

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 09/01/2011 To 08/31/2012	Worksheet S Parts I-III Date/Time Prepared: 1/18/2013 9:11 am
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PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report	Date: 1/18/2013 Time: 9:11 am	
	2. <input type="checkbox"/> Manually submitted cost report		
	3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by THE REHAB. INSTITUTE OF CHICAGO (143026) for the cost reporting period beginning 09/01/2011 and ending 08/31/2012 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			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	24,479	77,477	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
7.00 SKILLED NURSING FACILITY	0	0	0	0	0	7.00
8.00 NURSING FACILITY	0	0	0	0	0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0	0	0	9.00
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
12.00 CMHC I	0	0	0	0	0	12.00
200.00 Total	0	24,479	77,477	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.

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PART I - COST REPORT STATUS

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

Date: 1/18/2013 Time: 9:11 am

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

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Encryption Information
 ECR: Date: 1/18/2013 Time: 9:11 am
 gxMS1KFr3nVq3xpe4Wpyj 780PL3oNO
 yhH6A0HvamRj MD27TXCtUOM7. FvxFw
 fq8U0u: nFA0wOdTx
 PI: Date: 1/18/2013 Time: 9:11 am
 69: kflWX2t0sraKnbnS60Gel5DyS: 0
 cWpI E05VX7fwCEzXGI Ti EUi 0x3WrUi
 C3i RLi kVN: 01e. 11

(Signed) _____
 Officer or Administrator of Provider(s)

 Title

 Date

	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	24,479	77,477	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
7.00 SKILLED NURSING FACILITY	0	0	0	0	0	7.00
8.00 NURSING FACILITY	0	0	0	0	0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0	0	0	9.00
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
12.00 CMHC I	0	0	0	0	0	12.00
200.00 Total	0	24,479	77,477	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 09/01/2011 To 08/31/2012		Worksheet S-2 Part I Date/Time Prepared: 1/18/2013 9:08 am			
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 345 SUPERIOR			PO Box:				1.00		
2.00	City: CHICAGO			State: IL		Zip Code: 60611-		County: COOK		
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)		
				1.00	2.00	3.00	4.00	5.00	6.00 7.00 8.00	
Hospital and Hospital-Based Component Identification:										
3.00	Hospital			THE REHAB. INSTITUTE OF CHICAGO	143026	16974	5	09/01/1967	N P O	
4.00	Subprovider - IPF									
5.00	Subprovider - IRF									
6.00	Subprovider - (Other)									
7.00	Swing Beds - SNF									
8.00	Swing Beds - NF									
9.00	Hospital-Based SNF									
10.00	Hospital-Based NF									
11.00	Hospital-Based OLTC									
12.00	Hospital-Based HHA									
13.00	Separately Certified ASC									
14.00	Hospital-Based Hospice									
15.00	Hospital-Based Health Clinic - RHC									
16.00	Hospital-Based Health Clinic - FQHC									
17.00	Hospital-Based (CMHC) I									
17.10	Hospital-Based (CORF) I									
18.00	Renal Dialysis									
19.00	Other									
							From:	To:		
							1.00	2.00		
20.00	Cost Reporting Period (mm/dd/yyyy)						09/01/2011	08/31/2012		20.00
21.00	Type of Control (see instructions)						2		21.00	
Inpatient PPS Information										
22.00	Does this facility qualify for and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.						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.						2	N		23.00
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	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	0	
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.			9,929	1,460	0	0	433	0	
							Urban/Rural	Date of Geogr		
							1.00	2.00		
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.						1			26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.						1			27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.						0			35.00
							Beginning:	Ending:		
							1.00	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.									
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.									

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 143026	Period: From 09/01/2011 To 08/31/2012	Worksheet S-2 Part I Date/Time Prepared: 1/18/2013 9:08 am			
		V	XVIII	XIX			
		1.00	2.00	3.00			
Prospective Payment System (PPS)-Capital							
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	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	
Teaching Hospitals							
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y				56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.	N				57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N				58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N				59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y				60.00	
		Y/N	IME Average	Direct GME Average			
		1.00	2.00	3.00			
61.00	Did your facility receive additional FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. If "Y", effective for portions of cost reporting periods beginning on or after July 1, 2011 enter the average number of primary care FTE residents for IME in column 2 and direct GME in column 3, from the hospital's three most recent cost reports ending and submitted before March 23, 2010. (see instructions)	N	0.00		0.00	61.00	
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	0.00				62.00	
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00				62.01	
Teaching Hospitals that Claim Residents in Non-Provider Settings							
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)	N				63.00	
		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))			
		1.00	2.00	3.00			
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000		64.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name. Enter in column 2 the program code, enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	65.00

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		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
		1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010						
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))
		1.00	2.00	3.00	4.00	5.00
67.00	If line 63 is yes, then, for each primary care residency program in which you are training residents, enter in column 1 the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations that occurred in nonprovider settings for each applicable program. Enter in column 4 the number of unweighted primary care FTE residents in your hospital for each applicable program. Enter in column 5 the ratio of column 3 divided by the sum of columns 3 and 4. Use subscripted lines 67.01 through 67.50 for each additional primary care program. If you operated a primary care program that did not have FTE residents in a nonprovider setting, enter zero in column 3 and complete all other columns for each applicable program.	0.00	0.00	0.000000	67.00	
				1.00	2.00	3.00
Inpatient Psychiatric Facility PPS						
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			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 subsequent academic years of the new teaching program in existence, enter 5. (see instructions)			N	0	71.00
Inpatient Rehabilitation Facility PPS						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			Y		75.00
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)			Y	N	0
				1.00		
Long Term Care Hospital PPS						
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.			N		
TEFRA Providers						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N		
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		

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		V	XIX			
		1.00	2.00			
Title V and XIX Services						
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	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
Rural Providers						
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	N				105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)					106.00
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)					107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N				108.00
		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.					109.00
				1.00	2.00	3.00
Miscellaneous Cost Reporting Information						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospital providers) based on the definition in CMS 15-1, §2208.1.		N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.		N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.		N			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.		1			118.00
		Premiums 1.00	Losses 2.00	Insurance 3.00		
118.01	List amounts of malpractice premiums and paid losses:	0	1,249,563	475,000		118.01
			1.00	2.00		
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.		N			118.02
119.00	DO NOT USE THIS LINE					119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2 "Y" for yes or "N" for no.		N		N	120.00
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.		N			121.00
Transplant Center Information						
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N			125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					130.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 143026		Period: From 09/01/2011 To 08/31/2012		Worksheet S-2 Part I Date/Time Prepared: 1/18/2013 9:08 am	
		1.00	2.00				
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00	
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00	
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					133.00	
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00	
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	N				140.00	
		1.00	2.00	3.00			
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name:	Contractor's Name:		Contractor's Number:		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	
		1.00		2.00		3.00	
						Title XIX	
						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	
156.00	Subprovider - IPF	N		N		N	
157.00	Subprovider - IRF	N		N		N	
158.00	SUBPROVIDER						
159.00	SNF	N		N		N	
160.00	HOME HEALTH AGENCY	N		N		N	
161.00	CMHC						
161.10	CORF			N		N	
						1.00	
Multi campus							
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.			N		165.00	
		Name		County		State	
		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	
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	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 143026	Period: From 09/01/2011 To 08/31/2012	Worksheet S-2 Part II Date/Time Prepared: 1/18/2013 9:08 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			
		Description	Y/N	Date	
		0	1.00	2.00	
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	12/19/2012		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			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			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			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			20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 143026	Period: From 09/01/2011 To 08/31/2012	Worksheet S-2 Part II Date/Time Prepared: 1/18/2013 9:08 am
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		Part A			
		Description	Y/N	Date	
		0	1.00	2.00	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N		21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
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
Interest Expense					
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
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				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	
Home Office Costs					
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	
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	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		
		Y/N	Date	
		3.00	4.00	
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	12/19/2012	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		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		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		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		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		21.00
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	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 09/01/2011
To 08/31/2012

Worksheet S-3
Part I
Date/Time Prepared:
1/18/2013 9:08 am

Cost Center Description	Worksheet A	No. of Beds	Bed Days Available	CAH Hours		
	Line Number					
	1.00	2.00	3.00	4.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	30.00	182	63,318	0.00		1.00
2.00 HMO						2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		182	63,318	0.00		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	63,318	0.00		14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	0	0			17.00
18.00 SUBPROVIDER	42.00	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
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10					25.10
26.00 RURAL HEALTH CLINIC	88.00					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00					26.25
27.00 Total (sum of lines 14-26)		182				27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 143026

Period:
From 09/01/2011
To 08/31/2012

Worksheet S-3
Part I
Date/Time Prepared:
1/18/2013 9:08 am

Cost Center Description	I/P Days / O/P Visits / Trips					
	Title V	Title XVIII	Title XIX	Total All Patients		
	5.00	6.00	7.00	8.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	0	21,130	9,929	56,763		1.00
2.00 HMO		619	1,893			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	0		5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0	0		6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	0	21,130	9,929	56,763		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	21,130	9,929	56,763		14.00
15.00 CAH visits	0	0	0	0		15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0	0	0	0		17.00
18.00 SUBPROVIDER	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
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0	0	0	0		25.10
26.00 RURAL HEALTH CLINIC	0	0	0	0		26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0		26.25
27.00 Total (sum of lines 14-26)						27.00
28.00 Observation Bed Days	0		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 09/01/2011
To 08/31/2012

Worksheet S-3
Part I
Date/Time Prepared:
1/18/2013 9:08 am

Cost Center Description	Full Time Equivalents			Discharges	Title XVIII	
	Total Interns & Residents	Employees On Payroll	Nonpaid Workers	Title V		
	9.00	10.00	11.00	12.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)				0	1,178	1.00
2.00 HMO					0	2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	26.52	1,366.00	0.00	0	1,178	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0.00	0.00	0.00	0	0	17.00
18.00 SUBPROVIDER	0.00	0.00	0.00	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
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0.00	0.00	0.00			25.10
26.00 RURAL HEALTH CLINIC	0.00	0.00	0.00			26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00	0.00	0.00			26.25
27.00 Total (sum of lines 14-26)	26.52	1,366.00	0.00			27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 143026

Period:
From 09/01/2011
To 08/31/2012

Worksheet S-3
Part I
Date/Time Prepared:
1/18/2013 9:08 am

Cost Center Description	Discharges			
	Title XIX	Total All Patients		
	14.00	15.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	369	2,632		1.00
2.00 HMO				2.00
3.00 HMO IPF Subprovider				3.00
4.00 HMO IRF Subprovider				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF				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)	369	2,632		14.00
15.00 CAH visits				15.00
16.00 SUBPROVIDER - IPF				16.00
17.00 SUBPROVIDER - IRF	0	0		17.00
18.00 SUBPROVIDER	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
25.00 CMHC - CMHC				25.00
25.10 CMHC - CORF				25.10
26.00 RURAL HEALTH CLINIC				26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER				26.25
27.00 Total (sum of lines 14-26)				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 09/01/2011 To 08/31/2012		Worksheet A	
Date/Time Prepared: 1/18/2013 9:08 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	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		0	7,237,136	7,237,136	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		0	7,128,815	7,128,815	2.00
4.00	00400	EMPLOYEE BENEFITS	1,642,862	1,285,451	2,928,313	20,660,068	4.00
5.01	00510	PURCHASING, RECEIVING AND STORES	579,008	627,679	1,206,687	-348,572	5.01
5.02	00511	ADMINISTRATIVE	1,851,852	612,022	2,463,874	-474,608	5.02
5.03	00512	CASHIERING/ACCOUNTS RECEIVABLE	1,492,202	1,661,518	3,153,720	-357,633	5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL	16,198,140	30,189,709	46,387,849	-11,979,630	5.04
7.00	00700	OPERATION OF PLANT	813,485	12,010,092	12,823,577	-5,469,297	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	432,663	8.00
9.00	00900	HOUSEKEEPING	1,026,410	1,682,058	2,708,468	-700,655	9.00
10.00	01000	DIETARY	1,151,728	1,719,569	2,871,297	-1,633,243	10.00
11.00	01100	CAFETERIA	0	0	0	1,312,049	11.00
13.00	01300	NURSING ADMINISTRATION	898,025	372,200	1,270,225	-270,171	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	353,680	196,140	549,820	-98,157	14.00
15.00	01500	PHARMACY	886,817	5,530,286	6,417,103	-5,371,747	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	497,282	202,148	699,430	-84,807	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	134,509	2,371,019	2,505,528	-31,891	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00	02300	PARAMED PRGM	36,000	24,027	60,027	506,559	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	15,626,887	8,887,081	24,513,968	-8,174,757	30.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
ANCILLARY SERVICE COST CENTERS							
54.00	05400	RADIOLOGY-DIAGNOSTIC	306,263	279,821	586,084	1,374,875	54.00
54.01	05401	PSYCHOLOGY	0	0	0	1,472,425	54.01
54.02	05402	PULMONARY	0	0	0	606,294	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	234,744	654,512	889,256	-56,048	60.00
60.01	06001	VOCATIONAL REHABILITATION	343,283	189,649	532,932	-97,596	60.01
65.00	06500	RESPIRATORY THERAPY	0	80,656	80,656	859,750	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	6,879,039	66.00
66.01	06601	ALLIED HEALTH	13,537,759	4,213,747	17,751,506	-17,751,506	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	4,210,878	67.00
68.00	06800	SPEECH PATHOLOGY	0	25	25	1,627,317	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	1,267,783	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	5,106,805	73.00
76.00	03020	PROSTHETICS AND ORTHOTICS	1,740,990	2,879,962	4,620,952	-984,050	76.00
OUTPATIENT SERVICE COST CENTERS							
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	22,319,269	10,813,474	33,132,743	-1,994,364	90.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
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)	81,671,195	86,482,845	168,154,040	4,803,724	118.00
NONREIMBURSABLE COST CENTERS							
191.00	19100	RESEARCH	9,957,032	11,630,193	21,587,225	-2,569,215	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01	19201	FOUNDATION	1,294,628	910,164	2,204,792	-322,380	192.01
192.02	19202	ACADEMY	1,597,668	860,697	2,458,365	-414,947	192.02
192.03	19203	PARTNERSHIP EXPENSE	6,834,807	2,010,810	8,845,617	-1,497,182	192.03
200.00		TOTAL (SUM OF LINES 118-199)	101,355,330	101,894,709	203,250,039	0	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 143026

Period:
From 09/01/2011
To 08/31/2012

Worksheet A
Date/Time Prepared:
1/18/2013 9:08 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	-1,831,234	5,405,902	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	-68,560	7,060,255	2.00
4.00	00400	EMPLOYEE BENEFITS	0	23,588,381	4.00
5.01	00510	PURCHASING, RECEIVING AND STORES	0	858,115	5.01
5.02	00511	ADMINISTRATIVE	0	1,989,266	5.02
5.03	00512	CASHIERING/ACCOUNTS RECEIVABLE	-1,756	2,794,331	5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL	-11,159,530	23,248,689	5.04
7.00	00700	OPERATION OF PLANT	-579,978	6,774,302	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	432,663	8.00
9.00	00900	HOUSEKEEPING	0	2,007,813	9.00
10.00	01000	DIETARY	-22,002	1,216,052	10.00
11.00	01100	CAFETERIA	-716,832	595,217	11.00
13.00	01300	NURSING ADMINISTRATION	0	1,000,054	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	451,663	14.00
15.00	01500	PHARMACY	0	1,045,356	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-83,496	531,127	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	-53,548	2,420,089	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	22.00
23.00	02300	PARAMEDICAL PRGM	0	566,586	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-36,872	16,302,339	30.00
41.00	04100	SUBPROVIDER - I RF	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
ANCILLARY SERVICE COST CENTERS					
54.00	05400	RADIOLOGY-DIAGNOSTIC	-28,041	1,932,918	54.00
54.01	05401	PSYCHOLOGY	-97,969	1,374,456	54.01
54.02	05402	PULMONARY	0	606,294	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	-496	832,712	60.00
60.01	06001	VOCATIONAL REHABILITATION	-800	434,536	60.01
65.00	06500	RESPIRATORY THERAPY	0	940,406	65.00
66.00	06600	PHYSICAL THERAPY	-457,704	6,421,335	66.00
66.01	06601	ALLIED HEALTH	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	-280,175	3,930,703	67.00
68.00	06800	SPEECH PATHOLOGY	-108,275	1,519,067	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,267,783	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	5,106,805	73.00
76.00	03020	PROSTHETICS AND ORTHOTICS	-1,900	3,635,002	76.00
OUTPATIENT SERVICE COST CENTERS					
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	-10,915,689	20,222,690	90.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF	0	0	99.10
SPECIAL PURPOSE COST CENTERS					
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)	-26,444,857	146,512,907	118.00
NONREIMBURSABLE COST CENTERS					
191.00	19100	RESEARCH	0	19,018,010	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01	19201	FOUNDATION	0	1,882,412	192.01
192.02	19202	ACADEMY	0	2,043,418	192.02
192.03	19203	PARTNERSHIP EXPENSE	0	7,348,435	192.03
200.00		TOTAL (SUM OF LINES 118-199)	-26,444,857	176,805,182	200.00

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - EMPLOYEE BENEFITS					
1.00	EMPLOYEE BENEFITS	4.00	0	20,745,783	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	20,745,783	
B - DEPRECIATION					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	5,091,757	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	7,060,255	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	12,152,012	
C - INTEREST					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1,831,234	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	68,560	2.00
TOTALS			0	1,899,794	
D - AMORTIZATION					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	314,145	1.00
TOTALS			0	314,145	
E - ALLIED HEALTH					
1.00	OCCUPATIONAL THERAPY	67.00	4,017,422	193,456	1.00
2.00	PSYCHOLOGY	54.01	1,404,779	67,646	2.00
3.00	PHYSICAL THERAPY	66.00	6,563,003	316,036	3.00
4.00	SPEECH PATHOLOGY	68.00	1,552,555	74,762	4.00
TOTALS			13,537,759	651,900	
F - NMH SERVICES					
1.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,573,790	1.00
2.00	RESPIRATORY THERAPY	65.00	0	886,278	2.00
TOTALS			0	2,460,068	

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
G - MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	1,267,783	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
	TOTALS		0	1,267,783	
H - TRANSCRIPTION AND PHY PRACTICE					
1.00	MEDICAL RECORDS & LIBRARY	16.00	0	39,515	1.00
2.00	CLINIC	90.00	814,930	892,792	2.00
	TOTALS		814,930	932,307	
I - LINEN					
1.00	LAUNDRY & LINEN SERVICE	8.00	0	432,663	1.00
	TOTALS		0	432,663	
J - CAFETERIA					
1.00	CAFETERIA	11.00	403,105	908,944	1.00
	TOTALS		403,105	908,944	
K - DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	5,106,805	1.00
	TOTALS		0	5,106,805	
L - PULMONARY					
1.00	PULMONARY	54.02	381,018	225,276	1.00
2.00		0.00	0	0	2.00
	TOTALS		381,018	225,276	
M - PARAMEDICAL EDUCATION					
1.00	PARAMED ED PRGM	23.00	507,172	8,100	1.00
	TOTALS		507,172	8,100	
500.00	Grand Total: Increases		15,643,984	47,105,580	500.00

RECLASSIFICATIONS

Provider CCN: 143026

Period:
From 09/01/2011
To 08/31/2012

Worksheet A-6
Date/Time Prepared:
1/18/2013 9:08 am

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
A - EMPLOYEE BENEFITS							
1.00	PURCHASING, RECEIVING AND STORES	5.01	0	140,024	0		1.00
2.00	ADMINISTRATIVE AND GENERAL	5.02	0	448,196	0		2.00
3.00	CASHIERING/ACCOUNTS RECEIVABLE	5.03	0	357,633	0		3.00
4.00	OPERATION OF PLANT	5.04	0	3,300,733	0		4.00
5.00	HOUSEKEEPING	7.00	0	196,656	0		5.00
6.00	DIETARY	9.00	0	247,553	0		6.00
7.00	NURSING ADMINISTRATION	10.00	0	278,289	0		7.00
8.00	CENTRAL SERVICES & SUPPLY	13.00	0	217,860	0		8.00
9.00	PHARMACY	14.00	0	84,877	0		9.00
10.00	MEDICAL RECORDS & LIBRARY	15.00	0	214,310	0		10.00
11.00	I&R SERVICES-SALARY & FRINGES APPRVD	16.00	0	121,150	0		11.00
12.00	PARAMEDICAL PRGM	21.00	0	31,891	0		12.00
13.00	ADULTS & PEDIATRICS	23.00	0	8,713	0		13.00
14.00	RADIOLOGY-DIAGNOSTIC	30.00	0	3,789,600	0		14.00
15.00	LABORATORY	54.00	0	73,566	0		15.00
16.00	VOCATIONAL REHABILITATION	60.00	0	56,048	0		16.00
17.00	ALLIED HEALTH	60.01	0	81,865	0		17.00
18.00	PROSTHETICS AND ORTHOTICS	66.01	0	3,280,148	0		18.00
19.00	CLINICAL	76.00	0	419,861	0		19.00
20.00	RESEARCH	90.00	0	2,878,479	0		20.00
21.00	FOUNDATION	191.00	0	2,329,737	0		21.00
22.00	ACADEMY	192.01	0	310,219	0		22.00
23.00	PARTNERSHIP EXPENSE	192.02	0	386,187	0		23.00
24.00	TOTALS	192.03	0	1,492,188	0		24.00
B - DEPRECIATION							
1.00	EMPLOYEE BENEFITS	4.00	0	85,683	9		1.00
2.00	PURCHASING, RECEIVING AND STORES	5.01	0	139,988	9		2.00
3.00	ADMINISTRATIVE AND GENERAL	5.02	0	26,412	9		3.00
4.00	OPERATION OF PLANT	5.04	0	4,782,097	9		4.00
5.00	HOUSEKEEPING	7.00	0	5,272,641	9		5.00
6.00	DIETARY	9.00	0	20,130	9		6.00
7.00	NURSING ADMINISTRATION	10.00	0	42,905	9		7.00
8.00	CENTRAL SERVICES & SUPPLY	13.00	0	52,311	9		8.00
9.00	PHARMACY	14.00	0	2,601	9		9.00
10.00	MEDICAL RECORDS & LIBRARY	15.00	0	50,118	9		10.00
11.00	ADULTS & PEDIATRICS	16.00	0	3,172	9		11.00
12.00	RADIOLOGY-DIAGNOSTIC	30.00	0	293,618	9		12.00
13.00	LABORATORY	54.00	0	125,349	9		13.00
14.00	VOCATIONAL REHABILITATION	60.01	0	15,726	9		14.00
15.00	RESPIRATORY THERAPY	65.00	0	4,072	9		15.00
16.00	ALLIED HEALTH	66.01	0	272,422	9		16.00
17.00	PROSTHETICS AND ORTHOTICS	76.00	0	48,811	9		17.00
18.00	CLINICAL	90.00	0	632,158	9		18.00
19.00	RESEARCH	191.00	0	239,463	9		19.00
20.00	FOUNDATION	192.01	0	12,161	9		20.00
21.00	ACADEMY	192.02	0	25,180	9		21.00
22.00	PARTNERSHIP EXPENSE	192.03	0	4,994	9		22.00
TOTALS							
C - INTEREST							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	1,831,234	11		1.00
2.00	PURCHASING, RECEIVING AND STORES	5.01	0	68,560	11		2.00
TOTALS							
D - AMORTIZATION							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	314,145	9		1.00
TOTALS							
E - ALLIED HEALTH							
1.00	ALLIED HEALTH	66.01	13,537,759	651,900	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							

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
F - NMH SERVICES							
1.00	ADULTS & PEDIATRICS	30.00	0	2,460,068	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		0	2,460,068			
G - MEDICAL SUPPLIES							
1.00	EMPLOYEE BENEFITS	4.00	0	32	0		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	4,184	0		2.00
3.00	HOUSEKEEPING	9.00	0	309	0		3.00
4.00	CENTRAL SERVICES & SUPPLY	14.00	0	10,679	0		4.00
5.00	PHARMACY	15.00	0	514	0		5.00
6.00	ADULTS & PEDIATRICS	30.00	0	1,202,616	0		6.00
7.00	VOCATIONAL REHABILITATION	60.01	0	5	0		7.00
8.00	RESPIRATORY THERAPY	65.00	0	22,456	0		8.00
9.00	ALLIED HEALTH	66.01	0	9,277	0		9.00
10.00	PROSTHETICS AND ORTHOTICS	76.00	0	106	0		10.00
11.00	CLINIC	90.00	0	14,010	0		11.00
12.00	RESEARCH	191.00	0	15	0		12.00
13.00	ACADEMY	192.02	0	3,580	0		13.00
	TOTALS		0	1,267,783			
H - TRANSCRIPTION AND PHY PRACTICE							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	814,930	932,307	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		814,930	932,307			
I - LINEN							
1.00	HOUSEKEEPING	9.00	0	432,663	0		1.00
	TOTALS		0	432,663			
J - CAFETERIA							
1.00	DIETARY	10.00	403,105	908,944	0		1.00
	TOTALS		403,105	908,944			
K - DRUGS							
1.00	PHARMACY	15.00	0	5,106,805	0		1.00
	TOTALS		0	5,106,805			
L - PULMONARY							
1.00	ADULTS & PEDIATRICS	30.00	273,381	155,474	0		1.00
2.00	CLINIC	90.00	107,637	69,802	0		2.00
	TOTALS		381,018	225,276			
M - PARAMEDICAL EDUCATION							
1.00	PROSTHETICS AND ORTHOTICS	76.00	507,172	8,100	0		1.00
	TOTALS		507,172	8,100			
500.00	Grand Total: Decreases		15,643,984	47,105,580			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 143026

Period:
From 09/01/2011
To 08/31/2012

Worksheet A-7
Parts I-III
Date/Time Prepared:
1/18/2013 9:08 am

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	33,053,649	61,735	0	61,735	0	1.00
2.00	Land Improvements	0	0	0	0	0	2.00
3.00	Buildings and Fixtures	114,653,950	8,100,998	0	8,100,998	10,306,447	3.00
4.00	Building Improvements	14,880,404	12,757,205	0	12,757,205	3,234,288	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	84,124,990	4,605,607	0	4,605,607	42,980,842	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	246,712,993	25,525,545	0	25,525,545	56,521,577	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	246,712,993	25,525,545	0	25,525,545	56,521,577	10.00
SUMMARY OF CAPITAL							
Cost Center Description		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		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL	Insurance	
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)		
		1.00	2.00	3.00	4.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	119,137,939	0	119,137,939	0.652447	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	63,463,673	0	63,463,673	0.347553	0	2.00
3.00	Total (sum of lines 1-2)	182,601,612	0	182,601,612	1.000000	0	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 143026

Period:
From 09/01/2011
To 08/31/2012

Worksheet A-7
Parts I-III
Date/Time Prepared:
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		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	33,115,384	0		1.00		
2.00	Land Improvements	0	0		2.00		
3.00	Buildings and Fixtures	112,448,501	0		3.00		
4.00	Building Improvements	24,403,321	0		4.00		
5.00	Fixed Equipment	0	0		5.00		
6.00	Movable Equipment	45,749,755	0		6.00		
7.00	HIT designated Assets	0	0		7.00		
8.00	Subtotal (sum of lines 1-7)	215,716,961	0		8.00		
9.00	Reconciling Items	0	0		9.00		
10.00	Total (line 8 minus line 9)	215,716,961	0		10.00		
SUMMARY OF CAPITAL							
Cost Center Description		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		
ALLOCATION OF OTHER CAPITAL							
Cost Center Description		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	SUMMARY OF CAPITAL 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	5,405,902	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	7,060,255	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	12,466,157	0	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 143026

Period:
From 09/01/2011
To 08/31/2012

Worksheet A-7
Parts I-III
Date/Time Prepared:
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Cost Center Description	SUMMARY OF CAPITAL					Total (2) (sum of cols. 9 through 14)	
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)			
	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	5,405,902	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	7,060,255	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	12,466,157	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 143026

Period:
From 09/01/2011
To 08/31/2012

Worksheet A-8

Date/Time Prepared:
1/18/2013 9:08 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		
			Cost Center		Line #
			1.00	2.00	3.00
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-1,831,234	NEW CAP REL COSTS-BLDG & FIXT		1.00 1.00
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)	B	-68,560	NEW CAP REL COSTS-MVBLE EQUIP		2.00 2.00
3.00 Investment income - other (chapter 2)		0			0.00 3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0			0.00 4.00
5.00 Refunds and rebates of expenses (chapter 8)		0			0.00 5.00
6.00 Rental of provider space by suppliers (chapter 8)	B	-15,300	OPERATION OF PLANT		7.00 6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		0			0.00 7.00
8.00 Television and radio service (chapter 21)		0			0.00 8.00
9.00 Parking lot (chapter 21)	B	-551,619	OPERATION OF PLANT		7.00 9.00
10.00 Provider-based physician adjustment	A-8-2	-10,326,312			10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0			0.00 11.00
12.00 Related organization transactions (chapter 10)	A-8-1	0			12.00
13.00 Laundry and linen service		0			0.00 13.00
14.00 Cafeteria-employees and guests	B	-704,891	CAFETERIA		11.00 14.00
15.00 Rental of quarters to employee and others		0			0.00 15.00
16.00 Sale of medical and surgical supplies to other than patients		0			0.00 16.00
17.00 Sale of drugs to other than patients		0			0.00 17.00
18.00 Sale of medical records and abstracts		0			0.00 18.00
19.00 Nursing school (tuition, fees, books, etc.)		0			0.00 19.00
20.00 Vending machines	B	-11,941	CAFETERIA		11.00 20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0			0.00 21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00 22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		OPERATION OF PLANT		65.00 23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		OPERATION OF PLANT		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			NEW CAP REL COSTS-BLDG & FIXT		1.00 26.00
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP			NEW CAP REL COSTS-MVBLE EQUIP		2.00 27.00
28.00 Non-physician Anesthetist		0	*** Cost Center Deleted ***		19.00 28.00
29.00 Physicians' assistant		0			0.00 29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		OCCUPATIONAL THERAPY		67.00 30.00
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		SPEECH PATHOLOGY		68.00 31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0			0.00 32.00
33.00 RENTAL INCOME	B	-26,250	OTHER ADMINISTRATIVE AND GENERAL		5.04 33.00
35.00 CLINIC RENTAL INCOME	B	-10,850	CLINIC		90.00 35.00
38.00 PRIVATE DUTY NURSING	A	-36,072	ADULTS & PEDIATRICS		30.00 38.00
40.00 PROVIDER TAX	A	-6,634,608	OTHER ADMINISTRATIVE AND GENERAL		5.04 40.00
41.00 INTERNATIONAL RELATIONS	A	-573,748	OTHER ADMINISTRATIVE AND GENERAL		5.04 41.00
42.00 MARKETING	A	-238,401	OTHER ADMINISTRATIVE AND GENERAL		5.04 42.00
44.00 OTHER OPERATING REVENUE	B	-54,471	CLINIC		90.00 44.00
45.01 OTHER OPERATING REVENUE	B	-1,756	CASHIERING/ACCOUNTS RECEIVABLE		5.03 45.01
45.02 OTHER OPERATING REVENUE	B	-3,490,029	OTHER ADMINISTRATIVE AND GENERAL		5.04 45.02
45.03 OTHER OPERATING REVENUE	B	-13,059	OPERATION OF PLANT		7.00 45.03
45.04 OTHER OPERATING REVENUE	B	-22,002	DIETARY		10.00 45.04
45.05 OTHER OPERATING REVENUE	B	-83,496	MEDICAL RECORDS & LIBRARY		16.00 45.05
45.06 OTHER OPERATING REVENUE	B	-53,548	I&R SERVICES-SALARY & FRINGES APPRVD		21.00 45.06

Provider CCN: 143026 Period: From 09/01/2011 To 08/31/2012 Worksheet A-8
 Date/Time Prepared: 1/18/2013 9:08 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		
			Cost Center	Line #	
			1.00	2.00	
45.07 OTHER OPERATING REVENUE	B	-800	ADULTS & PEDIATRICS	30.00	45.07
45.08 OTHER OPERATING REVENUE	B	-28,041	RADIOLOGY-DIAGNOSTIC	54.00	45.08
45.09 OTHER OPERATING REVENUE	B	-496	LABORATORY	60.00	45.09
45.10 OTHER OPERATING REVENUE	B	-800	VOCATIONAL REHABILITATION	60.01	45.10
45.11 OTHER OPERATING REVENUE	B	-1,900	PROSTHETICS AND ORTHOTICS	76.00	45.11
45.12 OTHER OPERATING REVENUE	B	-373,083	CLINIC	90.00	45.12
45.13 OTHER OPERATING REVENUE	B	-280,175	OCCUPATIONAL THERAPY	67.00	45.13
45.14 OTHER OPERATING REVENUE	B	-97,969	PSYCHOLOGY	54.01	45.14
45.15 OTHER OPERATING REVENUE	B	-457,704	PHYSICAL THERAPY	66.00	45.15
45.16 OTHER OPERATING REVENUE	B	-108,275	SPEECH PATHOLOGY	68.00	45.16
45.18 DEPOSITION INCOME	B	-196,494	OTHER ADMINISTRATIVE AND GENERAL	5.04	45.18
45.20 DEPOSITION INCOME	B	-150,973	CLINIC	90.00	45.20
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-26,444,857			50.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 143026

Period:
From 09/01/2011
To 08/31/2012

Worksheet A-8
Date/Time Prepared:
1/18/2013 9:08 am

Cost Center Description		Wkst. A-7 Ref.	
		5.00	
1.00	Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	11	1.00
2.00	Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)	11	2.00
3.00	Investment income - other (chapter 2)	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	0	7.00
8.00	Television and radio service (chapter 21)	0	8.00
9.00	Parking lot (chapter 21)	0	9.00
10.00	Provider-based physician adjustment	0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)	0	11.00
12.00	Related organization transactions (chapter 10)	0	12.00
13.00	Laundry and linen service	0	13.00
14.00	Cafeteria-employees and guests	0	14.00
15.00	Rental of quarters to employee and others	0	15.00
16.00	Sale of medical and surgical supplies to other than patients	0	16.00
17.00	Sale of drugs to other than patients	0	17.00
18.00	Sale of medical records and abstracts	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)	0	19.00
20.00	Vending machines	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		25.00
26.00	Depreciation - NEW CAP REL COSTS-BLDG & FIXT	0	26.00
27.00	Depreciation - NEW CAP REL COSTS-MVBLE EQUIP	0	27.00
28.00	Non-physician Anesthetist		28.00
29.00	Physicians' assistant	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)		30.00
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest	0	32.00
33.00	RENTAL INCOME	0	33.00
35.00	CLINIC RENTAL INCOME	0	35.00
38.00	PRIVATE DUTY NURSING	0	38.00
40.00	PROVIDER TAX	0	40.00
41.00	INTERNATIONAL RELATIONS	0	41.00
42.00	MARKETING	0	42.00
44.00	OTHER OPERATING REVENUE	0	44.00
45.01	OTHER OPERATING REVENUE	0	45.01
45.02	OTHER OPERATING REVENUE	0	45.02
45.03	OTHER OPERATING REVENUE	0	45.03
45.04	OTHER OPERATING REVENUE	0	45.04
45.05	OTHER OPERATING REVENUE	0	45.05
45.06	OTHER OPERATING REVENUE	0	45.06
45.07	OTHER OPERATING REVENUE	0	45.07
45.08	OTHER OPERATING REVENUE	0	45.08
45.09	OTHER OPERATING REVENUE	0	45.09
45.10	OTHER OPERATING REVENUE	0	45.10
45.11	OTHER OPERATING REVENUE	0	45.11
45.12	OTHER OPERATING REVENUE	0	45.12
45.13	OTHER OPERATING REVENUE	0	45.13
45.14	OTHER OPERATING REVENUE	0	45.14
45.15	OTHER OPERATING REVENUE	0	45.15
45.16	OTHER OPERATING REVENUE	0	45.16
45.18	DEPOSITION INCOME	0	45.18
45.20	DEPOSITION INCOME	0	45.20
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		50.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 143026

Period:
From 09/01/2011
To 08/31/2012

Worksheet A-8-2

Date/Time Prepared:
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	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	
	1.00	2.00	3.00	4.00	
1.00	90.00	AGGREGATE-CLINIC	11,987,995	9,568,862	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
200.00			11,987,995	9,568,862	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 143026

Period:
From 09/01/2011
To 08/31/2012

Worksheet A-8-2

Date/Time Prepared:
1/18/2013 9:08 am

	Provider Component	RCE Amount	Physician/Provider Component Hours	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	
	5.00	6.00	7.00	8.00	9.00	
1.00	2,419,133	177,200	18,239	1,553,823	77,691	1.00
2.00	0	0	0	0	0	2.00
3.00	0	0	0	0	0	3.00
4.00	0	0	0	0	0	4.00
5.00	0	0	0	0	0	5.00
6.00	0	0	0	0	0	6.00
7.00	0	0	0	0	0	7.00
8.00	0	0	0	0	0	8.00
9.00	0	0	0	0	0	9.00
10.00	0	0	0	0	0	10.00
200.00	2,419,133		18,239	1,553,823	77,691	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 143026

Period:
From 09/01/2011
To 08/31/2012

Worksheet A-8-2

Date/Time Prepared:
1/18/2013 9:08 am

	Cost of Memberships & Continuing Education 12.00	Provider Component Share of col. 12 13.00	Physician Cost of Malpractice Insurance 14.00	Provider Component Share of col. 14 15.00	Adjusted RCE Limit 16.00	
1.00	158,962	32,078	375,536	75,782	1,661,683	1.00
2.00	0	0	0	0	0	2.00
3.00	0	0	0	0	0	3.00
4.00	0	0	0	0	0	4.00
5.00	0	0	0	0	0	5.00
6.00	0	0	0	0	0	6.00
7.00	0	0	0	0	0	7.00
8.00	0	0	0	0	0	8.00
9.00	0	0	0	0	0	9.00
10.00	0	0	0	0	0	10.00
200.00	158,962	32,078	375,536	75,782	1,661,683	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 143026

Period:
From 09/01/2011
To 08/31/2012

Worksheet A-8-2
Date/Time Prepared:
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	RCE	Adjustment	
	Disallowance	18.00	
1.00	757,450	10,326,312	1.00
2.00	0	0	2.00
3.00	0	0	3.00
4.00	0	0	4.00
5.00	0	0	5.00
6.00	0	0	6.00
7.00	0	0	7.00
8.00	0	0	8.00
9.00	0	0	9.00
10.00	0	0	10.00
200.00	757,450	10,326,312	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 143026

Period:
From 09/01/2011
To 08/31/2012

Worksheet B
Part I
Date/Time Prepared:
1/18/2013 9:08 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	PURCHASING, RECEIVING AND STORES	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	5,405,902	5,405,902			1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP	7,060,255		7,060,255		2.00
4.00 00400	EMPLOYEE BENEFITS	23,588,381	1,467	85,529	23,675,377	4.00
5.01 00510	PURCHASING, RECEIVING AND STORES	858,115	0	139,737	137,477	1,135,329 5.01
5.02 00511	ADMITTING	1,989,266	26,120	26,365	439,696	17,183 5.02
5.03 00512	CASHIERING/ACCOUNTS RECEIVABLE	2,794,331	0	0	354,302	15,342 5.03
5.04 00560	OTHER ADMINISTRATIVE AND GENERAL	23,248,689	657,601	4,773,505	3,846,022	112,346 5.04
7.00 00700	OPERATION OF PLANT	6,774,302	609,323	180,559	193,151	7,460 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	432,663	0	0	0	0 8.00
9.00 00900	HOUSEKEEPING	2,007,813	26,120	20,094	243,707	1,749 9.00
10.00 01000	DIETARY	1,216,052	222,018	42,828	177,750	42,204 10.00
11.00 01100	CAFETERIA	595,217	0	0	95,712	22,724 11.00
13.00 01300	NURSING ADMINISTRATION	1,000,054	39,180	52,217	213,223	2,260 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	451,663	104,479	2,596	83,976	148,395 14.00
15.00 01500	PHARMACY	1,045,356	20,896	50,028	210,562	16,018 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	531,127	19,590	3,166	118,073	4,111 16.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	2,420,089	52,239	0	31,937	15,593 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	566,586	0	0	128,969	0 23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	16,302,339	1,387,601	305,774	3,710,386	57,079 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
ANCILLARY SERVICE COST CENTERS						
54.00 05400	RADIOLOGY-DIAGNOSTIC	1,932,918	39,180	125,124	72,718	6,994 54.00
54.01 05401	PSYCHOLOGY	1,374,456	86,180	28,218	333,545	9,366 54.01
54.02 05402	PULMONARY	606,294	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	832,712	20,896	0	55,737	2,504 60.00
60.01 06001	VOCATIONAL REHABILITATION	434,536	0	15,698	81,508	3,637 60.01
65.00 06500	RESPIRATORY THERAPY	940,406	0	4,065	0	0 65.00
66.00 06600	PHYSICAL THERAPY	6,421,335	402,655	131,830	1,558,293	43,755 66.00
66.01 06601	ALLIED HEALTH	0	0	0	0	0 66.01
67.00 06700	OCCUPATIONAL THERAPY	3,930,703	246,465	80,699	953,880	26,784 67.00
68.00 06800	SPEECH PATHOLOGY	1,519,067	142,264	31,185	368,632	10,389 68.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,267,783	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	5,106,805	0	0	0	0 73.00
76.00 03020	PROSTHETICS AND ORTHOTICS	3,635,002	66,913	48,723	292,953	22,504 76.00
OUTPATIENT SERVICE COST CENTERS						
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	20,222,690	452,840	631,023	5,299,446	106,301 90.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910	CORF	0	0	0	0	0 99.10
SPECIAL PURPOSE COST CENTERS						
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)	146,512,907	4,624,027	6,778,963	19,001,655	694,698 118.00
NONREIMBURSABLE COST CENTERS						
191.00 19100	RESEARCH	19,018,010	638,216	239,033	2,364,158	138,340 191.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0 192.00
192.01 19201	FOUNDATION	1,882,412	26,120	12,139	307,391	73,082 192.01
192.02 19202	ACADEMY	2,043,418	117,539	25,135	379,344	221,770 192.02
192.03 19203	PARTNERSHIP EXPENSE	7,348,435	0	4,985	1,622,829	7,439 192.03
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers		0	0	0	0 201.00
202.00	TOTAL (sum lines 118-201)	176,805,182	5,405,902	7,060,255	23,675,377	1,135,329 202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 143026		Period: From 09/01/2011 To 08/31/2012		Worksheet B Part I Date/Time Prepared: 1/18/2013 9:08 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	
GENERAL SERVICE COST CENTERS								
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						4.00
5.01	00510	PURCHASING, RECEIVING AND STORES						5.01
5.02	00511	ADMITTING	2,498,630					5.02
5.03	00512	CASHIERING/ACCOUNTS RECEIVABLE	0	3,163,975				5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL	0	0	32,638,163	32,638,163		5.04
7.00	00700	OPERATION OF PLANT	0	0	7,764,795	1,757,880	9,522,675	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	432,663	97,951	0	8.00
9.00	00900	HOUSEKEEPING	0	0	2,299,483	520,582	60,314	9.00
10.00	01000	DIETARY	0	0	1,700,852	385,058	651,597	10.00
11.00	01100	CAFETERIA	0	0	713,653	161,565	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	1,306,934	295,878	90,471	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	791,109	179,100	241,257	14.00
15.00	01500	PHARMACY	0	0	1,342,860	304,011	48,251	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	676,067	153,055	45,236	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	2,519,858	570,473	120,629	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED PRGM	0	0	695,555	157,467	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	856,758	604,593	23,224,530	5,257,825	3,190,628	30.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
ANCILLARY SERVICE COST CENTERS								
54.00	05400	RADIOLOGY-DIAGNOSTIC	43,851	59,456	2,280,241	516,226	90,471	54.00
54.01	05401	PSYCHOLOGY	35,437	64,857	1,932,059	437,401	199,918	54.01
54.02	05402	PULMONARY	14,872	17,979	639,145	144,697	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	155,199	114,354	1,181,402	267,459	48,251	60.00
60.01	06001	VOCATIONAL REHABILITATION	539	19,412	555,330	125,722	0	60.01
65.00	06500	RESPIRATORY THERAPY	49,776	35,154	1,029,401	233,047	0	65.00
66.00	06600	PHYSICAL THERAPY	358,256	402,492	9,318,616	2,109,651	934,024	66.00
66.01	06601	ALLIED HEALTH	0	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	347,365	302,131	5,888,027	1,332,996	571,766	67.00
68.00	06800	SPEECH PATHOLOGY	119,057	103,680	2,294,274	519,403	329,526	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	97,374	69,138	1,434,295	324,711	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	376,110	322,730	5,805,645	1,314,346	0	73.00
76.00	03020	PROSTHETICS AND ORTHOTICS	41,841	155,027	4,262,963	965,096	154,513	76.00
OUTPATIENT SERVICE COST CENTERS								
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	2,195	892,972	27,607,467	6,250,130	1,045,673	90.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			0			92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
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)	2,498,630	3,163,975	140,335,387	24,381,730	7,822,525	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	0	22,397,757	5,070,651	1,368,422	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	FOUNDATION	0	0	2,301,144	520,958	60,314	192.01
192.02	19202	ACADEMY	0	0	2,787,206	630,998	271,414	192.02
192.03	19203	PARTNERSHIP EXPENSE	0	0	8,983,688	2,033,826	0	192.03
200.00		Cross Foot Adjustments			0			200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	2,498,630	3,163,975	176,805,182	32,638,163	9,522,675	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 143026

Period:
From 09/01/2011
To 08/31/2012

Worksheet B
Part I
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Cost Center Description		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		8.00	9.00	10.00	11.00	13.00	
GENERAL SERVICE COST CENTERS							
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					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	530,614				8.00
9.00	00900	HOUSEKEEPING	0	2,880,379			9.00
10.00	01000	DIETARY	0	295,879	3,033,386		10.00
11.00	01100	CAFETERIA	0	0	0	875,218	11.00
13.00	01300	NURSING ADMINISTRATION	0	19,744	0	10,210	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	18,616	0	9,600	14.00
15.00	01500	PHARMACY	0	6,487	0	10,298	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	19,180	0	9,774	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	80,951	0	2,182	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00	02300	PARAMED PRGM	0	0	0	5,419	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	530,614	1,708,427	3,033,386	260,672	30.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
ANCILLARY SERVICE COST CENTERS							
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	17,206	0	4,800	54.00
54.01	05401	PSYCHOLOGY	0	34,411	0	17,401	54.01
54.02	05402	PULMONARY	0	13,257	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	7,334	0	4,713	60.00
60.01	06001	VOCATIONAL REHABILITATION	0	33,565	0	5,672	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	215,210	0	81,317	66.00
66.01	06601	ALLIED HEALTH	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	89,695	0	49,778	67.00
68.00	06800	SPEECH PATHOLOGY	0	45,693	0	19,234	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	25,103	0	20,412	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	170,645	0	208,136	90.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
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)	530,614	2,801,403	3,033,386	719,618	1,723,237
NONREIMBURSABLE COST CENTERS							
191.00	19100	RESEARCH	0	37,796	0	128,372	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01	19201	FOUNDATION	0	31,026	0	14,312	192.01
192.02	19202	ACADEMY	0	10,154	0	12,916	192.02
192.03	19203	PARTNERSHIP EXPENSE	0	0	0	0	192.03
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	530,614	2,880,379	3,033,386	875,218	1,723,237

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 143026

Period:
From 09/01/2011
To 08/31/2012

Worksheet B
Part I
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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	
GENERAL SERVICE COST CENTERS						
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						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	1,239,682					14.00
15.00 01500 PHARMACY	0	1,711,907				15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	0	903,312			16.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	3,294,093		21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 02300 PARAMEDICAL PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	0	0	305,625	1,976,456	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
ANCILLARY SERVICE COST CENTERS						
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	14,467	0	0	54.00
54.01 05401 PSYCHOLOGY	0	0	24,414	0	0	54.01
54.02 05402 PULMONARY	0	0	16,276	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	12,659	0	0	60.00
60.01 06001 VOCATIONAL REHABILITATION	0	0	42,498	0	0	60.01
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	95,847	988,228	0	66.00
66.01 06601 ALLIED HEALTH	0	0	0	0	0	66.01
67.00 06700 OCCUPATIONAL THERAPY	0	0	74,146	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	60,582	0	0	68.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,239,682	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	1,711,907	0	0	0	73.00
76.00 03020 PROSTHETICS AND ORTHOTICS	0	0	15,372	0	0	76.00
OUTPATIENT SERVICE COST CENTERS						
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	236,905	0	0	90.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS						
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)	1,239,682	1,711,907	898,791	2,964,684	0	118.00
NONREIMBURSABLE COST CENTERS						
191.00 19100 RESEARCH	0	0	4,521	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	329,409	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)	1,239,682	1,711,907	903,312	3,294,093	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 143026

Period:
From 09/01/2011
To 08/31/2012

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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	
GENERAL SERVICE COST CENTERS						
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					9.00
10.00	01000					10.00
11.00	01100					11.00
13.00	01300					13.00
14.00	01400					14.00
15.00	01500					15.00
16.00	01600					16.00
21.00	02100					21.00
22.00	02200					22.00
23.00	02300	858,441				23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	403,467	41,614,867	-1,976,456	39,638,411	30.00
41.00	04100	0	0	0	0	41.00
42.00	04200	0	0	0	0	42.00
ANCILLARY SERVICE COST CENTERS						
54.00	05400	0	2,923,411	0	2,923,411	54.00
54.01	05401	0	2,645,604	0	2,645,604	54.01
54.02	05402	0	813,375	0	813,375	54.02
57.00	05700	0	0	0	0	57.00
58.00	05800	0	0	0	0	58.00
59.00	05900	0	0	0	0	59.00
60.00	06000	0	1,521,818	0	1,521,818	60.00
60.01	06001	0	762,787	0	762,787	60.01
65.00	06500	0	1,262,448	0	1,262,448	65.00
66.00	06600	0	13,742,893	-988,228	12,754,665	66.00
66.01	06601	0	0	0	0	66.01
67.00	06700	0	8,006,408	0	8,006,408	67.00
68.00	06800	0	3,268,712	0	3,268,712	68.00
71.00	07100	0	2,998,688	0	2,998,688	71.00
72.00	07200	0	0	0	0	72.00
73.00	07300	0	8,831,898	0	8,831,898	73.00
76.00	03020	0	5,443,459	0	5,443,459	76.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	0	0	0	0	88.00
89.00	08900	0	0	0	0	89.00
90.00	09000	454,974	35,973,930	0	35,973,930	90.00
92.00	09200	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS						
109.00	10900	0	0	0	0	109.00
110.00	11000	0	0	0	0	110.00
111.00	11100	0	0	0	0	111.00
118.00		858,441	129,810,298	-2,964,684	126,845,614	118.00
NONREIMBURSABLE COST CENTERS						
191.00	19100	0	29,007,519	0	29,007,519	191.00
192.00	19200	0	0	0	0	192.00
192.01	19201	0	2,927,754	0	2,927,754	192.01
192.02	19202	0	3,712,688	0	3,712,688	192.02
192.03	19203	0	11,346,923	-329,409	11,017,514	192.03
200.00		0	0	0	0	200.00
201.00		0	0	0	0	201.00
202.00		858,441	176,805,182	-3,294,093	173,511,089	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 143026

Period:
From 09/01/2011
To 08/31/2012

Worksheet B
Part II
Date/Time Prepared:
1/18/2013 9:08 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	2.00			
GENERAL SERVICE COST CENTERS						
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	73,464	1,467	85,529	160,460	4.00
5.01 00510	PURCHASING, RECEIVING AND STORES	50,796	0	139,737	190,533	5.01
5.02 00511	ADMINISTRATIVE	36,732	26,120	26,365	89,217	5.02
5.03 00512	CASHIERING/ACCOUNTS RECEIVABLE	177,804	0	0	177,804	5.03
5.04 00560	OTHER ADMINISTRATIVE AND GENERAL	789,107	657,601	4,773,505	6,220,213	5.04
7.00 00700	OPERATION OF PLANT	87,859	609,323	180,559	877,741	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00 00900	HOUSEKEEPING	0	26,120	20,094	46,214	9.00
10.00 01000	DIETARY	231	222,018	42,828	265,077	10.00
11.00 01100	CAFETERIA	0	0	0	0	11.00
13.00 01300	NURSING ADMINISTRATION	0	39,180	52,217	91,397	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	104,479	2,596	107,075	14.00
15.00 01500	PHARMACY	190	20,896	50,028	71,114	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	19,915	19,590	3,166	42,671	16.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	5,700	52,239	0	57,939	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
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	1,387,601	305,774	1,693,375	30.00
41.00 04100	SUBPROVIDER - I RF	0	0	0	0	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	42.00
ANCILLARY SERVICE COST CENTERS						
54.00 05400	RADIOLOGY-DIAGNOSTIC	2,700	39,180	125,124	167,004	54.00
54.01 05401	PSYCHOLOGY	19,953	86,180	28,218	134,351	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	20,896	0	20,896	60.00
60.01 06001	VOCATIONAL REHABILITATION	57,386	0	15,698	73,084	60.01
65.00 06500	RESPIRATORY THERAPY	0	0	4,065	4,065	65.00
66.00 06600	PHYSICAL THERAPY	93,220	402,655	131,830	627,705	66.00
66.01 06601	ALLIED HEALTH	0	0	0	0	66.01
67.00 06700	OCCUPATIONAL THERAPY	57,063	246,465	80,699	384,227	67.00
68.00 06800	SPEECH PATHOLOGY	22,052	142,264	31,185	195,501	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	66,913	48,723	115,636	76.00
OUTPATIENT SERVICE COST CENTERS						
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	1,828,187	452,840	631,023	2,912,050	90.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910	CORF	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS						
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)	3,322,359	4,624,027	6,778,963	14,725,349	118.00
NONREIMBURSABLE COST CENTERS						
191.00 19100	RESEARCH	229,122	638,216	239,033	1,106,371	191.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01 19201	FOUNDATION	152,400	26,120	12,139	190,659	192.01
192.02 19202	ACADEMY	3,000	117,539	25,135	145,674	192.02
192.03 19203	PARTNERSHIP EXPENSE	75,306	0	4,985	80,291	192.03
200.00	Cross Foot Adjustments				0	200.00
201.00	Negative Cost Centers				0	201.00
202.00	TOTAL (sum lines 118-201)	3,782,187	5,405,902	7,060,255	16,248,344	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 143026	Period: From 09/01/2011 To 08/31/2012	Worksheet B Part II Date/Time Prepared: 1/18/2013 9:08 am		
Cost Center Description	PURCHASING, RECEIVING AND STORES	ADMINITTING	CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	
	5.01	5.02	5.03	5.04	7.00	
GENERAL SERVICE COST CENTERS						
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				4.00
5.01	00510	PURCHASING, RECEIVING AND STORES	191,465			5.01
5.02	00511	ADMINITTING	2,898	95,095		5.02
5.03	00512	CASHIERING/ACCOUNTS RECEIVABLE	2,587	0	182,792	5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL	18,946	0	0	5.04
7.00	00700	OPERATION OF PLANT	1,258	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	8.00
9.00	00900	HOUSEKEEPING	295	0	0	9.00
10.00	01000	DIETARY	7,117	0	0	10.00
11.00	01100	CAFETERIA	3,832	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	381	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	25,026	0	0	14.00
15.00	01500	PHARMACY	2,701	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	693	0	0	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	2,630	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
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	9,626	32,573	34,957	30.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	42.00
ANCILLARY SERVICE COST CENTERS						
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,180	1,670	3,438	54.00
54.01	05401	PSYCHOLOGY	1,580	1,349	3,750	54.01
54.02	05402	PULMONARY	0	566	1,039	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	422	5,910	6,612	60.00
60.01	06001	VOCATIONAL REHABILITATION	613	21	1,122	60.01
65.00	06500	RESPIRATORY THERAPY	0	1,895	2,033	65.00
66.00	06600	PHYSICAL THERAPY	7,379	13,642	23,271	66.00
66.01	06601	ALLIED HEALTH	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	4,517	13,228	17,469	67.00
68.00	06800	SPEECH PATHOLOGY	1,752	4,534	5,995	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,708	3,997	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	14,322	18,660	73.00
76.00	03020	PROSTHETICS AND ORTHOTICS	3,795	1,593	8,963	76.00
OUTPATIENT SERVICE COST CENTERS						
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	17,927	84	51,486	90.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				92.00
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS						
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)	117,155	95,095	182,792	118.00
NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	23,330	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	192.00
192.01	19201	FOUNDATION	12,325	0	0	192.01
192.02	19202	ACADEMY	37,401	0	0	192.02
192.03	19203	PARTNERSHIP EXPENSE	1,254	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)	191,465	95,095	182,792	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 143026	Period: From 09/01/2011 To 08/31/2012	Worksheet B Part II Date/Time Prepared: 1/18/2013 9:08 am		
Cost Center Description		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
		8.00	9.00	10.00	11.00	13.00
GENERAL SERVICE COST CENTERS						
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				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	18,803			8.00
9.00	00900	HOUSEKEEPING	0	155,804		9.00
10.00	01000	DIETARY	0	16,005	446,646	10.00
11.00	01100	CAFETERIA	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	1,068	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,007	0	14.00
15.00	01500	PHARMACY	0	351	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,037	0	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	4,379	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
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	18,803	92,411	446,646	10,572
41.00	04100	SUBPROVIDER - IRF	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	931	0	195
54.01	05401	PSYCHOLOGY	0	1,861	0	706
54.02	05402	PULMONARY	0	717	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	397	0	191
60.01	06001	VOCATIONAL REHABILITATION	0	1,816	0	230
65.00	06500	RESPIRATORY THERAPY	0	0	0	0
66.00	06600	PHYSICAL THERAPY	0	11,641	0	3,298
66.01	06601	ALLIED HEALTH	0	0	0	0
67.00	06700	OCCUPATIONAL THERAPY	0	4,852	0	2,019
68.00	06800	SPEECH PATHOLOGY	0	2,472	0	780
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	1,358	0	828
OUTPATIENT SERVICE COST CENTERS						
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	9,230	0	8,441
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
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)	18,803	151,533	446,646	29,185
NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	0	2,044	0	5,206
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0
192.01	19201	FOUNDATION	0	1,678	0	580
192.02	19202	ACADEMY	0	549	0	524
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)	18,803	155,804	446,646	35,495

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 143026

Period:
From 09/01/2011
To 08/31/2012

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	INTERNS & RESIDENTS					
	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS	
	14.00	15.00	16.00	21.00	22.00	
GENERAL SERVICE COST CENTERS						
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						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	199,298					14.00
15.00 01500 PHARMACY	0	140,539				15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	0	80,763			16.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	190,186		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
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	0	0	27,325			30.00
41.00 04100 SUBPROVIDER - IRF	0	0	0			41.00
42.00 04200 SUBPROVIDER	0	0	0			42.00
ANCILLARY SERVICE COST CENTERS						
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	1,294			54.00
54.01 05401 PSYCHOLOGY	0	0	2,183			54.01
54.02 05402 PULMONARY	0	0	1,455			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	1,132			60.00
60.01 06001 VOCATIONAL REHABILITATION	0	0	3,800			60.01
65.00 06500 RESPIRATORY THERAPY	0	0	0			65.00
66.00 06600 PHYSICAL THERAPY	0	0	8,569			66.00
66.01 06601 ALLIED HEALTH	0	0	0			66.01
67.00 06700 OCCUPATIONAL THERAPY	0	0	6,629			67.00
68.00 06800 SPEECH PATHOLOGY	0	0	5,417			68.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	199,298	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	140,539	0			73.00
76.00 03020 PROSTHETICS AND ORTHOTICS	0	0	1,374			76.00
OUTPATIENT SERVICE COST CENTERS						
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	21,181			90.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF	0	0	0			99.10
SPECIAL PURPOSE COST CENTERS						
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)	199,298	140,539	80,359	0	0	118.00
NONREIMBURSABLE COST CENTERS						
191.00 19100 RESEARCH	0	0	404			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				190,186		200.00
201.00 Negative Cost Centers	0	0	0	0		201.00
202.00 TOTAL (sum lines 118-201)	199,298	140,539	80,763	190,186		202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 143026	Period: From 09/01/2011 To 08/31/2012	Worksheet B Part II Date/Time Prepared: 1/18/2013 9:08 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	
GENERAL SERVICE COST CENTERS						
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				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	31,321			23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	3,971,810	0	3,971,810	30.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	42.00
ANCILLARY SERVICE COST CENTERS						
54.00	05400	RADIOLOGY-DIAGNOSTIC	286,869	0	286,869	54.00
54.01	05401	PSYCHOLOGY	257,568	0	257,568	54.01
54.02	05402	PULMONARY	31,553	0	31,553	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	93,449	0	93,449	60.00
60.01	06001	VOCATIONAL REHABILITATION	105,372	0	105,372	60.01
65.00	06500	RESPIRATORY THERAPY	52,729	0	52,729	65.00
66.00	06600	PHYSICAL THERAPY	1,230,475	0	1,230,475	66.00
66.01	06601	ALLIED HEALTH	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	768,404	0	768,404	67.00
68.00	06800	SPEECH PATHOLOGY	360,793	0	360,793	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	269,335	0	269,335	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	425,823	0	425,823	73.00
76.00	03020	PROSTHETICS AND ORTHOTICS	340,551	0	340,551	76.00
OUTPATIENT SERVICE COST CENTERS						
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	4,389,827	0	4,389,827	90.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS						
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	12,584,558	0	12,584,558
NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	2,301,730	0	2,301,730	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	192.00
192.01	19201	FOUNDATION	315,041	0	315,041	192.01
192.02	19202	ACADEMY	342,553	0	342,553	192.02
192.03	19203	PARTNERSHIP EXPENSE	482,955	0	482,955	192.03
200.00		Cross Foot Adjustments	31,321	0	221,507	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	31,321	16,248,344	0	16,248,344

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 143026

Period:
From 09/01/2011
To 08/31/2012

Worksheet B-1

Date/Time Prepared:
1/18/2013 9:08 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (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				
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	368,400				1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP		7,072,960			2.00
4.00 00400	EMPLOYEE BENEFITS	100	85,683	99,712,468		4.00
5.01 00510	PURCHASING, RECEIVING AND STORES	0	139,988	579,008	761,601	5.01
5.02 00511	ADMITTING	1,780	26,412	1,851,852	11,527	183,684,333 5.02
5.03 00512	CASHIERING/ACCOUNTS RECEIVABLE	0	0	1,492,202	10,292	0 5.03
5.04 00560	OTHER ADMINISTRATIVE AND GENERAL	44,814	4,782,097	16,198,140	75,364	0 5.04
7.00 00700	OPERATION OF PLANT	41,524	180,884	813,485	5,004	0 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0 8.00
9.00 00900	HOUSEKEEPING	1,780	20,130	1,026,410	1,173	0 9.00
10.00 01000	DIETARY	15,130	42,905	748,623	28,311	0 10.00
11.00 01100	CAFETERIA	0	0	403,105	15,244	0 11.00
13.00 01300	NURSING ADMINISTRATION	2,670	52,311	898,025	1,516	0 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	7,120	2,601	353,680	99,546	0 14.00
15.00 01500	PHARMACY	1,424	50,118	886,817	10,745	0 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	1,335	3,172	497,282	2,758	0 16.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	3,560	0	134,509	10,460	0 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0 22.00
23.00 02300	PARAMED PRGM	0	0	543,172	0	0 23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	94,562	306,324	15,626,887	38,290	62,985,018 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
ANCILLARY SERVICE COST CENTERS						
54.00 05400	RADIOLOGY-DIAGNOSTIC	2,670	125,349	306,263	4,692	3,223,606 54.00
54.01 05401	PSYCHOLOGY	5,873	28,269	1,404,779	6,283	2,605,089 54.01
54.02 05402	PULMONARY	0	0	0	0	1,093,300 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	1,424	0	234,744	1,680	11,409,151 60.00
60.01 06001	VOCATIONAL REHABILITATION	0	15,726	343,283	2,440	39,659 60.01
65.00 06500	RESPIRATORY THERAPY	0	4,072	0	0	3,659,214 65.00
66.00 06600	PHYSICAL THERAPY	27,440	132,067	6,563,004	29,352	26,336,553 66.00
66.01 06601	ALLIED HEALTH	0	0	0	0	0 66.01
67.00 06700	OCCUPATIONAL THERAPY	16,796	80,844	4,017,421	17,967	25,535,941 67.00
68.00 06800	SPEECH PATHOLOGY	9,695	31,241	1,552,555	6,969	8,752,268 68.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	7,158,252 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	27,649,055 73.00
76.00 03020	PROSTHETICS AND ORTHOTICS	4,560	48,811	1,233,818	15,096	3,075,867 76.00
OUTPATIENT SERVICE COST CENTERS						
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	30,860	632,158	22,319,269	71,309	161,360 90.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910	CORF	0	0	0	0	0 99.10
SPECIAL PURPOSE COST CENTERS						
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)	315,117	6,791,162	80,028,333	466,018	183,684,333 118.00
NONREIMBURSABLE COST CENTERS						
191.00 19100	RESEARCH	43,493	239,463	9,957,032	92,801	0 191.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0 192.00
192.01 19201	FOUNDATION	1,780	12,161	1,294,628	49,025	0 192.01
192.02 19202	ACADEMY	8,010	25,180	1,597,668	148,767	0 192.02
192.03 19203	PARTNERSHIP EXPENSE	0	4,994	6,834,807	4,990	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)	5,405,902	7,060,255	23,675,377	1,135,329	2,498,630 202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	14.674001	0.998204	0.237436	1.490714	0.013603 203.00
204.00	Cost to be allocated (per Wkst. B, Part II)			160,460	191,465	95,095 204.00
205.00	Unit cost multiplier (Wkst. B, Part II)			0.001609	0.251398	0.000518 205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 143026

Period:
From 09/01/2011
To 08/31/2012

Worksheet B-1

Date/Time Prepared:
1/18/2013 9:08 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	
GENERAL SERVICE COST CENTERS								
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						4.00
5.01	00510	PURCHASING, RECEIVING AND STORES						5.01
5.02	00511	ADMITTING						5.02
5.03	00512	CASHIERING/ACCOUNTS RECEIVABLE	329,628,828					5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL	0	-32,638,163	144,167,019			5.04
7.00	00700	OPERATION OF PLANT	0	0	7,764,795	281,034		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	432,663	0	46,398	8.00
9.00	00900	HOUSEKEEPING	0	0	2,299,483	1,780	0	9.00
10.00	01000	DIETARY	0	0	1,700,852	19,230	0	10.00
11.00	01100	CAFETERIA	0	0	713,653	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	1,306,934	2,670	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	791,109	7,120	0	14.00
15.00	01500	PHARMACY	0	0	1,342,860	1,424	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	676,067	1,335	0	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	2,519,858	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	695,555	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	62,985,018	0	23,224,530	94,162	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
ANCILLARY SERVICE COST CENTERS								
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,193,992	0	2,280,241	2,670	0	54.00
54.01	05401	PSYCHOLOGY	6,756,680	0	1,932,059	5,900	0	54.01
54.02	05402	PULMONARY	1,872,959	0	639,145	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	11,913,109	0	1,181,402	1,424	0	60.00
60.01	06001	VOCATIONAL REHABILITATION	2,022,339	0	555,330	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	3,662,218	0	1,029,401	0	0	65.00
66.00	06600	PHYSICAL THERAPY	41,930,619	0	9,318,616	27,565	0	66.00
66.01	06601	ALLIED HEALTH	0	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	31,475,208	0	5,888,027	16,874	0	67.00
68.00	06800	SPEECH PATHOLOGY	10,801,102	0	2,294,274	9,725	0	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	7,202,610	0	1,434,295	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	33,621,227	0	5,805,645	0	0	73.00
76.00	03020	PROSTHETICS AND ORTHOTICS	16,150,321	0	4,262,963	4,560	0	76.00
OUTPATIENT SERVICE COST CENTERS								
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	93,041,426	0	27,607,467	30,860	0	90.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
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)	329,628,828	-32,638,163	107,697,224	230,859	46,398	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	0	22,397,757	40,385	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	FOUNDATION	0	0	2,301,144	1,780	0	192.01
192.02	19202	ACADEMY	0	0	2,787,206	8,010	0	192.02
192.03	19203	PARTNERSHIP EXPENSE	0	0	8,983,688	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)	3,163,975		32,638,163	9,522,675	530,614	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.009599		0.226391	33.884423	11.436139	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	182,792		6,265,222	1,217,750	18,803	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000555		0.043458	4.333106	0.405255	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 143026

Period:
From 09/01/2011
To 08/31/2012

Worksheet B-1

Date/Time Prepared:
1/18/2013 9:08 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	
GENERAL SERVICE COST CENTERS							
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	10,212					9.00
10.00	01000	1,049	170,289				10.00
11.00	01100	0	0	100,290			11.00
13.00	01300	70	0	1,170	486,131		13.00
14.00	01400	66	0	1,100	0	100	14.00
15.00	01500	23	0	1,180	0	0	15.00
16.00	01600	68	0	1,120	0	0	16.00
21.00	02100	287	0	250	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	621	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	6,057	170,289	29,870	486,131	0	30.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
ANCILLARY SERVICE COST CENTERS							
54.00	05400	61	0	550	0	0	54.00
54.01	05401	122	0	1,994	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	540	0	0	60.00
60.01	06001	119	0	650	0	0	60.01
65.00	06500	0	0	0	0	0	65.00
66.00	06600	763	0	9,318	0	0	66.00
66.01	06601	0	0	0	0	0	66.01
67.00	06700	318	0	5,704	0	0	67.00
68.00	06800	162	0	2,204	0	0	68.00
71.00	07100	0	0	0	0	100	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	2,339	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
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	23,850	0	0	90.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
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		9,932	170,289	82,460	486,131	100	118.00
NONREIMBURSABLE COST CENTERS							
191.00	19100	134	0	14,710	0	0	191.00
192.00	19200	0	0	0	0	0	192.00
192.01	19201	110	0	1,640	0	0	192.01
192.02	19202	36	0	1,480	0	0	192.02
192.03	19203	0	0	0	0	0	192.03
200.00							200.00
201.00							201.00
202.00		2,880,379	3,033,386	875,218	1,723,237	1,239,682	202.00
203.00		282.058265	17.813165	8.726872	3.544800	12,396.820000	203.00
204.00		155,804	446,646	35,495	163,071	199,298	204.00
205.00		15.256953	2.622871	0.353924	0.335447	1,992.980000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 143026

Period:
From 09/01/2011
To 08/31/2012

Worksheet B-1
Date/Time Prepared:
1/18/2013 9:08 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	
GENERAL SERVICE COST CENTERS						
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						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	100					15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	999				16.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	100			21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0		100		22.00
23.00 02300 PARAMED PRGM	0	0			100	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	0	338	60	60	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
ANCILLARY SERVICE COST CENTERS						
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	30	30	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	100	0	0	0	0	73.00
76.00 03020 PROSTHETICS AND ORTHOTICS	0	17	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS						
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
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS						
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		100	994	90	90	118.00
NONREIMBURSABLE COST CENTERS						
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	10	10	0	192.03
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers					201.00
202.00	1,711,907	903,312	3,294,093	0	858,441	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)					203.00
204.00	17,119.070000	904.216216	32,940.930000	0.000000	8,584.410000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)					204.00
205.00	140,539	80,763	190,186	0	31,321	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)					205.00
205.00	1,405.390000	80.843844	1,901.860000	0.000000	313.210000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 143026	Period: From 09/01/2011 To 08/31/2012	Worksheet C Part I Date/Time Prepared: 1/18/2013 9:08 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	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS		39,638,411	0	39,638,411	30.00
41.00	04100 SUBPROVIDER - IRF		0	0	0	41.00
42.00	04200 SUBPROVIDER		0	0	0	42.00
ANCILLARY SERVICE COST CENTERS						
54.00	05400 RADIOLOGY-DIAGNOSTIC		2,923,411	0	2,923,411	54.00
54.01	05401 PSYCHOLOGY		2,645,604	0	2,645,604	54.01
54.02	05402 PULMONARY		813,375	0	813,375	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		1,521,818	0	1,521,818	60.00
60.01	06001 VOCATIONAL REHABILITATION		762,787	0	762,787	60.01
65.00	06500 RESPIRATORY THERAPY	0	1,262,448	0	1,262,448	65.00
66.00	06600 PHYSICAL THERAPY	0	12,754,665	0	12,754,665	66.00
66.01	06601 ALLIED HEALTH	0	0	0	0	66.01
67.00	06700 OCCUPATIONAL THERAPY	0	8,006,408	0	8,006,408	67.00
68.00	06800 SPEECH PATHOLOGY	0	3,268,712	0	3,268,712	68.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		2,998,688	0	2,998,688	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		8,831,898	0	8,831,898	73.00
76.00	03020 PROSTHETICS AND ORTHOTICS		5,443,459	0	5,443,459	76.00
OUTPATIENT SERVICE COST CENTERS						
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		35,973,930	757,450	36,731,380	90.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10	09910 CORF		0	0	0	99.10
SPECIAL PURPOSE COST CENTERS						
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)		126,845,614	757,450	127,603,064	200.00
201.00	Less Observation Beds		0	0	0	201.00
202.00	Total (see instructions)		126,845,614	757,450	127,603,064	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 143026	Period: From 09/01/2011 To 08/31/2012	Worksheet C Part I Date/Time Prepared: 1/18/2013 9:08 am
		Title XVIII	Hospital	PPS

Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
9.00	10.00					
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	62,985,018		62,985,018	30.00
41.00	04100	SUBPROVIDER - I RF	0		0	41.00
42.00	04200	SUBPROVIDER	0		0	42.00
ANCILLARY SERVICE COST CENTERS						
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,223,606	2,970,386	6,193,992	54.00
54.01	05401	PSYCHOLOGY	2,605,089	4,151,591	6,756,680	54.01
54.02	05402	PULMONARY	1,093,300	779,659	1,872,959	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	11,409,151	503,958	11,913,109	60.00
60.01	06001	VOCATIONAL REHABILITATION	39,659	1,982,680	2,022,339	60.01
65.00	06500	RESPIRATORY THERAPY	3,659,214	3,004	3,662,218	65.00
66.00	06600	PHYSICAL THERAPY	26,336,553	15,594,066	41,930,619	66.00
66.01	06601	ALLIED HEALTH	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	25,535,941	5,939,267	31,475,208	67.00
68.00	06800	SPEECH PATHOLOGY	8,752,268	2,048,834	10,801,102	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	7,158,252	44,358	7,202,610	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	27,649,055	5,972,172	33,621,227	73.00
76.00	03020	PROSTHETICS AND ORTHOTICS	3,075,867	13,074,454	16,150,321	76.00
OUTPATIENT SERVICE COST CENTERS						
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	161,360	92,880,066	93,041,426	90.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS						
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)	183,684,333	145,944,495	329,628,828	200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)	183,684,333	145,944,495	329,628,828	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 143026	Period: From 09/01/2011 To 08/31/2012	Worksheet C Part I Date/Time Prepared: 1/18/2013 9:08 am
		Title XVIII	Hospital	PPS

Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
41.00	04100 SUBPROVIDER - IRF			41.00
42.00	04200 SUBPROVIDER			42.00
ANCILLARY SERVICE COST CENTERS				
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.471975		54.00
54.01	05401 PSYCHOLOGY	0.391554		54.01
54.02	05402 PULMONARY	0.434273		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	0.127743		60.00
60.01	06001 VOCATIONAL REHABILITATION	0.377181		60.01
65.00	06500 RESPIRATORY THERAPY	0.344722		65.00
66.00	06600 PHYSICAL THERAPY	0.304185		66.00
66.01	06601 ALLIED HEALTH	0.000000		66.01
67.00	06700 OCCUPATIONAL THERAPY	0.254372		67.00
68.00	06800 SPEECH PATHOLOGY	0.302628		68.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.416334		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.262688		73.00
76.00	03020 PROSTHETICS AND ORTHOTICS	0.337050		76.00
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC			88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000 CLINIC	0.394785		90.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS				
99.10	09910 CORF			99.10
SPECIAL PURPOSE COST CENTERS				
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 143026	Period: From 09/01/2011 To 08/31/2012	Worksheet C Part I Date/Time Prepared: 1/18/2013 9:08 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	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS		39,638,411	0	39,638,411	30.00
41.00	04100 SUBPROVIDER - IRF		0	0	0	41.00
42.00	04200 SUBPROVIDER		0	0	0	42.00
ANCILLARY SERVICE COST CENTERS						
54.00	05400 RADIOLOGY-DIAGNOSTIC		2,923,411	0	2,923,411	54.00
54.01	05401 PSYCHOLOGY		2,645,604	0	2,645,604	54.01
54.02	05402 PULMONARY		813,375	0	813,375	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		1,521,818	0	1,521,818	60.00
60.01	06001 VOCATIONAL REHABILITATION		762,787	0	762,787	60.01
65.00	06500 RESPIRATORY THERAPY	0	1,262,448	0	1,262,448	65.00
66.00	06600 PHYSICAL THERAPY	0	12,754,665	0	12,754,665	66.00
66.01	06601 ALLIED HEALTH	0	0	0	0	66.01
67.00	06700 OCCUPATIONAL THERAPY	0	8,006,408	0	8,006,408	67.00
68.00	06800 SPEECH PATHOLOGY	0	3,268,712	0	3,268,712	68.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		2,998,688	0	2,998,688	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		8,831,898	0	8,831,898	73.00
76.00	03020 PROSTHETICS AND ORTHOTICS		5,443,459	0	5,443,459	76.00
OUTPATIENT SERVICE COST CENTERS						
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		35,973,930	757,450	36,731,380	90.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10	09910 CORF		0	0	0	99.10
SPECIAL PURPOSE COST CENTERS						
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)		126,845,614	757,450	127,603,064	200.00
201.00	Less Observation Beds		0	0	0	201.00
202.00	Total (see instructions)		126,845,614	757,450	127,603,064	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 143026	Period: From 09/01/2011 To 08/31/2012	Worksheet C Part I Date/Time Prepared: 1/18/2013 9:08 am
		Title XVIII	Hospital	PPS

Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
9.00	10.00					
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	62,985,018		62,985,018	30.00
41.00	04100	SUBPROVIDER - I RF	0		0	41.00
42.00	04200	SUBPROVIDER	0		0	42.00
ANCILLARY SERVICE COST CENTERS						
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,223,606	2,970,386	6,193,992	54.00
54.01	05401	PSYCHOLOGY	2,605,089	4,151,591	6,756,680	54.01
54.02	05402	PULMONARY	1,093,300	779,659	1,872,959	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	11,409,151	503,958	11,913,109	60.00
60.01	06001	VOCATIONAL REHABILITATION	39,659	1,982,680	2,022,339	60.01
65.00	06500	RESPIRATORY THERAPY	3,659,214	3,004	3,662,218	65.00
66.00	06600	PHYSICAL THERAPY	26,336,553	15,594,066	41,930,619	66.00
66.01	06601	ALLIED HEALTH	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	25,535,941	5,939,267	31,475,208	67.00
68.00	06800	SPEECH PATHOLOGY	8,752,268	2,048,834	10,801,102	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	7,158,252	44,358	7,202,610	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	27,649,055	5,972,172	33,621,227	73.00
76.00	03020	PROSTHETICS AND ORTHOTICS	3,075,867	13,074,454	16,150,321	76.00
OUTPATIENT SERVICE COST CENTERS						
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	161,360	92,880,066	93,041,426	90.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS						
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)	183,684,333	145,944,495	329,628,828	200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)	183,684,333	145,944,495	329,628,828	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 143026	Period: From 09/01/2011 To 08/31/2012	Worksheet C Part I Date/Time Prepared: 1/18/2013 9:08 am
		Title XVIII	Hospital	PPS

Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
41.00	04100 SUBPROVIDER - IRF			41.00
42.00	04200 SUBPROVIDER			42.00
ANCILLARY SERVICE COST CENTERS				
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.471975		54.00
54.01	05401 PSYCHOLOGY	0.391554		54.01
54.02	05402 PULMONARY	0.434273		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	0.127743		60.00
60.01	06001 VOCATIONAL REHABILITATION	0.377181		60.01
65.00	06500 RESPIRATORY THERAPY	0.344722		65.00
66.00	06600 PHYSICAL THERAPY	0.304185		66.00
66.01	06601 ALLIED HEALTH	0.000000		66.01
67.00	06700 OCCUPATIONAL THERAPY	0.254372		67.00
68.00	06800 SPEECH PATHOLOGY	0.302628		68.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.416334		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.262688		73.00
76.00	03020 PROSTHETICS AND ORTHOTICS	0.337050		76.00
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC			88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000 CLINIC	0.394785		90.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS				
99.10	09910 CORF			99.10
SPECIAL PURPOSE COST CENTERS				
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 143026		Period: From 09/01/2011 To 08/31/2012		Worksheet D Part I Date/Time Prepared: 1/18/2013 9:08 am	
Cost Center Description		Title XVIII		Hospital		PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	3,971,810	0	3,971,810	56,763	69.97	30.00
41.00	04100 SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00	04200 SUBPROVIDER	0	0	0	0	0.00	42.00
200.00	Total (lines 30-199)	3,971,810		3,971,810	56,763		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS			Provider CCN: 143026	Period: From 09/01/2011 To 08/31/2012	Worksheet D Part I Date/Time Prepared: 1/18/2013 9:08 am
Cost Center Description			Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)	
			6.00	7.00	
Title XVIII Hospital PPS					
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	21,130	1,478,466	30.00
41.00	04100	SUBPROVIDER - IRF	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
200.00		Total (lines 30-199)	21,130	1,478,466	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 143026

Period:
From 09/01/2011
To 08/31/2012

Worksheet D
Part II
Date/Time Prepared:
1/18/2013 9:08 am

Cost Center Description		Title XVIII			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
54.00	05400	RADIOLOGY-DIAGNOSTIC	286,869	6,193,992	0.046314	1,678,700	77,747	54.00
54.01	05401	PSYCHOLOGY	257,568	6,756,680	0.038120	598,722	22,823	54.01
54.02	05402	PULMONARY	31,553	1,872,959	0.016847	416,324	7,014	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	93,449	11,913,109	0.007844	5,046,660	39,586	60.00
60.01	06001	VOCATIONAL REHABILITATION	105,372	2,022,339	0.052104	4,346	226	60.01
65.00	06500	RESPIRATORY THERAPY	52,729	3,662,218	0.014398	755,958	10,884	65.00
66.00	06600	PHYSICAL THERAPY	1,230,475	41,930,619	0.029346	10,224,194	300,039	66.00
66.01	06601	ALLIED HEALTH	0	0	0.000000	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	768,404	31,475,208	0.024413	9,659,537	235,818	67.00
68.00	06800	SPEECH PATHOLOGY	360,793	10,801,102	0.033403	3,007,441	100,458	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	269,335	7,202,610	0.037394	2,513,634	93,995	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	425,823	33,621,227	0.012665	10,760,710	136,284	73.00
76.00	03020	PROSTHETICS AND ORTHOTICS	340,551	16,150,321	0.021086	704,252	14,850	76.00
OUTPATIENT SERVICE COST CENTERS								
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	4,389,827	93,041,426	0.047181	90,440	4,267	90.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0.000000	0	0	92.00
200.00		Total (lines 50-199)	8,612,748	266,643,810		45,460,918	1,043,991	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 143026		Period: From 09/01/2011 To 08/31/2012		Worksheet D Part III Date/Time Prepared: 1/18/2013 9:08 am	
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	403,467	0	0	403,467	30.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
200.00		Total (lines 30-199)	0	403,467	0		403,467	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 143026		Period: From 09/01/2011 To 08/31/2012		Worksheet D Part III Date/Time Prepared: 1/18/2013 9:08 am	
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. Nursing School	PPS
			6.00	7.00	8.00	9.00	11.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	56,763	7.11	21,130	150,234	0	30.00
41.00	04100	SUBPROVIDER - IRF	0	0.00	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0.00	0	0	0	42.00
200.00		Total (lines 30-199)	56,763		21,130	150,234	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 143026		Period: From 09/01/2011 To 08/31/2012		Worksheet D Part III Date/Time Prepared: 1/18/2013 9:08 am	
Cost Center Description		PSA Adj . Allied Health Cost	PSA Adj . All Other Medical Education Cost	Title XVIII	Hospital	PPS	
		12.00	13.00				
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0			30.00
41.00	04100	SUBPROVIDER - IRF	0	0			41.00
42.00	04200	SUBPROVIDER	0	0			42.00
200.00		Total (lines 30-199)	0	0			200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 143026	Period: From 09/01/2011 To 08/31/2012	Worksheet D Part IV Date/Time Prepared: 1/18/2013 9:08 am
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Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	Hospital All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	PPS
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
54.01	05401	PSYCHOLOGY	0	0	0	0	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	0	0	0	60.00
60.01	06001	VOCATIONAL REHABILITATION	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
66.01	06601	ALLIED HEALTH	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	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	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	454,974	454,974	90.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	454,974	454,974	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 143026

Period:
From 09/01/2011
To 08/31/2012

Worksheet D
Part IV
Date/Time Prepared:
1/18/2013 9:08 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		
ANCILLARY SERVICE COST CENTERS								
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	6,193,992	0.000000	0.000000	1,678,700	54.00
54.01	05401	PSYCHOLOGY	0	6,756,680	0.000000	0.000000	598,722	54.01
54.02	05402	PULMONARY	0	1,872,959	0.000000	0.000000	416,324	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	11,913,109	0.000000	0.000000	5,046,660	60.00
60.01	06001	VOCATIONAL REHABILITATION	0	2,022,339	0.000000	0.000000	4,346	60.01
65.00	06500	RESPIRATORY THERAPY	0	3,662,218	0.000000	0.000000	755,958	65.00
66.00	06600	PHYSICAL THERAPY	0	41,930,619	0.000000	0.000000	10,224,194	66.00
66.01	06601	ALLIED HEALTH	0	0	0.000000	0.000000	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	31,475,208	0.000000	0.000000	9,659,537	67.00
68.00	06800	SPEECH PATHOLOGY	0	10,801,102	0.000000	0.000000	3,007,441	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	7,202,610	0.000000	0.000000	2,513,634	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	33,621,227	0.000000	0.000000	10,760,710	73.00
76.00	03020	PROSTHETICS AND ORTHOTICS	0	16,150,321	0.000000	0.000000	704,252	76.00
OUTPATIENT SERVICE COST CENTERS								
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	454,974	93,041,426	0.004890	0.004890	90,440	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)	454,974	266,643,810			45,460,918	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 143026	Period: From 09/01/2011 To 08/31/2012	Worksheet D Part IV Date/Time Prepared: 1/18/2013 9:08 am
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
Title XVIII Hospital PPS							
ANCILLARY SERVICE COST CENTERS							
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	819,062	0	0	0 54.00
54.01	05401	PSYCHOLOGY	0	439,169	0	0	0 54.01
54.02	05402	PULMONARY	0	442,109	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	1,330	0	0	0 65.00
66.00	06600	PHYSICAL THERAPY	0	15,114	0	0	0 66.00
66.01	06601	ALLIED HEALTH	0	0	0	0	0 66.01
67.00	06700	OCCUPATIONAL THERAPY	0	20,898	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	6,810	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	2,480,898	0	0	0 73.00
76.00	03020	PROSTHETICS AND ORTHOTICS	0	0	0	0	0 76.00
OUTPATIENT SERVICE COST CENTERS							
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	442	3,628,274	17,742	0	0 90.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
200.00		Total (lines 50-199)	442	7,853,664	17,742	0	0 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 143026	Period: From 09/01/2011 To 08/31/2012	Worksheet D Part IV Date/Time Prepared: 1/18/2013 9:08 am
	Title XVIII	Hospital	PPS

Cost Center Description		PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	
		23.00	24.00	
ANCILLARY SERVICE COST CENTERS				
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	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
76.00	03020 PROSTHETICS AND ORTHOTICS	0	0	76.00
OUTPATIENT SERVICE COST CENTERS				
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	Total (Lines 50-199)	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 143026	Period: From 09/01/2011 To 08/31/2012	Worksheet D Part V Date/Time Prepared: 1/18/2013 9:08 am
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges					
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
			1.00	2.00			3.00
ANCILLARY SERVICE COST CENTERS							
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.471975	819,062	0	0	54.00
54.01	05401	PSYCHOLOGY	0.391554	439,169	522	0	54.01
54.02	05402	PULMONARY	0.434273	442,109	0	0	54.02
57.00	05700	CT SCAN	0.000000	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	59.00
60.00	06000	LABORATORY	0.127743	0	0	0	60.00
60.01	06001	VOCATIONAL REHABILITATION	0.377181	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0.344722	1,330	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.304185	15,114	0	0	66.00
66.01	06601	ALLIED HEALTH	0.000000	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0.254372	20,898	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.302628	0	0	0	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.416334	6,810	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.262688	2,480,898	0	0	73.00
76.00	03020	PROSTHETICS AND ORTHOTICS	0.337050	0	17,601	0	76.00
OUTPATIENT SERVICE COST CENTERS							
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	0.386644	3,628,274	0	0	90.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	92.00
200.00		Subtotal (see instructions)		7,853,664	18,123	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00		Net Charges (line 200 +/- line 201)		7,853,664	18,123	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 143026	Period: From 09/01/2011 To 08/31/2012	Worksheet D Part V Date/Time Prepared: 1/18/2013 9:08 am
	Title XVIII	Hospital	PPS

Cost Center Description	Costs			Hospital	PPS
	PPS Services (see inst.)	Cost	Cost		
		Reimbursed Services Subject To Ded. & Coins. (see inst.)	Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
5.00	6.00	7.00			
ANCILLARY SERVICE COST CENTERS					
54.00 05400	RADIOLOGY-DIAGNOSTIC	386,577	0	0	54.00
54.01 05401	PSYCHOLOGY	171,958	204	0	54.01
54.02 05402	PULMONARY	191,996	0	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	458	0	0	65.00
66.00 06600	PHYSICAL THERAPY	4,597	0	0	66.00
66.01 06601	ALLIED HEALTH	0	0	0	66.01
67.00 06700	OCCUPATIONAL THERAPY	5,316	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	68.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,835	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	651,702	0	0	73.00
76.00 03020	PROSTHETICS AND ORTHOTICS	0	5,932	0	76.00
OUTPATIENT SERVICE COST CENTERS					
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	1,402,850	0	0	90.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
200.00	Subtotal (see instructions)	2,818,289	6,136	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges		0		201.00
202.00	Net Charges (line 200 +/- line 201)	2,818,289	6,136	0	202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 143026		Period: From 09/01/2011 To 08/31/2012		Worksheet D Part I Date/Time Prepared: 1/18/2013 9:08 am	
Cost Center Description		Title XVIII		Hospital		PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	3,971,810	0	3,971,810	56,763	69.97 30.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0.00 41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0.00 42.00
200.00		Total (lines 30-199)	3,971,810		3,971,810	56,763	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS			Provider CCN: 143026	Period: From 09/01/2011 To 08/31/2012	Worksheet D Part I Date/Time Prepared: 1/18/2013 9:08 am
			Title XVIII	Hospital	PPS
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	03000	ADULTS & PEDIATRICS	21,130	1,478,466	30.00
41.00	04100	SUBPROVIDER - IRF	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
200.00		Total (lines 30-199)	21,130	1,478,466	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 143026	Period: From 09/01/2011 To 08/31/2012	Worksheet D Part II Date/Time Prepared: 1/18/2013 9:08 am
		Title XVIII	Hospital	PPS

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
54.00	05400	RADIOLOGY-DIAGNOSTIC	286,869	6,193,992	0.046314	1,678,700	77,747	54.00
54.01	05401	PSYCHOLOGY	257,568	6,756,680	0.038120	598,722	22,823	54.01
54.02	05402	PULMONARY	31,553	1,872,959	0.016847	416,324	7,014	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	93,449	11,913,109	0.007844	5,046,660	39,586	60.00
60.01	06001	VOCATIONAL REHABILITATION	105,372	2,022,339	0.052104	4,346	226	60.01
65.00	06500	RESPIRATORY THERAPY	52,729	3,662,218	0.014398	755,958	10,884	65.00
66.00	06600	PHYSICAL THERAPY	1,230,475	41,930,619	0.029346	10,224,194	300,039	66.00
66.01	06601	ALLIED HEALTH	0	0	0.000000	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	768,404	31,475,208	0.024413	9,659,537	235,818	67.00
68.00	06800	SPEECH PATHOLOGY	360,793	10,801,102	0.033403	3,007,441	100,458	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	269,335	7,202,610	0.037394	2,513,634	93,995	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	425,823	33,621,227	0.012665	10,760,710	136,284	73.00
76.00	03020	PROSTHETICS AND ORTHOTICS	340,551	16,150,321	0.021086	704,252	14,850	76.00
OUTPATIENT SERVICE COST CENTERS								
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	4,389,827	93,041,426	0.047181	90,440	4,267	90.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0.000000	0	0	92.00
200.00		Total (lines 50-199)	8,612,748	266,643,810		45,460,918	1,043,991	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 143026		Period: From 09/01/2011 To 08/31/2012		Worksheet D Part III Date/Time Prepared: 1/18/2013 9:08 am		
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Hospital	Swing-Bed Adjustment Amount (see instructions)	PPS	
			1.00	2.00	3.00	4.00	5.00	Total Costs (sum of cols. 1 through 5, minus col. 4)	
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	403,467	0	0	0	403,467	30.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	0	42.00
200.00		Total (lines 30-199)	0	403,467	0	0	0	403,467	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 143026		Period: From 09/01/2011 To 08/31/2012		Worksheet D Part III Date/Time Prepared: 1/18/2013 9:08 am	
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. Nursing School	PPS
			6.00	7.00	8.00	9.00	11.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	56,763	7.11	21,130	150,234	0	30.00
41.00	04100	SUBPROVIDER - IRF	0	0.00	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0.00	0	0	0	42.00
200.00		Total (lines 30-199)	56,763		21,130	150,234	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 143026		Period: From 09/01/2011 To 08/31/2012		Worksheet D Part III Date/Time Prepared: 1/18/2013 9:08 am	
Cost Center Description		PSA Adj . Allied Health Cost	PSA Adj . All Other Medical Education Cost	Title XVIII	Hospital	PPS	
		12.00	13.00				
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0			30.00
41.00	04100	SUBPROVIDER - IRF	0	0			41.00
42.00	04200	SUBPROVIDER	0	0			42.00
200.00		Total (lines 30-199)	0	0			200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 143026	Period: From 09/01/2011 To 08/31/2012	Worksheet D Part IV Date/Time Prepared: 1/18/2013 9:08 am
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Cost Center Description		Title XVIII				Hospital		PPS	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)			
		1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS									
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
54.01	05401	PSYCHOLOGY	0	0	0	0	0	0	54.01
54.02	05402	PULMONARY	0	0	0	0	0	0	54.02
57.00	05700	CT SCAN	0	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	0	60.00
60.01	06001	VOCATIONAL REHABILITATION	0	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	0	66.00
66.01	06601	ALLIED HEALTH	0	0	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
76.00	03020	PROSTHETICS AND ORTHOTICS	0	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	454,974	0	454,974	0	90.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	454,974	0	454,974	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 143026	Period: From 09/01/2011 To 08/31/2012	Worksheet D Part IV Date/Time Prepared: 1/18/2013 9:08 am
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	6,193,992	0.000000	0.000000	1,678,700	54.00
54.01	05401	PSYCHOLOGY	0	6,756,680	0.000000	0.000000	598,722	54.01
54.02	05402	PULMONARY	0	1,872,959	0.000000	0.000000	416,324	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	11,913,109	0.000000	0.000000	5,046,660	60.00
60.01	06001	VOCATIONAL REHABILITATION	0	2,022,339	0.000000	0.000000	4,346	60.01
65.00	06500	RESPIRATORY THERAPY	0	3,662,218	0.000000	0.000000	755,958	65.00
66.00	06600	PHYSICAL THERAPY	0	41,930,619	0.000000	0.000000	10,224,194	66.00
66.01	06601	ALLIED HEALTH	0	0	0.000000	0.000000	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	31,475,208	0.000000	0.000000	9,659,537	67.00
68.00	06800	SPEECH PATHOLOGY	0	10,801,102	0.000000	0.000000	3,007,441	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	7,202,610	0.000000	0.000000	2,513,634	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	33,621,227	0.000000	0.000000	10,760,710	73.00
76.00	03020	PROSTHETICS AND ORTHOTICS	0	16,150,321	0.000000	0.000000	704,252	76.00
OUTPATIENT SERVICE COST CENTERS								
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	454,974	93,041,426	0.004890	0.004890	90,440	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)	454,974	266,643,810			45,460,918	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 143026	Period: From 09/01/2011 To 08/31/2012	Worksheet D Part IV Date/Time Prepared: 1/18/2013 9:08 am
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
Title XVIII Hospital PPS							
ANCILLARY SERVICE COST CENTERS							
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	819,062	0	0	0 54.00
54.01	05401	PSYCHOLOGY	0	439,169	0	0	0 54.01
54.02	05402	PULMONARY	0	442,109	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	1,330	0	0	0 65.00
66.00	06600	PHYSICAL THERAPY	0	15,114	0	0	0 66.00
66.01	06601	ALLIED HEALTH	0	0	0	0	0 66.01
67.00	06700	OCCUPATIONAL THERAPY	0	20,898	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	6,810	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	2,480,898	0	0	0 73.00
76.00	03020	PROSTHETICS AND ORTHOTICS	0	0	0	0	0 76.00
OUTPATIENT SERVICE COST CENTERS							
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	442	3,628,274	17,742	0	0 90.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
200.00		Total (lines 50-199)	442	7,853,664	17,742	0	0 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 143026	Period: From 09/01/2011 To 08/31/2012	Worksheet D Part IV Date/Time Prepared: 1/18/2013 9:08 am
	Title XVIII	Hospital	PPS

Cost Center Description		PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	
		23.00	24.00	
ANCILLARY SERVICE COST CENTERS				
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	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
76.00	03020 PROSTHETICS AND ORTHOTICS	0	0	76.00
OUTPATIENT SERVICE COST CENTERS				
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	Total (Lines 50-199)	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 143026	Period: From 09/01/2011 To 08/31/2012	Worksheet D Part V Date/Time Prepared: 1/18/2013 9:08 am
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges					
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
			1.00	2.00			3.00
ANCILLARY SERVICE COST CENTERS							
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.471975	819,062	0	0	54.00
54.01	05401	PSYCHOLOGY	0.391554	439,169	522	0	54.01
54.02	05402	PULMONARY	0.434273	442,109	0	0	54.02
57.00	05700	CT SCAN	0.000000	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	59.00
60.00	06000	LABORATORY	0.127743	0	0	0	60.00
60.01	06001	VOCATIONAL REHABILITATION	0.377181	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0.344722	1,330	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.304185	15,114	0	0	66.00
66.01	06601	ALLIED HEALTH	0.000000	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0.254372	20,898	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.302628	0	0	0	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.416334	6,810	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.262688	2,480,898	0	0	73.00
76.00	03020	PROSTHETICS AND ORTHOTICS	0.337050	0	17,601	0	76.00
OUTPATIENT SERVICE COST CENTERS							
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	0.386644	3,628,274	0	0	90.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	92.00
200.00		Subtotal (see instructions)		7,853,664	18,123	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00		Net Charges (line 200 +/- line 201)		7,853,664	18,123	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 143026	Period: From 09/01/2011 To 08/31/2012	Worksheet D Part V Date/Time Prepared: 1/18/2013 9:08 am
	Title XVIII	Hospital	PPS

Cost Center Description	Costs				
	PPS Services (see inst.)	Cost	Cost		
		Reimbursed Services Subject To Ded. & Coins. (see inst.)	Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
5.00	6.00	7.00			
ANCILLARY SERVICE COST CENTERS					
54.00 05400	RADIOLOGY-DIAGNOSTIC	386,577	0	0	54.00
54.01 05401	PSYCHOLOGY	171,958	204	0	54.01
54.02 05402	PULMONARY	191,996	0	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	458	0	0	65.00
66.00 06600	PHYSICAL THERAPY	4,597	0	0	66.00
66.01 06601	ALLIED HEALTH	0	0	0	66.01
67.00 06700	OCCUPATIONAL THERAPY	5,316	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	68.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,835	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	651,702	0	0	73.00
76.00 03020	PROSTHETICS AND ORTHOTICS	0	5,932	0	76.00
OUTPATIENT SERVICE COST CENTERS					
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	1,402,850	0	0	90.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
200.00	Subtotal (see instructions)	2,818,289	6,136	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges		0		201.00
202.00	Net Charges (line 200 +/- line 201)	2,818,289	6,136	0	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 143026	Period: From 09/01/2011 To 08/31/2012	Worksheet D-1 Date/Time Prepared: 1/18/2013 9:08 am
		Title XVIII	Hospital	PPS
Cost Center Description		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		56,763	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		56,763	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)		56,763	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		21,130	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		39,638,411	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)		39,638,411	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		61,452,642	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		61,452,642	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.645024	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		1,082.62	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)		39,638,411	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		698.31	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		14,755,290	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)		14,755,290	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 143026	Period: From 09/01/2011 To 08/31/2012	Worksheet D-1 Date/Time Prepared: 1/18/2013 9:08 am		
Cost Center Description			Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
Title XVIII			1.00	2.00	3.00	4.00	5.00
Hospital							
PPS							
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)					12,738,033	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					27,493,323	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,628,700	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,044,433	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					2,673,133	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					24,820,190	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 143026		Period: From 09/01/2011 To 08/31/2012		Worksheet D-1 Date/Time Prepared: 1/18/2013 9:08 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	3,971,810	39,638,411	0.100201	0	0	90.00
91.00	Nursing School cost	0	39,638,411	0.000000	0	0	91.00
92.00	Allied health cost	403,467	39,638,411	0.010179	0	0	92.00
93.00	All other Medical Education	0	39,638,411	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 143026	Period: From 09/01/2011 To 08/31/2012	Worksheet D-3 Date/Time Prepared: 1/18/2013 9:08 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	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		23,176,881		30.00
41.00	04100 SUBPROVIDER - I RF		0		41.00
42.00	04200 SUBPROVIDER		0		42.00
ANCILLARY SERVICE COST CENTERS					
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.471975	1,678,700	792,304	54.00
54.01	05401 PSYCHOLOGY	0.391554	598,722	234,432	54.01
54.02	05402 PULMONARY	0.434273	416,324	180,798	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	0.127743	5,046,660	644,675	60.00
60.01	06001 VOCATIONAL REHABILITATION	0.377181	4,346	1,639	60.01
65.00	06500 RESPIRATORY THERAPY	0.344722	755,958	260,595	65.00
66.00	06600 PHYSICAL THERAPY	0.304185	10,224,194	3,110,046	66.00
66.01	06601 ALLIED HEALTH	0.000000	0	0	66.01
67.00	06700 OCCUPATIONAL THERAPY	0.254372	9,659,537	2,457,116	67.00
68.00	06800 SPEECH PATHOLOGY	0.302628	3,007,441	910,136	68.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.416334	2,513,634	1,046,511	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.262688	10,760,710	2,826,709	73.00
76.00	03020 PROSTHETICS AND ORTHOTICS	0.337050	704,252	237,368	76.00
OUTPATIENT SERVICE COST CENTERS					
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	0.394785	90,440	35,704	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)		45,460,918	12,738,033	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)		45,460,918		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 143026	Period: From 09/01/2011 To 08/31/2012	Worksheet E Part B Date/Time Prepared: 1/18/2013 9:08 am
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		6,136	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		2,800,547	2.00
3.00	PPS payments		2,575,105	3.00
4.00	Outlier payment (see instructions)		5,108	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		17,742	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		6,136	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		18,123	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)		18,123	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		18,123	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		11,987	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)		6,136	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)		2,597,955	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		3,903	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		531,471	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)		2,068,717	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		73,947	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)		2,142,664	30.00
31.00	Primary payer payments		107	31.00
32.00	Subtotal (line 30 minus line 31)		2,142,557	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		106,520	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		74,564	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		106,520	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		2,217,121	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (line 37 plus or minus lines 39 minus 38)		2,217,121	40.00
41.00	Interim payments		2,139,644	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (line 40 minus the sum of lines 41, and 42)		77,477	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 143026	Period: From 09/01/2011 To 08/31/2012	Worksheet E Part B Date/Time Prepared: 1/18/2013 9:08 am
	Title XVIII	Hospital	PPS
			Overrides 1.00
WORKSHEET OVERRIDE VALUES			
112.00	Override of Ancillary service charges (line 12)		0112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 143026

Period:
From 09/01/2011
To 08/31/2012

Worksheet E-1
Part I
Date/Time Prepared:
1/18/2013 9:08 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		27,772,096		2,138,316	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	08/27/2012	1,328	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	08/27/2012	171,521		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		-171,521		1,328	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)		27,600,575		2,139,644	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		24,479		77,477	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		27,625,054		2,217,121	7.00
				Contractor Number	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 09/01/2011 To 08/31/2012	Worksheet E-3 Part III Date/Time Prepared: 1/18/2013 9:08 am
		Title XVIII	Hospital	PPS
		1.00		
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			21,476,326 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0417 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			2,328,206 3.00
4.00	Outlier Payments			1,998,854 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 other than FTEs in the first 3 years of a "new teaching program". (see inst.)			26.52 7.00
8.00	Current year's unweighted I&R FTE count for residents within the first 3 years of a "new teaching program". (see inst.)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			22.77 9.00
10.00	Average Daily Census (see instructions)			155.090164 10.00
11.00	Medical Education Adjustment Factor $\{(1 + (\text{line 9}/\text{line 10})) \text{ raised to the power of } .6876 - 1\}$.			0.098774 11.00
12.00	Medical Education Adjustment (line 1 multiplied by line 11).			2,121,303 12.00
13.00	Total PPS Payment (sum of lines 1, 3, 4 and 12)			27,924,689 13.00
14.00	Nursing and Allied Health Managed Care payment (see instruction)			0 14.00
15.00	Organ acquisition			0 15.00
16.00	Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions)			0 16.00
17.00	Subtotal (see instructions)			27,924,689 17.00
18.00	Primary payer payments			2,000 18.00
19.00	Subtotal (line 17 less line 18).			27,922,689 19.00
20.00	Deductibles			159,700 20.00
21.00	Subtotal (line 19 minus line 20)			27,762,989 21.00
22.00	Coinsurance			1,137,301 22.00
23.00	Subtotal (line 21 minus line 22)			26,625,688 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			184,151 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			128,906 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			184,151 26.00
27.00	Subtotal (sum of lines 23 and 25)			26,754,594 27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 49)			719,784 28.00
29.00	Other pass through costs (see instructions)			150,676 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)			27,625,054 32.00
33.00	Interim payments			27,600,575 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus the sum lines 33 and 34)			24,479 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2			0 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part III, line 4			1,998,854 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 143026	Period: From 09/01/2011 To 08/31/2012	Worksheet E-3 Part III Date/Time Prepared: 1/18/2013 9:08 am
		Title XVIII	Hospital	PPS
		1.00		
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			21,476,326 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0417 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			2,328,206 3.00
4.00	Outlier Payments			1,998,854 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 other than FTEs in the first 3 years of a "new teaching program". (see inst.)			26.52 7.00
8.00	Current year's unweighted I&R FTE count for residents within the first 3 years of a "new teaching program". (see inst.)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			22.77 9.00
10.00	Average Daily Census (see instructions)			155.090164 10.00
11.00	Medical Education Adjustment Factor $\{(1 + (\text{line 9}/\text{line 10})) \text{ raised to the power of } .6876 - 1\}$.			0.098774 11.00
12.00	Medical Education Adjustment (line 1 multiplied by line 11).			2,121,303 12.00
13.00	Total PPS Payment (sum of lines 1, 3, 4 and 12)			27,924,689 13.00
14.00	Nursing and Allied Health Managed Care payment (see instruction)			0 14.00
15.00	Organ acquisition			0 15.00
16.00	Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions)			0 16.00
17.00	Subtotal (see instructions)			27,924,689 17.00
18.00	Primary payer payments			2,000 18.00
19.00	Subtotal (line 17 less line 18).			27,922,689 19.00
20.00	Deductibles			159,700 20.00
21.00	Subtotal (line 19 minus line 20)			27,762,989 21.00
22.00	Coinsurance			1,137,301 22.00
23.00	Subtotal (line 21 minus line 22)			26,625,688 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			184,151 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			128,906 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			184,151 26.00
27.00	Subtotal (sum of lines 23 and 25)			26,754,594 27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 49)			719,784 28.00
29.00	Other pass through costs (see instructions)			150,676 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)			27,625,054 32.00
33.00	Interim payments			27,600,575 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus the sum lines 33 and 34)			24,479 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2			0 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part III, line 4			1,998,854 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 09/01/2011 To 08/31/2012	Worksheet E-4 Date/Time Prepared: 1/18/2013 9:08 am	
		Title XVII I	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			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 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus line 4.01 plus line 4.02 plus applicable subscripts)			22.92	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			26.52	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	25.14	25.14	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	21.73	21.73	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	21.73		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.00	21.95		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.00	21.96		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	0.00	21.88		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	21.88		17.00
18.00	Per resident amount	0.00	95,060.82		18.00
19.00	Approved amount for resident costs	0	2,079,931	2,079,931	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)			3.60	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)			2,079,931	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days	21,130	619		26.00
27.00	Total Inpatient Days (see instructions)	56,763	56,763		27.00
28.00	Ratio of inpatient days to total inpatient days	0.372250	0.010905		28.00
29.00	Program direct GME amount	774,254	22,682		29.00
30.00	Reduction for direct GME payments for Medicare managed care		3,205		30.00
31.00	Net Program direct GME amount			793,731	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 143026	Period: From 09/01/2011 To 08/31/2012	Worksheet E-4 Date/Time Prepared: 1/18/2013 9:08 am
		Title XVIII	Hospital	PPS
				1.00
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Worksheet B, Part I, sum of columns 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Worksheet C, Part I, column 8, sum of lines 74 and 94)		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
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		27,493,323	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)		2,000	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		27,491,323	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		2,824,425	42.00
43.00	Primary payer payments (see instructions)		107	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		2,824,318	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		30,315,641	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.906836	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.093164	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		793,731	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (Title XVIII only) (see instructions)		719,784	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		73,947	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 09/01/2011
To 08/31/2012

Worksheet G
Date/Time Prepared:
1/18/2013 9:08 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	34,708,000	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	25,340,000	0	0	0	4.00
5.00	Other receivable	13,443,000	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	1,141,000	0	0	0	7.00
8.00	Prepaid expenses	2,799,000	0	0	0	8.00
9.00	Other current assets	7,475,000	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)	84,906,000	0	0	0	11.00
FIXED ASSETS						
12.00	Land	33,115,384	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	136,851,822	0	0	0	15.00
16.00	Accumulated depreciation	-81,962,544	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	45,749,755	0	0	0	23.00
24.00	Accumulated depreciation	-28,328,417	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)	105,426,000	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	115,439,000	83,317,000	51,584,000	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	47,459,000	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	162,898,000	83,317,000	51,584,000	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	353,230,000	83,317,000	51,584,000	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	15,819,000	0	0	0	37.00
38.00	Salaries, wages, and fees payable	11,195,000	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	306,000	0	0	0	40.00
41.00	Deferred income	2,862,000	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	3,301,000	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	33,483,000	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	110,605,000	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	87,357,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	197,962,000	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	231,445,000	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	121,785,000				52.00
53.00	Specific purpose fund		83,317,000			53.00
54.00	Donor created - endowment fund balance - restricted			51,584,000		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)	121,785,000	83,317,000	51,584,000	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	353,230,000	83,317,000	51,584,000	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 143026

Period:
From 09/01/2011
To 08/31/2012

Worksheet G-1

Date/Time Prepared:
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		General Fund		Special Purpose Fund		
		1.00	2.00	3.00	4.00	
		1.00	Fund balances at beginning of period		118,010,000	
2.00	Net income (loss) (From Wkst. G-3, line 29)		8,583,370			2.00
3.00	Total (sum of line 1 and line 2)		126,593,370		83,714,000	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		126,593,370		83,714,000	11.00
12.00	Deductions (debit adjustments) (specify)	4,808,370		397,000		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		4,808,370		397,000	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		121,785,000		83,317,000	19.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 143026

Period:
From 09/01/2011
To 08/31/2012

Worksheet G-1

Date/Time Prepared:
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	Endowment Fund		Plant Fund			
	5.00	6.00	7.00	8.00		
1.00 Fund balances at beginning of period		50,397,000			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)		50,397,000			0	3.00
4.00 Additions (credit adjustments) (specify)	1,187,000			0		4.00
5.00	0			0		5.00
6.00	0			0		6.00
7.00	0			0		7.00
8.00	0			0		8.00
9.00	0			0		9.00
10.00 Total additions (sum of line 4-9)		1,187,000			0	10.00
11.00 Subtotal (line 3 plus line 10)		51,584,000			0	11.00
12.00 Deductions (debit adjustments) (specify)	0			0		12.00
13.00	0			0		13.00
14.00	0			0		14.00
15.00	0			0		15.00
16.00	0			0		16.00
17.00	0			0		17.00
18.00 Total deductions (sum of lines 12-17)		0			0	18.00
19.00 Fund balance at end of period per balance sheet (line 11 minus line 18)		51,584,000			0	19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 143026

Period:
From 09/01/2011
To 08/31/2012

Worksheet G-2
Parts I & II
Date/Time Prepared:
1/18/2013 9:08 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	61,452,642		61,452,642	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)	61,452,642		61,452,642	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)	61,452,642		61,452,642	17.00
18.00	Ancillary services	144,595,475	155,615,606	300,211,081	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)	206,048,117	155,615,606	361,663,723	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		203,250,039		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)		203,250,039		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 143026

Period:
From 09/01/2011
To 08/31/2012

Worksheet G-3

Date/Time Prepared:
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		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	361,663,723	1.00
2.00	Less contractual allowances and discounts on patients' accounts	198,128,990	2.00
3.00	Net patient revenues (line 1 minus line 2)	163,534,733	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	203,250,039	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-39,715,306	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	24,023,549	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and telegraph service	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	551,619	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	716,832	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)	23,006,676	24.00
25.00	Total other income (sum of lines 6-24)	48,298,676	25.00
26.00	Total (line 5 plus line 25)	8,583,370	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)	8,583,370	29.00