
<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					4.00
5.00 00500	ADMINISTRATIVE & GENERAL					5.00
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
12.00 01200	MAINTENANCE OF PERSONNEL					12.00
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
19.00 01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00 02000	NURSING SCHOOL					20.00
21.00 02100	I&R SRVCES-SALARY & FRINGES APPRVD	0				21.00
22.00 02200	I&R SRVCES-OTHER PRGM COSTS APPRVD		22,834			22.00
23.00 02300	PARAMED PRGM - LABORATORY			1,868		23.00
23.20 02301	PARAMED PRGM - RADIOLOGY				1,687	23.20
23.30 02302	PARAMED PRGM - RADIATION ONCOLOGY					23.30
23.40 02303	PARAMED PRGM - PARAMEDICAL TECHS				1,645	23.40
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS					30.00
31.00 03100	INTENSIVE CARE UNIT					31.00
31.01 03101	PEDIATRIC ICU					31.01
40.00 04000	SUBPROVIDER - IPF					40.00
43.00 04300	NURSERY					43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM					50.00
50.20 03340	GASTROENTEROLOGY					50.20
52.00 05200	DELIVERY ROOM & LABOR ROOM					52.00
53.00 05300	ANESTHESIOLOGY					53.00
54.00 05400	RADIOLOGY - DIAGNOSTIC					54.00
54.01 05404	CHEMO/IV THERAPY					54.01
54.10 03480	RADIATION ONCOLOGY					54.10
54.20 05401	CT					54.20
54.30 05402	MRI					54.30
60.00 06000	LABORATORY					60.00
65.00 06500	RESPIRATORY THERAPY					65.00
66.00 06600	PHYSICAL THERAPY					66.00
69.00 06900	ELECTROCARDIOLOGY					69.00
70.00 07000	ELECTROENCEPHALOGRAPHY					70.00
71.00 07100	MEDICAL SUPPLIES CHRGD TO PATIENTS					71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT					72.00
73.00 07300	DRUGS CHARGED TO PATIENTS					73.00
75.00 07500	ASC (NON-DISTINCT PART)					75.00
75.01 07501	SLEEP LAB					75.01
75.10 03950	NUTRITIONAL SUPPORT					75.10
75.20 03951	HEMODIALYSIS					75.20
76.97 07697	CARDIAC REHABILITATION					76.97
76.98 07698	WOUND CARE					76.98
76.99 07699	LITHOTRIPSY					76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000	CLINIC					90.00
90.01 09001	CHILDRENS CLINIC					90.01
90.02 09002	DIABETES CLINIC					90.02
91.00 09100	EMERGENCY					91.00
91.05 09101	AMBULATORY CARE					91.05
91.10 09102	PSYCHIATRIC PARTIAL					91.10
92.00 09200	OBSERVATION BEDS					92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
101.00 10100	HOME HEALTH AGENCY					101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN					190.00
190.10 19001	MCC WORD PROCESSING					190.10

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140228

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

Worksheet B  
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Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM - LABORATORY	PARAMED ED PRGM - RADIOLOGY	PARAMED ED - RADIATION ONCOLOGY	
			SRVCES-SALARY & FRINGES	SRVCES-OTHER PRGM COSTS				
			21.00	22.00				
192.00	19200	PHYSICIANS' PRIVATE OFFICES						192.00
192.01	19201	SPECIALISTS/PCP'S						192.01
192.02	19202	MEDWORKS						192.02
192.03	19203	SWEDI SHAMERICAN ER						192.03
192.20	19204	IDLE SPACE						192.20
193.00	19300	NONPAID WORKERS						193.00
193.10	19301	HOTEL						193.10
193.30	19302	PHYSICIAN BILLING						193.30
193.40	19303	MEALS ON WHEELS						193.40
193.50	19304	WEE CARE						193.50
193.60	19305	PHYSICIAN RELATED AREAS						193.60
193.70	19306	WOMEN'S CENTER						193.70
193.80	19307	MARKETING EXPENSES						193.80
193.90	19308	COMPLIMENTARY MEDICINE						193.90
194.00	07950	NON-MEDICARE HOME HEALTH SERVICES						194.00
200.00		Cross Foot Adjustments	0	22,834	1,868	1,687	1,645	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	22,834	1,868	1,687	1,645	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140228	Period: From 06/01/2012 To 05/31/2013	Worksheet B Part II Date/Time Prepared: 10/28/2013 5:55 pm
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Cost Center Description		PARAMED ED - PARAMEDICAL TECHS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		23.40	24.00	25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS				4.00
5.00	00500	ADMINISTRATIVE & GENERAL				5.00
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
12.00	01200	MAINTENANCE OF PERSONNEL				12.00
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
19.00	01900	NONPHYSICIAN ANESTHETISTS				19.00
20.00	02000	NURSING SCHOOL				20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD				21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD				22.00
23.00	02300	PARAMED ED PRGM - LABORATORY				23.00
23.20	02301	PARAMED ED PRGM - RADIOLOGY				23.20
23.30	02302	PARAMED ED - RADIATION ONCOLOGY				23.30
23.40	02303	PARAMED ED - PARAMEDICAL TECHS	5,630			23.40
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000	ADULTS & PEDIATRICS	7,462,641	0	7,462,641	30.00
31.00	03100	INTENSIVE CARE UNIT	1,340,730	0	1,340,730	31.00
31.01	03101	PEDIATRIC ICU	0	0	0	31.01
40.00	04000	SUBPROVIDER - I PF	932,071	0	932,071	40.00
43.00	04300	NURSERY	306,118	0	306,118	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000	OPERATING ROOM	2,378,933	0	2,378,933	50.00
50.20	03340	GASTROENTEROLOGY	358,915	0	358,915	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	452,057	0	452,057	52.00
53.00	05300	ANESTHESIOLOGY	69,285	0	69,285	53.00
54.00	05400	RADIOLOGY - DIAGNOSTIC	3,298,406	0	3,298,406	54.00
54.01	05404	CHEMO/IV THERAPY	4,462	0	4,462	54.01
54.10	03480	RADIATION ONCOLOGY	707,538	0	707,538	54.10
54.20	05401	CT	122,205	0	122,205	54.20
54.30	05402	MRI	166,494	0	166,494	54.30
60.00	06000	LABORATORY	905,656	0	905,656	60.00
65.00	06500	RESPIRATORY THERAPY	217,615	0	217,615	65.00
66.00	06600	PHYSICAL THERAPY	230,721	0	230,721	66.00
69.00	06900	ELECTROCARDIOLOGY	208,870	0	208,870	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	87,269	0	87,269	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	16,733	0	16,733	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	80,452	0	80,452	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	191,501	0	191,501	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	75.00
75.01	07501	SLEEP LAB	8,655	0	8,655	75.01
75.10	03950	NUTRITIONAL SUPPORT	807	0	807	75.10
75.20	03951	HEMODIALYSIS	113,833	0	113,833	75.20
76.97	07697	CARDIAC REHABILITATION	11,796	0	11,796	76.97
76.98	07698	WOUND CARE	50,353	0	50,353	76.98
76.99	07699	LITHOTRIPSY	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000	CLINIC	0	0	0	90.00
90.01	09001	CHILDRENS CLINIC	0	0	0	90.01
90.02	09002	DIABETES CLINIC	4,886	0	4,886	90.02
91.00	09100	EMERGENCY	1,150,072	0	1,150,072	91.00
91.05	09101	AMBULATORY CARE	182,363	0	182,363	91.05
91.10	09102	PSYCHIATRIC PARTIAL	176,185	0	176,185	91.10
92.00	09200	OBSERVATION BEDS	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
101.00	10100	HOME HEALTH AGENCY	37,424	0	37,424	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	21,275,046	0	21,275,046
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	63,118	0	63,118	190.00
190.10	19001	MCC WORD PROCESSING	0	0	0	190.10

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140228

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

Worksheet B  
Part II  
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Cost Center Description			PARAMED ED - PARAMEDICAL TECHS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.40	24.00	25.00	26.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES		58,791	0	58,791	192.00
192.01	19201	SPECIALISTS/PCP'S		293,168	0	293,168	192.01
192.02	19202	MEDWORKS		0	0	0	192.02
192.03	19203	SWEDISH AMERICAN ER		0	0	0	192.03
192.20	19204	IDLE SPACE		126,526	0	126,526	192.20
193.00	19300	NONPAID WORKERS		734	0	734	193.00
193.10	19301	HOTEL		0	0	0	193.10
193.30	19302	PHYSICIAN BILLING		0	0	0	193.30
193.40	19303	MEALS ON WHEELS		0	0	0	193.40
193.50	19304	WEE CARE		0	0	0	193.50
193.60	19305	PHYSICIAN RELATED AREAS		16,828	0	16,828	193.60
193.70	19306	WOMEN'S CENTER		0	0	0	193.70
193.80	19307	MARKETING EXPENSES		34,395	0	34,395	193.80
193.90	19308	COMPLIMENTARY MEDICINE		54,574	0	54,574	193.90
194.00	07950	NON-MEDICARE HOME HEALTH SERVICES		15,428	0	15,428	194.00
200.00		Cross Foot Adjustments	5,630	33,664	0	33,664	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	5,630	21,972,272	0	21,972,272	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140228

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

Worksheet B-1  
Date/Time Prepared:  
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Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (FTE'S)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT	518,836				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		506,135			2.00
4.00 00400	EMPLOYEE BENEFITS	852	852	251,485		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	32,403	32,403	35,690	-48,848,994	5.00
6.00 00600	MAINTENANCE & REPAIRS	9,878	9,878	1,022	0	6.00
7.00 00700	OPERATION OF PLANT	30,845	30,845	1,986	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	2,086	2,086	300	0	8.00
9.00 00900	HOUSEKEEPING	17,661	17,661	9,381	0	9.00
10.00 01000	DIETARY	24,493	24,493	7,400	0	10.00
11.00 01100	CAFETERIA	0	0	0	0	11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	1,505	1,505	1,324	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	9,463	9,463	0	0	14.00
15.00 01500	PHARMACY	5,789	5,789	5,149	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	1,176	1,176	4,495	0	16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	20.00
21.00 02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00 02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00 02300	PARAMED ED PRGM - LABORATORY	0	0	200	0	23.00
23.20 02301	PARAMED ED PRGM - RADIOLOGY	0	0	218	0	23.20
23.30 02302	PARAMED ED - RADIATION ONCOLOGY	0	0	200	0	23.30
23.40 02303	PARAMED ED - PARAMEDICAL TECHS	0	0	896	0	23.40
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	131,740	131,740	34,000	0	30.00
31.00 03100	INTENSIVE CARE UNIT	24,147	24,147	6,311	0	31.00
31.01 03101	PEDIATRIC ICU	0	0	0	0	31.01
40.00 04000	SUBPROVIDER - IPF	17,137	17,137	3,641	0	40.00
43.00 04300	NURSERY	5,317	5,317	3,116	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	42,648	42,648	15,162	0	50.00
50.20 03340	GASTROENTEROLOGY	5,647	5,647	809	0	50.20
52.00 05200	DELIVERY ROOM & LABOR ROOM	5,614	5,614	4,489	0	52.00
53.00 05300	ANESTHESIOLOGY	1,346	1,346	0	0	53.00
54.00 05400	RADIOLOGY - DIAGNOSTIC	62,462	62,462	12,556	0	54.00
54.01 05404	CHEMO/IV THERAPY	0	0	241	0	54.01
54.10 03480	RADIATION ONCOLOGY	8,220	8,220	5,453	0	54.10
54.20 05401	CT	1,790	1,790	1,292	0	54.20
54.30 05402	MRI	3,043	3,043	1,069	0	54.30
60.00 06000	LABORATORY	16,168	16,168	7,180	0	60.00
65.00 06500	RESPIRATORY THERAPY	3,708	3,708	3,703	0	65.00
66.00 06600	PHYSICAL THERAPY	3,596	3,596	5,215	0	66.00
69.00 06900	ELECTROCARDIOLOGY	3,704	3,704	1,905	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	1,732	1,732	197	0	70.00
71.00 07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01 07501	SLEEP LAB	0	0	828	0	75.01
75.10 03950	NUTRITIONAL SUPPORT	0	0	0	0	75.10
75.20 03951	HEMODIALYSIS	2,232	2,232	0	0	75.20
76.97 07697	CARDIAC REHABILITATION	0	0	1,143	0	76.97
76.98 07698	WOUND CARE	0	0	830	0	76.98
76.99 07699	LITHOTRIPSY	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000	CLINIC	0	0	0	0	90.00
90.01 09001	CHILDRENS CLINIC	0	0	0	0	90.01
90.02 09002	DIABETES CLINIC	0	0	477	0	90.02
91.00 09100	EMERGENCY	19,903	19,903	11,205	0	91.00
91.05 09101	AMBULATORY CARE	3,675	3,675	52	0	91.05
91.10 09102	PSYCHIATRIC PARTIAL	3,478	3,478	500	0	91.10
92.00 09200	OBSERVATION BEDS	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
101.00 10100	HOME HEALTH AGENCY	150	150	4,244	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
118.00	SUBTOTALS (SUM OF LINES 1-117)	503,608	503,608	193,879	-48,848,994	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,275	1,275	34	0	190.00
190.10 19001	MCC WORD PROCESSING	0	0	0	0	190.10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140228

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

Worksheet B-1

Date/Time Prepared:  
10/28/2013 5:55 pm

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS (FTE'S)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)					
	1.00	2.00	4.00				
192.00 19200 PHYSICIANS' PRIVATE OFFICES	2,641	0	0	-42,625	0	192.00	
192.01 19201 SPECIALISTS/PCP'S	3,492	0	50,184	-82,294,150	0	192.01	
192.02 19202 MEDWORKS	0	0	0	0	0	192.02	
192.03 19203 SWEDISH AMERICAN ER	0	0	0	0	0	192.03	
192.20 19204 IDLE SPACE	6,568	0	0	-106,006	0	192.20	
193.00 19300 NONPAID WORKERS	0	0	55	-61,849	0	193.00	
193.10 19301 HOTEL	0	0	0	0	0	193.10	
193.30 19302 PHYSICIAN BILLING	0	0	0	0	0	193.30	
193.40 19303 MEALS ON WHEELS	0	0	0	0	0	193.40	
193.50 19304 WEE CARE	0	0	0	0	0	193.50	
193.60 19305 PHYSICIAN RELATED AREAS	0	0	3,643	0	910,171	193.60	
193.70 19306 WOMEN'S CENTER	0	0	0	0	0	193.70	
193.80 19307 MARKETING EXPENSES	312	312	766	0	2,744,598	193.80	
193.90 19308 COMPLIMENTARY MEDICINE	940	940	1,124	0	710,673	193.90	
194.00 07950 NON-MEDICARE HOME HEALTH SERVICES	0	0	1,800	0	1,508,503	194.00	
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)	8,373,905	13,598,367	3,174,756		48,848,994	202.00	
203.00 Unit cost multiplier (Wkst. B, Part I)	16.139792	26.867075	12.624037		0.199163	203.00	
204.00 Cost to be allocated (per Wkst. B, Part II)			36,642		1,398,752	204.00	
205.00 Unit cost multiplier (Wkst. B, Part II)			0.145703		0.005703	205.00	

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140228

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

Worksheet B-1

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Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
<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
6.00	00600	469,135					6.00
7.00	00700	30,845	444,858				7.00
8.00	00800	2,086	2,086	1,635,132			8.00
9.00	00900	17,661	17,661	0	418,543		9.00
10.00	01000	24,493	24,493	8,130	24,493	393,846	10.00
11.00	01100	0	0	0	0	219,653	11.00
12.00	01200	0	0	0	0	0	12.00
13.00	01300	1,505	1,505	0	1,505	0	13.00
14.00	01400	9,463	9,463	0	9,463	0	14.00
15.00	01500	5,789	5,789	0	5,789	0	15.00
16.00	01600	1,176	1,176	0	1,176	0	16.00
17.00	01700	0	0	0	0	0	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	3,138	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
23.20	02301	0	0	0	0	0	23.20
23.30	02302	0	0	0	0	0	23.30
23.40	02303	0	0	0	0	0	23.40
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	131,740	131,740	671,096	131,740	147,063	30.00
31.00	03100	24,147	24,147	84,556	24,147	10,406	31.00
31.01	03101	0	0	0	0	0	31.01
40.00	04000	17,137	17,137	14,763	17,137	16,724	40.00
43.00	04300	5,317	5,317	71,296	5,317	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	42,648	42,648	166,472	42,648	0	50.00
50.20	03340	5,647	5,647	15,966	5,647	0	50.20
52.00	05200	5,614	5,614	22,214	5,614	0	52.00
53.00	05300	1,346	1,346	0	1,346	0	53.00
54.00	05400	62,462	62,462	89,035	62,462	0	54.00
54.01	05404	0	0	0	0	0	54.01
54.10	03480	8,220	8,220	10,831	8,220	0	54.10
54.20	05401	1,790	1,790	12,413	1,790	0	54.20
54.30	05402	3,043	3,043	6,922	3,043	0	54.30
60.00	06000	16,168	16,168	0	16,168	0	60.00
65.00	06500	3,708	3,708	188	3,708	0	65.00
66.00	06600	3,596	3,596	0	3,596	0	66.00
69.00	06900	3,704	3,704	7,900	3,704	0	69.00
70.00	07000	1,732	1,732	2,120	1,732	0	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
75.00	07500	0	0	0	0	0	75.00
75.01	07501	0	0	0	0	0	75.01
75.10	03950	0	0	0	0	0	75.10
75.20	03951	2,232	2,232	2,683	2,232	0	75.20
76.97	07697	0	0	0	0	0	76.97
76.98	07698	0	0	0	0	0	76.98
76.99	07699	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	0	0	0	0	0	90.00
90.01	09001	0	0	0	0	0	90.01
90.02	09002	0	0	0	0	0	90.02
91.00	09100	19,903	19,903	437,607	19,903	0	91.00
91.05	09101	3,675	3,675	5,365	3,675	0	91.05
91.10	09102	3,478	3,478	2,375	3,478	0	91.10
92.00	09200	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
101.00	10100	150	150	0	150	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00		460,475	429,630	1,635,070	409,883	393,846	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	1,275	1,275	0	1,275	0	190.00
190.10	19001	0	0	0	0	0	190.10
192.00	19200	2,641	2,641	0	2,641	0	192.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140228

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

Worksheet B-1

Date/Time Prepared:  
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Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
			6.00	7.00	8.00	9.00	10.00	
192.01	19201	SPECIALISTS/PCP'S	3,492	3,492	62	3,492	0	192.01
192.02	19202	MEDWORKS	0	0	0	0	0	192.02
192.03	19203	SWEDISH AMERICAN ER	0	0	0	0	0	192.03
192.20	19204	IDLE SPACE	0	6,568	0	0	0	192.20
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.10	19301	HOTEL	0	0	0	0	0	193.10
193.30	19302	PHYSICIAN BILLING	0	0	0	0	0	193.30
193.40	19303	MEALS ON WHEELS	0	0	0	0	0	193.40
193.50	19304	WEE CARE	0	0	0	0	0	193.50
193.60	19305	PHYSICIAN RELATED AREAS	0	0	0	0	0	193.60
193.70	19306	WOMEN'S CENTER	0	0	0	0	0	193.70
193.80	19307	MARKETING EXPENSES	312	312	0	312	0	193.80
193.90	19308	COMPLIMENTARY MEDICINE	940	940	0	940	0	193.90
194.00	07950	NON-MEDICARE HOME HEALTH SERVICES	0	0	0	0	0	194.00
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)	3,117,308	7,377,483	1,733,509	6,572,755	6,597,066	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	6.644799	16.583905	1.060165	15.703894	16.750369	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	439,796	1,389,863	106,244	861,953	1,231,696	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.937461	3.124285	0.064976	2.059413	3.127354	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140228

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

Worksheet B-1

Date/Time Prepared:  
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Cost Center Description			CAFETERIA (FTE'S)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
			11.00	12.00	13.00	14.00	15.00	
<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						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	188,406					11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0				12.00
13.00	01300	NURSING ADMINISTRATION	1,324	0	38,639,095			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	913,364		14.00
15.00	01500	PHARMACY	5,149	0	0	0	21,622,168	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,495	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM - LABORATORY	200	0	0	0	0	23.00
23.20	02301	PARAMED ED PRGM - RADIOLOGY	218	0	0	0	0	23.20
23.30	02302	PARAMED ED - RADIATION ONCOLOGY	200	0	0	0	0	23.30
23.40	02303	PARAMED ED - PARAMEDICAL TECHS	0	0	4,425	0	21,823	23.40
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	34,000	0	15,545,036	148,546	1,312	30.00
31.00	03100	INTENSIVE CARE UNIT	6,311	0	3,858,555	74,011	102	31.00
31.01	03101	PEDIATRIC ICU	0	0	0	0	0	31.01
40.00	04000	SUBPROVIDER - I/PF	3,641	0	750,928	0	2	40.00
43.00	04300	NURSERY	3,116	0	1,900,710	6,898	239	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	15,162	0	4,691,679	115,794	2,628	50.00
50.20	03340	GASTROENTEROLOGY	809	0	335,013	134,177	177	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,489	0	2,396,895	236,557	162	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	8,365	53.00
54.00	05400	RADIOLOGY - DIAGNOSTIC	12,556	0	1,251,090	89,363	79,393	54.00
54.01	05404	CHEMO/IV THERAPY	41	0	179,820	4,340	0	54.01
54.10	03480	RADIATION ONCOLOGY	4,090	0	0	0	11,015,746	54.10
54.20	05401	CT	1,292	0	0	14,644	221,266	54.20
54.30	05402	MRI	1,069	0	0	0	115,410	54.30
60.00	06000	LABORATORY	7,180	0	0	0	7,101	60.00
65.00	06500	RESPIRATORY THERAPY	3,703	0	0	0	44,515	65.00
66.00	06600	PHYSICAL THERAPY	5,215	0	0	0	324	66.00
69.00	06900	ELECTROCARDIOLOGY	1,905	0	678,330	1,072	102	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	197	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	8,511,541	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	SLEEP LAB	828	0	0	0	0	75.01
75.10	03950	NUTRITIONAL SUPPORT	0	0	0	0	0	75.10
75.20	03951	HEMODIALYSIS	0	0	0	218	2,306	75.20
76.97	07697	CARDIAC REHABILITATION	1,143	0	323,401	0	82	76.97
76.98	07698	WOUND CARE	830	0	469,193	76,295	9,970	76.98
76.99	07699	LITHOTRIpsy	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	CHILDRENS CLINIC	0	0	0	0	0	90.01
90.02	09002	DIABETES CLINIC	477	0	150,238	0	286	90.02
91.00	09100	EMERGENCY	11,205	0	5,397,660	11,449	323	91.00
91.05	09101	AMBULATORY CARE	52	0	34,480	0	0	91.05
91.10	09102	PSYCHIATRIC PARTIAL	500	0	103,819	0	0	91.10
92.00	09200	OBSERVATION BEDS	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
118.00		SUBTOTALS (SUM OF LINES 1-117)	131,397	0	38,071,272	913,364	20,043,175	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	34	0	0	0	0	190.00
190.10	19001	MCC WORD PROCESSING	0	0	0	0	0	190.10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140228

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

Worksheet B-1

Date/Time Prepared:  
10/28/2013 5:55 pm

Cost Center Description		CAFETERIA (FTE'S)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
		11.00	12.00	13.00	14.00	15.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01	19201	SPECIALISTS/PCP'S	50,184	0	307,828	0	1,545,780
192.02	19202	MEDWORKS	0	0	0	0	0
192.03	19203	SWEDISH AMERICAN ER	0	0	0	0	0
192.20	19204	IDLE SPACE	0	0	0	0	0
193.00	19300	NONPAID WORKERS	55	0	0	0	33,213
193.10	19301	HOTEL	0	0	0	0	0
193.30	19302	PHYSICIAN BILLING	0	0	0	0	0
193.40	19303	MEALS ON WHEELS	0	0	0	0	0
193.50	19304	WEE CARE	0	0	0	0	0
193.60	19305	PHYSICIAN RELATED AREAS	3,046	0	0	0	0
193.70	19306	WOMEN'S CENTER	0	0	0	0	0
193.80	19307	MARKETING EXPENSES	766	0	225,202	0	0
193.90	19308	COMPLIMENTARY MEDICINE	1,124	0	34,793	0	0
194.00	07950	NON-MEDICARE HOME HEALTH SERVICES	1,800	0	0	0	0
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)	3,679,269	0	1,856,628	1,991,867	8,342,068
203.00		Unit cost multiplier (Wkst. B, Part I)	19.528407	0.000000	0.048051	2.180803	0.385811
204.00		Cost to be allocated (per Wkst. B, Part II)	686,933	0	87,385	472,619	342,047
205.00		Unit cost multiplier (Wkst. B, Part II)	3.646025	0.000000	0.002262	0.517449	0.015819

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140228

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

Worksheet B-1

Date/Time Prepared:  
10/28/2013 5:55 pm

Cost Center Description	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS	SRVCES-SALARY & FRINGES (ASSIGNED TIME)
	16.00	17.00	19.00	20.00	21.00	
<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						4.00
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
12.00 01200 MAINTENANCE OF PERSONNEL						12.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	1,396,966,948					16.00
17.00 01700 SOCIAL SERVICE	0	0				17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0			19.00
20.00 02000 NURSING SCHOOL				0		20.00
21.00 02100 I&R SRVCES-SALARY & FRINGES APPRVD	0	0			0	21.00
22.00 02200 I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0				22.00
23.00 02300 PARAMED ED PRGM - LABORATORY	0	0				23.00
23.20 02301 PARAMED ED PRGM - RADIOLOGY	0	0				23.20
23.30 02302 PARAMED ED - RADIATION ONCOLOGY	0	0				23.30
23.40 02303 PARAMED ED - PARAMEDICAL TECHS	0	0				23.40
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	91,717,290	0		0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	38,106,018	0		0	0	31.00
31.01 03101 PEDIATRIC ICU	0	0		0	0	31.01
40.00 04000 SUBPROVIDER - IPF	7,836,373	0		0	0	40.00
43.00 04300 NURSERY	23,040,564	0		0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	155,348,094	0	0	0	0	50.00
50.20 03340 GASTROENTEROLOGY	9,249,586	0	0	0	0	50.20
52.00 05200 DELIVERY ROOM & LABOR ROOM	24,402,252	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	12,768,811	0	0	0	0	53.00
54.00 05400 RADIOLOGY - DIAGNOSTIC	128,306,864	0	0	0	0	54.00
54.01 05404 CHEMO/IV THERAPY	1,252,874	0	0	0	0	54.01
54.10 03480 RADIATION ONCOLOGY	111,121,620	0	0	0	0	54.10
54.20 05401 CT	59,442,356	0	0	0	0	54.20
54.30 05402 MRI	27,281,143	0	0	0	0	54.30
60.00 06000 LABORATORY	171,920,111	0	0	0	0	60.00
65.00 06500 RESPIRATORY THERAPY	13,747,205	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	27,945,111	0	0	0	0	66.00
69.00 06900 ELECTROCARDIOLOGY	31,844,919	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	1,997,547	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	100,663,233	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	117,328,359	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	126,004,235	0	0	0	0	73.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01 07501 SLEEP LAB	7,896,722	0	0	0	0	75.01
75.10 03950 NUTRITIONAL SUPPORT	455,574	0	0	0	0	75.10
75.20 03951 HEMODIALYSIS	1,848,266	0	0	0	0	75.20
76.97 07697 CARDIAC REHABILITATION	1,944,888	0	0	0	0	76.97
76.98 07698 WOUND CARE	3,334,402	0	0	0	0	76.98
76.99 07699 LI THOTRI PSY	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 CHILDRENS CLINIC	0	0	0	0	0	90.01
90.02 09002 DIABETES CLINIC	440,481	0	0	0	0	90.02
91.00 09100 EMERGENCY	93,632,688	0	0	0	0	91.00
91.05 09101 AMBULATORY CARE	124,264	0	0	0	0	91.05
91.10 09102 PSYCHIATRIC PARTIAL	1,260,539	0	0	0	0	91.10
92.00 09200 OBSERVATION BEDS						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
101.00 10100 HOME HEALTH AGENCY	4,704,559	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,396,966,948	0	0	0	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140228

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

Worksheet B-1

Date/Time Prepared:  
10/28/2013 5:55 pm

Cost Center Description	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		
	16.00	17.00	19.00	20.00	SRVCES-SALARY & FRINGES (ASSIGNED TIME)		
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
190.10	19001	MCC WORD PROCESSING	0	0	0	0	190.10
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01	19201	SPECIALISTS/PCP'S	0	0	0	0	192.01
192.02	19202	MEDWORKS	0	0	0	0	192.02
192.03	19203	SWEDISH AMERICAN ER	0	0	0	0	192.03
192.20	19204	IDLE SPACE	0	0	0	0	192.20
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
193.10	19301	HOTEL	0	0	0	0	193.10
193.30	19302	PHYSICIAN BILLING	0	0	0	0	193.30
193.40	19303	MEALS ON WHEELS	0	0	0	0	193.40
193.50	19304	WEE CARE	0	0	0	0	193.50
193.60	19305	PHYSICIAN RELATED AREAS	0	0	0	0	193.60
193.70	19306	WOMEN'S CENTER	0	0	0	0	193.70
193.80	19307	MARKETING EXPENSES	0	0	0	0	193.80
193.90	19308	COMPLIMENTARY MEDICINE	0	0	0	0	193.90
194.00	07950	NON-MEDICARE HOME HEALTH SERVICES	0	0	0	0	194.00
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)	3,754,146	0	0	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.002687	0.000000	0.000000	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	92,037	0	0	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000066	0.000000	0.000000	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140228

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

Worksheet B-1  
Date/Time Prepared:  
10/28/2013 5:55 pm

Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM - LABORATORY (ASSIGNED TIME)	PARAMED PRGM - RADIOLOGY (ASSIGNED TIME)	PARAMED ED - RADIATION ONCOLOGY (ASSIGNED TIME)	PARAMED ED - PARAMEDICAL TECHS (ASSIGNED TIME)	
	SRVCES-OTHER PRGM COSTS (ASSIGNED TIME)					
	22.00	23.00	23.20	23.30	23.40	
<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						4.00
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
12.00 01200 MAINTENANCE OF PERSONNEL						12.00
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
19.00 01900 NONPHYSICIAN ANESTHETISTS						19.00
20.00 02000 NURSING SCHOOL						20.00
21.00 02100 I&R SRVCES-SALARY & FRINGES APPRVD						21.00
22.00 02200 I&R SRVCES-OTHER PRGM COSTS APPRVD	1,825					22.00
23.00 02300 PARAMED ED PRGM - LABORATORY			100			23.00
23.20 02301 PARAMED ED PRGM - RADIOLOGY			0	100		23.20
23.30 02302 PARAMED ED - RADIATION ONCOLOGY			0	0	100	23.30
23.40 02303 PARAMED ED - PARAMEDICAL TECHS			0	0	0	1,000 23.40
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	1,090		0	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	80		0	0	0	31.00
31.01 03101 PEDIATRIC ICU	0		0	0	0	31.01
40.00 04000 SUBPROVIDER - IPF	55		0	0	0	40.00
43.00 04300 NURSERY	100		0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	150		0	0	0	50.00
50.20 03340 GASTROENTEROLOGY	60		0	0	0	50.20
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	100	0	54.00
54.01 05404 CHEMO/IV THERAPY	0		0	0	0	54.01
54.10 03480 RADIATION ONCOLOGY	0		0	0	100	54.10
54.20 05401 CT	0		0	0	0	54.20
54.30 05402 MRI	0		0	0	0	54.30
60.00 06000 LABORATORY	0		100	0	0	60.00
65.00 06500 RESPIRATORY THERAPY	0		0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0		0	0	0	66.00
69.00 06900 ELECTROCARDIOLOGY	70		0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0		0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0		0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0		0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0		0	0	0	73.00
75.00 07500 ASC (NON-DISTINCT PART)	0		0	0	0	75.00
75.01 07501 SLEEP LAB	0		0	0	0	75.01
75.10 03950 NUTRITIONAL SUPPORT	0		0	0	0	75.10
75.20 03951 HEMODIALYSIS	90		0	0	0	75.20
76.97 07697 CARDIAC REHABILITATION	0		0	0	0	76.97
76.98 07698 WOUND CARE	0		0	0	0	76.98
76.99 07699 LI THOTRIPSY	0		0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000 CLINIC	0		0	0	0	90.00
90.01 09001 CHILDRENS CLINIC	0		0	0	0	90.01
90.02 09002 DIABETES CLINIC	0		0	0	0	90.02
91.00 09100 EMERGENCY	130		0	0	0	1,000 91.00
91.05 09101 AMBULATORY CARE	0		0	0	0	91.05
91.10 09102 PSYCHIATRIC PARTIAL	0		0	0	0	91.10
92.00 09200 OBSERVATION BEDS						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
101.00 10100 HOME HEALTH AGENCY	0		0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,825	100	100	100	1,000 118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140228

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

Worksheet B-1

Date/Time Prepared:  
10/28/2013 5:55 pm

Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM - LABORATORY (ASSIGNED TIME)	PARAMED PRGM - RADIOLOGY (ASSIGNED TIME)	PARAMED - RADIATION ONCOLOGY (ASSIGNED TIME)	PARAMED - PARAMEDICAL TECHS (ASSIGNED TIME)		
	SRVCES-OTHER PRGM COSTS (ASSIGNED TIME)						
	22.00						
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
190.10	19001	MCC WORD PROCESSING	0	0	0	0	190.10
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01	19201	SPECIALISTS/PCP'S	0	0	0	0	192.01
192.02	19202	MEDWORKS	0	0	0	0	192.02
192.03	19203	SWEDISH AMERICAN ER	0	0	0	0	192.03
192.20	19204	IDLE SPACE	0	0	0	0	192.20
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
193.10	19301	HOTEL	0	0	0	0	193.10
193.30	19302	PHYSICIAN BILLING	0	0	0	0	193.30
193.40	19303	MEALS ON WHEELS	0	0	0	0	193.40
193.50	19304	WEE CARE	0	0	0	0	193.50
193.60	19305	PHYSICIAN RELATED AREAS	0	0	0	0	193.60
193.70	19306	WOMEN'S CENTER	0	0	0	0	193.70
193.80	19307	MARKETING EXPENSES	0	0	0	0	193.80
193.90	19308	COMPLIMENTARY MEDICINE	0	0	0	0	193.90
194.00	07950	NON-MEDICARE HOME HEALTH SERVICES	0	0	0	0	194.00
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)	4,761,620	237,234	185,088	190,456	1,090,170
203.00		Unit cost multiplier (Wkst. B, Part I)	2,609.106849	2,372.340000	1,850.880000	1,904.560000	1,090.170000
204.00		Cost to be allocated (per Wkst. B, Part II)	22,834	1,868	1,687	1,645	5,630
205.00		Unit cost multiplier (Wkst. B, Part II)	12.511781	18.680000	16.870000	16.450000	5.630000

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140228

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

Worksheet C  
Part I  
Date/Time Prepared:  
10/28/2013 5:55 pm

Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
				Total Costs	Hospital		
					RCE Disallowance	Total Costs	
		1.00	2.00	3.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000 ADULTS & PEDIATRICS	60,753,758		60,753,758	2,539	60,756,297	30.00
31.00	03100 INTENSIVE CARE UNIT	10,802,631		10,802,631	0	10,802,631	31.00
31.01	03101 PEDIATRIC ICU	0		0	0	0	31.01
40.00	04000 SUBPROVIDER - I/PF	5,481,845		5,481,845	2,088	5,483,933	40.00
43.00	04300 NURSERY	4,520,416		4,520,416	0	4,520,416	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	31,329,041		31,329,041	32,510	31,361,551	50.00
50.20	03340 GASTROENTEROLOGY	1,970,339		1,970,339	0	1,970,339	50.20
52.00	05200 DELIVERY ROOM & LABOR ROOM	6,986,740		6,986,740	0	6,986,740	52.00
53.00	05300 ANESTHESIOLOGY	549,138		549,138	22,409	571,547	53.00
54.00	05400 RADIOLOGY - DIAGNOSTIC	28,310,999		28,310,999	80,012	28,391,011	54.00
54.01	05404 CHEMO/IV THERAPY	346,433		346,433	0	346,433	54.01
54.10	03480 RADIATION ONCOLOGY	27,375,487		27,375,487	0	27,375,487	54.10
54.20	05401 CT	3,236,318		3,236,318	0	3,236,318	54.20
54.30	05402 MRI	2,128,728		2,128,728	0	2,128,728	54.30
60.00	06000 LABORATORY	16,786,901		16,786,901	0	16,786,901	60.00
65.00	06500 RESPIRATORY THERAPY	4,431,097	0	4,431,097	0	4,431,097	65.00
66.00	06600 PHYSICAL THERAPY	7,136,764	0	7,136,764	0	7,136,764	66.00
69.00	06900 ELECTROCARDIOLOGY	3,457,988		3,457,988	53,700	3,511,688	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	323,328		323,328	0	323,328	70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	2,391,797		2,391,797	0	2,391,797	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	15,603,426		15,603,426	0	15,603,426	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	13,829,144		13,829,144	0	13,829,144	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0		0	0	0	75.00
75.01	07501 SLEEP LAB	1,087,482		1,087,482	0	1,087,482	75.01
75.10	03950 NUTRITIONAL SUPPORT	164,524		164,524	0	164,524	75.10
75.20	03951 HEMODIALYSIS	881,419		881,419	0	881,419	75.20
76.97	07697 CARDIAC REHABILITATION	1,431,090		1,431,090	0	1,431,090	76.97
76.98	07698 WOUND CARE	1,540,021		1,540,021	8,465	1,548,486	76.98
76.99	07699 LI THOTRI PSY	0		0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0		0	0	0	90.00
90.01	09001 CHILDRENS CLINIC	0		0	0	0	90.01
90.02	09002 DIABETES CLINIC	586,163		586,163	0	586,163	90.02
91.00	09100 EMERGENCY	19,282,541		19,282,541	65,045	19,347,586	91.00
91.05	09101 AMBULATORY CARE	400,716		400,716	0	400,716	91.05
91.10	09102 PSYCHIATRIC PARTIAL	776,434		776,434	0	776,434	91.10
92.00	09200 OBSERVATION BEDS	3,451,793		3,451,793	0	3,451,793	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
101.00	10100 HOME HEALTH AGENCY	6,142,494		6,142,494	0	6,142,494	101.00
200.00	Subtotal (see instructions)	283,496,995	0	283,496,995	266,768	283,763,763	200.00
201.00	Less Observation Beds	3,451,793		3,451,793	0	3,451,793	201.00
202.00	Total (see instructions)	280,045,202	0	280,045,202	266,768	280,311,970	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140228

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

Worksheet C  
Part I  
Date/Time Prepared:  
10/28/2013 5:55 pm

			Title XVIII			Hospital		PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio				
	Inpatient	Outpatient	Total (col. 6 + col. 7)						
	6.00	7.00	8.00				9.00	10.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>									
30.00	03000	ADULTS & PEDIATRICS	85,233,584		85,233,584				30.00
31.00	03100	INTENSIVE CARE UNIT	38,106,018		38,106,018				31.00
31.01	03101	PEDIATRIC ICU	0		0				31.01
40.00	04000	SUBPROVIDER - I/PF	7,836,373		7,836,373				40.00
43.00	04300	NURSERY	23,040,564		23,040,564				43.00
<b>ANCILLARY SERVICE COST CENTERS</b>									
50.00	05000	OPERATING ROOM	65,282,222	90,065,872	155,348,094	0.201670	0.000000		50.00
50.20	03340	GASTROENTEROLOGY	2,791,371	6,458,215	9,249,586	0.213019	0.000000		50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	22,969,317	1,432,935	24,402,252	0.286315	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	6,720,412	6,048,399	12,768,811	0.043006	0.000000		53.00
54.00	05400	RADIOLOGY - DIAGNOSTIC	36,921,543	91,385,321	128,306,864	0.220651	0.000000		54.00
54.01	05404	CHEMO/IV THERAPY	21,086	1,231,788	1,252,874	0.276511	0.000000		54.01
54.10	03480	RADIATION ONCOLOGY	1,422,098	109,699,522	111,121,620	0.246356	0.000000		54.10
54.20	05401	CT	15,363,678	44,078,678	59,442,356	0.054445	0.000000		54.20
54.30	05402	MRI	4,754,136	22,527,007	27,281,143	0.078029	0.000000		54.30
60.00	06000	LABORATORY	56,351,103	115,569,008	171,920,111	0.097644	0.000000		60.00
65.00	06500	RESPIRATORY THERAPY	9,720,560	4,026,645	13,747,205	0.322327	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	10,682,002	17,263,109	27,945,111	0.255385	0.000000		66.00
69.00	06900	ELECTROCARDIOLOGY	12,852,175	18,992,744	31,844,919	0.108588	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	798,027	1,199,520	1,997,547	0.161863	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	62,658,037	38,005,196	100,663,233	0.023760	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	83,533,851	33,794,508	117,328,359	0.132989	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	78,214,247	47,789,988	126,004,235	0.109751	0.000000		73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000		75.00
75.01	07501	SLEEP LAB	13,631	7,883,091	7,896,722	0.137713	0.000000		75.01
75.10	03950	NUTRITIONAL SUPPORT	0	455,574	455,574	0.361136	0.000000		75.10
75.20	03951	HEMODIALYSIS	1,763,143	85,123	1,848,266	0.476890	0.000000		75.20
76.97	07697	CARDIAC REHABILITATION	122,745	1,822,143	1,944,888	0.735821	0.000000		76.97
76.98	07698	WOUND CARE	21,190	3,313,212	3,334,402	0.461858	0.000000		76.98
76.99	07699	LITHOTRIpsy	0	0	0	0.000000	0.000000		76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>									
90.00	09000	CLINIC	0	0	0	0.000000	0.000000		90.00
90.01	09001	CHILDRENS CLINIC	0	0	0	0.000000	0.000000		90.01
90.02	09002	DIABETES CLINIC	52,326	388,155	440,481	1.330734	0.000000		90.02
91.00	09100	EMERGENCY	22,842,514	70,790,174	93,632,688	0.205938	0.000000		91.00
91.05	09101	AMBULATORY CARE	1,120	123,144	124,264	3.224715	0.000000		91.05
91.10	09102	PSYCHIATRIC PARTIAL	0	1,260,539	1,260,539	0.615954	0.000000		91.10
92.00	09200	OBSERVATION BEDS	108,111	6,375,595	6,483,706	0.532380	0.000000		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>									
101.00	10100	HOME HEALTH AGENCY	0	4,704,559	4,704,559				101.00
200.00		Subtotal (see instructions)	650,197,184	746,769,764	1,396,966,948				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	650,197,184	746,769,764	1,396,966,948				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140228

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

Worksheet C  
Part I  
Date/Time Prepared:  
10/28/2013 5:55 pm

Cost Center Description		PPS Inpatient Ratio	Title XVII	Hospital	PPS
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
31.01	03101	PEDIATRIC ICU			31.01
40.00	04000	SUBPROVIDER - IPF			40.00
43.00	04300	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.201879		50.00
50.20	03340	GASTROENTEROLOGY	0.213019		50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.286315		52.00
53.00	05300	ANESTHESIOLOGY	0.044761		53.00
54.00	05400	RADIOLOGY - DIAGNOSTIC	0.221274		54.00
54.01	05404	CHEMO/IV THERAPY	0.276511		54.01
54.10	03480	RADIATION ONCOLOGY	0.246356		54.10
54.20	05401	CT	0.054445		54.20
54.30	05402	MRI	0.078029		54.30
60.00	06000	LABORATORY	0.097644		60.00
65.00	06500	RESPIRATORY THERAPY	0.322327		65.00
66.00	06600	PHYSICAL THERAPY	0.255385		66.00
69.00	06900	ELECTROCARDIOLOGY	0.110275		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.161863		70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0.023760		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.132989		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.109751		73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000		75.00
75.01	07501	SLEEP LAB	0.137713		75.01
75.10	03950	NUTRITIONAL SUPPORT	0.361136		75.10
75.20	03951	HEMODIALYSIS	0.476890		75.20
76.97	07697	CARDIAC REHABILITATION	0.735821		76.97
76.98	07698	WOUND CARE	0.464397		76.98
76.99	07699	LITHOTRIpsy	0.000000		76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0.000000		90.00
90.01	09001	CHILDRENS CLINIC	0.000000		90.01
90.02	09002	DIABETES CLINIC	1.330734		90.02
91.00	09100	EMERGENCY	0.206633		91.00
91.05	09101	AMBULATORY CARE	3.224715		91.05
91.10	09102	PSYCHIATRIC PARTIAL	0.615954		91.10
92.00	09200	OBSERVATION BEDS	0.532380		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
101.00	10100	HOME HEALTH AGENCY			101.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140228

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

Worksheet C  
Part I  
Date/Time Prepared:  
10/28/2013 5:55 pm

Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
				Total Costs	RCE Disallowance	Total Costs	
		1.00	2.00	3.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000 ADULTS & PEDIATRICS	60,753,758		60,753,758	0	0	30.00
31.00	03100 INTENSIVE CARE UNIT	10,802,631		10,802,631	0	0	31.00
31.01	03101 PEDIATRIC ICU	0		0	0	0	31.01
40.00	04000 SUBPROVIDER - I PF	5,481,845		5,481,845	0	0	40.00
43.00	04300 NURSERY	4,520,416		4,520,416	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	31,329,041		31,329,041	0	0	50.00
50.20	03340 GASTROENTEROLOGY	1,970,339		1,970,339	0	0	50.20
52.00	05200 DELIVERY ROOM & LABOR ROOM	6,986,740		6,986,740	0	0	52.00
53.00	05300 ANESTHESIOLOGY	549,138		549,138	0	0	53.00
54.00	05400 RADIOLOGY - DIAGNOSTIC	28,310,999		28,310,999	0	0	54.00
54.01	05404 CHEMO/IV THERAPY	346,433		346,433	0	0	54.01
54.10	03480 RADIATION ONCOLOGY	27,375,487		27,375,487	0	0	54.10
54.20	05401 CT	3,236,318		3,236,318	0	0	54.20
54.30	05402 MRI	2,128,728		2,128,728	0	0	54.30
60.00	06000 LABORATORY	16,786,901		16,786,901	0	0	60.00
65.00	06500 RESPIRATORY THERAPY	4,431,097	0	4,431,097	0	0	65.00
66.00	06600 PHYSICAL THERAPY	7,136,764	0	7,136,764	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	3,457,988		3,457,988	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	323,328		323,328	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	2,391,797		2,391,797	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	15,603,426		15,603,426	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	13,829,144		13,829,144	0	0	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0		0	0	0	75.00
75.01	07501 SLEEP LAB	1,087,482		1,087,482	0	0	75.01
75.10	03950 NUTRITIONAL SUPPORT	164,524		164,524	0	0	75.10
75.20	03951 HEMODIALYSIS	881,419		881,419	0	0	75.20
76.97	07697 CARDIAC REHABILITATION	1,431,090		1,431,090	0	0	76.97
76.98	07698 WOUND CARE	1,540,021		1,540,021	0	0	76.98
76.99	07699 LI THOTRI PSY	0		0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0		0	0	0	90.00
90.01	09001 CHILDRENS CLINIC	0		0	0	0	90.01
90.02	09002 DIABETES CLINIC	586,163		586,163	0	0	90.02
91.00	09100 EMERGENCY	19,282,541		19,282,541	0	0	91.00
91.05	09101 AMBULATORY CARE	400,716		400,716	0	0	91.05
91.10	09102 PSYCHIATRIC PARTIAL	776,434		776,434	0	0	91.10
92.00	09200 OBSERVATION BEDS	3,451,793		3,451,793	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
101.00	10100 HOME HEALTH AGENCY	6,142,494		6,142,494	0	0	101.00
200.00	Subtotal (see instructions)	283,496,995	0	283,496,995	0	0	200.00
201.00	Less Observation Beds	3,451,793		3,451,793	0	0	201.00
202.00	Total (see instructions)	280,045,202	0	280,045,202	0	0	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140228

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

Worksheet C  
Part I  
Date/Time Prepared:  
10/28/2013 5:55 pm

		Title XIX			Hospital	Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	85,233,584		85,233,584		30.00
31.00	03100	INTENSIVE CARE UNIT	38,106,018		38,106,018		31.00
31.01	03101	PEDIATRIC ICU	0		0		31.01
40.00	04000	SUBPROVIDER - I/PF	7,836,373		7,836,373		40.00
43.00	04300	NURSERY	23,040,564		23,040,564		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	65,282,222	90,065,872	155,348,094	0.201670	50.00
50.20	03340	GASTROENTEROLOGY	2,791,371	6,458,215	9,249,586	0.213019	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	22,969,317	1,432,935	24,402,252	0.286315	52.00
53.00	05300	ANESTHESIOLOGY	6,720,412	6,048,399	12,768,811	0.043006	53.00
54.00	05400	RADIOLOGY - DIAGNOSTIC	36,921,543	91,385,321	128,306,864	0.220651	54.00
54.01	05404	CHEMO/IV THERAPY	21,086	1,231,788	1,252,874	0.276511	54.01
54.10	03480	RADIATION ONCOLOGY	1,422,098	109,699,522	111,121,620	0.246356	54.10
54.20	05401	CT	15,363,678	44,078,678	59,442,356	0.054445	54.20
54.30	05402	MRI	4,754,136	22,527,007	27,281,143	0.078029	54.30
60.00	06000	LABORATORY	56,351,103	115,569,008	171,920,111	0.097644	60.00
65.00	06500	RESPIRATORY THERAPY	9,720,560	4,026,645	13,747,205	0.322327	65.00
66.00	06600	PHYSICAL THERAPY	10,682,002	17,263,109	27,945,111	0.255385	66.00
69.00	06900	ELECTROCARDIOLOGY	12,852,175	18,992,744	31,844,919	0.108588	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	798,027	1,199,520	1,997,547	0.161863	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	62,658,037	38,005,196	100,663,233	0.023760	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	83,533,851	33,794,508	117,328,359	0.132989	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	78,214,247	47,789,988	126,004,235	0.109751	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00
75.01	07501	SLEEP LAB	13,631	7,883,091	7,896,722	0.137713	75.01
75.10	03950	NUTRITIONAL SUPPORT	0	455,574	455,574	0.361136	75.10
75.20	03951	HEMODIALYSIS	1,763,143	85,123	1,848,266	0.476890	75.20
76.97	07697	CARDIAC REHABILITATION	122,745	1,822,143	1,944,888	0.735821	76.97
76.98	07698	WOUND CARE	21,190	3,313,212	3,334,402	0.461858	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	0	0	0.000000	90.00
90.01	09001	CHILDRENS CLINIC	0	0	0	0.000000	90.01
90.02	09002	DIABETES CLINIC	52,326	388,155	440,481	1.330734	90.02
91.00	09100	EMERGENCY	22,842,514	70,790,174	93,632,688	0.205938	91.00
91.05	09101	AMBULATORY CARE	1,120	123,144	124,264	3.224715	91.05
91.10	09102	PSYCHIATRIC PARTIAL	0	1,260,539	1,260,539	0.615954	91.10
92.00	09200	OBSERVATION BEDS	108,111	6,375,595	6,483,706	0.532380	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
101.00	10100	HOME HEALTH AGENCY	0	4,704,559	4,704,559		101.00
200.00		Subtotal (see instructions)	650,197,184	746,769,764	1,396,966,948		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	650,197,184	746,769,764	1,396,966,948		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140228

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

Worksheet C  
Part I  
Date/Time Prepared:  
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Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital	Cost
		11.00			
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
31.01	03101 PEDIATRIC ICU				31.01
40.00	04000 SUBPROVIDER - IPF				40.00
43.00	04300 NURSERY				43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0.000000			50.00
50.20	03340 GASTROENTEROLOGY	0.000000			50.20
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300 ANESTHESIOLOGY	0.000000			53.00
54.00	05400 RADIOLOGY - DIAGNOSTIC	0.000000			54.00
54.01	05404 CHEMO/IV THERAPY	0.000000			54.01
54.10	03480 RADIATION ONCOLOGY	0.000000			54.10
54.20	05401 CT	0.000000			54.20
54.30	05402 MRI	0.000000			54.30
60.00	06000 LABORATORY	0.000000			60.00
65.00	06500 RESPIRATORY THERAPY	0.000000			65.00
66.00	06600 PHYSICAL THERAPY	0.000000			66.00
69.00	06900 ELECTROCARDIOLOGY	0.000000			69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0.000000			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.000000			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000			73.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000			75.00
75.01	07501 SLEEP LAB	0.000000			75.01
75.10	03950 NUTRITIONAL SUPPORT	0.000000			75.10
75.20	03951 HEMODIALYSIS	0.000000			75.20
76.97	07697 CARDIAC REHABILITATION	0.000000			76.97
76.98	07698 WOUND CARE	0.000000			76.98
76.99	07699 LI THOTRI PSY	0.000000			76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000 CLINIC	0.000000			90.00
90.01	09001 CHILDRENS CLINIC	0.000000			90.01
90.02	09002 DIABETES CLINIC	0.000000			90.02
91.00	09100 EMERGENCY	0.000000			91.00
91.05	09101 AMBULATORY CARE	0.000000			91.05
91.10	09102 PSYCHIATRIC PARTIAL	0.000000			91.10
92.00	09200 OBSERVATION BEDS	0.000000			92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
101.00	10100 HOME HEALTH AGENCY				101.00
200.00	Subtotal (see instructions)				200.00
201.00	Less Observation Beds				201.00
202.00	Total (see instructions)				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140228

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

Worksheet C  
Part I  
Date/Time Prepared:  
10/28/2013 5:55 pm

Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
				Total Costs	RCE Disallowance	Total Costs	
		1.00	2.00	3.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000 ADULTS & PEDIATRICS	60,753,758		60,753,758	0	0	30.00
31.00	03100 INTENSIVE CARE UNIT	10,802,631		10,802,631	0	0	31.00
31.01	03101 PEDIATRIC ICU	0		0	0	0	31.01
40.00	04000 SUBPROVIDER - I PF	5,481,845		5,481,845	0	0	40.00
43.00	04300 NURSERY	4,520,416		4,520,416	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	31,329,041		31,329,041	0	0	50.00
50.20	03340 GASTROENTEROLOGY	1,970,339		1,970,339	0	0	50.20
52.00	05200 DELIVERY ROOM & LABOR ROOM	6,986,740		6,986,740	0	0	52.00
53.00	05300 ANESTHESIOLOGY	549,138		549,138	0	0	53.00
54.00	05400 RADIOLOGY - DIAGNOSTIC	28,310,999		28,310,999	0	0	54.00
54.01	05404 CHEMO/IV THERAPY	346,433		346,433	0	0	54.01
54.10	03480 RADIATION ONCOLOGY	27,375,487		27,375,487	0	0	54.10
54.20	05401 CT	3,236,318		3,236,318	0	0	54.20
54.30	05402 MRI	2,128,728		2,128,728	0	0	54.30
60.00	06000 LABORATORY	16,786,901		16,786,901	0	0	60.00
65.00	06500 RESPIRATORY THERAPY	4,431,097	0	4,431,097	0	0	65.00
66.00	06600 PHYSICAL THERAPY	7,136,764	0	7,136,764	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	3,457,988		3,457,988	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	323,328		323,328	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	2,391,797		2,391,797	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	15,603,426		15,603,426	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	13,829,144		13,829,144	0	0	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0		0	0	0	75.00
75.01	07501 SLEEP LAB	1,087,482		1,087,482	0	0	75.01
75.10	03950 NUTRITIONAL SUPPORT	164,524		164,524	0	0	75.10
75.20	03951 HEMODIALYSIS	881,419		881,419	0	0	75.20
76.97	07697 CARDIAC REHABILITATION	1,431,090		1,431,090	0	0	76.97
76.98	07698 WOUND CARE	1,540,021		1,540,021	0	0	76.98
76.99	07699 LI THOTRI PSY	0		0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0		0	0	0	90.00
90.01	09001 CHILDRENS CLINIC	0		0	0	0	90.01
90.02	09002 DIABETES CLINIC	586,163		586,163	0	0	90.02
91.00	09100 EMERGENCY	19,282,541		19,282,541	0	0	91.00
91.05	09101 AMBULATORY CARE	400,716		400,716	0	0	91.05
91.10	09102 PSYCHIATRIC PARTIAL	776,434		776,434	0	0	91.10
92.00	09200 OBSERVATION BEDS	3,451,793		3,451,793	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
101.00	10100 HOME HEALTH AGENCY	6,142,494		6,142,494	0	0	101.00
200.00	Subtotal (see instructions)	283,496,995	0	283,496,995	0	0	200.00
201.00	Less Observation Beds	3,451,793		3,451,793	0	0	201.00
202.00	Total (see instructions)	280,045,202	0	280,045,202	0	0	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140228

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

Worksheet C  
Part I  
Date/Time Prepared:  
10/28/2013 5:55 pm

		Title V			Hospital	Cost	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00	9.00	10.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	85,233,584		85,233,584		30.00
31.00	03100	INTENSIVE CARE UNIT	38,106,018		38,106,018		31.00
31.01	03101	PEDIATRIC ICU	0		0		31.01
40.00	04000	SUBPROVIDER - I/PF	7,836,373		7,836,373		40.00
43.00	04300	NURSERY	23,040,564		23,040,564		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	65,282,222	90,065,872	155,348,094	0.201670	50.00
50.20	03340	GASTROENTEROLOGY	2,791,371	6,458,215	9,249,586	0.213019	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	22,969,317	1,432,935	24,402,252	0.286315	52.00
53.00	05300	ANESTHESIOLOGY	6,720,412	6,048,399	12,768,811	0.043006	53.00
54.00	05400	RADIOLOGY - DIAGNOSTIC	36,921,543	91,385,321	128,306,864	0.220651	54.00
54.01	05404	CHEMO/IV THERAPY	21,086	1,231,788	1,252,874	0.276511	54.01
54.10	03480	RADIATION ONCOLOGY	1,422,098	109,699,522	111,121,620	0.246356	54.10
54.20	05401	CT	15,363,678	44,078,678	59,442,356	0.054445	54.20
54.30	05402	MRI	4,754,136	22,527,007	27,281,143	0.078029	54.30
60.00	06000	LABORATORY	56,351,103	115,569,008	171,920,111	0.097644	60.00
65.00	06500	RESPIRATORY THERAPY	9,720,560	4,026,645	13,747,205	0.322327	65.00
66.00	06600	PHYSICAL THERAPY	10,682,002	17,263,109	27,945,111	0.255385	66.00
69.00	06900	ELECTROCARDIOLOGY	12,852,175	18,992,744	31,844,919	0.108588	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	798,027	1,199,520	1,997,547	0.161863	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	62,658,037	38,005,196	100,663,233	0.023760	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	83,533,851	33,794,508	117,328,359	0.132989	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	78,214,247	47,789,988	126,004,235	0.109751	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00
75.01	07501	SLEEP LAB	13,631	7,883,091	7,896,722	0.137713	75.01
75.10	03950	NUTRITIONAL SUPPORT	0	455,574	455,574	0.361136	75.10
75.20	03951	HEMODIALYSIS	1,763,143	85,123	1,848,266	0.476890	75.20
76.97	07697	CARDIAC REHABILITATION	122,745	1,822,143	1,944,888	0.735821	76.97
76.98	07698	WOUND CARE	21,190	3,313,212	3,334,402	0.461858	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	0	0	0.000000	90.00
90.01	09001	CHILDRENS CLINIC	0	0	0	0.000000	90.01
90.02	09002	DIABETES CLINIC	52,326	388,155	440,481	1.330734	90.02
91.00	09100	EMERGENCY	22,842,514	70,790,174	93,632,688	0.205938	91.00
91.05	09101	AMBULATORY CARE	1,120	123,144	124,264	3.224715	91.05
91.10	09102	PSYCHIATRIC PARTIAL	0	1,260,539	1,260,539	0.615954	91.10
92.00	09200	OBSERVATION BEDS	108,111	6,375,595	6,483,706	0.532380	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
101.00	10100	HOME HEALTH AGENCY	0	4,704,559	4,704,559		101.00
200.00		Subtotal (see instructions)	650,197,184	746,769,764	1,396,966,948		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	650,197,184	746,769,764	1,396,966,948		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140228

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

Worksheet C  
Part I  
Date/Time Prepared:  
10/28/2013 5:55 pm

Cost Center Description		PPS Inpatient Ratio	Title V	Hospital	Cost
		11.00			
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
31.01	03101 PEDIATRIC ICU				31.01
40.00	04000 SUBPROVIDER - IPF				40.00
43.00	04300 NURSERY				43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0.000000			50.00
50.20	03340 GASTROENTEROLOGY	0.000000			50.20
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300 ANESTHESIOLOGY	0.000000			53.00
54.00	05400 RADIOLOGY - DIAGNOSTIC	0.000000			54.00
54.01	05404 CHEMO/IV THERAPY	0.000000			54.01
54.10	03480 RADIATION ONCOLOGY	0.000000			54.10
54.20	05401 CT	0.000000			54.20
54.30	05402 MRI	0.000000			54.30
60.00	06000 LABORATORY	0.000000			60.00
65.00	06500 RESPIRATORY THERAPY	0.000000			65.00
66.00	06600 PHYSICAL THERAPY	0.000000			66.00
69.00	06900 ELECTROCARDIOLOGY	0.000000			69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0.000000			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.000000			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000			73.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000			75.00
75.01	07501 SLEEP LAB	0.000000			75.01
75.10	03950 NUTRITIONAL SUPPORT	0.000000			75.10
75.20	03951 HEMODIALYSIS	0.000000			75.20
76.97	07697 CARDIAC REHABILITATION	0.000000			76.97
76.98	07698 WOUND CARE	0.000000			76.98
76.99	07699 LI THOTRI PSY	0.000000			76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000 CLINIC	0.000000			90.00
90.01	09001 CHILDRENS CLINIC	0.000000			90.01
90.02	09002 DIABETES CLINIC	0.000000			90.02
91.00	09100 EMERGENCY	0.000000			91.00
91.05	09101 AMBULATORY CARE	0.000000			91.05
91.10	09102 PSYCHIATRIC PARTIAL	0.000000			91.10
92.00	09200 OBSERVATION BEDS	0.000000			92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
101.00	10100 HOME HEALTH AGENCY				101.00
200.00	Subtotal (see instructions)				200.00
201.00	Less Observation Beds				201.00
202.00	Total (see instructions)				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140228	Period: From 06/01/2012 To 05/31/2013	Worksheet D Part I Date/Time Prepared: 10/28/2013 5:55 pm
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Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
	1.00	2.00	3.00	4.00	5.00	

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	7,462,641	0	7,462,641	56,201	132.78	30.00
31.00	INTENSIVE CARE UNIT	1,340,730		1,340,730	5,946	225.48	31.00
31.01	PEDIATRIC ICU	0		0	0	0.00	31.01
40.00	SUBPROVIDER - IPF	932,071	0	932,071	4,451	209.41	40.00
43.00	NURSERY	306,118		306,118	7,047	43.44	43.00
200.00	Total (lines 30-199)	10,041,560		10,041,560	73,645		200.00

Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)	
	6.00	7.00	

INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	21,780	2,891,948	30.00
31.00	INTENSIVE CARE UNIT	2,703	609,472	31.00
31.01	PEDIATRIC ICU	0	0	31.01
40.00	SUBPROVIDER - IPF	1,280	268,045	40.00
43.00	NURSERY	0	0	43.00
200.00	Total (lines 30-199)	25,763	3,769,465	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 140228

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

Worksheet D  
Part II  
Date/Time Prepared:  
10/28/2013 5:55 pm

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Hospital		Capital Costs (column 3 x column 4)	
					Inpatient Program Charges	PPS		
		1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	2,378,933	155,348,094	0.015314	23,032,865	352,725	50.00
50.20	03340	GASTROENTEROLOGY	358,915	9,249,586	0.038803	1,234,417	47,899	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	452,057	24,402,252	0.018525	83,697	1,550	52.00
53.00	05300	ANESTHESIOLOGY	69,285	12,768,811	0.005426	2,316,486	12,569	53.00
54.00	05400	RADIOLOGY - DIAGNOSTIC	3,298,406	128,306,864	0.025707	20,838,932	535,706	54.00
54.01	05404	CHEMO/IV THERAPY	4,462	1,252,874	0.003561	2,370	8	54.01
54.10	03480	RADIATION ONCOLOGY	707,538	111,121,620	0.006367	681,131	4,337	54.10
54.20	05401	CT	122,205	59,442,356	0.002056	7,551,344	15,526	54.20
54.30	05402	MRI	166,494	27,281,143	0.006103	2,195,731	13,401	54.30
60.00	06000	LABORATORY	905,656	171,920,111	0.005268	10,485,238	55,236	60.00
65.00	06500	RESPIRATORY THERAPY	217,615	13,747,205	0.015830	5,552,343	87,894	65.00
66.00	06600	PHYSICAL THERAPY	230,721	27,945,111	0.008256	6,192,422	51,125	66.00
69.00	06900	ELECTROCARDIOLOGY	208,870	31,844,919	0.006559	2,638,007	17,303	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	87,269	1,997,547	0.043688	393,654	17,198	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	16,733	100,663,233	0.000166	26,356,190	4,375	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	80,452	117,328,359	0.000686	29,428,759	20,188	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	191,501	126,004,235	0.001520	36,824,841	55,974	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	07501	SLEEP LAB	8,655	7,896,722	0.001096	11,814	13	75.01
75.10	03950	NUTRITIONAL SUPPORT	807	455,574	0.001771	0	0	75.10
75.20	03951	HEMODIALYSIS	113,833	1,848,266	0.061589	1,131,275	69,674	75.20
76.97	07697	CARDIAC REHABILITATION	11,796	1,944,888	0.006065	0	0	76.97
76.98	07698	WOUND CARE	50,353	3,334,402	0.015101	12,162	184	76.98
76.99	07699	LI THOTRI PSY	0	0	0.000000	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	CHILDRENS CLINIC	0	0	0.000000	0	0	90.01
90.02	09002	DIABETES CLINIC	4,886	440,481	0.011092	6,735	75	90.02
91.00	09100	EMERGENCY	1,150,072	93,632,688	0.012283	11,485,920	141,082	91.00
91.05	09101	AMBULATORY CARE	182,363	124,264	1.467545	621	911	91.05
91.10	09102	PSYCHIATRIC PARTIAL	176,185	1,260,539	0.139770	0	0	91.10
92.00	09200	OBSERVATION BEDS	423,980	6,483,706	0.065392	22,530	1,473	92.00
200.00		Total (lines 50-199)	11,620,042	1,238,045,850		188,479,484	1,506,426	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140228	Period: From 06/01/2012 To 05/31/2013	Worksheet D Part III Date/Time Prepared: 10/28/2013 5:55 pm
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Cost Center Description			Title XVIII		Hospital		PPS	
			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	03101	PEDIATRIC ICU	0	0	0	0	0	31.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. Nursing School	
			6.00	7.00	8.00	9.00	11.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	56,201	0.00	21,780	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	5,946	0.00	2,703	0	0	31.00
31.01	03101	PEDIATRIC ICU	0	0.00	0	0	0	31.01
40.00	04000	SUBPROVIDER - IPF	4,451	0.00	1,280	0	0	40.00
43.00	04300	NURSERY	7,047	0.00	0	0	0	43.00
200.00		Total (lines 30-199)	73,645		25,763	0	0	200.00
Cost Center Description			PSA Adj. Allied Health Cost	PSA Adj. All Other Medical Education Cost				
			12.00	13.00				
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0				30.00
31.00	03100	INTENSIVE CARE UNIT	0	0				31.00
31.01	03101	PEDIATRIC ICU	0	0				31.01
40.00	04000	SUBPROVIDER - IPF	0	0				40.00
43.00	04300	NURSERY	0	0				43.00
200.00		Total (lines 30-199)	0	0				200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140228	Period: From 06/01/2012 To 05/31/2013	Worksheet D Part IV Date/Time Prepared: 10/28/2013 5:55 pm
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Cost Center Description	Title XVIII				Hospital	PPS	Total Cost (sum of col 1 through col . 4)	
	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost				
	1.00	2.00	3.00	4.00	5.00			
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
50.20	03340	GASTROENTEROLOGY	0	0	0	0	0	50.20
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	185,088	0	185,088	54.00
54.01	05404	CHEMO/IV THERAPY	0	0	0	0	0	54.01
54.10	03480	RADIATION ONCOLOGY	0	0	190,456	0	190,456	54.10
54.20	05401	CT	0	0	0	0	0	54.20
54.30	05402	MRI	0	0	0	0	0	54.30
60.00	06000	LABORATORY	0	0	237,234	0	237,234	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	SLEEP LAB	0	0	0	0	0	75.01
75.10	03950	NUTRITIONAL SUPPORT	0	0	0	0	0	75.10
75.20	03951	HEMODIALYSIS	0	0	0	0	0	75.20
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	WOUND CARE	0	0	0	0	0	76.98
76.99	07699	LI THOTRI PSY	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	CHILDRENS CLINIC	0	0	0	0	0	90.01
90.02	09002	DIABETES CLINIC	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	0	1,090,170	0	1,090,170	91.00
91.05	09101	AMBULATORY CARE	0	0	0	0	0	91.05
91.10	09102	PSYCHIATRIC PARTIAL	0	0	0	0	0	91.10
92.00	09200	OBSERVATION BEDS	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	1,702,948	0	1,702,948	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140228

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

Worksheet D  
Part IV  
Date/Time Prepared:  
10/28/2013 5:55 pm

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital			
					Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges		
		6.00	7.00	8.00	9.00	10.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	155,348,094	0.000000	0.000000	23,032,865	50.00
50.20	03340	GASTROENTEROLOGY	0	9,249,586	0.000000	0.000000	1,234,417	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	24,402,252	0.000000	0.000000	83,697	52.00
53.00	05300	ANESTHESIOLOGY	0	12,768,811	0.000000	0.000000	2,316,486	53.00
54.00	05400	RADIOLOGY - DIAGNOSTIC	185,088	128,306,864	0.001443	0.001443	20,838,932	54.00
54.01	05404	CHEMO/IV THERAPY	0	1,252,874	0.000000	0.000000	2,370	54.01
54.10	03480	RADIATION ONCOLOGY	190,456	111,121,620	0.001714	0.001714	681,131	54.10
54.20	05401	CT	0	59,442,356	0.000000	0.000000	7,551,344	54.20
54.30	05402	MRI	0	27,281,143	0.000000	0.000000	2,195,731	54.30
60.00	06000	LABORATORY	237,234	171,920,111	0.001380	0.001380	10,485,238	60.00
65.00	06500	RESPIRATORY THERAPY	0	13,747,205	0.000000	0.000000	5,552,343	65.00
66.00	06600	PHYSICAL THERAPY	0	27,945,111	0.000000	0.000000	6,192,422	66.00
69.00	06900	ELECTROCARDIOLOGY	0	31,844,919	0.000000	0.000000	2,638,007	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,997,547	0.000000	0.000000	393,654	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	100,663,233	0.000000	0.000000	26,356,190	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	117,328,359	0.000000	0.000000	29,428,759	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	126,004,235	0.000000	0.000000	36,824,841	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
75.01	07501	SLEEP LAB	0	7,896,722	0.000000	0.000000	11,814	75.01
75.10	03950	NUTRITIONAL SUPPORT	0	455,574	0.000000	0.000000	0	75.10
75.20	03951	HEMODIALYSIS	0	1,848,266	0.000000	0.000000	1,131,275	75.20
76.97	07697	CARDIAC REHABILITATION	0	1,944,888	0.000000	0.000000	0	76.97
76.98	07698	WOUND CARE	0	3,334,402	0.000000	0.000000	12,162	76.98
76.99	07699	LI THOTRI PSY	0	0	0.000000	0.000000	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0.000000	0.000000	0	90.00
90.01	09001	CHILDRENS CLINIC	0	0	0.000000	0.000000	0	90.01
90.02	09002	DIABETES CLINIC	0	440,481	0.000000	0.000000	6,735	90.02
91.00	09100	EMERGENCY	1,090,170	93,632,688	0.011643	0.011643	11,485,920	91.00
91.05	09101	AMBULATORY CARE	0	124,264	0.000000	0.000000	621	91.05
91.10	09102	PSYCHIATRIC PARTIAL	0	1,260,539	0.000000	0.000000	0	91.10
92.00	09200	OBSERVATION BEDS	0	6,483,706	0.000000	0.000000	22,530	92.00
200.00		Total (lines 50-199)	1,702,948	1,238,045,850			188,479,484	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140228

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

Worksheet D  
Part IV  
Date/Time Prepared:  
10/28/2013 5:55 pm

Cost Center Description		Title XVIII			Hospital	PPS	
		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	17,374,900	0	0	0	50.00
50.20	03340 GASTROENTEROLOGY	0	1,745,995	0	0	0	50.20
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	12,088	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	1,056,085	0	0	0	53.00
54.00	05400 RADIOLOGY - DIAGNOSTIC	30,071	21,819,645	31,486	0	0	54.00
54.01	05404 CHEMO/IV THERAPY	0	717,838	0	0	0	54.01
54.10	03480 RADIATION ONCOLOGY	1,167	12,658,912	21,697	0	0	54.10
54.20	05401 CT	0	12,700,225	0	0	0	54.20
54.30	05402 MRI	0	5,530,200	0	0	0	54.30
60.00	06000 LABORATORY	14,470	2,386,686	3,294	0	0	60.00
65.00	06500 RESPIRATORY THERAPY	0	1,520,649	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	33,905	0	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0	6,152,365	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	288,240	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	8,705,726	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	11,707,787	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	47,153,323	0	0	0	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501 SLEEP LAB	0	1,983,268	0	0	0	75.01
75.10	03950 NUTRITIONAL SUPPORT	0	13,102	0	0	0	75.10
75.20	03951 HEMODIALYSIS	0	83,645	0	0	0	75.20
76.97	07697 CARDIAC REHABILITATION	0	642,349	0	0	0	76.97
76.98	07698 WOUND CARE	0	1,704,711	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 CHILDRENS CLINIC	0	0	0	0	0	90.01
90.02	09002 DIABETES CLINIC	0	20,361	0	0	0	90.02
91.00	09100 EMERGENCY	133,731	12,267,629	142,832	0	0	91.00
91.05	09101 AMBULATORY CARE	0	59,255	0	0	0	91.05
91.10	09102 PSYCHIATRIC PARTIAL	0	0	0	0	0	91.10
92.00	09200 OBSERVATION BEDS	0	2,714,073	0	0	0	92.00
200.00	Total (lines 50-199)	179,439	171,052,962	199,309	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140228

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

Worksheet D  
Part IV  
Date/Time Prepared:  
10/28/2013 5:55 pm

Cost Center Description		PSA Adj . Allied Health	PSA Adj . All Other Medical Education Cost	Title XVIII	Hospital	PPS
		23.00	24.00			
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000	OPERATING ROOM	0	0		50.00
50.20	03340	GASTROENTEROLOGY	0	0		50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY - DIAGNOSTIC	0	0		54.00
54.01	05404	CHEMO/IV THERAPY	0	0		54.01
54.10	03480	RADIATION ONCOLOGY	0	0		54.10
54.20	05401	CT	0	0		54.20
54.30	05402	MRI	0	0		54.30
60.00	06000	LABORATORY	0	0		60.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
75.01	07501	SLEEP LAB	0	0		75.01
75.10	03950	NUTRITIONAL SUPPORT	0	0		75.10
75.20	03951	HEMODIALYSIS	0	0		75.20
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
76.98	07698	WOUND CARE	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0		76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000	CLINIC	0	0		90.00
90.01	09001	CHILDRENS CLINIC	0	0		90.01
90.02	09002	DIABETES CLINIC	0	0		90.02
91.00	09100	EMERGENCY	0	0		91.00
91.05	09101	AMBULATORY CARE	0	0		91.05
91.10	09102	PSYCHIATRIC PARTIAL	0	0		91.10
92.00	09200	OBSERVATION BEDS	0	0		92.00
200.00		Total (lines 50-199)	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140228	Period: From 06/01/2012 To 05/31/2013	Worksheet D Part V Date/Time Prepared: 10/28/2013 5:55 pm
	Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
	1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0.201670	17,374,900	0	0	3,503,996	50.00
50.20 03340 GASTROENTEROLOGY	0.213019	1,745,995	0	0	371,930	50.20
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.286315	12,088	0	0	3,461	52.00
53.00 05300 ANESTHESIOLOGY	0.043006	1,056,085	0	0	45,418	53.00
54.00 05400 RADIOLOGY - DIAGNOSTIC	0.220651	21,819,645	34	0	4,814,526	54.00
54.01 05404 CHEMO/IV THERAPY	0.276511	717,838	0	0	198,490	54.01
54.10 03480 RADIATION ONCOLOGY	0.246356	12,658,912	910	0	3,118,599	54.10
54.20 05401 CT	0.054445	12,700,225	0	0	691,464	54.20
54.30 05402 MRI	0.078029	5,530,200	0	0	431,516	54.30
60.00 06000 LABORATORY	0.097644	2,386,686	7,049	0	233,046	60.00
65.00 06500 RESPIRATORY THERAPY	0.322327	1,520,649	0	0	490,146	65.00
66.00 06600 PHYSICAL THERAPY	0.255385	33,905	0	0	8,659	66.00
69.00 06900 ELECTROCARDIOLOGY	0.108588	6,152,365	0	0	668,073	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.161863	288,240	0	0	46,655	70.00
71.00 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0.023760	8,705,726	0	0	206,848	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0.132989	11,707,787	0	0	1,557,007	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.109751	47,153,323	898	467,262	5,175,124	73.00
75.00 07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.01 07501 SLEEP LAB	0.137713	1,983,268	0	0	273,122	75.01
75.10 03950 NUTRITIONAL SUPPORT	0.361136	13,102	0	0	4,732	75.10
75.20 03951 HEMODIALYSIS	0.476890	83,645	0	0	39,889	75.20
76.97 07697 CARDIAC REHABILITATION	0.735821	642,349	227	0	472,654	76.97
76.98 07698 WOUND CARE	0.461858	1,704,711	114	0	787,334	76.98
76.99 07699 LI THOTRI PSY	0.000000	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000 CLINIC	0.000000	0	0	0	0	90.00
90.01 09001 CHILDRENS CLINIC	0.000000	0	0	0	0	90.01
90.02 09002 DIABETES CLINIC	1.330734	20,361	0	0	27,095	90.02
91.00 09100 EMERGENCY	0.205938	12,267,629	2,047	0	2,526,371	91.00
91.05 09101 AMBULATORY CARE	3.224715	59,255	0	0	191,080	91.05
91.10 09102 PSYCHIATRIC PARTIAL	0.615954	0	0	0	0	91.10
92.00 09200 OBSERVATION BEDS	0.532380	2,714,073	0	0	1,444,918	92.00
200.00 Subtotal (see instructions)		171,052,962	11,279	467,262	27,332,153	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00 Net Charges (Line 200 +/- Line 201)		171,052,962	11,279	467,262	27,332,153	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140228	Period: From 06/01/2012 To 05/31/2013	Worksheet D Part V Date/Time Prepared: 10/28/2013 5:55 pm
	Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	0	0		50.00
50.20 03340 GASTROENTEROLOGY	0	0		50.20
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY - DIAGNOSTIC	8	0		54.00
54.01 05404 CHEMO/IV THERAPY	0	0		54.01
54.10 03480 RADIATION ONCOLOGY	224	0		54.10
54.20 05401 CT	0	0		54.20
54.30 05402 MRI	0	0		54.30
60.00 06000 LABORATORY	688	0		60.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	99	51,282		73.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0		75.00
75.01 07501 SLEEP LAB	0	0		75.01
75.10 03950 NUTRITIONAL SUPPORT	0	0		75.10
75.20 03951 HEMODIALYSIS	0	0		75.20
76.97 07697 CARDIAC REHABILITATION	167	0		76.97
76.98 07698 WOUND CARE	53	0		76.98
76.99 07699 LI THOTRI PSY	0	0		76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00 09000 CLINIC	0	0		90.00
90.01 09001 CHILDRENS CLINIC	0	0		90.01
90.02 09002 DIABETES CLINIC	0	0		90.02
91.00 09100 EMERGENCY	422	0		91.00
91.05 09101 AMBULATORY CARE	0	0		91.05
91.10 09102 PSYCHIATRIC PARTIAL	0	0		91.10
92.00 09200 OBSERVATION BEDS	0	0		92.00
200.00 Subtotal (see instructions)	1,661	51,282		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	1,661	51,282		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140228	Period: From 06/01/2012 To 05/31/2013	Worksheet D Part II Date/Time Prepared: 10/28/2013 5:55 pm
		Component CCN: 14S228	Title XVIII	Subprovider - IPF

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	2,378,933	155,348,094	0.015314	6,077	93	50.00
50.20	03340 GASTROENTEROLOGY	358,915	9,249,586	0.038803	0	0	50.20
52.00	05200 DELIVERY ROOM & LABOR ROOM	452,057	24,402,252	0.018525	0	0	52.00
53.00	05300 ANESTHESIOLOGY	69,285	12,768,811	0.005426	2,090	11	53.00
54.00	05400 RADIOLOGY - DIAGNOSTIC	3,298,406	128,306,864	0.025707	37,303	959	54.00
54.01	05404 CHEMO/IV THERAPY	4,462	1,252,874	0.003561	0	0	54.01
54.10	03480 RADIATION ONCOLOGY	707,538	111,121,620	0.006367	37	0	54.10
54.20	05401 CT	122,205	59,442,356	0.002056	21,501	44	54.20
54.30	05402 MRI	166,494	27,281,143	0.006103	1,702	10	54.30
60.00	06000 LABORATORY	905,656	171,920,111	0.005268	138,782	731	60.00
65.00	06500 RESPIRATORY THERAPY	217,615	13,747,205	0.015830	15,142	240	65.00
66.00	06600 PHYSICAL THERAPY	230,721	27,945,111	0.008256	20,180	167	66.00
69.00	06900 ELECTROCARDIOLOGY	208,870	31,844,919	0.006559	47,195	310	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	87,269	1,997,547	0.043688	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	16,733	100,663,233	0.000166	11,091	2	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	80,452	117,328,359	0.000686	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	191,501	126,004,235	0.001520	484,792	737	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	07501 SLEEP LAB	8,655	7,896,722	0.001096	0	0	75.01
75.10	03950 NUTRITIONAL SUPPORT	807	455,574	0.001771	0	0	75.10
75.20	03951 HEMODIALYSIS	113,833	1,848,266	0.061589	0	0	75.20
76.97	07697 CARDIAC REHABILITATION	11,796	1,944,888	0.006065	0	0	76.97
76.98	07698 WOUND CARE	50,353	3,334,402	0.015101	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0.000000	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0	0	0.000000	0	0	90.00
90.01	09001 CHILDRENS CLINIC	0	0	0.000000	0	0	90.01
90.02	09002 DIABETES CLINIC	4,886	440,481	0.011092	60	1	90.02
91.00	09100 EMERGENCY	1,150,072	93,632,688	0.012283	300,375	3,690	91.00
91.05	09101 AMBULATORY CARE	182,363	124,264	1.467545	0	0	91.05
91.10	09102 PSYCHIATRIC PARTIAL	176,185	1,260,539	0.139770	0	0	91.10
92.00	09200 OBSERVATION BEDS	0	6,483,706	0.000000	0	0	92.00
200.00	Total (lines 50-199)	11,196,062	1,238,045,850		1,086,327	6,995	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140228  
Component CCN: 14S228

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

Worksheet D  
Part IV  
Date/Time Prepared:  
10/28/2013 5:55 pm

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	0	0	50.00
50.20	03340	GASTROENTEROLOGY	0	0	0	0	50.20
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	185,088	185,088	54.00
54.01	05404	CHEMO/IV THERAPY	0	0	0	0	54.01
54.10	03480	RADIATION ONCOLOGY	0	0	190,456	190,456	54.10
54.20	05401	CT	0	0	0	0	54.20
54.30	05402	MRI	0	0	0	0	54.30
60.00	06000	LABORATORY	0	0	237,234	237,234	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01	07501	SLEEP LAB	0	0	0	0	75.01
75.10	03950	NUTRITIONAL SUPPORT	0	0	0	0	75.10
75.20	03951	HEMODIALYSIS	0	0	0	0	75.20
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	WOUND CARE	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	CHILDRENS CLINIC	0	0	0	0	90.01
90.02	09002	DIABETES CLINIC	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	0	1,090,170	1,090,170	91.00
91.05	09101	AMBULATORY CARE	0	0	0	0	91.05
91.10	09102	PSYCHIATRIC PARTIAL	0	0	0	0	91.10
92.00	09200	OBSERVATION BEDS	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	1,702,948	1,702,948	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140228 Component CCN: 14S228	Period: From 06/01/2012 To 05/31/2013	Worksheet D Part IV Date/Time Prepared: 10/28/2013 5:55 pm
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	0	155,348,094	0.000000	0.000000	6,077	50.00
50.20	03340 GASTROENTEROLOGY	0	9,249,586	0.000000	0.000000	0	50.20
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	24,402,252	0.000000	0.000000	0	52.00
53.00	05300 ANESTHESIOLOGY	0	12,768,811	0.000000	0.000000	2,090	53.00
54.00	05400 RADIOLOGY - DIAGNOSTIC	185,088	128,306,864	0.001443	0.001443	37,303	54.00
54.01	05404 CHEMO/IV THERAPY	0	1,252,874	0.000000	0.000000	0	54.01
54.10	03480 RADIATION ONCOLOGY	190,456	111,121,620	0.001714	0.001714	37	54.10
54.20	05401 CT	0	59,442,356	0.000000	0.000000	21,501	54.20
54.30	05402 MRI	0	27,281,143	0.000000	0.000000	1,702	54.30
60.00	06000 LABORATORY	237,234	171,920,111	0.001380	0.001380	138,782	60.00
65.00	06500 RESPIRATORY THERAPY	0	13,747,205	0.000000	0.000000	15,142	65.00
66.00	06600 PHYSICAL THERAPY	0	27,945,111	0.000000	0.000000	20,180	66.00
69.00	06900 ELECTROCARDIOLOGY	0	31,844,919	0.000000	0.000000	47,195	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	1,997,547	0.000000	0.000000	0	70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	100,663,233	0.000000	0.000000	11,091	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	117,328,359	0.000000	0.000000	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	126,004,235	0.000000	0.000000	484,792	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
75.01	07501 SLEEP LAB	0	7,896,722	0.000000	0.000000	0	75.01
75.10	03950 NUTRITIONAL SUPPORT	0	455,574	0.000000	0.000000	0	75.10
75.20	03951 HEMODIALYSIS	0	1,848,266	0.000000	0.000000	0	75.20
76.97	07697 CARDIAC REHABILITATION	0	1,944,888	0.000000	0.000000	0	76.97
76.98	07698 WOUND CARE	0	3,334,402	0.000000	0.000000	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0.000000	0.000000	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0	0	0.000000	0.000000	0	90.00
90.01	09001 CHILDRENS CLINIC	0	0	0.000000	0.000000	0	90.01
90.02	09002 DIABETES CLINIC	0	440,481	0.000000	0.000000	60	90.02
91.00	09100 EMERGENCY	1,090,170	93,632,688	0.011643	0.011643	300,375	91.00
91.05	09101 AMBULATORY CARE	0	124,264	0.000000	0.000000	0	91.05
91.10	09102 PSYCHIATRIC PARTIAL	0	1,260,539	0.000000	0.000000	0	91.10
92.00	09200 OBSERVATION BEDS	0	6,483,706	0.000000	0.000000	0	92.00
200.00	Total (Lines 50-199)	1,702,948	1,238,045,850			1,086,327	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140228 Component CCN: 14S228	Period: From 06/01/2012 To 05/31/2013	Worksheet D Part IV Date/Time Prepared: 10/28/2013 5:55 pm
Title XVIII		Subprovider - IPF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
50.20	03340 GASTROENTEROLOGY	0	0	0	0	0	50.20
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	54	0	0	0	0	54.00
54.01	05404 CHEMO/IV THERAPY	0	0	0	0	0	54.01
54.10	03480 RADIATION ONCOLOGY	0	20	0	0	0	54.10
54.20	05401 CT	0	0	0	0	0	54.20
54.30	05402 MRI	0	0	0	0	0	54.30
60.00	06000 LABORATORY	192	0	0	0	0	60.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	242	0	0	0	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501 SLEEP LAB	0	0	0	0	0	75.01
75.10	03950 NUTRITIONAL SUPPORT	0	0	0	0	0	75.10
75.20	03951 HEMODIALYSIS	0	0	0	0	0	75.20
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698 WOUND CARE	0	0	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 CHILDRENS CLINIC	0	0	0	0	0	90.01
90.02	09002 DIABETES CLINIC	0	0	0	0	0	90.02
91.00	09100 EMERGENCY	3,497	74	1	0	0	91.00
91.05	09101 AMBULATORY CARE	0	0	0	0	0	91.05
91.10	09102 PSYCHIATRIC PARTIAL	0	0	0	0	0	91.10
92.00	09200 OBSERVATION BEDS	0	0	0	0	0	92.00
200.00	Total (Lines 50-199)	3,743	336	1	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140228  
Component CCN: 14S228

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

Worksheet D  
Part IV  
Date/Time Prepared:  
10/28/2013 5:55 pm  
PPS

Title XVII

Subprovider -  
IPF

Cost Center Description		PSA Adj.	PSA Adj.		
		Allied Health	Other Medical Education Cost		
		23.00	24.00		
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0	0	50.00
50.20	03340	GASTROENTEROLOGY	0	0	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY - DIAGNOSTIC	0	0	54.00
54.01	05404	CHEMO/IV THERAPY	0	0	54.01
54.10	03480	RADIATION ONCOLOGY	0	0	54.10
54.20	05401	CT	0	0	54.20
54.30	05402	MRI	0	0	54.30
60.00	06000	LABORATORY	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
75.01	07501	SLEEP LAB	0	0	75.01
75.10	03950	NUTRITIONAL SUPPORT	0	0	75.10
75.20	03951	HEMODIALYSIS	0	0	75.20
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
76.98	07698	WOUND CARE	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0	0	90.00
90.01	09001	CHILDRENS CLINIC	0	0	90.01
90.02	09002	DIABETES CLINIC	0	0	90.02
91.00	09100	EMERGENCY	0	0	91.00
91.05	09101	AMBULATORY CARE	0	0	91.05
91.10	09102	PSYCHIATRIC PARTIAL	0	0	91.10
92.00	09200	OBSERVATION BEDS	0	0	92.00
200.00		Total (lines 50-199)	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140228 Component CCN: 14S228	Period: From 06/01/2012 To 05/31/2013	Worksheet D Part V Date/Time Prepared: 10/28/2013 5:55 pm
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			PPS Services (see inst.)	Costs (see inst.)
		Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0.201670	0	0	0	0	50.00
50.20 03340 GASTROENTEROLOGY	0.213019	0	0	0	0	50.20
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.286315	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0.043006	0	0	0	0	53.00
54.00 05400 RADIOLOGY - DIAGNOSTIC	0.220651	0	0	0	0	54.00
54.01 05404 CHEMO/IV THERAPY	0.276511	0	0	0	0	54.01
54.10 03480 RADIATION ONCOLOGY	0.246356	20	0	0	0	54.10
54.20 05401 CT	0.054445	0	0	0	0	54.20
54.30 05402 MRI	0.078029	0	0	0	0	54.30
60.00 06000 LABORATORY	0.097644	0	0	0	0	60.00
65.00 06500 RESPIRATORY THERAPY	0.322327	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.255385	0	0	0	0	66.00
69.00 06900 ELECTROCARDIOLOGY	0.108588	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.161863	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0.023760	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0.132989	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.109751	242	0	2,354	27	73.00
75.00 07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.01 07501 SLEEP LAB	0.137713	0	0	0	0	75.01
75.10 03950 NUTRITIONAL SUPPORT	0.361136	0	0	0	0	75.10
75.20 03951 HEMODIALYSIS	0.476890	0	0	0	0	75.20
76.97 07697 CARDIAC REHABILITATION	0.735821	0	0	0	0	76.97
76.98 07698 WOUND CARE	0.461858	0	0	0	0	76.98
76.99 07699 LI THOTRI PSY	0.000000	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000 CLINIC	0.000000	0	0	0	0	90.00
90.01 09001 CHILDRENS CLINIC	0.000000	0	0	0	0	90.01
90.02 09002 DIABETES CLINIC	1.330734	0	0	0	0	90.02
91.00 09100 EMERGENCY	0.205938	74	0	0	15	91.00
91.05 09101 AMBULATORY CARE	3.224715	0	0	0	0	91.05
91.10 09102 PSYCHIATRIC PARTIAL	0.615954	0	0	0	0	91.10
92.00 09200 OBSERVATION BEDS	0.532380	0	0	0	0	92.00
200.00	Subtotal (see instructions)		336	0	2,354	47
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	
202.00	Net Charges (line 200 +/- line 201)		336	0	2,354	47

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140228	Period: From 06/01/2012 To 05/31/2013	Worksheet D Part V Date/Time Prepared: 10/28/2013 5:55 pm
	Component CCN: 14S228	Title XVII I	Subprovider - IPF

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	0	0		50.00
50.20 03340 GASTROENTEROLOGY	0	0		50.20
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY - DIAGNOSTIC	0	0		54.00
54.01 05404 CHEMO/IV THERAPY	0	0		54.01
54.10 03480 RADIATION ONCOLOGY	0	0		54.10
54.20 05401 CT	0	0		54.20
54.30 05402 MRI	0	0		54.30
60.00 06000 LABORATORY	0	0		60.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	258		73.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0		75.00
75.01 07501 SLEEP LAB	0	0		75.01
75.10 03950 NUTRITIONAL SUPPORT	0	0		75.10
75.20 03951 HEMODIALYSIS	0	0		75.20
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
76.98 07698 WOUND CARE	0	0		76.98
76.99 07699 LI THOTRI PSY	0	0		76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00 09000 CLINIC	0	0		90.00
90.01 09001 CHILDRENS CLINIC	0	0		90.01
90.02 09002 DIABETES CLINIC	0	0		90.02
91.00 09100 EMERGENCY	0	0		91.00
91.05 09101 AMBULATORY CARE	0	0		91.05
91.10 09102 PSYCHIATRIC PARTIAL	0	0		91.10
92.00 09200 OBSERVATION BEDS	0	0		92.00
200.00 Subtotal (see instructions)	0	258		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	0	258		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140228	Period: From 06/01/2012 To 05/31/2013	Worksheet D-1 Date/Time Prepared: 10/28/2013 5:55 pm
		Title XVIII	Hospital	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)		56,201	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		56,201	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)		53,008	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)		21,780	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)		60,756,297	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)		60,756,297	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed charges)		112,497,029	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		112,497,029	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.540070	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)		2,122.27	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)		60,756,297	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)		1,081.05	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		23,545,269	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)		23,545,269	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140228		Period: From 06/01/2012 To 05/31/2013		Worksheet D-1	
Title XVIII		Hospital		PPS		Date/Time Prepared: 10/28/2013 5:55 pm	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	10,802,631	5,946	1,816.79	2,703	4,910,783		43.00
43.01 PEDIATRIC ICU	0	0	0.00	0	0		43.01
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					26,676,645		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					55,132,697		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)					3,501,420		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,685,865		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					5,187,285		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					49,945,412		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					3,193		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,081.05		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					3,451,793		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140228		Period: From 06/01/2012 To 05/31/2013		Worksheet D-1 Date/Time Prepared: 10/28/2013 5:55 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	7,462,641	60,756,297	0.122829	3,451,793	423,980	90.00
91.00	Nursing School cost	0	60,756,297	0.000000	3,451,793	0	91.00
92.00	Allied health cost	0	60,756,297	0.000000	3,451,793	0	92.00
93.00	All other Medical Education	0	60,756,297	0.000000	3,451,793	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140228 Component CCN: 14S228	Period: From 06/01/2012 To 05/31/2013	Worksheet D-1 Date/Time Prepared: 10/28/2013 5:55 pm
		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)		4,451	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		4,451	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)		4,451	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)		1,280	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)		5,483,933	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		5,483,933	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed charges)		11,296,381	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		11,296,381	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.485459	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)		2,537.94	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		5,483,933	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)		1,232.07	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,577,050	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,577,050	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140228		Period: From 06/01/2012 To 05/31/2013		Worksheet D-1	
		Component CCN: 14S228				Date/Time Prepared: 10/28/2013 5:55 pm	
		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	0	42.00
<b>Intensive Care Type Inpatient Hospital Units</b>							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	0	43.00
43.01 PEDIATRIC ICU	0	0	0.00	0	0	0	43.01
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
<b>Cost Center Description</b>							
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					155,295		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,732,345		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)					268,045		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					10,738		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					278,783		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,453,562		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: 140228 Component CCN: 14S228		Period: From 06/01/2012 To 05/31/2013		Worksheet D-1 Date/Time Prepared: 10/28/2013 5:55 pm	
		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	932,071	5,483,933	0.169964	0	0	90.00
91.00	Nursing School cost	0	5,483,933	0.000000	0	0	91.00
92.00	Allied health cost	0	5,483,933	0.000000	0	0	92.00
93.00	All other Medical Education	0	5,483,933	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140228	Period: From 06/01/2012 To 05/31/2013	Worksheet D-3 Date/Time Prepared: 10/28/2013 5:55 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		48,647,562	30.00
31.00	03100	INTENSIVE CARE UNIT		20,132,535	31.00
31.01	03101	PEDIATRIC ICU		0	31.01
40.00	04000	SUBPROVIDER - IPF		273,677	40.00
43.00	04300	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.201879	23,032,865	50.00
50.20	03340	GASTROENTEROLOGY	0.213019	1,234,417	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.286315	83,697	52.00
53.00	05300	ANESTHESIOLOGY	0.044761	2,316,486	53.00
54.00	05400	RADIOLOGY - DIAGNOSTIC	0.221274	20,838,932	54.00
54.01	05404	CHEMO/IV THERAPY	0.276511	2,370	54.01
54.10	03480	RADIATION ONCOLOGY	0.246356	681,131	54.10
54.20	05401	CT	0.054445	7,551,344	54.20
54.30	05402	MRI	0.078029	2,195,731	54.30
60.00	06000	LABORATORY	0.097644	10,485,238	60.00
65.00	06500	RESPIRATORY THERAPY	0.322327	5,552,343	65.00
66.00	06600	PHYSICAL THERAPY	0.255385	6,192,422	66.00
69.00	06900	ELECTROCARDIOLOGY	0.110275	2,638,007	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.161863	393,654	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0.023760	26,356,190	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.132989	29,428,759	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.109751	36,824,841	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
75.01	07501	SLEEP LAB	0.137713	11,814	75.01
75.10	03950	NUTRITIONAL SUPPORT	0.361136	0	75.10
75.20	03951	HEMODIALYSIS	0.476890	1,131,275	75.20
76.97	07697	CARDIAC REHABILITATION	0.735821	0	76.97
76.98	07698	WOUND CARE	0.464397	12,162	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	CHILDRENS CLINIC	0.000000	0	90.01
90.02	09002	DIABETES CLINIC	1.330734	6,735	90.02
91.00	09100	EMERGENCY	0.206633	11,485,920	91.00
91.05	09101	AMBULATORY CARE	3.224715	621	91.05
91.10	09102	PSYCHIATRIC PARTIAL	0.615954	0	91.10
92.00	09200	OBSERVATION BEDS	0.532380	22,530	92.00
200.00		Total (sum of lines 50-94 and 96-98)		188,479,484	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)		188,479,484	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140228	Period: From 06/01/2012 To 05/31/2013	Worksheet D-3	
		Component CCN: 14S228		Date/Time Prepared: 10/28/2013 5:55 pm	
		Title XVIIII	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
31.01	03101	PEDIATRIC ICU		0	31.01
40.00	04000	SUBPROVIDER - IPF		2,226,844	40.00
43.00	04300	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.201879	6,077	50.00
50.20	03340	GASTROENTEROLOGY	0.213019	0	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.286315	0	52.00
53.00	05300	ANESTHESIOLOGY	0.044761	2,090	53.00
54.00	05400	RADIOLOGY - DIAGNOSTIC	0.221274	37,303	54.00
54.01	05404	CHEMO/IV THERAPY	0.276511	0	54.01
54.10	03480	RADIATION ONCOLOGY	0.246356	37	54.10
54.20	05401	CT	0.054445	21,501	54.20
54.30	05402	MRI	0.078029	1,702	54.30
60.00	06000	LABORATORY	0.097644	138,782	60.00
65.00	06500	RESPIRATORY THERAPY	0.322327	15,142	65.00
66.00	06600	PHYSICAL THERAPY	0.255385	20,180	66.00
69.00	06900	ELECTROCARDIOLOGY	0.110275	47,195	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.161863	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0.023760	11,091	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.132989	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.109751	484,792	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
75.01	07501	SLEEP LAB	0.137713	0	75.01
75.10	03950	NUTRITIONAL SUPPORT	0.361136	0	75.10
75.20	03951	HEMODIALYSIS	0.476890	0	75.20
76.97	07697	CARDIAC REHABILITATION	0.735821	0	76.97
76.98	07698	WOUND CARE	0.464397	0	76.98
76.99	07699	LI THOTRI PSY	0.000000	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	CHILDRENS CLINIC	0.000000	0	90.01
90.02	09002	DIABETES CLINIC	1.330734	60	90.02
91.00	09100	EMERGENCY	0.206633	300,375	91.00
91.05	09101	AMBULATORY CARE	3.224715	0	91.05
91.10	09102	PSYCHIATRIC PARTIAL	0.615954	0	91.10
92.00	09200	OBSERVATION BEDS	0.532380	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		1,086,327	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)		1,086,327	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140228	Period: From 06/01/2012 To 05/31/2013	Worksheet E Part A Date/Time Prepared: 10/28/2013 5:55 pm
		Title XVIII	Hospital	PPS
			before 1/1	on/after 1/1
			1.00	1.01
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER PPS</b>				
1.00	DRG Amounts Other than Outlier Payments		39,376,900	1.00
2.00	Outlier payments for discharges. (see instructions)		2,260,924	2.00
2.01	Outlier reconciliation amount		0	2.01
3.00	Managed Care Simulated Payments		7,775,694	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		299.25	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)		12.38	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)		12.38	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		22.01	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)		12.38	12.00
13.00	Total allowable FTE count for the prior year.		12.38	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.		12.38	14.00
15.00	Sum of lines 12 through 14 divided by 3.		12.38	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		12.38	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.041370	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.042133	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.041370	21.00
22.00	IME payment adjustment (see instructions)		1,053,719	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)		9.63	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)		1,053,719	29.00
<b>Disproportionate Share Adjustment</b>				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		5.95	30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)		26.68	31.00
32.00	Sum of lines 30 and 31		32.63	32.00
33.00	Allowable disproportionate share percentage (see instructions)		16.13	33.00
34.00	Disproportionate share adjustment (see instructions)		6,351,494	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	41.00
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00	42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000	44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41)		0	46.00
47.00	Subtotal (see instructions)		49,043,037	47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0	48.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140228	Period: From 06/01/2012 To 05/31/2013	Worksheet E Part A Date/Time Prepared: 10/28/2013 5:55 pm
		Title XVIII	Hospital	PPS
		before 1/1	on/after 1/1	
		1.00	1.01	
49.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)	49,043,037		49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)	3,704,733		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).	411,651		52.00
53.00	Nursing and Allied Health Managed Care payment	95,778		53.00
54.00	Special add-on payments for new technologies	0		54.00
55.00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)	0		55.00
56.00	Cost of teaching physicians (Worksheet D-5, Part II, col. 3, line 20)	0		56.00
57.00	Routine service other pass through costs (from Wkst D, Part III, column 9, lines 30-35).	0		57.00
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)	179,439		58.00
59.00	Total (sum of amounts on lines 49 through 58)	53,434,638		59.00
60.00	Primary payer payments	126,977		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)	53,307,661		61.00
62.00	Deductibles billed to program beneficiaries	4,336,084		62.00
63.00	Coinsurance billed to program beneficiaries	101,340		63.00
64.00	Allowable bad debts (see instructions)	1,556,441		64.00
65.00	Adjusted reimbursable bad debts (see instructions)	1,089,509		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	1,202,887		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)	49,959,746		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	SEQUESTRATION ADJUSTMENT	-166,989		70.00
70.93	HVBP incentive payment (see instructions)	6,933		70.93
70.94	Hospital readmissions reduction adjustment (see instructions)	-176,662		70.94
70.95	Recovery of Accelerated Depreciation	0		70.95
70.96	Low Volume Payment-1	0		70.96
70.97	Low Volume Payment-2	0		70.97
70.98	Low Volume Payment-3	0		70.98
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)	49,623,028		71.00
72.00	Interim payments	49,588,798		72.00
73.00	Tentative settlement (for contractor use only)	0		73.00
74.00	Balance due provider (Program) (line 71 minus the sum of lines 72 and 73)	34,230		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2	68,179		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
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: 140228		Period: From 06/01/2012 To 05/31/2013		Worksheet DSH	
		Title XVIII		Hospital		Date/Time Prepared: 10/28/2013 5:55 pm	
		PPS					
		Original .mcrcx Values	Adjusted .mcax Values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
<b>CALCULATION OF THE DSH PAYMENT PERCENTAGE</b>							
1.00	Percentage of SSI patient days to Medicare Part A days (Previous from E, Part A, line 30 - Revised from CMS)	5.95	0.00	0.00	0.00	0.00	1.00
2.00	Percentage of Medicaid patient days to total days (From line 27)	26.68	0.00			26.68	2.00
3.00	Sum of lines 1 and 2, if less than 15% DSH Payment Percentage = 0	32.63	0.00			26.68	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)	299.25	0.00			299.25	5.00
6.00	Disproportionate Share Payment Percentage (transfer to Worksheet E, Part A, line 33)	16.13	0.00			11.23	6.00
7.00	Qualify for Operating DSH Eligibility (DPP 15% or more)?	Yes				Yes	7.00
8.00	S-2, Line 22	Yes				Yes	8.00
9.00	Qualify for Capital DSH Eligibility (Urban with 100 or more beds)?	Yes				No	9.00
10.00	S-2, Line 45	Yes				Yes	10.00
11.00	Is the provider reimbursed under the fully prospective method? (Worksheet L, Part I, line 1 greater than -0-)	Yes				Yes	11.00
12.00	Percentage of SSI patient days to Medicare Part A days (Previous from L, Part I, line 7 - Revised from CMS)	5.95	0.00	0.00	0.00	0.00	12.00
13.00	Is this an IRF provider or a provider with an IRF excluded unit (Worksheet S-2, line 75, column 1 = "Y")	No				No	13.00
14.00	Medicare SSI ratio (Previous from E-3, Part III, line 2 - Revised from CMS)	0.00	0.00	0.00	0.00	0.00	14.00
<b>CALCULATION OF THE PERCENTAGE OF MEDICAID DAYS TO TOTAL DAYS</b>							
15.00	In-State Medicaid paid days (Worksheet S-2, line 24, column 1)	14,618	0			14,618	15.00
16.00	In-State Medicaid eligible unpaid paid days (Worksheet S-2, line 24, column 2)	1,128	0			1,128	16.00
17.00	Out-of-State Medicaid paid days (Worksheet S-2, line 24, column 3)	216	0			216	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)	59	0			59	19.00
20.00	Other Medicaid days (Worksheet S-2, line 24, column 6)	1,731	0			1,731	20.00
21.00	Total Medicaid patient days for the DSH calculation (sum of lines 15-20)	17,752	0			17,752	21.00
22.00	Total patient days (Worksheet S-3, Part I, Column 8, Line 14)	66,001	0			66,001	22.00
23.00	Plus total labor room days (Worksheet S-3, Part I, Column 8, Line 32)	537	0			537	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)	66,538	0			66,538	26.00
27.00	Percentage of Medicaid patient days to total days (Line 21 divided by line 26)	26.68	0.00			26.68	27.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 140228		Period: From 06/01/2012 To 05/31/2013		Worksheet DSH Date/Time Prepared: 10/28/2013 5:55 pm	
		Title XVIII		Hospital		PPS	
		Original .mcrx Values		Adjusted .mcax Values		Revised	
		Condition	Percentage	Condition	Percentage	Condition	
		1.00	2.00	3.00	4.00	5.00	
<b>CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE</b>							
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	True	16.13		0.00	True	28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	False	0.00		0.00	False	29.00
30.00	Line 28 or 29 as applicable		16.13		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.		16.13		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: 140228	Period: From 06/01/2012 To 05/31/2013	Worksheet DSH Date/Time Prepared: 10/28/2013 5:55 pm
		Title XVIII	Hospital	PPS

		Revised Percentage 6.00	
CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE			
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	11.23	28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	0.00	29.00
30.00	Line 28 or 29 as applicable	11.23	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.	11.23	31.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140228	Period: From 06/01/2012 To 05/31/2013	Worksheet E Part B Date/Time Prepared: 10/28/2013 5:55 pm
		Title XVIII	Hospital	PPS
				1.00
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		52,943	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		27,132,844	2.00
3.00	PPS payments		27,652,473	3.00
4.00	Outlier payment (see instructions)		261,755	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.851	5.00
6.00	Line 2 times line 5		23,090,050	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		199,309	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		52,943	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		478,541	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)		478,541	14.00
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		478,541	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		425,598	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)		52,943	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)		28,113,537	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		7	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		5,906,260	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)		22,260,213	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		198,664	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)		22,458,877	30.00
31.00	Primary payer payments		3,584	31.00
32.00	Subtotal (line 30 minus line 31)		22,455,293	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)		2,052,621	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		1,436,835	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		1,688,347	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		23,892,128	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-53	38.00
39.00	SEQUESTRATION ADJUSTMENT		-79,858	39.00
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (line 37 plus or minus lines 39 minus 38)		23,812,323	40.00
41.00	Interim payments		23,293,648	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (line 40 minus the sum of lines 41, and 42)		518,675	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		6,552	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)			0.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140228	Period: From 06/01/2012 To 05/31/2013	Worksheet E Part B Date/Time Prepared: 10/28/2013 5:55 pm
		Component CCN: 14S228	Title XVII	Subprovider - IPF
		PPS		
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		258	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		46	2.00
3.00	PPS payments		234	3.00
4.00	Outlier payment (see instructions)		0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.851	5.00
6.00	Line 2 times line 5		39	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)		258	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		2,354	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)		2,354	14.00
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		2,354	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		2,096	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)		258	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		235	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		0	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		493	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)		493	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		493	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 (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		493	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (line 37 plus or minus lines 39 minus 38)		493	40.00
41.00	Interim payments		705	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (line 40 minus the sum of lines 41, and 42)		-212	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		7	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00
			Overrides	
			1.00	
<b>WORKSHEET OVERRIDE VALUES</b>				
112.00	Override of Ancillary service charges (line 12)			0
				112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140228

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
10/28/2013 5:55 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		49,588,798		23,238,748	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	12/31/2012	54,900	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		54,900	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		49,588,798		23,293,648	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		34,230		518,675	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		49,623,028		23,812,323	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140228  
Component CCN: 14S228

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
10/28/2013 5:55 pm  
PPS

Title XVIII

Subprovider -  
IPF

		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		946,916		705	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)		946,916		705	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		84,450		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		212	6.02
7.00	Total Medicare program liability (see instructions)		1,031,366		493	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 140228

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

Worksheet E-1  
Part II  
Date/Time Prepared:  
10/28/2013 5:55 pm

		Title XVIII	Hospital	PPS
				1.00
<b>TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS</b>				
<b>HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION</b>				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst S-3, Part I column 15 line 14			18,206 1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12			24,483 2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6, line 2			4,588 3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12			58,954 4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200			1,396,966,948 5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20			56,778,781 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)			2,781,476 8.00
<b>INPATIENT HOSPITAL SERVICES UNDER PPS &amp; CAH</b>				
30.00	Initial/interim HIT payment adjustment (see instructions)			2,953,302 30.00
31.00	Other Adjustment (specify)			0 31.00
32.00	Balance due provider (line 8 minus line 30 and line 31)			-171,826 32.00
				<b>Overrides</b>
				1.00
<b>CONTRACTOR OVERRIDES</b>				
108.00	Override of HIT payment			0 108.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140228	Period: From 06/01/2012 To 05/31/2013	Worksheet E-3 Part II Date/Time Prepared: 10/28/2013 5:55 pm
		Component CCN: 14S228	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)		984,816	1.00
2.00	Net IPF PPS Outlier Payments		73,808	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)		0.01	4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)		0.00	4.01
5.00	New Teaching program adjustment. (see instructions)		0.00	5.00
6.00	Current year's unweighted FTE count of I&R other than FTEs in the first 3 years of a "new teaching program". (see inst.)		0.29	6.00
7.00	Current year's unweighted I&R FTE count for residents within the first 3 years of a "new teaching program". (see inst.)		0.00	7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)		0.01	8.00
9.00	Average Daily Census (see instructions)		12.194521	9.00
10.00	Medical Education Adjustment Factor $\{(1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1\}$ .		0.000422	10.00
11.00	Medical Education Adjustment (line 1 multiplied by line 10).		416	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)		1,059,040	12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)		0	13.00
14.00	Organ acquisition		0	14.00
15.00	Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions)		0	15.00
16.00	Subtotal (see instructions)		1,059,040	16.00
17.00	Primary payer payments		0	17.00
18.00	Subtotal (line 16 less line 17).		1,059,040	18.00
19.00	Deductibles		107,472	19.00
20.00	Subtotal (line 18 minus line 19)		951,568	20.00
21.00	Coinsurance		0	21.00
22.00	Subtotal (line 20 minus line 21)		951,568	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		113,573	23.00
24.00	Adjusted reimbursable bad debts (see instructions)		79,501	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		96,441	25.00
26.00	Subtotal (sum of lines 22 and 24)		1,031,069	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)		3,743	28.00
29.00	Outlier payments reconciliation		0	29.00
30.00	SEQUESTRATION ADJUSTMENT		-3,446	30.00
30.99	Recovery of Accelerated Depreciation		0	30.99
31.00	Total amount payable to the provider (see instructions)		1,031,366	31.00
32.00	Interim payments		946,916	32.00
33.00	Tentative settlement (for contractor use only)		0	33.00
34.00	Balance due provider/program (line 31 minus the sum lines 32 and 33)		84,450	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		97	35.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2		73,808	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)		0	51.00
52.00	The rate used to calculate the Time Value of Money		0.00	52.00
53.00	Time Value of Money (see instructions)		0	53.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140228	Period: From 06/01/2012 To 05/31/2013	Worksheet E-4 Date/Time Prepared: 10/28/2013 5:55 pm	
		Title XVIII	Hospital	PPS	
				1.00	
<b>COMPUTATION OF TOTAL DIRECT GME AMOUNT</b>					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			15.05	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus line 4.01 plus line 4.02 plus applicable subscripts)			15.05	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			22.30	6.00
7.00	Enter the lesser of line 5 or line 6			15.05	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	22.30	0.00	22.30	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	15.05	0.00	15.05	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
11.00	Total weighted FTE count	15.05	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	15.05	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	15.05	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	15.05	0.00		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
17.00	Adjusted rolling average FTE count	15.05	0.00		17.00
18.00	Per resident amount	86,565.65	82,225.89		18.00
19.00	Approved amount for resident costs	1,302,813	0	1,302,813	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			7.25	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			1,302,813	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
<b>COMPUTATION OF PROGRAM PATIENT LOAD</b>					
26.00	Inpatient Days	25,763	4,588		26.00
27.00	Total Inpatient Days (see instructions)	63,405	63,405		27.00
28.00	Ratio of inpatient days to total inpatient days	0.406324	0.072360		28.00
29.00	Program direct GME amount	529,364	94,272		29.00
30.00	Reduction for direct GME payments for Medicare managed care		13,321		30.00
31.00	Net Program direct GME amount			610,315	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140228	Period: From 06/01/2012 To 05/31/2013	Worksheet E-4 Date/Time Prepared: 10/28/2013 5:55 pm
		Title XVIII	Hospital	PPS
				1.00
<b>DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)</b>				
32.00	Renal dialysis direct medical education costs (from Worksheet B, Part I, sum of columns 20 and 23, lines 74 and 94)			0 32.00
33.00	Renal dialysis and home dialysis total charges (Worksheet C, Part I, column 8, sum of lines 74 and 94)			0 33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)			0.000000 34.00
35.00	Medicare outpatient ESRD charges (see instructions)			0 35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)			0 36.00
<b>APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY</b>				
<b>Part A Reasonable Cost</b>				
37.00	Reasonable cost (see instructions)			56,865,042 37.00
38.00	Organ acquisition costs (Worksheet D-4, Part III, column 1, line 69)			0 38.00
39.00	Cost of teaching physicians (Worksheet D-5, Part II, column 3, line 20)			0 39.00
40.00	Primary payer payments (see instructions)			127,195 40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			56,737,847 41.00
<b>Part B Reasonable Cost</b>				
42.00	Reasonable cost (see instructions)			27,385,401 42.00
43.00	Primary payer payments (see instructions)			3,584 43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)			27,381,817 44.00
45.00	Total reasonable cost (sum of lines 41 and 44)			84,119,664 45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.674490 46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.325510 47.00
<b>ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B</b>				
48.00	Total program GME payment (line 31)			610,315 48.00
49.00	Part A Medicare GME payment (line 46 x 48) (Title XVIII only) (see instructions)			411,651 49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)			198,664 50.00

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

Provider CCN: 140228

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

Worksheet G

Date/Time Prepared:  
10/28/2013 5:55 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	26,458,000	0	0	0	1.00
2.00	Temporary investments	2,834,000	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	61,625,000	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	6,530,000	0	0	0	7.00
8.00	Prepaid expenses	8,554,000	0	0	0	8.00
9.00	Other current assets	3,489,000	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)	109,490,000	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	2,459,971	0	0	0	12.00
13.00	Land improvements	6,804,872	0	0	0	13.00
14.00	Accumulated depreciation	-5,004,631	0	0	0	14.00
15.00	Buildings	150,187,281	0	0	0	15.00
16.00	Accumulated depreciation	-52,996,410	0	0	0	16.00
17.00	Leasehold improvements	91,845,712	0	0	0	17.00
18.00	Accumulated depreciation	-51,224,835	0	0	0	18.00
19.00	Fixed equipment	6,703,930	0	0	0	19.00
20.00	Accumulated depreciation	-4,862,843	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	161,556,511	0	0	0	23.00
24.00	Accumulated depreciation	-126,123,313	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)	179,346,245	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	233,013,755	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	233,013,755	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	521,850,000	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	9,999,000	0	0	0	37.00
38.00	Salaries, wages, and fees payable	0	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	68,181,000	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	78,180,000	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	143,878,000	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	28,911,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	172,789,000	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	250,969,000	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	270,881,000	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	270,881,000	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	521,850,000	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140228

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

Worksheet G-1

Date/Time Prepared:  
10/28/2013 5:55 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		246,871,000		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		22,121,920				2.00
3.00	Total (sum of line 1 and line 2)		268,992,920		0		3.00
4.00	Additions (credit adjustments) (specify)	1,556,080		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		1,556,080		0		10.00
11.00	Subtotal (line 3 plus line 10)		270,549,000		0		11.00
12.00	Deductions (debit adjustments) (specify)	-332,000		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		-332,000		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		270,881,000		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			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 140228

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

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
10/28/2013 5:55 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Services					
1.00	Hospital	112,497,029		112,497,029	1.00
2.00	SUBPROVIDER - IPF	11,296,381		11,296,381	2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	123,793,410		123,793,410	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	38,127,354		38,127,354	11.00
11.01	PEDIATRIC ICU	0		0	11.01
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)	38,127,354		38,127,354	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	161,920,764		161,920,764	17.00
18.00	Ancillary services	505,879,378	635,945,590	1,141,824,968	18.00
19.00	Outpatient services	0	0	0	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		4,704,559	4,704,559	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	NON REIMBURSABLE COST CENTERS	0	238,502,728	238,502,728	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	667,800,142	879,152,877	1,546,953,019	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		412,754,962		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)		412,754,962		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140228

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

Worksheet G-3

Date/Time Prepared:  
10/28/2013 5:55 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,546,953,019	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,137,956,789	2.00
3.00	Net patient revenues (line 1 minus line 2)	408,996,230	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	412,754,962	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-3,758,732	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	-661	6.00
7.00	Income from investments	6,428,514	7.00
8.00	Revenues from telephone and telegraph service	4,655	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	-300	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	1,373,956	14.00
15.00	Revenue from rental of living quarters	11,709	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	900	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	290,761	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	245	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER (SPECIFY)	22,123,623	24.00
25.00	Total other income (sum of lines 6-24)	30,233,402	25.00
26.00	Total (line 5 plus line 25)	26,474,670	26.00
27.00	BAD DEBTS	4,352,750	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	4,352,750	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	22,121,920	29.00

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 140228

Period: From 06/01/2012

Worksheet H

HHA CCN: 147448

To 05/31/2013

Date/Time Prepared: 10/28/2013 5:55 pm

Home Health Agency I

PPS

	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of col. 1 thru 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00			0		0	0	1.00
2.00			0		0	0	2.00
3.00	0	0	0	0	0	0	3.00
4.00	0	0	0	0	0	0	4.00
5.00	1,091,300	396,325	3,148	0	446,510	1,937,283	5.00
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	1,388,830	504,378	116,853	0	7,869	2,017,930	6.00
7.00	566,774	205,834	0	0	0	772,608	7.00
8.00	128,945	46,829	0	0	0	175,774	8.00
9.00	12,288	4,463	0	0	0	16,751	9.00
10.00	59,894	21,752	0	0	0	81,646	10.00
11.00	37,063	13,460	0	0	0	50,523	11.00
12.00	0	0	0	0	88,913	88,913	12.00
13.00	0	0	0	0	0	0	13.00
14.00	0	0	0	0	0	0	14.00
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	0	0	0	0	0	0	15.00
16.00	0	0	0	0	0	0	16.00
17.00	0	0	0	0	0	0	17.00
18.00	0	0	0	0	0	0	18.00
19.00	0	0	0	0	0	0	19.00
20.00	0	0	0	0	0	0	20.00
21.00	0	0	0	0	0	0	21.00
22.00	0	0	0	0	0	0	22.00
23.00	5,617	2,040	0	0	4,503	12,160	23.00
24.00	3,290,711	1,195,081	120,001	0	547,795	5,153,588	24.00
	Reclassification	Reclassified Trial Balance (col. 6 + col. 7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)			
	7.00	8.00	9.00	10.00			
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	0	0	0	0			1.00
2.00	0	0	0	0			2.00
3.00	0	0	0	0			3.00
4.00	0	0	0	0			4.00
5.00	-98,678	1,838,605	-8,032	1,830,573			5.00
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	0	2,017,930	0	2,017,930			6.00
7.00	0	772,608	0	772,608			7.00
8.00	0	175,774	0	175,774			8.00
9.00	0	16,751	0	16,751			9.00
10.00	0	81,646	0	81,646			10.00
11.00	0	50,523	0	50,523			11.00
12.00	0	88,913	0	88,913			12.00
13.00	0	0	0	0			13.00
14.00	0	0	0	0			14.00
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	0	0	0	0			15.00
16.00	0	0	0	0			16.00
17.00	0	0	0	0			17.00
18.00	0	0	0	0			18.00
19.00	0	0	0	0			19.00
20.00	0	0	0	0			20.00
21.00	0	0	0	0			21.00
22.00	0	0	0	0			22.00
23.00	0	12,160	0	12,160			23.00
24.00	-98,678	5,054,910	-8,032	5,046,878			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: 140228	Period: From 06/01/2012 To 05/31/2013	Worksheet H-1 Part I Date/Time Prepared: 10/28/2013 5:55 pm
		HHA CCN: 147448	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	1,830,573	0	0	0	1,830,573	5.00
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	Skilled Nursing Care	2,017,930	0	0	0	2,017,930	6.00
7.00	Physical Therapy	772,608	0	0	0	772,608	7.00
8.00	Occupational Therapy	175,774	0	0	0	175,774	8.00
9.00	Speech Pathology	16,751	0	0	0	16,751	9.00
10.00	Medical Social Services	81,646	0	0	0	81,646	10.00
11.00	Home Health Aide	50,523	0	0	0	50,523	11.00
12.00	Supplies (see instructions)	88,913	0	0	0	88,913	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)	12,160	0	0	0	12,160	23.00
24.00	Total (sum of lines 1-23)	5,046,878	0	0	0	5,046,878	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	1,830,573					5.00
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	Skilled Nursing Care	1,148,514	3,166,444				6.00
7.00	Physical Therapy	439,733	1,212,341				7.00
8.00	Occupational Therapy	100,042	275,816				8.00
9.00	Speech Pathology	9,534	26,285				9.00
10.00	Medical Social Services	46,469	128,115				10.00
11.00	Home Health Aide	28,755	79,278				11.00
12.00	Supplies (see instructions)	50,605	139,518				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)	6,921	19,081				23.00
24.00	Total (sum of lines 1-23)		5,046,878				24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 140228  
HHA CCN: 147448

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

Worksheet H-1  
Part II  
Date/Time Prepared:  
10/28/2013 5:55 pm  
PPS

	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
	Bl dgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
	1.00	2.00					
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related - Bldg. & Fixtures	0			0		1.00
2.00	Capital Related - Movable Equipment		0		0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation (see instructions)	0	0	0	0		4.00
5.00	Administrative and General	0	0	0	0	-1,830,573	3,216,305
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	Skilled Nursing Care	0	0	0	0	0	2,017,930
7.00	Physical Therapy	0	0	0	0	0	772,608
8.00	Occupational Therapy	0	0	0	0	0	175,774
9.00	Speech Pathology	0	0	0	0	0	16,751
10.00	Medical Social Services	0	0	0	0	0	81,646
11.00	Home Health Aide	0	0	0	0	0	50,523
12.00	Supplies (see instructions)	0	0	0	0	0	88,913
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	12,160
24.00	Total (sum of lines 1-23)	0	0	0	0	-1,830,573	3,216,305
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		1,830,573
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.569154

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 140228

Period: From 06/01/2012

Worksheet H-2

HHA CCN: 147448

To 05/31/2013

Part I  
Date/Time Prepared:  
10/28/2013 5:55 pm

Home Health Agency I

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Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS	Subtotal	ADMINISTRATIVE & GENERAL	
		BLDG & FIXT	MVBLE EQUIP					
		1.00	2.00	4.00				
1.00 Administrative and General	0	2,421	4,030	26,549	33,000	6,572	1.00	
2.00 Skilled Nursing Care	3,166,444	0	0	18,633	3,185,077	634,351	2.00	
3.00 Physical Therapy	1,212,341	0	0	5,302	1,217,643	242,509	3.00	
4.00 Occupational Therapy	275,816	0	0	1,729	277,545	55,277	4.00	
5.00 Speech Pathology	26,285	0	0	126	26,411	5,260	5.00	
6.00 Medical Social Services	128,115	0	0	1,237	129,352	25,762	6.00	
7.00 Home Health Aide	79,278	0	0	0	79,278	15,789	7.00	
8.00 Supplies (see instructions)	139,518	0	0	0	139,518	27,787	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)	19,081	0	0	0	19,081	3,800	19.00	
20.00 Total (sum of lines 1-19) (2)	5,046,878	2,421	4,030	53,576	5,106,905	1,017,107	20.00	
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.					0.000000		21.00	
Cost Center Description	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA		
	6.00	7.00	8.00	9.00	10.00	11.00		
1.00 Administrative and General	997	2,488	0	2,356	0	0	1.00	
2.00 Skilled Nursing Care	0	0	0	0	0	0	2.00	
3.00 Physical Therapy	0	0	0	0	0	0	3.00	
4.00 Occupational Therapy	0	0	0	0	0	0	4.00	
5.00 Speech Pathology	0	0	0	0	0	0	5.00	
6.00 Medical Social Services	0	0	0	0	0	0	6.00	
7.00 Home Health Aide	0	0	0	0	0	0	7.00	
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00	
9.00 Drugs	0	0	0	0	0	0	9.00	
10.00 DME	0	0	0	0	0	0	10.00	
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00	
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00	
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00	
14.00 Clinic	0	0	0	0	0	0	14.00	
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00	
16.00 Day Care Program	0	0	0	0	0	0	16.00	
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00	
18.00 Homemaker Service	0	0	0	0	0	0	18.00	
19.00 All Others (specify)	0	0	0	0	0	0	19.00	
20.00 Total (sum of lines 1-19) (2)	997	2,488	0	2,356	0	0	20.00	
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00	

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 140228

Period: From 06/01/2012

Worksheet H-2

HHA CCN: 147448

To 05/31/2013

Part I Date/Time Prepared: 10/28/2013 5:55 pm

Home Health Agency I

PPS

Cost Center Description		MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		12.00	13.00	14.00	15.00	16.00	17.00	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	12,641	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	12,641	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

Cost Center Description		NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED PRGM - LABORATORY	PARAMED PRGM - RADIOLOGY	
				SRVCES-SALARY & FRINGES	SRVCES-OTHER PRGM COSTS			
		19.00	20.00	21.00	22.00	23.00	23.20	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	0	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 140228

Period: From 06/01/2012

Worksheet H-2

HHA CCN: 147448

To 05/31/2013

Part I  
Date/Time Prepared:  
10/28/2013 5:55 pm

Home Health Agency I

PPS

Cost Center Description	PARAMED ED - RADIATION ONCOLOGY	PARAMED ED - PARAMEDICAL TECHS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)		
	23.30	23.40	24.00	25.00	26.00	27.00		
1.00 Administrative and General	0	0	45,413	0	45,413		1.00	
2.00 Skilled Nursing Care	0	0	3,832,069	0	3,832,069	28,544	2.00	
3.00 Physical Therapy	0	0	1,460,152	0	1,460,152	10,875	3.00	
4.00 Occupational Therapy	0	0	332,822	0	332,822	2,479	4.00	
5.00 Speech Pathology	0	0	31,671	0	31,671	236	5.00	
6.00 Medical Social Services	0	0	155,114	0	155,114	1,155	6.00	
7.00 Home Health Aide	0	0	95,067	0	95,067	708	7.00	
8.00 Supplies (see instructions)	0	0	167,305	0	167,305	1,246	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	22,881	0	22,881	170	19.00	
20.00 Total (sum of lines 1-19) (2)	0	0	6,142,494	0	6,142,494	45,413	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.						0.007448	21.00	
Cost Center Description		Total HHA Costs						
		28.00						
1.00 Administrative and General							1.00	
2.00 Skilled Nursing Care	3,860,613						2.00	
3.00 Physical Therapy	1,471,027						3.00	
4.00 Occupational Therapy	335,301						4.00	
5.00 Speech Pathology	31,907						5.00	
6.00 Medical Social Services	156,269						6.00	
7.00 Home Health Aide	95,775						7.00	
8.00 Supplies (see instructions)	168,551						8.00	
9.00 Drugs	0						9.00	
10.00 DME	0						10.00	
11.00 Home Dialysis Aide Services	0						11.00	
12.00 Respiratory Therapy	0						12.00	
13.00 Private Duty Nursing	0						13.00	
14.00 Clinic	0						14.00	
15.00 Health Promotion Activities	0						15.00	
16.00 Day Care Program	0						16.00	
17.00 Home Delivered Meals Program	0						17.00	
18.00 Homemaker Service	0						18.00	
19.00 All Others (specify)	23,051						19.00	
20.00 Total (sum of lines 1-19) (2)	6,142,494						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 STATISTICAL BASIS

Provider CCN: 140228  
HHA CCN: 147448

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

Worksheet H-2  
Part II  
Date/Time Prepared:  
10/28/2013 5:55 pm  
PPS

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (FTE'S)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)					
	1.00	2.00					
1.00 Administrative and General	150	150	2,103	0	33,000	150	1.00
2.00 Skilled Nursing Care	0	0	1,476	0	3,185,077	0	2.00
3.00 Physical Therapy	0	0	420	0	1,217,643	0	3.00
4.00 Occupational Therapy	0	0	137	0	277,545	0	4.00
5.00 Speech Pathology	0	0	10	0	26,411	0	5.00
6.00 Medical Social Services	0	0	98	0	129,352	0	6.00
7.00 Home Health Aide	0	0	0	0	79,278	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	139,518	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	19,081	0	19.00
20.00 Total (sum of lines 1-19)	150	150	4,244		5,106,905	150	20.00
21.00 Total cost to be allocated	2,421	4,030	53,576		1,017,107	997	21.00
22.00 Unit cost multiplier	16.140000	26.866667	12.623940		0.199163	6.646667	22.00
Cost Center Description	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	
	7.00	8.00	9.00	10.00	11.00	12.00	
1.00 Administrative and General	150	0	150	0	0	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	150	0	150	0	0	0	20.00
21.00 Total cost to be allocated	2,488	0	2,356	0	0	0	21.00
22.00 Unit cost multiplier	16.586667	0.000000	15.706667	0.000000	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 140228  
HHA CCN: 147448

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

Worksheet H-2  
Part II  
Date/Time Prepared: 10/28/2013 5:55 pm  
PPS

Cost Center Description	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	HOME HEALTH AGENCY I	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
	(DIRECT NRSNG HRS)	(COSTED REQUIS.)						
	13.00	14.00	15.00	16.00	17.00	17.00	19.00	
1.00 Administrative and General	0	0	0	0	0	0	0	1.00
2.00 Skilled Nursing Care	0	0	0	4,704,559	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	0	0	0	4,704,559	0	0	0	20.00
21.00 Total cost to be allocated	0	0	0	12,641	0	0	0	21.00
22.00 Unit cost multiplier	0.000000	0.000000	0.000000	0.002687	0.000000	0.000000	0.000000	22.00

Cost Center Description	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS			PARAMED PRGM - LABORATORY (ASSIGNED TIME)	PARAMED PRGM - RADIOLOGY (ASSIGNED TIME)	PARAMED - RADIATION ONCOLOGY (ASSIGNED TIME)	
		SRVCS-SALARY & FRINGES (ASSIGNED TIME)	SRVCS-OTHER PRGM COSTS (ASSIGNED TIME)					
		20.00	21.00	22.00				
1.00 Administrative and General	0	0	0	0	0	0	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	0	0	0	0	0	0	0	20.00
21.00 Total cost to be allocated	0	0	0	0	0	0	0	21.00
22.00 Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 140228 HHA CCN: 147448	Period: From 06/01/2012 To 05/31/2013	Worksheet H-2 Part II Date/Time Prepared: 10/28/2013 5:55 pm PPS
		Home Health Agency I	

Cost Center Description	PARAMED - PARAMEDICAL TECHS (ASSIGNED TIME) 23.40		
1.00 Administrative and General	0		1.00
2.00 Skilled Nursing Care	0		2.00
3.00 Physical Therapy	0		3.00
4.00 Occupational Therapy	0		4.00
5.00 Speech Pathology	0		5.00
6.00 Medical Social Services	0		6.00
7.00 Home Health Aide	0		7.00
8.00 Supplies (see instructions)	0		8.00
9.00 Drugs	0		9.00
10.00 DME	0		10.00
11.00 Home Dialysis Aide Services	0		11.00
12.00 Respiratory Therapy	0		12.00
13.00 Private Duty Nursing	0		13.00
14.00 Clinic	0		14.00
15.00 Health Promotion Activities	0		15.00
16.00 Day Care Program	0		16.00
17.00 Home Delivered Meals Program	0		17.00
18.00 Homemaker Service	0		18.00
19.00 All Others (specify)	0		19.00
20.00 Total (sum of lines 1-19)	0		20.00
21.00 Total cost to be allocated	0		21.00
22.00 Unit cost multiplier	0.000000		22.00

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 140228 HHA CCN: 147448	Period: From 06/01/2012 To 05/31/2013	Worksheet H-3 Part I Date/Time Prepared: 10/28/2013 5:55 pm		
				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	3,860,613		3,860,613	15,595	247.55	1.00
2.00	Physical Therapy	3.00	1,471,027	0	1,471,027	6,562	224.17	2.00
3.00	Occupational Therapy	4.00	335,301	0	335,301	1,676	200.06	3.00
4.00	Speech Pathology	5.00	31,907	0	31,907	473	67.46	4.00
5.00	Medical Social Services	6.00	156,269		156,269	223	700.76	5.00
6.00	Home Health Aide	7.00	95,775		95,775	1,328	72.12	6.00
7.00	Total (sum of lines 1-6)		5,950,892	0	5,950,892	25,857		7.00
				Program Visits				
				Part B				
				Not Subject to Deductibles & Coinsurance		Subject to Deductibles		
	0	1.00	2.00	3.00	4.00	5.00		
Limitation Cost Computation								
8.00	Skilled Nursing Care		16974	53	30			8.00
8.01	Skilled Nursing Care		25180	8	0			8.01
8.02	Skilled Nursing Care		40420	4,232	2,945			8.02
8.03	Skilled Nursing Care		99914	793	597			8.03
9.00	Physical Therapy		16974	53	0			9.00
9.01	Physical Therapy		25180	5	0			9.01
9.02	Physical Therapy		40420	2,127	1,346			9.02
9.03	Physical Therapy		99914	394	90			9.03
10.00	Occupational Therapy		16974	1	0			10.00
10.01	Occupational Therapy		25180	4	0			10.01
10.02	Occupational Therapy		40420	532	384			10.02
10.03	Occupational Therapy		99914	86	21			10.03
11.00	Speech Pathology		16974	3	0			11.00
11.01	Speech Pathology		25180	14	0			11.01
11.02	Speech Pathology		40420	163	60			11.02
11.03	Speech Pathology		99914	2	24			11.03
12.00	Medical Social Services		16974	0	1			12.00
12.01	Medical Social Services		25180	0	0			12.01
12.02	Medical Social Services		40420	60	55			12.02
12.03	Medical Social Services		99914	5	0			12.03
13.00	Home Health Aide		16974	0	0			13.00
13.01	Home Health Aide		25180	0	0			13.01
13.02	Home Health Aide		40420	415	453			13.02
13.03	Home Health Aide		99914	55	125			13.03
14.00	Total (sum of lines 8-13)			9,005	6,131			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	168,551	0	168,551	0	0.000000	15.00
16.00	Cost of Drugs	9.00	0	0	0	0	0.000000	16.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 140228  
HHA CCN: 147448

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

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Title XVIII

Home Health Agency I

Cost Center Description	Program Visits			Cost of Services				
	Part A	Part B		Part A	Part B			
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance			Subject to Deductibles & Coinsurance
	6.00	7.00	8.00	9.00	10.00	11.00		
<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	5,086	3,572		1,259,039	884,249		1.00
2.00	Physical Therapy	2,579	1,436		578,134	321,908		2.00
3.00	Occupational Therapy	623	405		124,637	81,024		3.00
4.00	Speech Pathology	182	84		12,278	5,667		4.00
5.00	Medical Social Services	65	56		45,549	39,243		5.00
6.00	Home Health Aide	470	578		33,896	41,685		6.00
7.00	Total (sum of lines 1-6)	9,005	6,131		2,053,533	1,373,776		7.00
<b>Cost Center Description</b>								
		6.00	7.00	8.00	9.00	10.00	11.00	
<b>Limitation Cost Computation</b>								
8.00	Skilled Nursing Care							8.00
8.01	Skilled Nursing Care							8.01
8.02	Skilled Nursing Care							8.02
8.03	Skilled Nursing Care							8.03
9.00	Physical Therapy							9.00
9.01	Physical Therapy							9.01
9.02	Physical Therapy							9.02
9.03	Physical Therapy							9.03
10.00	Occupational Therapy							10.00
10.01	Occupational Therapy							10.01
10.02	Occupational Therapy							10.02
10.03	Occupational Therapy							10.03
11.00	Speech Pathology							11.00
11.01	Speech Pathology							11.01
11.02	Speech Pathology							11.02
11.03	Speech Pathology							11.03
12.00	Medical Social Services							12.00
12.01	Medical Social Services							12.01
12.02	Medical Social Services							12.02
12.03	Medical Social Services							12.03
13.00	Home Health Aide							13.00
13.01	Home Health Aide							13.01
13.02	Home Health Aide							13.02
13.03	Home Health Aide							13.03
14.00	Total (sum of lines 8-13)							14.00
<b>Program Covered Charges</b>								
Cost Center Description	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		315	0		0	0	16.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 140228  
HHA CCN: 147448

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

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Title XVII

Home Health  
Agency I

Cost Center Description		Total Program Cost (sum of cols. 9-10)		
		12.00		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION				
Cost Per Visit Computation				
1.00	Skilled Nursing Care	2,143,288		1.00
2.00	Physical Therapy	900,042		2.00
3.00	Occupational Therapy	205,661		3.00
4.00	Speech Pathology	17,945		4.00
5.00	Medical Social Services	84,792		5.00
6.00	Home Health Aide	75,581		6.00
7.00	Total (sum of lines 1-6)	3,427,309		7.00
Cost Center Description		12.00		
Limitation Cost Computation				
8.00	Skilled Nursing Care			8.00
8.01	Skilled Nursing Care			8.01
8.02	Skilled Nursing Care			8.02
8.03	Skilled Nursing Care			8.03
9.00	Physical Therapy			9.00
9.01	Physical Therapy			9.01
9.02	Physical Therapy			9.02
9.03	Physical Therapy			9.03
10.00	Occupational Therapy			10.00
10.01	Occupational Therapy			10.01
10.02	Occupational Therapy			10.02
10.03	Occupational Therapy			10.03
11.00	Speech Pathology			11.00
11.01	Speech Pathology			11.01
11.02	Speech Pathology			11.02
11.03	Speech Pathology			11.03
12.00	Medical Social Services			12.00
12.01	Medical Social Services			12.01
12.02	Medical Social Services			12.02
12.03	Medical Social Services			12.03
13.00	Home Health Aide			13.00
13.01	Home Health Aide			13.01
13.02	Home Health Aide			13.02
13.03	Home Health Aide			13.03
14.00	Total (sum of lines 8-13)			14.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 140228

Period:

Worksheet H-3

HHA CCN: 147448

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

Part II  
Date/Time Prepared:  
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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	0.255385	0	0	col. 2, line 2.00		1.00
2.00 Occupational Therapy							2.00
3.00 Speech Pathology							3.00
4.00 Cost of Medical Supplies	71.00	0.023760	0	0	col. 2, line 15.00		4.00
5.00 Cost of Drugs	73.00	0.109751	0	0	col. 2, line 16.00		5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 140228 HHA CCN: 147448	Period: From 06/01/2012 To 05/31/2013	Worksheet H-4 Part I-II Date/Time Prepared: 10/28/2013 5:55 pm
		Title XVII	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
<b>PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES</b>				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	0	0	0
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(b)	0	0	0
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000
6.00	Total customary charges (see instructions)	0	0	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0
9.00	Primary payer amounts	218	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)		-218	0
11.00	Total PPS Reimbursement - Full Episodes without Outliers		1,637,236	1,120,684
12.00	Total PPS Reimbursement - Full Episodes with Outliers		5,531	2,142
13.00	Total PPS Reimbursement - LUPA Episodes		22,885	37,504
14.00	Total PPS Reimbursement - PEP Episodes		16,045	7,243
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		259	201
16.00	Total PPS Outlier Reimbursement - PEP Episodes		58	0
17.00	Total Other Payments		0	0
18.00	DME Payments		0	0
19.00	Oxygen Payments		0	0
20.00	Prosthetic and Orthotic Payments		0	0
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		1,681,796	1,167,774
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		1,681,796	1,167,774
25.00	Coinsurance billed to program patients (from your records)		0	0
26.00	Net cost (line 24 minus line 25)		1,681,796	1,167,774
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)		1,681,796	1,167,774
30.00	SEQUESTRATION ADJUSTMENT		-5,621	-3,903
31.00	Subtotal (line 29 plus/minus line 30)		1,676,175	1,163,871
32.00	Interim payments (see instructions)		1,675,591	1,163,665
33.00	Tentative settlement (for contractor use only)		0	0
34.00	Balance due provider/program (line 31 minus lines 32 and 33)		584	206
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	0

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

Provider CCN: 140228  
HHA CCN: 147448

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

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		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		1,675,591		1,163,665	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)		1,675,591		1,163,665	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		584		206	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		1,676,175		1,163,871	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140228	Period: From 06/01/2012 To 05/31/2013	Worksheet L Parts I-III Date/Time Prepared: 10/28/2013 5:55 pm
		Title XVII	Hospital	PPS
		1.00		
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		3,145,362	1.00
2.00	Capital DRG outlier payments		275,660	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		161.52	3.00
4.00	Number of interns & residents (see instructions)		12.38	4.00
5.00	Indirect medical education percentage (see instructions)		2.19	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)		68,883	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		5.95	7.00
8.00	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)		26.68	8.00
9.00	Sum of lines 7 and 8		32.63	9.00
10.00	Allowable disproportionate share percentage (see instructions)		6.83	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		214,828	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		3,704,733	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

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