

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: 143026	Period: From 09/01/2012 To 08/31/2013	Worksheet S Parts I-III Date/Time Prepared: 1/20/2014 8:46 am
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**PART I - COST REPORT STATUS**

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 1/20/2014 Time: 8:46 am
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN 10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

**PART II - CERTIFICATION**

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by THE REHAB. INSTITUTE OF CHICAGO ( 143026 ) for the cost reporting period beginning 09/01/2012 and ending 08/31/2013 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.

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

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00 Hospital	0	343,982	91,828	0	0	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	0	0	0	0	3.00
4.00 SUBPROVIDER I	0	0	0	0	0	4.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
10.00 RURAL HEALTH CLINIC I	0	0	0	0	0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0	11.00
200.00 Total	0	343,982	91,828	0	0	200.00

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 143026		Period: From 09/01/2012 To 08/31/2013		Worksheet S-2 Part I Date/Time Prepared: 1/20/2014 8:46 am						
1.00 Hospital and Hospital Health Care Complex Address:		2.00 PO Box:		3.00 State: IL		4.00 Zip Code: 60611- County: COOK						
1.00 Street: 345 SUPERIOR		2.00 City: CHICAGO										
Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)						
1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00				
3.00 Hospital and Hospital-Based Component Identification:												
3.00	Hospital	THE REHAB. INSTITUTE OF CHICAGO	143026	16974	5	09/01/1967	N	P	0	3.00		
4.00	Subprovider - IPF									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									12.00		
13.00	Separately Certified ASC									13.00		
14.00	Hospital-Based Hospice									14.00		
15.00	Hospital-Based Health Clinic - RHC									15.00		
16.00	Hospital-Based Health Clinic - FQHC									16.00		
17.00	Hospital-Based (CMHC) I									17.00		
17.10	Hospital-Based (CORF) I									17.10		
18.00	Renal Dialysis									18.00		
19.00	Other									19.00		
						From:	To:					
						1.00	2.00					
20.00	Cost Reporting Period (mm/dd/yyyy)					09/01/2012	08/31/2013		20.00			
21.00	Type of Control (see instructions)					2		21.00				
Inpatient PPS Information												
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					N	N		22.00			
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					1	N		23.00			
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days					
		1.00	2.00	3.00	4.00	5.00	6.00					
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.					0	0	0	0	0	24.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in col. 1, the in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6.					9,859	1,782	0	0	632	0	25.00
						Urban/Rural	S	Date of Geogr				
						1.00	2.00	2.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1			26.00			
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1			27.00			
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0			35.00			

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		Beginning: 1.00	Ending: 2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0				37.00
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.					38.00
		Y/N 1.00	Y/N 2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N				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	N	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 2.00	Direct GME 3.00	IME 4.00	Direct GME 5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00		61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN and general surgery) added as a result of section 5503. (see instructions)		0.00	0.00		61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00		61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00		61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00		61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00		61.06
		Program Name 1.00	Program Code 2.00	Unweighted IME FTE Count 3.00	Unweighted Direct GME FTE Count 4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.			0.00	0.00	61.10

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

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	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		
67.00	Enter in column 1 the program name associated with each of your primary care programs in which you trained residents. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000		67.00
					1.00	2.00	3.00
<b>Inpatient Psychiatric Facility PPS</b>							
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			N			70.00
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions)			N	0		71.00
<b>Inpatient Rehabilitation Facility PPS</b>							
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			Y			75.00
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions)			Y	N	0	76.00
					1.00		
<b>Long Term Care Hospital PPS</b>							
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.				N		80.00
<b>TEFRA Providers</b>							
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.				N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.						86.00
					V	XIX	
					1.00	2.00	
<b>Title V and XIX Services</b>							
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.			N	Y		90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.			N	N		91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.				N		92.00
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.			N	N		93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.			N	N		94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.				0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.			N	N		96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.				0.00	0.00	97.00
<b>Rural Providers</b>							
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?			N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)						106.00

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		V	XIX			
		1.00	2.00			
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)				107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N			108.00	
		Physical	Occupational	Speech	Respiratory	
		1.00	2.00	3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.				109.00	
		1.00	2.00	3.00		
<b>Miscellaneous Cost Reporting Information</b>						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospital providers) based on the definition in CMS 15-1, §2208.1.	N		0	115.00	
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00	
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N			117.00	
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1			118.00	
		Premiums	Losses	Insurance		
		1.00	2.00	3.00		
118.01	List amounts of malpractice premiums and paid losses:	0	428,904	671,529		
		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.	N			121.00	
<b>Transplant Center Information</b>						
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N			125.00	
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00	
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00	
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00	
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00	
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00	
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00	
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00	
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00	
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00	
<b>All Providers</b>						
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	N			140.00	

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1.00		2.00		3.00			
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name:	Contractor's Name:		Contractor's Number:		141.00	
142.00	Street:	PO Box:				142.00	
143.00	City:	State:		Zip Code:		143.00	
						1.00	
144.00	Are provider based physicians' costs included in Worksheet A?					Y	144.00
145.00	If costs for renal services are claimed on Worksheet A, line 74, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.					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	155.00	
156.00	Subprovider - IPF	N	N	N	N	156.00	
157.00	Subprovider - IRF	N	N	N	N	157.00	
158.00	SUBPROVIDER					158.00	
159.00	SNF	N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00	
161.00	CMHC		N	N	N	161.00	
161.10	CORF		N	N	N	161.10	
						1.00	
165.00	Multi campus Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.					N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5						0.00
						1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.					N	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)						0.00
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)						0.00
						1.00	
						2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)						170.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 143026	Period: From 09/01/2012 To 08/31/2013	Worksheet S-2 Part II Date/Time Prepared: 1/20/2014 8:46 am	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
			Y/N	Legal Oper.	
			1.00	2.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	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.	Y			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
				Y/N	
				1.00	
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			Y	15.00
		Part A		Part B	
		Y/N	Date	Y/N	
		1.00	2.00	3.00	
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	12/13/2013	Y	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)	N		N	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: 143026		Period: From 09/01/2012 To 08/31/2013		Worksheet S-2 Part II Date/Time Prepared: 1/20/2014 8:46 am	
	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				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.					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.	COLETTE		AI MONE		41.00	
42.00	Enter the employer/company name of the cost report preparer.	REHABILITATION INSTITUTE OF CHICAGO				42.00	
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	(312)238-1296		CAI MONE@R I C. ORG		43.00	

		Part B		
		Date		
		4.00		
<b>PS&amp;R Data</b>				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	12/13/2013		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)			17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.			19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.			21.00
			3.00	
<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.	DIRECTOR REIMBURSEMENT		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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 143026

Period:  
From 09/01/2012  
To 08/31/2013

Worksheet S-3  
Part I  
Date/Time Prepared:  
1/20/2014 8:46 am

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	Title V
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	182	66,430	0.00	0	1.00
2.00 HMO and other (see instructions)						2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF					0	5.00
6.00 Hospital Adults & Peds. Swing Bed NF					0	6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		182	66,430	0.00	0	7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)		182	66,430	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	0	0		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		182				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: 143026

Period:  
From 09/01/2012  
To 08/31/2013

Worksheet S-3  
Part I  
Date/Time Prepared:  
1/20/2014 8:46 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	20,814	9,859	59,742			1.00
2.00 HMO and other (see instructions)	1,063	2,414				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	20,814	9,859	59,742			7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	20,814	9,859	59,742	23.16	1,432.00	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0	0	0	0.00	0.00	17.00
18.00 SUBPROVIDER	0	0	0	0.00	0.00	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00 RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				23.16	1,432.00	27.00
28.00 Observation Bed Days		0	0			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 143026

Period:  
From 09/01/2012  
To 08/31/2013

Worksheet S-3  
Part I  
Date/Time Prepared:  
1/20/2014 8:46 am

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)			0	1,136	357	2,575	1.00
2.00 HMO and other (see instructions)				46			2.00
3.00 HMO IPF Subprovider							3.00
4.00 HMO IRF Subprovider							4.00
5.00 Hospital Adults & Peds. Swing Bed SNF							5.00
6.00 Hospital Adults & Peds. Swing Bed NF							6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)							7.00
8.00 INTENSIVE CARE UNIT							8.00
9.00 CORONARY CARE UNIT							9.00
10.00 BURN INTENSIVE CARE UNIT							10.00
11.00 SURGICAL INTENSIVE CARE UNIT							11.00
12.00 OTHER SPECIAL CARE (SPECIFY)							12.00
13.00 NURSERY							13.00
14.00 Total (see instructions)	0.00	0		1,136	357	2,575	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF							16.00
17.00 SUBPROVIDER - IRF	0.00	0	0	0	0	0	17.00
18.00 SUBPROVIDER	0.00	0	0	0	0	0	18.00
19.00 SKILLED NURSING FACILITY							19.00
20.00 NURSING FACILITY							20.00
21.00 OTHER LONG TERM CARE							21.00
22.00 HOME HEALTH AGENCY							22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)							23.00
24.00 HOSPICE							24.00
24.10 HOSPICE (non-distinct part)							24.10
25.00 CMHC - CMHC							25.00
25.10 CMHC - CORF	0.00						25.10
26.00 RURAL HEALTH CLINIC	0.00						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00						26.25
27.00 Total (sum of lines 14-26)	0.00						27.00
28.00 Observation Bed Days							28.00
29.00 Ambulance Trips							29.00
30.00 Employee discount days (see instruction)							30.00
31.00 Employee discount days - IRF							31.00
32.00 Labor & delivery days (see instructions)							32.00
33.00 LTCH non-covered days							33.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 143026		Period: From 09/01/2012 To 08/31/2013		Worksheet A	
Date/Time Prepared: 1/20/2014 8:46 am							
Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)		
	1.00	2.00	3.00	4.00	5.00		
<b>GENERAL SERVICE COST CENTERS</b>							
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT		0	0	6,250,540	6,250,540	1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP		0	0	7,158,344	7,158,344	2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	1,664,130	1,314,899	2,979,029	26,015,651	28,994,680	4.00
5.01 00510	PURCHASING, RECEIVING AND STORES	226,707	573,436	800,143	-256,172	543,971	5.01
5.02 00511	ADMINISTRATIVE	2,345,140	823,135	3,168,275	-704,982	2,463,293	5.02
5.03 00512	CASHIERING/ACCOUNTS RECEIVABLE	1,506,977	1,305,931	2,812,908	-421,182	2,391,726	5.03
5.04 00560	OTHER ADMINISTRATIVE AND GENERAL	18,664,999	29,696,316	48,361,315	-11,155,261	37,206,054	5.04
7.00 00700	OPERATION OF PLANT	793,213	12,060,506	12,853,719	-5,440,939	7,412,780	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	460,936	460,936	8.00
9.00 00900	HOUSEKEEPING	1,095,623	1,734,345	2,829,968	-786,771	2,043,197	9.00
10.00 01000	DIETARY	1,206,073	1,742,064	2,948,137	-1,685,992	1,262,145	10.00
11.00 01100	CAFETERIA	0	0	0	1,310,209	1,310,209	11.00
13.00 01300	NURSING ADMINISTRATION	1,022,465	464,073	1,486,538	-623,951	862,587	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	400,688	303,766	704,454	-113,425	591,029	14.00
15.00 01500	PHARMACY	917,622	5,906,943	6,824,565	-5,557,865	1,266,700	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	448,529	160,793	609,322	-80,985	528,337	16.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	100,136	2,434,026	2,534,162	-27,407	2,506,755	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 02300	PARAMED PRGM	49,564	21,481	71,045	514,179	585,224	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00 03000	ADULTS & PEDIATRICS	16,569,185	10,165,048	26,734,233	-9,645,496	17,088,737	30.00
41.00 04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0	42.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
54.00 05400	RADIOLOGY-DIAGNOSTIC	321,461	205,229	526,690	1,483,693	2,010,383	54.00
54.01 05401	PSYCHOLOGY	0	0	0	1,496,794	1,496,794	54.01
54.02 05402	PULMONARY	0	0	0	721,409	721,409	54.02
57.00 05700	CT SCAN	0	0	0	0	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000	LABORATORY	268,688	677,062	945,750	-74,506	871,244	60.00
60.01 06001	VOCATIONAL REHABILITATION	333,764	144,554	478,318	-116,841	361,477	60.01
65.00 06500	RESPIRATORY THERAPY	0	56,398	56,398	1,012,358	1,068,756	65.00
66.00 06600	PHYSICAL THERAPY	0	0	0	7,556,961	7,556,961	66.00
66.01 06601	ALLIED HEALTH	14,506,349	4,976,245	19,482,594	-19,482,594	0	66.01
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	4,398,907	4,398,907	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	1,655,400	1,655,400	68.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	1,332,763	1,332,763	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	5,293,132	5,293,132	73.00
76.00 03020	PROSTHETICS AND ORTHOTICS	1,795,799	2,937,866	4,733,665	-1,066,285	3,667,380	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000	CLINIC	24,321,879	12,739,670	37,061,549	-3,680,491	33,381,058	90.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10 09910	CORF	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	88,558,991	90,443,786	179,002,777	5,740,131	184,742,908	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
191.00 19100	RESEARCH	10,589,437	9,863,980	20,453,417	-3,072,109	17,381,308	191.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 19201	FOUNDATION	1,549,157	3,767,765	5,316,922	-529,456	4,787,466	192.01
192.02 19202	ACADEMY	437,994	485,035	923,029	-143,913	779,116	192.02
192.03 19203	PARTNERSHIP EXPENSE	7,695,951	2,514,745	10,210,696	-1,994,653	8,216,043	192.03
200.00	TOTAL (SUM OF LINES 118-199)	108,831,530	107,075,311	215,906,841	0	215,906,841	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 143026

Period:  
From 09/01/2012  
To 08/31/2013

Worksheet A  
Date/Time Prepared:  
1/20/2014 8:46 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	-976,942	5,273,598	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	-53,610	7,104,734	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	28,994,680	4.00
5.01	00510	PURCHASING, RECEIVING AND STORES	0	543,971	5.01
5.02	00511	ADMINISTRATIVE	0	2,463,293	5.02
5.03	00512	CASHIERING/ACCOUNTS RECEIVABLE	-836	2,390,890	5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL	-9,466,788	27,739,266	5.04
7.00	00700	OPERATION OF PLANT	-661,172	6,751,608	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	460,936	8.00
9.00	00900	HOUSEKEEPING	0	2,043,197	9.00
10.00	01000	DIETARY	-16,633	1,245,512	10.00
11.00	01100	CAFETERIA	-779,698	530,511	11.00
13.00	01300	NURSING ADMINISTRATION	0	862,587	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	591,029	14.00
15.00	01500	PHARMACY	0	1,266,700	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-107,207	421,130	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	-6,641	2,500,114	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	22.00
23.00	02300	PARAMEDICAL PRGM	0	585,224	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	-6,754	17,081,983	30.00
41.00	04100	SUBPROVIDER - IRF	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
54.00	05400	RADIOLOGY-DIAGNOSTIC	-2,312	2,008,071	54.00
54.01	05401	PSYCHOLOGY	-96,963	1,399,831	54.01
54.02	05402	PULMONARY	0	721,409	54.02
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	871,244	60.00
60.01	06001	VOCATIONAL REHABILITATION	-1,214	360,263	60.01
65.00	06500	RESPIRATORY THERAPY	0	1,068,756	65.00
66.00	06600	PHYSICAL THERAPY	-489,541	7,067,420	66.00
66.01	06601	ALLIED HEALTH	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	-284,962	4,113,945	67.00
68.00	06800	SPEECH PATHOLOGY	-107,237	1,548,163	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,332,763	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	5,293,132	73.00
76.00	03020	PROSTHETICS AND ORTHOTICS	-3,008	3,664,372	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	-12,500,013	20,881,045	90.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
99.10	09910	CORF	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-25,561,531	159,181,377	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
191.00	19100	RESEARCH	0	17,381,308	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01	19201	FOUNDATION	0	4,787,466	192.01
192.02	19202	ACADEMY	0	779,116	192.02
192.03	19203	PARTNERSHIP EXPENSE	0	8,216,043	192.03
200.00		TOTAL (SUM OF LINES 118-199)	-25,561,531	190,345,310	200.00

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
<b>A - EMPLOYEE BENEFITS</b>					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	26,111,122	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
TOTALS			0	26,111,122	
<b>B - DEPRECIATION</b>					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	5,206,408	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	7,104,734	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
TOTALS			0	12,311,142	
<b>C - INTEREST</b>					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	976,942	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	53,610	2.00
TOTALS			0	1,030,552	
<b>D - AMORTIZATION</b>					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	67,190	1.00
TOTALS			0	67,190	
<b>E - ALLIED HEALTH</b>					
1.00	OCCUPATIONAL THERAPY	67.00	4,223,711	175,196	1.00
2.00	PSYCHOLOGY	54.01	1,437,181	59,613	2.00
3.00	PHYSICAL THERAPY	66.00	7,255,988	300,973	3.00
4.00	SPEECH PATHOLOGY	68.00	1,589,470	65,930	4.00
TOTALS			14,506,350	601,712	
<b>F - NMH SERVICES</b>					
1.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,647,785	1.00
2.00	RESPIRATORY THERAPY	65.00	0	1,016,086	2.00
TOTALS			0	2,663,871	

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
<b>G - MEDICAL SUPPLIES</b>					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	1,332,763	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
TOTALS			0	1,332,763	
<b>H - TRANSCRIPTION AND PHY PRACTICE</b>					
1.00	MEDICAL RECORDS & LIBRARY	16.00	0	48,437	1.00
2.00	CLINIC	90.00	627,009	83,872	2.00
TOTALS			627,009	132,309	
<b>I - LINEN</b>					
1.00	LAUNDRY & LINEN SERVICE	8.00	0	460,936	1.00
TOTALS			0	460,936	
<b>J - CAFETERIA</b>					
1.00	CAFETERIA	11.00	422,126	888,083	1.00
TOTALS			422,126	888,083	
<b>K - DRUGS</b>					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	5,293,132	1.00
TOTALS			0	5,293,132	
<b>L - PULMONARY</b>					
1.00	PULMONARY	54.02	444,225	277,184	1.00
2.00		0.00	0	0	2.00
TOTALS			444,225	277,184	
<b>M - PARAMEDICAL EDUCATION</b>					
1.00	PARAMED ED PRGM	23.00	522,006	6,000	1.00
TOTALS			522,006	6,000	
500.00	Grand Total: Increases		16,521,716	51,175,996	500.00

RECLASSIFICATIONS

Provider CCN: 143026

Period:  
From 09/01/2012  
To 08/31/2013

Worksheet A-6  
Date/Time Prepared:  
1/20/2014 8:46 am

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00			
<b>A - EMPLOYEE BENEFITS</b>							
1.00	PURCHASING, RECEIVING AND STORES	5.01	0	63,440	0		1.00
2.00	ADMINISTRATIVE AND GENERAL	5.02	0	679,122	0		2.00
3.00	CASHIERING/ACCOUNTS RECEIVABLE	5.03	0	421,182	0		3.00
4.00	OPERATION OF PLANT	5.04	0	4,279,564	0		4.00
5.00	HOUSEKEEPING	7.00	0	221,467	0		5.00
6.00	DIETARY	9.00	0	306,416	0		6.00
7.00	NURSING ADMINISTRATION	10.00	0	337,153	0		7.00
8.00	CENTRAL SERVICES & SUPPLY	13.00	0	566,345	0		8.00
9.00	PHARMACY	14.00	0	110,715	0		9.00
10.00	MEDICAL RECORDS & LIBRARY	15.00	0	256,421	0		10.00
11.00	I&R SERVICES-SALARY & FRINGES APPRVD	16.00	0	126,299	0		11.00
12.00	PARAMEDICAL PRGM	21.00	0	27,407	0		12.00
13.00	ADULTS & PEDIATRICS	23.00	0	13,827	0		13.00
14.00	RADIOLOGY-DIAGNOSTIC	30.00	0	4,644,435	0		14.00
15.00	LABORATORY	54.00	0	89,578	0		15.00
16.00	VOCATIONAL REHABILITATION	60.00	0	74,506	0		16.00
17.00	ALLIED HEALTH	60.01	0	92,075	0		17.00
18.00	PROSTHETICS AND ORTHOTICS	66.01	0	4,069,369	0		18.00
19.00	CLINIC	76.00	0	501,130	0		19.00
20.00	RESEARCH	90.00	0	3,721,639	0		20.00
21.00	FOUNDATION	191.00	0	2,881,043	0		21.00
22.00	ACADEMY	192.01	0	517,323	0		22.00
23.00	PARTNERSHIP EXPENSE	192.02	0	121,286	0		23.00
24.00	TOTALS	192.03	0	1,989,380	0		24.00
<b>B - DEPRECIATION</b>							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	95,438	9		1.00
2.00	PURCHASING, RECEIVING AND STORES	5.01	0	139,096	9		2.00
3.00	ADMINISTRATIVE AND GENERAL	5.02	0	25,860	9		3.00
4.00	OPERATION OF PLANT	5.04	0	5,070,565	9		4.00
5.00	HOUSEKEEPING	7.00	0	5,219,472	9		5.00
6.00	DIETARY	9.00	0	18,704	9		6.00
7.00	NURSING ADMINISTRATION	10.00	0	38,630	9		7.00
8.00	CENTRAL SERVICES & SUPPLY	13.00	0	54,973	9		8.00
9.00	PHARMACY	14.00	0	516	9		9.00
10.00	MEDICAL RECORDS & LIBRARY	15.00	0	8,312	9		10.00
11.00	ADULTS & PEDIATRICS	16.00	0	3,123	9		11.00
12.00	RADIOLOGY-DIAGNOSTIC	30.00	0	391,988	9		12.00
13.00	LABORATORY	54.00	0	72,333	9		13.00
14.00	VOCATIONAL REHABILITATION	60.01	0	24,766	9		14.00
15.00	RESPIRATORY THERAPY	65.00	0	3,728	9		15.00
16.00	ALLIED HEALTH	66.01	0	296,950	9		16.00
17.00	PROSTHETICS AND ORTHOTICS	76.00	0	36,938	9		17.00
18.00	CLINIC	90.00	0	579,039	9		18.00
19.00	RESEARCH	191.00	0	190,966	9		19.00
20.00	FOUNDATION	192.01	0	12,133	9		20.00
21.00	ACADEMY	192.02	0	22,618	9		21.00
22.00	PARTNERSHIP EXPENSE	192.03	0	4,994	9		22.00
TOTALS			0	12,311,142			
<b>C - INTEREST</b>							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	976,942	11		1.00
2.00	PURCHASING, RECEIVING AND STORES	5.01	0	53,610	11		2.00
TOTALS			0	1,030,552			
<b>D - AMORTIZATION</b>							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	67,190	9		1.00
TOTALS			0	67,190			
<b>E - ALLIED HEALTH</b>							
1.00	ALLIED HEALTH	66.01	14,506,350	601,712	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
TOTALS			14,506,350	601,712			

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
<b>F - NMH SERVICES</b>							
1.00	ADULTS & PEDIATRICS	30.00	0	2,663,871	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		0	2,663,871			
<b>G - MEDICAL SUPPLIES</b>							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33	0		1.00
2.00	PURCHASING, RECEIVING AND STORES	5.01	0	26	0		2.00
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	1,682	0		3.00
4.00	HOUSEKEEPING	9.00	0	715	0		4.00
5.00	NURSING ADMINISTRATION	13.00	0	2,633	0		5.00
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	2,194	0		6.00
7.00	ADULTS & PEDIATRICS	30.00	0	1,299,451	0		7.00
8.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,181	0		8.00
9.00	ALLIED HEALTH	66.01	0	8,213	0		9.00
10.00	PROSTHETICS AND ORTHOTICS	76.00	0	211	0		10.00
11.00	CLINIC	90.00	0	15,036	0		11.00
12.00	RESEARCH	191.00	0	100	0		12.00
13.00	ACADEMY	192.02	0	9	0		13.00
14.00	PARTNERSHIP EXPENSE	192.03	0	279	0		14.00
	TOTALS		0	1,332,763			
<b>H - TRANSCRIPTION AND PHY PRACTICE</b>							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	627,009	132,309	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		627,009	132,309			
<b>I - LINEN</b>							
1.00	HOUSEKEEPING	9.00	0	460,936	0		1.00
	TOTALS		0	460,936			
<b>J - CAFETERIA</b>							
1.00	DIETARY	10.00	422,126	888,083	0		1.00
	TOTALS		422,126	888,083			
<b>K - DRUGS</b>							
1.00	PHARMACY	15.00	0	5,293,132	0		1.00
	TOTALS		0	5,293,132			
<b>L - PULMONARY</b>							
1.00	ADULTS & PEDIATRICS	30.00	400,220	245,531	0		1.00
2.00	CLINIC	90.00	44,005	31,653	0		2.00
	TOTALS		444,225	277,184			
<b>M - PARAMEDICAL EDUCATION</b>							
1.00	PROSTHETICS AND ORTHOTICS	76.00	522,006	6,000	0		1.00
	TOTALS		522,006	6,000			
500.00	Grand Total: Decreases		16,521,716	51,175,996			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 143026

Period:  
From 09/01/2012  
To 08/31/2013

Worksheet A-7  
Part I  
Date/Time Prepared:  
1/20/2014 8:46 am

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	33,115,384	1,733	0	1,733	0	1.00
2.00	Land Improvements	0	0	0	0	0	2.00
3.00	Buildings and Fixtures	112,448,501	476,716	0	476,716	1,862,764	3.00
4.00	Building Improvements	25,638,667	27,622,180	0	27,622,180	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	45,151,443	2,954,502	0	2,954,502	496,980	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	216,353,995	31,055,131	0	31,055,131	2,359,744	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	216,353,995	31,055,131	0	31,055,131	2,359,744	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	33,117,117	0	0	0	0	1.00
2.00	Land Improvements	0	0	0	0	0	2.00
3.00	Buildings and Fixtures	111,062,453	0	0	0	0	3.00
4.00	Building Improvements	53,260,847	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	47,608,965	0	0	0	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	245,049,382	0	0	0	0	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	245,049,382	0	0	0	0	10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 143026

Period:  
From 09/01/2012  
To 08/31/2013

Worksheet A-7  
Part II  
Date/Time Prepared:  
1/20/2014 8:46 am

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

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 143026

Period:  
From 09/01/2012  
To 08/31/2013

Worksheet A-7  
Part III  
Date/Time Prepared:  
1/20/2014 8:46 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	118,830,200	0	118,830,200	0.560699	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	93,102,064	0	93,102,064	0.439301	0	2.00
3.00	Total (sum of lines 1-2)	211,932,264	0	211,932,264	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	5,273,598	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	7,104,734	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	12,378,332	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	5,273,598	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	7,104,734	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	12,378,332	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 143026

Period:  
From 09/01/2012  
To 08/31/2013

Worksheet A-8

Date/Time Prepared:  
1/20/2014 8:46 am

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.	Ref.
				Cost Center	Line #		
				1.00	2.00		
1.00	Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-976,942	NEW CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00	Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)	B	-53,610	NEW CAP REL COSTS-MVBLE EQUIP	2.00	11	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)	B	-17,967	OPERATION OF PLANT	7.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)	B	-582,413	OPERATION OF PLANT	7.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-12,064,549			0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	0			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-766,935	CAFETERIA	11.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts		0		0.00	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines	B	-12,763	CAFETERIA	11.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - NEW CAP REL COSTS-BLDG & FIXT		0	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - NEW CAP REL COSTS-MVBLE EQUIP		0	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00

Provider CCN: 143026

Period:  
 From 09/01/2012  
 To 08/31/2013

Worksheet A-8

Date/Time Prepared:  
 1/20/2014 8:46 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center		Line #	
			1.00	2.00	3.00	
33.00 RENTAL INCOME	B	-26,483	OTHER ADMIN STRATIVE AND GENERAL		5.04	0 33.00
35.00 CLINIC RENTAL INCOME	B	-20,900	CLINIC		90.00	0 35.00
38.00 PRIVATE DUTY NURSING	A	-2,144	ADULTS & PEDIATRICS		30.00	0 38.00
40.00 PROVIDER TAX	A	-6,634,603	OTHER ADMIN STRATIVE AND GENERAL		5.04	0 40.00
41.00 INTERNATIONAL RELATIONS	A	-970,312	OTHER ADMIN STRATIVE AND GENERAL		5.04	0 41.00
42.00 MARKETING	A	-313,474	OTHER ADMIN STRATIVE AND GENERAL		5.04	0 42.00
42.01 CERNER SUBSCRIPTION SALES EXPENSE	A	-454,042	OTHER ADMIN STRATIVE AND GENERAL		5.04	0 42.01
42.02 LOBBYING EXPENSE	A	-296,644	OTHER ADMIN STRATIVE AND GENERAL		5.04	0 42.02
44.00 OTHER OPERATING REVENUE	B	-2,993	CLINIC		90.00	0 44.00
45.01 OTHER OPERATING REVENUE	B	-836	CASHIERING/ACCOUNTS RECEIVABLE		5.03	0 45.01
45.02 OTHER OPERATING REVENUE	B	-516,600	OTHER ADMIN STRATIVE AND GENERAL		5.04	0 45.02
45.03 OTHER OPERATING REVENUE	B	-60,792	OPERATION OF PLANT		7.00	0 45.03
45.04 OTHER OPERATING REVENUE	B	-16,633	DIETARY		10.00	0 45.04
45.05 OTHER OPERATING REVENUE	B	-107,207	MEDICAL RECORDS & LIBRARY		16.00	0 45.05
45.06 OTHER OPERATING REVENUE	B	-6,641	I&R SERVICES-SALARY & FRINGES APPRVD		21.00	0 45.06
45.07 OTHER OPERATING REVENUE	B	-4,610	ADULTS & PEDIATRICS		30.00	0 45.07
45.08 OTHER OPERATING REVENUE	B	-2,312	RADIOLOGY-DIAGNOSTIC		54.00	0 45.08
45.10 OTHER OPERATING REVENUE	B	-1,214	VOCATIONAL REHABILITATION		60.01	0 45.10
45.11 OTHER OPERATING REVENUE	B	-3,008	PROSTHETICS AND ORTHOTICS		76.00	0 45.11
45.12 OTHER OPERATING REVENUE	B	-216,798	CLINIC		90.00	0 45.12
45.13 OTHER OPERATING REVENUE	B	-284,962	OCCUPATIONAL THERAPY		67.00	0 45.13
45.14 OTHER OPERATING REVENUE	B	-96,963	PSYCHOLOGY		54.01	0 45.14
45.15 OTHER OPERATING REVENUE	B	-489,541	PHYSICAL THERAPY		66.00	0 45.15
45.16 OTHER OPERATING REVENUE	B	-107,237	SPEECH PATHOLOGY		68.00	0 45.16
45.18 DEPOSITION INCOME	B	-254,630	OTHER ADMIN STRATIVE AND GENERAL		5.04	0 45.18
45.20 DEPOSITION INCOME	B	-194,773	CLINIC		90.00	0 45.20
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-25,561,531				50.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 143026

Period:  
From 09/01/2012  
To 08/31/2013

Worksheet A-8-2

Date/Time Prepared:  
1/20/2014 8:46 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	90.00	AGGREGATE-CLINIC	14,335,937	10,689,516	3,646,421	177,200	25,063	1.00
2.00	0.00		0	0	0	0	0	2.00
3.00	0.00		0	0	0	0	0	3.00
4.00	0.00		0	0	0	0	0	4.00
5.00	0.00		0	0	0	0	0	5.00
6.00	0.00		0	0	0	0	0	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			14,335,937	10,689,516	3,646,421		25,063	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	90.00	AGGREGATE-CLINIC	2,135,175	106,759	155,147	39,462	380,377	1.00
2.00	0.00		0	0	0	0	0	2.00
3.00	0.00		0	0	0	0	0	3.00
4.00	0.00		0	0	0	0	0	4.00
5.00	0.00		0	0	0	0	0	5.00
6.00	0.00		0	0	0	0	0	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			2,135,175	106,759	155,147	39,462	380,377	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	90.00	AGGREGATE-CLINIC	96,751	2,271,388	1,375,033	12,064,549	1.00
2.00	0.00		0	0	0	0	2.00
3.00	0.00		0	0	0	0	3.00
4.00	0.00		0	0	0	0	4.00
5.00	0.00		0	0	0	0	5.00
6.00	0.00		0	0	0	0	6.00
7.00	0.00		0	0	0	0	7.00
8.00	0.00		0	0	0	0	8.00
9.00	0.00		0	0	0	0	9.00
10.00	0.00		0	0	0	0	10.00
200.00			96,751	2,271,388	1,375,033	12,064,549	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 143026

Period:  
From 09/01/2012  
To 08/31/2013

Worksheet B  
Part I  
Date/Time Prepared:  
1/20/2014 8:46 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	PURCHASING, RECEIVING AND STORES	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	5,273,598	5,273,598			1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP	7,104,734		7,104,734		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	28,994,680	1,431	94,840	29,090,951	4.00
5.01 00510	PURCHASING, RECEIVING AND STORES	543,971	0	138,226	61,540	743,737
5.02 00511	ADMITTING	2,463,293	25,480	25,698	636,591	9,385
5.03 00512	CASHIERING/ACCOUNTS RECEIVABLE	2,390,890	0	0	409,070	11,906
5.04 00560	OTHER ADMINISTRATIVE AND GENERAL	27,739,266	607,652	5,041,519	4,896,430	97,738
7.00 00700	OPERATION OF PLANT	6,751,608	596,959	57,417	215,318	6,630
8.00 00800	LAUNDRY & LINEN SERVICE	460,936	0	0	0	0
9.00 00900	HOUSEKEEPING	2,043,197	25,480	18,587	297,679	2,203
10.00 01000	DIETARY	1,245,512	275,275	38,388	212,803	45,277
11.00 01100	CAFETERIA	530,511	0	0	114,587	24,380
13.00 01300	NURSING ADMINISTRATION	862,587	38,221	51,963	277,549	3,850
14.00 01400	CENTRAL SERVICES & SUPPLY	591,029	101,922	513	108,767	95,602
15.00 01500	PHARMACY	1,266,700	20,384	8,260	249,089	14,202
16.00 01600	MEDICAL RECORDS & LIBRARY	421,130	19,110	3,103	121,754	5,861
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	2,500,114	50,961	0	27,182	7,503
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0
23.00 02300	PARAMED ED PRGM	585,224	0	0	155,153	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	17,081,983	1,344,197	389,537	4,497,722	33,685
41.00 04100	SUBPROVIDER - IRF	0	0	0	0	0
42.00 04200	SUBPROVIDER	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>						
54.00 05400	RADIOLOGY-DIAGNOSTIC	2,008,071	38,221	71,881	87,261	2,967
54.01 05401	PSYCHOLOGY	1,399,831	85,188	29,214	390,124	3,898
54.02 05402	PULMONARY	721,409	0	0	0	0
57.00 05700	CT SCAN	0	0	0	0	0
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00 06000	LABORATORY	871,244	20,384	0	72,936	1,179
60.01 06001	VOCATIONAL REHABILITATION	360,263	0	24,611	90,601	828
65.00 06500	RESPIRATORY THERAPY	1,068,756	0	3,705	0	155
66.00 06600	PHYSICAL THERAPY	7,067,420	430,076	147,546	1,969,645	19,685
66.01 06601	ALLIED HEALTH	0	0	0	0	0
67.00 06700	OCCUPATIONAL THERAPY	4,113,945	250,338	85,872	1,146,531	11,457
68.00 06800	SPEECH PATHOLOGY	1,548,163	94,206	32,460	431,463	4,331
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,332,763	0	0	0	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00 07300	DRUGS CHARGED TO PATIENTS	5,293,132	0	0	0	0
76.00 03020	PROSTHETICS AND ORTHOTICS	3,664,372	84,386	36,707	345,772	15,382
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00 09000	CLINIC	20,881,045	441,757	575,418	6,772,383	51,321
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 09910	CORF	0	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0	0
111.00 11100	ISLET ACQUISITION	0	0	0	0	0
118.00	SUBTOTALS (SUM OF LINES 1-117)	159,181,377	4,551,628	6,875,465	23,587,950	469,425
<b>NONREIMBURSABLE COST CENTERS</b>						
191.00 19100	RESEARCH	17,381,308	581,828	189,772	2,874,513	65,729
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
192.01 19201	FOUNDATION	4,787,466	25,480	12,057	420,520	51,720
192.02 19202	ACADEMY	779,116	114,662	22,477	118,894	152,044
192.03 19203	PARTNERSHIP EXPENSE	8,216,043	0	4,963	2,089,074	4,819
200.00	Cross Foot Adjustments					
201.00	Negative Cost Centers		0	0	0	0
202.00	TOTAL (sum lines 118-201)	190,345,310	5,273,598	7,104,734	29,090,951	743,737

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 143026

Period:  
From 09/01/2012  
To 08/31/2013

Worksheet B  
Part I  
Date/Time Prepared:  
1/20/2014 8:46 am

Cost Center Description		ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	
		5.02	5.03	5A.03	5.04	7.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00510	PURCHASING, RECEIVING AND STORES					5.01
5.02	00511	ADMITTING	3,160,447				5.02
5.03	00512	CASHIERING/ACCOUNTS RECEIVABLE	0	2,811,866			5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL	0	0	38,382,605	38,382,605	5.04
7.00	00700	OPERATION OF PLANT	0	0	7,627,932	1,926,655	9,554,587
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	460,936	116,423	0
9.00	00900	HOUSEKEEPING	0	0	2,387,146	602,943	60,230
10.00	01000	DIETARY	0	0	1,817,255	459,000	650,690
11.00	01100	CAFETERIA	0	0	669,478	169,096	0
13.00	01300	NURSING ADMINISTRATION	0	0	1,234,170	311,725	90,345
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	897,833	226,774	240,921
15.00	01500	PHARMACY	0	0	1,558,635	393,678	48,184
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	570,958	144,212	45,173
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	2,585,760	653,109	120,461
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0
23.00	02300	PARAMED PRGM	0	0	740,377	187,004	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	1,055,150	540,441	24,942,715	6,300,006	3,177,385
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
54.00	05400	RADIOLOGY-DIAGNOSTIC	54,632	53,089	2,316,122	585,004	90,345
54.01	05401	PSYCHOLOGY	41,928	54,830	2,005,013	506,424	201,365
54.02	05402	PULMONARY	25,489	15,516	762,414	192,570	0
57.00	05700	CT SCAN	0	0	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	211,721	112,663	1,290,127	325,859	48,184
60.01	06001	VOCATIONAL REHABILITATION	710	15,548	492,561	124,411	0
65.00	06500	RESPIRATORY THERAPY	103,852	53,189	1,229,657	310,586	0
66.00	06600	PHYSICAL THERAPY	435,178	364,930	10,434,480	2,635,531	1,016,606
66.01	06601	ALLIED HEALTH	0	0	0	0	0
67.00	06700	OCCUPATIONAL THERAPY	420,987	262,114	6,291,244	1,589,036	591,746
68.00	06800	SPEECH PATHOLOGY	141,326	86,962	2,338,911	590,760	222,683
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	117,699	60,726	1,511,188	381,694	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	495,978	306,524	6,095,634	1,539,629	0
76.00	03020	PROSTHETICS AND ORTHOTICS	53,764	139,785	4,340,168	1,096,235	199,471
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	2,033	745,549	29,469,506	7,443,395	1,044,217
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	CORF	0	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0
111.00	11100	ISLET ACQUISITION	0	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	3,160,447	2,811,866	152,452,825	28,811,759	7,848,006
<b>NONREIMBURSABLE COST CENTERS</b>							
191.00	19100	RESEARCH	0	0	21,093,150	5,327,687	1,375,315
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
192.01	19201	FOUNDATION	0	0	5,297,243	1,337,972	60,230
192.02	19202	ACADEMY	0	0	1,187,193	299,860	271,036
192.03	19203	PARTNERSHIP EXPENSE	0	0	10,314,899	2,605,327	0
200.00		Cross Foot Adjustments	0	0	0	0	0
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	3,160,447	2,811,866	190,345,310	38,382,605	9,554,587

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 143026	Period: From 09/01/2012 To 08/31/2013	Worksheet B Part I Date/Time Prepared: 1/20/2014 8:46 am		
Cost Center Description		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
		8.00	9.00	10.00	11.00	13.00
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00510	PURCHASING, RECEIVING AND STORES				5.01
5.02	00511	ADMITTING				5.02
5.03	00512	CASHIERING/ACCOUNTS RECEIVABLE				5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL				5.04
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	577,359			8.00
9.00	00900	HOUSEKEEPING	0	3,050,319		9.00
10.00	01000	DIETARY	0	314,568	3,241,513	10.00
11.00	01100	CAFETERIA	0	0	838,574	11.00
13.00	01300	NURSING ADMINISTRATION	0	20,991	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	19,792	0	14.00
15.00	01500	PHARMACY	0	6,897	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	8,396	0	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	86,064	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	22.00
23.00	02300	PARAMED ED PRGM	0	0	4,938	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000	ADULTS & PEDIATRICS	577,359	1,816,337	3,241,513	252,793
41.00	04100	SUBPROVIDER - IRF	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>						
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	18,292	0	4,460
54.01	05401	PSYCHOLOGY	0	36,585	0	16,247
54.02	05402	PULMONARY	0	14,094	0	0
57.00	05700	CT SCAN	0	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0
60.00	06000	LABORATORY	0	7,797	0	4,938
60.01	06001	VOCATIONAL REHABILITATION	0	35,685	0	4,938
65.00	06500	RESPIRATORY THERAPY	0	0	0	0
66.00	06600	PHYSICAL THERAPY	0	228,804	0	82,352
66.01	06601	ALLIED HEALTH	0	0	0	0
67.00	06700	OCCUPATIONAL THERAPY	0	95,360	0	47,946
68.00	06800	SPEECH PATHOLOGY	0	48,580	0	18,079
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0
76.00	03020	PROSTHETICS AND ORTHOTICS	0	26,689	0	19,433
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0
90.00	09000	CLINIC	0	181,424	0	197,836
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10	09910	CORF	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00	10900	PANCREAS ACQUISITION	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0
111.00	11100	ISLET ACQUISITION	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	577,359	2,966,355	3,241,513	701,188
<b>NONREIMBURSABLE COST CENTERS</b>						
191.00	19100	RESEARCH	0	40,183	0	120,342
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0
192.01	19201	FOUNDATION	0	32,986	0	13,301
192.02	19202	ACADEMY	0	10,795	0	3,743
192.03	19203	PARTNERSHIP EXPENSE	0	0	0	0
200.00		Cross Foot Adjustments				
201.00		Negative Cost Centers	0	0	0	0
202.00		TOTAL (sum lines 118-201)	577,359	3,050,319	3,241,513	838,574

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 143026

Period:  
From 09/01/2012  
To 08/31/2013

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Cost Center Description	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	INTERNS & RESIDENTS		
				SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS	
				14.00	15.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00510 PURCHASING, RECEIVING AND STORES						5.01
5.02 00511 ADMITTING						5.02
5.03 00512 CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04 00560 OTHER ADMINISTRATIVE AND GENERAL						5.04
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	1,395,116					14.00
15.00 01500 PHARMACY	0	2,017,270				15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	0	776,464			16.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	3,446,907		21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 02300 PARAMED ED PRGM	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	0	0	262,708	2,068,144	0	30.00
41.00 04100 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	12,436	0	0	54.00
54.01 05401 PSYCHOLOGY	0	0	20,986	0	0	54.01
54.02 05402 PULMONARY	0	0	13,990	0	0	54.02
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	10,881	0	0	60.00
60.01 06001 VOCATIONAL REHABILITATION	0	0	36,530	0	0	60.01
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	82,388	1,034,072	0	66.00
66.01 06601 ALLIED HEALTH	0	0	0	0	0	66.01
67.00 06700 OCCUPATIONAL THERAPY	0	0	63,734	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	52,075	0	0	68.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,395,116	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	2,017,270	0	0	0	73.00
76.00 03020 PROSTHETICS AND ORTHOTICS	0	0	13,213	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	203,637	0	0	90.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 09910 CORF	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	1,395,116	2,017,270	772,578	3,102,216	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
191.00 19100 RESEARCH	0	0	3,886	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 19201 FOUNDATION	0	0	0	0	0	192.01
192.02 19202 ACADEMY	0	0	0	0	0	192.02
192.03 19203 PARTNERSHIP EXPENSE	0	0	0	344,691	0	192.03
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)	1,395,116	2,017,270	776,464	3,446,907	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 143026

Period:  
From 09/01/2012  
To 08/31/2013

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Cost Center Description		PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		23.00	24.00	25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00510	PURCHASING, RECEIVING AND STORES				5.01
5.02	00511	ADMITTING				5.02
5.03	00512	CASHIERING/ACCOUNTS RECEIVABLE				5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL				5.04
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD				22.00
23.00	02300	PARAMED PRGM	932,319			23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000	ADULTS & PEDIATRICS	438,190	44,752,699	-2,068,144	42,684,555
41.00	04100	SUBPROVIDER - IRF	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>						
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	3,026,659	0	3,026,659
54.01	05401	PSYCHOLOGY	0	2,786,620	0	2,786,620
54.02	05402	PULMONARY	0	983,068	0	983,068
57.00	05700	CT SCAN	0	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0
60.00	06000	LABORATORY	0	1,687,786	0	1,687,786
60.01	06001	VOCATIONAL REHABILITATION	0	694,125	0	694,125
65.00	06500	RESPIRATORY THERAPY	0	1,540,243	0	1,540,243
66.00	06600	PHYSICAL THERAPY	0	15,514,233	-1,034,072	14,480,161
66.01	06601	ALLIED HEALTH	0	0	0	0
67.00	06700	OCCUPATIONAL THERAPY	0	8,679,066	0	8,679,066
68.00	06800	SPEECH PATHOLOGY	0	3,271,088	0	3,271,088
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,287,998	0	3,287,998
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	9,652,533	0	9,652,533
76.00	03020	PROSTHETICS AND ORTHOTICS	0	5,695,209	0	5,695,209
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0
90.00	09000	CLINIC	494,129	39,034,144	0	39,034,144
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10	09910	CORF	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00	10900	PANCREAS ACQUISITION	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0
111.00	11100	ISLET ACQUISITION	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	932,319	140,605,471	-3,102,216	137,503,255
<b>NONREIMBURSABLE COST CENTERS</b>						
191.00	19100	RESEARCH	0	27,960,563	0	27,960,563
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0
192.01	19201	FOUNDATION	0	6,741,732	0	6,741,732
192.02	19202	ACADEMY	0	1,772,627	0	1,772,627
192.03	19203	PARTNERSHIP EXPENSE	0	13,264,917	-344,691	12,920,226
200.00		Cross Foot Adjustments	0	0	0	0
201.00		Negative Cost Centers	0	0	0	0
202.00		TOTAL (sum lines 118-201)	932,319	190,345,310	-3,446,907	186,898,403

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 143026

Period:  
From 09/01/2012  
To 08/31/2013

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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	73,464	1,431	94,840	169,735	4.00
5.01 00510	PURCHASING, RECEIVING AND STORES	50,796	0	138,226	189,022	5.01
5.02 00511	ADMINISTRATIVE	36,732	25,480	25,698	87,910	5.02
5.03 00512	CASHIERING/ACCOUNTS RECEIVABLE	177,804	0	0	177,804	5.03
5.04 00560	OTHER ADMINISTRATIVE AND GENERAL	976,925	607,652	5,041,519	6,626,096	5.04
7.00 00700	OPERATION OF PLANT	70,921	596,959	57,417	725,297	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00 00900	HOUSEKEEPING	0	25,480	18,587	44,067	9.00
10.00 01000	DIETARY	0	275,275	38,388	313,663	10.00
11.00 01100	CAFETERIA	0	0	0	0	11.00
13.00 01300	NURSING ADMINISTRATION	0	38,221	51,963	90,184	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	101,922	513	102,435	14.00
15.00 01500	PHARMACY	0	20,384	8,260	28,644	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	12,159	19,110	3,103	34,372	16.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	5,700	50,961	0	56,661	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00 02300	PARAMEDICAL PRGM	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	0	1,344,197	389,537	1,733,734	30.00
41.00 04100	SUBPROVIDER - I RF	0	0	0	0	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	42.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
54.00 05400	RADIOLOGY-DIAGNOSTIC	2,475	38,221	71,881	112,577	54.00
54.01 05401	PSYCHOLOGY	19,073	85,188	29,214	133,475	54.01
54.02 05402	PULMONARY	0	0	0	0	54.02
57.00 05700	CT SCAN	0	0	0	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00 06000	LABORATORY	0	20,384	0	20,384	60.00
60.01 06001	VOCATIONAL REHABILITATION	21,418	0	24,611	46,029	60.01
65.00 06500	RESPIRATORY THERAPY	0	0	3,705	3,705	65.00
66.00 06600	PHYSICAL THERAPY	96,297	430,076	147,546	673,919	66.00
66.01 06601	ALLIED HEALTH	0	0	0	0	66.01
67.00 06700	OCCUPATIONAL THERAPY	56,054	250,338	85,872	392,264	67.00
68.00 06800	SPEECH PATHOLOGY	21,094	94,206	32,460	147,760	68.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00 03020	PROSTHETICS AND ORTHOTICS	0	84,386	36,707	121,093	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00 09000	CLINIC	1,735,212	441,757	575,418	2,752,387	90.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 09910	CORF	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00 11100	ISLET ACQUISITION	0	0	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	3,356,124	4,551,628	6,875,465	14,783,217	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
191.00 19100	RESEARCH	227,690	581,828	189,772	999,290	191.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01 19201	FOUNDATION	152,400	25,480	12,057	189,937	192.01
192.02 19202	ACADEMY	0	114,662	22,477	137,139	192.02
192.03 19203	PARTNERSHIP EXPENSE	85,218	0	4,963	90,181	192.03
200.00	Cross Foot Adjustments				0	200.00
201.00	Negative Cost Centers		0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	3,821,432	5,273,598	7,104,734	16,199,764	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 143026	Period: From 09/01/2012 To 08/31/2013	Worksheet B Part II Date/Time Prepared: 1/20/2014 8:46 am		
Cost Center Description	PURCHASING, RECEIVING AND STORES	ADMINITTING	CASHIERING/ACC OUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	
	5.01	5.02	5.03	5.04	7.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00510	PURCHASING, RECEIVING AND STORES	189,381			5.01
5.02	00511	ADMINITTING	2,390	94,015		5.02
5.03	00512	CASHIERING/ACCOUNTS RECEIVABLE	3,032	0	183,223	5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL	24,887	0	0	5.04
7.00	00700	OPERATION OF PLANT	1,688	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	8.00
9.00	00900	HOUSEKEEPING	561	0	0	9.00
10.00	01000	DIETARY	11,529	0	0	10.00
11.00	01100	CAFETERIA	6,208	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	980	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	24,344	0	0	14.00
15.00	01500	PHARMACY	3,616	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,492	0	0	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	1,911	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	22.00
23.00	02300	PARAMED PRGM	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000	ADULTS & PEDIATRICS	8,577	31,409	35,182	30.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	42.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
54.00	05400	RADIOLOGY-DIAGNOSTIC	755	1,625	3,456	54.00
54.01	05401	PSYCHOLOGY	993	1,247	3,569	54.01
54.02	05402	PULMONARY	0	758	1,010	54.02
57.00	05700	CT SCAN	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000	LABORATORY	300	6,296	7,334	60.00
60.01	06001	VOCATIONAL REHABILITATION	211	21	1,012	60.01
65.00	06500	RESPIRATORY THERAPY	39	3,088	3,462	65.00
66.00	06600	PHYSICAL THERAPY	5,013	12,941	23,756	66.00
66.01	06601	ALLIED HEALTH	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	2,917	12,519	17,063	67.00
68.00	06800	SPEECH PATHOLOGY	1,103	4,203	5,661	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,500	3,953	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	14,749	19,954	73.00
76.00	03020	PROSTHETICS AND ORTHOTICS	3,917	1,599	9,100	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000	CLINIC	13,068	60	48,711	90.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10	09910	CORF	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00	10900	PANCREAS ACQUISITION	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	119,531	94,015	183,223	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
191.00	19100	RESEARCH	16,737	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	192.00
192.01	19201	FOUNDATION	13,170	0	0	192.01
192.02	19202	ACADEMY	38,716	0	0	192.02
192.03	19203	PARTNERSHIP EXPENSE	1,227	0	0	192.03
200.00		Cross Foot Adjustments				200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	189,381	94,015	183,223	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 143026	Period: From 09/01/2012 To 08/31/2013	Worksheet B Part II Date/Time Prepared: 1/20/2014 8:46 am		
Cost Center Description		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
		8.00	9.00	10.00	11.00	13.00
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00510	PURCHASING, RECEIVING AND STORES				5.01
5.02	00511	ADMITTING				5.02
5.03	00512	CASHIERING/ACCOUNTS RECEIVABLE				5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL				5.04
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	20,260			8.00
9.00	00900	HOUSEKEEPING	0	157,996		9.00
10.00	01000	DIETARY	0	16,294	495,034	10.00
11.00	01100	CAFETERIA	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	1,087	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,025	0	14.00
15.00	01500	PHARMACY	0	357	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	435	0	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	4,458	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000	ADULTS & PEDIATRICS	20,260	94,082	495,034	10,943
41.00	04100	SUBPROVIDER - IRF	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>						
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	947	0	193
54.01	05401	PSYCHOLOGY	0	1,895	0	703
54.02	05402	PULMONARY	0	730	0	0
57.00	05700	CT SCAN	0	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0
60.00	06000	LABORATORY	0	404	0	214
60.01	06001	VOCATIONAL REHABILITATION	0	1,848	0	214
65.00	06500	RESPIRATORY THERAPY	0	0	0	0
66.00	06600	PHYSICAL THERAPY	0	11,851	0	3,565
66.01	06601	ALLIED HEALTH	0	0	0	0
67.00	06700	OCCUPATIONAL THERAPY	0	4,939	0	2,076
68.00	06800	SPEECH PATHOLOGY	0	2,516	0	783
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0
76.00	03020	PROSTHETICS AND ORTHOTICS	0	1,382	0	841
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0
90.00	09000	CLINIC	0	9,397	0	8,565
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10	09910	CORF	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00	10900	PANCREAS ACQUISITION	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0
111.00	11100	ISLET ACQUISITION	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	20,260	153,647	495,034	30,356
<b>NONREIMBURSABLE COST CENTERS</b>						
191.00	19100	RESEARCH	0	2,081	0	5,210
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0
192.01	19201	FOUNDATION	0	1,709	0	576
192.02	19202	ACADEMY	0	559	0	162
192.03	19203	PARTNERSHIP EXPENSE	0	0	0	0
200.00		Cross Foot Adjustments				
201.00		Negative Cost Centers	0	0	0	0
202.00		TOTAL (sum lines 118-201)	20,260	157,996	495,034	36,304

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 143026

Period:  
From 09/01/2012  
To 08/31/2013

Worksheet B  
Part II  
Date/Time Prepared:  
1/20/2014 8:46 am

Cost Center Description	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	INTERNS & RESIDENTS		
				SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS	
				14.00	15.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00510 PURCHASING, RECEIVING AND STORES						5.01
5.02 00511 ADMITTING						5.02
5.03 00512 CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04 00560 OTHER ADMINISTRATIVE AND GENERAL						5.04
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	195,144					14.00
15.00 01500 PHARMACY	0	108,372				15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	0	67,467			16.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	190,321		21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 02300 PARAMED ED PRGM	0	0	0			23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	0	0	22,826			30.00
41.00 04100 SUBPROVIDER - IRF	0	0	0			41.00
42.00 04200 SUBPROVIDER	0	0	0			42.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	1,081			54.00
54.01 05401 PSYCHOLOGY	0	0	1,823			54.01
54.02 05402 PULMONARY	0	0	1,216			54.02
57.00 05700 CT SCAN	0	0	0			57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0			58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0			59.00
60.00 06000 LABORATORY	0	0	945			60.00
60.01 06001 VOCATIONAL REHABILITATION	0	0	3,174			60.01
65.00 06500 RESPIRATORY THERAPY	0	0	0			65.00
66.00 06600 PHYSICAL THERAPY	0	0	7,159			66.00
66.01 06601 ALLIED HEALTH	0	0	0			66.01
67.00 06700 OCCUPATIONAL THERAPY	0	0	5,538			67.00
68.00 06800 SPEECH PATHOLOGY	0	0	4,525			68.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	195,144	0	0			71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0			72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	108,372	0			73.00
76.00 03020 PROSTHETICS AND ORTHOTICS	0	0	1,148			76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800 RURAL HEALTH CLINIC	0	0	0			88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0			89.00
90.00 09000 CLINIC	0	0	17,694			90.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 09910 CORF	0	0	0			99.10
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 10900 PANCREAS ACQUISITION	0	0	0			109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0			110.00
111.00 11100 ISLET ACQUISITION	0	0	0			111.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	195,144	108,372	67,129	0	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
191.00 19100 RESEARCH	0	0	338			191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0			192.00
192.01 19201 FOUNDATION	0	0	0			192.01
192.02 19202 ACADEMY	0	0	0			192.02
192.03 19203 PARTNERSHIP EXPENSE	0	0	0			192.03
200.00 Cross Foot Adjustments				190,321		200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	195,144	108,372	67,467	190,321	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 143026	Period: From 09/01/2012 To 08/31/2013	Worksheet B Part II Date/Time Prepared: 1/20/2014 8:46 am
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Cost Center Description		PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		23.00	24.00	25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00510	PURCHASING, RECEIVING AND STORES				5.01
5.02	00511	ADMITTING				5.02
5.03	00512	CASHIERING/ACCOUNTS RECEIVABLE				5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL				5.04
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD				22.00
23.00	02300	PARAMED PRGM	33,662			23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000	ADULTS & PEDIATRICS	4,087,297	0	4,087,297	30.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	42.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
54.00	05400	RADIOLOGY-DIAGNOSTIC	233,004	0	233,004	54.00
54.01	05401	PSYCHOLOGY	256,525	0	256,525	54.01
54.02	05402	PULMONARY	37,226	0	37,226	54.02
57.00	05700	CT SCAN	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000	LABORATORY	98,374	0	98,374	60.00
60.01	06001	VOCATIONAL REHABILITATION	74,689	0	74,689	60.01
65.00	06500	RESPIRATORY THERAPY	64,344	0	64,344	65.00
66.00	06600	PHYSICAL THERAPY	1,321,504	0	1,321,504	66.00
66.01	06601	ALLIED HEALTH	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	786,406	0	786,406	67.00
68.00	06800	SPEECH PATHOLOGY	296,663	0	296,663	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	269,021	0	269,021	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	411,009	0	411,009	73.00
76.00	03020	PROSTHETICS AND ORTHOTICS	354,073	0	354,073	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000	CLINIC	4,300,979	0	4,300,979	90.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10	09910	CORF	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00	10900	PANCREAS ACQUISITION	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	12,591,114	0	12,591,114
<b>NONREIMBURSABLE COST CENTERS</b>						
191.00	19100	RESEARCH	2,120,666	0	2,120,666	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	192.00
192.01	19201	FOUNDATION	447,390	0	447,390	192.01
192.02	19202	ACADEMY	259,622	0	259,622	192.02
192.03	19203	PARTNERSHIP EXPENSE	556,989	0	556,989	192.03
200.00		Cross Foot Adjustments	33,662	223,983	223,983	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	33,662	16,199,764	0	16,199,764

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 143026

Period:  
From 09/01/2012  
To 08/31/2013

Worksheet B-1  
Date/Time Prepared:  
1/20/2014 8:46 am

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	PURCHASING, RECEIVING AND STORES (OTHER EXPENSE)	ADMITTING (INPATIENT CHARGES)	
		NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)				
		1.00	2.00	4.00	5.01	5.02	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	368,400				1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		7,149,446			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	100	95,437	107,168,400		4.00
5.01	00510	PURCHASING, RECEIVING AND STORES	0	139,096	226,707	719,541	5.01
5.02	00511	ADMITTING	1,780	25,860	2,345,140	9,080	207,017,431
5.03	00512	CASHIERING/ACCOUNTS RECEIVABLE	0	0	1,506,977	11,519	0
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL	42,449	5,073,248	18,037,990	94,558	0
7.00	00700	OPERATION OF PLANT	41,702	57,778	793,213	6,414	0
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0
9.00	00900	HOUSEKEEPING	1,780	18,704	1,096,623	2,131	0
10.00	01000	DIETARY	19,230	38,630	783,947	43,804	0
11.00	01100	CAFETERIA	0	0	422,126	23,587	0
13.00	01300	NURSING ADMINISTRATION	2,670	52,290	1,022,465	3,725	0
14.00	01400	CENTRAL SERVICES & SUPPLY	7,120	516	400,688	92,492	0
15.00	01500	PHARMACY	1,424	8,312	917,622	13,740	0
16.00	01600	MEDICAL RECORDS & LIBRARY	1,335	3,123	448,529	5,670	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	3,560	0	100,136	7,259	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0
23.00	02300	PARAMED PRGM	0	0	571,570	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	93,902	391,988	16,569,185	32,589	69,118,880
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,670	72,333	321,461	2,870	3,578,456
54.01	05401	PSYCHOLOGY	5,951	29,398	1,437,181	3,771	2,746,344
54.02	05402	PULMONARY	0	0	0	0	1,669,530
57.00	05700	CT SCAN	0	0	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	1,424	0	268,688	1,141	13,867,912
60.01	06001	VOCATIONAL REHABILITATION	0	24,766	333,764	801	46,508
65.00	06500	RESPIRATORY THERAPY	0	3,728	0	150	6,802,410
66.00	06600	PHYSICAL THERAPY	30,044	148,475	7,255,987	19,045	28,504,456
66.01	06601	ALLIED HEALTH	0	0	0	0	0
67.00	06700	OCCUPATIONAL THERAPY	17,488	86,412	4,223,711	11,084	27,574,975
68.00	06800	SPEECH PATHOLOGY	6,581	32,664	1,589,470	4,190	9,256,942
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	7,709,394
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	32,486,900
76.00	03020	PROSTHETICS AND ORTHOTICS	5,895	36,938	1,273,793	14,882	3,521,576
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	30,860	579,039	24,948,888	49,651	133,148
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	CORF	0	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0
111.00	11100	ISLET ACQUISITION	0	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	317,965	6,918,735	86,895,861	454,153	207,017,431
<b>NONREIMBURSABLE COST CENTERS</b>							
191.00	19100	RESEARCH	40,645	190,966	10,589,437	63,591	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
192.01	19201	FOUNDATION	1,780	12,133	1,549,157	50,037	0
192.02	19202	ACADEMY	8,010	22,618	437,994	147,098	0
192.03	19203	PARTNERSHIP EXPENSE	0	4,994	7,695,951	4,662	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)	5,273,598	7,104,734	29,090,951	743,737	3,160,447
203.00		Unit cost multiplier (Wkst. B, Part I)	14.314870	0.993746	0.271451	1.033627	0.015267
204.00		Cost to be allocated (per Wkst. B, Part II)			169,735	189,381	94,015
205.00		Unit cost multiplier (Wkst. B, Part II)			0.001584	0.263197	0.000454

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 143026

Period:  
From 09/01/2012  
To 08/31/2013

Worksheet B-1

Date/Time Prepared:  
1/20/2014 8:46 am

Cost Center Description			CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	
			5.03	5A.04	5.04	7.00	8.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00510	PURCHASING, RECEIVING AND STORES						5.01
5.02	00511	ADMITTING						5.02
5.03	00512	CASHIERING/ACCOUNTS RECEIVABLE	359,628,336					5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL	0	-38,382,605	151,962,705			5.04
7.00	00700	OPERATION OF PLANT	0	0	7,627,932	282,369		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	460,936	0	46,398	8.00
9.00	00900	HOUSEKEEPING	0	0	2,387,146	1,780	0	9.00
10.00	01000	DIETARY	0	0	1,817,255	19,230	0	10.00
11.00	01100	CAFETERIA	0	0	669,478	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	1,234,170	2,670	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	897,833	7,120	0	14.00
15.00	01500	PHARMACY	0	0	1,558,635	1,424	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	570,958	1,335	0	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	2,585,760	3,560	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM	0	0	740,377	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	69,118,880	0	24,942,715	93,902	46,398	30.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,789,778	0	2,316,122	2,670	0	54.00
54.01	05401	PSYCHOLOGY	7,012,434	0	2,005,013	5,951	0	54.01
54.02	05402	PULMONARY	1,984,434	0	762,414	0	0	54.02
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	14,408,868	0	1,290,127	1,424	0	60.00
60.01	06001	VOCATIONAL REHABILITATION	1,988,534	0	492,561	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	6,802,503	0	1,229,657	0	0	65.00
66.00	06600	PHYSICAL THERAPY	46,672,217	0	10,434,480	30,044	0	66.00
66.01	06601	ALLIED HEALTH	0	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	33,522,733	0	6,291,244	17,488	0	67.00
68.00	06800	SPEECH PATHOLOGY	11,121,826	0	2,338,911	6,581	0	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	7,766,462	0	1,511,188	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	39,202,464	0	6,095,634	0	0	73.00
76.00	03020	PROSTHETICS AND ORTHOTICS	17,877,560	0	4,340,168	5,895	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	95,359,643	0	29,469,506	30,860	0	90.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
99.10	09910	CORF	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	359,628,336	-38,382,605	114,070,220	231,934	46,398	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
191.00	19100	RESEARCH	0	0	21,093,150	40,645	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	FOUNDATION	0	0	5,297,243	1,780	0	192.01
192.02	19202	ACADEMY	0	0	1,187,193	8,010	0	192.02
192.03	19203	PARTNERSHIP EXPENSE	0	0	10,314,899	0	0	192.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	2,811,866		38,382,605	9,554,587	577,359	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.007819		0.252579	33.837238	12.443618	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	183,223		6,679,555	1,063,527	20,260	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000509		0.043955	3.766444	0.436657	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 143026

Period:  
From 09/01/2012  
To 08/31/2013

Worksheet B-1  
Date/Time Prepared:  
1/20/2014 8:46 am

Cost Center Description		HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
		9.00	10.00	11.00	13.00	14.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00510						5.01
5.02	00511						5.02
5.03	00512						5.03
5.04	00560						5.04
7.00	00700						7.00
8.00	00800						8.00
9.00	00900	10,172					9.00
10.00	01000	1,049	179,226				10.00
11.00	01100	0	0	105,290			11.00
13.00	01300	70	0	2,300	520,936		13.00
14.00	01400	66	0	1,230	0	1,000	14.00
15.00	01500	23	0	1,240	0	0	15.00
16.00	01600	28	0	970	0	0	16.00
21.00	02100	287	0	190	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	620	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	6,057	179,226	31,740	520,936	0	30.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
54.00	05400	61	0	560	0	0	54.00
54.01	05401	122	0	2,040	0	0	54.01
54.02	05402	47	0	0	0	0	54.02
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	26	0	620	0	0	60.00
60.01	06001	119	0	620	0	0	60.01
65.00	06500	0	0	0	0	0	65.00
66.00	06600	763	0	10,340	0	0	66.00
66.01	06601	0	0	0	0	0	66.01
67.00	06700	318	0	6,020	0	0	67.00
68.00	06800	162	0	2,270	0	0	68.00
71.00	07100	0	0	0	0	1,000	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
76.00	03020	89	0	2,440	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	605	0	24,840	0	0	90.00
92.00	09200						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	0	0	0	0	0	109.00
110.00	11000	0	0	0	0	0	110.00
111.00	11100	0	0	0	0	0	111.00
118.00		9,892	179,226	88,040	520,936	1,000	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
191.00	19100	134	0	15,110	0	0	191.00
192.00	19200	0	0	0	0	0	192.00
192.01	19201	110	0	1,670	0	0	192.01
192.02	19202	36	0	470	0	0	192.02
192.03	19203	0	0	0	0	0	192.03
200.00							200.00
201.00							201.00
202.00		3,050,319	3,241,513	838,574	1,675,549	1,395,116	202.00
203.00		299.874066	18.086176	7.964422	3.216420	1,395.116000	203.00
204.00		157,996	495,034	36,304	158,968	195,144	204.00
205.00		15.532442	2.762066	0.344800	0.305158	195.144000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 143026

Period:  
From 09/01/2012  
To 08/31/2013

Worksheet B-1  
Date/Time Prepared:  
1/20/2014 8:46 am

Cost Center Description	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	INTERNS & RESIDENTS		PARAMED PRGM (ASSIGNED TIME)	
			SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)		
	15.00	16.00	21.00	22.00	23.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00510 PURCHASING, RECEIVING AND STORES						5.01
5.02 00511 ADMITTING						5.02
5.03 00512 CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04 00560 OTHER ADMINISTRATIVE AND GENERAL						5.04
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY	1,000					15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	999				16.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	1,000			21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0		1,000		22.00
23.00 02300 PARAMED PRGM	0	0			100	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	0	338	600	600	47	30.00
41.00 04100 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	16	0	0	0	54.00
54.01 05401 PSYCHOLOGY	0	27	0	0	0	54.01
54.02 05402 PULMONARY	0	18	0	0	0	54.02
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	14	0	0	0	60.00
60.01 06001 VOCATIONAL REHABILITATION	0	47	0	0	0	60.01
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	106	300	300	0	66.00
66.01 06601 ALLIED HEALTH	0	0	0	0	0	66.01
67.00 06700 OCCUPATIONAL THERAPY	0	82	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	67	0	0	0	68.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	1,000	0	0	0	0	73.00
76.00 03020 PROSTHETICS AND ORTHOTICS	0	17	0	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	262	0	0	53	90.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 09910 CORF	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
118.00	1,000	994	900	900	100	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
191.00 19100 RESEARCH	0	5	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 19201 FOUNDATION	0	0	0	0	0	192.01
192.02 19202 ACADEMY	0	0	0	0	0	192.02
192.03 19203 PARTNERSHIP EXPENSE	0	0	100	100	0	192.03
200.00						200.00
201.00						201.00
202.00	2,017,270	776,464	3,446,907	0	932,319	202.00
203.00	2,017.270000	777.241241	3,446.907000	0.000000	9,323.190000	203.00
204.00	108,372	67,467	190,321	0	33,662	204.00
205.00	108.372000	67.534535	190.321000	0.000000	336.620000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 143026	Period: From 09/01/2012 To 08/31/2013	Worksheet C Part I Date/Time Prepared: 1/20/2014 8:46 am
		Title XVIII	Hospital	PPS

Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000 ADULTS & PEDIATRICS		42,684,555	0	42,684,555	30.00
41.00	04100 SUBPROVIDER - IRF		0	0	0	41.00
42.00	04200 SUBPROVIDER		0	0	0	42.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
54.00	05400 RADIOLOGY-DIAGNOSTIC		3,026,659	0	3,026,659	54.00
54.01	05401 PSYCHOLOGY		2,786,620	0	2,786,620	54.01
54.02	05402 PULMONARY		983,068	0	983,068	54.02
57.00	05700 CT SCAN		0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION		0	0	0	59.00
60.00	06000 LABORATORY		1,687,786	0	1,687,786	60.00
60.01	06001 VOCATIONAL REHABILITATION		694,125	0	694,125	60.01
65.00	06500 RESPIRATORY THERAPY	0	1,540,243	0	1,540,243	65.00
66.00	06600 PHYSICAL THERAPY	0	14,480,161	0	14,480,161	66.00
66.01	06601 ALLIED HEALTH	0	0	0	0	66.01
67.00	06700 OCCUPATIONAL THERAPY	0	8,679,066	0	8,679,066	67.00
68.00	06800 SPEECH PATHOLOGY	0	3,271,088	0	3,271,088	68.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		3,287,998	0	3,287,998	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		9,652,533	0	9,652,533	73.00
76.00	03020 PROSTHETICS AND ORTHOTICS		5,695,209	0	5,695,209	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	08800 RURAL HEALTH CLINIC		0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	89.00
90.00	09000 CLINIC		39,034,144	1,375,033	40,409,177	90.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10	09910 CORF		0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00	10900 PANCREAS ACQUISITION		0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION		0	0	0	110.00
111.00	11100 ISLET ACQUISITION		0	0	0	111.00
200.00	Subtotal (see instructions)	0	137,503,255	1,375,033	138,878,288	200.00
201.00	Less Observation Beds	0	0	0	0	201.00
202.00	Total (see instructions)	0	137,503,255	1,375,033	138,878,288	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 143026	Period: From 09/01/2012 To 08/31/2013	Worksheet C Part I Date/Time Prepared: 1/20/2014 8:46 am
		Title XVIII	Hospital	PPS

Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
9.00	10.00					
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000	ADULTS & PEDIATRICS	69,118,880		69,118,880	30.00
41.00	04100	SUBPROVIDER - I RF	0		0	41.00
42.00	04200	SUBPROVIDER	0		0	42.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,578,456	3,211,322	6,789,778	54.00
54.01	05401	PSYCHOLOGY	2,746,344	4,266,090	7,012,434	54.01
54.02	05402	PULMONARY	1,669,530	314,904	1,984,434	54.02
57.00	05700	CT SCAN	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000	LABORATORY	13,867,912	540,956	14,408,868	60.00
60.01	06001	VOCATIONAL REHABILITATION	46,208	1,942,326	1,988,534	60.01
65.00	06500	RESPIRATORY THERAPY	6,800,410	2,093	6,802,503	65.00
66.00	06600	PHYSICAL THERAPY	28,504,456	18,167,761	46,672,217	66.00
66.01	06601	ALLIED HEALTH	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	27,574,975	5,947,758	33,522,733	67.00
68.00	06800	SPEECH PATHOLOGY	9,256,942	1,864,884	11,121,826	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	7,709,394	57,068	7,766,462	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	32,486,900	6,715,564	39,202,464	73.00
76.00	03020	PROSTHETICS AND ORTHOTICS	3,521,576	14,355,984	17,877,560	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000	CLINIC	133,148	95,226,495	95,359,643	90.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10	09910	CORF	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00	10900	PANCREAS ACQUISITION	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	111.00
200.00		Subtotal (see instructions)	207,015,131	152,613,205	359,628,336	200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)	207,015,131	152,613,205	359,628,336	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 143026	Period: From 09/01/2012 To 08/31/2013	Worksheet C Part I Date/Time Prepared: 1/20/2014 8:46 am
		Title XVIII	Hospital	PPS

Cost Center Description		PPS Inpatient Ratio		
		11.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000 ADULTS & PEDIATRICS			30.00
41.00	04100 SUBPROVIDER - IRF			41.00
42.00	04200 SUBPROVIDER			42.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.445767		54.00
54.01	05401 PSYCHOLOGY	0.397383		54.01
54.02	05402 PULMONARY	0.495390		54.02
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.117135		60.00
60.01	06001 VOCATIONAL REHABILITATION	0.349064		60.01
65.00	06500 RESPIRATORY THERAPY	0.226423		65.00
66.00	06600 PHYSICAL THERAPY	0.310252		66.00
66.01	06601 ALLIED HEALTH	0.000000		66.01
67.00	06700 OCCUPATIONAL THERAPY	0.258901		67.00
68.00	06800 SPEECH PATHOLOGY	0.294114		68.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.423359		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.246223		73.00
76.00	03020 PROSTHETICS AND ORTHOTICS	0.318567		76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	08800 RURAL HEALTH CLINIC			88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000 CLINIC	0.423756		90.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
99.10	09910 CORF			99.10
<b>SPECIAL PURPOSE COST CENTERS</b>				
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 143026	Period: From 09/01/2012 To 08/31/2013	Worksheet C Part I Date/Time Prepared: 1/20/2014 8:46 am
		Title XIX	Hospital	Cost

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		42,684,555	0	42,684,555	30.00
41.00	04100 SUBPROVIDER - IRF		0	0	0	41.00
42.00	04200 SUBPROVIDER		0	0	0	42.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
54.00	05400 RADIOLOGY-DIAGNOSTIC		3,026,659	0	3,026,659	54.00
54.01	05401 PSYCHOLOGY		2,786,620	0	2,786,620	54.01
54.02	05402 PULMONARY		983,068	0	983,068	54.02
57.00	05700 CT SCAN		0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION		0	0	0	59.00
60.00	06000 LABORATORY		1,687,786	0	1,687,786	60.00
60.01	06001 VOCATIONAL REHABILITATION		694,125	0	694,125	60.01
65.00	06500 RESPIRATORY THERAPY	0	1,540,243	0	1,540,243	65.00
66.00	06600 PHYSICAL THERAPY	0	14,480,161	0	14,480,161	66.00
66.01	06601 ALLIED HEALTH	0	0	0	0	66.01
67.00	06700 OCCUPATIONAL THERAPY	0	8,679,066	0	8,679,066	67.00
68.00	06800 SPEECH PATHOLOGY	0	3,271,088	0	3,271,088	68.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		3,287,998	0	3,287,998	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		9,652,533	0	9,652,533	73.00
76.00	03020 PROSTHETICS AND ORTHOTICS		5,695,209	0	5,695,209	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	08800 RURAL HEALTH CLINIC		0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	89.00
90.00	09000 CLINIC		39,034,144	1,375,033	40,409,177	90.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10	09910 CORF		0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00	10900 PANCREAS ACQUISITION		0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION		0	0	0	110.00
111.00	11100 ISLET ACQUISITION		0	0	0	111.00
200.00	Subtotal (see instructions)		137,503,255	1,375,033	138,878,288	200.00
201.00	Less Observation Beds		0	0	0	201.00
202.00	Total (see instructions)		137,503,255	1,375,033	138,878,288	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 143026

Period:  
From 09/01/2012  
To 08/31/2013

Worksheet C  
Part I  
Date/Time Prepared:  
1/20/2014 8:46 am

		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	69,118,880		69,118,880			30.00
41.00	04100	SUBPROVIDER - I RF	0		0			41.00
42.00	04200	SUBPROVIDER	0		0			42.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,578,456	3,211,322	6,789,778	0.445767	0.000000	54.00
54.01	05401	PSYCHOLOGY	2,746,344	4,266,090	7,012,434	0.397383	0.000000	54.01
54.02	05402	PULMONARY	1,669,530	314,904	1,984,434	0.495390	0.000000	54.02
57.00	05700	CT SCAN	0	0	0	0.000000	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000	59.00
60.00	06000	LABORATORY	13,867,912	540,956	14,408,868	0.117135	0.000000	60.00
60.01	06001	VOCATIONAL REHABILITATION	46,208	1,942,326	1,988,534	0.349064	0.000000	60.01
65.00	06500	RESPIRATORY THERAPY	6,800,410	2,093	6,802,503	0.226423	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	28,504,456	18,167,761	46,672,217	0.310252	0.000000	66.00
66.01	06601	ALLIED HEALTH	0	0	0	0.000000	0.000000	66.01
67.00	06700	OCCUPATIONAL THERAPY	27,574,975	5,947,758	33,522,733	0.258901	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	9,256,942	1,864,884	11,121,826	0.294114	0.000000	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	7,709,394	57,068	7,766,462	0.423359	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0.000000	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	32,486,900	6,715,564	39,202,464	0.246223	0.000000	73.00
76.00	03020	PROSTHETICS AND ORTHOTICS	3,521,576	14,355,984	17,877,560	0.318567	0.000000	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	0.000000	89.00
90.00	09000	CLINIC	133,148	95,226,495	95,359,643	0.409336	0.000000	90.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
99.10	09910	CORF	0	0	0			99.10
<b>SPECIAL PURPOSE COST CENTERS</b>								
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	11100	ISLET ACQUISITION	0	0	0			111.00
200.00		Subtotal (see instructions)	207,015,131	152,613,205	359,628,336			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	207,015,131	152,613,205	359,628,336			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 143026	Period: From 09/01/2012 To 08/31/2013	Worksheet C Part I Date/Time Prepared: 1/20/2014 8:46 am
		Title XIX	Hospital	Cost

Cost Center Description		PPS Inpatient Ratio		
		11.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000 ADULTS & PEDIATRICS			30.00
41.00	04100 SUBPROVIDER - IRF			41.00
42.00	04200 SUBPROVIDER			42.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
54.01	05401 PSYCHOLOGY	0.000000		54.01
54.02	05402 PULMONARY	0.000000		54.02
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.000000		60.00
60.01	06001 VOCATIONAL REHABILITATION	0.000000		60.01
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
66.01	06601 ALLIED HEALTH	0.000000		66.01
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
76.00	03020 PROSTHETICS AND ORTHOTICS	0.000000		76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	08800 RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000 CLINIC	0.000000		90.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
99.10	09910 CORF			99.10
<b>SPECIAL PURPOSE COST CENTERS</b>				
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 143026	Period: From 09/01/2012 To 08/31/2013	Worksheet D Part I Date/Time Prepared: 1/20/2014 8:46 am
		Title XVIII	Hospital	PPS

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	4,087,297	0	4,087,297	59,742	68.42	30.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
200.00	Total (Lines 30-199)	4,087,297		4,087,297	59,742		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	20,814	1,424,094				
41.00	SUBPROVIDER - IRF	0	0				
42.00	SUBPROVIDER	0	0				
200.00	Total (Lines 30-199)	20,814	1,424,094				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 143026	Period: From 09/01/2012 To 08/31/2013	Worksheet D Part II Date/Time Prepared: 1/20/2014 8:46 am
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
54.00	05400	RADIOLOGY-DIAGNOSTIC	233,004	6,789,778	0.034317	1,431,603	49,128	54.00
54.01	05401	PSYCHOLOGY	256,525	7,012,434	0.036581	597,959	21,874	54.01
54.02	05402	PULMONARY	37,226	1,984,434	0.018759	502,102	9,419	54.02
57.00	05700	CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000	LABORATORY	98,374	14,408,868	0.006827	5,498,998	37,542	60.00
60.01	06001	VOCATIONAL REHABILITATION	74,689	1,988,534	0.037560	8,166	307	60.01
65.00	06500	RESPIRATORY THERAPY	64,344	6,802,503	0.009459	1,922,325	18,183	65.00
66.00	06600	PHYSICAL THERAPY	1,321,504	46,672,217	0.028315	10,253,025	290,314	66.00
66.01	06601	ALLIED HEALTH	0	0	0.000000	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	786,406	33,522,733	0.023459	9,822,928	230,436	67.00
68.00	06800	SPEECH PATHOLOGY	296,663	11,121,826	0.026674	3,041,487	81,129	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	269,021	7,766,462	0.034639	2,937,053	101,737	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0.000000	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	411,009	39,202,464	0.010484	11,099,725	116,370	73.00
76.00	03020	PROSTHETICS AND ORTHOTICS	354,073	17,877,560	0.019805	266,139	5,271	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	4,300,979	95,359,643	0.045103	27,006	1,218	90.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0.000000	0	0	92.00
200.00		Total (lines 50-199)	8,503,817	290,509,456		47,408,516	962,928	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 143026		Period: From 09/01/2012 To 08/31/2013		Worksheet D Part III Date/Time Prepared: 1/20/2014 8:46 am	
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	438,190	0	0	438,190	30.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
200.00		Total (lines 30-199)	0	438,190	0	0	438,190	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)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	59,742	7.33	20,814	152,567		30.00
41.00	04100	SUBPROVIDER - IRF	0	0.00	0	0		41.00
42.00	04200	SUBPROVIDER	0	0.00	0	0		42.00
200.00		Total (lines 30-199)	59,742		20,814	152,567		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 143026

Period:  
From 09/01/2012  
To 08/31/2013

Worksheet D  
Part IV  
Date/Time Prepared:  
1/20/2014 8:46 am

Cost Center Description		Title XVIII				Hospital		PPS
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)		
		1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401	PSYCHOLOGY	0	0	0	0	0	54.01
54.02	05402	PULMONARY	0	0	0	0	0	54.02
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	VOCATIONAL REHABILITATION	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06601	ALLIED HEALTH	0	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03020	PROSTHETICS AND ORTHOTICS	0	0	0	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	494,129	0	494,129	90.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	494,129	0	494,129	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 143026

Period:  
From 09/01/2012  
To 08/31/2013

Worksheet D  
Part IV  
Date/Time Prepared:  
1/20/2014 8:46 am

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital		Inpatient Program Charges	
					Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	PPS		
		6.00	7.00	8.00	9.00	10.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	6,789,778	0.000000	0.000000	1,431,603	54.00
54.01	05401	PSYCHOLOGY	0	7,012,434	0.000000	0.000000	597,959	54.01
54.02	05402	PULMONARY	0	1,984,434	0.000000	0.000000	502,102	54.02
57.00	05700	CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	0	14,408,868	0.000000	0.000000	5,498,998	60.00
60.01	06001	VOCATIONAL REHABILITATION	0	1,988,534	0.000000	0.000000	8,166	60.01
65.00	06500	RESPIRATORY THERAPY	0	6,802,503	0.000000	0.000000	1,922,325	65.00
66.00	06600	PHYSICAL THERAPY	0	46,672,217	0.000000	0.000000	10,253,025	66.00
66.01	06601	ALLIED HEALTH	0	0	0.000000	0.000000	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	33,522,733	0.000000	0.000000	9,822,928	67.00
68.00	06800	SPEECH PATHOLOGY	0	11,121,826	0.000000	0.000000	3,041,487	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	7,766,462	0.000000	0.000000	2,937,053	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	39,202,464	0.000000	0.000000	11,099,725	73.00
76.00	03020	PROSTHETICS AND ORTHOTICS	0	17,877,560	0.000000	0.000000	266,139	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000	CLINIC	494,129	95,359,643	0.005182	0.005182	27,006	90.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	92.00
200.00		Total (lines 50-199)	494,129	290,509,456			47,408,516	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 143026	Period: From 09/01/2012 To 08/31/2013	Worksheet D Part IV Date/Time Prepared: 1/20/2014 8:46 am
	Title XVIII	Hospital	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)	
		11.00	12.00	13.00	
<b>ANCILLARY SERVICE COST CENTERS</b>					
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	822,105	0	54.00
54.01	05401 PSYCHOLOGY	0	453,128	0	54.01
54.02	05402 PULMONARY	0	271,484	0	54.02
57.00	05700 CT SCAN	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	60.00
60.01	06001 VOCATIONAL REHABILITATION	0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	3,372	0	66.00
66.01	06601 ALLIED HEALTH	0	0	0	66.01
67.00	06700 OCCUPATIONAL THERAPY	0	20,100	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	9,409	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	2,930,296	0	73.00
76.00	03020 PROSTHETICS AND ORTHOTICS	0	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000 CLINIC	140	3,816,840	19,779	90.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
200.00	Total (lines 50-199)	140	8,326,734	19,779	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 143026	Period: From 09/01/2012 To 08/31/2013	Worksheet D Part V Date/Time Prepared: 1/20/2014 8:46 am
		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>								
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.445767	822,105	0	0	366,467	54.00
54.01	05401	PSYCHOLOGY	0.397383	453,128	0	0	180,065	54.01
54.02	05402	PULMONARY	0.495390	271,484	0	0	134,490	54.02
57.00	05700	CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.117135	0	0	0	0	60.00
60.01	06001	VOCATIONAL REHABILITATION	0.349064	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0.226423	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.310252	3,372	0	0	1,046	66.00
66.01	06601	ALLIED HEALTH	0.000000	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0.258901	20,100	0	0	5,204	67.00
68.00	06800	SPEECH PATHOLOGY	0.294114	0	0	0	0	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.423359	9,409	50	0	3,983	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.246223	2,930,296	0	0	721,506	73.00
76.00	03020	PROSTHETICS AND ORTHOTICS	0.318567	0	14,080	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0.000000				0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0	89.00
90.00	09000	CLINIC	0.409336	3,816,840	0	0	1,562,370	90.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	0	92.00
200.00		Subtotal (see instructions)		8,326,734	14,130	0	2,975,131	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		8,326,734	14,130	0	2,975,131	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 143026	Period: From 09/01/2012 To 08/31/2013	Worksheet D Part V Date/Time Prepared: 1/20/2014 8:46 am
		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>				
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01 05401	PSYCHOLOGY	0	0	54.01
54.02 05402	PULMONARY	0	0	54.02
57.00 05700	CT SCAN	0	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000	LABORATORY	0	0	60.00
60.01 06001	VOCATIONAL REHABILITATION	0	0	60.01
65.00 06500	RESPIRATORY THERAPY	0	0	65.00
66.00 06600	PHYSICAL THERAPY	0	0	66.00
66.01 06601	ALLIED HEALTH	0	0	66.01
67.00 06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	68.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	21	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
76.00 03020	PROSTHETICS AND ORTHOTICS	4,485	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00 08800	RURAL HEALTH CLINIC	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00 09000	CLINIC	0	0	90.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00	Subtotal (see instructions)	4,506	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 +/- line 201)	4,506	0	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 143026	Period: From 09/01/2012 To 08/31/2013	Worksheet D-1 Date/Time Prepared: 1/20/2014 8:46 am
		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)		59,742	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		59,742	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)		59,742	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)		20,814	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)		42,684,555	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)		42,684,555	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		42,684,555	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)		714.48	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		14,871,187	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)		14,871,187	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 143026	Period: From 09/01/2012 To 08/31/2013	Worksheet D-1 Date/Time Prepared: 1/20/2014 8:46 am
Cost Center Description			Title XVIII		Hospital
			PPS		
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
	1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)				42.00
Intensive Care Type Inpatient Hospital Units					
43.00	INTENSIVE CARE UNIT				43.00
44.00	CORONARY CARE UNIT				44.00
45.00	BURN INTENSIVE CARE UNIT				45.00
46.00	SURGICAL INTENSIVE CARE UNIT				46.00
47.00	OTHER SPECIAL CARE (SPECIFY)				47.00
Cost Center Description					
					1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)				12,898,145
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				27,769,332
PASS THROUGH COST ADJUSTMENTS					
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)				1,576,661
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				963,068
52.00	Total Program excludable cost (sum of lines 50 and 51)				2,539,729
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)				25,229,603
TARGET AMOUNT AND LIMIT COMPUTATION					
54.00	Program discharges				0
55.00	Target amount per discharge				0.00
56.00	Target amount (line 54 x line 55)				0
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)				0
58.00	Bonus payment (see instructions)				0
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket				0.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket				0.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)				0
62.00	Relief payment (see instructions)				0
63.00	Allowable Inpatient cost plus incentive payment (see instructions)				0
PROGRAM INPATIENT ROUTINE SWING BED COST					
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)				0
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)				0
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)				0
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)				0
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)				0
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)				0
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY					
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)				70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)				71.00
72.00	Program routine service cost (line 9 x line 71)				72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)				73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)				74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)				75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)				76.00
77.00	Program capital-related costs (line 9 x line 76)				77.00
78.00	Inpatient routine service cost (line 74 minus line 77)				78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)				79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)				80.00
81.00	Inpatient routine service cost per diem limitation				81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)				82.00
83.00	Reasonable inpatient routine service costs (see instructions)				83.00
84.00	Program inpatient ancillary services (see instructions)				84.00
85.00	Utilization review - physician compensation (see instructions)				85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)				86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST					
87.00	Total observation bed days (see instructions)				0
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				0.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)				0

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 143026		Period: From 09/01/2012 To 08/31/2013		Worksheet D-1 Date/Time Prepared: 1/20/2014 8:46 am	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	4,087,297	42,684,555	0.095756	0	0	90.00
91.00	Nursing School cost	0	42,684,555	0.000000	0	0	91.00
92.00	Allied health cost	438,190	42,684,555	0.010266	0	0	92.00
93.00	All other Medical Education	0	42,684,555	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 143026	Period: From 09/01/2012 To 08/31/2013	Worksheet D-3 Date/Time Prepared: 1/20/2014 8:46 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000 ADULTS & PEDIATRICS		23,732,766		30.00
41.00	04100 SUBPROVIDER - I RF		0		41.00
42.00	04200 SUBPROVIDER		0		42.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.445767	1,431,603	638,161	54.00
54.01	05401 PSYCHOLOGY	0.397383	597,959	237,619	54.01
54.02	05402 PULMONARY	0.495390	502,102	248,736	54.02
57.00	05700 CT SCAN	0.000000	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	06000 LABORATORY	0.117135	5,498,998	644,125	60.00
60.01	06001 VOCATIONAL REHABILITATION	0.349064	8,166	2,850	60.01
65.00	06500 RESPIRATORY THERAPY	0.226423	1,922,325	435,259	65.00
66.00	06600 PHYSICAL THERAPY	0.310252	10,253,025	3,181,022	66.00
66.01	06601 ALLIED HEALTH	0.000000	0	0	66.01
67.00	06700 OCCUPATIONAL THERAPY	0.258901	9,822,928	2,543,166	67.00
68.00	06800 SPEECH PATHOLOGY	0.294114	3,041,487	894,544	68.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.423359	2,937,053	1,243,428	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.246223	11,099,725	2,733,008	73.00
76.00	03020 PROSTHETICS AND ORTHOTICS	0.318567	266,139	84,783	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800 RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	09000 CLINIC	0.423756	27,006	11,444	90.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	92.00
200.00	Total (sum of lines 50-94 and 96-98)		47,408,516	12,898,145	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net Charges (line 200 minus line 201)		47,408,516		202.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 143026

Period:  
From 09/01/2012  
To 08/31/2013

Worksheet E  
Part A Exhibit 4  
Date/Time Prepared:  
1/20/2014 8:46 am

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01		
		0	1.00	2.00	3.00	4.00		
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
2.00	Outlier payments for discharges (see instructions)	2.00	0	0	0	0	0	2.00
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	0	4.00
<b>Indirect Medical Education Adjustment</b>								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000	0.000000	5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0	6.00
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>								
7.00	Amount from Worksheet E Part A, line 27 (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000	0.000000	7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	0	9.00
<b>Disproportionate Share Adjustment</b>								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0000	0.0000	0.0000	0.0000	0.0000	10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	0	0	0	0	0	11.00
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	0	0	0	0	0	13.00
14.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)	49.00	0	0	0	0	0	15.00
16.00	Payment for inpatient program capital (from Worksheet L, Parts I, as applicable)	50.00	0	0	0	0	0	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	0	17.00
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL				0	0	0	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00		
20.00	Capital DRG other than outlier	1.00	0	0	0	0	0	20.00
21.00	Capital DRG outlier payments	2.00	0	0	0	0	0	21.00
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000	0.0000	0.0000	22.00
23.00	Indirect medical education adjustment (line 20 times line 22)	6.00	0	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000	0.0000	0.0000	24.00
25.00	Disproportionate share adjustment (line 20 times line 24)	11.00	0	0	0	0	0	25.00
26.00	Total prospective capital payments (sum of lines 20-21, 23 and 25)	12.00	0	0	0	0	0	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00		
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to W/S E Part A line)	70.96			0			28.00
29.00	Low volume adjustment (transfer amount to W/S E Part A line)	70.97					0	29.00
100.00	Transfer low volume adjustments to W/S E Part A.		Y					100.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 143026

Period:  
From 09/01/2012  
To 08/31/2013

Worksheet E  
Part A Exhibit 4  
Date/Time Prepared:  
1/20/2014 8:46 am

Title XVII

Hospital

PPS

		Total (Col 2 through 4)		
		5.00		
1.00	DRG amounts other than outlier payments	0		1.00
2.00	Outlier payments for discharges (see instructions)	0		2.00
3.00	Operating outlier reconciliation	0		3.00
4.00	Managed care simulated payments	0		4.00
<b>Indirect Medical Education Adjustment</b>				
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)			5.00
6.00	IME payment adjustment (see instructions)	0		6.00
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>				
7.00	Amount from Worksheet E Part A, line 27 (see instructions)			7.00
8.00	IME adjustment (see instructions)	0		8.00
9.00	Total IME payment (sum of lines 6 and 8)	0		9.00
<b>Disproportionate Share Adjustment</b>				
10.00	Allowable disproportionate share percentage (see instructions)			10.00
11.00	Disproportionate share adjustment (see instructions)	0		11.00
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>				
12.00	Total ESRD additional payment (see instructions)	0		12.00
13.00	Subtotal (see instructions)	0		13.00
14.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)	0		14.00
15.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)	0		15.00
16.00	Payment for inpatient program capital (from Worksheet L, Parts I, as applicable)	0		16.00
17.00	Special add-on payments for new technologies	0		17.00
18.00	Capital outlier reconciliation adjustment amount (see instructions)	0		18.00
19.00	SUBTOTAL	0		19.00
		5.00		
20.00	Capital DRG other than outlier	0		20.00
21.00	Capital DRG outlier payments	0		21.00
22.00	Indirect medical education percentage (see instructions)			22.00
23.00	Indirect medical education adjustment (line 20 times line 22)	0		23.00
24.00	Allowable disproportionate share percentage (see instructions)			24.00
25.00	Disproportionate share adjustment (line 20 times line 24)	0		25.00
26.00	Total prospective capital payments (sum of lines 20-21, 23 and 25)	0		26.00
		5.00		
27.00	Low volume adjustment factor			27.00
28.00	Low volume adjustment (transfer amount to W/S E Part A line)	0		28.00
29.00	Low volume adjustment (transfer amount to W/S E Part A line)	0		29.00
100.00	Transfer low volume adjustments to W/S E Part A.			100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 143026	Period: From 09/01/2012 To 08/31/2013	Worksheet E Part B Date/Time Prepared: 1/20/2014 8:46 am
		Title XVIII	Hospital	PPS
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		4,506	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		2,955,352	2.00
3.00	PPS payments		2,565,733	3.00
4.00	Outlier payment (see instructions)		5,693	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		19,779	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		4,506	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		14,130	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)		14,130	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)		14,130	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		9,624	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		4,506	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		2,591,205	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		2,952	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		529,491	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		2,063,268	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		76,878	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		2,140,146	30.00
31.00	Primary payer payments		77	31.00
32.00	Subtotal (line 30 minus line 31)		2,140,069	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)		121,171	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		84,820	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		121,171	36.00
37.00	Subtotal (see instructions)		2,224,889	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		2,224,889	40.00
40.01	Sequestration adjustment (see instructions)		18,689	40.01
41.00	Interim payments		2,114,372	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		91,828	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 143026

Period:  
From 09/01/2012  
To 08/31/2013

Worksheet E-1  
Part I  
Date/Time Prepared:  
1/20/2014 8:46 am

Title XVIII

Hospital

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		26,872,839		2,118,099	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM	02/20/2013	15,271	02/20/2013	3,377	3.50
3.51		07/23/2013	131,517	07/23/2013	350	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)		-146,788		-3,727	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)		26,726,051		2,114,372	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		343,982		91,828	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		27,070,033		2,206,200	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 143026	Period: From 09/01/2012 To 08/31/2013	Worksheet E-3 Part III Date/Time Prepared: 1/20/2014 8:46 am
		Title XVIII	Hospital	PPS
		1.00		
<b>PART III - MEDICARE PART A SERVICES - IRF PPS</b>				
1.00	Net Federal PPS Payment (see instructions)		21,408,550	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)		0.0477	2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)		2,348,518	3.00
4.00	Outlier Payments		1,743,775	4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)		22.77	5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)		0.00	5.01
6.00	New Teaching program adjustment. (see instructions)		0.00	6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program". (see inst.)		23.16	7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program". (see inst.)		0.00	8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)		22.77	9.00
10.00	Average Daily Census (see instructions)		163.676712	10.00
11.00	Indirect Medical Education Adjustment Factor $\{((1 + (\text{line 9}/\text{line 10})) \text{ raised to the power of } .6876 - 1)\}$ .		0.093695	11.00
12.00	Indirect Medical Education Adjustment (line 1 multiplied by line 11).		2,005,874	12.00
13.00	Total PPS Payment (sum of lines 1, 3, 4 and 12)		27,506,717	13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)		0	14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			15.00
16.00	Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions)		0	16.00
17.00	Subtotal (see instructions)		27,506,717	17.00
18.00	Primary payer payments		43,086	18.00
19.00	Subtotal (line 17 less line 18).		27,463,631	19.00
20.00	Deductibles		157,368	20.00
21.00	Subtotal (line 19 minus line 20)		27,306,263	21.00
22.00	Coinsurance		1,157,295	22.00
23.00	Subtotal (line 21 minus line 22)		26,148,968	23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		403,267	24.00
25.00	Adjusted reimbursable bad debts (see instructions)		282,287	25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		403,267	26.00
27.00	Subtotal (sum of lines 23 and 25)		26,431,255	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 49)		715,386	28.00
29.00	Other pass through costs (see instructions)		152,707	29.00
30.00	Outlier payments reconciliation		0	30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	31.00
31.99	Recovery of Accelerated Depreciation		0	31.99
32.00	Total amount payable to the provider (see instructions)		27,299,348	32.00
32.01	Sequestration adjustment (see instructions)		229,315	32.01
33.00	Interim payments		26,726,051	33.00
34.00	Tentative settlement (for contractor use only)		0	34.00
35.00	Balance due provider/program line 32 minus lines 32.01, 33 and 34		343,982	35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		0	36.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
50.00	Original outlier amount from Worksheet E-3, Part III, line 4		1,743,775	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: 143026	Period: From 09/01/2012 To 08/31/2013	Worksheet E-4 Date/Time Prepared: 1/20/2014 8:46 am	
		Title XVII I	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.			28.25	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			-5.33	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 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			22.92	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			23.16	6.00
7.00	Enter the lesser of line 5 or line 6			22.92	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	0.00	22.40	22.40	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	0.00	22.17	22.17	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	0.00	22.17		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.00	21.73		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.00	21.95		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	0.00	21.95		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
17.00	Adjusted rolling average FTE count	0.00	21.95		17.00
18.00	Per resident amount	0.00	99,247.55		18.00
19.00	Approved amount for resident costs	0	2,178,484	2,178,484	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.24	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)			2,178,484	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
<b>COMPUTATION OF PROGRAM PATIENT LOAD</b>					
26.00	Inpatient Days	20,814	1,063		26.00
27.00	Total Inpatient Days (see instructions)	59,742	59,742		27.00
28.00	Ratio of inpatient days to total inpatient days	0.348398	0.017793		28.00
29.00	Program direct GME amount	758,979	38,762		29.00
30.00	Reduction for direct GME payments for Medicare managed care		5,477		30.00
31.00	Net Program direct GME amount			792,264	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 143026	Period: From 09/01/2012 To 08/31/2013	Worksheet E-4 Date/Time Prepared: 1/20/2014 8:46 am
		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)		27,769,332	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)		43,086	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		27,726,246	41.00
<b>Part B Reasonable Cost</b>				
42.00	Reasonable cost (see instructions)		2,979,637	42.00
43.00	Primary payer payments (see instructions)		77	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		2,979,560	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		30,705,806	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.902964	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.097036	47.00
<b>ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B</b>				
48.00	Total program GME payment (line 31)		792,264	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (Title XVIII only) (see instructions)		715,386	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		76,878	50.00

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

Provider CCN: 143026

Period:  
From 09/01/2012  
To 08/31/2013

Worksheet G

Date/Time Prepared:  
1/20/2014 8:46 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	32,264,000	0	0	0	1.00
2.00	Temporary investments	1,857,000	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	26,766,000	0	0	0	4.00
5.00	Other receivable	18,526,000	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	1,344,000	0	0	0	7.00
8.00	Prepaid expenses	2,739,000	0	0	0	8.00
9.00	Other current assets	7,505,000	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)	91,001,000	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	33,117,000	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	163,754,188	0	0	0	15.00
16.00	Accumulated depreciation	-87,528,884	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	48,178,075	0	0	0	23.00
24.00	Accumulated depreciation	-33,350,648	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)	124,169,731	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	222,074,000	9,654,000	87,247,000	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	3,483,269	70,939,000	0	0	33.00
34.00	Other assets	0	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	225,557,269	80,593,000	87,247,000	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	440,728,000	80,593,000	87,247,000	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	16,606,000	0	0	0	37.00
38.00	Salaries, wages, and fees payable	15,834,000	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	148,000	0	0	0	40.00
41.00	Deferred income	2,532,000	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	5,211,000	0	0	0	43.00
44.00	Other current liabilities	0	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	40,331,000	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	127,907,000	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	54,260,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	182,167,000	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	222,498,000	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	218,230,000				52.00
53.00	Specific purpose fund		80,593,000			53.00
54.00	Donor created - endowment fund balance - restricted			87,247,000		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	218,230,000	80,593,000	87,247,000	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	440,728,000	80,593,000	87,247,000	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 143026

Period:  
From 09/01/2012  
To 08/31/2013

Worksheet G-1

Date/Time Prepared:  
1/20/2014 8:46 am

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		121,785,000		52,254,000		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		12,803,759				2.00
3.00	Total (sum of line 1 and line 2)		134,588,759		52,254,000		3.00
4.00	Additions (credit adjustments) (specify)	83,641,241		28,339,000		5,600,000	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)		83,641,241		28,339,000		10.00
11.00	Subtotal (line 3 plus line 10)		218,230,000		80,593,000		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0		0	0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		218,230,000		80,593,000		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	81,647,000		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)	81,647,000		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)	5,600,000		0			10.00
11.00	Subtotal (line 3 plus line 10)	87,247,000		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)	87,247,000		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 143026

Period:  
From 09/01/2012  
To 08/31/2013

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
1/20/2014 8:46 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Services					
1.00	Hospital	67,164,440		67,164,440	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				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)	67,164,440		67,164,440	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT				11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	0		0	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	67,164,440		67,164,440	17.00
18.00	Ancillary services	164,257,260	162,833,800	327,091,060	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				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	231,421,700	162,833,800	394,255,500	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		215,906,841		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)		215,906,841		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 143026

Period:  
From 09/01/2012  
To 08/31/2013

Worksheet G-3

Date/Time Prepared:  
1/20/2014 8:46 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	394,255,500	1.00
2.00	Less contractual allowances and discounts on patients' accounts	220,436,900	2.00
3.00	Net patient revenues (line 1 minus line 2)	173,818,600	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	215,906,841	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-42,088,241	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	23,841,000	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	582,413	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	779,698	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER (SPECIFY)	29,688,889	24.00
25.00	Total other income (sum of lines 6-24)	54,892,000	25.00
26.00	Total (line 5 plus line 25)	12,803,759	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	12,803,759	29.00