

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: 160033

Period: From 07/01/2011 To 06/30/2012

Worksheet S Parts I-III Date/Time Prepared: 11/28/2012 8:55 am

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: 11/28/2012 Time: 8:55 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.

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 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 GENESIS MEDICAL CENTER for the cost reporting period beginning 07/01/2011 and ending 06/30/2012 and to the best of my knowledge and belief, it is a true, correct and complete statement 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 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	135,586	-134,379	-305,706	0	1.00
2.00 Subprovider - IPF	0	-6,290	36		0	2.00
3.00 Subprovider - IRF	0	143,091	55		0	3.00
4.00 SUBPROVIDER I	0	0	0		0	4.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0	0	0		0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0		0	7.00
8.00 NURSING FACILITY	0	0	0		0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00 RURAL HEALTH CLINIC I	0	0	0		0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0		0	11.00
12.00 CMHC I	0	0	0		0	12.00
200.00 Total	0	272,387	-134,288	-305,706	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: 160033		Period: From 07/01/2011 To 06/30/2012		Worksheet S-2 Part I Date/Time Prepared: 11/28/2012 8:53 am				
1.00 Hospital and Hospital Health Care Complex Address:		2.00 PO Box:		3.00 State: IA Zip Code: 52803-		4.00 County: SCOTT				
1.00 Street: 1227 EAST RUSHOLME		2.00 City: DAVENPORT								
Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00		
3.00 Hospital and Hospital-Based Component Identification:										
3.00	Hospital	GENESIS MEDICAL CENTER	160033	19340	1	07/01/1984	N	P	O	3.00
4.00	Subprovider - IPF	GMC PSYCH	16S033	19340	4	07/01/1984	N	P	N	4.00
5.00	Subprovider - IRF	GMC REHABILITATION	16T033	19340	5	07/01/1984	N	P	N	5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF						N	N	N	7.00
8.00	Swing Beds - NF						N		N	8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) 1									17.00
18.00	Renal Dialysis	GMC RENAL	162303	19340		07/01/1984				18.00
19.00	Other									19.00
						From:	To:			
						1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)					07/01/2011	06/30/2012		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.					Y		N		22.00
23.00	Indicate in column 1 the method used to capture Medicaid (title XIX) days reported on lines 24 and/or 25 of this worksheet during the cost reporting period by entering a "1" if days are based on the date of admission, "2" if days are based on census days (also referred to as the day count), or "3" if the days are based on the date of discharge. Is the method of identifying the days in the current cost reporting period different from the method used in the prior cost reporting period? Enter in column 2 "Y" for yes or "N" for no.					3		N		23.00
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible 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 days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible but unpaid days in column 5, and other Medicaid days in column 6.	9,196	1,378	887	197	39	0		24.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in col. 1, the in-state Medicaid eligible days in col. 2, out-of-state Medicaid days in col. 3, out-of-state Medicaid eligible days in col. 4, Medicaid HMO paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6.	1,002	268	109	55	0	0		25.00	
						Urban/Rural	S	Date of Geogr		
						1.00		2.00		
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter (1) for urban or (2) for rural.					1				26.00
27.00	For the Standard Geographic classification (not wage), what is your status at the end of the cost reporting period. Enter (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.									36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.					0				37.00
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.									38.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 160033	Period: From 07/01/2011 To 06/30/2012	Worksheet S-2 Part I Date/Time Prepared: 11/28/2012 8:53 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	Y	N	45.00	
46.00	Is this facility eligible for the special exceptions payment pursuant to 42 CFR Section §412.348(g)? 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)	N			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)	Y			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. If line 63 is yes or your facility trained residents in the base year period, enter in column 1, from your cost reporting period that begins on or after July 1, 2009, and before June 30, 2010 the number of unweighted nonprimary care FTE residents attributable to rotations that occurred in all nonprovider settings. Enter in column 2 the number of unweighted nonprimary care FTE residents that trained in your hospital. Include unweighted OB/GYN, dental and podiatry FTEs on this line. Enter in column 3, the ratio of column 1 divided by the sum of columns 1 and 2.	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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 160033

Period:
From 07/01/2011
To 06/30/2012

Worksheet S-2
Part I
Date/Time Prepared:
11/28/2012 8:53 am

	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
65.00	If line 63 is yes or your facility trained residents in the base year period, enter from your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010, the number of unweighted primary care FTE residents for each primary care specialty program in which you train residents. Use subscripted lines 65.01 through 65.50 for each additional primary care program. 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. (see instructions)	GENESIS FAMILY MEDICINE RESIDENCY	1350	6.71	9.47	0.414710	65.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))		
			1.00	2.00	3.00		
66.00	Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010 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
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
			1.00	2.00	3.00		
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.	GENESIS FAMILY MEDICINE RESIDENCY	1350	8.35	11.38	0.423213	67.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 160033	Period: From 07/01/2011 To 06/30/2012	Worksheet S-2 Part I Date/Time Prepared: 11/28/2012 8:53 am				
		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.	Y				70.00		
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period 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	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)	N	N	0		76.00		
		1.00						
Long Term Care Hospital PPS								
80.00	Are you a long term care hospital (LTCH)? Enter in column 1 "Y" for yes and "N" for no. LTCHs can only exist as independent/freestanding facilities. An independent or freestanding facility may exist as an unrelated hospital within a hospital, it must meet the separateness (from the host/co-located provider) requirements identified in 42 CFR 412.22(e.)		N			80.00		
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			85.00		
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.		N			86.00		
		V			XIX			
		1.00			2.00			
Title V or XIX Inpatient 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)	N				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)	N				107.00		
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N				108.00		
		Physical		Speech		Respiratory		
		1.00		3.00		4.00		
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N		109.00	
		1.00			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		

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			1.00	2.00	3.00
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.		2		118.00
			Premiums	Losses	Insurance
			1.00	2.00	3.00
118.01	Enter the total amount of malpractice premiums paid in column 1, enter the total amount of paid losses in column 2, and enter the total amount of self insurance paid in column 3.	384,224	0	0	118.01
			1.00	2.00	
118.02	Indicate if malpractice premiums and paid losses are reported in other than the Administrative and General cost center. If yes, provide a supporting schedule and list the amounts applicable to each cost center.		N		118.02
119.00	DO NOT USE THIS LINE				119.00
120.00	If this is an SCH (or EACH), regardless of bed size, or is rural hospital with 100 or fewer beds that qualifies for the outpatient hold harmless provision in accordance with ACA, section 3121, as amended by the Medicare and Medicaid Extenders Act (MMEA) of 2010, section 108; the Temporary Payroll Tax Cut Continuation Act of 2011, section 308; and the Middle Class Tax Relief and Job Creation Act of 2012, section 3002, enter "Y" for yes or "N" for no in column 1 or column 2, respectively. Note that for SCHs (and EACHs) the outpatient hold harmless provision is effective for services rendered from January 1, 2010 through February 29, 2012 regardless of bed size and from March 1, 2012 through December 31, 2012 to all SCHs (and EACHs) with 100 or fewer beds. These responses impact the TOPs calculation on Worksheet E, Part B, line 8.		N	N	120.00
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y		121.00
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
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)		Y	H55790	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: GENESIS HEALTH SYSTEM	Contractor's Name: WPS	Contractor's Number: 05101		141.00
142.00	Street: 1227 EAST RUSHOLME STREET	PO Box:			142.00
143.00	City: DAVENPORT	State: IA	Zip Code: 52803-2459		143.00
			1.00	2.00	
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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 160033	Period: From 07/01/2011 To 06/30/2012	Worksheet S-2 Part I Date/Time Prepared: 11/28/2012 8:53 am
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		Part A 1.00	Part B 2.00	Title V 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	N	155.00
156.00	Subprovider - IPF	N	N	N	N	156.00
157.00	Subprovider - IRF	N	N	N	N	157.00
158.00	SUBPROVIDER					158.00
159.00	SNF	N	N	N	N	159.00
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00
161.00	CMHC	N	N	N	N	161.00

							1.00	
Multi campus								
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.					N	165.00	

		Name 0	County 1.00	State 2.00	Zip Code 3.00	CBSA 4.00	FTE/Campus 5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5						0.00	166.00

							1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act								
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.					Y	167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)						0168.00	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)					1.00	169.00	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 160033	Period: From 07/01/2011 To 06/30/2012	Worksheet S-2 Part II Date/Time Prepared: 11/28/2012 8:53 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.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
				Y/N	
				1.00	
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			Y	15.00
		Part A			
		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)	N			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y		11/05/2012	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: 160033	Period: From 07/01/2011 To 06/30/2012	Worksheet S-2 Part II Date/Time Prepared: 11/28/2012 8:53 am
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		Part A		
		Description	Y/N	Date
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	0	1.00 N	2.00
				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		N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.		N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions		N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.		N	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.		N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.		N	27.00
Interest Expense				
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.		N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions		N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		Y	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		N	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.		N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.		N	33.00
Provider-Based Physicians				
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.		Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.		N	35.00
			Y/N	Date
			1.00	2.00
Home Office Costs				
36.00	Were home office costs claimed on the cost report?		Y	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		Y	37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		N	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N	40.00
				1.00
				2.00
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.	MARTY	ORWITZ	41.00
42.00	Enter the employer/company name of the cost report preparer.	GENESIS HEALTH SYSTEM		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	563-421-4175	ORWITZM@GENESISHEALTH.COM	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)	N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	11/05/2012	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.	REIMBURSEMENT DIRECTOR		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: 160033

Period:
From 07/01/2011
To 06/30/2012

Worksheet S-3
Part I
Date/Time Prepared:
11/28/2012 8:53 am

Cost Center Description	Worksheet A	No. of Beds	Bed Days	CAH Hours	
	Line Number		Avai lable		
	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	220	80,520	0.00	1.00
2.00 HMO					2.00
3.00 HMO IPF					3.00
4.00 HMO IRF					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)		220	80,520	0.00	7.00
8.00 INTENSIVE CARE UNIT	31.00	22	8,052	0.00	8.00
9.00 CORONARY CARE UNIT					9.00
9.01 NICU	32.01	20	7,320	0.00	9.01
10.00 BURN INTENSIVE CARE UNIT					10.00
11.00 SURGICAL INTENSIVE CARE UNIT					11.00
12.00 OTHER SPECIAL CARE (SPECIFY)					12.00
13.00 NURSERY	43.00				13.00
14.00 Total (see instructions)		262	95,892	0.00	14.00
15.00 CAH visits					15.00
16.00 SUBPROVIDER - IPF	40.00	19	6,954		16.00
17.00 SUBPROVIDER - IRF	41.00	36	13,176		17.00
18.00 SUBPROVIDER					18.00
19.00 SKILLED NURSING FACILITY					19.00
20.00 NURSING FACILITY					20.00
21.00 OTHER LONG TERM CARE					21.00
22.00 HOME HEALTH AGENCY					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)					23.00
24.00 HOSPICE					24.00
25.00 CMHC - CMHC					25.00
26.00 RURAL HEALTH CLINIC					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER					26.25
27.00 Total (sum of lines 14-26)		317			27.00
28.00 Observation Bed Days					28.00
28.01 SUBPROVIDER - IPF	40.00				28.01
28.02 SUBPROVIDER - IRF	41.00				28.02
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: 160033

Period:
From 07/01/2011
To 06/30/2012

Worksheet S-3
Part I
Date/Time Prepared:
11/28/2012 8:53 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	25,561	5,670	48,223		1.00
2.00 HMO		4,088	0			2.00
3.00 HMO IPF		0	0			3.00
4.00 HMO IRF		392	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		6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	0	25,561	5,670	48,223		7.00
8.00 INTENSIVE CARE UNIT	0	2,433	387	4,223		8.00
9.00 CORONARY CARE UNIT						9.00
9.01 NICU	0	0	1,417	2,291		9.01
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	0		1,766	4,127		13.00
14.00 Total (see instructions)	0	27,994	9,240	58,864		14.00
15.00 CAH visits	0	0	0	0		15.00
16.00 SUBPROVIDER - IPF	0	1,660	209	5,865		16.00
17.00 SUBPROVIDER - IRF	0	4,788	1,001	8,406		17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)						27.00
28.00 Observation Bed Days	0		1,076	4,874		28.00
28.01 SUBPROVIDER - IPF				7		28.01
28.02 SUBPROVIDER - IRF				32		28.02
29.00 Ambulance Trips		0				29.00
30.00 Employee discount days (see instruction)				1,043		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: 160033

Period:
From 07/01/2011
To 06/30/2012

Worksheet S-3
Part I
Date/Time Prepared:
11/28/2012 8:53 am

Cost Center Description	Full Time Equivalents			Discharges		
	Total Interns & Residents	Employees On Payroll	Nonpaid Workers	Title V	Title XVIII	
	9.00	10.00	11.00	12.00	13.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)				0	6,273	1.00
2.00 HMO					840	2.00
3.00 HMO IPF						3.00
4.00 HMO IRF						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
9.01 NICU						9.01
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)	19.23	1,371.09	0.00	0	6,273	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.50	24.82	0.00	0	200	16.00
17.00 SUBPROVIDER - IRF	0.00	41.25	0.00	0	322	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)	19.73	1,437.16	0.00			27.00
28.00 Observation Bed Days						28.00
28.01 SUBPROVIDER - IPF						28.01
28.02 SUBPROVIDER - IRF						28.02
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: 160033

Period:
From 07/01/2011
To 06/30/2012

Worksheet S-3
Part I
Date/Time Prepared:
11/28/2012 8:53 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)	2,883	15,216		1.00
2.00 HMO				2.00
3.00 HMO IPF				3.00
4.00 HMO IRF				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
9.01 NICU				9.01
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)	2,883	15,216		14.00
15.00 CAH visits				15.00
16.00 SUBPROVIDER - IPF	38	1,064		16.00
17.00 SUBPROVIDER - IRF	65	547		17.00
18.00 SUBPROVIDER				18.00
19.00 SKILLED NURSING FACILITY				19.00
20.00 NURSING FACILITY				20.00
21.00 OTHER LONG TERM CARE				21.00
22.00 HOME HEALTH AGENCY				22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)				23.00
24.00 HOSPICE				24.00
25.00 CMHC - CMHC				25.00
26.00 RURAL HEALTH CLINIC				26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER				26.25
27.00 Total (sum of lines 14-26)				27.00
28.00 Observation Bed Days				28.00
28.01 SUBPROVIDER - IPF				28.01
28.02 SUBPROVIDER - IRF				28.02
29.00 Ambulance Trips				29.00
30.00 Employee discount days (see instruction)				30.00
31.00 Employee discount days - IRF				31.00
32.00 Labor & delivery days (see instructions)				32.00
33.00 LTCH non-covered days				33.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 160033

Period:
From 07/01/2011
To 06/30/2012

Worksheet S-3
Part II
Date/Time Prepared:
11/28/2012 8:53 am

		Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col .2 ± col . 3)	Paid Hours Related to Salaries in col . 4	
		1.00	2.00	3.00	4.00	5.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	87,634,348	0	87,634,348	2,989,297.00	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	4.01
5.00	Physician-Part B		16,098	0	16,098	176.00	5.00
6.00	Non-physician-Part B		0	0	0	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	7.01
8.00	Home office personnel		0	0	0	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	9.00
10.00	Excluded area salaries (see instructions)		3,793,907	1,821,979	5,615,886	280,197.00	10.00
OTHER WAGES & RELATED COSTS							
11.00	Contract labor (see instructions)		1,031,511	0	1,031,511	8,773.00	11.00
12.00	Contract management and administrative services		0	0	0	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		421,936	0	421,936	3,226.00	13.00
14.00	Home office salaries & wage-related costs		30,944,210	0	30,944,210	702,743.00	14.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	15.00
16.00	Home office and Contract Physicians Part A - Administrative		0	0	0	0.00	16.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) Wkst S-3, Part IV Line 24		23,775,098	0	23,775,098		17.00
18.00	Wage-related costs (other)Wkst S-3, Part IV Line 25		0	0	0		18.00
19.00	Excluded areas		1,732,874	0	1,732,874		19.00
20.00	Non-physician anesthetist Part A		0	0	0		20.00
21.00	Non-physician anesthetist Part B		0	0	0		21.00
22.00	Physician Part A - Administrative		0	0	0		22.00
22.01	Physician Part A - Teaching		0	0	0		22.01
23.00	Physician Part B		4,091	0	4,091		23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0		24.00
25.00	Interns & residents (in an approved program)		0	0	0		25.00
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits	4.00	50,832	0	50,832	3,022.00	26.00
27.00	Administrative & General	5.00	4,624,299	-1,200,269	3,424,030	100,184.00	27.00
28.00	Administrative & General under contract (see inst.)		829,845	0	829,845	4,073.00	28.00
29.00	Maintenance & Repairs	6.00	3,271,030	0	3,271,030	149,181.00	29.00
30.00	Operation of Plant	7.00	0	0	0	0.00	30.00
31.00	Laundry & Linen Service	8.00	148,194	0	148,194	12,829.00	31.00
32.00	Housekeeping	9.00	2,355,891	-286,737	2,069,154	151,302.00	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	33.00
34.00	Dietary	10.00	2,695,070	-1,450,116	1,244,954	84,659.00	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	35.00
36.00	Cafeteria	11.00	0	0	0	0.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	37.00
38.00	Nursing Administration	13.00	1,352,703	0	1,352,703	45,834.00	38.00
39.00	Central Services and Supply	14.00	571,180	0	571,180	32,169.00	39.00
40.00	Pharmacy	15.00	4,201,556	0	4,201,556	113,147.00	40.00
41.00	Medical Records & Medical Records Library	16.00	0	0	0	0.00	41.00
42.00	Social Service	17.00	794,353	0	794,353	30,271.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 160033

Period:
From 07/01/2011
To 06/30/2012

Worksheet S-3
Part II
Date/Time Prepared:
11/28/2012 8:53 am

		Average Hourly Wage (col. 4 ÷ col. 5)	
		6.00	
PART II - WAGE DATA			
SALARIES			
1.00	Total salaries (see instructions)	29.32	1.00
2.00	Non-physician anesthetist Part A	0.00	2.00
3.00	Non-physician anesthetist Part B	0.00	3.00
4.00	Physician-Part A - Administrative	0.00	4.00
4.01	Physicians - Part A - Teaching	0.00	4.01
5.00	Physician-Part B	91.47	5.00
6.00	Non-physician-Part B	0.00	6.00
7.00	Interns & residents (in an approved program)	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)	0.00	7.01
8.00	Home office personnel	0.00	8.00
9.00	SNF	0.00	9.00
10.00	Excluded area salaries (see instructions)	20.04	10.00
OTHER WAGES & RELATED COSTS			
11.00	Contract labor (see instructions)	117.58	11.00
12.00	Contract management and administrative services	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative	130.79	13.00
14.00	Home office salaries & wage-related costs	44.03	14.00
15.00	Home office: Physician Part A - Administrative	0.00	15.00
16.00	Home office and Contract Physicians Part A - Administrative	0.00	16.00
WAGE-RELATED COSTS			
17.00	Wage-related costs (core) Wkst S-3, Part IV Line 24		17.00
18.00	Wage-related costs (other)Wkst S-3, Part IV Line 25		18.00
19.00	Excluded areas		19.00
20.00	Non-physician anesthetist Part A		20.00
21.00	Non-physician anesthetist Part B		21.00
22.00	Physician Part A - Administrative		22.00
22.01	Physician Part A - Teaching		22.01
23.00	Physician Part B		23.00
24.00	Wage-related costs (RHC/FQHC)		24.00
25.00	Interns & residents (in an approved program)		25.00
OVERHEAD COSTS - DIRECT SALARIES			
26.00	Employee Benefits	16.82	26.00
27.00	Administrative & General	34.18	27.00
28.00	Administrative & General under contract (see inst.)	203.74	28.00
29.00	Maintenance & Repairs	21.93	29.00
30.00	Operation of Plant	0.00	30.00
31.00	Laundry & Linen Service	11.55	31.00
32.00	Housekeeping	13.68	32.00
33.00	Housekeeping under contract (see instructions)	0.00	33.00
34.00	Dietary	14.71	34.00
35.00	Dietary under contract (see instructions)	0.00	35.00
36.00	Cafeteria	0.00	36.00
37.00	Maintenance of Personnel	0.00	37.00
38.00	Nursing Administration	29.51	38.00
39.00	Central Services and Supply	17.76	39.00
40.00	Pharmacy	37.13	40.00
41.00	Medical Records & Medical Records Library	0.00	41.00
42.00	Social Service	26.24	42.00
43.00	Other General Service	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 160033	Period: From 07/01/2011 To 06/30/2012	Worksheet S-3 Part III Date/Time Prepared: 11/28/2012 8:53 am		
	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	
	1.00	2.00	3.00	4.00	5.00	
PART III - HOSPITAL WAGE INDEX SUMMARY						
1.00	Net salaries (see instructions)	88,448,095	0	88,448,095	2,993,194.00	1.00
2.00	Excluded area salaries (see instructions)	3,793,907	1,821,979	5,615,886	280,197.00	2.00
3.00	Subtotal salaries (line 1 minus line 2)	84,654,188	-1,821,979	82,832,209	2,712,997.00	3.00
4.00	Subtotal other wages & related costs (see inst.)	32,397,657	0	32,397,657	714,742.00	4.00
5.00	Subtotal wage-related costs (see inst.)	23,775,098	0	23,775,098	0.00	5.00
6.00	Total (sum of lines 3 thru 5)	140,826,943	-1,821,979	139,004,964	3,427,739.00	6.00
7.00	Total overhead cost (see instructions)	20,894,953	-2,937,122	17,957,831	726,671.00	7.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 160033

Period:
From 07/01/2011
To 06/30/2012

Worksheet S-3
Part III
Date/Time Prepared:
11/28/2012 8:53 am

		Average Hourly Wage (col. 4 ÷ col. 5)	
		6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY			
1.00	Net salaries (see instructions)	29.55	1.00
2.00	Excluded area salaries (see instructions)	20.04	2.00
3.00	Subtotal salaries (line 1 minus line 2)	30.53	3.00
4.00	Subtotal other wages & related costs (see inst.)	45.33	4.00
5.00	Subtotal wage-related costs (see inst.)	28.70	5.00
6.00	Total (sum of lines 3 thru 5)	40.55	6.00
7.00	Total overhead cost (see instructions)	24.71	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 160033	Period: From 07/01/2011 To 06/30/2012	Worksheet S-3 Part IV Date/Time Prepared: 11/28/2012 8:53 am
			Amount Reported	
			1.00	
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		4,513,031	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration Fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)		10,080,094	8.00
9.00	Prescription Drug Plan		1,400,137	9.00
10.00	Dental, Hearing and Vision Plan		733,581	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		160,455	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)		0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)		0	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		412,873	14.00
15.00	'Workers' Compensation Insurance		1,460,584	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		0	16.00
TAXES				
17.00	FICA-Employers Portion Only		6,272,192	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		47,518	19.00
20.00	State or Federal Unemployment Taxes		0	20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		0	21.00
22.00	Day Care Cost and Allowances		2,012	22.00
23.00	Tuition Reimbursement		429,585	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		25,512,062	24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 160033

Period:
From 07/01/2011
To 06/30/2012

Worksheet S-3
Part V
Date/Time Prepared:
11/28/2012 8:53 am

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

		Outpatient		Training			
		Regular	High Flux	Hemodialysis	CAPD / CCPD		
		1.00	2.00	3.00	4.00		
1.00	Number of patients in program at end of cost reporting period	128	0	0	0		1.00
2.00	Number of times per week patient receives dialysis	3.00	0.00	0.00	0.00		2.00
3.00	Average patient dialysis time including setup	5.25	0.00	0.00	0.00		3.00
4.00	CAPD exchanges per day				0.00		4.00
5.00	Number of days in year dialysis furnished	313	0				5.00
6.00	Number of stations	24	0	0	0		6.00
7.00	Treatment capacity per day per station	3	0				7.00
8.00	Utilization (see instructions)	0.74	0.00				8.00
9.00	Average times dialyzers re-used	0.00	0.00				9.00
10.00	Percentage of patients re-using dialyzers	0.00	0.00				10.00
TRANSPLANT INFORMATION							
11.00	Number of patients on transplant list	7					11.00
12.00	Number of patients transplanted during the cost reporting period	4					12.00
EPOETIN							
13.00	Net costs of Epoetin furnished to all maintenance dialysis patients by the provider.	0					13.00
14.00	Epoetin amount from Worksheet A for Home Dialysis program	0					14.00
15.00	Number of EPO units furnished relating to the renal dialysis department	0					15.00
16.00	Number of EPO units furnished relating to the home dialysis department	0					16.00
ARANESP							
17.00	Net costs of ARANESP furnished to all maintenance dialysis patients by the provider.	1,035,754					17.00
18.00	ARANESP amount from Worksheet A for Home Dialysis program	0					18.00
19.00	Number of ARANESP units furnished relating to the renal dialysis department	6,616					19.00
20.00	Number of ARANESP units furnished relating to the home dialysis department	0					20.00
						MCP	INITIAL METHOD
						1.00	2.00
PHYSICIAN PAYMENT METHOD							
21.00	enter "X" if method(s) is applicable				X		21.00

		Home		
		Hemodialysis	CAPD / CCPD	
		5.00	6.00	
1.00	Number of patients in program at end of cost reporting period	0	0	1.00
2.00	Number of times per week patient receives dialysis	0.00	0.00	2.00
3.00	Average patient dialysis time including setup			3.00
4.00	CAPD exchanges per day		0.00	4.00
5.00	Number of days in year dialysis furnished			5.00
6.00	Number of stations			6.00
7.00	Treatment capacity per day per station			7.00
8.00	Utilization (see instructions)			8.00
9.00	Average times dialyzers re-used			9.00
10.00	Percentage of patients re-using dialyzers			10.00
TRANSPLANT INFORMATION				
11.00	Number of patients on transplant list			11.00
12.00	Number of patients transplanted during the cost reporting period			12.00
EPOETIN				
13.00	Net costs of Epoetin furnished to all maintenance dialysis patients by the provider.			13.00
14.00	Epoetin amount from Worksheet A for Home Dialysis program			14.00
15.00	Number of EPO units furnished relating to the renal dialysis department			15.00
16.00	Number of EPO units furnished relating to the home dialysis department			16.00
ARANESP				
17.00	Net costs of ARANESP furnished to all maintenance dialysis patients by the provider.			17.00
18.00	ARANESP amount from Worksheet A for Home Dialysis program			18.00
19.00	Number of ARANESP units furnished relating to the renal dialysis department			19.00
20.00	Number of ARANESP units furnished relating to the home dialysis department			20.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 160033	Period: From 07/01/2011 To 06/30/2012	Worksheet S-10 Date/Time Prepared: 11/28/2012 8:53 am
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				1.00	
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 200 column 3 divided by line 200 column 8)		0.337326		1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		25,930,545		2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		N		3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?				4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0		5.00
6.00	Medicaid charges		90,591,691		6.00
7.00	Medicaid cost (line 1 times line 6)		30,558,933		7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		4,628,388		8.00
State Children's Health Insurance Program (SCHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone SCHIP		0		9.00
10.00	Stand-alone SCHIP charges		0		10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0		11.00
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0		12.00
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0		13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0		14.00
15.00	State or local indigent care program cost (line 1 times line 14)		0		15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0		16.00
Uncompensated care (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		120,801		17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		0		18.00
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		4,628,388		19.00
				1.00	
				2.00	
				Total (col. 1 + col. 2)	
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	18,603,719	0	18,603,719	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	6,275,518	0	6,275,518	21.00
22.00	Partial payment by patients approved for charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	6,275,518	0	6,275,518	23.00
				1.00	
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N		24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit		0		25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)		19,933,620		26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		336,600		27.00
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)		19,597,020		28.00
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)		6,610,584		29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)		12,886,102		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		17,514,490		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 160033

Period:
From 07/01/2011
To 06/30/2012

Worksheet A
Date/Time Prepared:
11/28/2012 8:53 am

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)		
		1.00	2.00	3.00	4.00	5.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		12,043,863	12,043,863	272,870	12,316,733	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		7,544,318	7,544,318	0	7,544,318	2.00
4.00	00400	EMPLOYEE BENEFITS	50,832	16,197,470	16,248,302	0	16,248,302	4.00
5.01	00510	A&G SHARED	2,639,084	56,242,470	58,881,554	-13,574,951	45,306,603	5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL	1,985,215	4,231,388	6,216,603	10,464,677	16,681,280	5.02
6.00	00600	MAINTENANCE & REPAIRS	3,271,030	4,040,252	7,311,282	-1,364,585	5,946,697	6.00
6.01	00601	MOB I	0	0	0	-40,949	-40,949	6.01
6.02	00602	MOB II	0	0	0	-16,811	-16,811	6.02
6.03	00603	BETT MED PARK	0	0	0	-86,653	-86,653	6.03
6.04	00604	NW CLINICS	0	0	0	-50,648	-50,648	6.04
6.05	00605	CPMP I	0	0	0	-53,727	-53,727	6.05
6.06	00606	CPMP II	0	0	0	-37,166	-37,166	6.06
6.07	00607	BETT PLAZA	0	0	0	-126,359	-126,359	6.07
6.08	00608	HEART INSTITUTE	0	0	0	-60,902	-60,902	6.08
6.09	00609	53RD STREET	0	0	0	-39,586	-39,586	6.09
6.10	00610	ELDRIDGE	0	0	0	-17,946	-17,946	6.10
7.00	00700	OPERATION OF PLANT	0	0	0	1,895,332	1,895,332	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	148,194	173,206	321,400	0	321,400	8.00
9.00	00900	HOUSEKEEPING	2,355,891	785,066	3,140,957	-382,288	2,758,669	9.00
10.00	01000	DIETARY	2,695,070	1,977,648	4,672,718	-2,514,214	2,158,504	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	0	11.01
13.00	01300	NURSING ADMINISTRATION	1,352,703	202,038	1,554,741	0	1,554,741	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	571,180	312,163	883,343	0	883,343	14.00
15.00	01500	PHARMACY	4,201,556	694,483	4,896,039	0	4,896,039	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	794,353	110,453	904,806	0	904,806	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	2,800,000	2,800,000	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	21,346,241	4,318,491	25,664,732	0	25,664,732	30.00
31.00	03100	INTENSIVE CARE UNIT	2,622,102	871,271	3,493,373	0	3,493,373	31.00
32.01	03201	NICU	979,492	149,653	1,129,145	0	1,129,145	32.01
40.00	04000	SUBPROVIDER - I PF	1,471,891	263,945	1,735,836	202,396	1,938,232	40.00
41.00	04100	SUBPROVIDER - I RF	1,976,546	326,848	2,303,394	269,051	2,572,445	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	6,150,806	6,591,522	12,742,328	0	12,742,328	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,440,285	8,088,612	13,528,897	0	13,528,897	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,750,381	3,055,660	5,806,041	0	5,806,041	55.00
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	2,366,057	2,991,202	5,357,259	0	5,357,259	59.00
60.00	06000	LABORATORY	47,849	9,318,206	9,366,055	0	9,366,055	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	2,196,311	2,196,311	0	2,196,311	63.00
65.00	06500	RESPIRATORY THERAPY	2,220,339	536,819	2,757,158	0	2,757,158	65.00
66.00	06600	PHYSICAL THERAPY	9,156,706	2,153,552	11,310,258	-59,501	11,250,757	66.00
69.00	06900	ELECTROCARDIOLOGY	2,030,774	1,331,997	3,362,771	0	3,362,771	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	657,330	232,729	890,059	0	890,059	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	35,663,214	35,663,214	-23,326,610	12,336,604	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	23,326,610	23,326,610	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	15,108,126	15,108,126	-1,035,754	14,072,372	73.00
74.00	07400	RENAL DIALYSIS	1,461,567	1,258,081	2,719,648	1,035,754	3,755,402	74.00
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	FIRST MED	0	0	0	0	0	90.01
90.02	09002	OP INSTITUTES	1,052,607	1,144,998	2,197,605	0	2,197,605	90.02
90.03	09003	MARC	43,025	4,922	47,947	0	47,947	90.03
90.04	09004	BARITRIC CLINIC	337,264	470,855	808,119	0	808,119	90.04
90.05	09005	PAIN MANAGEMENT	391,597	264,848	656,445	0	656,445	90.05
91.00	09100	EMERGENCY	4,720,911	2,601,871	7,322,782	0	7,322,782	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	87,288,878	203,498,551	290,787,429	-2,521,960	288,265,469	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	1,700	1,700	190.00
190.01	19001	AUXILIARY	10,123	35,414	45,537	35,360	80,897	190.01
190.02	19002	FIRST MED CLINICS	0	0	0	0	0	190.02
190.03	19003	EAP	0	0	0	0	0	190.03

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RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 160033

Period:
From 07/01/2011
To 06/30/2012

Worksheet A
Date/Time Prepared:
11/28/2012 8:53 am

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
191.00	19100	RESEARCH	138,823	971,284	1,110,107	0	1,110,107	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	NON REIMBURSEABLE COST	70,133	151,353	221,486	106,411	327,897	192.01
192.02	19202	FOUNDATION	10	630	640	2,817	3,457	192.02
192.03	19203	OP REHAB - DEWITT	0	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	2,699	1,990,199	1,992,898	4,602	1,997,500	192.04
192.05	19205	PHASE III REHAB	0	0	0	16,377	16,377	192.05
192.06	19206	AFFILIATES	0	0	0	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	0	0	0	2,354,693	2,354,693	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	123,682	27,001	150,683	0	150,683	192.08
200.00		TOTAL (SUM OF LINES 118-199)	87,634,348	206,674,432	294,308,780	0	294,308,780	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 160033

Period:
From 07/01/2011
To 06/30/2012

Worksheet A
Date/Time Prepared:
11/28/2012 8:53 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	-3,738,470	8,578,263	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	6,167,757	13,712,075	2.00
4.00	00400	EMPLOYEE BENEFITS	-3,592,301	12,656,001	4.00
5.01	00510	A&G SHARED	-18,198,618	27,107,985	5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL	11,114,945	27,796,225	5.02
6.00	00600	MAINTENANCE & REPAIRS	-25,378	5,921,319	6.00
6.01	00601	MOB I	724,703	683,754	6.01
6.02	00602	MOB II	736,089	719,278	6.02
6.03	00603	BETT MED PARK	681,105	594,452	6.03
6.04	00604	NW CLINICS	361,118	310,470	6.04
6.05	00605	CPMP I	793,438	739,711	6.05
6.06	00606	CPMP II	835,146	797,980	6.06
6.07	00607	BETT PLAZA	982,300	855,941	6.07
6.08	00608	HEART INSTITUTE	1,715,609	1,654,707	6.08
6.09	00609	53RD STREET	299,960	260,374	6.09
6.10	00610	ELDRIDGE	141,043	123,097	6.10
7.00	00700	OPERATION OF PLANT	0	1,895,332	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	147,317	468,717	8.00
9.00	00900	HOUSEKEEPING	-8,809	2,749,860	9.00
10.00	01000	DIETARY	-21,174	2,137,330	10.00
11.00	01100	CAFETERIA	0	0	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	11.01
13.00	01300	NURSING ADMINISTRATION	-3,200	1,551,541	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-21,420	861,923	14.00
15.00	01500	PHARMACY	-98,388	4,797,651	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	904,806	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	2,800,000	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-56,284	25,608,448	30.00
31.00	03100	INTENSIVE CARE UNIT	-43,902	3,449,471	31.00
32.01	03201	NI CU	0	1,129,145	32.01
40.00	04000	SUBPROVIDER - I PF	0	1,938,232	40.00
41.00	04100	SUBPROVIDER - I RF	0	2,572,445	41.00
43.00	04300	NURSERY	0	0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-1,046,075	11,696,253	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-1,642,454	11,886,443	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-818,182	4,987,859	55.00
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	-55,019	5,302,240	59.00
60.00	06000	LABORATORY	-71,372	9,294,683	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	2,196,311	63.00
65.00	06500	RESPIRATORY THERAPY	-7,683	2,749,475	65.00
66.00	06600	PHYSICAL THERAPY	-535,390	10,715,367	66.00
69.00	06900	ELECTROCARDIOLOGY	-865,484	2,497,287	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-29,172	860,887	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	12,336,604	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	23,326,610	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	14,072,372	73.00
74.00	07400	RENAL DIALYSIS	-354,986	3,400,416	74.00
OUTPATIENT SERVICE COST CENTERS					
90.01	09001	FIRST MED	0	0	90.01
90.02	09002	OP INSTITUTES	-601,522	1,596,083	90.02
90.03	09003	MARC	0	47,947	90.03
90.04	09004	BARIATRIC CLINIC	-397,137	410,982	90.04
90.05	09005	PAIN MANAGEMENT	-160,394	496,051	90.05
91.00	09100	EMERGENCY	-1,318,986	6,003,796	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	0	95.00
SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1-117)	-9,011,270	279,254,199	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,700	190.00
190.01	19001	AUXILIARY	0	80,897	190.01
190.02	19002	FIRST MED CLINICS	0	0	190.02
190.03	19003	EAP	0	0	190.03
191.00	19100	RESEARCH	0	1,110,107	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00

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RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 160033

Period:
From 07/01/2011
To 06/30/2012

Worksheet A
Date/Time Prepared:
11/28/2012 8:53 am

Cost Center Description			Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
192.01	19201	NON REIMBURSEABLE COST	-27,818	300,079	192.01
192.02	19202	FOUNDATION	0	3,457	192.02
192.03	19203	OP REHAB - DEWITT	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	-19,223	1,978,277	192.04
192.05	19205	PHASE III REHAB	0	16,377	192.05
192.06	19206	AFFILIATES	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	0	2,354,693	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	0	150,683	192.08
200.00		TOTAL (SUM OF LINES 118-199)	-9,058,311	285,250,469	200.00

		Increases				
Cost Center		Line #	Salary	Other		
2.00	3.00	4.00	5.00			
A - PATIENT SWITCHBOARD COSTS						
1.00	NON REIMBURSEABLE COST	192.01	34,810	2,594	1.00	
	TOTALS		34,810	2,594		
B - REHAB COORDINATOR						
1.00	SUBPROVIDER - IRF	41.00	50,316	9,185	1.00	
	TOTALS		50,316	9,185		
C - PROPERTY INSURANCE						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	272,870	1.00	
	TOTALS		0	272,870		
D - HOUSEKEEPING/PLANT/MAINT COSTS						
1.00	MAINTENANCE & REPAIRS	6.00	0	530,747	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	
	TOTALS		0	530,747		
E - RESIDENT AND TEACHING COSTS						
1.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	1,165,459	1,634,541	1.00	
	TOTALS		1,165,459	1,634,541		
F - UTILITY EXPENSE						
1.00	OPERATION OF PLANT	7.00	0	1,895,332	1.00	
	TOTALS		0	1,895,332		
G - NON SHARED ADMIN EXPENSES						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.02	0	10,464,677	1.00	
	TOTALS		0	10,464,677		
H - ARANESP USAGE						
1.00	RENAL DIALYSIS	74.00	0	1,035,754	1.00	
	TOTALS		0	1,035,754		
I - HOUSEKEEPING RELCASS						
1.00	SUBPROVIDER - IPF	40.00	98,415	32,796	1.00	
2.00	SUBPROVIDER - IRF	41.00	90,917	30,297	2.00	
3.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	1,275	425	3.00	
4.00	AUXILIARY	190.01	26,522	8,838	4.00	
5.00	NON REIMBURSEABLE COST	192.01	51,759	17,248	5.00	
6.00	FOUNDATION	192.02	2,113	704	6.00	
7.00	OUTREACH PROGRAMS	192.04	3,452	1,150	7.00	
8.00	PHASE III REHAB	192.05	12,284	4,093	8.00	
	TOTALS		286,737	95,551		
J - NON-ALLOWABLE EMPLOYEE MEALS						
1.00	SUBPROVIDER - IPF	40.00	41,057	30,128	1.00	
2.00	SUBPROVIDER - IRF	41.00	50,949	37,387	2.00	
3.00	NON-ALLOWABLE MEALS	192.07	1,358,110	996,583	3.00	
	TOTALS		1,450,116	1,064,098		
K - IMPLANTABLE DEVICES						
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	23,326,610	1.00	
	TOTALS		0	23,326,610		
500.00	Grand Total: Increases		2,987,438	40,331,959	500.00	

RECLASSIFICATIONS

Provider CCN: 160033

Period:
From 07/01/2011
To 06/30/2012

Worksheet A-6
Date/Time Prepared:
11/28/2012 8:53 am

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
A - PATIENT SWITCHBOARD COSTS							
1.00	A&G SHARED	5.01	34,810	2,594	0		1.00
	TOTALS		34,810	2,594			
B - REHAB COORDINATOR							
1.00	PHYSICAL THERAPY	66.00	50,316	9,185	0		1.00
	TOTALS		50,316	9,185			
C - PROPERTY INSURANCE							
1.00	A&G SHARED	5.01	0	272,870	9		1.00
	TOTALS		0	272,870			
D - HOUSEKEEPING/PLANT/MAINT COSTS							
1.00	MOB I	6.01	0	40,949	0		1.00
2.00	MOB II	6.02	0	16,811	0		2.00
3.00	BETT MED PARK	6.03	0	86,653	0		3.00
4.00	NW CLINICS	6.04	0	50,648	0		4.00
5.00	CPMP I	6.05	0	53,727	0		5.00
6.00	CPMP II	6.06	0	37,166	0		6.00
7.00	BETT PLAZA	6.07	0	126,359	0		7.00
8.00	HEART INSTITUTE	6.08	0	60,902	0		8.00
9.00	53RD STREET	6.09	0	39,586	0		9.00
10.00	ELDRIDGE	6.10	0	17,946	0		10.00
	TOTALS		0	530,747			
E - RESIDENT AND TEACHING COSTS							
1.00	A&G SHARED	5.01	1,165,459	1,634,541	0		1.00
	TOTALS		1,165,459	1,634,541			
F - UTILITY EXPENSE							
1.00	MAINTENANCE & REPAIRS	6.00	0	1,895,332	0		1.00
	TOTALS		0	1,895,332			
G - NON SHARED ADMIN EXPENSES							
1.00	A&G SHARED	5.01	0	10,464,677	0		1.00
	TOTALS		0	10,464,677			
H - ARANESP USAGE							
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	1,035,754	0		1.00
	TOTALS		0	1,035,754			
I - HOUSEKEEPING RELCASS							
1.00	HOUSEKEEPING	9.00	286,737	95,551	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
	TOTALS		286,737	95,551			
J - NON-ALLOWABLE EMPLOYEE MEALS							
1.00	DIETARY	10.00	1,450,116	1,064,098	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
	TOTALS		1,450,116	1,064,098			
K - IMPLANTABLE DEVICES							
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	23,326,610	0		1.00
	TOTALS		0	23,326,610			
500.00	Grand Total: Decreases		2,987,438	40,331,959			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 160033

Period:
From 07/01/2011
To 06/30/2012

Worksheet A-7
Parts I-III
Date/Time Prepared:
11/28/2012 8:53 am

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	3.00	4.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	5,630,772	96,359	0	96,359	0	1.00
2.00	Land Improvements	14,433,735	88,721	0	88,721	0	2.00
3.00	Buildings and Fixtures	166,187,604	5,195,729	0	5,195,729	0	3.00
4.00	Building Improvements	14,255,248	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	145,722,233	11,860,551	0	11,860,551	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	346,229,592	17,241,360	0	17,241,360	0	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	346,229,592	17,241,360	0	17,241,360	0	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	12,043,863	0	0	0	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	7,544,318	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	19,588,181	0	0	0	0	3.00
COMPUTATION OF RATIOS							
Cost Center Description	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	ALLOCATION OF OTHER CAPITAL Ratio (see instructions)	Insurance		
	1.00	2.00	3.00	4.00	5.00		
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	205,888,168	0	205,888,168	0.566450	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	157,582,784	0	157,582,784	0.433550	0	2.00
3.00	Total (sum of lines 1-2)	363,470,952	0	363,470,952	1.000000	0	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 160033

Period:
From 07/01/2011
To 06/30/2012

Worksheet A-7
Parts I-III
Date/Time Prepared:
11/28/2012 8:53 am

		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	5,727,131	0		1.00		
2.00	Land Improvements	14,522,456	0		2.00		
3.00	Buildings and Fixtures	171,383,333	0		3.00		
4.00	Building Improvements	14,255,248	0		4.00		
5.00	Fixed Equipment	0	0		5.00		
6.00	Movable Equipment	157,582,784	0		6.00		
7.00	HIT designated Assets	0	0		7.00		
8.00	Subtotal (sum of lines 1-7)	363,470,952	0		8.00		
9.00	Reconciling Items	0	0		9.00		
10.00	Total (line 8 minus line 9)	363,470,952	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	12,043,863		1.00		
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	7,544,318		2.00		
3.00	Total (sum of lines 1-2)	0	19,588,181		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	12,625,834	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	13,712,075	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	26,337,909	0	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 160033

Period:
From 07/01/2011
To 06/30/2012

Worksheet A-7
Parts I-III
Date/Time Prepared:
11/28/2012 8:53 am

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	-4,047,571	0	0	0	8,578,263	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	13,712,075	2.00
3.00	Total (sum of lines 1-2)	-4,047,571	0	0	0	22,290,338	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 160033

Period:
From 07/01/2011
To 06/30/2012

Worksheet A-8

Date/Time Prepared:
11/28/2012 8:53 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
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			0NEW CAP REL COSTS-BLDG & FIXT	1.00 1.00
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			0NEW 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)		0		0.00 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)		0		0.00 9.00
10.00 Provider-based physician adjustment	A-8-2	-3,180,077		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	7,318,819		12.00
13.00 Laundry and linen service		0		0.00 13.00
14.00 Cafeteria-employees and guests		0		0.00 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		0		0.00 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		0RESPIRATORY THERAPY	65.00 23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0PHYSICAL THERAPY	66.00 24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0*** Cost Center Deleted ***	114.00 25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT			0NEW CAP REL COSTS-BLDG & FIXT	1.00 26.00
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP			0NEW 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		0*** Cost Center Deleted ***	67.00 30.00
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0*** Cost Center Deleted ***	68.00 31.00
32.00 CAH HIT Adjustment for Depreciation and Interest			0	0.00 32.00
33.00 GIC-DG-GENRAD - OUTREACH REVENUE	B	-264,150	RADIOLOGY-DIAGNOSTIC	54.00 33.00
34.00 GIC-53RD ST-GENRAD - OUTREACH REVENUE	B	-1,139,706	RADIOLOGY-DIAGNOSTIC	54.00 34.00
35.00 DIALYSIS OUTREACH - OUTREACH REVENUE	B	-84,949	RENAL DIALYSIS	74.00 35.00
36.00 MEDICAL STAFF - DAVENPORT - OTHER OP	B	-120,850	OTHER ADMINISTRATIVE AND GENERAL	5.02 36.00
37.00 PHARMACY - W - OTHER OPERATING REVENUE	B	-5,500	PHARMACY	15.00 37.00
38.00 CANCER CENTER - OTHER OPERATING REVENUE	B	-289,713	RADIOLOGY-THERAPEUTIC	55.00 38.00
39.00 ADMINISTRATION - RENTAL INCOME -3RD	B	-18,466	A&G SHARED	5.01 39.00
41.00 BIRTH CENTER - RENTAL INCOME -3RD PA	B	-29,607	ADULTS & PEDIATRICS	30.00 41.00
41.01 ADMINISTRATION - RENTAL INCOME - REL	B	-12,616	A&G SHARED	5.01 41.01
41.02 PHARMACY - W - CASH SALES	B	-38,980	PHARMACY	15.00 41.02
41.03 PHARMACY - E - CASH SALES	B	-52,518	PHARMACY	15.00 41.03
41.04 ADMINISTRATION - DISCOUNTS EARNED	B	-125,986	A&G SHARED	5.01 41.04
42.00 ADMINISTRATION - MISCELLANEOUS REVENUE	B	-7,084	A&G SHARED	5.01 42.00
42.01 VOLUNTEER SERVICES - MISCELLANEOUS REVENUE	B	-62,589	OTHER ADMINISTRATIVE AND GENERAL	5.02 42.01
42.02 SMALL POX IMMUNIZATION PROJECT - MIS	B	-28,693	OTHER ADMINISTRATIVE AND GENERAL	5.02 42.02
42.03 GROUNDS - MISCELLANEOUS REVENUE	B	-20,990	MAINTENANCE & REPAIRS	6.00 42.03
42.04 MAINTENANCE - MISCELLANEOUS REVENUE	B	-3,391	MAINTENANCE & REPAIRS	6.00 42.04

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Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted	
			Cost Center	Line #
			1.00	2.00
42.05 BIOMED SERVICES - MISCELLANEOUS REVE	B	-997	MAINTENANCE & REPAIRS	6.00 42.05
42.06 LINEN SERVICES - MISCELLANEOUS REVEN	B	-272	LAUNDRY & LINEN SERVICE	8.00 42.06
43.00 ENVIRONMENTAL SERVICES - MISCELLANEO	B	-9	HOUSEKEEPING	9.00 43.00
43.01 PATIENT SERVICES ADMIN. - MISCELLANE	B	-3,200	NURSING ADMINISTRATION	13.00 43.01
43.02 PHARMACY - E - MISCELLANEOUS REVENUE	B	-1,390	PHARMACY	15.00 43.02
43.03 BIRTH CENTER - MISCELLANEOUS REVENUE	B	-22,795	ADULTS & PEDIATRICS	30.00 43.03
43.04 RADIOLOGY SERVICES ADMIN - E - MISCE	B	-16,961	RADIOLOGY-DIAGNOSTIC	54.00 43.04
43.05 RADIOLOGY SERVICES ADMIN - W - MISCE	B	-16,480	RADIOLOGY-DIAGNOSTIC	54.00 43.05
43.06 RADIOLOGY - MISCELLANEOUS REVENUE	B	-1,400	RADIOLOGY-DIAGNOSTIC	54.00 43.06
43.07 RADIOLOGY SERVICES OUTREACH - MISCEL	B	-60,169	RADIOLOGY-THERAPEUTIC	54.00 43.07
43.08 GENESIS IMAGING CTR, DEVI L'S G - MIS	B	-178	RADIOLOGY-DIAGNOSTIC	54.00 43.08
43.09 ULTRASOUND-E - MISCELLANEOUS REVENUE	B	-10	RADIOLOGY-DIAGNOSTIC	54.00 43.09
43.10 CANCER CENTER - MISCELLANEOUS REVENU	B	-32,550	RADIOLOGY-THERAPEUTIC	55.00 43.10
43.11 CENTER FOR BREAST HEALTH - E - MISCE	B	-594	RADIOLOGY-THERAPEUTIC	55.00 43.11
43.12 BIOMED SERVICES - OUTREACH - MISCELL	B	-71,372	LABORATORY	60.00 43.12
43.13 PULMONARY REHABILITATION - MISCELLAN	B	-3,594	RESPIRATORY THERAPY	65.00 43.13
43.14 P. T. CLINIC WEST-VALLEY FAIR - MISCE	B	-2,444	PHYSICAL THERAPY	66.00 43.14
43.15 P. T. - CROW VALLEY - MISCELLANEOUS R	B	-2,993	PHYSICAL THERAPY	66.00 43.15
43.16 P. T. - LECLAI RE - MISCELLANEOUS REVE	B	-20	PHYSICAL THERAPY	66.00 43.16
43.17 REHAB O. P. (BETT) - MISCELLANEOUS REV	B	-12,091	PHYSICAL THERAPY	66.00 43.17
43.18 LOMBARD PHYSICAL REHAB - MISCELLANEO	B	-807	PHYSICAL THERAPY	66.00 43.18
43.19 RECREATION THERAPY-W - MISCELLANEOUS	B	31	PHYSICAL THERAPY	66.00 43.19
44.01 SPORTS PERFORMANCE - MISCELLANEOUS R	B	-77,656	PHYSICAL THERAPY	66.00 44.01
44.02 REHAB PEDIATRICS (MMP) - MISCELLANEO	B	-1,852	PHYSICAL THERAPY	66.00 44.02
44.03 CARDIOGRAPHS - MISCELLANEOUS REVEN	B	-1,725	ELECTROCARDIOLOGY	69.00 44.03
44.04 CARDIAC REHAB - MISCELLANEOUS REVENU	B	-150	ELECTROCARDIOLOGY	69.00 44.04
44.05 DIABETES INSTITUTE - MISCELLANEOUS R	B	-14,451	OP INSTITUTES	90.02 44.05
45.00 WOUND OSTOMY INSTITUTE - MISCELLANEO	B	-669	OP INSTITUTES	90.02 45.00
45.01 WOUND OSTOMY INSTITUTE - MISCELLANEO	B	-2,518	OP INSTITUTES	90.02 45.01
45.02 DISTRIB. - W (USE 10.78020) - DONATE	A	-12,161	CENTRAL SERVICES & SUPPLY	14.00 45.02
45.03 DISTRIB. -E (USE 10.78020) - DONATED	A	-9,259	CENTRAL SERVICES & SUPPLY	14.00 45.03
45.04 OR GENERAL - E - DONATIONS	A	-4,537	OPERATING ROOM	50.00 45.04
45.05 OR GENERAL - W - DONATED INVENTORY	A	-11,521	OPERATING ROOM	50.00 45.05
45.06 OR GENERAL - E - DONATED INVENTORY	A	-16,023	OPERATING ROOM	50.00 45.06
45.07 ENDOSCOPY - DONATED INVENTORY	A	-1,507	OPERATING ROOM	50.00 45.07
45.08 CARDIAC SERVICES ADMIN - DONATIONS	A	-5,000	CARDIAC CATHETERIZATION	59.00 45.08
45.09 CARDIAC CATH LAB - DONATED INVENTORY	A	-5,234	CARDIAC CATHETERIZATION	59.00 45.09
45.10 INTEREST INCOME	B	-4,011,187	NEW CAP REL COSTS-BLDG & FI XT	1.00 45.10
45.11 INTEREST EXPENSE 97 BONDS	A	-36,384	NEW CAP REL COSTS-BLDG & FI XT	1.00 45.11
45.12 ADVERTISING	A	-18,612	A&G SHARED	5.01 45.12
45.13 ADVERTISING	A	-325	DIETARY	10.00 45.13
45.14 ADVERTISING	A	-42	RADIOLOGY-DIAGNOSTIC	54.00 45.14
45.15 ADVERTISING	A	-839	RADIOLOGY-THERAPEUTIC	55.00 45.15
45.16 ADVERTISING	A	-4,904	CARDIAC CATHETERIZATION	59.00 45.16
45.17 ADVERTISING	A	-28,560	PHYSICAL THERAPY	66.00 45.17
45.18 ADVERTISING	A	-1,308	OP INSTITUTES	90.02 45.18
45.19 SELF INSURANCE OFFSET	A	-3,845,484	EMPLOYEE BENEFITS	4.00 45.19
45.20 NON ALLOWABLE LOBBYING FEES	A	-37,484	OTHER ADMINISTRATIVE AND GENERAL	5.02 45.20
45.21 PROVIDER TAX ASSESSMENT	A	-2,491,412	A&G SHARED	5.01 45.21
45.22 ALCOHOL PURCHASES	A	-166	A&G SHARED	5.01 45.22
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-9,058,311		50.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 160033

Period:
From 07/01/2011
To 06/30/2012

Worksheet A-8

Date/Time Prepared:
11/28/2012 8:53 am

Cost Center Description		Wkst. A-7 Ref.	
		5.00	
1.00	Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	0	1.00
2.00	Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)	0	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	GIC-DG-GENRAD - OUTREACH REVENUE	0	33.00
34.00	GIC-53RD ST-GENRAD - OUTREACH REVENUE	0	34.00
35.00	DIALYSIS OUTREACH - OUTREACH REVENUE	0	35.00
36.00	MEDICAL STAFF - DAVENPORT - OTHER OP	0	36.00
37.00	PHARMACY - W - OTHER OPERATING REVENUE	0	37.00
38.00	CANCER CENTER - OTHER OPERATING REVENUE	0	38.00
39.00	ADMINISTRATION - RENTAL INCOME -3RD	0	39.00
41.00	BIRTH CENTER - RENTAL INCOME -3RD PA	0	41.00
41.01	ADMINISTRATION - RENTAL INCOME - REL	0	41.01
41.02	PHARMACY - W - CASH SALES	0	41.02
41.03	PHARMACY - E - CASH SALES	0	41.03
41.04	ADMINISTRATION - DISCOUNTS EARNED	0	41.04
42.00	ADMINISTRATION - MISCELLANEOUS REVENUE	0	42.00
42.01	VOLUNTEER SERVICES - MISCELLANEOUS REVENUE	0	42.01
42.02	SMALL POX IMMUNIZATION PROJECT - MISCELLANEOUS REVENUE	0	42.02
42.03	GROUPS - MISCELLANEOUS REVENUE	0	42.03
42.04	MAINTENANCE - MISCELLANEOUS REVENUE	0	42.04
42.05	BIOMED SERVICES - MISCELLANEOUS REVENUE	0	42.05
42.06	LINEN SERVICES - MISCELLANEOUS REVENUE	0	42.06
43.00	ENVIRONMENTAL SERVICES - MISCELLANEOUS REVENUE	0	43.00
43.01	PATIENT SERVICES ADMIN. - MISCELLANEOUS REVENUE	0	43.01
43.02	PHARMACY - E - MISCELLANEOUS REVENUE	0	43.02
43.03	BIRTH CENTER - MISCELLANEOUS REVENUE	0	43.03
43.04	RADIOLOGY SERVICES ADMIN - E - MISCELLANEOUS REVENUE	0	43.04
43.05	RADIOLOGY SERVICES ADMIN - W - MISCELLANEOUS REVENUE	0	43.05
43.06	RADIOLOGY - MISCELLANEOUS REVENUE	0	43.06
43.07	RADIOLOGY SERVICES OUTREACH - MISCELLANEOUS REVENUE	0	43.07
43.08	GENESIS IMAGING CTR, DEVIL'S G - MISCELLANEOUS REVENUE	0	43.08

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Provider CCN: 160033

Period:
From 07/01/2011
To 06/30/2012

Worksheet A-8

Date/Time Prepared:
11/28/2012 8:53 am

Cost Center Description		Wkst. A-7 Ref.	
		5.00	
43.09	ULTRASOUND-E - MISCELLANEOUS REVENUE	0	43.09
43.10	CANCER CENTER - MISCELLANEOUS REVENUE	0	43.10
43.11	CENTER FOR BREAST HEALTH - E - MISCELLANEOUS	0	43.11
43.12	BIOMED SERVICES - OUTREACH - MISCELLANEOUS	0	43.12
43.13	PULMONARY REHABILITATION - MISCELLANEOUS	0	43.13
43.14	P. T. CLINIC WEST-VALLEY FAIR - MISCELLANEOUS	0	43.14
43.15	P. T. - CROW VALLEY - MISCELLANEOUS REVENUE	0	43.15
43.16	P. T. - LECLAIRE - MISCELLANEOUS REVENUE	0	43.16
43.17	REHAB O. P. (BETT) - MISCELLANEOUS REVENUE	0	43.17
43.18	LOMBARD PHYSICAL REHAB - MISCELLANEOUS	0	43.18
43.19	RECREATION THERAPY-W - MISCELLANEOUS	0	43.19
44.01	SPORTS PERFORMANCE - MISCELLANEOUS REVENUE	0	44.01
44.02	REHAB PEDIATRICS (MMP) - MISCELLANEOUS	0	44.02
44.03	CARDIOGRAPHICS - MISCELLANEOUS REVENUE	0	44.03
44.04	CARDIAC REHAB - MISCELLANEOUS REVENUE	0	44.04
44.05	DIABETES INSTITUTE - MISCELLANEOUS REVENUE	0	44.05
45.00	WOUND OSTOMY INSTITUTE - MISCELLANEOUS	0	45.00
45.01	WOUND OSTOMY INSTITUTE - MISCELLANEOUS	0	45.01
45.02	DISTRIB. - W (USE 10.78020) - DONATED	0	45.02
45.03	DISTRIB. -E (USE 10.78020) - DONATED	0	45.03
45.04	OR GENERAL - E - DONATIONS	0	45.04
45.05	OR GENERAL - W - DONATED INVENTORY	0	45.05
45.06	OR GENERAL - E - DONATED INVENTORY	0	45.06
45.07	ENDOSCOPY - DONATED INVENTORY	0	45.07
45.08	CARDIAC SERVICES ADMIN - DONATIONS	0	45.08
45.09	CARDIAC CATH LAB - DONATED INVENTORY	0	45.09
45.10	INTEREST INCOME	11	45.10
45.11	INTEREST EXPENSE 97 BONDS	11	45.11
45.12	ADVERTISING	0	45.12
45.13	ADVERTISING	0	45.13
45.14	ADVERTISING	0	45.14
45.15	ADVERTISING	0	45.15
45.16	ADVERTISING	0	45.16
45.17	ADVERTISING	0	45.17
45.18	ADVERTISING	0	45.18
45.19	SELF INSURANCE OFFSET	0	45.19
45.20	NON ALLOWABLE LOBBYING FEES	0	45.20
45.21	PROVIDER TAX ASSESSMENT	0	45.21
45.22	ALCOHOL PURCHASES	0	45.22
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		50.00

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

Provider CCN: 160033

Period: From 07/01/2011 To 06/30/2012

Worksheet A-8-1

Date/Time Prepared: 11/28/2012 8:53 am

	Line No.	Cost Center	Expense Items	
	1.00	2.00	3.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	5.01	A&G SHARED	RELATED RENT EXP	1.00
2.00	9.00	HOUSEKEEPING	RELATED RENT EXP	2.00
3.00	10.00	DIETARY	RELATED RENT EXP	3.00
4.00	50.00	OPERATING ROOM	RELATED RENT EXP	4.00
4.01	54.00	RADIOLOGY-DIAGNOSTIC	RELATED RENT EXP	4.01
4.02	55.00	RADIOLOGY-THERAPEUTIC	RELATED RENT EXP	4.02
4.03	66.00	PHYSICAL THERAPY	RELATED RENT EXP	4.03
4.04	69.00	ELECTROCARDIOLOGY	RELATED RENT EXP	4.04
4.05	59.00	CARDIAC CATHETERIZATION	RELATED RENT EXP	4.05
4.06	74.00	RENAL DIALYSIS	RELATED RENT EXP	4.06
4.07	90.02	OP INSTITUTES	RELATED RENT EXP	4.07
4.08	90.04	BARITRIC CLINIC	RELATED RENT EXP	4.08
4.09	90.05	PAIN MANAGEMENT	RELATED RENT EXP	4.09
4.10	192.01	NON REIMBURSEABLE COST	RELATED RENT EXP	4.10
4.11	192.04	OUTREACH PROGRAMS	RELATED RENT EXP	4.11
4.13	6.01	MOB I	GEN VEN BLDG COST	4.13
4.14	6.02	MOB II	GEN VEN BLDG COST	4.14
4.15	6.03	BETT MED PARK	GEN VEN BLDG COST	4.15
4.16	6.04	NW CLINICS	GEN VEN BLDG COST	4.16
4.17	6.05	CPMP I	GEN VEN BLDG COST	4.17
4.18	6.06	CPMP II	GEN VEN BLDG COST	4.18
4.19	6.07	BETT PLAZA	GEN VEN BLDG COST	4.19
4.20	6.08	HEART INSTITUTE	GEN VEN BLDG COST	4.20
4.21	6.09	53RD STREET	GEN VEN BLDG COST	4.21
4.22	6.10	ELDRIDGE	GEN VEN BLDG COST	4.22
4.23	1.00	NEW CAP REL COSTS-BLDG & FIXT	HOME OFFICE CAPITAL	4.23
4.24	2.00	NEW CAP REL COSTS-MVBLE EQUIP	HOME OFFICE CAPITAL	4.24
4.25	5.01	A&G SHARED	HOME OFFICE A&G	4.25
4.26	5.02	OTHER ADMINISTRATIVE AND GENERAL	HOME OFFICE A&G	4.26
4.27	8.00	LAUNDRY & LINEN SERVICE	PASTORAL CARE	4.27
4.28	4.00	EMPLOYEE BENEFITS	CRESCENT LAUNDRY	4.28
4.29	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	EE PRESCRIPTION	4.29
4.30	55.00	RADIOLOGY-THERAPEUTIC	I&R	4.30
4.31	60.00	LABORATORY	RADIATION THERAPY	4.31
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			5.00

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

	Symbol (1)	Name	Percentage of Ownership	
	1.00	2.00	3.00	

B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:

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

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

6.00			0.00	6.00
7.00	C	DAVENPORT HOSPITAL AMB. C	0.00	7.00
8.00	C	GEN MED ED FOUNDATION	0.00	8.00
9.00	C	GENESIS MEDICAL GROUP	0.00	9.00
10.00	C	EA IALITHOTRIPSY	0.00	10.00
10.01	C	METRO LAB	0.00	10.01
10.02	C	CRESCENT LAUNDRY	0.00	10.02
10.03	C	GENESIS HEALTH SYSTEM	0.00	10.03
10.04	C	GENMED	0.00	10.04
100.00	G. Other (financial or non-financial) specify:			100.00

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS		Provider CCN: 160033	Period: From 07/01/2011 To 06/30/2012	Worksheet A-8-1 Date/Time Prepared: 11/28/2012 8:53 am
	Symbol (1)	Name	Percentage of Ownership	
	1.00	2.00	3.00	

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

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

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

Provider CCN: 160033

Period:
From 07/01/2011
To 06/30/2012

Worksheet A-8-1

Date/Time Prepared:
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	Amount of Allowable Cost	Amount Included in Wks. A, column 5	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	4.00	5.00	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00		0	122,273	-122,273	0	1.00
2.00		0	8,800	-8,800	0	2.00
3.00		0	20,849	-20,849	0	3.00
4.00		0	360,658	-360,658	0	4.00
4.01		0	143,358	-143,358	0	4.01
4.02		0	644,230	-644,230	0	4.02
4.03		0	408,998	-408,998	0	4.03
4.04		0	479,277	-479,277	0	4.04
4.05		0	39,881	-39,881	0	4.05
4.06		0	270,037	-270,037	0	4.06
4.07		0	200,641	-200,641	0	4.07
4.08		0	92,391	-92,391	0	4.08
4.09		0	158,839	-158,839	0	4.09
4.10		0	27,818	-27,818	0	4.10
4.11		0	19,223	-19,223	0	4.11
4.13	724,703	0	724,703	0	0	4.13
4.14	736,089	0	736,089	0	0	4.14
4.15	681,105	0	681,105	0	0	4.15
4.16	361,118	0	361,118	0	0	4.16
4.17	793,438	0	793,438	0	0	4.17
4.18	835,146	0	835,146	0	0	4.18
4.19	982,300	0	982,300	0	0	4.19
4.20	1,715,609	0	1,715,609	0	0	4.20
4.21	299,960	0	299,960	0	0	4.21
4.22	141,043	0	141,043	0	0	4.22
4.23	309,101	0	309,101	0	9	4.23
4.24	6,167,757	0	6,167,757	0	9	4.24
4.25	27,719,677	43,096,464	-15,376,787	0	0	4.25
4.26	15,142,730	3,748,232	11,394,498	0	0	4.26
4.27	971,110	823,521	147,589	0	0	4.27
4.28	1,653,320	1,400,137	253,183	0	0	4.28
4.29	2,800,000	2,800,000	0	0	0	4.29
4.30	979,044	828,804	150,240	0	0	4.30
4.31	9,309,248	9,309,248	0	0	0	4.31
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.	72,322,498	65,003,679	7,318,819	0	5.00

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

Related Organization(s) and/or Home Office		
Name	Percentage of Ownership	Type of Business
4.00	5.00	6.00
B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:		

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

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

6.00			0.00		6.00
7.00			0.00		7.00
8.00			0.00		8.00
9.00			0.00		9.00
10.00			0.00		10.00
10.01			0.00		10.01
10.02			0.00		10.02
10.03			0.00		10.03
10.04			0.00		10.04
100.00	G. Other (financial or non-financial) specify:				100.00

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS	Provider CCN: 160033	Period: From 07/01/2011 To 06/30/2012	Worksheet A-8-1 Date/Time Prepared: 11/28/2012 8:53 am
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Related Organization(s) and/or Home Office			
	Name	Percentage of Ownership	Type of Business
	4.00	5.00	6.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 160033

Period:
From 07/01/2011
To 06/30/2012

Worksheet A-8-2

Date/Time Prepared:
11/28/2012 8:53 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	
	1.00	2.00	3.00	4.00	
1.00	5.01	A&G SHARED	73,917	0	1.00
2.00	5.02	OTHER ADMINISTRATIVE AND GENERAL	87,867	0	2.00
3.00	30.00	ADULTS & PEDIATRICS	11,463	0	3.00
4.00	31.00	INTENSIVE CARE UNIT	128,778	0	4.00
5.00	32.01	NICU	0	0	5.00
6.00	50.00	OPERATING ROOM	652,718	651,550	6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	7.00
8.00	55.00	RADIOLOGY-THERAPEUTIC	826	313	8.00
9.00	65.00	RESPIRATORY THERAPY	12,000	0	9.00
10.00	69.00	ELECTROCARDIOLOGY	384,332	384,332	10.00
11.00	59.00	CARDIAC CATHETERIZATION	0	0	11.00
12.00	70.00	ELECTROENCEPHALOGRAPHY	64,688	0	12.00
13.00	90.02	OP INSTITUTES	381,935	381,935	13.00
14.00	90.03	MARC	0	0	14.00
15.00	90.04	BARIATRIC CLINIC	308,537	301,697	15.00
16.00	90.05	PAIN MANAGEMENT	3,450	0	16.00
17.00	91.00	EMERGENCY	1,335,632	1,304,377	17.00
200.00			3,446,143	3,024,204	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 160033

Period:
From 07/01/2011
To 06/30/2012

Worksheet A-8-2

Date/Time Prepared:
11/28/2012 8:53 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	73,917	171,400	591	48,701	2,435	1.00
2.00	87,867	171,400	703	57,930	2,897	2.00
3.00	11,463	171,400	92	7,581	379	3.00
4.00	128,778	171,400	1,030	84,876	4,244	4.00
5.00	0	204,100	0	0	0	5.00
6.00	1,168	231,100	8	889	44	6.00
7.00	0	171,400	0	0	0	7.00
8.00	513	171,400	4	330	17	8.00
9.00	12,000	171,400	96	7,911	396	9.00
10.00	0	171,400	0	0	0	10.00
11.00	0	171,400	0	0	0	11.00
12.00	64,688	171,400	431	35,516	1,776	12.00
13.00	0	171,400	0	0	0	13.00
14.00	0	171,400	0	0	0	14.00
15.00	6,840	171,400	46	3,791	190	15.00
16.00	3,450	171,400	23	1,895	95	16.00
17.00	31,255	171,400	202	16,646	832	17.00
200.00	421,939		3,226	266,066	13,305	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 160033

Period:
From 07/01/2011
To 06/30/2012

Worksheet A-8-2

Date/Time Prepared:
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	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	0	0	0	0	48,701	1.00
2.00	0	0	0	0	57,930	2.00
3.00	0	0	0	0	7,581	3.00
4.00	0	0	0	0	84,876	4.00
5.00	0	0	0	0	0	5.00
6.00	0	0	0	0	889	6.00
7.00	0	0	0	0	0	7.00
8.00	0	0	0	0	330	8.00
9.00	0	0	0	0	7,911	9.00
10.00	0	0	0	0	0	10.00
11.00	0	0	0	0	0	11.00
12.00	0	0	0	0	35,516	12.00
13.00	0	0	0	0	0	13.00
14.00	0	0	0	0	0	14.00
15.00	0	0	0	0	3,791	15.00
16.00	0	0	0	0	1,895	16.00
17.00	0	0	0	0	16,646	17.00
200.00	0	0	0	0	266,066	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 160033

Period:
From 07/01/2011
To 06/30/2012

Worksheet A-8-2

Date/Time Prepared:
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	RCE	Adjustment	
	Disallowance		
	17.00	18.00	
1.00	25,216	25,216	1.00
2.00	29,937	29,937	2.00
3.00	3,882	3,882	3.00
4.00	43,902	43,902	4.00
5.00	0	0	5.00
6.00	279	651,829	6.00
7.00	0	0	7.00
8.00	183	496	8.00
9.00	4,089	4,089	9.00
10.00	0	384,332	10.00
11.00	0	0	11.00
12.00	29,172	29,172	12.00
13.00	0	381,935	13.00
14.00	0	0	14.00
15.00	3,049	304,746	15.00
16.00	1,555	1,555	16.00
17.00	14,609	1,318,986	17.00
200.00	155,873	3,180,077	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 160033

Period:
From 07/01/2011
To 06/30/2012

Worksheet B
Part I
Date/Time Prepared:
11/28/2012 8:53 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	A&G SHARED	
		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	8,578,263	8,578,263				1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP	13,712,075		13,712,075			2.00
4.00 00400 EMPLOYEE BENEFITS	12,656,001	37,340	2,927	12,696,268		4.00
5.01 00510 A&G SHARED	27,107,985	934,194	473,013	208,574	28,723,766	5.01
5.02 00560 OTHER ADMINISTRATIVE AND GENERAL	27,796,225	173,551	162,991	287,781	28,723,766	5.02
6.00 00600 MAINTENANCE & REPAIRS	5,921,319	1,022,116	406,320	474,175	0	6.00
6.01 00601 MOB I	683,754	0	0	0	0	6.01
6.02 00602 MOB II	719,278	0	0	0	0	6.02
6.03 00603 BETT MED PARK	594,452	0	0	0	0	6.03
6.04 00604 NW CLINICS	310,470	0	0	0	0	6.04
6.05 00605 CPMP I	739,711	0	0	0	0	6.05
6.06 00606 CPMP II	797,980	0	0	0	0	6.06
6.07 00607 BETT PLAZA	855,941	0	0	0	0	6.07
6.08 00608 HEART INSTITUTE	1,654,707	0	0	0	0	6.08
6.09 00609 53RD STREET	260,374	0	0	0	0	6.09
6.10 00610 ELDRI DGE	123,097	0	0	0	0	6.10
7.00 00700 OPERATION OF PLANT	1,895,332	0	0	0	0	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	468,717	35,332	641	21,482	0	8.00
9.00 00900 HOUSEKEEPING	2,749,860	67,904	556,015	299,949	0	9.00
10.00 01000 DIETARY	2,137,330	174,354	46,901	180,471	0	10.00
11.00 01100 CAFETERIA	0	96,188	0	0	0	11.00
11.01 01101 EMPLOYEE CAFETERIA	0	0	0	0	0	11.01
13.00 01300 NURSING ADMINISTRATION	1,551,541	41,720	11,635	196,091	0	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	861,923	250,771	534,414	82,799	0	14.00
15.00 01500 PHARMACY	4,797,651	130,419	100,690	609,066	0	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	94,802	0	0	0	16.00
17.00 01700 SOCIAL SERVICE	904,806	37,133	9,323	115,151	0	17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	2,800,000	226,037	0	168,947	0	22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	25,608,448	1,766,991	398,364	3,094,379	0	30.00
31.00 03100 INTENSIVE CARE UNIT	3,449,471	152,963	151,374	380,105	0	31.00
32.01 03201 NICU	1,129,145	31,717	255,891	141,989	0	32.01
40.00 04000 SUBPROVIDER - I PF	1,938,232	257,119	4,137	233,586	0	40.00
41.00 04100 SUBPROVIDER - I RF	2,572,445	237,529	34,373	314,383	0	41.00
43.00 04300 NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	11,696,253	636,974	2,493,502	891,633	0	50.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	11,886,443	527,558	1,898,112	788,635	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	4,987,859	42,989	3,125,267	398,701	0	55.00
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	5,302,240	141,613	1,417,241	342,988	0	59.00
60.00 06000 LABORATORY	9,294,683	216,540	9,408	6,936	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	2,196,311	4,379	7,237	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	2,749,475	77,492	196,587	321,865	0	65.00
66.00 06600 PHYSICAL THERAPY	10,715,367	409,098	189,182	1,320,081	0	66.00
69.00 06900 ELECTROCARDIOLOGY	2,497,287	31,095	361,894	294,385	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	860,887	67,762	179,950	95,288	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	12,336,604	10,236	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	23,326,610	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	14,072,372	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	3,400,416	53,043	158,902	211,872	0	74.00
OUTPATIENT SERVICE COST CENTERS						
90.01 09001 FIRST MED	0	0	0	0	0	90.01
90.02 09002 OP INSTITUTES	1,596,083	34,347	109,618	152,588	0	90.02
90.03 09003 MARC	47,947	46,345	330	6,237	0	90.03
90.04 09004 BARIATRIC CLINIC	410,982	21,443	26,481	48,890	0	90.04
90.05 09005 PAIN MANAGEMENT	496,051	0	53,180	56,767	0	90.05
91.00 09100 EMERGENCY	6,003,796	234,692	292,677	684,353	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS						
118.00 11800 SUBTOTALS (SUM OF LINES 1-117)	279,254,199	8,323,786	13,668,577	12,430,147	28,723,766	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,700	3,330	0	185	0	190.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 160033

Period:
From 07/01/2011
To 06/30/2012

Worksheet B
Part I
Date/Time Prepared:
11/28/2012 8:53 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	A&G SHARED	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
190.01 19001 AUXILIARY	80,897	69,291	5,666	5,312	0	190.01
190.02 19002 FIRST MED CLINICS	0	0	0	0	0	190.02
190.03 19003 EAP	0	0	0	0	0	190.03
191.00 19100 RESEARCH	1,110,107	0	4,282	20,124	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 19201 NON REIMBURSEABLE COST	300,079	135,226	20,007	22,716	0	192.01
192.02 19202 FOUNDATION	3,457	5,519	3,141	308	0	192.02
192.03 19203 OP REHAB - DEWITT	0	0	0	0	0	192.03
192.04 19204 OUTREACH PROGRAMS	1,978,277	9,018	0	892	0	192.04
192.05 19205 PHASE III REHAB	16,377	32,093	9,603	1,781	0	192.05
192.06 19206 AFFILIATES	0	0	0	0	0	192.06
192.07 19207 NON-ALLOWABLE MEALS	2,354,693	0	0	196,874	0	192.07
192.08 19208 ENVIRONMENTAL SVCS - OUTREACH	150,683	0	799	17,929	0	192.08
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)	285,250,469	8,578,263	13,712,075	12,696,268	28,723,766	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 160033

Period: From 07/01/2011 To 06/30/2012

Worksheet B Part I Date/Time Prepared: 11/28/2012 8:53 am

Cost Center Description		Subtotal	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	MOB I	MOB II	
		5A.01	5.02	6.00	6.01	6.02	
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	A&G SHARED					5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL	57,144,314	57,144,314			5.02
6.00	00600	MAINTENANCE & REPAIRS	7,823,930	1,960,020	9,783,950		6.00
6.01	00601	MOB I	683,754	171,291	0	855,045	6.01
6.02	00602	MOB II	719,278	180,191	0	0	6.02
6.03	00603	BETT MED PARK	594,452	148,920	0	899,469	6.03
6.04	00604	NW CLINICS	310,470	77,778	0	0	6.04
6.05	00605	CPMP I	739,711	185,309	0	0	6.05
6.06	00606	CPMP II	797,980	199,907	0	0	6.06
6.07	00607	BETT PLAZA	855,941	214,427	0	0	6.07
6.08	00608	HEART INSTITUTE	1,654,707	414,531	0	0	6.08
6.09	00609	53RD STREET	260,374	65,228	0	0	6.09
6.10	00610	ELDRIDGE	123,097	30,838	0	0	6.10
7.00	00700	OPERATION OF PLANT	1,895,332	474,811	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	526,172	131,815	53,920	0	8.00
9.00	00900	HOUSEKEEPING	3,673,728	920,328	103,629	17,618	4,626
10.00	01000	DIETARY	2,539,056	636,074	266,082	0	10.00
11.00	01100	CAFETERIA	96,188	24,097	146,793	0	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	11.01
13.00	01300	NURSING ADMINISTRATION	1,800,987	451,176	63,668	0	1,797
14.00	01400	CENTRAL SERVICES & SUPPLY	1,729,907	433,369	382,702	0	14.00
15.00	01500	PHARMACY	5,637,826	1,412,366	199,033	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	94,802	23,749	144,677	0	16.00
17.00	01700	SOCIAL SERVICE	1,066,413	267,154	56,669	5,335	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	3,194,984	800,395	344,956	0	22.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	30,868,182	7,733,042	2,696,612	0	1,797
31.00	03100	INTENSIVE CARE UNIT	4,133,913	1,035,611	233,438	0	31.00
32.01	03201	NI CU	1,558,742	390,490	48,404	0	32.01
40.00	04000	SUBPROVIDER - I PF	2,433,074	609,524	392,391	0	40.00
41.00	04100	SUBPROVIDER - I RF	3,158,730	791,312	362,494	0	41.00
43.00	04300	NURSERY	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	15,718,362	3,937,701	972,089	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,100,748	3,782,979	805,108	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	8,554,816	2,143,118	65,606	75,655	1,163
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	7,204,082	1,804,738	216,117	0	59.00
60.00	06000	LABORATORY	9,527,567	2,386,808	330,463	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,207,927	553,121	6,683	0	63.00
65.00	06500	RESPIRATORY THERAPY	3,345,419	838,081	118,261	0	65.00
66.00	06600	PHYSICAL THERAPY	12,633,728	3,164,951	624,326	2,896	66.00
69.00	06900	ELECTROCARDIOLOGY	3,184,661	797,809	47,455	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,203,887	301,593	103,412	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	12,346,840	3,093,081	15,621	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	23,326,610	5,843,689	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	14,072,372	3,525,354	0	0	73.00
74.00	07400	RENAL DIALYSIS	3,824,233	958,032	80,950	157,450	74.00
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	FIRST MED	0	0	0	0	90.01
90.02	09002	OP INSTITUTES	1,892,636	474,136	52,418	0	90.02
90.03	09003	MARC	100,859	25,267	70,727	0	90.03
90.04	09004	BARIATRIC CLINIC	507,796	127,211	32,724	0	90.04
90.05	09005	PAIN MANAGEMENT	605,998	151,812	0	0	90.05
91.00	09100	EMERGENCY	7,215,518	1,807,603	358,164	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1-117)	278,690,103	55,500,837	9,395,592	258,954	9,383
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	5,215	1,306	5,082	0	190.00
190.01	19001	AUXILIARY	161,166	40,375	105,745	0	190.01
190.02	19002	FIRST MED CLINICS	0	0	0	0	190.02
190.03	19003	EAP	0	0	0	0	190.03
191.00	19100	RESEARCH	1,134,513	284,214	0	0	191.00

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COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 160033

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From 07/01/2011
To 06/30/2012

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Cost Center Description			Subtotal	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	MOB I	MOB II	
			5A.01	5.02	6.00	6.01	6.02	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	NON REIMBURSEABLE COST	478,028	119,754	206,369	596,091	890,086	192.01
192.02	19202	FOUNDATION	12,425	3,113	8,423	0	0	192.02
192.03	19203	OP REHAB - DEWITT	0	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	1,988,187	498,073	13,762	0	0	192.04
192.05	19205	PHASE III REHAB	59,854	14,994	48,977	0	0	192.05
192.06	19206	AFFILIATES	0	0	0	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	2,551,567	639,208	0	0	0	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	169,411	42,440	0	0	0	192.08
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)	285,250,469	57,144,314	9,783,950	855,045	899,469	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		BETT MED PARK	NW CLINICS	CPMP I	CPMP II	BETT PLAZA	
		6.03	6.04	6.05	6.06	6.07	
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 A&G SHARED						5.01
5.02	00560 OTHER ADMINISTRATIVE AND GENERAL						5.02
6.00	00600 MAINTENANCE & REPAIRS						6.00
6.01	00601 MOB I						6.01
6.02	00602 MOB II						6.02
6.03	00603 BETT MED PARK	743,372					6.03
6.04	00604 NW CLINICS	0	388,248				6.04
6.05	00605 CPMP I	0	0	925,020			6.05
6.06	00606 CPMP II	0	0	0	997,887		6.06
6.07	00607 BETT PLAZA	0	0	0	0	1,070,368	6.07
6.08	00608 HEART INSTITUTE	0	0	0	0	0	6.08
6.09	00609 53RD STREET	0	0	0	0	0	6.09
6.10	00610 ELDRI DGE	0	0	0	0	0	6.10
7.00	00700 OPERATION OF PLANT	0	0	0	0	0	7.00
8.00	00800 LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900 HOUSEKEEPING	842	0	883	0	0	9.00
10.00	01000 DIETARY	0	0	23,505	0	0	10.00
11.00	01100 CAFETERIA	0	0	0	0	0	11.00
11.01	01101 EMPLOYEE CAFETERIA	0	0	0	0	0	11.01
13.00	01300 NURSING ADMINISTRATION	0	0	2,594	0	0	13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500 PHARMACY	0	0	0	0	0	15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	0	0	0	0	40,103	16.00
17.00	01700 SOCIAL SERVICE	0	0	0	5,154	0	17.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	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-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100 INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.01	03201 NICU	0	0	0	0	0	32.01
40.00	04000 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100 SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300 NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	304,648	0	0	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	22,143	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	221,182	27,176	0	55.00
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
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	201,007	66.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.01	09001 FIRST MED	0	0	0	0	0	90.01
90.02	09002 OP INSTITUTES	0	0	2,540	35,035	58,253	90.02
90.03	09003 MARC	0	0	0	0	0	90.03
90.04	09004 BARIATRIC CLINIC	0	0	0	0	0	90.04
90.05	09005 PAIN MANAGEMENT	0	0	0	0	0	90.05
91.00	09100 EMERGENCY	0	0	0	0	118,360	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	842	0	555,352	67,365	439,866	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001 AUXILIARY	0	0	0	0	0	190.01
190.02	19002 FIRST MED CLINICS	109,644	153,704	0	0	0	190.02
190.03	19003 EAP	0	0	0	0	0	190.03
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 NON REIMBURSEABLE COST	632,886	234,544	369,668	930,522	630,502	192.01

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COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			BETT MED PARK	NW CLINICS	CPMP I	CPMP II	BETT PLAZA	
			6.03	6.04	6.05	6.06	6.07	
192.02	19202	FOUNDATION	0	0	0	0	0	192.02
192.03	19203	OP REHAB - DEWITT	0	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	0	0	0	0	192.04
192.05	19205	PHASE III REHAB	0	0	0	0	0	192.05
192.06	19206	AFFILIATES	0	0	0	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	0	0	0	0	0	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	0	0	0	0	0	192.08
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	743,372	388,248	925,020	997,887	1,070,368	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 160033	Period: From 07/01/2011 To 06/30/2012	Worksheet B Part I Date/Time Prepared: 11/28/2012 8:53 am
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Cost Center Description		HEART INSTITUTE	53RD STREET	ELDRIDGE	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
		6.08	6.09	6.10	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	A&G SHARED					5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL					5.02
6.00	00600	MAINTENANCE & REPAIRS					6.00
6.01	00601	MOB I					6.01
6.02	00602	MOB II					6.02
6.03	00603	BETT MED PARK					6.03
6.04	00604	NW CLINICS					6.04
6.05	00605	CPMP I					6.05
6.06	00606	CPMP II					6.06
6.07	00607	BETT PLAZA					6.07
6.08	00608	HEART INSTITUTE	2,069,238				6.08
6.09	00609	53RD STREET	0	325,602			6.09
6.10	00610	ELDRIDGE	0	0	153,935		6.10
7.00	00700	OPERATION OF PLANT	0	0	0	2,370,143	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	13,062	724,969
9.00	00900	HOUSEKEEPING	0	0	0	25,104	0
10.00	01000	DIETARY	0	0	0	64,458	0
11.00	01100	CAFETERIA	0	0	0	35,560	0
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	0	0	0	15,424	0
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	92,709	0
15.00	01500	PHARMACY	0	0	0	48,215	0
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	35,048	0
17.00	01700	SOCIAL SERVICE	0	0	0	13,728	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	83,565	0
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	653,246	333,946
31.00	03100	INTENSIVE CARE UNIT	0	0	0	56,550	20,506
32.01	03201	NI CU	0	0	0	11,726	2,789
40.00	04000	SUBPROVIDER - I PF	0	0	0	95,056	12,052
41.00	04100	SUBPROVIDER - I RF	0	0	0	87,814	33,244
43.00	04300	NURSERY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	235,487	102,265
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	195,036	54,499
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	15,893	13,064
57.00	05700	CT SCAN	0	0	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	52,354	14,592
60.00	06000	LABORATORY	0	0	0	80,054	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	1,619	0
65.00	06500	RESPIRATORY THERAPY	0	0	0	28,649	0
66.00	06600	PHYSICAL THERAPY	0	0	0	151,242	1,649
69.00	06900	ELECTROCARDIOLOGY	859,471	0	0	11,496	20,605
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	25,051	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	3,784	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00	07400	RENAL DIALYSIS	0	0	0	19,610	316
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	FIRST MED	0	0	0	0	0
90.02	09002	OP INSTITUTES	0	0	0	12,698	7,833
90.03	09003	MARC	0	0	0	17,134	0
90.04	09004	BARIATRIC CLINIC	0	0	0	7,927	169
90.05	09005	PAIN MANAGEMENT	0	0	0	0	0
91.00	09100	EMERGENCY	0	0	0	86,765	106,067
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1-117)	859,471	0	0	2,276,064	723,596
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	1,231	0
190.01	19001	AUXILIARY	0	0	0	25,616	0
190.02	19002	FIRST MED CLINICS	0	0	0	0	0
190.03	19003	EAP	0	0	0	0	0
191.00	19100	RESEARCH	0	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0

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COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			HEART INSTITUTE	53RD STREET	ELDRIDGE	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			6.08	6.09	6.10	7.00	8.00	
192.01	19201	NON REIMBURSEABLE COST	1,209,767	325,602	153,935	49,992	1,373	192.01
192.02	19202	FOUNDATION	0	0	0	2,041	0	192.02
192.03	19203	OP REHAB - DEWITT	0	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	0	0	3,334	0	192.04
192.05	19205	PHASE III REHAB	0	0	0	11,865	0	192.05
192.06	19206	AFFILIATES	0	0	0	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	0	0	0	0	0	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	0	0	0	0	0	192.08
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	2,069,238	325,602	153,935	2,370,143	724,969	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		HOUSEKEEPING	DIETARY	CAFETERIA	EMPLOYEE CAFETERIA	NURSING ADMINISTRATION	
		9.00	10.00	11.00	11.01	13.00	
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	00560						5.02
6.00	00600						6.00
6.01	00601						6.01
6.02	00602						6.02
6.03	00603						6.03
6.04	00604						6.04
6.05	00605						6.05
6.06	00606						6.06
6.07	00607						6.07
6.08	00608						6.08
6.09	00609						6.09
6.10	00610						6.10
7.00	00700						7.00
8.00	00800						8.00
9.00	00900	4,746,758					9.00
10.00	01000	148,887	3,678,062				10.00
11.00	01100	82,138	2,472,857	2,857,633			11.00
11.01	01101	0	0	2,857,633	2,857,633		11.01
13.00	01300	35,626	0	0	47,927	2,419,199	13.00
14.00	01400	214,141	0	0	33,640	0	14.00
15.00	01500	111,369	0	0	118,295	0	15.00
16.00	01600	80,954	0	0	0	0	16.00
17.00	01700	31,709	0	0	31,640	0	17.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	193,020	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	1,508,894	1,165,258	0	895,825	1,226,519	30.00
31.00	03100	130,620	39,947	0	96,398	127,999	31.00
32.01	03201	27,084	0	0	31,966	49,476	32.01
40.00	04000	0	0	0	53,972	104,069	40.00
41.00	04100	0	0	0	89,700	220,702	41.00
43.00	04300	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	543,933	0	0	211,213	332,245	50.00
54.00	05400	450,499	0	0	204,103	9,675	54.00
55.00	05500	36,710	0	0	89,765	22,747	55.00
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	120,928	0	0	75,935	46,432	59.00
60.00	06000	184,911	0	0	0	0	60.00
63.00	06300	3,740	0	0	0	0	63.00
65.00	06500	66,173	0	0	88,895	0	65.00
66.00	06600	349,342	0	0	330,922	7,495	66.00
69.00	06900	26,553	0	0	78,914	49,332	69.00
70.00	07000	57,864	0	0	26,182	9,606	70.00
71.00	07100	8,740	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	45,296	0	0	64,062	41,916	74.00
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	0	0	0	0	0	90.01
90.02	09002	29,330	0	0	41,425	20,001	90.02
90.03	09003	39,575	0	0	870	11	90.03
90.04	09004	18,311	0	0	14,352	0	90.04
90.05	09005	0	0	0	15,896	1,466	90.05
91.00	09100	200,411	0	0	196,100	141,608	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
118.00		4,746,758	3,678,062	2,857,633	2,837,997	2,411,299	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
190.01	19001	0	0	0	544	0	190.01
190.02	19002	0	0	0	0	0	190.02
190.03	19003	0	0	0	0	0	190.03
191.00	19100	0	0	0	5,110	0	191.00
192.00	19200	0	0	0	0	0	192.00

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COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 160033

Period:
From 07/01/2011
To 06/30/2012

Worksheet B
Part I
Date/Time Prepared:
11/28/2012 8:53 am

Cost Center Description			HOUSEKEEPING	DIETARY	CAFETERIA	EMPLOYEE CAFETERIA	NURSING ADMINISTRATION	
			9.00	10.00	11.00	11.01	13.00	
192.01	19201	NON REIMBURSEABLE COST	0	0	0	4,088	7,847	192.01
192.02	19202	FOUNDATION	0	0	0	0	0	192.02
192.03	19203	OP REHAB - DEWITT	0	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	0	0	1,892	0	192.04
192.05	19205	PHASE III REHAB	0	0	0	43	53	192.05
192.06	19206	AFFILIATES	0	0	0	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	0	0	0	0	0	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	0	0	0	7,959	0	192.08
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	4,746,758	3,678,062	2,857,633	2,857,633	2,419,199	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 160033

Period:
From 07/01/2011
To 06/30/2012

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Part I
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Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		14.00	15.00	16.00	17.00	
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 A&G SHARED					5.01
5.02	00560 OTHER ADMINISTRATIVE AND GENERAL					5.02
6.00	00600 MAINTENANCE & REPAIRS					6.00
6.01	00601 MOB I					6.01
6.02	00602 MOB II					6.02
6.03	00603 BETT MED PARK					6.03
6.04	00604 NW CLINICS					6.04
6.05	00605 CPMP I					6.05
6.06	00606 CPMP II					6.06
6.07	00607 BETT PLAZA					6.07
6.08	00608 HEART INSTITUTE					6.08
6.09	00609 53RD STREET					6.09
6.10	00610 ELDRI DGE					6.10
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
11.01	01101 EMPLOYEE CAFETERIA					11.01
13.00	01300 NURSING ADMINISTRATION					13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	2,886,468				14.00
15.00	01500 PHARMACY	11,617	7,538,721			15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	0	0	419,333		16.00
17.00	01700 SOCIAL SERVICE	2	0	0	1,477,804	17.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00	02300 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS	120,897	0	41,902	826,660	30.00
31.00	03100 INTENSIVE CARE UNIT	27,856	0	6,314	44,134	31.00
32.01	03201 NICU	3,465	0	2,005	11,543	32.01
40.00	04000 SUBPROVIDER - IPF	1,015	0	3,406	92,681	40.00
41.00	04100 SUBPROVIDER - IRF	6,033	0	4,314	148,358	41.00
43.00	04300 NURSERY	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	211,842	0	37,306	99,810	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	23,077	0	49,469	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	7,306	0	11,723	64,503	55.00
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	50,654	0	38,483	0	59.00
60.00	06000 LABORATORY	7	0	25,104	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	1	0	2,864	0	63.00
65.00	06500 RESPIRATORY THERAPY	16,996	0	10,697	0	65.00
66.00	06600 PHYSICAL THERAPY	10,476	0	17,074	0	66.00
69.00	06900 ELECTROCARDIOLOGY	4,525	0	9,077	679	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	3,180	0	2,999	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	797,068	0	28,147	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	1,507,131	0	42,748	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	7,538,721	45,685	0	73.00
74.00	07400 RENAL DIALYSIS	34,191	0	6,229	172,801	74.00
OUTPATIENT SERVICE COST CENTERS						
90.01	09001 FIRST MED	0	0	0	0	90.01
90.02	09002 OP INSTITUTES	5,780	0	2,564	339	90.02
90.03	09003 MARC	0	0	47	0	90.03
90.04	09004 BARIATRIC CLINIC	143	0	164	0	90.04
90.05	09005 PAIN MANAGEMENT	2,511	0	1,063	5,432	90.05
91.00	09100 EMERGENCY	39,861	0	29,949	10,864	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1-117)	2,885,634	7,538,721	419,333	1,477,804	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
190.01	19001 AUXILIARY	7	0	0	0	190.01
190.02	19002 FIRST MED CLINICS	0	0	0	0	190.02
190.03	19003 EAP	0	0	0	0	190.03
191.00	19100 RESEARCH	7	0	0	0	191.00

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COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 160033

Period:
From 07/01/2011
To 06/30/2012

Worksheet B
Part I
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Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE		
		14.00	15.00	16.00	17.00		
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01	19201	NON REIMBURSEABLE COST	79	0	0	0	192.01
192.02	19202	FOUNDATION	0	0	0	0	192.02
192.03	19203	OP REHAB - DEWITT	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	0	0	0	192.04
192.05	19205	PHASE III REHAB	0	0	0	0	192.05
192.06	19206	AFFILIATES	0	0	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	0	0	0	0	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	741	0	0	0	192.08
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)	2,886,468	7,538,721	419,333	1,477,804	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 160033

Period:
From 07/01/2011
To 06/30/2012

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Part I
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Cost Center Description	INTERNS & RESIDENTS		PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments		
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS					
	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 A&G SHARED						5.01	
5.02 00560 OTHER ADMINISTRATIVE AND GENERAL						5.02	
6.00 00600 MAINTENANCE & REPAIRS						6.00	
6.01 00601 MOB I						6.01	
6.02 00602 MOB II						6.02	
6.03 00603 BETT MED PARK						6.03	
6.04 00604 NW CLINICS						6.04	
6.05 00605 CPMP I						6.05	
6.06 00606 CPMP II						6.06	
6.07 00607 BETT PLAZA						6.07	
6.08 00608 HEART INSTITUTE						6.08	
6.09 00609 53RD STREET						6.09	
6.10 00610 ELDRI DGE						6.10	
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	
11.01 01101 EMPLOYEE CAFETERIA						11.01	
13.00 01300 NURSING ADMINISTRATION						13.00	
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00	
15.00 01500 PHARMACY						15.00	
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00	
17.00 01700 SOCIAL SERVICE						17.00	
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0					21.00	
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	4,616,920				22.00	
23.00 02300 PARAMED PRGM-(SPECIFY)	0	0	0			23.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS	0	2,293,782	0	50,366,562	-2,293,782	30.00	
31.00 03100 INTENSIVE CARE UNIT	0	116,314	0	6,069,600	-116,314	31.00	
32.01 03201 NICU	0	106,753	0	2,244,443	-106,753	32.01	
40.00 04000 SUBPROVIDER - I PF	0	117,664	0	3,914,904	-117,664	40.00	
41.00 04100 SUBPROVIDER - I RF	0	0	0	4,902,701	0	41.00	
43.00 04300 NURSERY	0	0	0	0	0	43.00	
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0	117,664	0	22,824,565	-117,664	50.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	68,394	0	20,765,730	-68,394	54.00	
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	11,350,427	0	55.00	
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	9,624,315	0	59.00	
60.00 06000 LABORATORY	0	39,596	0	12,574,510	-39,596	60.00	
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	2,775,955	0	63.00	
65.00 06500 RESPIRATORY THERAPY	0	0	0	4,513,171	0	65.00	
66.00 06600 PHYSICAL THERAPY	0	9,562	0	17,504,670	-9,562	66.00	
69.00 06900 ELECTROCARDIOLOGY	0	0	0	5,090,577	0	69.00	
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	1,733,774	0	70.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	16,293,281	0	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	30,720,178	0	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0	77,955	0	25,260,087	-77,955	73.00	
74.00 07400 RENAL DIALYSIS	0	0	0	5,405,086	-1,035,754	74.00	
OUTPATIENT SERVICE COST CENTERS							
90.01 09001 FIRST MED	0	0	0	0	0	90.01	
90.02 09002 OP INSTITUTES	0	0	0	2,634,988	0	90.02	
90.03 09003 MARC	0	0	0	254,490	0	90.03	
90.04 09004 BARIATRIC CLINIC	0	0	0	708,797	0	90.04	
90.05 09005 PAIN MANAGEMENT	0	0	0	902,538	0	90.05	
91.00 09100 EMERGENCY	0	306,872	0	10,499,782	-306,872	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00	
OTHER REIMBURSABLE COST CENTERS							
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	3,254,556	0	268,935,131	-4,290,310	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	12,834	0	190.00	

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COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 160033

Period:
From 07/01/2011
To 06/30/2012

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description			INTERNS & RESIDENTS		PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
			21.00	22.00				
190.01	19001	AUXILIARY	0	0	0	333,453	0	190.01
190.02	19002	FIRST MED CLINICS	0	0	0	263,348	0	190.02
190.03	19003	EAP	0	0	0	0	0	190.03
191.00	19100	RESEARCH	0	0	0	1,423,844	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,362,364	0	1,362,364	-1,362,364	192.00
192.01	19201	NON REIMBURSEABLE COST	0	0	0	6,841,133	0	192.01
192.02	19202	FOUNDATION	0	0	0	26,002	0	192.02
192.03	19203	OP REHAB - DEWITT	0	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	0	0	2,505,248	0	192.04
192.05	19205	PHASE III REHAB	0	0	0	135,786	0	192.05
192.06	19206	AFFILIATES	0	0	0	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	0	0	0	3,190,775	0	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	0	0	0	220,551	0	192.08
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	4,616,920	0	285,250,469	-5,652,674	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:
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Cost Center Description		Total	
		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 A&G SHARED		5.01
5.02	00560 OTHER ADMINISTRATIVE AND GENERAL		5.02
6.00	00600 MAINTENANCE & REPAIRS		6.00
6.01	00601 MOB I		6.01
6.02	00602 MOB II		6.02
6.03	00603 BETT MED PARK		6.03
6.04	00604 NW CLINICS		6.04
6.05	00605 CPMP I		6.05
6.06	00606 CPMP II		6.06
6.07	00607 BETT PLAZA		6.07
6.08	00608 HEART INSTITUTE		6.08
6.09	00609 53RD STREET		6.09
6.10	00610 ELDRI DGE		6.10
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
11.01	01101 EMPLOYEE CAFETERIA		11.01
13.00	01300 NURSING ADMINISTRATION		13.00
14.00	01400 CENTRAL SERVICES & SUPPLY		14.00
15.00	01500 PHARMACY		15.00
16.00	01600 MEDICAL RECORDS & LIBRARY		16.00
17.00	01700 SOCIAL SERVICE		17.00
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 ED PRGM-(SPECIFY)		23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	48,072,780	30.00
31.00	03100 INTENSIVE CARE UNIT	5,953,286	31.00
32.01	03201 NICU	2,137,690	32.01
40.00	04000 SUBPROVIDER - IPF	3,797,240	40.00
41.00	04100 SUBPROVIDER - IRF	4,902,701	41.00
43.00	04300 NURSERY	0	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	22,706,901	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	20,697,336	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	11,350,427	55.00
57.00	05700 CT SCAN	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	9,624,315	59.00
60.00	06000 LABORATORY	12,534,914	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	2,775,955	63.00
65.00	06500 RESPIRATORY THERAPY	4,513,171	65.00
66.00	06600 PHYSICAL THERAPY	17,495,108	66.00
69.00	06900 ELECTROCARDIOLOGY	5,090,577	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,733,774	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	16,293,281	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	30,720,178	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	25,182,132	73.00
74.00	07400 RENAL DIALYSIS	4,369,332	74.00
OUTPATIENT SERVICE COST CENTERS			
90.01	09001 FIRST MED	0	90.01
90.02	09002 OP INSTITUTES	2,634,988	90.02
90.03	09003 MARC	254,490	90.03
90.04	09004 BARIATRIC CLINIC	708,797	90.04
90.05	09005 PAIN MANAGEMENT	902,538	90.05
91.00	09100 EMERGENCY	10,192,910	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		92.00
OTHER REIMBURSABLE COST CENTERS			
95.00	09500 AMBULANCE SERVICES	0	95.00
SPECIAL PURPOSE COST CENTERS			
118.00	SUBTOTALS (SUM OF LINES 1-117)	264,644,821	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	12,834	190.00
190.01	19001 AUXILIARY	333,453	190.01
190.02	19002 FIRST MED CLINICS	263,348	190.02
190.03	19003 EAP	0	190.03
191.00	19100 RESEARCH	1,423,844	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	192.00
192.01	19201 NON REIMBURSEABLE COST	6,841,133	192.01

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COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 160033

Period:
From 07/01/2011
To 06/30/2012

Worksheet B
Part I
Date/Time Prepared:
11/28/2012 8:53 am

Cost Center Description		Total	
		26.00	
192.02	19202 FOUNDATION	26,002	192.02
192.03	19203 OP REHAB - DEWITT	0	192.03
192.04	19204 OUTREACH PROGRAMS	2,505,248	192.04
192.05	19205 PHASE III REHAB	135,786	192.05
192.06	19206 AFFILIATES	0	192.06
192.07	19207 NON-ALLOWABLE MEALS	3,190,775	192.07
192.08	19208 ENVIRONMENTAL SVCS - OUTREACH	220,551	192.08
200.00	Cross Foot Adjustments	0	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118-201)	279,597,795	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 160033

Period:
From 07/01/2011
To 06/30/2012

Worksheet B
Part II
Date/Time Prepared:
11/28/2012 8:53 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00			
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	0	37,340	2,927	40,267	40,267
5.01 00510	A&G SHARED	398,369	934,194	473,013	1,805,576	662
5.02 00560	OTHER ADMINISTRATIVE AND GENERAL	26,013	173,551	162,991	362,555	913
6.00 00600	MAINTENANCE & REPAIRS	81,811	1,022,116	406,320	1,510,247	1,505
6.01 00601	MOB I	724,703	0	0	724,703	0
6.02 00602	MOB II	736,089	0	0	736,089	0
6.03 00603	BETT MED PARK	681,105	0	0	681,105	0
6.04 00604	NW CLINICS	361,118	0	0	361,118	0
6.05 00605	CPMP I	793,438	0	0	793,438	0
6.06 00606	CPMP II	835,146	0	0	835,146	0
6.07 00607	BETT PLAZA	982,300	0	0	982,300	0
6.08 00608	HEART INSTITUTE	1,715,609	0	0	1,715,609	0
6.09 00609	53RD STREET	299,960	0	0	299,960	0
6.10 00610	ELDRIDGE	141,043	0	0	141,043	0
7.00 00700	OPERATION OF PLANT	0	0	0	0	0
8.00 00800	LAUNDRY & LINEN SERVICE	1,588	35,332	641	37,561	68
9.00 00900	HOUSEKEEPING	21,739	67,904	556,015	645,658	952
10.00 01000	DIETARY	25,084	174,354	46,901	246,339	573
11.00 01100	CAFETERIA	0	96,188	0	96,188	0
11.01 01101	EMPLOYEE CAFETERIA	0	0	0	0	0
13.00 01300	NURSING ADMINISTRATION	13,488	41,720	11,635	66,843	622
14.00 01400	CENTRAL SERVICES & SUPPLY	51,275	250,771	534,414	836,460	263
15.00 01500	PHARMACY	22,086	130,419	100,690	253,195	1,933
16.00 01600	MEDICAL RECORDS & LIBRARY	0	94,802	0	94,802	0
17.00 01700	SOCIAL SERVICE	1,561	37,133	9,323	48,017	365
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	226,037	0	226,037	536
23.00 02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	166,639	1,766,991	398,364	2,331,994	9,797
31.00 03100	INTENSIVE CARE UNIT	51,562	152,963	151,374	355,899	1,206
32.01 03201	NICU	7,712	31,717	255,891	295,320	451
40.00 04000	SUBPROVIDER - I PF	9,361	257,119	4,137	270,617	741
41.00 04100	SUBPROVIDER - I RF	17,627	237,529	34,373	289,529	998
43.00 04300	NURSERY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	846,347	636,974	2,493,502	3,976,823	2,829
54.00 05400	RADIOLOGY-DIAGNOSTIC	178,178	527,558	1,898,112	2,603,848	2,503
55.00 05500	RADIOLOGY-THERAPEUTIC	1,630,895	42,989	3,125,267	4,799,151	1,265
57.00 05700	CT SCAN	0	0	0	0	0
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00 05900	CARDIAC CATHETERIZATION	96,165	141,613	1,417,241	1,655,019	1,088
60.00 06000	LABORATORY	140	216,540	9,408	226,088	22
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	4,379	7,237	11,616	0
65.00 06500	RESPIRATORY THERAPY	47,629	77,492	196,587	321,708	1,021
66.00 06600	PHYSICAL THERAPY	999,497	409,098	189,182	1,597,777	4,189
69.00 06900	ELECTROCARDIOLOGY	546,602	31,095	361,894	939,591	934
70.00 07000	ELECTROENCEPHALOGRAPHY	17,161	67,762	179,950	264,873	302
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	10,236	0	10,236	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00 07400	RENAL DIALYSIS	281,200	53,043	158,902	493,145	672
OUTPATIENT SERVICE COST CENTERS						
90.01 09001	FIRST MED	0	0	0	0	0
90.02 09002	OP INSTITUTES	211,629	34,347	109,618	355,594	484
90.03 09003	MARC	702	46,345	330	47,377	20
90.04 09004	BARITRIC CLINIC	101,026	21,443	26,481	148,950	155
90.05 09005	PAIN MANAGEMENT	165,015	0	53,180	218,195	180
91.00 09100	EMERGENCY	31,482	234,692	292,677	558,851	2,172
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1-117)	13,320,094	8,323,786	13,668,577	35,312,457	39,421
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	3,330	0	3,330	1
190.01 19001	AUXILIARY	1,761	69,291	5,666	76,718	17

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ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 160033

Period:
From 07/01/2011
To 06/30/2012

Worksheet B
Part II
Date/Time Prepared:
11/28/2012 8:53 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		1.00	2.00			
190.02 19002 FIRST MED CLINICS	0	0	0	0	0	190.02
190.03 19003 EAP	0	0	0	0	0	190.03
191.00 19100 RESEARCH	2,049	0	4,282	6,331	64	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 19201 NON REIMBURSEABLE COST	30,403	135,226	20,007	185,636	72	192.01
192.02 19202 FOUNDATION	0	5,519	3,141	8,660	1	192.02
192.03 19203 OP REHAB - DEWITT	0	0	0	0	0	192.03
192.04 19204 OUTREACH PROGRAMS	19,391	9,018	0	28,409	3	192.04
192.05 19205 PHASE III REHAB	0	32,093	9,603	41,696	6	192.05
192.06 19206 AFFILIATES	0	0	0	0	0	192.06
192.07 19207 NON-ALLOWABLE MEALS	0	0	0	0	625	192.07
192.08 19208 ENVIRONMENTAL SVCS - OUTREACH	973	0	799	1,772	57	192.08
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	13,374,671	8,578,263	13,712,075	35,665,009	40,267	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 160033

Period:
From 07/01/2011
To 06/30/2012

Worksheet B
Part II
Date/Time Prepared:
11/28/2012 8:53 am

Cost Center Description		A&G SHARED	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	MOB I	MOB II	
		5.01	5.02	6.00	6.01	6.02	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00510	1,806,238					5.01
5.02	00560	1,806,238	2,169,706				5.02
6.00	00600	0	74,421	1,586,173			6.00
6.01	00601	0	6,504	0	731,207		6.01
6.02	00602	0	6,842	0	0	742,931	6.02
6.03	00603	0	5,654	0	0	0	6.03
6.04	00604	0	2,953	0	0	0	6.04
6.05	00605	0	7,036	0	0	0	6.05
6.06	00606	0	7,590	0	0	0	6.06
6.07	00607	0	8,142	0	0	0	6.07
6.08	00608	0	15,740	0	0	0	6.08
6.09	00609	0	2,477	0	0	0	6.09
6.10	00610	0	1,171	0	0	0	6.10
7.00	00700	0	18,028	0	0	0	7.00
8.00	00800	0	5,005	8,742	0	0	8.00
9.00	00900	0	34,945	16,800	15,066	3,821	9.00
10.00	01000	0	24,152	43,137	0	0	10.00
11.00	01100	0	915	23,798	0	0	11.00
11.01	01101	0	0	0	0	0	11.01
13.00	01300	0	17,131	10,322	0	1,485	13.00
14.00	01400	0	16,455	62,044	0	0	14.00
15.00	01500	0	53,627	32,267	0	0	15.00
16.00	01600	0	902	23,455	0	0	16.00
17.00	01700	0	10,144	9,187	4,563	0	17.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	30,391	55,924	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	0	293,579	437,176	0	1,485	30.00
31.00	03100	0	39,322	37,845	0	0	31.00
32.01	03201	0	14,827	7,847	0	0	32.01
40.00	04000	0	23,143	63,614	0	0	40.00
41.00	04100	0	30,046	58,768	0	0	41.00
43.00	04300	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	149,513	157,595	0	0	50.00
54.00	05400	0	143,638	130,524	0	0	54.00
55.00	05500	0	81,373	10,636	64,697	961	55.00
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	68,525	35,037	0	0	59.00
60.00	06000	0	90,626	53,575	0	0	60.00
63.00	06300	0	21,002	1,083	0	0	63.00
65.00	06500	0	31,822	19,172	0	0	65.00
66.00	06600	0	120,172	101,216	2,477	0	66.00
69.00	06900	0	30,292	7,693	0	0	69.00
70.00	07000	0	11,451	16,765	0	0	70.00
71.00	07100	0	117,443	2,532	0	0	71.00
72.00	07200	0	221,883	0	0	0	72.00
73.00	07300	0	133,856	0	0	0	73.00
74.00	07400	0	36,376	13,124	134,647	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	0	0	0	0	0	90.01
90.02	09002	0	18,003	8,498	0	0	90.02
90.03	09003	0	959	11,466	0	0	90.03
90.04	09004	0	4,830	5,305	0	0	90.04
90.05	09005	0	5,764	0	0	0	90.05
91.00	09100	0	68,634	58,066	0	0	91.00
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
118.00		1,806,238	2,107,304	1,523,213	221,450	7,752	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	50	824	0	0	190.00
190.01	19001	0	1,533	17,143	0	0	190.01
190.02	19002	0	0	0	0	0	190.02
190.03	19003	0	0	0	0	0	190.03
191.00	19100	0	10,791	0	0	0	191.00

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ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 160033

Period:
From 07/01/2011
To 06/30/2012

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			A&G SHARED	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	MOB I	MOB II	
			5.01	5.02	6.00	6.01	6.02	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	NON REIMBURSEABLE COST	0	4,547	33,456	509,757	735,179	192.01
192.02	19202	FOUNDATION	0	118	1,366	0	0	192.02
192.03	19203	OP REHAB - DEWITT	0	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	18,912	2,231	0	0	192.04
192.05	19205	PHASE III REHAB	0	569	7,940	0	0	192.05
192.06	19206	AFFILIATES	0	0	0	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	0	24,271	0	0	0	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	0	1,611	0	0	0	192.08
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,806,238	2,169,706	1,586,173	731,207	742,931	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 160033			Period: From 07/01/2011 To 06/30/2012		Worksheet B Part II Date/Time Prepared: 11/28/2012 8:53 am	
Cost Center Description		BETT MED PARK	NW CLINICS	CPMP I	CPMP II	BETT PLAZA		
		6.03	6.04	6.05	6.06	6.07		
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	A&G SHARED						5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL						5.02
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MOB I						6.01
6.02	00602	MOB II						6.02
6.03	00603	BETT MED PARK	686,759					6.03
6.04	00604	NW CLINICS	0	364,071				6.04
6.05	00605	CPMP I	0	0	800,474			6.05
6.06	00606	CPMP II	0	0	0	842,736		6.06
6.07	00607	BETT PLAZA	0	0	0	0	990,442	6.07
6.08	00608	HEART INSTITUTE	0	0	0	0	0	6.08
6.09	00609	53RD STREET	0	0	0	0	0	6.09
6.10	00610	ELDRIDGE	0	0	0	0	0	6.10
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	778	0	764	0	0	9.00
10.00	01000	DIETARY	0	0	20,340	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	0	11.01
13.00	01300	NURSING ADMINISTRATION	0	0	2,244	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	37,109	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	4,353	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	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-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.01	03201	NICU	0	0	0	0	0	32.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	263,629	0	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	20,489	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	191,402	22,951	0	55.00
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
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	185,998	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	FIRST MED	0	0	0	0	0	90.01
90.02	09002	OP INSTITUTES	0	0	2,198	29,588	53,903	90.02
90.03	09003	MARC	0	0	0	0	0	90.03
90.04	09004	BARITRIC CLINIC	0	0	0	0	0	90.04
90.05	09005	PAIN MANAGEMENT	0	0	0	0	0	90.05
91.00	09100	EMERGENCY	0	0	0	0	109,522	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	778	0	480,577	56,892	407,021	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	AUXILIARY	0	0	0	0	0	190.01
190.02	19002	FIRST MED CLINICS	101,294	144,133	0	0	0	190.02
190.03	19003	EAP	0	0	0	0	0	190.03
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	NON REIMBURSEABLE COST	584,687	219,938	319,897	785,844	583,421	192.01

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ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 160033

Period:
From 07/01/2011
To 06/30/2012

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			BETT MED PARK	NW CLINICS	CPMP I	CPMP II	BETT PLAZA	
			6.03	6.04	6.05	6.06	6.07	
192.02	19202	FOUNDATION	0	0	0	0	0	192.02
192.03	19203	OP REHAB - DEWITT	0	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	0	0	0	0	192.04
192.05	19205	PHASE III REHAB	0	0	0	0	0	192.05
192.06	19206	AFFILIATES	0	0	0	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	0	0	0	0	0	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	0	0	0	0	0	192.08
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	686,759	364,071	800,474	842,736	990,442	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 160033		Period: From 07/01/2011 To 06/30/2012		Worksheet B Part II Date/Time Prepared: 11/28/2012 8:53 am	
Cost Center Description		HEART INSTITUTE	53RD STREET	ELDRI DGE	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
		6.08	6.09	6.10	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	A&G SHARED					5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL					5.02
6.00	00600	MAINTENANCE & REPAIRS					6.00
6.01	00601	MOB I					6.01
6.02	00602	MOB II					6.02
6.03	00603	BETT MED PARK					6.03
6.04	00604	NW CLINICS					6.04
6.05	00605	CPMP I					6.05
6.06	00606	CPMP II					6.06
6.07	00607	BETT PLAZA					6.07
6.08	00608	HEART INSTITUTE	1,731,349				6.08
6.09	00609	53RD STREET	0	302,437			6.09
6.10	00610	ELDRI DGE	0	0	142,214		6.10
7.00	00700	OPERATION OF PLANT	0	0	0	18,028	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	99	8.00
9.00	00900	HOUSEKEEPING	0	0	0	191	9.00
10.00	01000	DIETARY	0	0	0	490	10.00
11.00	01100	CAFETERIA	0	0	0	270	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	11.01
13.00	01300	NURSING ADMINISTRATION	0	0	0	117	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	705	14.00
15.00	01500	PHARMACY	0	0	0	367	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	267	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	104	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	636	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	4,971	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	430	31.00
32.01	03201	NI CU	0	0	0	89	32.01
40.00	04000	SUBPROVIDER - I PF	0	0	0	723	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	668	41.00
43.00	04300	NURSERY	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	1,791	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	1,484	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	121	55.00
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	398	59.00
60.00	06000	LABORATORY	0	0	0	609	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	12	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	218	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	1,150	66.00
69.00	06900	ELECTROCARDIOLOGY	719,126	0	0	87	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	191	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	29	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	149	74.00
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	FIRST MED	0	0	0	0	90.01
90.02	09002	OP INSTITUTES	0	0	0	97	90.02
90.03	09003	MARC	0	0	0	130	90.03
90.04	09004	BARIATRIC CLINIC	0	0	0	60	90.04
90.05	09005	PAIN MANAGEMENT	0	0	0	0	90.05
91.00	09100	EMERGENCY	0	0	0	660	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1-117)	719,126	0	0	17,313	51,378
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	9	190.00
190.01	19001	AUXILIARY	0	0	0	195	190.01
190.02	19002	FIRST MED CLINICS	0	0	0	0	190.02
190.03	19003	EAP	0	0	0	0	190.03
191.00	19100	RESEARCH	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00

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ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 160033

Period:
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To 06/30/2012

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Cost Center Description			HEART INSTITUTE	53RD STREET	ELDRIDGE	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			6.08	6.09	6.10	7.00	8.00	
192.01	19201	NON REIMBURSEABLE COST	1,012,223	302,437	142,214	380	97	192.01
192.02	19202	FOUNDATION	0	0	0	16	0	192.02
192.03	19203	OP REHAB - DEWITT	0	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	0	0	25	0	192.04
192.05	19205	PHASE III REHAB	0	0	0	90	0	192.05
192.06	19206	AFFILIATES	0	0	0	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	0	0	0	0	0	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	0	0	0	0	0	192.08
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,731,349	302,437	142,214	18,028	51,475	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 160033		Period: From 07/01/2011 To 06/30/2012		Worksheet B Part II Date/Time Prepared: 11/28/2012 8:53 am	
Cost Center Description			HOUSEKEEPING	DIETARY	CAFETERIA	EMPLOYEE CAFETERIA	NURSING ADMINISTRATION	
			9.00	10.00	11.00	11.01	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	A&G SHARED						5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL						5.02
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MOB I						6.01
6.02	00602	MOB II						6.02
6.03	00603	BETT MED PARK						6.03
6.04	00604	NW CLINICS						6.04
6.05	00605	CPMP I						6.05
6.06	00606	CPMP II						6.06
6.07	00607	BETT PLAZA						6.07
6.08	00608	HEART INSTITUTE						6.08
6.09	00609	53RD STREET						6.09
6.10	00610	ELDRI DGE						6.10
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	718,975					9.00
10.00	01000	DIETARY	22,551	357,582				10.00
11.00	01100	CAFETERIA	12,441	240,411	374,023			11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	374,023	374,023		11.01
13.00	01300	NURSING ADMINISTRATION	5,396	0	0	6,273	110,433	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	32,435	0	0	4,403	0	14.00
15.00	01500	PHARMACY	16,869	0	0	15,483	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	12,262	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	4,803	0	0	4,141	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	29,236	0	0	0	0	22.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	228,546	113,287	0	117,249	55,990	30.00
31.00	03100	INTENSIVE CARE UNIT	19,785	3,884	0	12,617	5,843	31.00
32.01	03201	NI CU	4,102	0	0	4,184	2,258	32.01
40.00	04000	SUBPROVIDER - I PF	0	0	0	7,064	4,751	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	11,740	10,075	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	82,388	0	0	27,645	15,166	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	68,236	0	0	26,714	442	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	5,560	0	0	11,749	1,038	55.00
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	18,317	0	0	9,939	2,120	59.00
60.00	06000	LABORATORY	28,008	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	566	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	10,023	0	0	11,635	0	65.00
66.00	06600	PHYSICAL THERAPY	52,914	0	0	43,313	342	66.00
69.00	06900	ELECTROCARDIOLOGY	4,022	0	0	10,329	2,252	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	8,764	0	0	3,427	439	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,324	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	6,861	0	0	8,385	1,913	74.00
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	FIRST MED	0	0	0	0	0	90.01
90.02	09002	OP INSTITUTES	4,443	0	0	5,422	913	90.02
90.03	09003	MARC	5,994	0	0	114	0	90.03
90.04	09004	BARIATRIC CLINIC	2,773	0	0	1,878	0	90.04
90.05	09005	PAIN MANAGEMENT	0	0	0	2,081	67	90.05
91.00	09100	EMERGENCY	30,356	0	0	25,667	6,464	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	718,975	357,582	374,023	371,452	110,073	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	AUXILIARY	0	0	0	71	0	190.01
190.02	19002	FIRST MED CLINICS	0	0	0	0	0	190.02
190.03	19003	EAP	0	0	0	0	0	190.03
191.00	19100	RESEARCH	0	0	0	669	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00

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ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 160033

Period:
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To 06/30/2012

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Cost Center Description			HOUSEKEEPING	DIETARY	CAFETERIA	EMPLOYEE CAFETERIA	NURSING ADMINISTRATION	
			9.00	10.00	11.00	11.01	13.00	
192.01	19201	NON REIMBURSEABLE COST	0	0	0	535	358	192.01
192.02	19202	FOUNDATION	0	0	0	0	0	192.02
192.03	19203	OP REHAB - DEWITT	0	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	0	0	248	0	192.04
192.05	19205	PHASE III REHAB	0	0	0	6	2	192.05
192.06	19206	AFFILIATES	0	0	0	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	0	0	0	0	0	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	0	0	0	1,042	0	192.08
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	718,975	357,582	374,023	374,023	110,433	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 160033

Period:
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Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		14.00	15.00	16.00	17.00	
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 A&G SHARED					5.01
5.02	00560 OTHER ADMINISTRATIVE AND GENERAL					5.02
6.00	00600 MAINTENANCE & REPAIRS					6.00
6.01	00601 MOB I					6.01
6.02	00602 MOB II					6.02
6.03	00603 BETT MED PARK					6.03
6.04	00604 NW CLINICS					6.04
6.05	00605 CPMP I					6.05
6.06	00606 CPMP II					6.06
6.07	00607 BETT PLAZA					6.07
6.08	00608 HEART INSTITUTE					6.08
6.09	00609 53RD STREET					6.09
6.10	00610 ELDRI DGE					6.10
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
11.01	01101 EMPLOYEE CAFETERIA					11.01
13.00	01300 NURSING ADMINISTRATION					13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	952,765				14.00
15.00	01500 PHARMACY	3,835	377,576			15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	0	0	168,797		16.00
17.00	01700 SOCIAL SERVICE	1	0	0	85,678	17.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00	02300 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS	39,905	0	16,888	47,927	30.00
31.00	03100 INTENSIVE CARE UNIT	9,195	0	2,545	2,559	31.00
32.01	03201 NICU	1,144	0	808	669	32.01
40.00	04000 SUBPROVIDER - IPF	335	0	1,373	5,373	40.00
41.00	04100 SUBPROVIDER - IRF	1,991	0	1,739	8,601	41.00
43.00	04300 NURSERY	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	69,923	0	15,036	5,787	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	7,617	0	19,727	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	2,412	0	4,725	3,740	55.00
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	16,720	0	15,510	0	59.00
60.00	06000 LABORATORY	2	0	10,118	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	1,154	0	63.00
65.00	06500 RESPIRATORY THERAPY	5,610	0	4,311	0	65.00
66.00	06600 PHYSICAL THERAPY	3,458	0	6,882	0	66.00
69.00	06900 ELECTROCARDIOLOGY	1,494	0	3,659	39	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,050	0	1,209	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	263,090	0	11,344	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	497,482	0	17,229	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	377,576	18,413	0	73.00
74.00	07400 RENAL DIALYSIS	11,285	0	2,510	10,018	74.00
OUTPATIENT SERVICE COST CENTERS						
90.01	09001 FIRST MED	0	0	0	0	90.01
90.02	09002 OP INSTITUTES	1,908	0	1,033	20	90.02
90.03	09003 MARC	0	0	19	0	90.03
90.04	09004 BARIATRIC CLINIC	47	0	66	0	90.04
90.05	09005 PAIN MANAGEMENT	829	0	428	315	90.05
91.00	09100 EMERGENCY	13,157	0	12,071	630	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1-117)	952,490	377,576	168,797	85,678	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
190.01	19001 AUXILIARY	2	0	0	0	190.01
190.02	19002 FIRST MED CLINICS	0	0	0	0	190.02
190.03	19003 EAP	0	0	0	0	190.03
191.00	19100 RESEARCH	2	0	0	0	191.00

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ALLOCATION OF CAPITAL RELATED COSTS

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Period:
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To 06/30/2012

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Cost Center Description			CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE		
			14.00	15.00	16.00	17.00		
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0		192.00
192.01	19201	NON REIMBURSEABLE COST	26	0	0	0		192.01
192.02	19202	FOUNDATION	0	0	0	0		192.02
192.03	19203	OP REHAB - DEWITT	0	0	0	0		192.03
192.04	19204	OUTREACH PROGRAMS	0	0	0	0		192.04
192.05	19205	PHASE III REHAB	0	0	0	0		192.05
192.06	19206	AFFILIATES	0	0	0	0		192.06
192.07	19207	NON-ALLOWABLE MEALS	0	0	0	0		192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	245	0	0	0		192.08
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)	952,765	377,576	168,797	85,678		202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 160033	Period: From 07/01/2011 To 06/30/2012	Worksheet B Part II Date/Time Prepared: 11/28/2012 8:53 am
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Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS					
	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	A&G SHARED						5.01
5.02 00560	OTHER ADMINISTRATIVE AND GENERAL						5.02
6.00 00600	MAINTENANCE & REPAIRS						6.00
6.01 00601	MOB I						6.01
6.02 00602	MOB II						6.02
6.03 00603	BETT MED PARK						6.03
6.04 00604	NW CLINICS						6.04
6.05 00605	CPMP I						6.05
6.06 00606	CPMP II						6.06
6.07 00607	BETT PLAZA						6.07
6.08 00608	HEART INSTITUTE						6.08
6.09 00609	53RD STREET						6.09
6.10 00610	ELDRIDGE						6.10
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
11.01 01101	EMPLOYEE CAFETERIA						11.01
13.00 01300	NURSING ADMINISTRATION						13.00
14.00 01400	CENTRAL SERVICES & SUPPLY						14.00
15.00 01500	PHARMACY						15.00
16.00 01600	MEDICAL RECORDS & LIBRARY						16.00
17.00 01700	SOCIAL SERVICE						17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0					21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD		342,760				22.00
23.00 02300	PARAMED PRGM-(SPECIFY)			0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS				3,722,506	0	30.00
31.00 03100	INTENSIVE CARE UNIT				492,586	0	31.00
32.01 03201	NI CU				331,897	0	32.01
40.00 04000	SUBPROVIDER - I PF				378,590	0	40.00
41.00 04100	SUBPROVIDER - I RF				416,515	0	41.00
43.00 04300	NURSERY				0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM				4,775,386	0	50.00
54.00 05400	RADIOLOGY-DIAGNOSTIC				3,029,092	0	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC				5,202,709	0	55.00
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				1,823,709	0	59.00
60.00 06000	LABORATORY				409,048	0	60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.				35,433	0	63.00
65.00 06500	RESPIRATORY THERAPY				405,520	0	65.00
66.00 06600	PHYSICAL THERAPY				2,120,005	0	66.00
69.00 06900	ELECTROCARDIOLOGY				1,720,981	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY				308,471	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS				405,998	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT				736,594	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS				529,845	0	73.00
74.00 07400	RENAL DIALYSIS				719,107	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.01 09001	FIRST MED				0	0	90.01
90.02 09002	OP INSTITUTES				482,660	0	90.02
90.03 09003	MARC				66,079	0	90.03
90.04 09004	BARIATRIC CLINIC				164,076	0	90.04
90.05 09005	PAIN MANAGEMENT				337,381	0	90.05
91.00 09100	EMERGENCY				784,259	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00 09500	AMBULANCE SERVICES				0	0	95.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	0	0	29,398,447	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN				4,214	0	190.00

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ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 160033

Period:
From 07/01/2011
To 06/30/2012

Worksheet B
Part II
Date/Time Prepared:
11/28/2012 8:53 am

Cost Center Description			INTERNS & RESIDENTS		PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
			21.00	22.00				
190.01	19001	AUXILIARY				95,679	0	190.01
190.02	19002	FIRST MED CLINICS				245,427	0	190.02
190.03	19003	EAP				0	0	190.03
191.00	19100	RESEARCH				17,857	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES				0	0	192.00
192.01	19201	NON REIMBURSEABLE COST				5,420,704	0	192.01
192.02	19202	FOUNDATION				10,161	0	192.02
192.03	19203	OP REHAB - DEWITT				0	0	192.03
192.04	19204	OUTREACH PROGRAMS				49,828	0	192.04
192.05	19205	PHASE III REHAB				50,309	0	192.05
192.06	19206	AFFILIATES				0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS				24,896	0	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH				4,727	0	192.08
200.00		Cross Foot Adjustments	0	342,760	0	342,760	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	342,760	0	35,665,009	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 160033

Period:
From 07/01/2011
To 06/30/2012

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description		Total	
		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 A&G SHARED		5.01
5.02	00560 OTHER ADMINISTRATIVE AND GENERAL		5.02
6.00	00600 MAINTENANCE & REPAIRS		6.00
6.01	00601 MOB I		6.01
6.02	00602 MOB II		6.02
6.03	00603 BETT MED PARK		6.03
6.04	00604 NW CLINICS		6.04
6.05	00605 CPMP I		6.05
6.06	00606 CPMP II		6.06
6.07	00607 BETT PLAZA		6.07
6.08	00608 HEART INSTITUTE		6.08
6.09	00609 53RD STREET		6.09
6.10	00610 ELDRI DGE		6.10
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
11.01	01101 EMPLOYEE CAFETERIA		11.01
13.00	01300 NURSING ADMINISTRATION		13.00
14.00	01400 CENTRAL SERVICES & SUPPLY		14.00
15.00	01500 PHARMACY		15.00
16.00	01600 MEDICAL RECORDS & LIBRARY		16.00
17.00	01700 SOCIAL SERVICE		17.00
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 ED PRGM-(SPECIFY)		23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	3,722,506	30.00
31.00	03100 INTENSIVE CARE UNIT	492,586	31.00
32.01	03201 NICU	331,897	32.01
40.00	04000 SUBPROVIDER - IPF	378,590	40.00
41.00	04100 SUBPROVIDER - IRF	416,515	41.00
43.00	04300 NURSERY	0	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	4,775,386	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	3,029,092	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	5,202,709	55.00
57.00	05700 CT SCAN	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	1,823,709	59.00
60.00	06000 LABORATORY	409,048	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	35,433	63.00
65.00	06500 RESPIRATORY THERAPY	405,520	65.00
66.00	06600 PHYSICAL THERAPY	2,120,005	66.00
69.00	06900 ELECTROCARDIOLOGY	1,720,981	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	308,471	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	405,998	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	736,594	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	529,845	73.00
74.00	07400 RENAL DIALYSIS	719,107	74.00
OUTPATIENT SERVICE COST CENTERS			
90.01	09001 FIRST MED	0	90.01
90.02	09002 OP INSTITUTES	482,660	90.02
90.03	09003 MARC	66,079	90.03
90.04	09004 BARIATRIC CLINIC	164,076	90.04
90.05	09005 PAIN MANAGEMENT	337,381	90.05
91.00	09100 EMERGENCY	784,259	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		92.00
OTHER REIMBURSABLE COST CENTERS			
95.00	09500 AMBULANCE SERVICES	0	95.00
SPECIAL PURPOSE COST CENTERS			
118.00	SUBTOTALS (SUM OF LINES 1-117)	29,398,447	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	4,214	190.00
190.01	19001 AUXILIARY	95,679	190.01
190.02	19002 FIRST MED CLINICS	245,427	190.02
190.03	19003 EAP	0	190.03
191.00	19100 RESEARCH	17,857	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	192.00
192.01	19201 NON REIMBURSEABLE COST	5,420,704	192.01

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ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 160033	Period: From 07/01/2011 To 06/30/2012	Worksheet B Part II Date/Time Prepared: 11/28/2012 8:53 am
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Cost Center Description		Total	
		26.00	
192.02	19202 FOUNDATION	10,161	192.02
192.03	19203 OP REHAB - DEWITT	0	192.03
192.04	19204 OUTREACH PROGRAMS	49,828	192.04
192.05	19205 PHASE III REHAB	50,309	192.05
192.06	19206 AFFILIATES	0	192.06
192.07	19207 NON-ALLOWABLE MEALS	24,896	192.07
192.08	19208 ENVIRONMENTAL SVCS - OUTREACH	4,727	192.08
200.00	Cross Foot Adjustments	342,760	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118-201)	35,665,009	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160033

Period:
From 07/01/2011
To 06/30/2012

Worksheet B-1

Date/Time Prepared:
11/28/2012 8:53 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	A&G SHARED (TOTAL COST)	Reconciliation		
	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	662,088					1.00	
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP		7,599,350				2.00	
4.00 00400 EMPLOYEE BENEFITS	2,882	1,622	87,583,516			4.00	
5.01 00510 A&G SHARED	72,103	262,148	1,438,815	293,895,229		5.01	
5.02 00560 OTHER ADMINISTRATIVE AND GENERAL	13,395	90,331	1,985,215	293,895,229	-57,144,314	5.02	
6.00 00600 MAINTENANCE & REPAIRS	78,889	225,186	3,271,030	0	0	6.00	
6.01 00601 MOB I	0	0	0	0	0	6.01	
6.02 00602 MOB II	0	0	0	0	0	6.02	
6.03 00603 BETT MED PARK	0	0	0	0	0	6.03	
6.04 00604 NW CLINICS	0	0	0	0	0	6.04	
6.05 00605 CPMP I	0	0	0	0	0	6.05	
6.06 00606 CPMP II	0	0	0	0	0	6.06	
6.07 00607 BETT PLAZA	0	0	0	0	0	6.07	
6.08 00608 HEART INSTITUTE	0	0	0	0	0	6.08	
6.09 00609 53RD STREET	0	0	0	0	0	6.09	
6.10 00610 ELDRI DGE	0	0	0	0	0	6.10	
7.00 00700 OPERATION OF PLANT	0	0	0	0	0	7.00	
8.00 00800 LAUNDRY & LINEN SERVICE	2,727	355	148,194	0	0	8.00	
9.00 00900 HOUSEKEEPING	5,241	308,148	2,069,154	0	0	9.00	
10.00 01000 DIETARY	13,457	25,993	1,244,954	0	0	10.00	
11.00 01100 CAFETERIA	7,424	0	0	0	0	11.00	
11.01 01101 EMPLOYEE CAFETERIA	0	0	0	0	0	11.01	
13.00 01300 NURSING ADMINISTRATION	3,220	6,448	1,352,703	0	0	13.00	
14.00 01400 CENTRAL SERVICES & SUPPLY	19,355	296,177	571,180	0	0	14.00	
15.00 01500 PHARMACY	10,066	55,803	4,201,556	0	0	15.00	
16.00 01600 MEDICAL RECORDS & LIBRARY	7,317	0	0	0	0	16.00	
17.00 01700 SOCIAL SERVICE	2,866	5,167	794,353	0	0	17.00	
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00	
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	17,446	0	1,165,459	0	0	22.00	
23.00 02300 PARAMED PRGM-(SPECIFY)	0	0	0	0	0	23.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS	136,380	220,777	21,346,241	0	0	30.00	
31.00 03100 INTENSIVE CARE UNIT	11,806	83,893	2,622,102	0	0	31.00	
32.01 03201 NICU	2,448	141,817	979,492	0	0	32.01	
40.00 04000 SUBPROVIDER - I PF	19,845	2,293	1,611,363	0	0	40.00	
41.00 04100 SUBPROVIDER - I RF	18,333	19,050	2,168,728	0	0	41.00	
43.00 04300 NURSERY	0	0	0	0	0	43.00	
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	49,163	1,381,920	6,150,806	0	0	50.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	40,718	1,051,950	5,440,285	0	0	54.00	
55.00 05500 RADIOLOGY-THERAPEUTIC	3,318	1,732,050	2,750,381	0	0	55.00	
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	10,930	785,447	2,366,057	0	0	59.00	
60.00 06000 LABORATORY	16,713	5,214	47,849	0	0	60.00	
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	338	4,011	0	0	0	63.00	
65.00 06500 RESPIRATORY THERAPY	5,981	108,950	2,220,339	0	0	65.00	
66.00 06600 PHYSICAL THERAPY	31,575	104,846	9,106,390	0	0	66.00	
69.00 06900 ELECTROCARDIOLOGY	2,400	200,565	2,030,774	0	0	69.00	
70.00 07000 ELECTROENCEPHALOGRAPHY	5,230	99,730	657,330	0	0	70.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	790	0	0	0	0	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00	
74.00 07400 RENAL DIALYSIS	4,094	88,065	1,461,567	0	0	74.00	
OUTPATIENT SERVICE COST CENTERS							
90.01 09001 FIRST MED	0	0	0	0	0	90.01	
90.02 09002 OP INSTITUTES	2,651	60,751	1,052,607	0	0	90.02	
90.03 09003 MARC	3,577	183	43,025	0	0	90.03	
90.04 09004 BARIATRIC CLINIC	1,655	14,676	337,264	0	0	90.04	
90.05 09005 PAIN MANAGEMENT	0	29,473	391,597	0	0	90.05	
91.00 09100 EMERGENCY	18,114	162,204	4,720,911	0	0	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00	
OTHER REIMBURSABLE COST CENTERS							
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	642,447	7,575,243	85,747,721	293,895,229	-57,144,314	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	257	0	1,275	0	0	190.00	
190.01 19001 AUXILIARY	5,348	3,140	36,645	0	0	190.01	

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COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160033

Period:
From 07/01/2011
To 06/30/2012

Worksheet B-1

Date/Time Prepared:
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Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	A&G SHARED (TOTAL COST)	Reconciliation	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00	4.00	5.01	5A.02	
190.02 19002 FIRST MED CLINICS	0	0	0	0	0	190.02
190.03 19003 EAP	0	0	0	0	0	190.03
191.00 19100 RESEARCH	0	2,373	138,823	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 19201 NON REIMBURSEABLE COST	10,437	11,088	156,702	0	0	192.01
192.02 19202 FOUNDATION	426	1,741	2,123	0	0	192.02
192.03 19203 OP REHAB - DEWITT	0	0	0	0	0	192.03
192.04 19204 OUTREACH PROGRAMS	696	0	6,151	0	0	192.04
192.05 19205 PHASE III REHAB	2,477	5,322	12,284	0	0	192.05
192.06 19206 AFFILIATES	0	0	0	0	0	192.06
192.07 19207 NON-ALLOWABLE MEALS	0	0	1,358,110	0	0	192.07
192.08 19208 ENVIRONMENTAL SVCS - OUTREACH	0	443	123,682	0	0	192.08
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	8,578,263	13,712,075	12,696,268	28,723,766		202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	12.956379	1.804375	0.144962	0.097735		203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			40,267	1,806,238		204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.000460	0.006146		205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160033

Period:
From 07/01/2011
To 06/30/2012

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	MOB I (SQUARE FEET)	MOB II (SQUARE FEET)	BETT MED PARK (SQUARE FEET)	
		5.02	6.00	6.01	6.02	6.03	
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	A&G SHARED					5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL	228,106,155				5.02
6.00	00600	MAINTENANCE & REPAIRS	7,823,930	494,819			6.00
6.01	00601	MOB I	683,754	0	39,263		6.01
6.02	00602	MOB II	719,278	0	0	34,028	6.02
6.03	00603	BETT MED PARK	594,452	0	0	0	6.03
6.04	00604	NW CLINICS	310,470	0	0	22,943	6.04
6.05	00605	CPMP I	739,711	0	0	0	6.05
6.06	00606	CPMP II	797,980	0	0	0	6.06
6.07	00607	BETT PLAZA	855,941	0	0	0	6.07
6.08	00608	HEART INSTITUTE	1,654,707	0	0	0	6.08
6.09	00609	53RD STREET	260,374	0	0	0	6.09
6.10	00610	ELDRIDGE	123,097	0	0	0	6.10
7.00	00700	OPERATION OF PLANT	1,895,332	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	526,172	2,727	0	0	8.00
9.00	00900	HOUSEKEEPING	3,673,728	5,241	809	175	26 9.00
10.00	01000	DIETARY	2,539,056	13,457	0	0	0 10.00
11.00	01100	CAFETERIA	96,188	7,424	0	0	0 11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	0 11.01
13.00	01300	NURSING ADMINISTRATION	1,800,987	3,220	0	68	0 13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,729,907	19,355	0	0	0 14.00
15.00	01500	PHARMACY	5,637,826	10,066	0	0	0 15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	94,802	7,317	0	0	0 16.00
17.00	01700	SOCIAL SERVICE	1,066,413	2,866	245	0	0 17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0 21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	3,194,984	17,446	0	0	0 22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0 23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	30,868,182	136,380	0	68	0 30.00
31.00	03100	INTENSIVE CARE UNIT	4,133,913	11,806	0	0	0 31.00
32.01	03201	NICU	1,558,742	2,448	0	0	0 32.01
40.00	04000	SUBPROVIDER - IPF	2,433,074	19,845	0	0	0 40.00
41.00	04100	SUBPROVIDER - IRF	3,158,730	18,333	0	0	0 41.00
43.00	04300	NURSERY	0	0	0	0	0 43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	15,718,362	49,163	0	0	0 50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,100,748	40,718	0	0	0 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	8,554,816	3,318	3,474	44	0 55.00
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	7,204,082	10,930	0	0	0 59.00
60.00	06000	LABORATORY	9,527,567	16,713	0	0	0 60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,207,927	338	0	0	0 63.00
65.00	06500	RESPIRATORY THERAPY	3,345,419	5,981	0	0	0 65.00
66.00	06600	PHYSICAL THERAPY	12,633,728	31,575	133	0	0 66.00
69.00	06900	ELECTROCARDIOLOGY	3,184,661	2,400	0	0	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,203,887	5,230	0	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	12,346,840	790	0	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	23,326,610	0	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	14,072,372	0	0	0	0 73.00
74.00	07400	RENAL DIALYSIS	3,824,233	4,094	7,230	0	0 74.00
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	FIRST MED	0	0	0	0	0 90.01
90.02	09002	OP INSTITUTES	1,892,636	2,651	0	0	0 90.02
90.03	09003	MARC	100,859	3,577	0	0	0 90.03
90.04	09004	BARITRIC CLINIC	507,796	1,655	0	0	0 90.04
90.05	09005	PAIN MANAGEMENT	605,998	0	0	0	0 90.05
91.00	09100	EMERGENCY	7,215,518	18,114	0	0	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0 95.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1-117)	221,545,789	475,178	11,891	355	26 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	5,215	257	0	0	0 190.00
190.01	19001	AUXILIARY	161,166	5,348	0	0	0 190.01
190.02	19002	FIRST MED CLINICS	0	0	0	0	3,384 190.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160033

Period:
From 07/01/2011
To 06/30/2012

Worksheet B-1

Date/Time Prepared:
11/28/2012 8:53 am

Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	MOB I (SQUARE FEET)	MOB II (SQUARE FEET)	BETT MED PARK (SQUARE FEET)		
			5.02	6.00	6.01	6.02	6.03		
190.03	19003	EAP	0	0	0	0	0	0	190.03
191.00	19100	RESEARCH	1,134,513	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0	192.00
192.01	19201	NON REIMBURSEABLE COST	478,028	10,437	27,372	33,673	19,533	0	192.01
192.02	19202	FOUNDATION	12,425	426	0	0	0	0	192.02
192.03	19203	OP REHAB - DEWITT	0	0	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	1,988,187	696	0	0	0	0	192.04
192.05	19205	PHASE III REHAB	59,854	2,477	0	0	0	0	192.05
192.06	19206	AFFILIATES	0	0	0	0	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	2,551,567	0	0	0	0	0	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	169,411	0	0	0	0	0	192.08
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)	57,144,314	9,783,950	855,045	899,469	743,372		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.250516	19.772786	21.777373	26.433202	32.400819		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	2,169,706	1,586,173	731,207	742,931	686,759		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.009512	3.205562	18.623309	21.832932	29.933269		205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160033

Period:
From 07/01/2011
To 06/30/2012

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		NW CLINICS (SQUARE FEET)	CPMP I (SQUARE FEET)	CPMP II (SQUARE FEET)	BETT PLAZA (SQUARE FEET)	HEART INSTITUTE (SQUARE FEET)	
		6.04	6.05	6.06	6.07	6.08	
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	00560						5.02
6.00	00600						6.00
6.01	00601						6.01
6.02	00602						6.02
6.03	00603						6.03
6.04	00604	10,225					6.04
6.05	00605	0	51,357				6.05
6.06	00606	0	0	46,854			6.06
6.07	00607	0	0	0	56,557		6.07
6.08	00608	0	0	0	0	75,097	6.08
6.09	00609	0	0	0	0	0	6.09
6.10	00610	0	0	0	0	0	6.10
7.00	00700	0	0	0	0	0	7.00
8.00	00800	0	0	0	0	0	8.00
9.00	00900	0	49	0	0	0	9.00
10.00	01000	0	1,305	0	0	0	10.00
11.00	01100	0	0	0	0	0	11.00
11.01	01101	0	0	0	0	0	11.01
13.00	01300	0	144	0	0	0	13.00
14.00	01400	0	0	0	0	0	14.00
15.00	01500	0	0	0	0	0	15.00
16.00	01600	0	0	0	2,119	0	16.00
17.00	01700	0	0	242	0	0	17.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	0	0	0	0	0	30.00
31.00	03100	0	0	0	0	0	31.00
32.01	03201	0	0	0	0	0	32.01
40.00	04000	0	0	0	0	0	40.00
41.00	04100	0	0	0	0	0	41.00
43.00	04300	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	16,914	0	0	0	50.00
54.00	05400	0	0	0	1,170	0	54.00
55.00	05500	0	12,280	1,276	0	0	55.00
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	0	0	0	0	0	60.00
63.00	06300	0	0	0	0	0	63.00
65.00	06500	0	0	0	0	0	65.00
66.00	06600	0	0	0	10,621	0	66.00
69.00	06900	0	0	0	0	31,192	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	0	0	0	0	0	90.01
90.02	09002	0	141	1,645	3,078	0	90.02
90.03	09003	0	0	0	0	0	90.03
90.04	09004	0	0	0	0	0	90.04
90.05	09005	0	0	0	6,254	0	90.05
91.00	09100	0	0	0	0	0	91.00
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
118.00		0	30,833	3,163	23,242	31,192	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
190.01	19001	0	0	0	0	0	190.01
190.02	19002	4,048	0	0	0	0	190.02
190.03	19003	0	0	0	0	0	190.03

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COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160033

Period:
From 07/01/2011
To 06/30/2012

Worksheet B-1

Date/Time Prepared:
11/28/2012 8:53 am

Cost Center Description			NW CLINICS (SQUARE FEET)	CPMP I (SQUARE FEET)	CPMP II (SQUARE FEET)	BETT PLAZA (SQUARE FEET)	HEART INSTITUTE (SQUARE FEET)	
			6.04	6.05	6.06	6.07	6.08	
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	NON REIMBURSEABLE COST	6,177	20,524	43,691	33,315	43,905	192.01
192.02	19202	FOUNDATION	0	0	0	0	0	192.02
192.03	19203	OP REHAB - DEWITT	0	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	0	0	0	0	192.04
192.05	19205	PHASE III REHAB	0	0	0	0	0	192.05
192.06	19206	AFFILIATES	0	0	0	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	0	0	0	0	0	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	0	0	0	0	0	192.08
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)	388,248	925,020	997,887	1,070,368	2,069,238	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	37.970465	18.011566	21.297797	18.925473	27.554203	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	364,071	800,474	842,736	990,442	1,731,349	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	35.605966	15.586463	17.986426	17.512280	23.054836	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160033

Period:
From 07/01/2011
To 06/30/2012

Worksheet B-1

Date/Time Prepared:
11/28/2012 8:53 am

Cost Center Description		53RD STREET (SQUARE FEET)	ELDRIDGE (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	
		6.09	6.10	7.00	8.00	9.00	
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	00560						5.02
6.00	00600						6.00
6.01	00601						6.01
6.02	00602						6.02
6.03	00603						6.03
6.04	00604						6.04
6.05	00605						6.05
6.06	00606						6.06
6.07	00607						6.07
6.08	00608						6.08
6.09	00609	13,636					6.09
6.10	00610	0	7,560				6.10
7.00	00700	0	0	494,819			7.00
8.00	00800	0	0	2,727	1,652,007		8.00
9.00	00900	0	0	5,241	0	429,032	9.00
10.00	01000	0	0	13,457	0	13,457	10.00
11.00	01100	0	0	7,424	0	7,424	11.00
11.01	01101	0	0	0	0	0	11.01
13.00	01300	0	0	3,220	0	3,220	13.00
14.00	01400	0	0	19,355	0	19,355	14.00
15.00	01500	0	0	10,066	0	10,066	15.00
16.00	01600	0	0	7,317	0	7,317	16.00
17.00	01700	0	0	2,866	0	2,866	17.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	17,446	0	17,446	22.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	0	0	136,380	760,973	136,380	30.00
31.00	03100	0	0	11,806	46,727	11,806	31.00
32.01	03201	0	0	2,448	6,356	2,448	32.01
40.00	04000	0	0	19,845	27,463	0	40.00
41.00	04100	0	0	18,333	75,754	0	41.00
43.00	04300	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	0	49,163	233,034	49,163	50.00
54.00	05400	0	0	40,718	124,188	40,718	54.00
55.00	05500	0	0	3,318	29,769	3,318	55.00
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	10,930	33,252	10,930	59.00
60.00	06000	0	0	16,713	0	16,713	60.00
63.00	06300	0	0	338	0	338	63.00
65.00	06500	0	0	5,981	0	5,981	65.00
66.00	06600	0	0	31,575	3,757	31,575	66.00
69.00	06900	0	0	2,400	46,954	2,400	69.00
70.00	07000	0	0	5,230	0	5,230	70.00
71.00	07100	0	0	790	0	790	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	0	0	4,094	719	4,094	74.00
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	0	0	0	0	0	90.01
90.02	09002	0	0	2,651	17,850	2,651	90.02
90.03	09003	0	0	3,577	0	3,577	90.03
90.04	09004	0	0	1,655	385	1,655	90.04
90.05	09005	0	0	0	0	0	90.05
91.00	09100	0	0	18,114	241,697	18,114	91.00
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
118.00		0	0	475,178	1,648,878	429,032	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	257	0	0	190.00
190.01	19001	0	0	5,348	0	0	190.01
190.02	19002	0	0	0	0	0	190.02
190.03	19003	0	0	0	0	0	190.03

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COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160033

Period:
From 07/01/2011
To 06/30/2012

Worksheet B-1

Date/Time Prepared:
11/28/2012 8:53 am

Cost Center Description			53RD STREET (SQUARE FEET)	ELDRIDGE (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	
			6.09	6.10	7.00	8.00	9.00	
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	NON REIMBURSEABLE COST	13,636	7,560	10,437	3,129	0	192.01
192.02	19202	FOUNDATION	0	0	426	0	0	192.02
192.03	19203	OP REHAB - DEWITT	0	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	0	696	0	0	192.04
192.05	19205	PHASE III REHAB	0	0	2,477	0	0	192.05
192.06	19206	AFFILIATES	0	0	0	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	0	0	0	0	0	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	0	0	0	0	0	192.08
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)	325,602	153,935	2,370,143	724,969	4,746,758	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	23.878117	20.361772	4.789919	0.438841	11.063879	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	302,437	142,214	18,028	51,475	718,975	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	22.179305	18.811376	0.036434	0.031159	1.675807	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160033

Period: From 07/01/2011 To 06/30/2012

Worksheet B-1

Date/Time Prepared: 11/28/2012 8:53 am

Cost Center Description		DIETARY (MEALS SERVED)	CAFETERIA (MEALS)	EMPLOYEE CAFETERIA (FTE'S)	NURSING ADMINISTRATION (NURSING HOURS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
		10.00	11.00	11.01	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	00560						5.02
6.00	00600						6.00
6.01	00601						6.01
6.02	00602						6.02
6.03	00603						6.03
6.04	00604						6.04
6.05	00605						6.05
6.06	00606						6.06
6.07	00607						6.07
6.08	00608						6.08
6.09	00609						6.09
6.10	00610						6.10
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	618,917					10.00
11.00	01100	416,114	416,114				11.00
11.01	01101	0	416,114	131,413			11.01
13.00	01300	0	0	2,204	453,812		13.00
14.00	01400	0	0	1,547	0	44,675,269	14.00
15.00	01500	0	0	5,440	0	179,807	15.00
16.00	01600	0	0	0	0	0	16.00
17.00	01700	0	0	1,455	0	31	17.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	196,081	0	41,196	230,080	1,871,187	30.00
31.00	03100	6,722	0	4,433	24,011	431,143	31.00
32.01	03201	0	0	1,470	9,281	53,632	32.01
40.00	04000	0	0	2,482	19,522	15,704	40.00
41.00	04100	0	0	4,125	41,401	93,369	41.00
43.00	04300	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	0	9,713	62,325	3,278,775	50.00
54.00	05400	0	0	9,386	1,815	357,178	54.00
55.00	05500	0	0	4,128	4,267	113,083	55.00
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	3,492	8,710	783,999	59.00
60.00	06000	0	0	0	0	110	60.00
63.00	06300	0	0	0	0	18	63.00
65.00	06500	0	0	4,088	0	263,049	65.00
66.00	06600	0	0	15,218	1,406	162,138	66.00
69.00	06900	0	0	3,629	9,254	70,033	69.00
70.00	07000	0	0	1,204	1,802	49,224	70.00
71.00	07100	0	0	0	0	12,336,604	71.00
72.00	07200	0	0	0	0	23,326,610	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	0	0	2,946	7,863	529,189	74.00
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	0	0	0	0	0	90.01
90.02	09002	0	0	1,905	3,752	89,463	90.02
90.03	09003	0	0	40	2	0	90.03
90.04	09004	0	0	660	0	2,206	90.04
90.05	09005	0	0	731	275	38,860	90.05
91.00	09100	0	0	9,018	26,564	616,948	91.00
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
118.00		618,917	416,114	130,510	452,330	44,662,360	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
190.01	19001	0	0	25	0	116	190.01
190.02	19002	0	0	0	0	0	190.02

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COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160033

Period:
From 07/01/2011
To 06/30/2012

Worksheet B-1

Date/Time Prepared:
11/28/2012 8:53 am

Cost Center Description			DIETARY (MEALS SERVED)	CAFETERIA (MEALS)	EMPLOYEE CAFETERIA (FTE'S)	NURSING ADMINISTRATION (NURSING HOURS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
			10.00	11.00	11.01	13.00	14.00	
190.03	19003	EAP	0	0	0	0	0	190.03
191.00	19100	RESEARCH	0	0	235	0	107	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	NON REIMBURSEABLE COST	0	0	188	1,472	1,221	192.01
192.02	19202	FOUNDATION	0	0	0	0	0	192.02
192.03	19203	OP REHAB - DEWITT	0	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	0	87	0	0	192.04
192.05	19205	PHASE III REHAB	0	0	2	10	0	192.05
192.06	19206	AFFILIATES	0	0	0	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	0	0	0	0	0	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	0	0	366	0	11,465	192.08
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)	3,678,062	2,857,633	2,857,633	2,419,199	2,886,468	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	5.942739	6.867428	21.745436	5.330840	0.064610	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	357,582	374,023	374,023	110,433	952,765	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.577754	0.898847	2.846164	0.243345	0.021326	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160033

Period:
From 07/01/2011
To 06/30/2012

Worksheet B-1
Date/Time Prepared:
11/28/2012 8:53 am

Cost Center Description	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (TIME SPENT)	INTERNS & RESIDENTS		
				SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	
	15.00	16.00	17.00	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 A&G SHARED						5.01
5.02 00560 OTHER ADMINISTRATIVE AND GENERAL						5.02
6.00 00600 MAINTENANCE & REPAIRS						6.00
6.01 00601 MOB I						6.01
6.02 00602 MOB II						6.02
6.03 00603 BETT MED PARK						6.03
6.04 00604 NW CLINICS						6.04
6.05 00605 CPMP I						6.05
6.06 00606 CPMP II						6.06
6.07 00607 BETT PLAZA						6.07
6.08 00608 HEART INSTITUTE						6.08
6.09 00609 53RD STREET						6.09
6.10 00610 ELDRI DGE						6.10
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
11.01 01101 EMPLOYEE CAFETERIA						11.01
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	797,688,493				16.00
17.00 01700 SOCIAL SERVICE	0	0	4,353			17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	41,043		21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	41,043	22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	0	79,660,968	2,435	20,391	20,391	30.00
31.00 03100 INTENSIVE CARE UNIT	0	12,003,775	130	1,034	1,034	31.00
32.01 03201 NICU	0	3,812,476	34	949	949	32.01
40.00 04000 SUBPROVIDER - I PF	0	6,475,508	273	1,046	1,046	40.00
41.00 04100 SUBPROVIDER - I RF	0	8,201,979	437	0	0	41.00
43.00 04300 NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	70,924,299	294	1,046	1,046	50.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	94,521,049	0	608	608	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	22,287,689	190	0	0	55.00
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	73,162,468	0	0	0	59.00
60.00 06000 LABORATORY	0	47,725,338	0	352	352	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	5,444,691	0	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	0	20,336,888	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	32,460,792	0	85	85	66.00
69.00 06900 ELECTROCARDIOLOGY	0	17,257,438	2	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	5,702,026	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	53,511,198	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	81,269,917	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	100	86,853,998	0	693	693	73.00
74.00 07400 RENAL DIALYSIS	0	11,841,895	509	0	0	74.00
OUTPATIENT SERVICE COST CENTERS						
90.01 09001 FIRST MED	0	0	0	0	0	90.01
90.02 09002 OP INSTITUTES	0	4,873,690	1	0	0	90.02
90.03 09003 MARC	0	89,164	0	0	0	90.03
90.04 09004 BARIATRIC CLINIC	0	312,576	0	0	0	90.04
90.05 09005 PAIN MANAGEMENT	0	2,021,219	16	0	0	90.05
91.00 09100 EMERGENCY	0	56,937,452	32	2,728	2,728	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS						
118.00 11800 SUBTOTALS (SUM OF LINES 1-117)	100	797,688,493	4,353	28,932	28,932	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160033

Period:
From 07/01/2011
To 06/30/2012

Worksheet B-1

Date/Time Prepared:
11/28/2012 8:53 am

Cost Center Description	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (TIME SPENT)	INTERNS & RESIDENTS		
				SERVICES-SALAR Y & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	
				15.00	16.00	
190.01 19001 AUXILIARY	0	0	0	0	0	190.01
190.02 19002 FIRST MED CLINICS	0	0	0	0	0	190.02
190.03 19003 EAP	0	0	0	0	0	190.03
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	12,111	12,111	192.00
192.01 19201 NON REIMBURSEABLE COST	0	0	0	0	0	192.01
192.02 19202 FOUNDATION	0	0	0	0	0	192.02
192.03 19203 OP REHAB - DEWITT	0	0	0	0	0	192.03
192.04 19204 OUTREACH PROGRAMS	0	0	0	0	0	192.04
192.05 19205 PHASE III REHAB	0	0	0	0	0	192.05
192.06 19206 AFFILIATES	0	0	0	0	0	192.06
192.07 19207 NON-ALLOWABLE MEALS	0	0	0	0	0	192.07
192.08 19208 ENVIRONMENTAL SVCS - OUTREACH	0	0	0	0	0	192.08
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)	7,538,721	419,333	1,477,804	0	4,616,920	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	75,387.210000	0.000526	339.490926	0.000000	112.489828	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	377,576	168,797	85,678	0	342,760	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	3,775.760000	0.000212	19.682518	0.000000	8.351241	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160033

Period:
From 07/01/2011
To 06/30/2012

Worksheet B-1
Date/Time Prepared:
11/28/2012 8:53 am

Cost Center Description		PARAMED PRGM (ASSIGNED TIME)	
		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 A&G SHARED		5.01
5.02	00560 OTHER ADMINISTRATIVE AND GENERAL		5.02
6.00	00600 MAINTENANCE & REPAIRS		6.00
6.01	00601 MOB I		6.01
6.02	00602 MOB II		6.02
6.03	00603 BETT MED PARK		6.03
6.04	00604 NW CLINICS		6.04
6.05	00605 CPMP I		6.05
6.06	00606 CPMP II		6.06
6.07	00607 BETT PLAZA		6.07
6.08	00608 HEART INSTITUTE		6.08
6.09	00609 53RD STREET		6.09
6.10	00610 ELDRI DGE		6.10
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
11.01	01101 EMPLOYEE CAFETERIA		11.01
13.00	01300 NURSING ADMINISTRATION		13.00
14.00	01400 CENTRAL SERVICES & SUPPLY		14.00
15.00	01500 PHARMACY		15.00
16.00	01600 MEDICAL RECORDS & LIBRARY		16.00
17.00	01700 SOCIAL SERVICE		17.00
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-(SPECIFY)	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	0	30.00
31.00	03100 INTENSIVE CARE UNIT	0	31.00
32.01	03201 NICU	0	32.01
40.00	04000 SUBPROVIDER - I PF	0	40.00
41.00	04100 SUBPROVIDER - I RF	0	41.00
43.00	04300 NURSERY	0	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	55.00
57.00	05700 CT SCAN	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	59.00
60.00	06000 LABORATORY	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	65.00
66.00	06600 PHYSICAL THERAPY	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	73.00
74.00	07400 RENAL DIALYSIS	0	74.00
OUTPATIENT SERVICE COST CENTERS			
90.01	09001 FIRST MED	0	90.01
90.02	09002 OP INSTITUTES	0	90.02
90.03	09003 MARC	0	90.03
90.04	09004 BARIATRIC CLINIC	0	90.04
90.05	09005 PAIN MANAGEMENT	0	90.05
91.00	09100 EMERGENCY	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	92.00
OTHER REIMBURSABLE COST CENTERS			
95.00	09500 AMBULANCE SERVICES	0	95.00
SPECIAL PURPOSE COST CENTERS			
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
190.01	19001 AUXILIARY	0	190.01
190.02	19002 FIRST MED CLINICS	0	190.02
190.03	19003 EAP	0	190.03

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COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160033

Period:
From 07/01/2011
To 06/30/2012

Worksheet B-1

Date/Time Prepared:
11/28/2012 8:53 am

Cost Center Description			PARAMED ED PRGM (ASSIGNED TIME)	
			23.00	
191.00	19100	RESEARCH	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	192.00
192.01	19201	NON REIMBURSEABLE COST	0	192.01
192.02	19202	FOUNDATION	0	192.02
192.03	19203	OP REHAB - DEWITT	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	192.04
192.05	19205	PHASE III REHAB	0	192.05
192.06	19206	AFFILIATES	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	0	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	0	192.08
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)	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	205.00

Provider CCN: 160033

Period:
From 07/01/2011
To 06/30/2012

Worksheet B-2

Date/Time Prepared:
11/28/2012 8:53 am

	Description	Worksheet		Amount	
		Part	Line No.		
	1.00	2.00	3.00	4.00	
1.00	ADJ FOR EPO COSTS IN RENAL DIALYSIS		1 74.00	0	1.00
2.00	ADJ FOR EPO COSTS IN HOME PROGRAM		1 94.00	0	2.00
3.00	ADJ FOR ARANESP COSTS IN RENAL DIALYSIS		1 74.00	-1,035,754	3.00
4.00	ADJ FOR ARANESP COSTS IN HOME PROGRAM		1 94.00	0	4.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 160033

Period:
From 07/01/2011
To 06/30/2012

Worksheet C
Part I
Date/Time Prepared:
11/28/2012 8:53 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		48,072,780	3,882	48,076,662	30.00
31.00	03100 INTENSIVE CARE UNIT		5,953,286	43,902	5,997,188	31.00
32.01	03201 NICU		2,137,690	0	2,137,690	32.01
40.00	04000 SUBPROVIDER - I PF		3,797,240	0	3,797,240	40.00
41.00	04100 SUBPROVIDER - I RF		4,902,701	0	4,902,701	41.00
43.00	04300 NURSERY		0	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM		22,706,901	279	22,707,180	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		20,697,336	0	20,697,336	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC		11,350,427	183	11,350,610	55.00
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		9,624,315	0	9,624,315	59.00
60.00	06000 LABORATORY		12,534,914	0	12,534,914	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.		2,775,955	0	2,775,955	63.00
65.00	06500 RESPIRATORY THERAPY	0	4,513,171	4,089	4,517,260	65.00
66.00	06600 PHYSICAL THERAPY	0	17,495,108	0	17,495,108	66.00
69.00	06900 ELECTROCARDIOLOGY		5,090,577	0	5,090,577	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		1,733,774	29,172	1,762,946	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		16,293,281	0	16,293,281	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT		30,720,178	0	30,720,178	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		25,182,132	0	25,182,132	73.00
74.00	07400 RENAL DIALYSIS		4,369,332	0	4,369,332	74.00
OUTPATIENT SERVICE COST CENTERS						
90.01	09001 FIRST MED		0	0	0	90.01
90.02	09002 OP INSTITUTES		2,634,988	0	2,634,988	90.02
90.03	09003 MARC		254,490	0	254,490	90.03
90.04	09004 BARIATRIC CLINIC		708,797	3,049	711,846	90.04
90.05	09005 PAIN MANAGEMENT		902,538	1,555	904,093	90.05
91.00	09100 EMERGENCY		10,192,910	14,609	10,207,519	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		4,436,283	0	4,436,283	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES		0	0	0	95.00
200.00	Subtotal (see instructions)	0	269,081,104	100,720	269,181,824	200.00
201.00	Less Observation Beds		4,436,283		4,436,283	201.00
202.00	Total (see instructions)	0	264,644,821	100,720	264,745,541	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 160033

Period:
From 07/01/2011
To 06/30/2012

Worksheet C
Part I
Date/Time Prepared:
11/28/2012 8:53 am

		Title XVIIII			Hospital	PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	73,374,319		73,374,319		30.00
31.00	03100	INTENSIVE CARE UNIT	12,003,775		12,003,775		31.00
32.01	03201	NICU	3,812,476		3,812,476		32.01
40.00	04000	SUBPROVIDER - I PF	6,475,508		6,475,508		40.00
41.00	04100	SUBPROVIDER - I RF	8,201,979		8,201,979		41.00
43.00	04300	NURSERY	0		0		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	39,418,104	31,506,195	70,924,299	0.320157	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	23,514,533	71,006,516	94,521,049	0.218971	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	689,481	21,598,208	22,287,689	0.509269	55.00
57.00	05700	CT SCAN	0	0	0	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	27,928,402	45,234,066	73,162,468	0.131547	59.00
60.00	06000	LABORATORY	29,166,626	18,558,712	47,725,338	0.262647	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	4,031,758	1,412,933	5,444,691	0.509846	63.00
65.00	06500	RESPIRATORY THERAPY	18,219,477	2,117,411	20,336,888	0.221920	65.00
66.00	06600	PHYSICAL THERAPY	15,066,970	17,393,822	32,460,792	0.538961	66.00
69.00	06900	ELECTROCARDIOLOGY	7,405,571	9,851,867	17,257,438	0.294979	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	551,912	5,150,114	5,702,026	0.304063	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	34,798,518	18,712,680	53,511,198	0.304484	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	46,640,080	34,629,837	81,269,917	0.378002	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	48,307,165	38,546,834	86,853,999	0.289936	73.00
74.00	07400	RENAL DIALYSIS	388,113	11,453,782	11,841,895	0.368972	74.00
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	FIRST MED	0	0	0	0.000000	90.01
90.02	09002	OP INSTITUTES	286,300	4,587,389	4,873,689	0.540656	90.02
90.03	09003	MARC	84,220	4,944	89,164	2.854179	90.03
90.04	09004	BARIATRIC CLINIC	30,274	282,302	312,576	2.267599	90.04
90.05	09005	PAIN MANAGEMENT	5,721	2,015,498	2,021,219	0.446532	90.05
91.00	09100	EMERGENCY	8,934,141	48,003,311	56,937,452	0.179019	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	3,908,310	2,378,340	6,286,650	0.705667	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	95.00
200.00		Subtotal (see instructions)	413,243,733	384,444,761	797,688,494		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	413,243,733	384,444,761	797,688,494		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 160033	Period: From 07/01/2011 To 06/30/2012	Worksheet C Part I Date/Time Prepared: 11/28/2012 8:53 am
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital
		11.00		PPS
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
32.01	03201 NICU			32.01
40.00	04000 SUBPROVIDER - IPF			40.00
41.00	04100 SUBPROVIDER - IRF			41.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.320161		50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.218971		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.509277		55.00
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	0.131547		59.00
60.00	06000 LABORATORY	0.262647		60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.509846		63.00
65.00	06500 RESPIRATORY THERAPY	0.222121		65.00
66.00	06600 PHYSICAL THERAPY	0.538961		66.00
69.00	06900 ELECTROCARDIOLOGY	0.294979		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.309179		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.304484		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.378002		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.289936		73.00
74.00	07400 RENAL DIALYSIS	0.368972		74.00
OUTPATIENT SERVICE COST CENTERS				
90.01	09001 FIRST MED	0.000000		90.01
90.02	09002 OP INSTITUTES	0.540656		90.02
90.03	09003 MARC	2.854179		90.03
90.04	09004 BARIATRIC CLINIC	2.277353		90.04
90.05	09005 PAIN MANAGEMENT	0.447301		90.05
91.00	09100 EMERGENCY	0.179276		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.705667		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
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: 160033

Period:
From 07/01/2011
To 06/30/2012

Worksheet C
Part I
Date/Time Prepared:
11/28/2012 8:53 am

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	48,072,780		48,072,780	0	0	30.00
31.00	03100 INTENSIVE CARE UNIT	5,953,286		5,953,286	0	0	31.00
32.01	03201 NICU	2,137,690		2,137,690	0	0	32.01
40.00	04000 SUBPROVIDER - I PF	3,797,240		3,797,240	0	0	40.00
41.00	04100 SUBPROVIDER - I RF	4,902,701		4,902,701	0	0	41.00
43.00	04300 NURSERY	0		0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	22,706,901		22,706,901	0	0	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	20,697,336		20,697,336	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	11,350,427		11,350,427	0	0	55.00
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	9,624,315		9,624,315	0	0	59.00
60.00	06000 LABORATORY	12,534,914		12,534,914	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	2,775,955		2,775,955	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	4,513,171	0	4,513,171	0	0	65.00
66.00	06600 PHYSICAL THERAPY	17,495,108	0	17,495,108	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	5,090,577		5,090,577	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,733,774		1,733,774	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	16,293,281		16,293,281	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	30,720,178		30,720,178	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	25,182,132		25,182,132	0	0	73.00
74.00	07400 RENAL DIALYSIS	4,369,332		4,369,332	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.01	09001 FIRST MED	0		0	0	0	90.01
90.02	09002 OP INSTITUTES	2,634,988		2,634,988	0	0	90.02
90.03	09003 MARC	254,490		254,490	0	0	90.03
90.04	09004 BARIATRIC CLINIC	708,797		708,797	0	0	90.04
90.05	09005 PAIN MANAGEMENT	902,538		902,538	0	0	90.05
91.00	09100 EMERGENCY	10,192,910		10,192,910	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	4,436,283		4,436,283	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0		0	0	0	95.00
200.00	Subtotal (see instructions)	269,081,104	0	269,081,104	0	0	200.00
201.00	Less Observation Beds	4,436,283		4,436,283	0	0	201.00
202.00	Total (see instructions)	264,644,821	0	264,644,821	0	0	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 160033	Period: From 07/01/2011 To 06/30/2012	Worksheet C Part I Date/Time Prepared: 11/28/2012 8:53 am
		Title XIX	Hospital	Cost

Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
9.00	10.00					
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	73,374,319		73,374,319	30.00
31.00	03100	INTENSIVE CARE UNIT	12,003,775		12,003,775	31.00
32.01	03201	NI CU	3,812,476		3,812,476	32.01
40.00	04000	SUBPROVIDER - I PF	6,475,508		6,475,508	40.00
41.00	04100	SUBPROVIDER - I RF	8,201,979		8,201,979	41.00
43.00	04300	NURSERY	0		0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	39,418,104	31,506,195	70,924,299	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	23,514,533	71,006,516	94,521,049	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	689,481	21,598,208	22,287,689	55.00
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	27,928,402	45,234,066	73,162,468	59.00
60.00	06000	LABORATORY	29,166,626	18,558,712	47,725,338	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	4,031,758	1,412,933	5,444,691	63.00
65.00	06500	RESPIRATORY THERAPY	18,219,477	2,117,411	20,336,888	65.00
66.00	06600	PHYSICAL THERAPY	15,066,970	17,393,822	32,460,792	66.00
69.00	06900	ELECTROCARDIOLOGY	7,405,571	9,851,867	17,257,438	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	551,912	5,150,114	5,702,026	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	34,798,518	18,712,680	53,511,198	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	46,640,080	34,629,837	81,269,917	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	48,307,165	38,546,834	86,853,999	73.00
74.00	07400	RENAL DIALYSIS	388,113	11,453,782	11,841,895	74.00
OUTPATIENT SERVICE COST CENTERS						
90.01	09001	FIRST MED	0	0	0	90.01
90.02	09002	OP INSTITUTES	286,300	4,587,389	4,873,689	90.02
90.03	09003	MARC	84,220	4,944	89,164	90.03
90.04	09004	BARIATRIC CLINIC	30,274	282,302	312,576	90.04
90.05	09005	PAIN MANAGEMENT	5,721	2,015,498	2,021,219	90.05
91.00	09100	EMERGENCY	8,934,141	48,003,311	56,937,452	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	3,908,310	2,378,340	6,286,650	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	95.00
200.00		Subtotal (see instructions)	413,243,733	384,444,761	797,688,494	200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)	413,243,733	384,444,761	797,688,494	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 160033	Period: From 07/01/2011 To 06/30/2012	Worksheet C Part I Date/Time Prepared: 11/28/2012 8:53 am
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital Cost
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
32.01	03201 NICU			32.01
40.00	04000 SUBPROVIDER - IPF			40.00
41.00	04100 SUBPROVIDER - IRF			41.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.000000		50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000		55.00
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.000000		60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400 RENAL DIALYSIS	0.000000		74.00
OUTPATIENT SERVICE COST CENTERS				
90.01	09001 FIRST MED	0.000000		90.01
90.02	09002 OP INSTITUTES	0.000000		90.02
90.03	09003 MARC	0.000000		90.03
90.04	09004 BARIATRIC CLINIC	0.000000		90.04
90.05	09005 PAIN MANAGEMENT	0.000000		90.05
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
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: 160033		Period: From 07/01/2011 To 06/30/2012		Worksheet D Part I Date/Time Prepared: 11/28/2012 8:53 am	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	PPS
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	3,722,506	0	3,722,506	53,097	70.11	30.00
31.00	03100 INTENSIVE CARE UNIT	492,586		492,586	4,223	116.64	31.00
32.01	03201 NICU	331,897		331,897	2,291	144.87	32.01
40.00	04000 SUBPROVIDER - I PF	378,590	0	378,590	5,872	64.47	40.00
41.00	04100 SUBPROVIDER - I RF	416,515	0	416,515	8,438	49.36	41.00
43.00	04300 NURSERY	0		0	4,127	0.00	43.00
200.00	Total (lines 30-199)	5,342,094		5,342,094	78,048		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 160033	Period: From 07/01/2011 To 06/30/2012	Worksheet D Part I Date/Time Prepared: 11/28/2012 8:53 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	25,561	1,792,082	30.00
31.00	03100 INTENSIVE CARE UNIT	2,433	283,785	31.00
32.01	03201 NICU	0	0	32.01
40.00	04000 SUBPROVIDER - IPF	1,660	107,020	40.00
41.00	04100 SUBPROVIDER - IRF	4,788	236,336	41.00
43.00	04300 NURSERY	0	0	43.00
200.00	Total (lines 30-199)	34,442	2,419,223	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 160033	Period: From 07/01/2011 To 06/30/2012	Worksheet D Part II Date/Time Prepared: 11/28/2012 8:53 am
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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							
50.00	05000 OPERATING ROOM	4,775,386	70,924,299	0.067331	18,504,271	1,245,911	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	3,029,092	94,521,049	0.032047	10,673,371	342,050	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	5,202,709	22,287,689	0.233434	288,142	67,262	55.00
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	1,823,709	73,162,468	0.024927	13,712,891	341,821	59.00
60.00	06000 LABORATORY	409,048	47,725,338	0.008571	13,271,007	113,746	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	35,433	5,444,691	0.006508	2,601,003	16,927	63.00
65.00	06500 RESPIRATORY THERAPY	405,520	20,336,888	0.019940	9,986,431	199,129	65.00
66.00	06600 PHYSICAL THERAPY	2,120,005	32,460,792	0.065310	4,576,015	298,860	66.00
69.00	06900 ELECTROCARDIOLOGY	1,720,981	17,257,438	0.099724	4,021,684	401,058	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	308,471	5,702,026	0.054098	291,658	15,778	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	405,998	53,511,198	0.007587	18,083,425	137,199	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	736,594	81,269,917	0.009064	25,221,362	228,606	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	529,845	86,853,999	0.006100	21,758,781	132,729	73.00
74.00	07400 RENAL DIALYSIS	719,107	11,841,895	0.060726	4,661	283	74.00
OUTPATIENT SERVICE COST CENTERS							
90.01	09001 FIRST MED	0	0	0.000000	0	0	90.01
90.02	09002 OP INSTITUTES	482,660	4,873,689	0.099034	164,282	16,270	90.02
90.03	09003 MARC	66,079	89,164	0.741095	6,482	4,804	90.03
90.04	09004 BARIATRIC CLINIC	164,076	312,576	0.524916	2,480	1,302	90.04
90.05	09005 PAIN MANAGEMENT	337,381	2,021,219	0.166920	3,899	651	90.05
91.00	09100 EMERGENCY	784,259	56,937,452	0.013774	5,462,169	75,236	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	343,738	6,286,650	0.054677	407,662	22,290	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (Lines 50-199)	24,400,091	693,820,437		149,041,676	3,661,912	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 160033		Period: From 07/01/2011 To 06/30/2012		Worksheet D Part III Date/Time Prepared: 11/28/2012 8:53 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	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.01	03201	NICU	0	0	0	0	0	32.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 160033	Period: From 07/01/2011 To 06/30/2012	Worksheet D Part III Date/Time Prepared: 11/28/2012 8:53 am
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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)	Title XVIII		Hospital		PPS	
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	53,097	0.00	25,561		0			30.00
31.00	03100	INTENSIVE CARE UNIT	4,223	0.00	2,433		0			31.00
32.01	03201	NI CU	2,291	0.00	0		0			32.01
40.00	04000	SUBPROVIDER - IPF	5,872	0.00	1,660		0			40.00
41.00	04100	SUBPROVIDER - IRF	8,438	0.00	4,788		0			41.00
43.00	04300	NURSERY	4,127	0.00	0		0			43.00
200.00		Total (lines 30-199)	78,048		34,442		0			200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 160033

Period:
From 07/01/2011
To 06/30/2012

Worksheet D
Part IV
Date/Time Prepared:
11/28/2012 8:53 am

Cost Center Description		Title XVIII				Hospital	PPS	Total Cost (sum of col 1 through col. 4)	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost				
		1.00	2.00	3.00	4.00		5.00		
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	0	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
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
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	63.00
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
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS									
90.01	09001	FIRST MED	0	0	0	0	0	0	90.01
90.02	09002	OP INSTITUTES	0	0	0	0	0	0	90.02
90.03	09003	MARC	0	0	0	0	0	0	90.03
90.04	09004	BARIATRIC CLINIC	0	0	0	0	0	0	90.04
90.05	09005	PAIN MANAGEMENT	0	0	0	0	0	0	90.05
91.00	09100	EMERGENCY	0	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00
200.00		Total (lines 50-199)	0	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 160033	Period: From 07/01/2011 To 06/30/2012	Worksheet D Part IV Date/Time Prepared: 11/28/2012 8:53 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							
50.00	05000 OPERATING ROOM	0	70,924,299	0.000000	0.000000	18,504,271	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	94,521,049	0.000000	0.000000	10,673,371	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	22,287,689	0.000000	0.000000	288,142	55.00
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	73,162,468	0.000000	0.000000	13,712,891	59.00
60.00	06000 LABORATORY	0	47,725,338	0.000000	0.000000	13,271,007	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	5,444,691	0.000000	0.000000	2,601,003	63.00
65.00	06500 RESPIRATORY THERAPY	0	20,336,888	0.000000	0.000000	9,986,431	65.00
66.00	06600 PHYSICAL THERAPY	0	32,460,792	0.000000	0.000000	4,576,015	66.00
69.00	06900 ELECTROCARDIOLOGY	0	17,257,438	0.000000	0.000000	4,021,684	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	5,702,026	0.000000	0.000000	291,658	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	53,511,198	0.000000	0.000000	18,083,425	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	81,269,917	0.000000	0.000000	25,221,362	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	86,853,999	0.000000	0.000000	21,758,781	73.00
74.00	07400 RENAL DIALYSIS	0	11,841,895	0.000000	0.000000	4,661	74.00
OUTPATIENT SERVICE COST CENTERS							
90.01	09001 FIRST MED	0	0	0.000000	0.000000	0	90.01
90.02	09002 OP INSTITUTES	0	4,873,689	0.000000	0.000000	164,282	90.02
90.03	09003 MARC	0	89,164	0.000000	0.000000	6,482	90.03
90.04	09004 BARIATRIC CLINIC	0	312,576	0.000000	0.000000	2,480	90.04
90.05	09005 PAIN MANAGEMENT	0	2,021,219	0.000000	0.000000	3,899	90.05
91.00	09100 EMERGENCY	0	56,937,452	0.000000	0.000000	5,462,169	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	6,286,650	0.000000	0.000000	407,662	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	0	693,820,437			149,041,676	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 160033

Period:
From 07/01/2011
To 06/30/2012

Worksheet D
Part IV
Date/Time Prepared:
11/28/2012 8:53 am

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)	Hospital	PPS
ANCILLARY SERVICE COST CENTERS		11.00	12.00	13.00		
50.00	05000 OPERATING ROOM	0	6,717,958	0		50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	19,307,762	0		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	6,782,809	0		55.00
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	23,114,813	0		59.00
60.00	06000 LABORATORY	0	1,857,078	0		60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	655,916	0		63.00
65.00	06500 RESPIRATORY THERAPY	0	1,213,968	0		65.00
66.00	06600 PHYSICAL THERAPY	0	215,713	0		66.00
69.00	06900 ELECTROCARDIOLOGY	0	3,534,329	0		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	1,260,885	0		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	7,246,760	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	17,907,495	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	13,698,416	0		73.00
74.00	07400 RENAL DIALYSIS	0	0	0		74.00
OUTPATIENT SERVICE COST CENTERS						
90.01	09001 FIRST MED	0	0	0		90.01
90.02	09002 OP INSTITUTES	0	3,649,314	0		90.02
90.03	09003 MARC	0	1,085	0		90.03
90.04	09004 BARIATRIC CLINIC	0	26,575	0		90.04
90.05	09005 PAIN MANAGEMENT	0	838,589	0		90.05
91.00	09100 EMERGENCY	0	6,656,444	0		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	1,115,824	0		92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES					95.00
200.00	Total (Lines 50-199)	0	115,801,733	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 160033	Period: From 07/01/2011 To 06/30/2012	Worksheet D Part V Date/Time Prepared: 11/28/2012 8:53 am
	Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			PPS	
		PPS Reimbursed Services (see instructions)	Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)		
	1.00	2.00	3.00	4.00		
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0.320157	6,717,958	0	0		50.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.218971	19,307,762	0	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0.509269	6,782,809	0	0		55.00
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	0.131547	23,114,813	0	0		59.00
60.00 06000 LABORATORY	0.262647	1,857,078	14,316	0		60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.509846	655,916	73,246	0		63.00
65.00 06500 RESPIRATORY THERAPY	0.221920	1,213,968	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0.538961	215,713	0	0		66.00
69.00 06900 ELECTROCARDIOLOGY	0.294979	3,534,329	320	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.304063	1,260,885	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.304484	7,246,760	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0.378002	17,907,495	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.289936	13,698,416	48,350	184,929		73.00
74.00 07400 RENAL DIALYSIS	0.368972	0	0	0		74.00
OUTPATIENT SERVICE COST CENTERS						
90.01 09001 FIRST MED	0.000000	0	0	0		90.01
90.02 09002 OP INSTITUTES	0.540656	3,649,314	0	0		90.02
90.03 09003 MARC	2.854179	1,085	0	0		90.03
90.04 09004 BARIATRIC CLINIC	2.267599	26,575	0	0		90.04
90.05 09005 PAIN MANAGEMENT	0.446532	838,589	0	0		90.05
91.00 09100 EMERGENCY	0.179019	6,656,444	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.705667	1,115,824	0	0		92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0.000000		0			95.00
200.00	Subtotal (see instructions)	115,801,733	136,232	184,929		200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges		0	0		201.00
202.00	Net Charges (line 200 +/- line 201)	115,801,733	136,232	184,929		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 160033	Period: From 07/01/2011 To 06/30/2012	Worksheet D Part V Date/Time Prepared: 11/28/2012 8:53 am
Title XVIII		Hospital	PPS

Cost Center Description	Costs				
	PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)		
	5.00	6.00	7.00		
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	2,150,801	0	0	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	4,227,840	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	3,454,274	0	0	55.00
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	3,040,684	0	0	59.00
60.00	06000 LABORATORY	487,756	3,760	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	334,416	37,344	0	63.00
65.00	06500 RESPIRATORY THERAPY	269,404	0	0	65.00
66.00	06600 PHYSICAL THERAPY	116,261	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	1,042,553	94	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	383,388	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	2,206,522	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	6,769,069	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	3,971,664	14,018	53,618	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS					
90.01	09001 FIRST MED	0	0	0	90.01
90.02	09002 OP INSTITUTES	1,973,024	0	0	90.02
90.03	09003 MARC	3,097	0	0	90.03
90.04	09004 BARIATRIC CLINIC	60,261	0	0	90.04
90.05	09005 PAIN MANAGEMENT	374,457	0	0	90.05
91.00	09100 EMERGENCY	1,191,630	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	787,400	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES		0		95.00
200.00	Subtotal (see instructions)	32,844,501	55,216	53,618	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges		0		201.00
202.00	Net Charges (line 200 +/- line 201)	32,844,501	55,216	53,618	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 160033 Component CCN: 16S033		Period: From 07/01/2011 To 06/30/2012		Worksheet D Part II Date/Time Prepared: 11/28/2012 8:53 am	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	4,775,386	70,924,299	0.067331	6,739	454	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	3,029,092	94,521,049	0.032047	77,399	2,480	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	5,202,709	22,287,689	0.233434	180	42	55.00
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	1,823,709	73,162,468	0.024927	0	0	59.00
60.00	06000 LABORATORY	409,048	47,725,338	0.008571	163,236	1,399	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	35,433	5,444,691	0.006508	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	405,520	20,336,888	0.019940	40,758	813	65.00
66.00	06600 PHYSICAL THERAPY	2,120,005	32,460,792	0.065310	451,136	29,464	66.00
69.00	06900 ELECTROCARDIOLOGY	1,720,981	17,257,438	0.099724	19,597	1,954	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	308,471	5,702,026	0.054098	2,935	159	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	405,998	53,511,198	0.007587	21,072	160	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	736,594	81,269,917	0.009064	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	529,845	86,853,999	0.006100	284,103	1,733	73.00
74.00	07400 RENAL DIALYSIS	719,107	11,841,895	0.060726	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.01	09001 FIRST MED	0	0	0.000000	0	0	90.01
90.02	09002 OP INSTITUTES	482,660	4,873,689	0.099034	1,766	175	90.02
90.03	09003 MARC	66,079	89,164	0.741095	5,580	4,135	90.03
90.04	09004 BARIATRIC CLINIC	164,076	312,576	0.524916	0	0	90.04
90.05	09005 PAIN MANAGEMENT	337,381	2,021,219	0.166920	0	0	90.05
91.00	09100 EMERGENCY	784,259	56,937,452	0.013774	107,137	1,476	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	343,738	6,286,650	0.054677	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	24,400,091	693,820,437		1,181,638	44,444	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 160033 Component CCN: 16S033	Period: From 07/01/2011 To 06/30/2012	Worksheet D Part IV Date/Time Prepared: 11/28/2012 8:53 am
Title XVIII		Subprovider - IPF	PPS

Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
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
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS						
90.01 09001 FIRST MED	0	0	0	0	0	90.01
90.02 09002 OP INSTITUTES	0	0	0	0	0	90.02
90.03 09003 MARC	0	0	0	0	0	90.03
90.04 09004 BARIATRIC CLINIC	0	0	0	0	0	90.04
90.05 09005 PAIN MANAGEMENT	0	0	0	0	0	90.05
91.00 09100 EMERGENCY	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES						95.00
200.00 Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 160033 Component CCN: 16S033	Period: From 07/01/2011 To 06/30/2012	Worksheet D Part IV Date/Time Prepared: 11/28/2012 8:53 am
Title XVIII		Subprovider - IPF	PPS

Cost Center Description	Total	Total Charges	Ratio of Cost	Outpatient	Inpatient Program Charges
	Outpatient Cost (sum of col. 2, 3 and 4)	(from Wkst. C, Part I, col. 8)	to Charges (col. 5 + col. 7)	Ratio of Cost to Charges (col. 6 ÷ col. 7)	
	6.00	7.00	8.00	9.00	10.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0	70,924,299	0.000000	0.000000	6,739 50.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	94,521,049	0.000000	0.000000	77,399 54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	22,287,689	0.000000	0.000000	180 55.00
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	73,162,468	0.000000	0.000000	0 59.00
60.00 06000 LABORATORY	0	47,725,338	0.000000	0.000000	163,236 60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	5,444,691	0.000000	0.000000	0 63.00
65.00 06500 RESPIRATORY THERAPY	0	20,336,888	0.000000	0.000000	40,758 65.00
66.00 06600 PHYSICAL THERAPY	0	32,460,792	0.000000	0.000000	451,136 66.00
69.00 06900 ELECTROCARDIOLOGY	0	17,257,438	0.000000	0.000000	19,597 69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	5,702,026	0.000000	0.000000	2,935 70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	53,511,198	0.000000	0.000000	21,072 71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	81,269,917	0.000000	0.000000	0 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	86,853,999	0.000000	0.000000	284,103 73.00
74.00 07400 RENAL DIALYSIS	0	11,841,895	0.000000	0.000000	0 74.00
OUTPATIENT SERVICE COST CENTERS					
90.01 09001 FIRST MED	0	0	0.000000	0.000000	0 90.01
90.02 09002 OP INSTITUTES	0	4,873,689	0.000000	0.000000	1,766 90.02
90.03 09003 MARC	0	89,164	0.000000	0.000000	5,580 90.03
90.04 09004 BARIATRIC CLINIC	0	312,576	0.000000	0.000000	0 90.04
90.05 09005 PAIN MANAGEMENT	0	2,021,219	0.000000	0.000000	0 90.05
91.00 09100 EMERGENCY	0	56,937,452	0.000000	0.000000	107,137 91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	6,286,650	0.000000	0.000000	0 92.00
OTHER REIMBURSABLE COST CENTERS					
95.00 09500 AMBULANCE SERVICES					
200.00 Total (lines 50-199)	0	693,820,437			1,181,638 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 160033 Component CCN: 16S033	Period: From 07/01/2011 To 06/30/2012	Worksheet D Part IV Date/Time Prepared: 11/28/2012 8:53 am
Title XVIII		Subprovider - IPF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	1,838	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
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	105	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0	128	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	286	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS					
90.01	09001 FIRST MED	0	0	0	90.01
90.02	09002 OP INSTITUTES	0	0	0	90.02
90.03	09003 MARC	0	0	0	90.03
90.04	09004 BARIATRIC CLINIC	0	0	0	90.04
90.05	09005 PAIN MANAGEMENT	0	0	0	90.05
91.00	09100 EMERGENCY	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES	0	0	0	95.00
200.00	Total (lines 50-199)	0	2,357	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 160033 Component CCN: 16S033	Period: From 07/01/2011 To 06/30/2012	Worksheet D Part V Date/Time Prepared: 11/28/2012 8:53 am
Title XVIII		Subprovider - IPF	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			
		PPS Reimbursed Services (see instructions)	Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)	
	1.00	2.00	3.00	4.00	
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0.320157	0	0	0	50.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.218971	1,838	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0.509269	0	0	0	55.00
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	0.131547	0	0	0	59.00
60.00 06000 LABORATORY	0.262647	105	0	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.509846	0	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	0.221920	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.538961	0	0	0	66.00
69.00 06900 ELECTROCARDIOLOGY	0.294979	128	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.304063	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.304484	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0.378002	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.289936	286	0	404	73.00
74.00 07400 RENAL DIALYSIS	0.368972	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS					
90.01 09001 FIRST MED	0.000000	0	0	0	90.01
90.02 09002 OP INSTITUTES	0.540656	0	0	0	90.02
90.03 09003 MARC	2.854179	0	0	0	90.03
90.04 09004 BARIATRIC CLINIC	2.267599	0	0	0	90.04
90.05 09005 PAIN MANAGEMENT	0.446532	0	0	0	90.05
91.00 09100 EMERGENCY	0.179019	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.705667	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00 09500 AMBULANCE SERVICES	0.000000		0		95.00
200.00 Subtotal (see instructions)		2,357	0	404	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00 Net Charges (line 200 +/- line 201)		2,357	0	404	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 160033 Component CCN: 16S033	Period: From 07/01/2011 To 06/30/2012	Worksheet D Part V Date/Time Prepared: 11/28/2012 8:53 am
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description	Costs			
	PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)	
	5.00	6.00	7.00	
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0	0	50.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	402	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
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	28	0	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	66.00
69.00 06900 ELECTROCARDIOLOGY	38	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	83	0	117	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS				
90.01 09001 FIRST MED	0	0	0	90.01
90.02 09002 OP INSTITUTES	0	0	0	90.02
90.03 09003 MARC	0	0	0	90.03
90.04 09004 BARIATRIC CLINIC	0	0	0	90.04
90.05 09005 PAIN MANAGEMENT	0	0	0	90.05
91.00 09100 EMERGENCY	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES		0		95.00
200.00 Subtotal (see instructions)	551	0	117	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges		0		201.00
202.00 Net Charges (line 200 +/- line 201)	551	0	117	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 160033 Component CCN: 16T033		Period: From 07/01/2011 To 06/30/2012		Worksheet D Part II Date/Time Prepared: 11/28/2012 8:53 am	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	4,775,386	70,924,299	0.067331	17,112	1,152	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	3,029,092	94,521,049	0.032047	348,153	11,157	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	5,202,709	22,287,689	0.233434	21,874	5,106	55.00
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	1,823,709	73,162,468	0.024927	0	0	59.00
60.00	06000 LABORATORY	409,048	47,725,338	0.008571	550,830	4,721	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	35,433	5,444,691	0.006508	19,757	129	63.00
65.00	06500 RESPIRATORY THERAPY	405,520	20,336,888	0.019940	451,768	9,008	65.00
66.00	06600 PHYSICAL THERAPY	2,120,005	32,460,792	0.065310	3,727,013	243,411	66.00
69.00	06900 ELECTROCARDIOLOGY	1,720,981	17,257,438	0.099724	36,577	3,648	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	308,471	5,702,026	0.054098	9,454	511	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	405,998	53,511,198	0.007587	515,631	3,912	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	736,594	81,269,917	0.009064	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	529,845	86,853,999	0.006100	1,281,677	7,818	73.00
74.00	07400 RENAL DIALYSIS	719,107	11,841,895	0.060726	1,757	107	74.00
OUTPATIENT SERVICE COST CENTERS							
90.01	09001 FIRST MED	0	0	0.000000	0	0	90.01
90.02	09002 OP INSTITUTES	482,660	4,873,689	0.099034	37,912	3,755	90.02
90.03	09003 MARC	66,079	89,164	0.741095	1,207	895	90.03
90.04	09004 BARIATRIC CLINIC	164,076	312,576	0.524916	0	0	90.04
90.05	09005 PAIN MANAGEMENT	337,381	2,021,219	0.166920	0	0	90.05
91.00	09100 EMERGENCY	784,259	56,937,452	0.013774	7,884	109	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	343,738	6,286,650	0.054677	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	24,400,091	693,820,437		7,028,606	295,439	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 160033 Component CCN: 16T033	Period: From 07/01/2011 To 06/30/2012	Worksheet D Part IV Date/Time Prepared: 11/28/2012 8:53 am
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
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
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.01	09001 FIRST MED	0	0	0	0	0	90.01
90.02	09002 OP INSTITUTES	0	0	0	0	0	90.02
90.03	09003 MARC	0	0	0	0	0	90.03
90.04	09004 BARIATRIC CLINIC	0	0	0	0	0	90.04
90.05	09005 PAIN MANAGEMENT	0	0	0	0	0	90.05
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 160033 Component CCN: 16T033	Period: From 07/01/2011 To 06/30/2012	Worksheet D Part IV Date/Time Prepared: 11/28/2012 8:53 am
Title XVIII		Subprovider - IRF	PPS

Cost Center Description	Total	Total Charges	Ratio of Cost	Outpatient	Inpatient Program Charges
	Outpatient Cost (sum of col. 2, 3 and 4)	(from Wkst. C, Part I, col. 8)	to Charges (col. 5 + col. 7)	Ratio of Cost to Charges (col. 6 ÷ col. 7)	
	6.00	7.00	8.00	9.00	10.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0	70,924,299	0.000000	0.000000	17,112 50.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	94,521,049	0.000000	0.000000	348,153 54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	22,287,689	0.000000	0.000000	21,874 55.00
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	73,162,468	0.000000	0.000000	0 59.00
60.00 06000 LABORATORY	0	47,725,338	0.000000	0.000000	550,830 60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	5,444,691	0.000000	0.000000	19,757 63.00
65.00 06500 RESPIRATORY THERAPY	0	20,336,888	0.000000	0.000000	451,768 65.00
66.00 06600 PHYSICAL THERAPY	0	32,460,792	0.000000	0.000000	3,727,013 66.00
69.00 06900 ELECTROCARDIOLOGY	0	17,257,438	0.000000	0.000000	36,577 69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	5,702,026	0.000000	0.000000	9,454 70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	53,511,198	0.000000	0.000000	515,631 71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	81,269,917	0.000000	0.000000	0 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	86,853,999	0.000000	0.000000	1,281,677 73.00
74.00 07400 RENAL DIALYSIS	0	11,841,895	0.000000	0.000000	1,757 74.00
OUTPATIENT SERVICE COST CENTERS					
90.01 09001 FIRST MED	0	0	0.000000	0.000000	0 90.01
90.02 09002 OP INSTITUTES	0	4,873,689	0.000000	0.000000	37,912 90.02
90.03 09003 MARC	0	89,164	0.000000	0.000000	1,207 90.03
90.04 09004 BARIATRIC CLINIC	0	312,576	0.000000	0.000000	0 90.04
90.05 09005 PAIN MANAGEMENT	0	2,021,219	0.000000	0.000000	0 90.05
91.00 09100 EMERGENCY	0	56,937,452	0.000000	0.000000	7,884 91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	6,286,650	0.000000	0.000000	0 92.00
OTHER REIMBURSABLE COST CENTERS					
95.00 09500 AMBULANCE SERVICES					
200.00	Total (lines 50-199)	0	693,820,437		7,028,606 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 160033 Component CCN: 16T033	Period: From 07/01/2011 To 06/30/2012	Worksheet D Part IV Date/Time Prepared: 11/28/2012 8:53 am
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	2,462	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
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	130	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0	3,252	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	12,367	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	324	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS					
90.01	09001 FIRST MED	0	0	0	90.01
90.02	09002 OP INSTITUTES	0	0	0	90.02
90.03	09003 MARC	0	0	0	90.03
90.04	09004 BARIATRIC CLINIC	0	0	0	90.04
90.05	09005 PAIN MANAGEMENT	0	0	0	90.05
91.00	09100 EMERGENCY	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES	0	0	0	95.00
200.00	Total (lines 50-199)	0	18,535	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 160033 Component CCN: 16T033	Period: From 07/01/2011 To 06/30/2012	Worksheet D Part V Date/Time Prepared: 11/28/2012 8:53 am
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			
		PPS Reimbursed Services (see instructions)	Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)	
	1.00	2.00	3.00	4.00	
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0.320157	0	0	0	50.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.218971	2,462	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0.509269	0	0	0	55.00
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	0.131547	0	0	0	59.00
60.00 06000 LABORATORY	0.262647	130	0	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.509846	0	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	0.221920	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.538961	0	0	0	66.00
69.00 06900 ELECTROCARDIOLOGY	0.294979	3,252	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.304063	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.304484	12,367	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0.378002	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.289936	324	0	626	73.00
74.00 07400 RENAL DIALYSIS	0.368972	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS					
90.01 09001 FIRST MED	0.000000	0	0	0	90.01
90.02 09002 OP INSTITUTES	0.540656	0	0	0	90.02
90.03 09003 MARC	2.854179	0	0	0	90.03
90.04 09004 BARIATRIC CLINIC	2.267599	0	0	0	90.04
90.05 09005 PAIN MANAGEMENT	0.446532	0	0	0	90.05
91.00 09100 EMERGENCY	0.179019	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.705667	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00 09500 AMBULANCE SERVICES	0.000000		0		95.00
200.00 Subtotal (see instructions)		18,535	0	626	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00 Net Charges (line 200 +/- line 201)		18,535	0	626	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 160033 Component CCN: 16T033	Period: From 07/01/2011 To 06/30/2012	Worksheet D Part V Date/Time Prepared: 11/28/2012 8:53 am
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Costs				
	PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)		
	5.00	6.00	7.00		
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0	0	0		50.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	539	0	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0		55.00
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	34	0	0		60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0		63.00
65.00 06500 RESPIRATORY THERAPY	0	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0	0		66.00
69.00 06900 ELECTROCARDIOLOGY	959	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	3,766	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	94	0	181		73.00
74.00 07400 RENAL DIALYSIS	0	0	0		74.00
OUTPATIENT SERVICE COST CENTERS					
90.01 09001 FIRST MED	0	0	0		90.01
90.02 09002 OP INSTITUTES	0	0	0		90.02
90.03 09003 MARC	0	0	0		90.03
90.04 09004 BARIATRIC CLINIC	0	0	0		90.04
90.05 09005 PAIN MANAGEMENT	0	0	0		90.05
91.00 09100 EMERGENCY	0	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
OTHER REIMBURSABLE COST CENTERS					
95.00 09500 AMBULANCE SERVICES		0			95.00
200.00	Subtotal (see instructions)	5,392	0	181	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges		0		201.00
202.00	Net Charges (line 200 +/- line 201)	5,392	0	181	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 160033	Period: From 07/01/2011 To 06/30/2012	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 11/28/2012 8:53 am
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		53,097	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		53,097	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)		48,223	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)		25,561	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)		48,076,662	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)		48,076,662	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		73,297,471	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		73,297,471	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.655912	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)		1,519.97	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)		48,076,662	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)		905.45	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		23,144,207	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		23,144,207	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 160033		Period: From 07/01/2011 To 06/30/2012		Worksheet D-1	
		Title XVIII		Hospital		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	5,997,188	4,223	1,420.13	2,433	3,455,176	43.00
44.00	CORONARY CARE UNIT						44.00
44.01	NICU	2,137,690	2,291	933.08	0	0	44.01
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)					43,716,653	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					70,316,036	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)					2,075,867	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					3,661,912	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					5,737,779	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					64,578,257	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)					4,874	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					905.45	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					4,413,163	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 160033		Period: From 07/01/2011 To 06/30/2012		Worksheet D-1 Date/Time Prepared: 11/28/2012 8:53 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	3,722,506	48,076,662	0.077429	4,413,163	341,707	90.00
91.00	Nursing School cost	0	48,076,662	0.000000	4,413,163	0	91.00
92.00	Allied health cost	0	48,076,662	0.000000	4,413,163	0	92.00
93.00	All other Medical Education	0	48,076,662	0.000000	4,413,163	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 160033 Component CCN: 16S033	Period: From 07/01/2011 To 06/30/2012	Worksheet D-1 Date/Time Prepared: 11/28/2012 8:53 am
		Title XVIII	Subprovider - IPF	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)			5,872 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			5,872 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)			5,865 4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period			0 5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period			0 7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)			1,660 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)			3,797,240 21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)			0 22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)			0 23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)			0 24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)			0 25.00
26.00	Total swing-bed cost (see instructions)			0 26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)			3,797,240 27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)			6,432,114 28.00
29.00	Private room charges (excluding swing-bed charges)			0 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			6,432,114 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.590356 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)			1,096.69 33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			0.00 34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			0.00 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			0 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			3,797,240 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)			646.67 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			1,073,472 39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			0 40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			1,073,472 41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 160033		Period: From 07/01/2011 To 06/30/2012		Worksheet D-1	
		Component CCN: 16S033				Date/Time Prepared: 11/28/2012 8:53 am	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
44.00 CORONARY CARE UNIT							44.00
44.01 NICU	0	0	0.00	0	0		44.01
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)					445,833		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,519,305		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)					107,020		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					44,444		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					151,464		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,367,841		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)					7		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					646.67		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					4,527		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 160033 Component CCN: 16S033		Period: From 07/01/2011 To 06/30/2012		Worksheet D-1 Date/Time Prepared: 11/28/2012 8:53 am	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	378,590	3,797,240	0.099701	4,527	451	90.00
91.00	Nursing School cost	0	3,797,240	0.000000	4,527	0	91.00
92.00	Allied health cost	0	3,797,240	0.000000	4,527	0	92.00
93.00	All other Medical Education	0	3,797,240	0.000000	4,527	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 160033 Component CCN: 16T033	Period: From 07/01/2011 To 06/30/2012	Worksheet D-1 Date/Time Prepared: 11/28/2012 8:53 am
		Title XVIII	Subprovider - IRF	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)		8,438	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		8,438	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)		8,406	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		4,788	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)		4,902,701	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)		4,902,701	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		8,408,923	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		8,408,923	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.583036	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)		1,000.35	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)		4,902,701	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)		581.03	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,781,972	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		2,781,972	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 160033		Period: From 07/01/2011 To 06/30/2012		Worksheet D-1	
		Component CCN: 16T033				Date/Time Prepared: 11/28/2012 8:53 am	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
44.00 CORONARY CARE UNIT							44.00
44.01 NICU	0	0	0.00	0	0		44.01
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							
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1.00		
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,924,983		48.00
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					236,336		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					295,439		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					531,775		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					5,175,180		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		70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					71.00		71.00
72.00 Program routine service cost (line 9 x line 71)					72.00		72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)					73.00		73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)					74.00		74.00
75.00 Capital -related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					75.00		75.00
76.00 Per diem capital -related costs (line 75 ÷ line 2)					76.00		76.00
77.00 Program capital -related costs (line 9 x line 76)					77.00		77.00
78.00 Inpatient routine service cost (line 74 minus line 77)					78.00		78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)					79.00		79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					80.00		80.00
81.00 Inpatient routine service cost per diem limitation					81.00		81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)					82.00		82.00
83.00 Reasonable inpatient routine service costs (see instructions)					83.00		83.00
84.00 Program inpatient ancillary services (see instructions)					84.00		84.00
85.00 Utilization review - physician compensation (see instructions)					85.00		85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)					86.00		86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					32		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					581.03		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					18,593		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 160033 Component CCN: 16T033		Period: From 07/01/2011 To 06/30/2012		Worksheet D-1 Date/Time Prepared: 11/28/2012 8:53 am	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	416,515	4,902,701	0.084956	18,593	1,580	90.00
91.00	Nursing School cost	0	4,902,701	0.000000	18,593	0	91.00
92.00	Allied health cost	0	4,902,701	0.000000	18,593	0	92.00
93.00	All other Medical Education	0	4,902,701	0.000000	18,593	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 160033	Period: From 07/01/2011 To 06/30/2012	Worksheet D-3 Date/Time Prepared: 11/28/2012 8:53 am
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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		31,234,972		30.00
31.00	03100 INTENSIVE CARE UNIT		7,160,783		31.00
32.01	03201 NICU		0		32.01
40.00	04000 SUBPROVIDER - I/PF		0		40.00
41.00	04100 SUBPROVIDER - I/RF		0		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.320161	18,504,271	5,924,346	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.218971	10,673,371	2,337,159	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.509277	288,142	146,744	55.00
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	0.131547	13,712,891	1,803,890	59.00
60.00	06000 LABORATORY	0.262647	13,271,007	3,485,590	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.509846	2,601,003	1,326,111	63.00
65.00	06500 RESPIRATORY THERAPY	0.222121	9,986,431	2,218,196	65.00
66.00	06600 PHYSICAL THERAPY	0.538961	4,576,015	2,466,294	66.00
69.00	06900 ELECTROCARDIOLOGY	0.294979	4,021,684	1,186,312	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.309179	291,658	90,175	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.304484	18,083,425	5,506,114	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.378002	25,221,362	9,533,725	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.289936	21,758,781	6,308,654	73.00
74.00	07400 RENAL DIALYSIS	0.368972	4,661	1,720	74.00
OUTPATIENT SERVICE COST CENTERS					
90.01	09001 FIRST MED	0.000000	0	0	90.01
90.02	09002 OP INSTITUTES	0.540656	164,282	88,820	90.02
90.03	09003 MARC	2.854179	6,482	18,501	90.03
90.04	09004 BARIATRIC CLINIC	2.277353	2,480	5,648	90.04
90.05	09005 PAIN MANAGEMENT	0.447301	3,899	1,744	90.05
91.00	09100 EMERGENCY	0.179276	5,462,169	979,236	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.705667	407,662	287,674	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50-94 and 96-98)		149,041,676	43,716,653	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00	Net Charges (line 200 minus line 201)		149,041,676		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 160033 Component CCN: 16S033	Period: From 07/01/2011 To 06/30/2012	Worksheet D-3 Date/Time Prepared: 11/28/2012 8:53 am
		Title XVIIII	Subprovider - IPF	PPS
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
		1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS		0	30.00
31.00	03100 INTENSIVE CARE UNIT		0	31.00
32.01	03201 NICU		0	32.01
40.00	04000 SUBPROVIDER - IPF		1,862,019	40.00
41.00	04100 SUBPROVIDER - IRF		0	41.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.320161	6,739	2,158 50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.218971	77,399	16,948 54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.509277	180	92 55.00
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	0.131547	0	0 59.00
60.00	06000 LABORATORY	0.262647	163,236	42,873 60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.509846	0	0 63.00
65.00	06500 RESPIRATORY THERAPY	0.222121	40,758	9,053 65.00
66.00	06600 PHYSICAL THERAPY	0.538961	451,136	243,145 66.00
69.00	06900 ELECTROCARDIOLOGY	0.294979	19,597	5,781 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.309179	2,935	907 70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.304484	21,072	6,416 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.378002	0	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.289936	284,103	82,372 73.00
74.00	07400 RENAL DIALYSIS	0.368972	0	0 74.00
OUTPATIENT SERVICE COST CENTERS				
90.01	09001 FIRST MED	0.000000	0	0 90.01
90.02	09002 OP INSTITUTES	0.540656	1,766	955 90.02
90.03	09003 MARC	2.854179	5,580	15,926 90.03
90.04	09004 BARIATRIC CLINIC	2.277353	0	0 90.04
90.05	09005 PAIN MANAGEMENT	0.447301	0	0 90.05
91.00	09100 EMERGENCY	0.179276	107,137	19,207 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.705667	0	0 92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES			
200.00	Total (sum of lines 50-94 and 96-98)		1,181,638	445,833 200.00
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)		1,181,638	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 160033 Component CCN: 16T033	Period: From 07/01/2011 To 06/30/2012	Worksheet D-3 Date/Time Prepared: 11/28/2012 8:53 am
		Title XVIIII	Subprovider - IRF	PPS
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
		1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS		0	30.00
31.00	03100 INTENSIVE CARE UNIT		0	31.00
32.01	03201 NICU		0	32.01
40.00	04000 SUBPROVIDER - IPF		0	40.00
41.00	04100 SUBPROVIDER - IRF		4,858,116	41.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.320161	17,112	5,479
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.218971	348,153	76,235
55.00	05500 RADIOLOGY-THERAPEUTIC	0.509277	21,874	11,140
57.00	05700 CT SCAN	0.000000	0	0
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0
59.00	05900 CARDIAC CATHETERIZATION	0.131547	0	0
60.00	06000 LABORATORY	0.262647	550,830	144,674
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.509846	19,757	10,073
65.00	06500 RESPIRATORY THERAPY	0.222121	451,768	100,347
66.00	06600 PHYSICAL THERAPY	0.538961	3,727,013	2,008,715
69.00	06900 ELECTROCARDIOLOGY	0.294979	36,577	10,789
70.00	07000 ELECTROENCEPHALOGRAPHY	0.309179	9,454	2,923
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.304484	515,631	157,001
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.378002	0	0
73.00	07300 DRUGS CHARGED TO PATIENTS	0.289936	1,281,677	371,604
74.00	07400 RENAL DIALYSIS	0.368972	1,757	648
OUTPATIENT SERVICE COST CENTERS				
90.01	09001 FIRST MED	0.000000	0	0
90.02	09002 OP INSTITUTES	0.540656	37,912	20,497
90.03	09003 MARC	2.854179	1,207	3,445
90.04	09004 BARIATRIC CLINIC	2.277353	0	0
90.05	09005 PAIN MANAGEMENT	0.447301	0	0
91.00	09100 EMERGENCY	0.179276	7,884	1,413
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.705667	0	0
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES			
200.00	Total (sum of lines 50-94 and 96-98)		7,028,606	2,924,983
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0
202.00	Net Charges (line 200 minus line 201)		7,028,606	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 160033	Period: From 07/01/2011 To 06/30/2012	Worksheet E Part A Date/Time Prepared: 11/28/2012 8:53 am
		Title XVIII	Hospital	PPS
			before 1/1	on/after 1/1
			1.00	1.01
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS				
1.00	DRG Amounts Other than Outlier Payments		50,448,274	1.00
2.00	Outlier payments for discharges. (see instructions)		1,600,358	2.00
2.01	For inpatient PPS services rendered during the cost reporting period enter the operating outlier reconciliation amount for operating expenses from line 92.		0	2.01
3.00	Managed Care Simulated Payments		7,252,732	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		248.68	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		11.57	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		11.57	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		19.73	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		11.57	12.00
13.00	Total allowable FTE count for the prior year.		11.57	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		11.57	14.00
15.00	Sum of lines 12 through 14 divided by 3.		11.57	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		11.57	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.046526	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.042446	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.042446	21.00
22.00	IME payment adjustment (see instructions)		1,322,507	22.00
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		3.08	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		8.16	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		3.08	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.012385	26.00
27.00	IME payments adjustment. (see instructions)		0.003299	27.00
28.00	IME Adjustment (see instructions)		190,356	28.00
29.00	Total IME payment (sum of lines 22 and 28)		1,512,863	29.00
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		5.20	30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)		19.53	31.00
32.00	Sum of lines 30 and 31		24.73	32.00
33.00	Allowable disproportionate share percentage (see instructions)		9.61	33.00
34.00	Disproportionate share adjustment (see instructions)		4,848,079	34.00
Additional payment for high percentage of ESRD beneficiary discharges				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.00
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00	42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000	44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41)		0	46.00
47.00	Subtotal (see instructions)		58,409,574	47.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 160033	Period: From 07/01/2011 To 06/30/2012	Worksheet E Part A Date/Time Prepared: 11/28/2012 8:53 am
		Title XVII	Hospital	PPS
			before 1/1	on/after 1/1
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0	48.00
49.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)		58,409,574	49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		4,618,241	50.00
51.00	Exception payment for inpatient program capital (Worksheet L, Part III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Worksheet E-4, line 49 see instructions).		884,748	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		0	54.00
55.00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)		0	55.00
56.00	Cost of teaching physicians (Worksheet D-5, Part II, col. 3, line 20)		0	56.00
57.00	Routine service other pass through costs		0	57.00
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)		0	58.00
59.00	Total (sum of amounts on lines 49 through 58)		63,912,563	59.00
60.00	Primary payer payments		72,961	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		63,839,602	61.00
62.00	Deductibles billed to program beneficiaries		5,255,604	62.00
63.00	Coinurance billed to program beneficiaries		115,826	63.00
64.00	Allowable bad debts (see instructions)		211,845	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		148,292	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		43,883	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		58,616,464	67.00
68.00	Credits received from manufacturers for replaced devices applicable to MS-DRG (see instructions)		0	68.00
69.00	Enter the time value of money for operating expenses, the capital outlier reconciliation amount and time value of money for capital related expenses by entering the sum of lines 93, 95 and 96. For SCH, if the hospital specific payment amount on line 48, is greater than the federal specific payment amount on line 47, do not complete this line.		0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00
70.95	Recovery of Accelerated Depreciation		0	70.95
70.96	Low Volume Payment-1		0	70.96
70.97	Low Volume Payment-2		0	70.97
70.98	Low Volume Payment-3		0	70.98
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		58,616,464	71.00
72.00	Interim payments		58,480,878	72.00
73.00	Tentative settlement (for contractor use only)		0	73.00
74.00	Balance due provider (Program) (line 71 minus the sum of lines 72 and 73)		135,586	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	75.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Operating outlier amount from Worksheet E, Part A line 2		0	90.00
91.00	Capital outlier from Worksheet L, Part I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the Time Value of Money		0.00	94.00
95.00	Time Value of Money for operating expenses(see instructions)		0	95.00
96.00	Time Value of Money for capital related expenses (see instructions)		0	96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 160033	Period: From 07/01/2011 To 06/30/2012	Worksheet E Part B Date/Time Prepared: 11/28/2012 8:53 am
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		108,834	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		32,844,501	2.00
3.00	PPS payments		29,200,053	3.00
4.00	Outlier payment (see instructions)		210,352	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		108,834	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		321,161	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)		321,161	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)		321,161	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		212,327	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)		108,834	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)		29,410,405	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		129,799	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		5,753,087	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)		23,636,353	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		376,115	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)		24,012,468	30.00
31.00	Primary payer payments		26,534	31.00
32.00	Subtotal (line 30 minus line 31)		23,985,934	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)		253,215	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		177,251	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		44,005	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		24,163,185	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)		24,163,185	40.00
41.00	Interim payments		24,297,564	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)		-134,379	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: 160033	Period: From 07/01/2011 To 06/30/2012	Worksheet E Part B Date/Time Prepared: 11/28/2012 8:53 am
		Component CCN: 16S033	Title XVII	Subprovider - IPF
		PPS		
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		117	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		551	2.00
3.00	PPS payments		444	3.00
4.00	Outlier payment (see instructions)		0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		117	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		404	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)		404	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)		404	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		287	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)		117	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)		444	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		131	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		0	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		430	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		430	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		430	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)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		430	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)		430	40.00
41.00	Interim payments		394	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)		36	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: 160033 Component CCN: 16T033	Period: From 07/01/2011 To 06/30/2012	Worksheet E Part B Date/Time Prepared: 11/28/2012 8:53 am
		Title XVIIII	Subprovider - IRF	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)			181 1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)			5,392 2.00
3.00	PPS payments			756 3.00
4.00	Outlier payment (see instructions)			1,575 4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)			0.000 5.00
6.00	Line 2 times line 5			0 6.00
7.00	Sum of line 3 plus line 4 divided by line 6			0.00 7.00
8.00	Transitional corridor payment (see instructions)			0 8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200			0 9.00
10.00	Organ acquisitions			0 10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)			181 11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges			626 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)			626 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)			626 18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			445 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)			181 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)			2,331 24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)			200 25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)			0 26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)			2,312 27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)			0 28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)			0 29.00
30.00	Subtotal (sum of lines 27 through 29)			2,312 30.00
31.00	Primary payer payments			0 31.00
32.00	Subtotal (line 30 minus line 31)			2,312 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)			0 34.00
35.00	Adjusted reimbursable bad debts (see instructions)			0 35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)			2,312 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)			2,312 40.00
41.00	Interim payments			2,257 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)			55 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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 160033

Period:
From 07/01/2011
To 06/30/2012

Worksheet E-1
Part I
Date/Time Prepared:
11/28/2012 8:53 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		58,202,478		24,000,164	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	03/28/2012	154,800	03/28/2012	158,400	3.01	
3.02		06/04/2012	123,600	06/04/2012	139,000	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		278,400		297,400	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)		58,480,878		24,297,564	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		135,586		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		134,379	6.02	
7.00	Total Medicare program liability (see instructions)		58,616,464		24,163,185	7.00	
				Contractor Number	Date (Mo/Day/Yr)		
			0	1.00	2.00		
8.00	Name of Contractor					8.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 160033
Component CCN: 16S033

Period:
From 07/01/2011
To 06/30/2012

Worksheet E-1
Part I
Date/Time Prepared:
11/28/2012 8:53 am
PPS

Title XVIII

Subprovider -
IPF

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		1,056,302		394	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,056,302		394	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		36	6.01
6.02	SETTLEMENT TO PROGRAM		6,290		0	6.02
7.00	Total Medicare program liability (see instructions)		1,050,012		430	7.00
				Contractor Number	Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 160033
Component CCN: 16T033

Period:
From 07/01/2011
To 06/30/2012

Worksheet E-1
Part I
Date/Time Prepared:
11/28/2012 8:53 am

Title XVIII

Subprovider -
IRF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		4,723,827		2,257	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)		0		0	3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		4,723,827		2,257	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		143,091		55	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		4,866,918		2,312	7.00
				Contractor Number	Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 160033

Period:
From 07/01/2011
To 06/30/2012

Worksheet E-1
Part II
Date/Time Prepared:
11/28/2012 8:53 am

		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst S-3, Part I column 15 line 14			15,216 1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12			27,994 2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6, line 2			4,088 3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12			54,737 4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200			797,688,494 5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20			18,603,719 6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Worksheet S-2, Part I line 168			0 7.00
8.00	Calculation of the HIT incentive payment (see instructions)			2,888,579 8.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			3,194,285 30.00
31.00	Other Adjustment (specify)			0 31.00
32.00	Balance due provider (line 8 minus line 30 and line 31)			-305,706 32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 160033 Component CCN: 16S033	Period: From 07/01/2011 To 06/30/2012	Worksheet E-3 Part II Date/Time Prepared: 11/28/2012 8:53 am
		Title XVII	Subprovider - IPF	PPS
				1.00
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			1,152,967 1.00
2.00	Net IPF PPS Outlier Payments			60,324 2.00
3.00	Net IPF PPS ECT Payments			13,872 3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)			0.00 4.00
5.00	New Teaching program adjustment. (see instructions)			0.00 5.00
6.00	Current year's unweighted FTE count of I&R other than FTEs in the first 3 years of a "new teaching program". (see inst.)			0.00 6.00
7.00	Current year's unweighted I&R FTE count for residents within the first 3 years of a "new teaching program". (see inst.)			0.00 7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)			0.00 8.00
9.00	Average Daily Census (see instructions)			16.024590 9.00
10.00	Medical Education Adjustment Factor $\{(1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1\}$.			0.000000 10.00
11.00	Medical Education Adjustment (line 1 multiplied by line 10).			0 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			1,227,163 12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)			0 13.00
14.00	Organ acquisition			0 14.00
15.00	Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions)			0 15.00
16.00	Subtotal (see instructions)			1,227,163 16.00
17.00	Primary payer payments			0 17.00
18.00	Subtotal (line 16 less line 17).			1,227,163 18.00
19.00	Deductibles			159,076 19.00
20.00	Subtotal (line 18 minus line 19)			1,068,087 20.00
21.00	Coinurance			28,384 21.00
22.00	Subtotal (line 20 minus line 21)			1,039,703 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			14,727 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			10,309 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			2,015 25.00
26.00	Subtotal (sum of lines 22 and 24)			1,050,012 26.00
27.00	Direct graduate medical education payments (from Worksheet E-4, line 49)			0 27.00
28.00	Other pass through costs (see instructions)			0 28.00
29.00	Outlier payments reconciliation			0 29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 30.00
30.99	Recovery of Accelerated Depreciation			0 30.99
31.00	Total amount payable to the provider (see instructions)			1,050,012 31.00
32.00	Interim payments			1,056,302 32.00
33.00	Tentative settlement (for contractor use only)			0 33.00
34.00	Balance due provider/program (line 31 minus the sum lines 32 and 33)			-6,290 34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2			0 35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2			0 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 160033 Component CCN: 16T033	Period: From 07/01/2011 To 06/30/2012	Worksheet E-3 Part III Date/Time Prepared: 11/28/2012 8:53 am
		Title XVIIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			4,336,267 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0305 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			382,459 3.00
4.00	Outlier Payments			274,566 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
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.)			0.00 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)			0.00 9.00
10.00	Average Daily Census (see instructions)			22.967213 10.00
11.00	Medical Education Adjustment Factor $\{((1 + (\text{line 9}/\text{line 10})) \text{ raised to the power of } .6876 - 1)\}$.			0.000000 11.00
12.00	Medical Education Adjustment (line 1 multiplied by line 11).			0 12.00
13.00	Total PPS Payment (sum of lines 1, 3, 4 and 12)			4,993,292 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)			4,993,292 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			4,993,292 19.00
20.00	Deductibles			30,900 20.00
21.00	Subtotal (line 19 minus line 20)			4,962,392 21.00
22.00	Coinurance			96,222 22.00
23.00	Subtotal (line 21 minus line 22)			4,866,170 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			1,068 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			748 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 26.00
27.00	Subtotal (sum of lines 23 and 25)			4,866,918 27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			0 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.99	Recovery of Accelerated Depreciation			0 31.99
32.00	Total amount payable to the provider (see instructions)			4,866,918 32.00
33.00	Interim payments			4,723,827 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)			143,091 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			0 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 160033	Period: From 07/01/2011 To 06/30/2012	Worksheet E-4 Date/Time Prepared: 11/28/2012 8:53 am	
		Title XVII	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.			15.51	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			2.71	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)			12.80	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			0.00	6.00
7.00	Enter the lesser of line 5 or line 6			0.00	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.	19.73	0.00	19.73	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.	19.73	0.00	19.73	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	19.73	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	17.93	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	16.21	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	17.96	0.00		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
17.00	Adjusted rolling average FTE count	17.96	0.00		17.00
18.00	Per resident amount	126,528.16	122,752.01		18.00
19.00	Approved amount for resident costs	2,272,446	0	2,272,446	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	GME FTE weighted Resident count over Cap (see instructions)			0.00	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)			2,272,446	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days	34,442	4,480		26.00
27.00	Total Inpatient Days	69,008	69,008		27.00
28.00	Ratio of inpatient days to total inpatient days	0.499102	0.064920		28.00
29.00	Program direct GME amount	1,134,182	147,527		29.00
30.00	Reduction for direct GME payments for Medicare managed care		20,846		30.00
31.00	Net Program direct GME amount			1,260,863	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 160033	Period: From 07/01/2011 To 06/30/2012	Worksheet E-4 Date/Time Prepared: 11/28/2012 8:53 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)		11,841,895	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)		77,542,296	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)		72,961	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		77,469,335	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		32,959,576	42.00
43.00	Primary payer payments (see instructions)		26,534	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		32,933,042	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		110,402,377	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.701700	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.298300	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		1,260,863	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (Title XVIII only) (see instructions)		884,748	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		376,115	50.00

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only) Provider CCN: 160033 Period: From 07/01/2011 To 06/30/2012 Worksheet G
 Date/Time Prepared: 11/28/2012 8:53 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	23,452,838	0	0	0	1.00
2.00	Temporary investments	4,090,583	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	106,993,757	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-61,963,703	0	0	0	6.00
7.00	Inventory	8,872,392	0	0	0	7.00
8.00	Prepaid expenses	769,810	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	82,215,677	0	0	0	11.00
FIXED ASSETS						
12.00	Land	5,727,132	0	0	0	12.00
13.00	Land improvements	14,522,456	0	0	0	13.00
14.00	Accumulated depreciation	-10,639,729	0	0	0	14.00
15.00	Buildings	171,383,333	0	0	0	15.00
16.00	Accumulated depreciation	-103,432,284	0	0	0	16.00
17.00	Leasehold improvements	14,255,248	0	0	0	17.00
18.00	Accumulated depreciation	-12,173,343	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	157,582,784	0	0	0	23.00
24.00	Accumulated depreciation	-120,955,197	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)	116,270,400	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	219,770,832	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	760,110	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	220,530,942	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	419,017,019	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	12,598,082	0	0	0	37.00
38.00	Salaries, wages, and fees payable	12,609,960	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	7,234,431	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	9,064,946	0	0	0	43.00
44.00	Other current liabilities	6,012,045	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	47,519,464	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	80,674,492	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	0	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	80,674,492	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	128,193,956	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	290,823,063				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	290,823,063	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	419,017,019	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 160033

Period:
From 07/01/2011
To 06/30/2012

Worksheet G-1

Date/Time Prepared:
11/28/2012 8:53 am

		General Fund		Special Purpose Fund		
		1.00	2.00	3.00	4.00	
1.00	Fund balances at beginning of period		284,337,071		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		25,863,566			2.00
3.00	Total (sum of line 1 and line 2)		310,200,637		0	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)		310,200,637		0	11.00
12.00	DEDUCTIONS (DEBIT ADJUSTMENTS)	19,377,574		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)		19,377,574		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		290,823,063		0	19.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 160033

Period:
From 07/01/2011
To 06/30/2012

Worksheet G-1

Date/Time Prepared:
11/28/2012 8:53 am

	Endowment Fund		Plant Fund			
	5.00	6.00	7.00	8.00		
1.00			0		0	1.00
2.00						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
11.00			0		0	11.00
12.00	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			0		0	18.00
19.00			0		0	19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 160033

Period:
From 07/01/2011
To 06/30/2012

Worksheet G-2
Parts I & II
Date/Time Prepared:
11/28/2012 8:53 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	73,297,471		73,297,471	1.00
2.00	SUBPROVIDER - IPF	6,432,114		6,432,114	2.00
3.00	SUBPROVIDER - IRF	8,408,923		8,408,923	3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	88,138,508		88,138,508	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	12,099,814		12,099,814	11.00
12.00	CORONARY CARE UNIT				12.00
12.01	NICU	3,931,096		3,931,096	12.01
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)	16,030,910		16,030,910	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	104,169,418		104,169,418	17.00
18.00	Ancillary services	232,751,750	279,534,947	512,286,697	18.00
19.00	Outpatient services	0	68,725,566	68,725,566	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	0	0	0	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	75,730,093	53,783,360	129,513,453	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	412,651,261	402,043,873	814,695,134	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		294,308,780		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)		294,308,780		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 160033

Period:
From 07/01/2011
To 06/30/2012

Worksheet G-3

Date/Time Prepared:
11/28/2012 8:53 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	814,695,134	1.00
2.00	Less contractual allowances and discounts on patients' accounts	498,557,141	2.00
3.00	Net patient revenues (line 1 minus line 2)	316,137,993	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	294,308,780	4.00
5.00	Net income from service to patients (line 3 minus line 4)	21,829,213	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	3,717,999	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	154,092	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	1,902,524	14.00
15.00	Revenue from rental of living quarters	241,745	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	INTERCOMPANY REVENUE	1,233,890	24.00
24.01	OUTREACH REVENUE	1,456,669	24.01
24.02	MISCELLANEOUS REVENUE	6,736,338	24.02
24.03	GRANT REVENUE	120,801	24.03
24.04	INTEREST INCOME - RELATED	293,187	24.04
24.05	SPONSOR REVENUE	142,157	24.05
24.06	NON OPERATING GAINS	7,968,571	24.06
25.00	Total other income (sum of lines 6-24)	23,967,973	25.00
26.00	Total (line 5 plus line 25)	45,797,186	26.00
27.00	BAD DEBTS	19,933,620	27.00
27.01	ROUNDING	0	27.01
27.02		0	27.02
27.03		0	27.03
28.00	Total other expenses (sum of line 27 and subscripts)	19,933,620	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	25,863,566	29.00

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

Provider CCN: 160033

Period: From 07/01/2011

Worksheet I-1

Component CCN: 162303

To 06/30/2012

Date/Time Prepared: 11/28/2012 8:53 am

		Total Costs	Basis	Statistics	FTEs per 2080 Hours	
		1.00	2.00	3.00	4.00	
1.00	Registered Nurses	840,932	Hours of Service	27,910.00	13.42	1.00
2.00	Licensed Practical Nurses	0	Hours of Service	0.00	0.00	2.00
3.00	Nurses Aides	337	Hours of Service	21.00	0.01	3.00
4.00	Technicians	330,661	Hours of Service	20,875.00	10.04	4.00
5.00	Social Workers	0	Hours of Service	0.00	0.00	5.00
6.00	Dieticians	59,154	Hours of Service	1,998.00	0.96	6.00
7.00	Physicians	0	Accumulated Cost			7.00
8.00	Non-patient Care Salary	230,485	Accumulated Cost			8.00
9.00	Subtotal (sum of lines 1-8)	1,461,569				9.00
10.00	Employee Benefits	107,749	Salary			10.00
11.00	Capital Related Costs-Bldgs. & Fixtures	0	Square Feet			11.00
12.00	Capital Related Costs-Mov. Equip.	6,844	Percentage of Time			12.00
13.00	Machine Costs & Repairs	0	Percentage of Time			13.00
14.00	Supplies	504,569	Requisitions			14.00
15.00	Drugs	1,035,754	Requisitions			15.00
16.00	Other	283,931	Accumulated Cost			16.00
17.00	Subtotal (sum of lines 9-16)*	3,400,416				17.00
18.00	Capital Related Costs-Bldgs. & Fixtures	53,043	Square Feet			18.00
19.00	Capital Related Costs-Mov. Equip.	158,902	Percentage of Time			19.00
20.00	Employee Benefits	211,872	Salary			20.00
21.00	Administrative & General	958,032	Accumulated Cost			21.00
22.00	Maint./Repairs-Oper-Housekeeping	303,306	Square Feet			22.00
23.00	Medical Education Program Costs	0				23.00
24.00	Central Service & Supplies	34,191	Requisitions			24.00
25.00	Pharmacy	-1,035,754	Requisitions			25.00
26.00	Other Allocated Costs	285,324	Accumulated Cost			26.00
27.00	Subtotal (sum of lines 17-26)*	4,369,332				27.00
28.00	Laboratory (see instructions)	0	Charges	0		28.00
29.00	Respiratory Therapy (see instructions)	0	Charges	0		29.00
30.00	Other (see instructions)	0	Charges	0		30.00
31.00	Total costs (sum of lines 27-30)	4,369,332				31.00

* Line 17, column 1 should agree with Worksheet A, column 7 for line 74 or line 94 as appropriate, and line 27, column 1 should agree with Worksheet B, Part I, column 26 for line 74 or line 94 as appropriate.
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ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES

Provider CCN: 160033

Period: From 07/01/2011

Worksheet 1-2

Component CCN: 162303

To 06/30/2012

Date/Time Prepared: 11/28/2012 8:53 am

		Capital Related Costs		Direct Patient Care Salary		Employee Benefits	
		Bui l di ng	Equi pment	RNs	Other		
		1.00	2.00	3.00	4.00		
1.00	Total Renal Department Costs	356,349	165,746	840,932	390,152	319,621	1.00
MAINTENANCE							
2.00	Hemodialysis	333,457	155,122	786,999	365,127	299,122	2.00
3.00	Intermittent Peritoneal	0	0	0	0	0	3.00
TRAINING							
4.00	Hemodialysis	0	0	0	0	0	4.00
5.00	Intermittent Peritoneal	0	0	0	0	0	5.00
6.00	CAPD	0	0	0	0	0	6.00
7.00	CCDP	0	0	0	0	0	7.00
HOME							
8.00	Hemodialysis	0	0	0	0	0	8.00
9.00	Intermittent Peritoneal	0	0	0	0	0	9.00
10.00	CAPD	0	0	0	0	0	10.00
11.00	CCDP	0	0	0	0	0	11.00
OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis	22,892	10,624	53,933	25,025	20,499	12.00
13.00	Method II Home Patient	0	0	0	0	0	13.00
14.00	EPO (include in Renal Department)						14.00
15.00	ARANESP (include in Renal Department)						15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Total (sum of lines 2-16)	356,349	165,746	840,932	390,152	319,621	17.00
18.00	Medical Educational Program Costs						18.00
19.00	Total Renal Costs (line 17 + line 18)						19.00

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES

Provider CCN: 160033
Component CCN: 162303

Period:
From 07/01/2011
To 06/30/2012

Worksheet 1-2
Date/Time Prepared:
11/28/2012 8:53 am

		Renal Dialysis					
		Drugs	Medical Supplies	Routine Ancillary Services	Subtotal (sum of cols. 1-8)	Overhead	
		6.00	7.00	8.00	9.00	10.00	
1.00	Total Renal Department Costs	0	538,760	0	2,611,560	1,757,772	1.00
MAINTENANCE							
2.00	Hemodialysis	0	504,205	0	2,444,032	1,645,013	2.00
3.00	Intermittent Peritoneal	0	0	0	0	0	3.00
TRAINING							
4.00	Hemodialysis	0	0	0	0	0	4.00
5.00	Intermittent Peritoneal	0	0	0	0	0	5.00
6.00	CAPD	0	0	0	0	0	6.00
7.00	CCDP	0	0	0	0	0	7.00
HOME							
8.00	Hemodialysis	0	0	0	0	0	8.00
9.00	Intermittent Peritoneal	0	0	0	0	0	9.00
10.00	CAPD	0	0	0	0	0	10.00
11.00	CCDP	0	0	0	0	0	11.00
OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis	0	34,555	0	167,528	112,759	12.00
13.00	Method II Home Patient	0	0	0	0	0	13.00
14.00	EPO (include in Renal Department)	0	0	0	0	0	14.00
15.00	ARANESP (include in Renal Department)	1,035,754	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Total (sum of lines 2-16)	0	538,760	0	2,611,560	1,757,772	17.00
18.00	Medical Educational Program Costs						18.00
19.00	Total Renal Costs (line 17 + line 18)						19.00

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES		Provider CCN: 160033	Period: From 07/01/2011	Worksheet 1-2
		Component CCN: 162303	To 06/30/2012	Date/Time Prepared: 11/28/2012 8:53 am
		Renal Dialysis		

		Total (col. 9 + col. 10)	
		11.00	
1.00	Total Renal Department Costs	4,369,332	1.00
MAINTENANCE			
2.00	Hemodialysis	4,089,045	2.00
3.00	Intermittent Peritoneal	0	3.00
TRAINING			
4.00	Hemodialysis	0	4.00
5.00	Intermittent Peritoneal	0	5.00
6.00	CAPD	0	6.00
7.00	CCDP	0	7.00
HOME			
8.00	Hemodialysis	0	8.00
9.00	Intermittent Peritoneal	0	9.00
10.00	CAPD	0	10.00
11.00	CCDP	0	11.00
OTHER BILLABLE SERVICES			
12.00	Inpatient Dialysis	280,287	12.00
13.00	Method II Home Patient	0	13.00
14.00	EPO (include in Renal Department)		14.00
15.00	ARANESP (include in Renal Department)		15.00
16.00	Other	0	16.00
17.00	Total (sum of lines 2-16)	4,369,332	17.00
18.00	Medical Educational Program Costs	0	18.00
19.00	Total Renal Costs (line 17 + line 18)	4,369,332	19.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160033
Component CCN: 162303

Period:
From 07/01/2011
To 06/30/2012

Worksheet 1-3
Date/Time Prepared:
11/28/2012 8:53 am

		Capital Related Costs		Direct Patient Care Salary			
		Building (Square Feet)	Equipment (% of Time)	RNs (Hours)	Other (Hours)		
		0	1.00	2.00	3.00	4.00	
1.00	Total Renal Department Costs		356,349	165,746	840,932	390,152	1.00
MAINTENANCE							
2.00	Hemodialysis		3,831	93.59	26,120.00	9,805.00	2.00
3.00	Intermittent Peritoneal		0	0.00	0.00	0.00	3.00
TRAINING							
4.00	Hemodialysis		0	0.00	0.00	0.00	4.00
5.00	Intermittent Peritoneal		0	0.00	0.00	0.00	5.00
6.00	CAPD		0	0.00	0.00	0.00	6.00
7.00	CCDP		0	0.00	0.00	0.00	7.00
HOME							
8.00	Hemodialysis		0	0.00	0.00	0.00	8.00
9.00	Intermittent Peritoneal		0	0.00	0.00	0.00	9.00
10.00	CAPD		0	0.00	0.00	0.00	10.00
11.00	CCDP		0	0.00	0.00	0.00	11.00
OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis Treatments	1,151	263	6.41	1,790.00	672.00	12.00
13.00	Method II Home Patient		0	0.00	0.00	0.00	13.00
14.00	EPO						14.00
15.00	ARANESP						15.00
16.00	Other		0	0.00	0.00	0.00	16.00
17.00	Total Statistical Basis		4,094	100.00	27,910.00	10,477.00	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)		87.041768	1,657.460000	30.130133	37.238904	18.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160033
Component CCN: 162303

Period:
From 07/01/2011
To 06/30/2012

Worksheet 1-3
Date/Time Prepared:
11/28/2012 8:53 am

		Renal Dialysis				Subtotal	
		Employee Benefits (Salary)	Drugs (Requist.)	Medical Supplies (Requist.)	Routine Ancillary Services (Charges)		
		5.00	6.00	7.00	8.00	9.00	
1.00	Total Renal Department Costs	319,621	0	538,760	0	2,611,560	1.00
MAINTENANCE							
2.00	Hemodialysis	1,367,827	0	495,248	0		2.00
3.00	Intermittent Peritoneal	0	0	0	0		3.00
TRAINING							
4.00	Hemodialysis	0	0	0	0		4.00
5.00	Intermittent Peritoneal	0	0	0	0		5.00
6.00	CAPD	0	0	0	0		6.00
7.00	CCDP	0	0	0	0		7.00
HOME							
8.00	Hemodialysis	0	0	0	0		8.00
9.00	Intermittent Peritoneal	0	0	0	0		9.00
10.00	CAPD	0	0	0	0		10.00
11.00	CCDP	0	0	0	0		11.00
OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis Treatments	93,740	0	33,941	0		12.00
13.00	Method II Home Patient	0	0	0	0		13.00
14.00	EPO		0				14.00
15.00	ARANESP		0				15.00
16.00	Other	0	0	0	0		16.00
17.00	Total Statistical Basis	1,461,567	0	529,189	0		17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	0.218684	0.000000	1.018086	0.000000		18.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160033

Period: From 07/01/2011

Worksheet 1-3

Component CCN: 162303

To 06/30/2012

Date/Time Prepared: 11/28/2012 8:53 am

		Overhead (Accum. Cost)	
		10.00	
1.00	Total Renal Department Costs	1,757,772	1.00
MAINTENANCE			
2.00	Hemodialysis		2.00
3.00	Intermittent Peritoneal		3.00
TRAINING			
4.00	Hemodialysis		4.00
5.00	Intermittent Peritoneal		5.00
6.00	CAPD		6.00
7.00	CCDP		7.00
HOME			
8.00	Hemodialysis		8.00
9.00	Intermittent Peritoneal		9.00
10.00	CAPD		10.00
11.00	CCDP		11.00
OTHER BILLABLE SERVICES			
12.00	Inpatient Dialysis Treatments		12.00
13.00	Method II Home Patient		13.00
14.00	EPO		14.00
15.00	ARANESP		15.00
16.00	Other		16.00
17.00	Total Statistical Basis	2,611,560	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	0.673074	18.00

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

Provider CCN: 160033
Component CCN: 162303

Period:
From 07/01/2011
To 06/30/2012

Worksheet 1-4
Date/Time Prepared:
11/28/2012 8:53 am

		Rate 0			Renal Dialysis		
		Number of Total Treatments	Total Cost (from Wkst. 1-2, col. 11)	Average Cost of Program Treatments (col. 2 ÷ col. 1)	Number of Program Treatments	Total Program Expenses (col. 4 x col. 3)	
		1.00	2.00	3.00	4.00	5.00	
1.00	Maintenance - Hemodialysis	17,946	4,089,045	227.85	12,898	2,938,809	1.00
2.00	Maintenance - Peritoneal Dialysis	0	0	0.00	0	0	2.00
3.00	Training - Hemodialysis	0	0	0.00	0	0	3.00
4.00	Training - Peritoneal Dialysis	0	0	0.00	0	0	4.00
5.00	Training - Continuous Ambulatory Peritoneal Dialysis	0	0	0.00	0	0	5.00
6.00	Training - Continuous Cycling Peritoneal Dialysis	0	0	0.00	0	0	6.00
7.00	Home Program - Hemodialysis	0	0	0.00	0	0	7.00
8.00	Home Program - Peritoneal Dialysis	0	0	0.00	0	0	8.00
		Patient Weeks			Patient Weeks		
		1.00	2.00	3.00	4.00	5.00	
9.00	Home Program - Continuous Ambulatory Peritoneal Dialysis	0	0	0.00	0	0	9.00
10.00	Home Program - Continuous Cycling Peritoneal Dialysis	0	0	0.00	0	0	10.00
11.00	Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5, and 6)	17,946	4,089,045		12,898	2,938,809	11.00

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

Provider CCN: 160033

Period: From 07/01/2011

Worksheet 1-4

Component CCN: 162303

To 06/30/2012

Date/Time Prepared: 11/28/2012 8:53 am

Rate 0

Renal Dialysis

		Total Program Payment	Average Payment Rate (col. 6 ÷ col. 4)	
		6.00	7.00	
1.00	Maintenance - Hemodialysis	2,428,799	188.31	1.00
2.00	Maintenance - Peritoneal Dialysis	0	0.00	2.00
3.00	Training - Hemodialysis	0	0.00	3.00
4.00	Training - Peritoneal Dialysis	0	0.00	4.00
5.00	Training - Continuous Ambulatory Peritoneal Dialysis	0	0.00	5.00
6.00	Training - Continuous Cycling Peritoneal Dialysis	0	0.00	6.00
7.00	Home Program - Hemodialysis	0	0.00	7.00
8.00	Home Program - Peritoneal Dialysis	0	0.00	8.00
		6.00	7.00	
9.00	Home Program - Continuous Ambulatory Peritoneal Dialysis	0	0.00	9.00
10.00	Home Program - Continuous Cycling Peritoneal Dialysis	0	0.00	10.00
11.00	Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5, and 6)	2,428,799		11.00

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B		Provider CCN: 160033	Period: From 07/01/2011 To 06/30/2012	Worksheet I-5 Date/Time Prepared: 11/28/2012 8:53 am
				1.00
1.00	Total expenses related to care of program beneficiaries (see instructions)			2,938,809 1.00
2.00	Total payment (from Worksheet I-4, column 6, line 11)			2,428,799 2.00
3.00	Deductibles billed to Medicare (Part B) patients			34 3.00
4.00	Coinsurance billed to Medicare (Part B) patients			485,754 4.00
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries			0 5.00
6.00				6.00
7.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)			0 7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (sum of lines 3 and 4 less line 5)			485,788 8.00
9.00	Program payment (line 2 less line 3, times 80 percent)			1,943,012 9.00
10.00	Unrecovered from Medicare (Part B) patients (Line 1 minus the sum of lines 8 and 9. If negative, enter zero and do not complete line 11.)			510,009 10.00
11.00	Reimbursable bad debts (lesser of line 10 or line 5) (transfer to Worksheet E, Part B, line 33)			0 11.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 160033	Period: From 07/01/2011 To 06/30/2012	Worksheet L Parts I-III Date/Time Prepared: 11/28/2012 8:53 am
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		4,052,946	1.00
2.00	Capital DRG outlier payments		245,518	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		152.40	3.00
4.00	Number of interns & residents (see instructions)		14.65	4.00
5.00	Indirect medical education percentage (see instructions)		2.75	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)		111,456	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		5.20	7.00
8.00	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)		19.53	8.00
9.00	Sum of lines 7 and 8		24.73	9.00
10.00	Allowable disproportionate share percentage (see instructions)		5.14	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		208,321	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		4,618,241	12.00
				1.00
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00