

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: 140018	Period: From 07/01/2010 To 06/30/2011	Worksheet S Parts I-III Date/Time Prepared: 2/7/2012 3:51 pm
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PART I - COST REPORT STATUS			
Provider use only	1. <input type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 2/7/2012	Time: 3:51 pm
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above 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 MOUNT SINAI HOSPITAL MEDICAL CENTER for the cost reporting period beginning 07/01/2010 and ending 06/30/2011 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 XVIII		HIT	Title XIX	
	Title V	Part A			
	1.00	2.00	3.00	4.00	5.00
PART III - SETTLEMENT SUMMARY					
1.00 Hospital	0	428,098	-108,413	0	0
2.00 Subprovider - IPF	0	-60,001	0	0	0
3.00 Subprovider - IRF	0	0	0	0	0
4.00 SUBPROVIDER I	0	0	0	0	0
5.00 Swing bed - SNF	0	0	0	0	0
6.00 Swing bed - NF	0	0	0	0	0
7.00 Skilled Nursing Facility	0	0	0	0	0
8.00 Nursing Facility	0	0	0	0	0
9.00 HOME HEALTH AGENCY I	0	0	0	0	0
10.00 RURAL HEALTH CLINIC I	0	0	0	0	0
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0
12.00 CMHC I	0	0	0	0	0
200.00 Total	0	368,097	-108,413	0	0

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: 140018		Period: From 07/01/2010 To 06/30/2011		Worksheet S-2 Part I Date/Time Prepared: 2/15/2012 9:44 am			
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 15TH STREET & CALIFORNIA AVE			PO Box:				1.00			
2.00	City: CHICAGO			State: IL		Zip Code: 60608-		County: COOK			
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00		
Hospital and Hospital-Based Component Identification:											
3.00	Hospital		MOUNT SINAI HOSPITAL MEDICAL CENTER	140018	16974	1	07/01/1966	N	P	N	3.00
4.00	Subprovider - IPF		MOUNT SINAI HOSPITAL MEDICAL CENTER	14S018	16974	4	07/01/1984	N	P	N	4.00
5.00	Subprovider - IRF							N	N	N	5.00
6.00	Subprovider - (Other)							N	N	N	6.00
7.00	Swing Beds - SNF							N	N	N	7.00
8.00	Swing Beds - NF							N	N	N	8.00
9.00	Hospital-Based SNF							N	N	N	9.00
10.00	Hospital-Based NF							N	N	N	10.00
11.00	Hospital-Based OLTC							N	N	N	11.00
12.00	Hospital-Based HHA							N	N	N	12.00
13.00	Separately Certified ASC							N	N	N	13.00
14.00	Hospital-Based Hospice							N	N	N	14.00
15.00	Hospital-Based Health Clinic - RHC							N	N	N	15.00
16.00	Hospital-Based Health Clinic - FQHC							N	N	N	16.00
17.00	Hospital-Based (CMHC) 1							N	N	N	17.00
17.10	Hospital-Based (CORF) 1							N	N	N	17.10
18.00	Renal Dialysis		MOUNT SINAI HOSPITAL MEDICAL CENTER	142302	16974		01/01/2004	N	N	N	18.00
19.00	Other										19.00
							From:	To:			
							1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						07/01/2010	06/30/2011		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.						1	N		23.00	
				In-State Medicaid paid days	In-State Medicaid eligible 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 line 22 and/or line 45 is "yes", and 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 days in col. 4, Medicaid HMO days in col. 5, and other Medicaid days in col. 6.			29,445	6,291	0	44	7,865	727	24.00	
25.00	If this provider is an IRF, enter the in-State Medicaid paid days in column 1, the in State Medicaid eligible days in column 2, the out of State Medicaid paid days in column 3, the out of State Medicaid eligible days in column 4, Medicaid HMO days in column 5, and other Medicaid days in column 6. For all columns include in these days the labor and delivery days.			0	0	0	0	0	0	25.00	
									1.00		
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter (1) for urban or (2) for rural.								1	26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period? Enter (1) for urban or (2) for rural.								1	27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.								0	35.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140018	Period: From 07/01/2010 To 06/30/2011	Worksheet S-2 Part I Date/Time Prepared: 2/15/2012 9:44 am		
		Beginning: 1.00	Ending: 2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0				37.00
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.					38.00
		V 1.00	XVIII 2.00	XIX 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	Y		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	N			57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N				58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N				59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y				60.00
		Y/N 1.00	IME Average 2.00	Direct GME Average 3.00		
61.00	Did your facility receive additional FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. If "Y", effective for portions of cost reporting periods beginning on or after July 1, 2011 enter the average number of primary care FTE residents for IME in column 2 and direct GME in column 3, from the hospital's three most recent cost reports ending and submitted before March 23, 2010. (see instructions)	N	0.00	0.00		61.00
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. If yes, complete lines 64-67. (see instructions)	N				63.00
		Unweighted FTEs Nonprovider Site 1.00	Unweighted FTEs in Hospital 2.00	Ratio (col. 1/ (col. 1 + col. 2)) 3.00		
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000		64.00
		Program Name 1.00	Program Code 2.00	Unweighted FTEs Nonprovider Site 3.00	Unweighted FTEs in Hospital 4.00	Ratio (col. 3/ (col. 3 + col. 4)) 5.00

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		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))			
		1.00	2.00	3.00	4.00	5.00			
65.00	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 occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000		65.00	
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))			
				1.00	2.00	3.00			
Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010									
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000		66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))			
		1.00	2.00	3.00	4.00	5.00			
67.00	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 occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000		67.00	
						1.00	2.00	3.00	
70.00	Inpatient Psychiatric Facility PPS Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.					Y			70.00
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)					N	N	0	71.00
75.00	Inpatient Rehabilitation Facility PPS Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.					N			75.00
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)							0	76.00
						1.00			
80.00	Long Term Care Hospital PPS Is this a Long Term Care Hospital (LTCH)? Enter "Y" for yes or "N" for no.							N	80.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140018	Period: From 07/01/2010 To 06/30/2011	Worksheet S-2 Part I Date/Time Prepared: 2/15/2012 9:44 am		
			1.00			
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)(i)? 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 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.		N	N	N	N
			1.00	2.00		
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.		N		115.00	
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.		N		116.00	
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.		N		117.00	
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.			0	118.00	
119.00	What is the liability limit for the malpractice insurance policy? Enter in column 1 the monetary limit per lawsuit. Enter in column 2 the monetary limit per policy year.			0	0 119.00	
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 as amended by the Medicaid Extender Act (MMEA) §108? Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with <= 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121? Enter in column 2 "Y" for yes or "N" for no.		N		N 120.00	
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y		121.00	
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	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140018	Period: From 07/01/2010 To 06/30/2011	Worksheet S-2 Part II Date/Time Prepared: 2/15/2012 9:44 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
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	Type	Date
			1.00	2.00	3.00
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	Legal Oper.	
			1.00	2.00	
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N	15.00
			Part A		
			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)		N		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.				18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.				19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:				20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140018	Period: From 07/01/2010 To 06/30/2011	Worksheet S-2 Part II Date/Time Prepared: 2/15/2012 9:44 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 relifed 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.		Y		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		Y		29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		N		30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		N		31.00
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.		Y		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.		Y		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.		Y		35.00
					Y/N
					Date
					1.00
					2.00
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		N		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 140018

Period:
From 07/01/2010
To 06/30/2011

Worksheet S-2
Part II
Date/Time Prepared:
2/15/2012 9:44 am

		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)	N		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.			19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		21.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140018

Period:
From 07/01/2010
To 06/30/2011

Worksheet S-3
Part I
Date/Time Prepared:
2/15/2012 9:44 am

Cost Center Description	Worksheet A	No. of Beds	Bed Days Available	CAH Hours		
	Line Number					
	1.00	2.00	3.00	4.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	30.00	200	73,000	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)		200	73,000	0.00		7.00
8.00 INTENSIVE CARE UNIT	31.00	17	6,205	0.00		8.00
8.01 NEONATAL INTENSIVE CARE UNIT	31.01	25	9,125	0.00		8.01
9.00 CORONARY CARE UNIT	32.00	21	7,665	0.00		9.00
10.00 BURN INTENSIVE CARE UNIT	33.00	0	0	0.00		10.00
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00		11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00					13.00
14.00 Total (see instructions)		263	95,995	0.00		14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	40.00	28	10,220			16.00
17.00 SUBPROVIDER - IRF	41.00	0	0			17.00
18.00 SUBPROVIDER	42.00	0	0			18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0			19.00
20.00 NURSING FACILITY	45.00	0	0			20.00
21.00 OTHER LONG TERM CARE	46.00	0	0			21.00
22.00 HOME HEALTH AGENCY	101.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	115.00					23.00
24.00 HOSPICE	116.00	0	0			24.00
25.00 CMHC - CMHC	99.00					25.00
25.10 CMHC - CORF	99.10					25.10
26.00 RURAL HEALTH CLINIC	88.00					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00					26.25
27.00 Total (sum of lines 14-26)		291				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
28.03 SUBPROVIDER	42.00					28.03
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: 140018

Period:
From 07/01/2010
To 06/30/2011

Worksheet S-3
Part I
Date/Time Prepared:
2/15/2012 9:44 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	10,634	21,319	48,222		1.00
2.00 HMO		1,864	8,592			2.00
3.00 HMO IPF		159	128			3.00
4.00 HMO IRF		0	0			4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0	0		5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0	0		6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	0	10,634	21,319	48,222		7.00
8.00 INTENSIVE CARE UNIT	0	1,015	2,169	4,532		8.00
8.01 NEONATAL INTENSIVE CARE UNIT	0	0	5,809	7,277		8.01
9.00 CORONARY CARE UNIT	0	1,685	2,019	5,430		9.00
10.00 BURN INTENSIVE CARE UNIT	0	0	0	0		10.00
11.00 SURGICAL INTENSIVE CARE UNIT	0	0	0	0		11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	0		4,464	5,835		13.00
14.00 Total (see instructions)	0	13,334	35,780	71,296		14.00
15.00 CAH visits	0	0	0	0		15.00
16.00 SUBPROVIDER - IPF	0	1,979	4,479	8,044		16.00
17.00 SUBPROVIDER - IRF	0	0	0	0		17.00
18.00 SUBPROVIDER	0	0	0	0		18.00
19.00 SKILLED NURSING FACILITY	0	0	0	0		19.00
20.00 NURSING FACILITY	0	0	0	0		20.00
21.00 OTHER LONG TERM CARE				0		21.00
22.00 HOME HEALTH AGENCY	0	0	0	0		22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE		0	0	0		24.00
25.00 CMHC - CMHC	0	0	0	0		25.00
25.10 CMHC - CORF	0	0	0	0		25.10
26.00 RURAL HEALTH CLINIC	0	0	0	0		26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0		26.25
27.00 Total (sum of lines 14-26)						27.00
28.00 Observation Bed Days	0		469	1,636		28.00
28.01 SUBPROVIDER - IPF	0	0	0	0		28.01
28.02 SUBPROVIDER - IRF	0	0	0	0		28.02
28.03 SUBPROVIDER	0	0	0	0		28.03
29.00 Ambulance Trips		0				29.00
30.00 Employee discount days (see instruction)				0		30.00
31.00 Employee discount days - IRF				0		31.00
32.00 Labor & delivery days (see instructions)			0	0		32.00
33.00 LTCH non-covered days		0				33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140018

Period:
From 07/01/2010
To 06/30/2011

Worksheet S-3
Part I
Date/Time Prepared:
2/15/2012 9:44 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	2,607	1.00
2.00 HMO					0	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
8.01 NEONATAL INTENSIVE CARE UNIT						8.01
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	123.95	1,585.75	0.00	0	2,607	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	38.31	0.00	0	283	16.00
17.00 SUBPROVIDER - IRF	0.00	0.00	0.00	0	0	17.00
18.00 SUBPROVIDER	0.00	0.00	0.00	0	0	18.00
19.00 SKILLED NURSING FACILITY	0.00	0.00	0.00	0.00		19.00
20.00 NURSING FACILITY	0.00	0.00	0.00	0.00		20.00
21.00 OTHER LONG TERM CARE	0.00	0.00	0.00	0.00		21.00
22.00 HOME HEALTH AGENCY	0.00	0.00	0.00	0.00		22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	0.00	0.00	0.00	0.00		23.00
24.00 HOSPICE	0.00	0.00	0.00	0.00		24.00
25.00 CMHC - CMHC	0.00	0.00	0.00	0.00		25.00
25.10 CMHC - CORF	0.00	0.00	0.00	0.00		25.10
26.00 RURAL HEALTH CLINIC	0.00	0.00	0.00	0.00		26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00	0.00	0.00	0.00		26.25
27.00 Total (sum of lines 14-26)	123.95	1,624.06	0.00			27.00
28.00 Observation Bed Days						28.00
28.01 SUBPROVIDER - IPF						28.01
28.02 SUBPROVIDER - IRF						28.02
28.03 SUBPROVIDER						28.03
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: 140018

Period:
From 07/01/2010
To 06/30/2011

Worksheet S-3
Part I
Date/Time Prepared:
2/15/2012 9:44 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)	9,293	18,787		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
8.01 NEONATAL INTENSIVE CARE UNIT				8.01
9.00 CORONARY CARE UNIT				9.00
10.00 BURN INTENSIVE CARE UNIT				10.00
11.00 SURGICAL INTENSIVE CARE UNIT				11.00
12.00 OTHER SPECIAL CARE (SPECIFY)				12.00
13.00 NURSERY				13.00
14.00 Total (see instructions)	9,293	18,787		14.00
15.00 CAH visits				15.00
16.00 SUBPROVIDER - IPF	728	1,376		16.00
17.00 SUBPROVIDER - IRF	0	0		17.00
18.00 SUBPROVIDER	0	0		18.00
19.00 SKILLED NURSING FACILITY				19.00
20.00 NURSING FACILITY				20.00
21.00 OTHER LONG TERM CARE		0		21.00
22.00 HOME HEALTH AGENCY				22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)				23.00
24.00 HOSPICE				24.00
25.00 CMHC - CMHC				25.00
25.10 CMHC - CORF				25.10
26.00 RURAL HEALTH CLINIC				26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER				26.25
27.00 Total (sum of lines 14-26)				27.00
28.00 Observation Bed Days				28.00
28.01 SUBPROVIDER - IPF				28.01
28.02 SUBPROVIDER - IRF				28.02
28.03 SUBPROVIDER				28.03
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: 140018	Period: From 07/01/2010 To 06/30/2011	Worksheet S-3 Part II Date/Time Prepared: 2/15/2012 9:44 am
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	Worksheet A Line Number	Amount Reported	Salary Adjustments for Vacation, Holiday, Sick, Other Paid Time Off, Severance, and Bonus, Paid to Employees and Not Reflected in Column 2	Recl assi fi cation of Sal ari es (from Worksheet A-6)	Adj uste d Sal ari es (col .2 ± col . 3)	
	1.00	2.00	2.50	3.00	4.00	
PART II - WAGE DATA						
SALARIES						
1.00	Total salaries (see instructions)	200.00	99,219,563	0	6,193,019	105,412,582 1.00
2.00	Non-physician anesthetist Part A		0	0	0	0 2.00
3.00	Non-physician anesthetist Part B		0	0	0	0 3.00
4.00	Physician-Part A		3,187,962	0	0	3,187,962 4.00
4.01	Physicians - Part A - direct teaching		2,194,265	0	0	2,194,265 4.01
5.00	Physician-Part B		0	0	0	0 5.00
6.00	Non-physician-Part B		0	0	0	0 6.00
7.00	Interns & residents (in an approved program)	21.00	5,905,813	0	0	5,905,813 7.00
7.01	Contracted interns and residents (in approved programs)		0	0	0	0 7.01
8.00	Home office personnel		0	0	0	0 8.00
9.00	SNF	44.00	0	0	0	0 9.00
10.00	Excluded area salaries (see instructions)		2,592,571	0	687,971	3,280,542 10.00
OTHER WAGES & RELATED COSTS						
11.00	Contract labor (see instructions)		1,031,092	0	0	1,031,092 11.00
12.00	Management and administrative services		0	0	0	0 12.00
13.00	Contract labor: physician-Part A		0	0	0	0 13.00
14.00	Home office salaries & wage-related costs		0	0	0	0 14.00
15.00	Home office: physician Part A		0	0	0	0 15.00
16.00	Teaching physician salaries (see instructions)		0	0	0	0 16.00
WAGE-RELATED COSTS						
17.00	Wage-related costs (core) Wkst S-3, Part IV Line 24		14,890,359	0	0	14,890,359 17.00
18.00	Wage-related costs (other)Wkst S-3, Part IV Line 25		0	0	0	0 18.00
19.00	Excluded areas		431,794	0	0	431,794 19.00
20.00	Non-physician anesthetist Part A		0	0	0	0 20.00
21.00	Non-physician anesthetist Part B		0	0	0	0 21.00
22.00	Physician Part A		896,413	0	0	896,413 22.00
23.00	Physician Part B		0	0	0	0 23.00
24.00	Wage-related costs (RHC/FOHC)		0	0	0	0 24.00
25.00	Interns & residents (in an approved program)		983,617	0	0	983,617 25.00
OVERHEAD COSTS - DIRECT SALARIES						
26.00	Employee Benefits	4.00	113,127	0	829,852	942,979 26.00
27.00	Administrative & General	5.00	6,826,243	0	4,229,279	11,055,522 27.00
28.00	Administrative & General under contract (see inst.)		0	0	0	0 28.00
29.00	Maintenance & Repairs	6.00	576	0	0	576 29.00
30.00	Operation of Plant	7.00	914,342	0	0	914,342 30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0 31.00
32.00	Housekeeping	9.00	1,934,528	0	0	1,934,528 32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0 33.00
34.00	Dietary	10.00	2,058,758	0	-908,844	1,149,914 34.00
35.00	Dietary under contract (see instructions)		0	0	0	0 35.00
36.00	Cafeteria	11.00	0	0	908,844	908,844 36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0 37.00
38.00	Nursing Administration	13.00	3,827,546	0	0	3,827,546 38.00
39.00	Central Services and Supply	14.00	397,671	0	0	397,671 39.00
40.00	Pharmacy	15.00	3,576,307	0	0	3,576,307 40.00
41.00	Medical Records & Medical Records Library	16.00	1,340,249	0	0	1,340,249 41.00
42.00	Social Service	17.00	688,635	0	0	688,635 42.00
43.00	Other General Service	18.00	80,325	0	164,449	244,774 43.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 140018	Period: From 07/01/2010 To 06/30/2011	Worksheet S-3 Part II Date/Time Prepared: 2/15/2012 9:44 am
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		Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		5.00	6.00	
PART II - WAGE DATA				
SALARIES				
1.00	Total salaries (see instructions)	3,512,452.00	30.01	1.00
2.00	Non-physician anesthetist Part A	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B	0.00	0.00	3.00
4.00	Physician-Part A	26,042.00	122.42	4.00
4.01	Physicians - Part A - direct teaching	19,519.00	112.42	4.01
5.00	Physician-Part B	0.00	0.00	5.00
6.00	Non-physician-Part B	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	258,333.00	22.86	7.00
7.01	Contracted interns and residents (in approved programs)	0.00	0.00	7.01
8.00	Home office personnel	0.00	0.00	8.00
9.00	SNF	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)	98,121.00	33.43	10.00
OTHER WAGES & RELATED COSTS				
11.00	Contract labor (see instructions)	15,375.00	67.06	11.00
12.00	Management and administrative services	0.00	0.00	12.00
13.00	Contract labor: physician-Part A	0.00	0.00	13.00
14.00	Home office salaries & wage-related costs	0.00	0.00	14.00
15.00	Home office: physician Part A	0.00	0.00	15.00
16.00	Teaching physician salaries (see instructions)	0.00	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			22.00
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	28,816.00	32.72	26.00
27.00	Administrative & General	335,320.00	32.97	27.00
28.00	Administrative & General under contract (see inst.)	0.00	0.00	28.00
29.00	Maintenance & Repairs	0.00	0.00	29.00
30.00	Operation of Plant	39,948.00	22.89	30.00
31.00	Laundry & Linen Service	0.00	0.00	31.00
32.00	Housekeeping	163,567.00	11.83	32.00
33.00	Housekeeping under contract (see instructions)	0.00	0.00	33.00
34.00	Dietary	91,507.00	12.57	34.00
35.00	Dietary under contract (see instructions)	0.00	0.00	35.00
36.00	Cafeteria	72,323.00	12.57	36.00
37.00	Maintenance of Personnel	0.00	0.00	37.00
38.00	Nursing Administration	97,873.00	39.11	38.00
39.00	Central Services and Supply	28,417.00	13.99	39.00
40.00	Pharmacy	96,839.00	36.93	40.00
41.00	Medical Records & Medical Records Library	61,718.00	21.72	41.00
42.00	Social Service	23,621.00	29.15	42.00
43.00	Other General Service	12,761.00	19.18	43.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 140018		Period: From 07/01/2010 To 06/30/2011		Worksheet S-3 Part III Date/Time Prepared: 2/15/2012 9:44 am	
	Worksheet A Line Number	Amount Reported	Salary Adjustments for Vacation, Holiday, Sick, Other Paid Time Off, Severance, and Bonus, Paid to Employees and Not Reflected in Column 2	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)		
	1.00	2.00	2.50	3.00	4.00		
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	87,931,523	0	6,193,019	94,124,542	1.00	
2.00	Excluded area salaries (see instructions)	2,592,571	0	687,971	3,280,542	2.00	
3.00	Subtotal salaries (line 1 minus line 2)	85,338,952	0	5,505,048	90,844,000	3.00	
4.00	Subtotal other wages & related costs (see inst.)	1,031,092	0	0	1,031,092	4.00	
5.00	Subtotal wage-related costs (see inst.)	15,786,772	0	0	15,786,772	5.00	
6.00	Total (sum of lines 3 thru 5)	102,156,816	0	5,505,048	107,661,864	6.00	
7.00	Total overhead cost (see instructions)	21,758,307	0	5,223,580	26,981,887	7.00	

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140018

Period:
From 07/01/2010
To 06/30/2011

Worksheet S-3
Part III
Date/Time Prepared:
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		Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY				
1.00	Net salaries (see instructions)	3,234,600.00	29.10	1.00
2.00	Excluded area salaries (see instructions)	98,121.00	33.43	2.00
3.00	Subtotal salaries (line 1 minus line 2)	3,136,479.00	28.96	3.00
4.00	Subtotal other wages & related costs (see inst.)	15,375.00	67.06	4.00
5.00	Subtotal wage-related costs (see inst.)	0.00	17.38	5.00
6.00	Total (sum of lines 3 thru 5)	3,151,854.00	34.16	6.00
7.00	Total overhead cost (see instructions)	1,052,710.00	25.63	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 140018	Period: From 07/01/2010 To 06/30/2011	Worksheet S-3 Part IV Date/Time Prepared: 2/15/2012 9:44 am
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		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Qualified and Non-Qualified Pension Plan Cost	948,438	3.00
4.00	Prior Year Pension Service Cost	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)	5,075,270	8.00
9.00	Prescription Drug Plan	1,299,188	9.00
10.00	Dental, Hearing and Vision Plan	162,383	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	0	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)	286,050	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	981,182	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	7,149,618	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	651,020	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
OTHER			
21.00	Executive Deferred Compensation	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	2,430	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	16,555,579	24.00
Part B - Other than Core Related Cost			
25.00	CORPORATE FRINGE AND EMPLOYEE HEALTH	646,605	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST	Provider CCN: 140018	Period: From 07/01/2010 To 06/30/2011	Worksheet S-3 Part V Date/Time Prepared: 2/15/2012 9:44 am
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Cost Center Description		Contract Labor	Benefit Cost	
PART V - Contract Labor and Benefit Cost		1.00	2.00	
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	0	0	1.00
2.00	Hospital	0	0	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	0	8.00
9.00	Hospital-Based NF	0	0	9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC	0	0	12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC	0	0	16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis	0	0	17.00
18.00		0	0	18.00

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

Provider CCN: 140018

Period:
From 07/01/2010
To 06/30/2011

Worksheet S-5

Date/Time Prepared:
2/15/2012 9:44 am

		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	107	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	3.50	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	312	0				5.00
6.00	Number of stations	11	0	0	0		6.00
7.00	Treatment capacity per day per station	4	0				7.00
8.00	Utilization (see instructions)	0.00	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	0					11.00
12.00	Number of patients transplanted during the cost reporting period	0					12.00
EPOETIN							
13.00	Net costs of Epoetin furnished to all maintenance dialysis patients by the provider.	328,618					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	32,862					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.	0					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	0					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

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

Provider CCN: 140018

Period:
From 07/01/2010
To 06/30/2011

Worksheet S-5

Date/Time Prepared:
2/15/2012 9:44 am

		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: 140018	Period: From 07/01/2010 To 06/30/2011	Worksheet S-10 Date/Time Prepared: 2/15/2012 9:44 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)		0.242759	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		151,030,000	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00	
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?		Y	4.00	
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0	5.00	
6.00	Medicaid charges		383,047,000	6.00	
7.00	Medicaid cost (line 1 times line 6)		92,988,107	7.00	
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		0	8.00	
State Children's Health Insurance Program (SCHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone SCHIP		0	9.00	
10.00	Stand-alone SCHIP charges		0	10.00	
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0	11.00	
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00	
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00	
Uncompensated care (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00	
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		0	19.00	
			1.00		
			2.00		
			3.00		
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	78,028,438	0	78,028,438	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	18,942,106	0	18,942,106	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)	18,942,106	0	18,942,106	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?				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)			37,224,004	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)			1,212,461	27.00
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)			36,011,543	28.00
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)			8,742,126	29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)			27,684,232	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			27,684,232	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES				Provider CCN: 140018	Period: From 07/01/2010 To 06/30/2011	Worksheet A Date/Time Prepared: 2/15/2012 9:44 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 CAP REL COSTS-BLDG & FIXT		3,593,652	3,593,652	195,766	3,789,418	1.00
2.00 CAP REL COSTS-MVBLE EQUIP		5,187,467	5,187,467	5,365,675	10,553,142	2.00
3.00 OTHER CAP REL COSTS		0	0	0	0	3.00
4.00 EMPLOYEE BENEFITS	113,127	18,143,913	18,257,040	306,945	18,563,985	4.00
5.01 NONPATIENT TELEPHONES	247,064	699,364	946,428	-5,071	941,357	5.01
5.02 DATA PROCESSING	0	4,874,096	4,874,096	-87,971	4,786,125	5.02
5.03 PURCHASING RECEIVING AND STORES	313,161	29,582	342,743	0	342,743	5.03
5.04 ADMINITTING	1,908,448	309,736	2,218,184	-383,676	1,834,508	5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE	65,721	2,618,018	2,683,739	0	2,683,739	5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL	4,291,849	30,336,787	34,628,636	1,863,226	36,491,862	5.06
6.00 MAINTENANCE & REPAIRS	576	2,996,152	2,996,728	0	2,996,728	6.00
7.00 OPERATION OF PLANT	914,342	7,428,093	8,342,435	-158,811	8,183,624	7.00
8.00 LAUNDRY & LINEN SERVICE	0	1,060,732	1,060,732	0	1,060,732	8.00
9.00 HOUSEKEEPING	1,934,528	1,649,535	3,584,063	0	3,584,063	9.00
10.00 DIETARY	2,058,758	2,843,206	4,901,964	-2,508,581	2,393,383	10.00
11.00 CAFETERIA	0	0	0	2,501,884	2,501,884	11.00
12.00 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 NURSING ADMINISTRATION	3,827,546	1,160,709	4,988,255	-30,439	4,957,816	13.00
14.00 CENTRAL SERVICES & SUPPLY	397,671	654,680	1,052,351	-659,900	392,451	14.00
15.00 PHARMACY	3,576,307	5,993,913	9,570,220	-5,323,324	4,246,896	15.00
16.00 MEDICAL RECORDS & LIBRARY	1,340,249	996,753	2,337,002	0	2,337,002	16.00
17.00 SOCIAL SERVICE	688,635	297,545	986,180	0	986,180	17.00
18.00 OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
18.01 OUTPATIENT ACCOUNTING	80,325	2,502,690	2,583,015	164,449	2,747,464	18.01
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	5,905,813	0	5,905,813	0	5,905,813	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	709,336	709,336	2,197,201	2,906,537	22.00
23.00 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01 ALLIED HEALTH PASTORAL	0	177,248	177,248	0	177,248	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	20,570,853	5,445,344	26,016,197	-2,222,507	23,793,690	30.00
31.00 INTENSIVE CARE UNIT	1,667,174	367,501	2,034,675	-240,594	1,794,081	31.00
31.01 NEONATAL INTENSIVE CARE UNIT	4,049,430	513,203	4,562,633	-212,655	4,349,978	31.01
32.00 CORONARY CARE UNIT	3,329,515	678,615	4,008,130	-258,541	3,749,589	32.00
33.00 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 SUBPROVIDER - I PF	2,580,896	109,981	2,690,877	0	2,690,877	40.00
41.00 SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	1,135,698	49,394	1,185,092	-32,128	1,152,964	43.00
44.00 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 NURSING FACILITY	0	0	0	0	0	45.00
46.00 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	6,670,845	10,336,531	17,007,376	-8,616,464	8,390,912	50.00
51.00 RECOVERY ROOM	1,186,902	108,195	1,295,097	-71,750	1,223,347	51.00
52.00 DELIVERY ROOM & LABOR ROOM	4,771,346	1,393,352	6,164,698	-523,709	5,640,989	52.00
53.00 ANESTHESIOLOGY	474,302	3,519,977	3,994,279	-414,353	3,579,926	53.00
54.00 RADIOLOGY-DIAGNOSTIC	4,289,506	3,074,413	7,363,919	-1,164,158	6,199,761	54.00
55.00 RADIOLOGY-THERAPEUTIC	345,903	558,431	904,334	-90,120	814,214	55.00
56.00 RADIOISOTOPE	258,250	350,241	608,491	0	608,491	56.00
57.00 CT SCAN	749,548	655,901	1,405,449	0	1,405,449	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	418,557	254,603	673,160	-13,403	659,757	58.00
59.00 CARDIAC CATHETERIZATION	698,822	1,766,510	2,465,332	-1,457,023	1,008,309	59.00
60.00 LABORATORY	5,464,711	7,423,876	12,888,587	-628,466	12,260,121	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	687,657	1,757,463	2,445,120	0	2,445,120	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	1,633,878	576,863	2,210,741	-309,293	1,901,448	65.00
65.01 PULMONARY FUNCTION TESTING	0	1,041	1,041	156,739	157,780	65.01
66.00 PHYSICAL THERAPY	390,096	74,080	464,176	0	464,176	66.00
67.00 OCCUPATIONAL THERAPY	282,606	9,764	292,370	0	292,370	67.00
68.00 SPEECH PATHOLOGY	188,526	7,847	196,373	0	196,373	68.00
69.00 ELECTROCARDIOLOGY	545,248	396,951	942,199	208,653	1,150,852	69.00
70.00 ELECTROENCEPHALOGRAPHY	217,308	45,276	262,584	-1,439	261,145	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	5,739,334	5,739,334	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	7,213,158	7,213,158	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	7,969,404	7,969,404	73.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES				Provider CCN: 140018	Period: From 07/01/2010 To 06/30/2011	Worksheet A Date/Time Prepared: 2/15/2012 9:44 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		
74.00 RENAL DIALYSIS	1,427,566	751,926	2,179,492	38,496	2,217,988	74.00	
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00	
OUTPATIENT SERVICE COST CENTERS							
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00	
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00	
90.00 CLINIC	0	0	0	0	0	90.00	
90.01 OUTPATIENT CHEMOTHERAPY	583,710	2,876,892	3,460,602	-2,657,156	803,446	90.01	
90.02 ENT	300,589	63,179	363,768	0	363,768	90.02	
90.03 UNDER THE RAINBOW	876,443	214,929	1,091,372	0	1,091,372	90.03	
91.00 EMERGENCY	5,747,883	2,514,824	8,262,707	-724,331	7,538,376	91.00	
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00	
OTHER REIMBURSABLE COST CENTERS							
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00	
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00	
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00	
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00	
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00	
99.00 CMHC	0	0	0	0	0	99.00	
99.10 CORF	0	0	0	0	0	99.10	
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00	
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00	
SPECIAL PURPOSE COST CENTERS							
105.00 KIDNEY ACQUISITION	0	0	0	0	0	105.00	
106.00 HEART ACQUISITION	0	0	0	0	0	106.00	
107.00 LIVER ACQUISITION	0	0	0	0	0	107.00	
108.00 LUNG ACQUISITION	0	0	0	0	0	108.00	
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00	
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00	
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00	
113.00 INTEREST EXPENSE	0	5,092,657	5,092,657	-5,092,657	0	113.00	
114.00 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00	
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00	
116.00 HOSPICE	0	0	0	0	0	116.00	
118.00 SUBTOTALS (SUM OF LINES 1-117)	99,207,888	145,252,967	244,460,855	32,410	244,493,265	118.00	
NONREIMBURSABLE COST CENTERS							
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00	
191.00 RESEARCH	0	5,625,561	5,625,561	0	5,625,561	191.00	
192.00 PHYSICIANS' PRIVATE OFFICES	0	1,400	1,400	13,015	14,415	192.00	
192.01 KLING OFFICE BLDG	156	11	167	2,667	2,834	192.01	
192.02 DAY PSYCH	0	0	0	24	24	192.02	
192.03 FAMILY PLANNING	0	0	0	793	793	192.03	
192.04 DEVELOPMENT	0	1,006,062	1,006,062	-46,039	960,023	192.04	
192.05 DENTISTRY	11,519	7,346	18,865	-2,870	15,995	192.05	
192.06 OCCUPATIONAL HEALTH	0	50	50	0	50	192.06	
192.07 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.07	
193.00 NONPAID WORKERS	0	0	0	0	0	193.00	
200.00 TOTAL (SUM OF LINES 118-199)	99,219,563	151,893,397	251,112,960	0	251,112,960	200.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES	Provider CCN: 140018	Period: From 07/01/2010 To 06/30/2011	Worksheet A Date/Time Prepared: 2/15/2012 9:44 am
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Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT	-1,500,242	2,289,176	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	10,553,142	2.00
3.00	OTHER CAP REL COSTS	0	0	3.00
4.00	EMPLOYEE BENEFITS	-417,420	18,146,565	4.00
5.01	NONPATIENT TELEPHONES	-104,133	837,224	5.01
5.02	DATA PROCESSING	0	4,786,125	5.02
5.03	PURCHASING RECEIVING AND STORES	0	342,743	5.03
5.04	ADMINISTRATIVE	0	1,834,508	5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE	0	2,683,739	5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL	-3,879,231	32,612,631	5.06
6.00	MAINTENANCE & REPAIRS	0	2,996,728	6.00
7.00	OPERATION OF PLANT	-1,793,482	6,390,142	7.00
8.00	LAUNDRY & LINEN SERVICE	0	1,060,732	8.00
9.00	HOUSEKEEPING	0	3,584,063	9.00
10.00	DIETARY	0	2,393,383	10.00
11.00	CAFETERIA	-1,418,703	1,083,181	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	NURSING ADMINISTRATION	-17,930	4,939,886	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	392,451	14.00
15.00	PHARMACY	-1,245,473	3,001,423	15.00
16.00	MEDICAL RECORDS & LIBRARY	-15,215	2,321,787	16.00
17.00	SOCIAL SERVICE	-5,550	980,630	17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	18.00
18.01	OUTPATIENT ACCOUNTING	0	2,747,464	18.01
19.00	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	NURSING SCHOOL	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	5,905,813	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	-14,400	2,892,137	22.00
23.00	PARAMEDICAL PRGM-(SPECIFY)	0	0	23.00
23.01	ALLIED HEALTH PASTORAL	-4,707	172,541	23.01
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	-339,054	23,454,636	30.00
31.00	INTENSIVE CARE UNIT	0	1,794,081	31.00
31.01	NEONATAL INTENSIVE CARE UNIT	0	4,349,978	31.01
32.00	CORONARY CARE UNIT	0	3,749,589	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	SUBPROVIDER - I/PF	-44,545	2,646,332	40.00
41.00	SUBPROVIDER - I/RF	0	0	41.00
42.00	SUBPROVIDER	0	0	42.00
43.00	NURSERY	0	1,152,964	43.00
44.00	SKILLED NURSING FACILITY	0	0	44.00
45.00	NURSING FACILITY	0	0	45.00
46.00	OTHER LONG TERM CARE	0	0	46.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	-584,578	7,806,334	50.00
51.00	RECOVERY ROOM	0	1,223,347	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	5,640,989	52.00
53.00	ANESTHESIOLOGY	-1,626,293	1,953,633	53.00
54.00	RADIOLOGY-DIAGNOSTIC	-316,440	5,883,321	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	814,214	55.00
56.00	RADIOISOTOPE	-4,594	603,897	56.00
57.00	CT SCAN	-9,045	1,396,404	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	-2,107	657,650	58.00
59.00	CARDIAC CATHETERIZATION	0	1,008,309	59.00
60.00	LABORATORY	-372,671	11,887,450	60.00
60.01	BLOOD LABORATORY	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	2,445,120	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	64.00
65.00	RESPIRATORY THERAPY	-4,143	1,897,305	65.00
65.01	PULMONARY FUNCTION TESTING	0	157,780	65.01
66.00	PHYSICAL THERAPY	-10,490	453,686	66.00
67.00	OCCUPATIONAL THERAPY	-4,915	287,455	67.00
68.00	SPEECH PATHOLOGY	-5,247	191,126	68.00
69.00	ELECTROCARDIOLOGY	-27	1,150,825	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	261,145	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	-427,680	5,311,654	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	-544,320	6,668,838	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	7,969,404	73.00
74.00	RENAL DIALYSIS	-48,025	2,169,963	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	75.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES	Provider CCN: 140018	Period: From 07/01/2010 To 06/30/2011	Worksheet A Date/Time Prepared: 2/15/2012 9:44 am
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Cost Center Description	Adjustments	Net Expenses	
	(See A-8)	For Allocation	
	6.00	7.00	
OUTPATIENT SERVICE COST CENTERS			
88.00 RURAL HEALTH CLINIC	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER CLINIC	0	0	89.00
90.00 CLINIC	0	0	90.00
90.01 OUTPATIENT CHEMOTHERAPY	0	803,446	90.01
90.02 ENT	0	363,768	90.02
90.03 UNDER THE RAINBOW	-21,195	1,070,177	90.03
91.00 EMERGENCY	-142,579	7,395,797	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)			92.00
OTHER REIMBURSABLE COST CENTERS			
94.00 HOME PROGRAM DIALYSIS	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	98.00
99.00 CMHC	0	0	99.00
99.10 CORF	0	0	99.10
100.00 I & R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00 HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS			
105.00 KIDNEY ACQUISITION	0	0	105.00
106.00 HEART ACQUISITION	0	0	106.00
107.00 LIVER ACQUISITION	0	0	107.00
108.00 LUNG ACQUISITION	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	110.00
111.00 ISLET ACQUISITION	0	0	111.00
113.00 INTEREST EXPENSE	0	0	113.00
114.00 UTILIZATION REVIEW-SNF	0	0	114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00 HOSPICE	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	-14,924,434	229,568,831	118.00
NONREIMBURSABLE COST CENTERS			
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
191.00 RESEARCH	-5,024,488	601,073	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	14,415	192.00
192.01 KLING OFFICE BLDG	0	2,834	192.01
192.02 DAY PSYCH	0	24	192.02
192.03 FAMILY PLANNING	0	793	192.03
192.04 DEVELOPMENT	0	960,023	192.04
192.05 DENTISTRY	0	15,995	192.05
192.06 OCCUPATIONAL HEALTH	0	50	192.06
192.07 PHYSICIANS' PRIVATE OFFICES	0	0	192.07
193.00 NONPAID WORKERS	0	0	193.00
200.00 TOTAL (SUM OF LINES 118-199)	-19,948,922	231,164,038	200.00

RECLASSIFICATIONS

Provider CCN: 140018

Period:
From 07/01/2010
To 06/30/2011

Worksheet A-6
Date/Time Prepared:
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		Increases			
Cost Center		Line #	Salary	Other	
2.00	3.00	4.00	5.00		
B - TEACHING RECLASS					
1.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	2,197,201	0	1.00
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
TOTALS			2,197,201	0	
C - PULMONARY RECLASS					
1.00	PULMONARY FUNCTION TESTING	65.01	156,739	0	1.00
TOTALS			156,739	0	
D - INTEREST EXPENSE RECLASS					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	4,077,598	1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	1,015,059	2.00
TOTALS			0	5,092,657	
E - MEDICAL SUPPLY & IMPL DEVICES RECLAS					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	5,739,334	1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	7,213,158	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
TOTALS			0	12,952,492	
F - PHARMACY RECLASS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	7,969,404	1.00
2.00		0.00	0	0	2.00
TOTALS			0	7,969,404	
G - EQUIPMENT RENTAL RECLASS					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,254,852	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
TOTALS			0	1,254,852	
H - E/R REGISTRATION RECLASS					
1.00	EMERGENCY	91.00	219,227	0	1.00
TOTALS			219,227	0	
I - INSURANCE RECLASS					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	211,429	1.00
TOTALS			0	211,429	
J - O/P REGISTRATION RECLASS					
1.00	OUTPATIENT ACCOUNTING	18.01	164,449	0	1.00
TOTALS			164,449	0	

RECLASSIFICATIONS

Provider CCN: 140018

Period:
From 07/01/2010
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Worksheet A-6
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		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
K - NURSING CONTINUITY RECLASS					
1.00	ADULTS & PEDIATRICS	30.00	59,306	0	1.00
	TOTALS		59,306	0	
L - POB FAM PLANNING DYRECT EXP DEPR					
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	13,015	1.00
2.00	KLING OFFICE BLDG	192.01	0	1,855	2.00
3.00	FAMILY PLANNING	192.03	0	793	3.00
	TOTALS		0	15,663	
M - DIETARY / CAFETERIA RECLASS					
1.00	CAFETERIA	11.00	908,844	0	1.00
2.00	CAFETERIA	11.00	0	1,593,040	2.00
	TOTALS		908,844	1,593,040	
O - RECLASS SINAI HEALTH SYS EXPENSES					
1.00	DATA PROCESSING	5.02	1,662,084	0	1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	2,792,094	0	2.00
3.00	ALLIED HEALTH PASTORAL	23.01	111,148	0	3.00
4.00	EMPLOYEE BENEFITS	4.00	829,852	0	4.00
5.00	NONPATIENT TELEPHONES	5.01	158,777	0	5.00
6.00	DEVELOPMENT	192.04	579,758	0	6.00
7.00	EMPLOYEE BENEFITS	4.00	0	436,902	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
	TOTALS		6,133,713	436,902	
P - CARDIOLOGY PHYSICIAN RECLASS					
1.00	ELECTROCARDIOLOGY	69.00	219,263	0	1.00
	TOTALS		219,263	0	
R - COMMONWEALTH EDISON METER RENTAL RCL					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	34,126	1.00
	TOTALS		0	34,126	
S - RENAL DIALYSIS SALARIES					
1.00	RENAL DIALYSIS	74.00	42,230	0	1.00
	TOTALS		42,230	0	
T - CAPITAL LEASE RECLASS					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	1,296,339	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
	TOTALS		0	1,296,339	
U - EQUIPM DEPR FOR NON REIMB COST CTRS					
1.00	DAY PSYCH	192.02	0	24	1.00
2.00	DENTISTRY	192.05	0	65	2.00
3.00	KLING OFFICE BLDG	192.01	0	812	3.00
	TOTALS		0	901	
500.00	Grand Total: Increases		10,100,972	30,857,805	500.00

RECLASSIFICATIONS

Provider CCN: 140018

Period:
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To 06/30/2011

Worksheet A-6
Date/Time Prepared:
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		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00			
B - TEACHING RECLASS							
1.00	ADULTS & PEDIATRICS	30.00	1,390,448	0	0	1.00	
3.00	OPERATING ROOM	50.00	567,081	0	0	3.00	
4.00	RADIOLOGY-DIAGNOSTIC	54.00	43,066	0	0	4.00	
5.00	ANESTHESIOLOGY	53.00	104,433	0	0	5.00	
6.00	LABORATORY	60.00	46,820	0	0	6.00	
7.00	EMERGENCY	91.00	42,418	0	0	7.00	
8.00	DENTISTRY	192.05	2,935	0	0	8.00	
TOTALS			2,197,201	0			
C - PULMONARY RECLASS							
1.00	RESPIRATORY THERAPY	65.00	156,739	0	0	1.00	
TOTALS			156,739	0			
D - INTEREST EXPENSE RECLASS							
1.00	INTEREST EXPENSE	113.00	0	5,092,657	11	1.00	
2.00		0.00	0	0	0	2.00	
TOTALS			0	5,092,657			
E - MEDICAL SUPPLY & IMPL DEVICES RECLASS							
1.00	ADULTS & PEDIATRICS	30.00	0	533,183	0	1.00	
2.00	INTENSIVE CARE UNIT	31.00	0	217,609	0	2.00	
3.00	NEONATAL INTENSIVE CARE UNIT	31.01	0	206,746	0	3.00	
4.00	CORONARY CARE UNIT	32.00	0	251,691	0	4.00	
5.00	NURSERY	43.00	0	32,128	0	5.00	
6.00	OPERATING ROOM	50.00	0	2,111,923	0	6.00	
7.00	RECOVERY ROOM	51.00	0	25,339	0	7.00	
8.00	DELIVERY ROOM & LABOR ROOM	52.00	0	384,429	0	8.00	
9.00	ANESTHESIOLOGY	53.00	0	277,685	0	9.00	
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	432,952	0	10.00	
11.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	13,403	0	11.00	
12.00	CARDIAC CATHETERIZATION	59.00	0	218,969	0	12.00	
13.00	RESPIRATORY THERAPY	65.00	0	142,834	0	13.00	
14.00	EMERGENCY	91.00	0	890,444	0	14.00	
15.00	ADULTS & PEDIATRICS	30.00	0	1,793	0	15.00	
16.00	INTENSIVE CARE UNIT	31.00	0	17,327	0	16.00	
17.00	CORONARY CARE UNIT	32.00	0	4,921	0	17.00	
18.00	OPERATING ROOM	50.00	0	5,626,029	0	18.00	
19.00	RECOVERY ROOM	51.00	0	321	0	19.00	
20.00	DELIVERY ROOM & LABOR ROOM	52.00	0	121,295	0	20.00	
21.00	ANESTHESIOLOGY	53.00	0	32,235	0	21.00	
22.00	RADIOLOGY-DIAGNOSTIC	54.00	0	381,645	0	22.00	
23.00	CARDIAC CATHETERIZATION	59.00	0	1,016,895	0	23.00	
24.00	EMERGENCY	91.00	0	10,696	0	24.00	
TOTALS			0	12,952,492			
F - PHARMACY RECLASS							
1.00	OUTPATIENT CHEMOTHERAPY	90.01	0	2,657,156	0	1.00	
2.00	PHARMACY	15.00	0	5,312,248	0	2.00	
TOTALS			0	7,969,404			
G - EQUIPMENT RENTAL RECLASS							
1.00	DIETARY	10.00	0	6,697	14	1.00	
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	407,255	0	2.00	
3.00	ADULTS & PEDIATRICS	30.00	0	48,331	0	3.00	
4.00	INTENSIVE CARE UNIT	31.00	0	5,658	0	4.00	
5.00	CORONARY CARE UNIT	32.00	0	1,929	0	5.00	
6.00	NEONATAL INTENSIVE CARE UNIT	31.01	0	5,909	0	6.00	
7.00	OPERATING ROOM	50.00	0	60,811	0	7.00	
8.00	RADIOLOGY-DIAGNOSTIC	54.00	0	178,339	0	8.00	
9.00	LABORATORY	60.00	0	526,560	0	9.00	
10.00	RESPIRATORY THERAPY	65.00	0	8,190	0	10.00	
11.00	ELECTROENCEPHALOGRAPHY	70.00	0	1,439	0	11.00	
12.00	RENAL DIALYSIS	74.00	0	3,734	0	12.00	
TOTALS			0	1,254,852			
H - E/R REGISTRATION RECLASS							
1.00	ADMINISTRATIVE	5.04	219,227	0	0	1.00	
TOTALS			219,227	0			
I - INSURANCE RECLASS							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	211,429	12	1.00	
TOTALS			0	211,429			
J - O/P REGISTRATION RECLASS							
1.00	ADMINISTRATIVE	5.04	164,449	0	0	1.00	
TOTALS			164,449	0			

RECLASSIFICATIONS

Provider CCN: 140018

Period:
From 07/01/2010
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Date/Time Prepared:
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		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00			
K - NURSING CONTINUITY RECLASS							
1.00	EMPLOYEE BENEFITS	4.00	0	59,306	0		1.00
	TOTALS		0	59,306			
L - POB FAM PLANNING DYRECT EXP DEPR							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	15,663	9		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
	TOTALS		0	15,663			
M - DIETARY / CAFETERIA RECLASS							
1.00	DIETARY	10.00	908,844	0	0		1.00
2.00	DIETARY	10.00	0	1,593,040	0		2.00
	TOTALS		908,844	1,593,040			
O - RECLASS SINAI HEALTH SYS EXPENSES							
1.00	DATA PROCESSING	5.02	0	1,662,084	0		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	2,792,094	0		2.00
3.00	ALLIED HEALTH PASTORAL	23.01	0	111,148	0		3.00
4.00	EMPLOYEE BENEFITS	4.00	0	829,852	0		4.00
5.00	NONPATIENT TELEPHONES	5.01	0	158,777	0		5.00
6.00	DEVELOPMENT	192.04	0	579,759	0		6.00
7.00	EMPLOYEE BENEFITS	4.00	0	70,651	0		7.00
8.00	NONPATIENT TELEPHONES	5.01	0	5,071	0		8.00
9.00	DATA PROCESSING	5.02	0	78,398	0		9.00
10.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	236,743	0		10.00
11.00	DEVELOPMENT	192.04	0	46,038	0		11.00
	TOTALS		0	6,570,615			
P - CARDIOLOGY PHYSICIAN RECLASS							
1.00	ADULTS & PEDIATRICS	30.00	219,263	0	0		1.00
	TOTALS		219,263	0			
R - COMMONWEALTH EDISON METER RENTAL RCL							
1.00	OPERATION OF PLANT	7.00	0	34,126	14		1.00
	TOTALS		0	34,126			
S - RENAL DIALYSIS SALARIES							
1.00	ADULTS & PEDIATRICS	30.00	42,230	0	0		1.00
	TOTALS		42,230	0			
T - CAPITAL LEASE RECLASS							
1.00	DATA PROCESSING	5.02	0	9,573	0		1.00
2.00	OPERATION OF PLANT	7.00	0	124,685	0		2.00
3.00	NURSING ADMINISTRATION	13.00	0	30,439	0		3.00
4.00	CENTRAL SERVICES & SUPPLY	14.00	0	252,645	0		4.00
5.00	PHARMACY	15.00	0	11,076	0		5.00
6.00	ADULTS & PEDIATRICS	30.00	0	46,565	0		6.00
7.00	OPERATING ROOM	50.00	0	250,620	0		7.00
8.00	RECOVERY ROOM	51.00	0	46,090	0		8.00
9.00	DELIVERY ROOM & LABOR ROOM	52.00	0	17,985	0		9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	128,156	0		10.00
11.00	RADIOLOGY-THERAPEUTIC	55.00	0	90,120	0		11.00
12.00	LABORATORY	60.00	0	55,086	0		12.00
13.00	RESPIRATORY THERAPY	65.00	0	1,530	0		13.00
14.00	ELECTROCARDIOLOGY	69.00	0	10,610	0		14.00
15.00	CARDIAC CATHETERIZATION	59.00	0	221,159	0		15.00
	TOTALS		0	1,296,339			
U - EQUIPM DEPR FOR NON REIMB COST CTRS							
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	24	9		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	877	9		2.00
3.00		0.00	0	0	0		3.00
	TOTALS		0	901			
500.00	Grand Total: Decreases		3,907,953	37,050,824			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS		Provider CCN: 140018	Period: From 07/01/2010 To 06/30/2011	Worksheet A-7 Parts I-III Date/Time Prepared: 2/15/2012 9:44 am
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		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
		1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	1,725,650	0	0	0	0	1.00
2.00	Land Improvements	621,131	60,935	0	60,935	0	2.00
3.00	Buildings and Fixtures	139,794,953	3,128,657	0	3,128,657	0	3.00
4.00	Building Improvements	410,765	1,784,178	0	1,784,178	1,848,515	4.00
5.00	Fixed Equipment	68,467,449	8,283,461	0	8,283,461	162,674	5.00
6.00	Movable Equipment	0	0	0	0	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	211,019,948	13,257,231	0	13,257,231	2,011,189	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	211,019,948	13,257,231	0	13,257,231	2,011,189	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	CAP REL COSTS-BLDG & FIXT	3,593,652	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	5,187,467	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	8,781,119	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	CAP REL COSTS-BLDG & FIXT	0	0	0	1.000000	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0.000000	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	1.000000	0	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140018

Period:
From 07/01/2010
To 06/30/2011

Worksheet A-7
Parts I-III
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		Ending Balance	Fully Depreciated Assets			
		6.00	7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	1,725,650	0		1.00	
2.00	Land Improvements	682,066	0		2.00	
3.00	Buildings and Fixtures	142,923,610	0		3.00	
4.00	Building Improvements	346,428	0		4.00	
5.00	Fixed Equipment	76,588,236	0		5.00	
6.00	Movable Equipment	0	0		6.00	
7.00	HIT designated Assets	0	0		7.00	
8.00	Subtotal (sum of lines 1-7)	222,265,990	0		8.00	
9.00	Reconciling Items	0	0		9.00	
10.00	Total (line 8 minus line 9)	222,265,990	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	CAP REL COSTS-BLDG & FIXT	0	3,593,652		1.00	
2.00	CAP REL COSTS-MVBLE EQUIP	0	5,187,467		2.00	
3.00	Total (sum of lines 1-2)	0	8,781,119		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	CAP REL COSTS-BLDG & FIXT	0	0	0	3,545,375	0
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	5,186,566	0
3.00	Total (sum of lines 1-2)	0	0	0	8,731,941	0

RECONCILIATION OF CAPITAL COSTS CENTERS	Provider CCN: 140018	Period: From 07/01/2010 To 06/30/2011	Worksheet A-7 Parts I-III Date/Time Prepared: 2/15/2012 9:44 am
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Cost Center Description	SUMMARY OF CAPITAL						
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)		
	11.00	12.00	13.00	14.00	15.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	-1,485,068	211,429	0	17,440	2,289,176	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	4,077,598	0	0	1,288,978	10,553,142	2.00
3.00	Total (sum of lines 1-2)	2,592,530	211,429	0	1,306,418	12,842,318	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140018

Period:
From 07/01/2010
To 06/30/2011

Worksheet A-8

Date/Time Prepared:
2/15/2012 9:44 am

		Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
		Basis/Code (2)	Amount	Cost Center	Line #
		1.00	2.00	3.00	4.00
1.00	Investment income - buildings and fixtures (chapter 2)			OCAP REL COSTS-BLDG & FIXT	1.00
2.00	Investment income - movable equipment (chapter 2)			OCAP REL COSTS-MVBLE EQUIP	2.00
3.00	Investment income - other (chapter 2)		0		0.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00
8.00	Television and radio service (chapter 21)		0		0.00
9.00	Parking lot (chapter 21)		0		0.00
10.00	Provider-based physician adjustment	A-8-2	-1,312,346		
11.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00
12.00	Related organization transactions (chapter 10)	A-8-1	0		
13.00	Laundry and linen service		0		0.00
14.00	Cafeteria-employees and guests		0		0.00
15.00	Rental of quarters to employee and others		0		0.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00
17.00	Sale of drugs to other than patients		0		0.00
18.00	Sale of medical records and abstracts		0		0.00
19.00	Nursing school (tuition, fees, books, etc.)		0		0.00
20.00	Vending machines		0		0.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		ORESPIRATORY THERAPY	65.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		OPHYSICAL THERAPY	66.00
25.00	Utilization review - physicians' compensation (chapter 21)			UTILIZATION REVIEW-SNF	114.00
26.00	Depreciation - buildings and fixtures			OCAP REL COSTS-BLDG & FIXT	1.00
27.00	Depreciation - movable equipment			OCAP REL COSTS-MVBLE EQUIP	2.00
28.00	Non-physician Anesthetist			NONPHYSICIAN ANESTHETISTS	19.00
29.00	Physicians' assistant				0.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		OCCUPATIONAL THERAPY	67.00
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		OSPEECH PATHOLOGY	68.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00
33.00	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00
34.00	NR ADMIN OTH OPER A8-1	B	-300	NURSING ADMINISTRATION	13.00
34.01	LAB OTHER OPER SRH A8-1	B	-320,173	LABORATORY	60.00
34.02	SPECIMEN PROC LAB MISC A8-1	B	-41,506	LABORATORY	60.00
34.03	RENAL OTH OPER SRH A8-1	B	-48,025	RENAL DIALYSIS	74.00
34.04	NUCL MED OTHER OPER SRH A8-1	B	-4,549	RADIOISOTOPE	56.00
34.05	NUCL MED MISC A8-1	B	-45	RADIOISOTOPE	56.00
34.06	IP COMMUN DIS SRH A8-1	B	-5,247	SPEECH PATHOLOGY	68.00
34.07	IP PHYSC THER SRH A8-1	B	-10,490	PHYSICAL THERAPY	66.00
34.08	IP OCCUP THER SRH A8-1	B	-4,915	OCCUPATIONAL THERAPY	67.00
34.09	RESP THER SRH A8-1	B	-1,743	RESPIRATORY THERAPY	65.00
34.10	RESP THER MISC A8-1	B	-2,400	RESPIRATORY THERAPY	65.00
34.11	RADIOLOGY SRH A8-1	B	-14,049	RADIOLOGY-DIAGNOSTIC	54.00
34.12	CLI SERV SUP OTHER OPER A8-1	B	-601	RADIOLOGY-DIAGNOSTIC	54.00
34.13	CT SCAN SRH A8-1	B	-9,045	CT SCAN	57.00
34.14	MRI SRH A8-1	B	-2,107	MAGNETIC RESONANCE IMAGING (MRI)	58.00
34.15	EKG SRH A8-1	B	-27	ELECTROCARDIOLOGY	69.00
34.16	PHARMACY SRH A8-1	B	-1,245,473	PHARMACY	15.00
34.17	VASCULAR SRH A8-1	B	-113,834	RADIOLOGY-DIAGNOSTIC	54.00
34.18	UTR MISC A8-1	B	-3,955	UNDER THE RAINBOW	90.03

ADJUSTMENTS TO EXPENSES

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Period:
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		Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
		Basis/Code (2)	Amount	Cost Center	Line #
		1.00	2.00	3.00	4.00
34.19	MEDICAL EDUCATION A8-1	B	-14,400	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00 34.19
34.20	MEDICAL RECORDS A8-1	B	-15,215	MEDICAL RECORDS & LIBRARY	16.00 34.20
34.21	2010 RACS OTH OPR MISC A8-1	B	-2,351	OTHER ADMINISTRATIVE AND GENERAL	5.06 34.21
34.22	SECURITY MISC A8-1	B	-469	OPERATION OF PLANT	7.00 34.22
34.23	PLANT OPER ENER SAVIN A8-1	B	-28,499	OPERATION OF PLANT	7.00 34.23
34.24	CAFETERIA MISC A8-1	B	-1,418,703	CAFETERIA	11.00 34.24
34.25	ADMIN OTH OPR A8-1	B	-4,112	OTHER ADMINISTRATIVE AND GENERAL	5.06 34.25
34.26	RNTL OTHER A8-1	B	-587,589	OPERATION OF PLANT	7.00 34.26
34.27	ICT RENT REV A8-1	B	-462,268	OPERATION OF PLANT	7.00 34.27
34.28	GEN OTH OPR REV A8-1	B	-53,453	OTHER ADMINISTRATIVE AND GENERAL	5.06 34.28
34.29	PREMIER PURCH A8-2	B	-427,680	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00 34.29
34.30	OTHER A&G A8-2	B	-18,775	OTHER ADMINISTRATIVE AND GENERAL	5.06 34.30
34.31	OTHER A&G A8-2	B	-42,696	OTHER ADMINISTRATIVE AND GENERAL	5.06 34.31
34.32	AMORTIZATION LOSS OFFSET A8-3	A	17,440	CAP REL COSTS-BLDG & FIXT	1.00 34.32
34.33	REAL ESTATE TAXES A8-5	A	-30,000	OTHER ADMINISTRATIVE AND GENERAL	5.06 34.33
34.34	ACCELERATED DEPRECIATION A8-6	A	1,940	CAP REL COSTS-BLDG & FIXT	1.00 34.34
34.35	SATELLITE DEPRECIATION EXP A8-7	A	-10,013	CAP REL COSTS-BLDG & FIXT	1.00 34.35
34.36	SATELLITE DEPRECIATION EXP A8-7	A	-6,546	CAP REL COSTS-BLDG & FIXT	1.00 34.36
34.37	SELF INSURANCE EXP A8-9	A	-2,317,605	OTHER ADMINISTRATIVE AND GENERAL	5.06 34.37
34.38	INVESTMENT INCOME INTEREST A8-11	B	-1,485,068	CAP REL COSTS-BLDG & FIXT	1.00 34.38
34.39	INVESTMENT INCOME INTEREST A8-11	B	-369,686	OTHER ADMINISTRATIVE AND GENERAL	5.06 34.39
34.40	PASTORAL CARE REVENUE A8-12	B	-4,707	ALLIED HEALTH PASTORAL	23.01 34.40
34.41	TELEPHONE OFFSET A8-14	A	-104,133	NONPATIENT TELEPHONES	5.01 34.41
34.42	UNEMPLOYMENT INS A8-16	A	-170,848	EMPLOYEE BENEFITS	4.00 34.42
34.43	PATIENT TRANSPORTATION A8-17	A	-683,976	OPERATION OF PLANT	7.00 34.43
34.44	PATIENT TRANSPORTATION A8-17	A	-17,240	UNDER THE RAINBOW	90.03 34.44
34.45	ACLS FEES OFFSET A8-18	B	-17,630	NURSING ADMINISTRATION	13.00 34.45
34.46	DAY PSYCH OFFSET A8-20	A	-5,024,488	RESEARCH	191.00 34.46
34.47	DAY PSYCH TRAILER OFFSET A8-22	A	-2,983	CAP REL COSTS-BLDG & FIXT	1.00 34.47
34.48	PARKING FAC REV OFFSET A8-24	A	-15,012	CAP REL COSTS-BLDG & FIXT	1.00 34.48
34.49	PARKING FAC REV OFFSET A8-24	A	-30,681	OPERATION OF PLANT	7.00 34.49
34.50	DONATION OFFSET A8-25	B	-28,075	OTHER ADMINISTRATIVE AND GENERAL	5.06 34.50
34.51	NURSE ANESTHETISTS OFFSET A8-27	A	-1,516,362	ANESTHESIOLOGY	53.00 34.51
34.52	NURSE ANESTHETISTS OFFSET A8-27	A	-246,572	EMPLOYEE BENEFITS	4.00 34.52
34.53	MARKETING OFFSET A8-28	A	-706,126	OTHER ADMINISTRATIVE AND GENERAL	5.06 34.53
34.54	GOVERNMENTAL LOBBYISTS OFFSET A8-31	A	-279,996	OTHER ADMINISTRATIVE AND GENERAL	5.06 34.54
34.55	LOBBYING EXPENSE OFFSET A8-32	A	-26,356	OTHER ADMINISTRATIVE AND GENERAL	5.06 34.55
34.56	PATIENT TRANSPORTATION A8-17	A	-5,550	SOCIAL SERVICE	17.00 34.56
34.57	PREMIER PURCHASING A8-2	B	-544,320	IMPL. DEV. CHARGED TO PATIENTS	72.00 34.57
34.58	OFFSET STERILIZATION COSTS A8-2	B	-107,289	OPERATING ROOM	50.00 34.58
34.59			0		0.00 34.59
34.60			0		0.00 34.60
34.61			0		0.00 34.61
34.62			0		0.00 34.62
34.63			0		0.00 34.63
34.64			0		0.00 34.64
34.65			0		0.00 34.65
34.66			0		0.00 34.66
34.67			0		0.00 34.67
34.68			0		0.00 34.68
34.69			0		0.00 34.69
34.70			0		0.00 34.70
34.71			0		0.00 34.71
34.72			0		0.00 34.72
34.73			0		0.00 34.73

Provider CCN: 140018

Period:
 From 07/01/2010
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Worksheet A-8

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	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
			Cost Center			Line #
			1.00	2.00		3.00
34.74		0			0.00 34.74	
34.75		0			0.00 34.75	
34.76		0			0.00 34.76	
34.77		0			0.00 34.77	
34.78		0			0.00 34.78	
34.79		0			0.00 34.79	
34.80		0			0.00 34.80	
34.81		0			0.00 34.81	
34.82		0			0.00 34.82	
34.83		0			0.00 34.83	
34.84		0			0.00 34.84	
34.85		0			0.00 34.85	
34.86		0			0.00 34.86	
34.87		0			0.00 34.87	
34.88		0			0.00 34.88	
34.89		0			0.00 34.89	
34.90		0			0.00 34.90	
34.91		0			0.00 34.91	
34.92		0			0.00 34.92	
34.93		0			0.00 34.93	
34.94		0			0.00 34.94	
34.95		0			0.00 34.95	
34.96		0			0.00 34.96	
34.97		0			0.00 34.97	
34.98		0			0.00 34.98	
34.99		0			0.00 34.99	
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)	-19,948,922			50.00	

ADJUSTMENTS TO EXPENSES

Provider CCN: 140018

Period:
From 07/01/2010
To 06/30/2011

Worksheet A-8

Date/Time Prepared:
2/15/2012 9:44 am

		Wkst. A-7 Ref.	
		5.00	
1.00	Investment income - buildings and fixtures (chapter 2)	0	1.00
2.00	Investment income - movable equipment (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 - buildings and fixtures	0	26.00
27.00	Depreciation - movable equipment	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	OTHER ADJUSTMENTS (SPECIFY) (3)	0	33.00
34.00	NR ADMIN OTH OPER A8-1	0	34.00
34.01	LAB OTHER OPER SRH A8-1	0	34.01
34.02	SPECIMEN PROC LAB MISC A8-1	0	34.02
34.03	RENAL OTH OPER SRH A8-1	0	34.03
34.04	NUCL MED OTHER OPER SRH A8-1	0	34.04
34.05	NUCL MED MISC A8-1	0	34.05
34.06	IP COMMUN DIS SRH A8-1	0	34.06
34.07	IP PHYSC THER SRH A8-1	0	34.07
34.08	IP OCCUP THER SRH A8-1	0	34.08
34.09	RESP THER SRH A8-1	0	34.09
34.10	RESP THER MISC A8-1	0	34.10
34.11	RADIOLOGY SRH A8-1	0	34.11
34.12	CLI SERV SUP OTHER OPER A8-1	0	34.12
34.13	CT SCAN SRH A8-1	0	34.13
34.14	MRI SRH A8-1	0	34.14
34.15	EKG SRH A8-1	0	34.15
34.16	PHARMACY SRH A8-1	0	34.16
34.17	VASCULAR SRH A8-1	0	34.17
34.18	UTR MISC A8-1	0	34.18
34.19	MEDICAL EDUCATION A8-1	0	34.19
34.20	MEDICAL RECORDS A8-1	0	34.20
34.21	2010 RACS OTH OPR MISC A8-1	0	34.21
34.22	SECURITY MISC A8-1	0	34.22
34.23	PLANT OPER ENER SAVIN A8-1	0	34.23
34.24	CAFETERIA MISC A8-1	0	34.24
34.25	ADMIN OTH OPR A8-1	0	34.25
34.26	RNTL OTHER A8-1	0	34.26

ADJUSTMENTS TO EXPENSES

Provider CCN: 140018

Period:
From 07/01/2010
To 06/30/2011

Worksheet A-8

Date/Time Prepared:
2/15/2012 9:44 am

		Wkst. A-7 Ref.	
		5.00	
34.27	ICT RENT REV A8-1	0	34.27
34.28	GEN OTH OPR REV A8-1	0	34.28
34.29	PREMIER PURCH A8-2	0	34.29
34.30	OTHER A&G A8-2	0	34.30
34.31	OTHER A&G A8-2	0	34.31
34.32	AMORTIZATION LOSS OFFSET A8-3	14	34.32
34.33	REAL ESTATE TAXES A8-5	0	34.33
34.34	ACCELERATED DEPRECIATION A8-6	9	34.34
34.35	SATELLITE DEPRECIATION EXP A8-7	9	34.35
34.36	SATELLITE DEPRECIATION EXP A8-7	9	34.36
34.37	SELF INSURANCE EXP A8-9	0	34.37
34.38	INVESTMENT INCOME INTEREST A8-11	11	34.38
34.39	INVESTMENT INCOME INTEREST A8-11	0	34.39
34.40	PASTORAL CARE REVENUE A8-12	0	34.40
34.41	TELEPHONE OFFSET A8-14	0	34.41
34.42	UNEMPLOYMENT INS A8-16	0	34.42
34.43	PATIENT TRANSPORTATION A8-17	0	34.43
34.44	PATIENT TRANSPORTATION A8-17	0	34.44
34.45	ACLS FEES OFFSET A8-18	0	34.45
34.46	DAY PSYCH OFFSET A8-20	0	34.46
34.47	DAY PSYCH TRAILER OFFSET A8-22	9	34.47
34.48	PARKING FAC REV OFFSET A8-24	9	34.48
34.49	PARKING FAC REV OFFSET A8-24	0	34.49
34.50	DONATION OFFSET A8-25	0	34.50
34.51	NURSE ANESTHETISTS OFFSET A8-27	0	34.51
34.52	NURSE ANESTHETISTS OFFSET A8-27	0	34.52
34.53	MARKETING OFFSET A8-28	0	34.53
34.54	GOVERNMENTAL LOBBYISTS OFFSET A8-31	0	34.54
34.55	LOBBYING EXPENSE OFFSET A8-32	0	34.55
34.56	PATIENT TRANSPORTATION A8-17	0	34.56
34.57	PREMIER PURCHASING A8-2	0	34.57
34.58	OFFSET STERILIZATION COSTS A8-2	0	34.58
34.59		0	34.59
34.60		0	34.60
34.61		0	34.61
34.62		0	34.62
34.63		0	34.63
34.64		0	34.64
34.65		0	34.65
34.66		0	34.66
34.67		0	34.67
34.68		0	34.68
34.69		0	34.69
34.70		0	34.70
34.71		0	34.71
34.72		0	34.72
34.73		0	34.73
34.74		0	34.74
34.75		0	34.75
34.76		0	34.76
34.77		0	34.77
34.78		0	34.78
34.79		0	34.79
34.80		0	34.80
34.81		0	34.81
34.82		0	34.82
34.83		0	34.83
34.84		0	34.84
34.85		0	34.85
34.86		0	34.86
34.87		0	34.87
34.88		0	34.88
34.89		0	34.89
34.90		0	34.90
34.91		0	34.91
34.92		0	34.92
34.93		0	34.93
34.94		0	34.94
34.95		0	34.95
34.96		0	34.96
34.97		0	34.97
34.98		0	34.98
34.99		0	34.99
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: 140018

Period: From 07/01/2010 To 06/30/2011

Worksheet A-8-1

Date/Time Prepared: 2/15/2012 9:44 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	4.00	EMPLOYEE BENEFITS	SALARY AND OTHER	1.00
2.00	5.01	NONPATIENT TELEPHONES	SALARY AND OTHER	2.00
3.00	5.02	DATA PROCESSING	SALARY AND OTHER	3.00
4.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	SALARY AND OTHER	4.00
4.01	23.01	ALLIED HEALTH PASTORAL	SALARY AND OTHER	4.01
4.02	13.00	NURSING ADMINISTRATION	SALARY AND OTHER	4.02
4.03	30.00	ADULTS & PEDIATRICS	SALARY AND OTHER	4.03
4.04	50.00	OPERATING ROOM	SALARY AND OTHER	4.04
4.05	53.00	ANESTHESIOLOGY	SALARY AND OTHER	4.05
4.06	54.00	RADIOLOGY-DIAGNOSTIC	SALARY AND OTHER	4.06
4.07	56.00	RADIOISOTOPE	SALARY AND OTHER	4.07
4.08	69.00	ELECTROCARDIOLOGY	SALARY AND OTHER	4.08
4.09	91.00	EMERGENCY	SALARY AND OTHER	4.09
4.10	192.04	DEVELOPMENT	SALARY AND OTHER	4.10
4.11	5.05	CASHIERING/ACCOUNTS RECEIVABLE	SALARY AND OTHER	4.11
4.12	7.00	OPERATION OF PLANT	SALARY AND OTHER	4.12
4.13	10.00	DIETARY	SALARY AND OTHER	4.13
4.14	191.00	RESEARCH	SALARY AND OTHER	4.14
4.15	90.03	UNDER THE RAINBOW	SALARY AND OTHER	4.15
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	E	SINAI HLTH SYST	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
100.00	G. Other (financial or non-financial) specify:			100.00

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

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

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

Provider CCN: 140018

Period: From 07/01/2010 To 06/30/2011

Worksheet A-8-1

Date/Time Prepared: 2/15/2012 9:44 am

	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	1,711,624	1,711,624	0	0	1.00
2.00	682,989	682,989	0	0	2.00
3.00	4,870,595	4,870,595	0	0	3.00
4.00	7,211,454	7,211,454	0	0	4.00
4.01	177,226	177,226	0	0	4.01
4.02	55,756	55,756	0	0	4.02
4.03	2,671,459	2,671,459	0	0	4.03
4.04	519,736	519,736	0	0	4.04
4.05	2,973,258	2,973,258	0	0	4.05
4.06	876,624	876,624	0	0	4.06
4.07	49,173	49,173	0	0	4.07
4.08	252,696	252,696	0	0	4.08
4.09	839,699	839,699	0	0	4.09
4.10	1,003,042	1,003,042	0	0	4.10
4.11	-324,667	-324,667	0	0	4.11
4.12	-620,922	-620,922	0	0	4.12
4.13	-78,742	-78,742	0	0	4.13
4.14	495,672	495,672	0	0	4.14
4.15	108,097	108,097	0	0	4.15
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.	23,474,769	23,474,769	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 requested 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
100.00	G. Other (financial or non-financial) specify:		100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140018

Period:
From 07/01/2010
To 06/30/2011

Worksheet A-8-2

Date/Time Prepared:
2/15/2012 9:44 am

		Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	
		1.00	2.00	3.00	4.00	
1.00		30.00	AGGREGATE	2,643,080	0	1.00
2.00		40.00	AGGREGATE	203,090	0	2.00
3.00		50.00	AGGREGATE	1,378,389	0	3.00
4.00		53.00	AGGREGATE	369,647	0	4.00
5.00		54.00	AGGREGATE	358,881	0	5.00
6.00		60.00	AGGREGATE	278,750	0	6.00
7.00		91.00	AGGREGATE	353,480	0	7.00
8.00		0.00		0	0	8.00
9.00		0.00		0	0	9.00
10.00		0.00		0	0	10.00
200.00			TOTAL (lines 1.00 through 199.00)	5,585,317	0	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140018

Period:
From 07/01/2010
To 06/30/2011

Worksheet A-8-2

Date/Time Prepared:
2/15/2012 9:44 am

	Provider Component	RCE Amount	Physician/Provider Component Hours	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	
	5.00	6.00	7.00	8.00	9.00	
1.00	2,643,080	177,200	27,045	2,304,026	115,201	1.00
2.00	203,090	154,100	2,140	158,545	7,927	2.00
3.00	1,378,389	208,000	9,011	901,100	45,055	3.00
4.00	369,647	200,300	2,697	259,716	12,986	4.00
5.00	358,881	225,300	1,578	170,925	8,546	5.00
6.00	278,750	215,700	2,582	267,758	13,388	6.00
7.00	353,480	165,600	2,649	210,901	10,545	7.00
8.00	0	0	0	0	0	8.00
9.00	0	0	0	0	0	9.00
10.00	0	0	0	0	0	10.00
200.00	5,585,317		47,702	4,272,971	213,648	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140018

Period:
From 07/01/2010
To 06/30/2011

Worksheet A-8-2

Date/Time Prepared:
2/15/2012 9:44 am

	Cost of Memberships & Continuing Education 12.00	Provider Component Share of col. 12 13.00	Physician Cost of Malpractice Insurance 14.00	Provider Component Share of col. 14 15.00	Adjusted RCE Limit 16.00	
1.00	0	0	0	0	2,304,026	1.00
2.00	0	0	0	0	158,545	2.00
3.00	0	0	0	0	901,100	3.00
4.00	0	0	0	0	259,716	4.00
5.00	0	0	0	0	170,925	5.00
6.00	0	0	0	0	267,758	6.00
7.00	0	0	0	0	210,901	7.00
8.00	0	0	0	0	0	8.00
9.00	0	0	0	0	0	9.00
10.00	0	0	0	0	0	10.00
200.00	0	0	0	0	4,272,971	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140018

Period:
From 07/01/2010
To 06/30/2011

Worksheet A-8-2

Date/Time Prepared:
2/15/2012 9:44 am

	RCE	Adjustment	
	Disallowance		
	17.00	18.00	
1.00	339,054	339,054	1.00
2.00	44,545	44,545	2.00
3.00	477,289	477,289	3.00
4.00	109,931	109,931	4.00
5.00	187,956	187,956	5.00
6.00	10,992	10,992	6.00
7.00	142,579	142,579	7.00
8.00	0	0	8.00
9.00	0	0	9.00
10.00	0	0	10.00
200.00	1,312,346	1,312,346	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140018

Period:
From 07/01/2010
To 06/30/2011

Worksheet B
Part I
Date/Time Prepared:
2/15/2012 9:44 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	2,289,176	2,289,176			1.00
2.00	CAP REL COSTS-MVBLE EQUIP	10,553,142		10,553,142		2.00
4.00	EMPLOYEE BENEFITS	18,146,565	13,269	61,169	18,221,003	4.00
5.01	NONPATIENT TELEPHONES	837,224	2,403	11,076	70,784	921,487 5.01
5.02	DATA PROCESSING	4,786,125	18,929	87,264	289,891	19,342 5.02
5.03	PURCHASING RECEIVING AND STORES	342,743	33,484	154,362	54,620	13,815 5.03
5.04	ADMINISTRATIVE	1,834,508	6,031	27,801	265,942	6,217 5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE	2,683,739	9,507	43,828	11,463	23,486 5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL	32,612,631	167,597	772,623	1,235,539	89,800 5.06
6.00	MAINTENANCE & REPAIRS	2,996,728	87,196	401,974	100	14,506 6.00
7.00	OPERATION OF PLANT	6,390,142	37,403	172,431	159,474	16,578 7.00
8.00	LAUNDRY & LINEN SERVICE	1,060,732	65,294	301,005	0	691 8.00
9.00	HOUSEKEEPING	3,584,063	4,271	19,690	337,409	4,835 9.00
10.00	DIETARY	2,393,383	14,676	67,658	200,561	15,888 10.00
11.00	CAFETERIA	1,083,181	107,618	496,119	158,515	0 11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0 12.00
13.00	NURSING ADMINISTRATION	4,939,886	42,348	195,226	667,578	15,197 13.00
14.00	CENTRAL SERVICES & SUPPLY	392,451	125,619	579,104	69,359	691 14.00
15.00	PHARMACY	3,001,423	17,582	81,055	623,758	8,289 15.00
16.00	MEDICAL RECORDS & LIBRARY	2,321,787	21,799	100,494	233,758	13,815 16.00
17.00	SOCIAL SERVICE	980,630	12,844	59,211	120,108	8,980 17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0 18.00
18.01	OUTPATIENT ACCOUNTING	2,747,464	26,495	122,142	42,692	22,795 18.01
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0 19.00
20.00	NURSING SCHOOL	0	0	0	0	0 20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	5,905,813	0	0	1,030,056	0 21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	2,892,137	22,363	103,095	383,223	0 22.00
23.00	PARAMEDICAL PRGM-(SPECIFY)	0	0	0	0	0 23.00
23.01	ALLIED HEALTH PASTORAL	172,541	0	0	19,386	0 23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	23,454,636	582,570	2,685,663	3,310,110	276,998 30.00
31.00	INTENSIVE CARE UNIT	1,794,081	33,618	154,978	290,778	11,743 31.00
31.01	NEONATAL INTENSIVE CARE UNIT	4,349,978	10,739	49,506	706,277	11,743 31.01
32.00	CORONARY CARE UNIT	3,749,589	38,793	178,836	580,714	14,506 32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0 33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0 34.00
40.00	SUBPROVIDER - I/PF	2,646,332	66,113	304,781	450,144	19,342 40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0 41.00
42.00	SUBPROVIDER	0	0	0	0	0 42.00
43.00	NURSERY	1,152,964	8,476	39,073	198,082	4,835 43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
45.00	NURSING FACILITY	0	0	0	0	0 45.00
46.00	OTHER LONG TERM CARE	0	0	0	0	0 46.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	7,806,334	155,529	716,992	1,064,582	59,406 50.00
51.00	RECOVERY ROOM	1,223,347	7,614	35,101	207,012	4,145 51.00
52.00	DELIVERY ROOM & LABOR ROOM	5,640,989	36,002	165,970	832,190	12,434 52.00
53.00	ANESTHESIOLOGY	1,953,633	10,587	48,806	64,510	8,980 53.00
54.00	RADIOLOGY-DIAGNOSTIC	5,883,321	92,577	426,783	740,639	29,012 54.00
55.00	RADIOLOGY-THERAPEUTIC	814,214	21,647	99,794	60,330	4,835 55.00
56.00	RADIOISOTOPE	603,897	14,403	66,399	45,042	6,908 56.00
57.00	CT SCAN	1,396,404	5,758	26,543	130,732	0 57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	657,650	6,103	28,137	73,002	6,217 58.00
59.00	CARDIAC CATHETERIZATION	1,008,309	12,547	57,840	121,884	5,526 59.00
60.00	LABORATORY	11,887,450	142,230	655,684	944,956	53,880 60.00
60.01	BLOOD LABORATORY	0	0	0	0	0 60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0 61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	2,445,120	4,860	22,403	119,937	1,382 62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0 63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0 64.00
65.00	RESPIRATORY THERAPY	1,897,305	13,888	64,022	257,634	4,145 65.00
65.01	PULMONARY FUNCTION TESTING	157,780	7,772	35,829	27,337	691 65.01
66.00	PHYSICAL THERAPY	453,686	15,750	72,608	68,038	5,526 66.00
67.00	OCCUPATIONAL THERAPY	287,455	18,395	84,803	49,290	4,145 67.00
68.00	SPEECH PATHOLOGY	191,126	4,204	19,383	32,882	2,072 68.00
69.00	ELECTROCARDIOLOGY	1,150,825	22,563	104,018	133,341	9,671 69.00
70.00	ELECTROENCEPHALOGRAPHY	261,145	7,517	34,654	37,902	14,506 70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	5,311,654	0	0	0	0 71.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140018

Period:
From 07/01/2010
To 06/30/2011

Worksheet B
Part I
Date/Time Prepared:
2/15/2012 9:44 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	NONPATIENT TELEPHONES		
		BLDG & FIXT	MVBLE EQUIP				
		1.00	2.00				4.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	6,668,838	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	7,969,404	0	0	0	0	73.00
74.00	RENAL DIALYSIS	2,169,963	7,784	35,885	256,353	3,454	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
90.01	OUTPATIENT CHEMOTHERAPY	803,446	0	0	101,807	0	90.01
90.02	ENT	363,768	0	0	52,427	0	90.02
90.03	UNDER THE RAINBOW	1,070,177	42,476	195,813	152,864	24,868	90.03
91.00	EMERGENCY	7,395,797	37,919	174,808	1,033,349	22,105	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	229,568,831	2,265,162	10,442,439	18,118,361	898,000	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	RESEARCH	601,073	14,901	68,693	0	13,125	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	14,415	0	0	0	0	192.00
192.01	KLING OFFICE BLDG	2,834	0	0	27	0	192.01
192.02	DAY PSYCH	24	0	0	0	0	192.02
192.03	FAMILY PLANNING	793	0	0	0	0	192.03
192.04	DEVELOPMENT	960,023	5,691	26,235	101,118	3,454	192.04
192.05	DENTISTRY	15,995	3,422	15,775	1,497	1,382	192.05
192.06	OCCUPATIONAL HEALTH	50	0	0	0	5,526	192.06
192.07	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.07
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
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)	231,164,038	2,289,176	10,553,142	18,221,003	921,487	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140018

Period:
From 07/01/2010
To 06/30/2011

Worksheet B
Part I
Date/Time Prepared:
2/15/2012 9:44 am

Cost Center Description		DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINITTING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
		5.02	5.03	5.04	5.05	5A.05	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	NONPATIENT TELEPHONES						5.01
5.02	DATA PROCESSING	5,201,551					5.02
5.03	PURCHASING RECEIVING AND STORES	325,097	924,121				5.03
5.04	ADMINITTING	270,914	2,513	2,413,926			5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE	921,107	672	0	3,693,802		5.05
5.06	OTHER ADMINISTRATION AND GENERAL	433,463	7,785	0	0	35,319,438	5.06
6.00	MAINTENANCE & REPAIRS	0	3,778	0	0	3,504,282	6.00
7.00	OPERATION OF PLANT	0	84,500	0	0	6,860,528	7.00
8.00	LAUNDRY & LINEN SERVICE	0	40,653	0	0	1,468,375	8.00
9.00	HOUSEKEEPING	0	53,174	0	0	4,003,442	9.00
10.00	DIETARY	0	7,094	0	0	2,699,260	10.00
11.00	CAFETERIA	0	0	0	0	1,845,433	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	NURSING ADMINISTRATION	0	1,707	0	0	5,861,942	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	18,359	0	0	1,185,583	14.00
15.00	PHARMACY	216,731	11,622	0	0	3,960,460	15.00
16.00	MEDICAL RECORDS & LIBRARY	270,914	1,024	0	0	2,963,591	16.00
17.00	SOCIAL SERVICE	0	253	0	0	1,182,026	17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
18.01	OUTPATIENT ACCOUNTING	433,463	0	0	0	3,395,051	18.01
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	6,935,869	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	753	0	0	3,401,571	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	ALLIED HEALTH PASTORAL	0	1	0	0	191,928	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	704,377	18,936	351,082	314,739	31,699,111	30.00
31.00	INTENSIVE CARE UNIT	0	2,432	44,653	39,950	2,372,233	31.00
31.01	NEONATAL INTENSIVE CARE UNIT	0	2,983	102,937	92,128	5,326,291	31.01
32.00	CORONARY CARE UNIT	0	3,235	74,711	66,855	4,707,239	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	SUBPROVIDER - IPF	0	1,030	42,579	38,107	3,568,428	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	693	46,050	41,213	1,491,386	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
46.00	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	325,097	0	166,356	270,647	10,564,943	50.00
51.00	RECOVERY ROOM	0	293	49,819	103,591	1,630,922	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	19,923	65,673	130,937	6,904,118	52.00
53.00	ANESTHESIOLOGY	0	7,249	89,027	114,902	2,297,694	53.00
54.00	RADIOLOGY-DIAGNOSTIC	596,011	61,031	92,767	214,675	8,136,816	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	9,472	2,409	32,813	1,045,514	55.00
56.00	RADIOISOTOPE	0	11,675	17,463	35,032	800,819	56.00
57.00	CT SCAN	0	23,289	116,105	204,537	1,903,368	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	9,981	25,916	55,109	862,115	58.00
59.00	CARDIAC CATHETERIZATION	0	55,647	59,451	73,263	1,394,467	59.00
60.00	LABORATORY	704,377	110,943	180,213	562,037	15,241,770	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	10,992	24,011	27,523	2,656,228	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0	18,095	89,536	81,801	2,426,426	65.00
65.01	PULMONARY FUNCTION TESTING	0	0	22,138	24,188	275,735	65.01
66.00	PHYSICAL THERAPY	0	2,690	9,103	8,588	635,989	66.00
67.00	OCCUPATIONAL THERAPY	0	229	8,223	7,471	460,011	67.00
68.00	SPEECH PATHOLOGY	0	63	2,959	4,493	257,182	68.00
69.00	ELECTROCARDIOLOGY	0	12,837	32,699	57,524	1,523,478	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	644	1,839	17,616	375,823	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	124,835	114,263	133,338	5,684,090	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	158,890	109,950	113,481	7,051,159	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	270,941	339,868	8,580,213	73.00
74.00	RENAL DIALYSIS	0	12,918	10,694	77,836	2,574,887	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140018

Period:
From 07/01/2010
To 06/30/2011

Worksheet B
Part I
Date/Time Prepared:
2/15/2012 9:44 am

Cost Center Description		DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
		5.02	5.03	5.04	5.05	5A.05	
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
90.01	OUTPATIENT CHEMOTHERAPY	0	1,666	192	13,609	920,720	90.01
90.02	ENT	0	1,593	8	5,122	422,918	90.02
90.03	UNDER THE RAINBOW	0	414	0	20,715	1,507,327	90.03
91.00	EMERGENCY	0	0	190,159	370,094	9,224,231	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	5,201,551	918,566	2,413,926	3,693,802	229,302,430	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	RESEARCH	0	5,532	0	0	703,324	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	14,415	192.00
192.01	KLING OFFICE BLDG	0	0	0	0	2,861	192.01
192.02	DAY PSYCH	0	0	0	0	24	192.02
192.03	FAMILY PLANNING	0	0	0	0	793	192.03
192.04	DEVELOPMENT	0	0	0	0	1,096,521	192.04
192.05	DENTISTRY	0	23	0	0	38,094	192.05
192.06	OCCUPATIONAL HEALTH	0	0	0	0	5,576	192.06
192.07	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.07
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
200.00	Cross Foot Adjustments	0	0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	5,201,551	924,121	2,413,926	3,693,802	231,164,038	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 140018	Period: From 07/01/2010 To 06/30/2011	Worksheet B Part I Date/Time Prepared: 2/15/2012 9:44 am
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Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.06	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	NONPATIENT TELEPHONES						5.01
5.02	DATA PROCESSING						5.02
5.03	PURCHASING RECEIVING AND STORES						5.03
5.04	ADMINISTRATIVE						5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL	35,319,438					5.06
6.00	MAINTENANCE & REPAIRS	631,976	4,136,258				6.00
7.00	OPERATION OF PLANT	1,237,255	79,308	8,177,091			7.00
8.00	LAUNDRY & LINEN SERVICE	264,813	138,444	279,045	2,150,677		8.00
9.00	HOUSEKEEPING	721,997	9,056	18,254	0	4,752,749	9.00
10.00	DIETARY	486,795	31,118	62,722	0	37,831	10.00
11.00	CAFETERIA	332,813	228,185	459,924	0	277,406	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	NURSING ADMINISTRATION	1,057,166	89,792	180,983	0	109,161	13.00
14.00	CENTRAL SERVICES & SUPPLY	213,813	266,353	536,854	0	323,807	14.00
15.00	PHARMACY	714,245	37,280	75,141	0	45,322	15.00
16.00	MEDICAL RECORDS & LIBRARY	534,466	46,221	93,162	0	56,191	16.00
17.00	SOCIAL SERVICE	213,171	27,233	54,891	0	33,108	17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
18.01	OUTPATIENT ACCOUNTING	612,277	56,178	113,231	0	68,296	18.01
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	1,250,842	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	613,453	47,417	95,573	0	57,646	22.00
23.00	PARAMEDICAL PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	ALLIED HEALTH PASTORAL	34,613	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	5,716,785	1,235,246	2,489,726	822,660	1,501,697	30.00
31.00	INTENSIVE CARE UNIT	427,818	71,280	143,671	117,416	86,656	31.00
31.01	NEONATAL INTENSIVE CARE UNIT	960,565	22,770	45,894	14,496	27,681	31.01
32.00	CORONARY CARE UNIT	848,922	82,254	165,788	119,240	99,996	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	SUBPROVIDER - IPF	643,545	140,181	282,545	87,698	170,419	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	268,963	17,971	36,222	0	21,848	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
46.00	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	1,905,324	329,773	664,683	151,193	400,908	50.00
51.00	RECOVERY ROOM	294,127	16,145	32,541	43,304	19,627	51.00
52.00	DELIVERY ROOM & LABOR ROOM	1,245,116	76,336	153,861	124,512	92,802	52.00
53.00	ANESTHESIOLOGY	414,375	22,448	45,246	0	27,290	53.00
54.00	RADIOLOGY-DIAGNOSTIC	1,467,426	196,295	395,646	53,472	238,637	54.00
55.00	RADIOLOGY-THERAPEUTIC	188,552	45,899	92,514	17,500	55,800	55.00
56.00	RADIOISOTOPE	144,423	30,540	61,555	31,674	37,127	56.00
57.00	CT SCAN	343,261	12,208	24,606	21,204	14,841	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	155,477	12,941	26,084	9,832	15,733	58.00
59.00	CARDIAC CATHETERIZATION	251,484	26,603	53,621	27,682	32,342	59.00
60.00	LABORATORY	2,748,762	301,575	607,847	0	366,627	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	479,035	10,304	20,769	0	12,527	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	437,591	29,446	59,351	0	35,798	65.00
65.01	PULMONARY FUNCTION TESTING	49,727	16,479	33,215	0	20,034	65.01
66.00	PHYSICAL THERAPY	114,697	33,395	67,311	0	40,599	66.00
67.00	OCCUPATIONAL THERAPY	82,960	39,004	78,616	0	47,418	67.00
68.00	SPEECH PATHOLOGY	46,381	8,915	17,969	0	10,838	68.00
69.00	ELECTROCARDIOLOGY	274,750	47,842	96,429	3,752	58,162	69.00
70.00	ELECTROENCEPHALOGRAPHY	67,777	15,939	32,126	2,557	19,377	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,025,092	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	1,271,634	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	1,547,390	0	0	0	0	73.00
74.00	RENAL DIALYSIS	464,365	16,505	33,267	54,384	20,065	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140018

Period:
From 07/01/2010
To 06/30/2011

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Part I
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Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL 5.06	MAINTENANCE & REPAIRS 6.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
90.01	OUTPATIENT CHEMOTHERAPY	166,046	0	0	0	0	90.01
90.02	ENT	76,271	0	0	0	0	90.02
90.03	UNDER THE RAINBOW	271,837	90,062	181,527	0	109,489	90.03
91.00	EMERGENCY	1,663,535	80,401	162,055	448,101	97,744	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	34,983,708	4,085,342	8,074,465	2,150,677	4,690,850	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	RESEARCH	126,840	31,594	63,681	0	38,410	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	2,600	0	0	0	0	192.00
192.01	KLING OFFICE BLDG	516	0	0	0	0	192.01
192.02	DAY PSYCH	4	0	0	0	0	192.02
192.03	FAMILY PLANNING	143	0	0	0	0	192.03
192.04	DEVELOPMENT	197,751	12,067	24,321	0	14,669	192.04
192.05	DENTISTRY	6,870	7,255	14,624	0	8,820	192.05
192.06	OCCUPATIONAL HEALTH	1,006	0	0	0	0	192.06
192.07	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.07
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	35,319,438	4,136,258	8,177,091	2,150,677	4,752,749	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140018			Period: From 07/01/2010 To 06/30/2011		Worksheet B Part I Date/Time Prepared: 2/15/2012 9:44 am	
Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY		
		10.00	11.00	12.00	13.00	14.00		
GENERAL SERVICE COST CENTERS								
1.00	CAP REL COSTS-BLDG & FIXT							1.00
2.00	CAP REL COSTS-MVBLE EQUIP							2.00
4.00	EMPLOYEE BENEFITS							4.00
5.01	NONPATIENT TELEPHONES							5.01
5.02	DATA PROCESSING							5.02
5.03	PURCHASING RECEIVING AND STORES							5.03
5.04	ADMINISTRATIVE							5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE							5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL							5.06
6.00	MAINTENANCE & REPAIRS							6.00
7.00	OPERATION OF PLANT							7.00
8.00	LAUNDRY & LINEN SERVICE							8.00
9.00	HOUSEKEEPING							9.00
10.00	DIETARY	3,317,726						10.00
11.00	CAFETERIA	0	3,143,761					11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0				12.00
13.00	NURSING ADMINISTRATION	0	108,157	0	7,407,201			13.00
14.00	CENTRAL SERVICES & SUPPLY	0	32,567	0	0	2,558,977		14.00
15.00	PHARMACY	0	108,487	0	0	95,167		15.00
16.00	MEDICAL RECORDS & LIBRARY	0	71,940	0	0	7		16.00
17.00	SOCIAL SERVICE	0	29,341	0	0	0		17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0		18.00
18.01	OUTPATIENT ACCOUNTING	0	12,151	0	0	0		18.01
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0		19.00
20.00	NURSING SCHOOL	0	0	0	0	0		20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	292,493	0	0	0		21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0		22.00
23.00	PARAMEDICAL PRGM-(SPECIFY)	0	0	0	0	0		23.00
23.01	ALLIED HEALTH PASTORAL	0	5,440	0	0	0		23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	2,415,706	780,646	0	3,156,291	340,729		30.00
31.00	INTENSIVE CARE UNIT	227,039	51,665	0	240,684	78,019		31.00
31.01	NEONATAL INTENSIVE CARE UNIT	0	109,688	0	543,077	74,124		31.01
32.00	CORONARY CARE UNIT	272,018	108,181	0	494,801	107,216		32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0		33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0		34.00
40.00	SUBPROVIDER - IPF	402,963	91,461	0	414,481	3,964		40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0		41.00
42.00	SUBPROVIDER	0	0	0	0	0		42.00
43.00	NURSERY	0	39,561	0	192,956	11,519		43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0		44.00
45.00	NURSING FACILITY	0	0	0	0	0		45.00
46.00	OTHER LONG TERM CARE	0	0	0	0	0		46.00
ANCILLARY SERVICE COST CENTERS								
50.00	OPERATING ROOM	0	176,800	0	824,381	0		50.00
51.00	RECOVERY ROOM	0	32,826	0	135,689	9,085		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	161,141	0	630,979	140,976		52.00
53.00	ANESTHESIOLOGY	0	5,958	0	0	99,558		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	142,208	0	0	170,259		54.00
55.00	RADIOLOGY-THERAPEUTIC	0	9,678	0	0	375		55.00
56.00	RADIOISOTOPE	0	8,383	0	0	2,579		56.00
57.00	CT SCAN	0	23,901	0	0	38,619		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	12,245	0	0	4,805		58.00
59.00	CARDIAC CATHETERIZATION	0	21,594	0	0	78,506		59.00
60.00	LABORATORY	0	204,046	0	0	81,612		60.00
60.01	BLOOD LABORATORY	0	0	0	0	0		60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0		61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	24,726	0	0	143		62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0		63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0		64.00
65.00	RESPIRATORY THERAPY	0	65,864	0	0	51,210		65.00
65.01	PULMONARY FUNCTION TESTING	0	0	0	0	0		65.01
66.00	PHYSICAL THERAPY	0	9,137	0	0	0		66.00
67.00	OCCUPATIONAL THERAPY	0	6,970	0	0	62		67.00
68.00	SPEECH PATHOLOGY	0	5,887	0	0	743		68.00
69.00	ELECTROCARDIOLOGY	0	22,159	0	0	4,909		69.00
70.00	ELECTROENCEPHALOGRAPHY	0	11,515	0	0	3,703		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	498,396		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	634,324		72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0		73.00
74.00	RENAL DIALYSIS	0	46,720	0	0	13,189		74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0		75.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140018

Period:
From 07/01/2010
To 06/30/2011

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Cost Center Description	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
	10.00	11.00	12.00	13.00	14.00	
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
90.01 OUTPATIENT CHEMOTHERAPY	0	16,484	0	0	12,308	90.01
90.02 ENT	0	18,627	0	0	1,505	90.02
90.03 UNDER THE RAINBOW	0	40,032	0	0	5	90.03
91.00 EMERGENCY	0	234,399	0	773,862	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	3,317,726	3,143,078	0	7,407,201	2,557,616	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 RESEARCH	0	0	0	0	213	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 KLING OFFICE BLDG	0	0	0	0	4	192.01
192.02 DAY PSYCH	0	0	0	0	0	192.02
192.03 FAMILY PLANNING	0	0	0	0	0	192.03
192.04 DEVELOPMENT	0	0	0	0	0	192.04
192.05 DENTISTRY	0	683	0	0	1,144	192.05
192.06 OCCUPATIONAL HEALTH	0	0	0	0	0	192.06
192.07 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.07
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	3,317,726	3,143,761	0	7,407,201	2,558,977	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140018

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Cost Center Description	OTHER GENERAL SERVICE					
	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	(SPECIFY)	OUTPATIENT ACCOUNTING	
	15.00	16.00	17.00	18.00	18.01	
GENERAL SERVICE COST CENTERS						
1.00						1.00
2.00						2.00
4.00						4.00
5.01						5.01
5.02						5.02
5.03						5.03
5.04						5.04
5.05						5.05
5.06						5.06
6.00						6.00
7.00						7.00
8.00						8.00
9.00						9.00
10.00						10.00
11.00						11.00
12.00						12.00
13.00						13.00
14.00						14.00
15.00	5,036,102					15.00
16.00		3,765,578				16.00
17.00	82,153	0	1,621,923			17.00
18.00	0	0	0	0		18.00
18.01	0	0	0	0	4,257,184	18.01
19.00	0	0	0	0	0	19.00
20.00	0	0	0	0	0	20.00
21.00	0	0	0	0	0	21.00
22.00	0	0	0	0	0	22.00
23.00	0	0	0	0	0	23.00
23.01	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	127,715	320,831	971,884	0	0	30.00
31.00	20,151	40,723	60,478	0	0	31.00
31.01	27,068	93,911	70,878	0	0	31.01
32.00	26,836	68,149	92,835	0	0	32.00
33.00	0	0	0	0	0	33.00
34.00	0	0	0	0	0	34.00
40.00	2,130	38,845	203,968	0	0	40.00
41.00	0	0	0	0	0	41.00
42.00	0	0	0	0	0	42.00
43.00	9	42,011	7,319	0	0	43.00
44.00	0	0	0	0	0	44.00
45.00	0	0	0	0	0	45.00
46.00	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00	37,016	275,886	0	0	338,095	50.00
51.00	4,518	105,596	0	0	163,835	51.00
52.00	26,946	133,472	15,023	0	200,368	52.00
53.00	46,723	117,126	0	0	97,807	53.00
54.00	2,910	218,830	0	0	365,551	54.00
55.00	12	33,448	0	0	85,125	55.00
56.00	800	35,710	0	0	53,876	56.00
57.00	2,008	208,496	0	0	279,406	57.00
58.00	1,237	56,175	0	0	88,616	58.00
59.00	4,464	74,681	0	0	55,687	59.00
60.00	328	573,196	0	0	1,113,609	60.00
60.01	0	0	0	0	0	60.01
61.00						61.00
62.00	0	28,056	0	0	16,752	62.00
63.00	0	0	0	0	0	63.00
64.00	0	0	0	0	0	64.00
65.00	1,015	83,384	0	0	4,632	65.00
65.01	0	24,656	0	0	12,149	65.01
66.00	0	8,754	0	0	1,224	66.00
67.00	0	7,615	0	0	309	67.00
68.00	0	4,580	0	0	5,122	68.00
69.00	5,366	58,638	0	0	78,468	69.00
70.00	0	17,957	0	0	44,345	70.00
71.00	0	135,919	0	0	86,285	71.00
72.00	0	115,678	0	0	41,870	72.00
73.00	4,543,493	346,446	0	0	270,397	73.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140018

Period:
From 07/01/2010
To 06/30/2011

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Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE		
				(SPECIFY)	OUTPATIENT ACCOUNTING	
				18.00	18.01	
74.00 RENAL DIALYSIS	0	79,342	128,852	0	189,549	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
90.01 OUTPATIENT CHEMOTHERAPY	0	13,872	0	0	37,310	90.01
90.02 ENT	986	5,221	0	0	14,203	90.02
90.03 UNDER THE RAINBOW	0	21,116	0	0	57,519	90.03
91.00 EMERGENCY	71,684	377,258	70,686	0	555,075	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	5,035,568	3,765,578	1,621,923	0	4,257,184	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 RESEARCH	250	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 KLING OFFICE BLDG	0	0	0	0	0	192.01
192.02 DAY PSYCH	0	0	0	0	0	192.02
192.03 FAMILY PLANNING	0	0	0	0	0	192.03
192.04 DEVELOPMENT	0	0	0	0	0	192.04
192.05 DENTISTRY	284	0	0	0	0	192.05
192.06 OCCUPATIONAL HEALTH	0	0	0	0	0	192.06
192.07 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.07
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	5,036,102	3,765,578	1,621,923	0	4,257,184	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140018

Period:
From 07/01/2010
To 06/30/2011

Worksheet B
Part I
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Cost Center Description	INTERNS & RESIDENTS				PARAMED PRGM	
	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS		
	19.00	20.00	21.00	22.00		
GENERAL SERVICE COST CENTERS						
1.00 CAP REL COSTS-BLDG & FIXT						1.00
2.00 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 NONPATIENT TELEPHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING RECEIVING AND STORES						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00 MAINTENANCE & REPAIRS						6.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY						10.00
11.00 CAFETERIA						11.00
12.00 MAINTENANCE OF PERSONNEL						12.00
13.00 NURSING ADMINISTRATION						13.00
14.00 CENTRAL SERVICES & SUPPLY						14.00
15.00 PHARMACY						15.00
16.00 MEDICAL RECORDS & LIBRARY						16.00
17.00 SOCIAL SERVICE						17.00
18.00 OTHER GENERAL SERVICE (SPECIFY)						18.00
18.01 OUTPATIENT ACCOUNTING						18.01
19.00 NONPHYSICIAN ANESTHETISTS	0					19.00
20.00 NURSING SCHOOL	0	0				20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	8,479,204			21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	4,215,660		22.00
23.00 PARAMED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01 ALLIED HEALTH PASTORAL	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	0	0	5,946,453	2,956,437	0	30.00
31.00 INTENSIVE CARE UNIT	0	0	330,359	164,246	0	31.00
31.01 NEONATAL INTENSIVE CARE UNIT	0	0	220,239	109,498	0	31.01
32.00 CORONARY CARE UNIT	0	0	110,120	54,749	0	32.00
33.00 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	0	0	0	0	0	43.00
44.00 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 NURSING FACILITY	0	0	0	0	0	45.00
46.00 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	0	1,101,195	547,488	0	50.00
51.00 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	110,120	54,749	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	0	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01 PULMONARY FUNCTION TESTING	0	0	0	0	0	65.01
66.00 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	110,120	54,749	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	110,120	54,749	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140018

Period:
From 07/01/2010
To 06/30/2011

Worksheet B
Part I
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Cost Center Description	NONPHYSICIAN ANESTHETISTS 19.00	NURSING SCHOOL 20.00	INTERNS & RESIDENTS		PARAMED ED PRGM 23.00	
			SERVICES-SALAR Y & FRINGES 21.00	SERVICES-OTHER PRGM COSTS 22.00		
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
90.01 OUTPATIENT CHEMOTHERAPY	0	0	0	0	0	90.01
90.02 ENT	0	0	0	0	0	90.02
90.03 UNDER THE RAINBOW	0	0	0	0	0	90.03
91.00 EMERGENCY	0	0	440,478	218,995	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	0	8,479,204	4,215,660	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 RESEARCH	0	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 KLING OFFICE BLDG	0	0	0	0	0	192.01
192.02 DAY PSYCH	0	0	0	0	0	192.02
192.03 FAMILY PLANNING	0	0	0	0	0	192.03
192.04 DEVELOPMENT	0	0	0	0	0	192.04
192.05 DENTISTRY	0	0	0	0	0	192.05
192.06 OCCUPATIONAL HEALTH	0	0	0	0	0	192.06
192.07 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.07
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
200.00 Cross Foot Adjustments	0	0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	0	0	8,479,204	4,215,660	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140018

Period:
From 07/01/2010
To 06/30/2011

Worksheet B
Part I
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Cost Center Description		ALLIED HEALTH PASTORAL	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		23.01	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT					1.00
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	EMPLOYEE BENEFITS					4.00
5.01	NONPATIENT TELEPHONES					5.01
5.02	DATA PROCESSING					5.02
5.03	PURCHASING RECEIVING AND STORES					5.03
5.04	ADMITTING					5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL					5.06
6.00	MAINTENANCE & REPAIRS					6.00
7.00	OPERATION OF PLANT					7.00
8.00	LAUNDRY & LINEN SERVICE					8.00
9.00	HOUSEKEEPING					9.00
10.00	DIETARY					10.00
11.00	CAFETERIA					11.00
12.00	MAINTENANCE OF PERSONNEL					12.00
13.00	NURSING ADMINISTRATION					13.00
14.00	CENTRAL SERVICES & SUPPLY					14.00
15.00	PHARMACY					15.00
16.00	MEDICAL RECORDS & LIBRARY					16.00
17.00	SOCIAL SERVICE					17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)					18.00
18.01	OUTPATIENT ACCOUNTING					18.01
19.00	NONPHYSICIAN ANESTHETISTS					19.00
20.00	NURSING SCHOOL					20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD					21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD					22.00
23.00	PARAMED PRGM-(SPECIFY)					23.00
23.01	ALLIED HEALTH PASTORAL	231,981				23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	78,874	60,560,791	-8,902,890	51,657,901	30.00
31.00	INTENSIVE CARE UNIT	11,599	4,444,037	-494,605	3,949,432	31.00
31.01	NEONATAL INTENSIVE CARE UNIT	8,119	7,654,299	-329,737	7,324,562	31.01
32.00	CORONARY CARE UNIT	8,119	7,366,463	-164,869	7,201,594	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	SUBPROVIDER - I PF	4,640	6,055,268	0	6,055,268	40.00
41.00	SUBPROVIDER - I RF	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	42.00
43.00	NURSERY	4,640	2,134,405	0	2,134,405	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00	NURSING FACILITY	0	0	0	0	45.00
46.00	OTHER LONG TERM CARE	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	17,317,685	-1,648,683	15,669,002	50.00
51.00	RECOVERY ROOM	0	2,488,215	0	2,488,215	51.00
52.00	DELIVERY ROOM & LABOR ROOM	11,599	9,917,249	0	9,917,249	52.00
53.00	ANESTHESIOLOGY	0	3,339,094	-164,869	3,174,225	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	11,388,050	0	11,388,050	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	1,574,417	0	1,574,417	55.00
56.00	RADIOISOTOPE	0	1,207,486	0	1,207,486	56.00
57.00	CT SCAN	0	2,871,918	0	2,871,918	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	1,245,260	0	1,245,260	58.00
59.00	CARDIAC CATHETERIZATION	0	2,021,131	0	2,021,131	59.00
60.00	LABORATORY	0	21,239,372	0	21,239,372	60.00
60.01	BLOOD LABORATORY	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	3,248,540	0	3,248,540	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0	3,194,717	0	3,194,717	65.00
65.01	PULMONARY FUNCTION TESTING	0	431,995	0	431,995	65.01
66.00	PHYSICAL THERAPY	0	911,106	0	911,106	66.00
67.00	OCCUPATIONAL THERAPY	0	722,965	0	722,965	67.00
68.00	SPEECH PATHOLOGY	0	357,617	0	357,617	68.00
69.00	ELECTROCARDIOLOGY	0	2,338,822	-164,869	2,173,953	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	755,988	-164,869	591,119	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	7,429,782	0	7,429,782	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	9,114,665	0	9,114,665	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	15,287,939	0	15,287,939	73.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140018

Period:
From 07/01/2010
To 06/30/2011

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description	ALLIED HEALTH PASTORAL	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	23.01	24.00	25.00	26.00	
74.00 RENAL DIALYSIS	4,640	3,625,765	-328,618	3,297,147	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS					
88.00 RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	90.00
90.01 OUTPATIENT CHEMOTHERAPY	4,640	1,171,380	0	1,171,380	90.01
90.02 ENT	0	539,731	0	539,731	90.02
90.03 UNDER THE RAINBOW	0	2,278,914	0	2,278,914	90.03
91.00 EMERGENCY	95,111	14,513,615	-659,473	13,854,142	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	98.00
99.00 CMHC	0	0	0	0	99.00
99.10 CORF	0	0	0	0	99.10
100.00 I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
105.00 KIDNEY ACQUISITION	0	0	0	0	105.00
106.00 HEART ACQUISITION	0	0	0	0	106.00
107.00 LIVER ACQUISITION	0	0	0	0	107.00
108.00 LUNG ACQUISITION	0	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	111.00
113.00 INTEREST EXPENSE	0	0	0	0	113.00
114.00 UTILIZATION REVIEW-SNF	0	0	0	0	114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	115.00
116.00 HOSPICE	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	231,981	228,748,681	-13,023,482	215,725,199	118.00
NONREIMBURSABLE COST CENTERS					
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
191.00 RESEARCH	0	964,312	0	964,312	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	17,015	0	17,015	192.00
192.01 KLING OFFICE BLDG	0	3,381	0	3,381	192.01
192.02 DAY PSYCH	0	28	0	28	192.02
192.03 FAMILY PLANNING	0	936	0	936	192.03
192.04 DEVELOPMENT	0	1,345,329	0	1,345,329	192.04
192.05 DENTISTRY	0	77,774	0	77,774	192.05
192.06 OCCUPATIONAL HEALTH	0	6,582	0	6,582	192.06
192.07 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.07
193.00 NONPAID WORKERS	0	0	0	0	193.00
200.00 Cross Foot Adjustments	0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	231,981	231,164,038	-13,023,482	218,140,556	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140018

Period:
From 07/01/2010
To 06/30/2011

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT					1.00
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	EMPLOYEE BENEFITS	0	13,269	61,169	74,438	74,438
5.01	NONPATIENT TELEPHONES	0	2,403	11,076	13,479	289
5.02	DATA PROCESSING	0	18,929	87,264	106,193	1,185
5.03	PURCHASING RECEIVING AND STORES	0	33,484	154,362	187,846	223
5.04	ADMINISTRATIVE	0	6,031	27,801	33,832	1,087
5.05	CASHIERING/ACCOUNTS RECEIVABLE	0	9,507	43,828	53,335	47
5.06	OTHER ADMINISTRATIVE AND GENERAL	0	167,597	772,623	940,220	5,051
6.00	MAINTENANCE & REPAIRS	0	87,196	401,974	489,170	0
7.00	OPERATION OF PLANT	0	37,403	172,431	209,834	652
8.00	LAUNDRY & LINEN SERVICE	0	65,294	301,005	366,299	0
9.00	HOUSEKEEPING	0	4,271	19,690	23,961	1,379
10.00	DIETARY	0	14,676	67,658	82,334	820
11.00	CAFETERIA	0	107,618	496,119	603,737	648
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	NURSING ADMINISTRATION	0	42,348	195,226	237,574	2,729
14.00	CENTRAL SERVICES & SUPPLY	0	125,619	579,104	704,723	284
15.00	PHARMACY	0	17,582	81,055	98,637	2,550
16.00	MEDICAL RECORDS & LIBRARY	0	21,799	100,494	122,293	956
17.00	SOCIAL SERVICE	0	12,844	59,211	72,055	491
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0
18.01	OUTPATIENT ACCOUNTING	0	26,495	122,142	148,637	175
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	NURSING SCHOOL	0	0	0	0	0
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	4,211
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	22,363	103,095	125,458	1,567
23.00	PARAMEDICAL PRGM-(SPECIFY)	0	0	0	0	0
23.01	ALLIED HEALTH PASTORAL	0	0	0	0	79
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	0	582,570	2,685,663	3,268,233	13,485
31.00	INTENSIVE CARE UNIT	0	33,618	154,978	188,596	1,189
31.01	NEONATAL INTENSIVE CARE UNIT	0	10,739	49,506	60,245	2,887
32.00	CORONARY CARE UNIT	0	38,793	178,836	217,629	2,374
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00	SUBPROVIDER - IPF	0	66,113	304,781	370,894	1,840
41.00	SUBPROVIDER - IRF	0	0	0	0	0
42.00	SUBPROVIDER	0	0	0	0	0
43.00	NURSERY	0	8,476	39,073	47,549	810
44.00	SKILLED NURSING FACILITY	0	0	0	0	0
45.00	NURSING FACILITY	0	0	0	0	0
46.00	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	155,529	716,992	872,521	4,352
51.00	RECOVERY ROOM	0	7,614	35,101	42,715	846
52.00	DELIVERY ROOM & LABOR ROOM	0	36,002	165,970	201,972	3,402
53.00	ANESTHESIOLOGY	0	10,587	48,806	59,393	264
54.00	RADIOLOGY-DIAGNOSTIC	0	92,577	426,783	519,360	3,028
55.00	RADIOLOGY-THERAPEUTIC	0	21,647	99,794	121,441	247
56.00	RADIOISOTOPE	0	14,403	66,399	80,802	184
57.00	CT SCAN	0	5,758	26,543	32,301	534
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	6,103	28,137	34,240	298
59.00	CARDIAC CATHETERIZATION	0	12,547	57,840	70,387	498
60.00	LABORATORY	0	142,230	655,684	797,914	3,863
60.01	BLOOD LABORATORY	0	0	0	0	0
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	4,860	22,403	27,263	490
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
64.00	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	RESPIRATORY THERAPY	0	13,888	64,022	77,910	1,053
65.01	PULMONARY FUNCTION TESTING	0	7,772	35,829	43,601	112
66.00	PHYSICAL THERAPY	0	15,750	72,608	88,358	278
67.00	OCCUPATIONAL THERAPY	0	18,395	84,803	103,198	201
68.00	SPEECH PATHOLOGY	0	4,204	19,383	23,587	134
69.00	ELECTROCARDIOLOGY	0	22,563	104,018	126,581	545
70.00	ELECTROENCEPHALOGRAPHY	0	7,517	34,654	42,171	155
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140018

Period:
From 07/01/2010
To 06/30/2011

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 RENAL DIALYSIS	0	7,784	35,885	43,669	1,048	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
90.01 OUTPATIENT CHEMOTHERAPY	0	0	0	0	416	90.01
90.02 ENT	0	0	0	0	214	90.02
90.03 UNDER THE RAINBOW	0	42,476	195,813	238,289	625	90.03
91.00 EMERGENCY	0	37,919	174,808	212,727	4,224	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	2,265,162	10,442,439	12,707,601	74,019	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 RESEARCH	0	14,901	68,693	83,594	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 KLING OFFICE BLDG	0	0	0	0	0	192.01
192.02 DAY PSYCH	0	0	0	0	0	192.02
192.03 FAMILY PLANNING	0	0	0	0	0	192.03
192.04 DEVELOPMENT	0	5,691	26,235	31,926	413	192.04
192.05 DENTISTRY	0	3,422	15,775	19,197	6	192.05
192.06 OCCUPATIONAL HEALTH	0	0	0	0	0	192.06
192.07 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.07
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
200.00 Cross Foot Adjustments	0	0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	0	2,289,176	10,553,142	12,842,318	74,438	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140018	Period: From 07/01/2010 To 06/30/2011	Worksheet B Part II Date/Time Prepared: 2/15/2012 9:44 am
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Cost Center Description	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	
	5.01	5.02	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS						
1.00						1.00
2.00						2.00
4.00						4.00
5.01	13,768					5.01
5.02	289	107,667				5.02
5.03	206	6,729	195,004			5.03
5.04	93	5,608	530	41,150		5.04
5.05	351	19,066	142	0	72,941	5.05
5.06	1,342	8,972	1,643	0	0	5.06
6.00	217	0	797	0	0	6.00
7.00	248	0	17,830	0	0	7.00
8.00	10	0	8,578	0	0	8.00
9.00	72	0	11,220	0	0	9.00
10.00	237	0	1,497	0	0	10.00
11.00	0	0	0	0	0	11.00
12.00	0	0	0	0	0	12.00
13.00	227	0	360	0	0	13.00
14.00	10	0	3,874	0	0	14.00
15.00	124	4,486	2,452	0	0	15.00
16.00	206	5,608	216	0	0	16.00
17.00	134	0	53	0	0	17.00
18.00	0	0	0	0	0	18.00
18.01	341	8,972	0	0	0	18.01
19.00	0	0	0	0	0	19.00
20.00	0	0	0	0	0	20.00
21.00	0	0	0	0	0	21.00
22.00	0	0	159	0	0	22.00
23.00	0	0	0	0	0	23.00
23.01	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	4,138	14,580	3,996	5,861	6,245	30.00
31.00	175	0	513	764	793	31.00
31.01	175	0	629	1,761	1,828	31.01
32.00	217	0	683	1,278	1,326	32.00
33.00	0	0	0	0	0	33.00
34.00	0	0	0	0	0	34.00
40.00	289	0	217	728	756	40.00
41.00	0	0	0	0	0	41.00
42.00	0	0	0	0	0	42.00
43.00	72	0	146	788	818	43.00
44.00	0	0	0	0	0	44.00
45.00	0	0	0	0	0	45.00
46.00	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00	888	6,729	0	2,846	5,370	50.00
51.00	62	0	62	852	2,055	51.00
52.00	186	0	4,204	1,123	2,598	52.00
53.00	134	0	1,530	1,523	2,280	53.00
54.00	433	12,337	12,878	1,587	4,259	54.00
55.00	72	0	1,999	41	651	55.00
56.00	103	0	2,464	299	695	56.00
57.00	0	0	4,914	1,986	4,058	57.00
58.00	93	0	2,106	443	1,093	58.00
59.00	83	0	11,742	1,017	1,454	59.00
60.00	805	14,580	23,410	3,083	10,805	60.00
60.01	0	0	0	0	0	60.01
61.00						61.00
62.00	21	0	2,319	411	546	62.00
63.00	0	0	0	0	0	63.00
64.00	0	0	0	0	0	64.00
65.00	62	0	3,818	1,532	1,623	65.00
65.01	10	0	0	379	480	65.01
66.00	83	0	568	156	170	66.00
67.00	62	0	48	141	148	67.00
68.00	31	0	13	51	89	68.00
69.00	144	0	2,709	559	1,141	69.00
70.00	217	0	136	31	350	70.00
71.00	0	0	26,341	1,955	2,645	71.00
72.00	0	0	33,535	1,881	2,252	72.00
73.00	0	0	0	4,635	6,743	73.00
74.00	52	0	2,726	183	1,544	74.00
75.00	0	0	0	0	0	75.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140018

Period:
From 07/01/2010
To 06/30/2011

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Cost Center Description		NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINING	CASHIERING/ACC OUNTS RECEIVABLE	
		5.01	5.02	5.03	5.04	5.05	
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
90.01	OUTPATIENT CHEMOTHERAPY	0	0	352	3	270	90.01
90.02	ENT	0	0	336	0	102	90.02
90.03	UNDER THE RAINBOW	372	0	87	0	411	90.03
91.00	EMERGENCY	330	0	0	3,253	7,343	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	13,416	107,667	193,832	41,150	72,941	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	RESEARCH	196	0	1,167	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	KLING OFFICE BLDG	0	0	0	0	0	192.01
192.02	DAY PSYCH	0	0	0	0	0	192.02
192.03	FAMILY PLANNING	0	0	0	0	0	192.03
192.04	DEVELOPMENT	52	0	0	0	0	192.04
192.05	DENTISTRY	21	0	5	0	0	192.05
192.06	OCCUPATIONAL HEALTH	83	0	0	0	0	192.06
192.07	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.07
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	13,768	107,667	195,004	41,150	72,941	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140018		Period: From 07/01/2010 To 06/30/2011		Worksheet B Part II Date/Time Prepared: 2/15/2012 9:44 am	
Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.06	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	NONPATIENT TELEPHONES						5.01
5.02	DATA PROCESSING						5.02
5.03	PURCHASING RECEIVING AND STORES						5.03
5.04	ADMINISTRATIVE						5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL	957,228					5.06
6.00	MAINTENANCE & REPAIRS	17,129	507,313				6.00
7.00	OPERATION OF PLANT	33,534	9,727	271,825			7.00
8.00	LAUNDRY & LINEN SERVICE	7,177	16,980	9,276	408,320		8.00
9.00	HOUSEKEEPING	19,569	1,111	607	0	57,919	9.00
10.00	DIETARY	13,194	3,817	2,085	0	461	10.00
11.00	CAFETERIA	9,020	27,987	15,289	0	3,381	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	NURSING ADMINISTRATION	28,653	11,013	6,016	0	1,330	13.00
14.00	CENTRAL SERVICES & SUPPLY	5,795	32,668	17,846	0	3,946	14.00
15.00	PHARMACY	19,359	4,572	2,498	0	552	15.00
16.00	MEDICAL RECORDS & LIBRARY	14,486	5,669	3,097	0	685	16.00
17.00	SOCIAL SERVICE	5,778	3,340	1,825	0	403	17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
18.01	OUTPATIENT ACCOUNTING	16,595	6,890	3,764	0	832	18.01
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	33,903	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	16,627	5,816	3,177	0	702	22.00
23.00	PARAMEDICAL PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	ALLIED HEALTH PASTORAL	938	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	154,887	151,503	82,766	156,188	18,301	30.00
31.00	INTENSIVE CARE UNIT	11,595	8,743	4,776	22,292	1,056	31.00
31.01	NEONATAL INTENSIVE CARE UNIT	26,035	2,793	1,526	2,752	337	31.01
32.00	CORONARY CARE UNIT	23,009	10,088	5,511	22,639	1,219	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	SUBPROVIDER - IPF	17,442	17,193	9,392	16,650	2,077	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	7,290	2,204	1,204	0	266	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
46.00	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	51,641	40,447	22,096	28,705	4,886	50.00
51.00	RECOVERY ROOM	7,972	1,980	1,082	8,221	239	51.00
52.00	DELIVERY ROOM & LABOR ROOM	33,747	9,363	5,115	23,639	1,131	52.00
53.00	ANESTHESIOLOGY	11,231	2,753	1,504	0	333	53.00
54.00	RADIOLOGY-DIAGNOSTIC	39,773	24,076	13,152	10,152	2,908	54.00
55.00	RADIOLOGY-THERAPEUTIC	5,110	5,630	3,075	3,323	680	55.00
56.00	RADIOISOTOPE	3,914	3,746	2,046	6,013	452	56.00
57.00	CT SCAN	9,304	1,497	818	4,026	181	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	4,214	1,587	867	1,867	192	58.00
59.00	CARDIAC CATHETERIZATION	6,816	3,263	1,782	5,256	394	59.00
60.00	LABORATORY	74,502	36,988	20,206	0	4,468	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	12,984	1,264	690	0	153	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	11,860	3,612	1,973	0	436	65.00
65.01	PULMONARY FUNCTION TESTING	1,348	2,021	1,104	0	244	65.01
66.00	PHYSICAL THERAPY	3,109	4,096	2,238	0	495	66.00
67.00	OCCUPATIONAL THERAPY	2,249	4,784	2,613	0	578	67.00
68.00	SPEECH PATHOLOGY	1,257	1,093	597	0	132	68.00
69.00	ELECTROCARDIOLOGY	7,447	5,868	3,206	712	709	69.00
70.00	ELECTROENCEPHALOGRAPHY	1,837	1,955	1,068	485	236	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	27,784	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	34,466	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	41,940	0	0	0	0	73.00
74.00	RENAL DIALYSIS	12,586	2,024	1,106	10,325	245	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140018

Period:
From 07/01/2010
To 06/30/2011

Worksheet B
Part II
Date/Time Prepared:
2/15/2012 9:44 am

Cost Center Description		OTHER	MAINTENANCE &	OPERATION OF	LAUNDRY &	HOUSEKEEPING	
		ADMINISTRATIVE AND GENERAL	REPAIRS	PLANT	LINEN SERVICE		
		5.06	6.00	7.00	8.00	9.00	
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
90.01	OUTPATIENT CHEMOTHERAPY	4,500	0	0	0	0	90.01
90.02	ENT	2,067	0	0	0	0	90.02
90.03	UNDER THE RAINBOW	7,368	11,046	6,034	0	1,334	90.03
91.00	EMERGENCY	45,088	9,861	5,387	85,075	1,191	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	948,129	501,068	268,414	408,320	57,165	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	RESEARCH	3,438	3,875	2,117	0	468	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	70	0	0	0	0	192.00
192.01	KLING OFFICE BLDG	14	0	0	0	0	192.01
192.02	DAY PSYCH	0	0	0	0	0	192.02
192.03	FAMILY PLANNING	4	0	0	0	0	192.03
192.04	DEVELOPMENT	5,360	1,480	808	0	179	192.04
192.05	DENTISTRY	186	890	486	0	107	192.05
192.06	OCCUPATIONAL HEALTH	27	0	0	0	0	192.06
192.07	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.07
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	957,228	507,313	271,825	408,320	57,919	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140018			Period: From 07/01/2010 To 06/30/2011		Worksheet B Part II Date/Time Prepared: 2/15/2012 9:44 am	
Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY		
		10.00	11.00	12.00	13.00	14.00		
GENERAL SERVICE COST CENTERS								
1.00	CAP REL COSTS-BLDG & FIXT							1.00
2.00	CAP REL COSTS-MVBLE EQUIP							2.00
4.00	EMPLOYEE BENEFITS							4.00
5.01	NONPATIENT TELEPHONES							5.01
5.02	DATA PROCESSING							5.02
5.03	PURCHASING RECEIVING AND STORES							5.03
5.04	ADMITTING							5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE							5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL							5.06
6.00	MAINTENANCE & REPAIRS							6.00
7.00	OPERATION OF PLANT							7.00
8.00	LAUNDRY & LINEN SERVICE							8.00
9.00	HOUSEKEEPING							9.00
10.00	DIETARY	104,445						10.00
11.00	CAFETERIA	0	660,062					11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0				12.00
13.00	NURSING ADMINISTRATION	0	22,709	0	310,611			13.00
14.00	CENTRAL SERVICES & SUPPLY	0	6,838	0	0	775,984		14.00
15.00	PHARMACY	0	22,778	0	0	28,859		15.00
16.00	MEDICAL RECORDS & LIBRARY	0	15,104	0	0	2		16.00
17.00	SOCIAL SERVICE	0	6,160	0	0	0		17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0		18.00
18.01	OUTPATIENT ACCOUNTING	0	2,551	0	0	0		18.01
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0		19.00
20.00	NURSING SCHOOL	0	0	0	0	0		20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	61,412	0	0	0		21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0		22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0		23.00
23.01	ALLIED HEALTH PASTORAL	0	1,142	0	0	0		23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	76,049	163,906	0	132,355	103,323		30.00
31.00	INTENSIVE CARE UNIT	7,147	10,848	0	10,093	23,658		31.00
31.01	NEONATAL INTENSIVE CARE UNIT	0	23,030	0	22,773	22,477		31.01
32.00	CORONARY CARE UNIT	8,563	22,714	0	20,749	32,512		32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0		33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0		34.00
40.00	SUBPROVIDER - IPF	12,686	19,203	0	17,381	1,202		40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0		41.00
42.00	SUBPROVIDER	0	0	0	0	0		42.00
43.00	NURSERY	0	8,306	0	8,091	3,493		43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0		44.00
45.00	NURSING FACILITY	0	0	0	0	0		45.00
46.00	OTHER LONG TERM CARE	0	0	0	0	0		46.00
ANCILLARY SERVICE COST CENTERS								
50.00	OPERATING ROOM	0	37,121	0	34,569	0		50.00
51.00	RECOVERY ROOM	0	6,892	0	5,690	2,755		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	33,833	0	26,459	42,750		52.00
53.00	ANESTHESIOLOGY	0	1,251	0	0	30,190		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	29,858	0	0	51,629		54.00
55.00	RADIOLOGY-THERAPEUTIC	0	2,032	0	0	114		55.00
56.00	RADIOISOTOPE	0	1,760	0	0	782		56.00
57.00	CT SCAN	0	5,018	0	0	11,711		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	2,571	0	0	1,457		58.00
59.00	CARDIAC CATHETERIZATION	0	4,534	0	0	23,806		59.00
60.00	LABORATORY	0	42,841	0	0	24,748		60.00
60.01	BLOOD LABORATORY	0	0	0	0	0		60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0		61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	5,191	0	0	43		62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0		63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0		64.00
65.00	RESPIRATORY THERAPY	0	13,829	0	0	15,529		65.00
65.01	PULMONARY FUNCTION TESTING	0	0	0	0	0		65.01
66.00	PHYSICAL THERAPY	0	1,918	0	0	0		66.00
67.00	OCCUPATIONAL THERAPY	0	1,463	0	0	19		67.00
68.00	SPEECH PATHOLOGY	0	1,236	0	0	225		68.00
69.00	ELECTROCARDIOLOGY	0	4,652	0	0	1,488		69.00
70.00	ELECTROENCEPHALOGRAPHY	0	2,418	0	0	1,123		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	151,134		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	192,354		72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0		73.00
74.00	RENAL DIALYSIS	0	9,809	0	0	4,000		74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0		75.00

ALLOCATION OF CAPITAL RELATED COSTS		Provi der CCN: 140018			Period: From 07/01/2010 To 06/30/2011		Worksheet B Part II Date/Time Prepared: 2/15/2012 9:44 am	
Cost Center Description		DI ETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY		
		10.00	11.00	12.00	13.00	14.00		
OUTPATIENT SERVICE COST CENTERS								
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	0	90.00
90.01	OUTPATIENT CHEMOTHERAPY	0	3,461	0	0	3,732	0	90.01
90.02	ENT	0	3,911	0	0	456	0	90.02
90.03	UNDER THE RAINBOW	0	8,405	0	0	1	0	90.03
91.00	EMERGENCY	0	49,214	0	32,451	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)							92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	0	98.00
99.00	CMHC	0	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	0	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	KIDNEY ACQUISITION	0	0	0	0	0	0	105.00
106.00	HEART ACQUISITION	0	0	0	0	0	0	106.00
107.00	LIVER ACQUISITION	0	0	0	0	0	0	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	0	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	0	0	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	0	115.00
116.00	HOSPICE	0	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	104,445	659,919	0	310,611	775,572	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	0	190.00
191.00	RESEARCH	0	0	0	0	0	64	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0	192.00
192.01	KLING OFFICE BLDG	0	0	0	0	0	1	192.01
192.02	DAY PSYCH	0	0	0	0	0	0	192.02
192.03	FAMILY PLANNING	0	0	0	0	0	0	192.03
192.04	DEVELOPMENT	0	0	0	0	0	0	192.04
192.05	DENTISTRY	0	143	0	0	0	347	192.05
192.06	OCCUPATIONAL HEALTH	0	0	0	0	0	0	192.06
192.07	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0	192.07
193.00	NONPAID WORKERS	0	0	0	0	0	0	193.00
200.00	Cross Foot Adjustments							200.00
201.00	Negative Cost Centers	0	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	104,445	660,062	0	310,611	775,984	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140018

Period:
From 07/01/2010
To 06/30/2011

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Cost Center Description	OTHER GENERAL SERVICE					
	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	(SPECIFY)	OUTPATIENT ACCOUNTING	
	15.00	16.00	17.00	18.00	18.01	
GENERAL SERVICE COST CENTERS						
1.00						1.00
2.00						2.00
4.00						4.00
5.01						5.01
5.02						5.02
5.03						5.03
5.04						5.04
5.05						5.05
5.06						5.06
6.00						6.00
7.00						7.00
8.00						8.00
9.00						9.00
10.00						10.00
11.00						11.00
12.00						12.00
13.00						13.00
14.00						14.00
15.00	186,867					15.00
16.00	0	168,322				16.00
17.00	3,048	0	93,287			17.00
18.00	0	0	0	0		18.00
18.01	0	0	0	0	188,757	18.01
19.00	0	0	0	0	0	19.00
20.00	0	0	0	0	0	20.00
21.00	0	0	0	0	0	21.00
22.00	0	0	0	0	0	22.00
23.00	0	0	0	0	0	23.00
23.01	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	4,739	14,317	55,899	0	0	30.00
31.00	748	1,817	3,478	0	0	31.00
31.01	1,004	4,191	4,077	0	0	31.01
32.00	996	3,041	5,340	0	0	32.00
33.00	0	0	0	0	0	33.00
34.00	0	0	0	0	0	34.00
40.00	79	1,733	11,731	0	0	40.00
41.00	0	0	0	0	0	41.00
42.00	0	0	0	0	0	42.00
43.00	0	1,875	421	0	0	43.00
44.00	0	0	0	0	0	44.00
45.00	0	0	0	0	0	45.00
46.00	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00	1,374	12,311	0	0	14,996	50.00
51.00	168	4,712	0	0	7,267	51.00
52.00	1,000	5,956	864	0	8,887	52.00
53.00	1,734	5,227	0	0	4,338	53.00
54.00	108	9,765	0	0	16,213	54.00
55.00	0	1,493	0	0	3,776	55.00
56.00	30	1,594	0	0	2,390	56.00
57.00	74	9,304	0	0	12,393	57.00
58.00	46	2,507	0	0	3,930	58.00
59.00	166	3,333	0	0	2,470	59.00
60.00	12	25,863	0	0	49,329	60.00
60.01	0	0	0	0	0	60.01
61.00						61.00
62.00	0	1,252	0	0	743	62.00
63.00	0	0	0	0	0	63.00
64.00	0	0	0	0	0	64.00
65.00	38	3,721	0	0	205	65.00
65.01	0	1,100	0	0	539	65.01
66.00	0	391	0	0	54	66.00
67.00	0	340	0	0	14	67.00
68.00	0	204	0	0	227	68.00
69.00	199	2,617	0	0	3,480	69.00
70.00	0	801	0	0	1,967	70.00
71.00	0	6,065	0	0	3,827	71.00
72.00	0	5,162	0	0	1,857	72.00
73.00	168,587	15,460	0	0	11,993	73.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140018

Period:
From 07/01/2010
To 06/30/2011

Worksheet B
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Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE		
				(SPECIFY)	OUTPATIENT ACCOUNTING	
				18.00	18.01	
74.00 RENAL DIALYSIS	0	3,541	7,411	0	8,407	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
90.01 OUTPATIENT CHEMOTHERAPY	0	619	0	0	1,655	90.01
90.02 ENT	37	233	0	0	630	90.02
90.03 UNDER THE RAINBOW	0	942	0	0	2,551	90.03
91.00 EMERGENCY	2,660	16,835	4,066	0	24,619	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	186,847	168,322	93,287	0	188,757	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 RESEARCH	9	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 KLING OFFICE BLDG	0	0	0	0	0	192.01
192.02 DAY PSYCH	0	0	0	0	0	192.02
192.03 FAMILY PLANNING	0	0	0	0	0	192.03
192.04 DEVELOPMENT	0	0	0	0	0	192.04
192.05 DENTISTRY	11	0	0	0	0	192.05
192.06 OCCUPATIONAL HEALTH	0	0	0	0	0	192.06
192.07 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.07
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	186,867	168,322	93,287	0	188,757	202.00

ALLOCATION OF CAPITAL RELATED COSTS	Provider CCN: 140018	Period: From 07/01/2010 To 06/30/2011	Worksheet B Part II Date/Time Prepared: 2/15/2012 9:44 am
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Cost Center Description	INTERNS & RESIDENTS				PARAMED PRGM	
	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS		
	19.00	20.00	21.00	22.00		
GENERAL SERVICE COST CENTERS						
1.00 CAP REL COSTS-BLDG & FIXT						1.00
2.00 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 NONPATIENT TELEPHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING RECEIVING AND STORES						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00 MAINTENANCE & REPAIRS						6.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY						10.00
11.00 CAFETERIA						11.00
12.00 MAINTENANCE OF PERSONNEL						12.00
13.00 NURSING ADMINISTRATION						13.00
14.00 CENTRAL SERVICES & SUPPLY						14.00
15.00 PHARMACY						15.00
16.00 MEDICAL RECORDS & LIBRARY						16.00
17.00 SOCIAL SERVICE						17.00
18.00 OTHER GENERAL SERVICE (SPECIFY)						18.00
18.01 OUTPATIENT ACCOUNTING						18.01
19.00 NONPHYSICIAN ANESTHETISTS	0					19.00
20.00 NURSING SCHOOL		0				20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD			99,526			21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD				153,506		22.00
23.00 PARAMED PRGM-(SPECIFY)					0	23.00
23.01 ALLIED HEALTH PASTORAL						23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS						30.00
31.00 INTENSIVE CARE UNIT						31.00
31.01 NEONATAL INTENSIVE CARE UNIT						31.01
32.00 CORONARY CARE UNIT						32.00
33.00 BURN INTENSIVE CARE UNIT						33.00
34.00 SURGICAL INTENSIVE CARE UNIT						34.00
40.00 SUBPROVIDER - I PF						40.00
41.00 SUBPROVIDER - IRF						41.00
42.00 SUBPROVIDER						42.00
43.00 NURSERY						43.00
44.00 SKILLED NURSING FACILITY						44.00
45.00 NURSING FACILITY						45.00
46.00 OTHER LONG TERM CARE						46.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM						50.00
51.00 RECOVERY ROOM						51.00
52.00 DELIVERY ROOM & LABOR ROOM						52.00
53.00 ANESTHESIOLOGY						53.00
54.00 RADIOLOGY-DIAGNOSTIC						54.00
55.00 RADIOLOGY-THERAPEUTIC						55.00
56.00 RADIOISOTOPE						56.00
57.00 CT SCAN						57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)						58.00
59.00 CARDIAC CATHETERIZATION						59.00
60.00 LABORATORY						60.00
60.01 BLOOD LABORATORY						60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS						62.00
63.00 BLOOD STORING, PROCESSING & TRANS.						63.00
64.00 INTRAVENOUS THERAPY						64.00
65.00 RESPIRATORY THERAPY						65.00
65.01 PULMONARY FUNCTION TESTING						65.01
66.00 PHYSICAL THERAPY						66.00
67.00 OCCUPATIONAL THERAPY						67.00
68.00 SPEECH PATHOLOGY						68.00
69.00 ELECTROCARDIOLOGY						69.00
70.00 ELECTROENCEPHALOGRAPHY						70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS						71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS						72.00
73.00 DRUGS CHARGED TO PATIENTS						73.00
74.00 RENAL DIALYSIS						74.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140018

Period:
From 07/01/2010
To 06/30/2011

Worksheet B
Part II
Date/Time Prepared:
2/15/2012 9:44 am

Cost Center Description	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED ED PRGM	
			SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS		
	19.00	20.00	21.00	22.00	23.00	
75.00 ASC (NON-DISTINCT PART)						75.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC						88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER						89.00
90.00 CLINIC						90.00
90.01 OUTPATIENT CHEMOTHERAPY						90.01
90.02 ENT						90.02
90.03 UNDER THE RAINBOW						90.03
91.00 EMERGENCY						91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS						94.00
95.00 AMBULANCE SERVICES						95.00
96.00 DURABLE MEDICAL EQUIP-RENTED						96.00
97.00 DURABLE MEDICAL EQUIP-SOLD						97.00
98.00 OTHER REIMBURSABLE COST CENTERS						98.00
99.00 CMHC						99.00
99.10 CORF						99.10
100.00 I&R SERVICES-NOT APPRVD PRGM						100.00
101.00 HOME HEALTH AGENCY						101.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION						105.00
106.00 HEART ACQUISITION						106.00
107.00 LIVER ACQUISITION						107.00
108.00 LUNG ACQUISITION						108.00
109.00 PANCREAS ACQUISITION						109.00
110.00 INTESTINAL ACQUISITION						110.00
111.00 ISLET ACQUISITION						111.00
113.00 INTEREST EXPENSE						113.00
114.00 UTILIZATION REVIEW-SNF						114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)						115.00
116.00 HOSPICE						116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190.00
191.00 RESEARCH						191.00
192.00 PHYSICIANS' PRIVATE OFFICES						192.00
192.01 KLING OFFICE BLDG						192.01
192.02 DAY PSYCH						192.02
192.03 FAMILY PLANNING						192.03
192.04 DEVELOPMENT						192.04
192.05 DENTISTRY						192.05
192.06 OCCUPATIONAL HEALTH						192.06
192.07 PHYSICIANS' PRIVATE OFFICES						192.07
193.00 NONPAID WORKERS						193.00
200.00 Cross Foot Adjustments	0	0	99,526	153,506	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	0	0	99,526	153,506	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140018	Period: From 07/01/2010 To 06/30/2011	Worksheet B Part II Date/Time Prepared: 2/15/2012 9:44 am
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Cost Center Description		ALLIED HEALTH PASTORAL	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		23.01	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT					1.00
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	EMPLOYEE BENEFITS					4.00
5.01	NONPATIENT TELEPHONES					5.01
5.02	DATA PROCESSING					5.02
5.03	PURCHASING RECEIVING AND STORES					5.03
5.04	ADMITTING					5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL					5.06
6.00	MAINTENANCE & REPAIRS					6.00
7.00	OPERATION OF PLANT					7.00
8.00	LAUNDRY & LINEN SERVICE					8.00
9.00	HOUSEKEEPING					9.00
10.00	DIETARY					10.00
11.00	CAFETERIA					11.00
12.00	MAINTENANCE OF PERSONNEL					12.00
13.00	NURSING ADMINISTRATION					13.00
14.00	CENTRAL SERVICES & SUPPLY					14.00
15.00	PHARMACY					15.00
16.00	MEDICAL RECORDS & LIBRARY					16.00
17.00	SOCIAL SERVICE					17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)					18.00
18.01	OUTPATIENT ACCOUNTING					18.01
19.00	NONPHYSICIAN ANESTHETISTS					19.00
20.00	NURSING SCHOOL					20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD					21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD					22.00
23.00	PARAMED PRGM-(SPECIFY)					23.00
23.01	ALLIED HEALTH PASTORAL	2,159				23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS		4,430,771	0	4,430,771	30.00
31.00	INTENSIVE CARE UNIT		298,281	0	298,281	31.00
31.01	NEONATAL INTENSIVE CARE UNIT		178,520	0	178,520	31.01
32.00	CORONARY CARE UNIT		379,888	0	379,888	32.00
33.00	BURN INTENSIVE CARE UNIT		0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT		0	0	0	34.00
40.00	SUBPROVIDER - I PF		501,493	0	501,493	40.00
41.00	SUBPROVIDER - I RF		0	0	0	41.00
42.00	SUBPROVIDER		0	0	0	42.00
43.00	NURSERY		83,333	0	83,333	43.00
44.00	SKILLED NURSING FACILITY		0	0	0	44.00
45.00	NURSING FACILITY		0	0	0	45.00
46.00	OTHER LONG TERM CARE		0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM		1,140,852	0	1,140,852	50.00
51.00	RECOVERY ROOM		93,570	0	93,570	51.00
52.00	DELIVERY ROOM & LABOR ROOM		406,229	0	406,229	52.00
53.00	ANESTHESIOLOGY		123,685	0	123,685	53.00
54.00	RADIOLOGY-DIAGNOSTIC		751,516	0	751,516	54.00
55.00	RADIOLOGY-THERAPEUTIC		149,684	0	149,684	55.00
56.00	RADIOISOTOPE		107,274	0	107,274	56.00
57.00	CT SCAN		98,119	0	98,119	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)		57,511	0	57,511	58.00
59.00	CARDIAC CATHETERIZATION		137,001	0	137,001	59.00
60.00	LABORATORY		1,133,417	0	1,133,417	60.00
60.01	BLOOD LABORATORY		0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY					61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS		53,370	0	53,370	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.		0	0	0	63.00
64.00	INTRAVENOUS THERAPY		0	0	0	64.00
65.00	RESPIRATORY THERAPY		137,201	0	137,201	65.00
65.01	PULMONARY FUNCTION TESTING		50,938	0	50,938	65.01
66.00	PHYSICAL THERAPY		101,914	0	101,914	66.00
67.00	OCCUPATIONAL THERAPY		115,858	0	115,858	67.00
68.00	SPEECH PATHOLOGY		28,876	0	28,876	68.00
69.00	ELECTROCARDIOLOGY		162,057	0	162,057	69.00
70.00	ELECTROENCEPHALOGRAPHY		54,950	0	54,950	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		219,751	0	219,751	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS		271,507	0	271,507	72.00
73.00	DRUGS CHARGED TO PATIENTS		249,358	0	249,358	73.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140018

Period:
From 07/01/2010
To 06/30/2011

Worksheet B
Part II
Date/Time Prepared:
2/15/2012 9:44 am

Cost Center Description	ALLIED HEALTH PASTORAL	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	23.01	24.00	25.00	26.00	
74.00 RENAL DIALYSIS		108,676	0	108,676	74.00
75.00 ASC (NON-DISTINCT PART)		0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS					
88.00 RURAL HEALTH CLINIC		0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	89.00
90.00 CLINIC		0	0	0	90.00
90.01 OUTPATIENT CHEMOTHERAPY		15,008	0	15,008	90.01
90.02 ENT		7,986	0	7,986	90.02
90.03 UNDER THE RAINBOW		277,465	0	277,465	90.03
91.00 EMERGENCY		504,324	0	504,324	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)		0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00 HOME PROGRAM DIALYSIS		0	0	0	94.00
95.00 AMBULANCE SERVICES		0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED		0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD		0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS		0	0	0	98.00
99.00 CMHC		0	0	0	99.00
99.10 CORF		0	0	0	99.10
100.00 I & R SERVICES-NOT APPRVD PRGM		0	0	0	100.00
101.00 HOME HEALTH AGENCY		0	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
105.00 KIDNEY ACQUISITION		0	0	0	105.00
106.00 HEART ACQUISITION		0	0	0	106.00
107.00 LIVER ACQUISITION		0	0	0	107.00
108.00 LUNG ACQUISITION		0	0	0	108.00
109.00 PANCREAS ACQUISITION		0	0	0	109.00
110.00 INTESTINAL ACQUISITION		0	0	0	110.00
111.00 ISLET ACQUISITION		0	0	0	111.00
113.00 INTEREST EXPENSE		0	0	0	113.00
114.00 UTILIZATION REVIEW-SNF		0	0	0	114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)		0	0	0	115.00
116.00 HOSPICE		0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	12,430,383	0	12,430,383	118.00
NONREIMBURSABLE COST CENTERS					
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN		0	0	0	190.00
191.00 RESEARCH		94,928	0	94,928	191.00
192.00 PHYSICIANS' PRIVATE OFFICES		70	0	70	192.00
192.01 KLING OFFICE BLDG		15	0	15	192.01
192.02 DAY PSYCH		0	0	0	192.02
192.03 FAMILY PLANNING		4	0	4	192.03
192.04 DEVELOPMENT		40,218	0	40,218	192.04
192.05 DENTISTRY		21,399	0	21,399	192.05
192.06 OCCUPATIONAL HEALTH		110	0	110	192.06
192.07 PHYSICIANS' PRIVATE OFFICES		0	0	0	192.07
193.00 NONPAID WORKERS		0	0	0	193.00
200.00 Cross Foot Adjustments	2,159	255,191	0	255,191	200.00
201.00 Negative Cost Centers	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	2,159	12,842,318	0	12,842,318	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140018

Period:
From 07/01/2010
To 06/30/2011

Worksheet B-1

Date/Time Prepared:
2/15/2012 9:44 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	NONPATIENT TELEPHONES (PHONES)	DATA PROCESSING (ASSIGNED TIME)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	377,312				1.00
2.00	CAP REL COSTS-MVBLE EQUIP		377,312			2.00
4.00	EMPLOYEE BENEFITS	2,187	2,187	104,469,603		4.00
5.01	NONPATIENT TELEPHONES	396	396	405,841	1,334	5.01
5.02	DATA PROCESSING	3,120	3,120	1,662,084	28	96 5.02
5.03	PURCHASING RECEIVING AND STORES	5,519	5,519	313,161	20	6 5.03
5.04	ADMINISTRATIVE	994	994	1,524,772	9	5 5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE	1,567	1,567	65,721	34	17 5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL	27,624	27,624	7,083,943	130	8 5.06
6.00	MAINTENANCE & REPAIRS	14,372	14,372	576	21	0 6.00
7.00	OPERATION OF PLANT	6,165	6,165	914,342	24	0 7.00
8.00	LAUNDRY & LINEN SERVICE	10,762	10,762	0	1	0 8.00
9.00	HOUSEKEEPING	704	704	1,934,528	7	0 9.00
10.00	DIETARY	2,419	2,419	1,149,914	23	0 10.00
11.00	CAFETERIA	17,738	17,738	908,844	0	0 11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0 12.00
13.00	NURSING ADMINISTRATION	6,980	6,980	3,827,546	22	0 13.00
14.00	CENTRAL SERVICES & SUPPLY	20,705	20,705	397,671	1	0 14.00
15.00	PHARMACY	2,898	2,898	3,576,307	12	4 15.00
16.00	MEDICAL RECORDS & LIBRARY	3,593	3,593	1,340,249	20	5 16.00
17.00	SOCIAL SERVICE	2,117	2,117	688,635	13	0 17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0 18.00
18.01	OUTPATIENT ACCOUNTING	4,367	4,367	244,774	33	8 18.01
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0 19.00
20.00	NURSING SCHOOL	0	0	0	0	0 20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	5,905,813	0	0 21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	3,686	3,686	2,197,201	0	0 22.00
23.00	PARAMEDICAL PRGM-(SPECIFY)	0	0	0	0	0 23.00
23.01	ALLIED HEALTH PASTORAL	0	0	111,148	0	0 23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	96,022	96,022	18,978,218	401	13 30.00
31.00	INTENSIVE CARE UNIT	5,541	5,541	1,667,174	17	0 31.00
31.01	NEONATAL INTENSIVE CARE UNIT	1,770	1,770	4,049,430	17	0 31.01
32.00	CORONARY CARE UNIT	6,394	6,394	3,329,515	21	0 32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0 33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0 34.00
40.00	SUBPROVIDER - IPF	10,897	10,897	2,580,896	28	0 40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0 41.00
42.00	SUBPROVIDER	0	0	0	0	0 42.00
43.00	NURSERY	1,397	1,397	1,135,698	7	0 43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
45.00	NURSING FACILITY	0	0	0	0	0 45.00
46.00	OTHER LONG TERM CARE	0	0	0	0	0 46.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	25,635	25,635	6,103,764	86	6 50.00
51.00	RECOVERY ROOM	1,255	1,255	1,186,902	6	0 51.00
52.00	DELIVERY ROOM & LABOR ROOM	5,934	5,934	4,771,346	18	0 52.00
53.00	ANESTHESIOLOGY	1,745	1,745	369,869	13	0 53.00
54.00	RADIOLOGY-DIAGNOSTIC	15,259	15,259	4,246,440	42	11 54.00
55.00	RADIOLOGY-THERAPEUTIC	3,568	3,568	345,903	7	0 55.00
56.00	RADIOISOTOPE	2,374	2,374	258,250	10	0 56.00
57.00	CT SCAN	949	949	749,548	0	0 57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	1,006	1,006	418,557	9	0 58.00
59.00	CARDIAC CATHETERIZATION	2,068	2,068	698,822	8	0 59.00
60.00	LABORATORY	23,443	23,443	5,417,891	78	13 60.00
60.01	BLOOD LABORATORY	0	0	0	0	0 60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY					61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	801	801	687,657	2	0 62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0 63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0 64.00
65.00	RESPIRATORY THERAPY	2,289	2,289	1,477,139	6	0 65.00
65.01	PULMONARY FUNCTION TESTING	1,281	1,281	156,739	1	0 65.01
66.00	PHYSICAL THERAPY	2,596	2,596	390,096	8	0 66.00
67.00	OCCUPATIONAL THERAPY	3,032	3,032	282,606	6	0 67.00
68.00	SPEECH PATHOLOGY	693	693	188,526	3	0 68.00
69.00	ELECTROCARDIOLOGY	3,719	3,719	764,511	14	0 69.00
70.00	ELECTROENCEPHALOGRAPHY	1,239	1,239	217,308	21	0 70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0 71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140018

Period:
From 07/01/2010
To 06/30/2011

Worksheet B-1

Date/Time Prepared:
2/15/2012 9:44 am

Cost Center Description	CAPITAL RELATED COSTS					EMPLOYEE BENEFITS (GROSS SALARIES)	NONPATIENT TELEPHONES (PHONES)	DATA PROCESSING (ASSIGNED TIME)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)							
	1.00	2.00	4.00	5.01	5.02				
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	0	0	73.00
74.00 RENAL DIALYSIS	1,283	1,283	1,469,796	5	0	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS									
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER CLINIC	0	0	0	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	0	0	0	90.00
90.01 OUTPATIENT CHEMOTHERAPY	0	0	583,710	0	0	0	0	0	90.01
90.02 ENT	0	0	300,589	0	0	0	0	0	90.02
90.03 UNDER THE RAINBOW	7,001	7,001	876,443	36	0	0	0	0	90.03
91.00 EMERGENCY	6,250	6,250	5,924,692	32	0	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)									92.00
OTHER REIMBURSABLE COST CENTERS									
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	0	0	0	98.00
99.00 CMHC	0	0	0	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	0	0	0	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS									
105.00 KIDNEY ACQUISITION	0	0	0	0	0	0	0	0	105.00
106.00 HEART ACQUISITION	0	0	0	0	0	0	0	0	106.00
107.00 LIVER ACQUISITION	0	0	0	0	0	0	0	0	107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE	0	0	0	0	0	0	0	0	113.00
114.00 UTILIZATION REVIEW-SNF	0	0	0	0	0	0	0	0	114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	0	0	0	115.00
116.00 HOSPICE	0	0	0	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	373,354	373,354	103,881,105	1,300	96	0	0	0	118.00
NONREIMBURSABLE COST CENTERS									
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	0	0	0	190.00
191.00 RESEARCH	2,456	2,456	0	19	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0	0	0	192.00
192.01 KLING OFFICE BLDG	0	0	156	0	0	0	0	0	192.01
192.02 DAY PSYCH	0	0	0	0	0	0	0	0	192.02
192.03 FAMILY PLANNING	0	0	0	0	0	0	0	0	192.03
192.04 DEVELOPMENT	938	938	579,758	5	0	0	0	0	192.04
192.05 DENTISTRY	564	564	8,584	2	0	0	0	0	192.05
192.06 OCCUPATIONAL HEALTH	0	0	0	8	0	0	0	0	192.06
192.07 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0	0	0	192.07
193.00 NONPAID WORKERS	0	0	0	0	0	0	0	0	193.00
200.00 Cross Foot Adjustments									200.00
201.00 Negative Cost Centers									201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	2,289,176	10,553,142	18,221,003	921,487	5,201,551	0	0	0	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	6.067064	27.969272	0.174414	690.769865	54,182.822917	0	0	0	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			74,438	13,768	107,667	0	0	0	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.000713	10.320840	1,121.531250	0	0	0	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140018

Period:
From 07/01/2010
To 06/30/2011

Worksheet B-1
Date/Time Prepared:
2/15/2012 9: 44 am

Cost Center Description	PURCHASING RECEIVING AND STORES (SUP COST)	ADMITTING (INP REVENUE)	CASHIERING/ACCOUNTS RECEIVABLE (TOTAL REV)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
	5.03	5.04	5.05	5A.06	5.06	
GENERAL SERVICE COST CENTERS						
1.00 CAP REL COSTS-BLDG & FIXT						1.00
2.00 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 NONPATIENT TELEPHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING RECEIVING AND STORES	20,774,946					5.03
5.04 ADMITTING	56,506	522,700,453				5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE	15,096	0	893,800,809			5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL	175,007	0	0	-35,319,438	195,844,600	5.06
6.00 MAINTENANCE & REPAIRS	84,939	0	0	0	3,504,282	6.00
7.00 OPERATION OF PLANT	1,899,653	0	0	0	6,860,528	7.00
8.00 LAUNDRY & LINEN SERVICE	913,924	0	0	0	1,468,375	8.00
9.00 HOUSEKEEPING	1,195,406	0	0	0	4,003,442	9.00
10.00 DIETARY	159,471	0	0	0	2,699,260	10.00
11.00 CAFETERIA	0	0	0	0	1,845,433	11.00
12.00 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 NURSING ADMINISTRATION	38,373	0	0	0	5,861,942	13.00
14.00 CENTRAL SERVICES & SUPPLY	412,719	0	0	0	1,185,583	14.00
15.00 PHARMACY	261,272	0	0	0	3,960,460	15.00
16.00 MEDICAL RECORDS & LIBRARY	23,019	0	0	0	2,963,591	16.00
17.00 SOCIAL SERVICE	5,680	0	0	0	1,182,026	17.00
18.00 OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
18.01 OUTPATIENT ACCOUNTING	0	0	0	0	3,395,051	18.01
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	6,935,869	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	16,934	0	0	0	3,401,571	22.00
23.00 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01 ALLIED HEALTH PASTORAL	22	0	0	0	191,928	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	425,710	76,004,219	76,152,692	0	31,699,111	30.00
31.00 INTENSIVE CARE UNIT	54,673	9,669,443	9,666,027	0	2,372,233	31.00
31.01 NEONATAL INTENSIVE CARE UNIT	67,053	22,290,386	22,290,852	0	5,326,291	31.01
32.00 CORONARY CARE UNIT	72,717	16,178,239	16,175,857	0	4,707,239	32.00
33.00 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 SUBPROVIDER - I/PF	23,147	9,220,157	9,220,235	0	3,568,428	40.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	15,571	9,971,749	9,971,749	0	1,491,386	43.00
44.00 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 NURSING FACILITY	0	0	0	0	0	45.00
46.00 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	36,023,448	65,484,471	0	10,564,943	50.00
51.00 RECOVERY ROOM	6,595	10,788,011	25,064,341	0	1,630,922	51.00
52.00 DELIVERY ROOM & LABOR ROOM	447,888	14,221,110	31,680,886	0	6,904,118	52.00
53.00 ANESTHESIOLOGY	162,972	19,278,271	27,801,046	0	2,297,694	53.00
54.00 RADIOLOGY-DIAGNOSTIC	1,372,032	20,088,071	51,941,621	0	8,136,816	54.00
55.00 RADIOLOGY-THERAPEUTIC	212,930	521,580	7,939,259	0	1,045,514	55.00
56.00 RADIOISOTOPE	262,469	3,781,488	8,476,134	0	800,819	56.00
57.00 CT SCAN	523,551	25,141,784	49,488,733	0	1,903,368	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	224,377	5,611,935	13,333,807	0	862,115	58.00
59.00 CARDIAC CATHETERIZATION	1,250,991	12,873,832	17,726,320	0	1,394,467	59.00
60.00 LABORATORY	2,494,101	39,024,056	136,055,127	0	15,241,770	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	247,113	5,199,523	6,659,286	0	2,656,228	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	406,798	19,388,449	19,792,079	0	2,426,426	65.00
65.01 PULMONARY FUNCTION TESTING	0	4,793,752	5,852,433	0	275,735	65.01
66.00 PHYSICAL THERAPY	60,485	1,971,289	2,077,926	0	635,989	66.00
67.00 OCCUPATIONAL THERAPY	5,144	1,780,617	1,807,563	0	460,011	67.00
68.00 SPEECH PATHOLOGY	1,419	640,770	1,087,095	0	257,182	68.00
69.00 ELECTROCARDIOLOGY	288,578	7,080,715	13,918,249	0	1,523,478	69.00
70.00 ELECTROENCEPHALOGRAPHY	14,489	398,177	4,262,321	0	375,823	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	2,806,426	24,743,044	32,261,760	0	5,684,090	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	3,571,814	23,808,909	27,457,358	0	7,051,159	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	58,670,669	82,232,660	0	8,580,213	73.00
74.00 RENAL DIALYSIS	290,402	2,315,739	18,832,699	0	2,574,887	74.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140018

Period:
From 07/01/2010
To 06/30/2011

Worksheet B-1

Date/Time Prepared:
2/15/2012 9:44 am

Cost Center Description	PURCHASING RECEIVING AND STORES (SUP COST)	ADMINISTRATIVE (INP REVENUE)	CASHIERING/ACCOUNTS RECEIVABLE (TOTAL REV)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
	5.03	5.04	5.05	5A.06	5.06	
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
90.01 OUTPATIENT CHEMOTHERAPY	37,458	41,528	3,292,646	0	920,720	90.01
90.02 ENT	35,818	1,640	1,239,261	0	422,918	90.02
90.03 UNDER THE RAINBOW	9,316	0	5,012,128	0	1,507,327	90.03
91.00 EMERGENCY	0	41,177,853	89,546,188	0	9,224,231	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	20,650,058	522,700,453	893,800,809	-35,319,438	193,982,992	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 RESEARCH	124,360	0	0	0	703,324	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	14,415	192.00
192.01 KLING OFFICE BLDG	0	0	0	0	2,861	192.01
192.02 DAY PSYCH	0	0	0	0	24	192.02
192.03 FAMILY PLANNING	0	0	0	0	793	192.03
192.04 DEVELOPMENT	0	0	0	0	1,096,521	192.04
192.05 DENTISTRY	528	0	0	0	38,094	192.05
192.06 OCCUPATIONAL HEALTH	0	0	0	0	5,576	192.06
192.07 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.07
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	924,121	2,413,926	3,693,802		35,319,438	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.044482	0.004618	0.004133		0.180344	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	195,004	41,150	72,941		957,228	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.009386	0.000079	0.000082		0.004888	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140018

Period:
From 07/01/2010
To 06/30/2011

Worksheet B-1

Date/Time Prepared:
2/15/2012 9:44 am

Cost Center Description	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
	6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS						
1.00 CAP REL COSTS-BLDG & FIXT						1.00
2.00 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 NONPATIENT TELEPHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING RECEIVING AND STORES						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00 MAINTENANCE & REPAIRS	321,533					6.00
7.00 OPERATION OF PLANT	6,165	315,368				7.00
8.00 LAUNDRY & LINEN SERVICE	10,762	10,762	1,776,413			8.00
9.00 HOUSEKEEPING	704	704	0	303,902		9.00
10.00 DIETARY	2,419	2,419	0	2,419	185,439	10.00
11.00 CAFETERIA	17,738	17,738	0	17,738	0	11.00
12.00 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 NURSING ADMINISTRATION	6,980	6,980	0	6,980	0	13.00
14.00 CENTRAL SERVICES & SUPPLY	20,705	20,705	0	20,705	0	14.00
15.00 PHARMACY	2,898	2,898	0	2,898	0	15.00
16.00 MEDICAL RECORDS & LIBRARY	3,593	3,593	0	3,593	0	16.00
17.00 SOCIAL SERVICE	2,117	2,117	0	2,117	0	17.00
18.00 OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
18.01 OUTPATIENT ACCOUNTING	4,367	4,367	0	4,367	0	18.01
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	3,686	3,686	0	3,686	0	22.00
23.00 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01 ALLIED HEALTH PASTORAL	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	96,022	96,022	679,499	96,022	135,022	30.00
31.00 INTENSIVE CARE UNIT	5,541	5,541	96,983	5,541	12,690	31.00
31.01 NEONATAL INTENSIVE CARE UNIT	1,770	1,770	11,973	1,770	0	31.01
32.00 CORONARY CARE UNIT	6,394	6,394	98,490	6,394	15,204	32.00
33.00 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 SUBPROVIDER - I PF	10,897	10,897	72,437	10,897	22,523	40.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	1,397	1,397	0	1,397	0	43.00
44.00 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 NURSING FACILITY	0	0	0	0	0	45.00
46.00 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	25,635	25,635	124,882	25,635	0	50.00
51.00 RECOVERY ROOM	1,255	1,255	35,768	1,255	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	5,934	5,934	102,844	5,934	0	52.00
53.00 ANESTHESIOLOGY	1,745	1,745	0	1,745	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	15,259	15,259	44,167	15,259	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	3,568	3,568	14,455	3,568	0	55.00
56.00 RADIOISOTOPE	2,374	2,374	26,162	2,374	0	56.00
57.00 CT SCAN	949	949	17,514	949	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	1,006	1,006	8,121	1,006	0	58.00
59.00 CARDIAC CATHETERIZATION	2,068	2,068	22,865	2,068	0	59.00
60.00 LABORATORY	23,443	23,443	0	23,443	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	801	801	0	801	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	2,289	2,289	0	2,289	0	65.00
65.01 PULMONARY FUNCTION TESTING	1,281	1,281	0	1,281	0	65.01
66.00 PHYSICAL THERAPY	2,596	2,596	0	2,596	0	66.00
67.00 OCCUPATIONAL THERAPY	3,032	3,032	0	3,032	0	67.00
68.00 SPEECH PATHOLOGY	693	693	0	693	0	68.00
69.00 ELECTROCARDIOLOGY	3,719	3,719	3,099	3,719	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	1,239	1,239	2,112	1,239	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 RENAL DIALYSIS	1,283	1,283	44,920	1,283	0	74.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140018

Period:
From 07/01/2010
To 06/30/2011

Worksheet B-1

Date/Time Prepared:
2/15/2012 9:44 am

Cost Center Description	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
	6.00	7.00	8.00	9.00	10.00	
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
90.01 OUTPATIENT CHEMOTHERAPY	0	0	0	0	0	90.01
90.02 ENT	0	0	0	0	0	90.02
90.03 UNDER THE RAINBOW	7,001	7,001	0	7,001	0	90.03
91.00 EMERGENCY	6,250	6,250	370,122	6,250	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	317,575	311,410	1,776,413	299,944	185,439	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 RESEARCH	2,456	2,456	0	2,456	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 KLING OFFICE BLDG	0	0	0	0	0	192.01
192.02 DAY PSYCH	0	0	0	0	0	192.02
192.03 FAMILY PLANNING	0	0	0	0	0	192.03
192.04 DEVELOPMENT	938	938	0	938	0	192.04
192.05 DENTISTRY	564	564	0	564	0	192.05
192.06 OCCUPATIONAL HEALTH	0	0	0	0	0	192.06
192.07 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.07
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	4,136,258	8,177,091	2,150,677	4,752,749	3,317,726	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	12.864179	25.928728	1.210685	15.639084	17.891199	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	507,313	271,825	408,320	57,919	104,445	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	1.577795	0.861930	0.229856	0.190584	0.563231	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140018

Period:
From 07/01/2010
To 06/30/2011

Worksheet B-1

Date/Time Prepared:
2/15/2012 9:44 am

Cost Center Description		CAFETERIA (FTES)	MAINTENANCE OF PERSONNEL (BLANK)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (PHARM REQ)	
		11.00	12.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	NONPATIENT TELEPHONES						5.01
5.02	DATA PROCESSING						5.02
5.03	PURCHASING RECEIVING AND STORES						5.03
5.04	ADMITTING						5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	MAINTENANCE & REPAIRS						6.00
7.00	OPERATION OF PLANT						7.00
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
10.00	DIETARY						10.00
11.00	CAFETERIA	133,503					11.00
12.00	MAINTENANCE OF PERSONNEL	0	0				12.00
13.00	NURSING ADMINISTRATION	4,593	0	1,377,516			13.00
14.00	CENTRAL SERVICES & SUPPLY	1,383	0	0	7,137,466		14.00
15.00	PHARMACY	4,607	0	0	265,440	9,205,846	15.00
16.00	MEDICAL RECORDS & LIBRARY	3,055	0	0	20	0	16.00
17.00	SOCIAL SERVICE	1,246	0	0	0	150,174	17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
18.01	OUTPATIENT ACCOUNTING	516	0	0	0	0	18.01
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	12,421	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	PARAMED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	ALLIED HEALTH PASTORAL	231	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	33,151	0	586,975	950,358	233,459	30.00
31.00	INTENSIVE CARE UNIT	2,194	0	44,760	217,609	36,836	31.00
31.01	NEONATAL INTENSIVE CARE UNIT	4,658	0	100,996	206,746	49,480	31.01
32.00	CORONARY CARE UNIT	4,594	0	92,018	299,045	49,056	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	SUBPROVIDER - I PF	3,884	0	77,081	11,057	3,894	40.00
41.00	SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	1,680	0	35,884	32,128	16	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
46.00	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	7,508	0	153,310	0	67,664	50.00
51.00	RECOVERY ROOM	1,394	0	25,234	25,339	8,258	51.00
52.00	DELIVERY ROOM & LABOR ROOM	6,843	0	117,343	393,210	49,257	52.00
53.00	ANESTHESIOLOGY	253	0	0	277,685	85,409	53.00
54.00	RADIOLOGY-DIAGNOSTIC	6,039	0	0	474,884	5,319	54.00
55.00	RADIOLOGY-THERAPEUTIC	411	0	0	1,045	22	55.00
56.00	RADIOISOTOPE	356	0	0	7,192	1,462	56.00
57.00	CT SCAN	1,015	0	0	107,715	3,670	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	520	0	0	13,403	2,262	58.00
59.00	CARDIAC CATHETERIZATION	917	0	0	218,969	8,160	59.00
60.00	LABORATORY	8,665	0	0	227,630	599	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,050	0	0	399	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	2,797	0	0	142,834	1,856	65.00
65.01	PULMONARY FUNCTION TESTING	0	0	0	0	0	65.01
66.00	PHYSICAL THERAPY	388	0	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	296	0	0	174	0	67.00
68.00	SPEECH PATHOLOGY	250	0	0	2,072	0	68.00
69.00	ELECTROCARDIOLOGY	941	0	0	13,691	9,809	69.00
70.00	ELECTROENCEPHALOGRAPHY	489	0	0	10,329	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	1,390,122	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	1,769,246	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	8,305,368	73.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140018

Period:
From 07/01/2010
To 06/30/2011

Worksheet B-1

Date/Time Prepared:
2/15/2012 9:44 am

Cost Center Description	CAFETERIA (FTES)	MAINTENANCE OF PERSONNEL (BLANK)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (PHARM REQ)	
	11.00	12.00	13.00	14.00	15.00	
74.00 RENAL DIALYSIS	1,984	0	0	36,788	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
90.01 OUTPATIENT CHEMOTHERAPY	700	0	0	34,330	0	90.01
90.02 ENT	791	0	0	4,198	1,802	90.02
90.03 UNDER THE RAINBOW	1,700	0	0	13	0	90.03
91.00 EMERGENCY	9,954	0	143,915	0	131,037	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	133,474	0	1,377,516	7,133,671	9,204,869	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 RESEARCH	0	0	0	593	457	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 KLING OFFICE BLDG	0	0	0	11	0	192.01
192.02 DAY PSYCH	0	0	0	0	0	192.02
192.03 FAMILY PLANNING	0	0	0	0	0	192.03
192.04 DEVELOPMENT	0	0	0	0	0	192.04
192.05 DENTISTRY	29	0	0	3,191	520	192.05
192.06 OCCUPATIONAL HEALTH	0	0	0	0	0	192.06
192.07 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.07
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	3,143,761	0	7,407,201	2,558,977	5,036,102	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	23.548242	0.000000	5.377216	0.358527	0.547055	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	660,062	0	310,611	775,984	186,867	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	4.944174	0.000000	0.225486	0.108720	0.020299	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140018

Period:
From 07/01/2010
To 06/30/2011

Worksheet B-1

Date/Time Prepared:
2/15/2012 9:44 am

Cost Center Description	MEDICAL RECORDS & LIBRARY (TOTAL REV)	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE		NONPHYSICIAN ANESTHETISTS (BLANK)	19.00
			(SPECIFY) (BLANK)	OUTPATIENT ACCOUNTING (O/P REVENUE)		
			18.00	18.01		
GENERAL SERVICE COST CENTERS						
1.00 CAP REL COSTS-BLDG & FIXT						1.00
2.00 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 NONPATIENT TELEPHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING RECEIVING AND STORES						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00 MAINTENANCE & REPAIRS						6.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY						10.00
11.00 CAFETERIA						11.00
12.00 MAINTENANCE OF PERSONNEL						12.00
13.00 NURSING ADMINISTRATION						13.00
14.00 CENTRAL SERVICES & SUPPLY						14.00
15.00 PHARMACY						15.00
16.00 MEDICAL RECORDS & LIBRARY	893,800,809					16.00
17.00 SOCIAL SERVICE	0	8,421				17.00
18.00 OTHER GENERAL SERVICE (SPECIFY)	0	0	0			18.00
18.01 OUTPATIENT ACCOUNTING	0	0		370,957,136		18.01
19.00 NONPHYSICIAN ANESTHETISTS	0	0		0	0	19.00
20.00 NURSING SCHOOL	0	0		0		20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0		0		21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0		0		22.00
23.00 PARAMED ED PRGM-(SPECIFY)	0	0		0		23.00
23.01 ALLIED HEALTH PASTORAL	0	0		0		23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	76,152,692	5,046		0		30.00
31.00 INTENSIVE CARE UNIT	9,666,027	314		0		31.00
31.01 NEONATAL INTENSIVE CARE UNIT	22,290,852	368		0		31.01
32.00 CORONARY CARE UNIT	16,175,857	482		0		32.00
33.00 BURN INTENSIVE CARE UNIT	0	0		0		33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0		0		34.00
40.00 SUBPROVIDER - IPF	9,220,235	1,059		0		40.00
41.00 SUBPROVIDER - IRF	0	0		0		41.00
42.00 SUBPROVIDER	0	0		0		42.00
43.00 NURSERY	9,971,749	38		0		43.00
44.00 SKILLED NURSING FACILITY	0	0		0		44.00
45.00 NURSING FACILITY	0	0		0		45.00
46.00 OTHER LONG TERM CARE	0	0		0		46.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	65,484,471	0		29,461,022		50.00
51.00 RECOVERY ROOM	25,064,341	0		14,276,330		51.00
52.00 DELIVERY ROOM & LABOR ROOM	31,680,886	78		17,459,776		52.00
53.00 ANESTHESIOLOGY	27,801,046	0		8,522,775		53.00
54.00 RADIOLOGY-DIAGNOSTIC	51,941,621	0		31,853,550		54.00
55.00 RADIOLOGY-THERAPEUTIC	7,939,259	0		7,417,679		55.00
56.00 RADIOISOTOPE	8,476,134	0		4,694,647		56.00
57.00 CT SCAN	49,488,733	0		24,346,949		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	13,333,807	0		7,721,872		58.00
59.00 CARDIAC CATHETERIZATION	17,726,320	0		4,852,488		59.00
60.00 LABORATORY	136,055,127	0		97,031,071		60.00
60.01 BLOOD LABORATORY	0	0		0		60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	6,659,286	0		1,459,763		62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0		0		63.00
64.00 INTRAVENOUS THERAPY	0	0		0		64.00
65.00 RESPIRATORY THERAPY	19,792,079	0		403,630		65.00
65.01 PULMONARY FUNCTION TESTING	5,852,433	0		1,058,681		65.01
66.00 PHYSICAL THERAPY	2,077,926	0		106,637		66.00
67.00 OCCUPATIONAL THERAPY	1,807,563	0		26,946		67.00
68.00 SPEECH PATHOLOGY	1,087,095	0		446,325		68.00
69.00 ELECTROCARDIOLOGY	13,918,249	0		6,837,534		69.00
70.00 ELECTROENCEPHALOGRAPHY	4,262,321	0		3,864,144		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	32,261,760	0		7,518,716		71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	27,457,358	0		3,648,449		72.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140018

Period:
From 07/01/2010
To 06/30/2011

Worksheet B-1

Date/Time Prepared:
2/15/2012 9:44 am

Cost Center Description	MEDICAL RECORDS & LIBRARY (TOTAL REV)	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE		NONPHYSICIAN ANESTHETISTS (BLANK)	
			(SPECIFY) (BLANK)	OUTPATIENT ACCOUNTING (O/P REVENUE)		
			18.00	18.01		
73.00 DRUGS CHARGED TO PATIENTS	82,232,660	0	0	23,561,991	0	73.00
74.00 RENAL DIALYSIS	18,832,699	669	0	16,516,959	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER CLINIC	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
90.01 OUTPATIENT CHEMOTHERAPY	3,292,646	0	0	3,251,118	0	90.01
90.02 ENT	1,239,261	0	0	1,237,621	0	90.02
90.03 UNDER THE RAINBOW	5,012,128	0	0	5,012,128	0	90.03
91.00 EMERGENCY	89,546,188	367	0	48,368,335	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	893,800,809	8,421	0	370,957,136	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 RESEARCH	0	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 KLING OFFICE BLDG	0	0	0	0	0	192.01
192.02 DAY PSYCH	0	0	0	0	0	192.02
192.03 FAMILY PLANNING	0	0	0	0	0	192.03
192.04 DEVELOPMENT	0	0	0	0	0	192.04
192.05 DENTISTRY	0	0	0	0	0	192.05
192.06 OCCUPATIONAL HEALTH	0	0	0	0	0	192.06
192.07 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.07
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	3,765,578	1,621,923	0	4,257,184	0	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.004213	192.604560	0.000000	0.011476	0.000000	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	168,322	93,287	0	188,757	0	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.000188	11.077900	0.000000	0.000509	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140018

Period:
From 07/01/2010
To 06/30/2011

Worksheet B-1

Date/Time Prepared:
2/15/2012 9:44 am

Cost Center Description	INTERNS & RESIDENTS					ALLIED HEALTH PASTORAL (ASSIGNED TIME)
	NURSING SCHOOL (BLANK)	SERVICES-SALARY & FRINGES (I/R TIME)	SERVICES-OTHER PRGM COSTS (I/R TIME)	PARAMED PRGM (BLANK)	23.00	
		20.00	21.00			
GENERAL SERVICE COST CENTERS						
1.00						1.00
2.00						2.00
4.00						4.00
5.01						5.01
5.02						5.02
5.03						5.03
5.04						5.04
5.05						5.05
5.06						5.06
6.00						6.00
7.00						7.00
8.00						8.00
9.00						9.00
10.00						10.00
11.00						11.00
12.00						12.00
13.00						13.00
14.00						14.00
15.00						15.00
16.00						16.00
17.00						17.00
18.00						18.00
18.01						18.01
19.00						19.00
20.00	0					20.00
21.00		7,700				21.00
22.00			7,700			22.00
23.00				0		23.00
23.01					10,000	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	0	5,400	5,400	0	3,400	30.00
31.00	0	300	300	0	500	31.00
31.01	0	200	200	0	350	31.01
32.00	0	100	100	0	350	32.00
33.00	0	0	0	0	0	33.00
34.00	0	0	0	0	0	34.00
40.00	0	0	0	0	200	40.00
41.00	0	0	0	0	0	41.00
42.00	0	0	0	0	0	42.00
43.00	0	0	0	0	200	43.00
44.00	0	0	0	0	0	44.00
45.00	0	0	0	0	0	45.00
46.00	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00	0	1,000	1,000	0	0	50.00
51.00	0	0	0	0	0	51.00
52.00	0	0	0	0	500	52.00
53.00	0	100	100	0	0	53.00
54.00	0	0	0	0	0	54.00
55.00	0	0	0	0	0	55.00
56.00	0	0	0	0	0	56.00
57.00	0	0	0	0	0	57.00
58.00	0	0	0	0	0	58.00
59.00	0	0	0	0	0	59.00
60.00	0	0	0	0	0	60.00
60.01	0	0	0	0	0	60.01
61.00	0	0	0	0	0	61.00
62.00	0	0	0	0	0	62.00
63.00	0	0	0	0	0	63.00
64.00	0	0	0	0	0	64.00
65.00	0	0	0	0	0	65.00
65.01	0	0	0	0	0	65.01
66.00	0	0	0	0	0	66.00
67.00	0	0	0	0	0	67.00
68.00	0	0	0	0	0	68.00
69.00	0	100	100	0	0	69.00
70.00	0	100	100	0	0	70.00
71.00	0	0	0	0	0	71.00
72.00	0	0	0	0	0	72.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140018

Period:
From 07/01/2010
To 06/30/2011

Worksheet B-1

Date/Time Prepared:
2/15/2012 9:44 am

Cost Center Description	NURSING SCHOOL (BLANK)	INTERNS & RESIDENTS		PARAMED PRGM (BLANK)	ALLIED HEALTH PASTORAL (ASSIGNED TIME)	
		SERVICES-SALAR Y & FRINGES (I/R TIME)	SERVICES-OTHER PRGM COSTS (I/R TIME)			
		20.00	21.00			
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	200	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER CLINIC	0	0	0	0	0	89.00 90.00
90.01 OUTPATIENT CHEMOTHERAPY	0	0	0	0	200	90.01
90.02 ENT	0	0	0	0	0	90.02
90.03 UNDER THE RAINBOW	0	0	0	0	0	90.03
91.00 EMERGENCY	0	400	400	0	4,100	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	7,700	7,700	0	10,000	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 RESEARCH	0	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 KLING OFFICE BLDG	0	0	0	0	0	192.01
192.02 DAY PSYCH	0	0	0	0	0	192.02
192.03 FAMILY PLANNING	0	0	0	0	0	192.03
192.04 DEVELOPMENT	0	0	0	0	0	192.04
192.05 DENTISTRY	0	0	0	0	0	192.05
192.06 OCCUPATIONAL HEALTH	0	0	0	0	0	192.06
192.07 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.07
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	0	8,479,204	4,215,660	0	231,981	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.000000	1,101.195325	547.488312	0.000000	23.198100	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	0	99,526	153,506	0	2,159	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.000000	12.925455	19.935844	0.000000	0.215900	205.00

Provider CCN: 140018

Period:
 From 07/01/2010
 To 06/30/2011

Worksheet B-2

Date/Time Prepared:
 2/15/2012 9:44 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	-328,618	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	0	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: 140018	Period: From 07/01/2010 To 06/30/2011	Worksheet C Part I Date/Time Prepared: 2/15/2012 9:44 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	ADULTS & PEDIATRICS		51,657,901	339,054	51,996,955	30.00
31.00	INTENSIVE CARE UNIT		3,949,432	0	3,949,432	31.00
31.01	NEONATAL INTENSIVE CARE UNIT		7,324,562	0	7,324,562	31.01
32.00	CORONARY CARE UNIT		7,201,594	0	7,201,594	32.00
33.00	BURN INTENSIVE CARE UNIT		0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT		0	0	0	34.00
40.00	SUBPROVIDER - IPF		6,055,268	44,545	6,099,813	40.00
41.00	SUBPROVIDER - IRF		0	0	0	41.00
42.00	SUBPROVIDER		0	0	0	42.00
43.00	NURSERY		2,134,405	0	2,134,405	43.00
44.00	SKILLED NURSING FACILITY		0	0	0	44.00
45.00	NURSING FACILITY		0	0	0	45.00
46.00	OTHER LONG TERM CARE		0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM		15,669,002	477,289	16,146,291	50.00
51.00	RECOVERY ROOM		2,488,215	0	2,488,215	51.00
52.00	DELIVERY ROOM & LABOR ROOM		9,917,249	0	9,917,249	52.00
53.00	ANESTHESIOLOGY		3,174,225	109,931	3,284,156	53.00
54.00	RADIOLOGY-DIAGNOSTIC		11,388,050	187,956	11,576,006	54.00
55.00	RADIOLOGY-THERAPEUTIC		1,574,417	0	1,574,417	55.00
56.00	RADIOISOTOPE		1,207,486	0	1,207,486	56.00
57.00	CT SCAN		2,871,918	0	2,871,918	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)		1,245,260	0	1,245,260	58.00
59.00	CARDIAC CATHETERIZATION		2,021,131	0	2,021,131	59.00
60.00	LABORATORY		21,239,372	10,992	21,250,364	60.00
60.01	BLOOD LABORATORY		0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY		0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS		3,248,540	0	3,248,540	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.		0	0	0	63.00
64.00	INTRAVENOUS THERAPY		0	0	0	64.00
65.00	RESPIRATORY THERAPY	0	3,194,717	0	3,194,717	65.00
65.01	PULMONARY FUNCTION TESTING	0	431,995	0	431,995	65.01
66.00	PHYSICAL THERAPY	0	911,106	0	911,106	66.00
67.00	OCCUPATIONAL THERAPY	0	722,965	0	722,965	67.00
68.00	SPEECH PATHOLOGY	0	357,617	0	357,617	68.00
69.00	ELECTROCARDIOLOGY		2,173,953	0	2,173,953	69.00
70.00	ELECTROENCEPHALOGRAPHY		591,119	0	591,119	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		7,429,782	0	7,429,782	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS		9,114,665	0	9,114,665	72.00
73.00	DRUGS CHARGED TO PATIENTS		15,287,939	0	15,287,939	73.00
74.00	RENAL DIALYSIS		3,297,147	0	3,297,147	74.00
75.00	ASC (NON-DISTINCT PART)		0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC		0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	89.00
90.00	CLINIC		0	0	0	90.00
90.01	OUTPATIENT CHEMOTHERAPY		1,171,380	0	1,171,380	90.01
90.02	ENT		539,731	0	539,731	90.02
90.03	UNDER THE RAINBOW		2,278,914	0	2,278,914	90.03
91.00	EMERGENCY		13,854,142	142,579	13,996,721	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		1,706,184	0	1,706,184	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	98.00
99.00	CMHC	0	0	0	0	99.00
99.10	CORF	0	0	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	0	0	0	0	105.00
106.00	HEART ACQUISITION	0	0	0	0	106.00
107.00	LIVER ACQUISITION	0	0	0	0	107.00
108.00	LUNG ACQUISITION	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	111.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140018

Period:
From 07/01/2010
To 06/30/2011

Worksheet C
Part I
Date/Time Prepared:
2/15/2012 9:44 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		
113.00 INTEREST EXPENSE						113.00
114.00 UTILIZATION REVIEW-SNF						114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0		0			0 115.00
116.00 HOSPICE	0		0			0 116.00
200.00 Subtotal (see instructions)	217,431,383	0	217,431,383	1,312,346	218,743,729	200.00
201.00 Less Observation Beds	1,706,184		1,706,184		1,706,184	201.00
202.00 Total (see instructions)	215,725,199	0	215,725,199	1,312,346	217,037,545	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140018	Period: From 07/01/2010 To 06/30/2011	Worksheet C Part I Date/Time Prepared: 2/15/2012 9:44 am	
			Title XVIII	Hospital	PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
9.00	10.00					
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	76,004,219		76,004,219		30.00
31.00	INTENSIVE CARE UNIT	9,669,443		9,669,443		31.00
31.01	NEONATAL INTENSIVE CARE UNIT	22,290,386		22,290,386		31.01
32.00	CORONARY CARE UNIT	16,178,239		16,178,239		32.00
33.00	BURN INTENSIVE CARE UNIT	0		0		33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0		34.00
40.00	SUBPROVIDER - I/PF	9,220,157		9,220,157		40.00
41.00	SUBPROVIDER - I/RF	0		0		41.00
42.00	SUBPROVIDER	0		0		42.00
43.00	NURSERY	9,971,749		9,971,749		43.00
44.00	SKILLED NURSING FACILITY	0		0		44.00
45.00	NURSING FACILITY	0		0		45.00
46.00	OTHER LONG TERM CARE	0		0		46.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	36,023,448	29,461,022	65,484,470	0.239278	50.00
51.00	RECOVERY ROOM	10,788,011	14,276,330	25,064,341	0.099273	51.00
52.00	DELIVERY ROOM & LABOR ROOM	14,221,110	17,459,776	31,680,886	0.313036	52.00
53.00	ANESTHESIOLOGY	19,278,271	8,522,775	27,801,046	0.114176	53.00
54.00	RADIOLOGY-DIAGNOSTIC	20,088,071	31,853,550	51,941,621	0.219247	54.00
55.00	RADIOLOGY-THERAPEUTIC	521,580	7,417,679	7,939,259	0.198308	55.00
56.00	RADIO SOTOPE	3,781,488	4,694,647	8,476,135	0.142457	56.00
57.00	CT SCAN	25,141,784	24,346,949	49,488,733	0.058032	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	5,611,935	7,721,872	13,333,807	0.093391	58.00
59.00	CARDIAC CATHETERIZATION	12,873,832	4,852,488	17,726,320	0.114019	59.00
60.00	LABORATORY	39,024,056	97,031,071	136,055,127	0.156109	60.00
60.01	BLOOD LABORATORY	0	0	0	0.000000	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	5,199,523	1,459,763	6,659,286	0.487821	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0.000000	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0.000000	64.00
65.00	RESPIRATORY THERAPY	19,388,449	403,630	19,792,079	0.161414	65.00
65.01	PULMONARY FUNCTION TESTING	4,793,752	1,058,681	5,852,433	0.073815	65.01
66.00	PHYSICAL THERAPY	1,971,289	106,637	2,077,926	0.438469	66.00
67.00	OCCUPATIONAL THERAPY	1,780,617	26,946	1,807,563	0.399967	67.00
68.00	SPEECH PATHOLOGY	640,770	446,325	1,087,095	0.328966	68.00
69.00	ELECTROCARDIOLOGY	7,080,715	6,837,534	13,918,249	0.156194	69.00
70.00	ELECTROENCEPHALOGRAPHY	398,177	3,864,144	4,262,321	0.138685	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	24,743,044	7,518,716	32,261,760	0.230297	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	23,808,909	3,648,449	27,457,358	0.331957	72.00
73.00	DRUGS CHARGED TO PATIENTS	58,670,669	23,561,991	82,232,660	0.185911	73.00
74.00	RENAL DIALYSIS	2,315,739	16,516,959	18,832,698	0.175076	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	CLINIC	0	0	0	0.000000	90.00
90.01	OUTPATIENT CHEMOTHERAPY	41,528	3,251,118	3,292,646	0.355756	90.01
90.02	ENT	1,640	1,237,621	1,239,261	0.435526	90.02
90.03	UNDER THE RAINBOW	0	5,012,128	5,012,128	0.454680	90.03
91.00	EMERGENCY	41,177,853	48,368,335	89,546,188	0.154715	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	2,008,846	2,008,846	0.849335	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0.000000	94.00
95.00	AMBULANCE SERVICES	0	0	0	0.000000	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0.000000	98.00
99.00	CMHC	0	0	0		99.00
99.10	CORF	0	0	0		99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0		100.00
101.00	HOME HEALTH AGENCY	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	0	0	0		105.00
106.00	HEART ACQUISITION	0	0	0		106.00
107.00	LIVER ACQUISITION	0	0	0		107.00
108.00	LUNG ACQUISITION	0	0	0		108.00
109.00	PANCREAS ACQUISITION	0	0	0		109.00
110.00	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	ISLET ACQUISITION	0	0	0		111.00
113.00	INTEREST EXPENSE	0	0	0		113.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140018	Period: From 07/01/2010 To 06/30/2011	Worksheet C Part I Date/Time Prepared: 2/15/2012 9:44 am	
			Title XVIII	Hospital	PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00	9.00	10.00	
114.00 UTILIZATION REVIEW-SNF						114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0			115.00
116.00 HOSPICE	0	0	0			116.00
200.00 Subtotal (see instructions)	522,700,453	372,965,982	895,666,435			200.00
201.00 Less Observation Beds						201.00
202.00 Total (see instructions)	522,700,453	372,965,982	895,666,435			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140018	Period: From 07/01/2010 To 06/30/2011	Worksheet C Part I Date/Time Prepared: 2/15/2012 9:44 am
Cost Center Description		PPS Inpatient Ratio 11.00	Title XVIII	Hospital
				PPS
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS			30.00
31.00	INTENSIVE CARE UNIT			31.00
31.01	NEONATAL INTENSIVE CARE UNIT			31.01
32.00	CORONARY CARE UNIT			32.00
33.00	BURN INTENSIVE CARE UNIT			33.00
34.00	SURGICAL INTENSIVE CARE UNIT			34.00
40.00	SUBPROVIDER - I PF			40.00
41.00	SUBPROVIDER - I RF			41.00
42.00	SUBPROVIDER			42.00
43.00	NURSERY			43.00
44.00	SKILLED NURSING FACILITY			44.00
45.00	NURSING FACILITY			45.00
46.00	OTHER LONG TERM CARE			46.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0.246567		50.00
51.00	RECOVERY ROOM	0.099273		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.313036		52.00
53.00	ANESTHESIOLOGY	0.118131		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.222866		54.00
55.00	RADIOLOGY-THERAPEUTIC	0.198308		55.00
56.00	RADIOISOTOPE	0.142457		56.00
57.00	CT SCAN	0.058032		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.093391		58.00
59.00	CARDIAC CATHETERIZATION	0.114019		59.00
60.00	LABORATORY	0.156189		60.00
60.01	BLOOD LABORATORY	0.000000		60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.487821		62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
64.00	INTRAVENOUS THERAPY	0.000000		64.00
65.00	RESPIRATORY THERAPY	0.161414		65.00
65.01	PULMONARY FUNCTION TESTING	0.073815		65.01
66.00	PHYSICAL THERAPY	0.438469		66.00
67.00	OCCUPATIONAL THERAPY	0.399967		67.00
68.00	SPEECH PATHOLOGY	0.328966		68.00
69.00	ELECTROCARDIOLOGY	0.156194		69.00
70.00	ELECTROENCEPHALOGRAPHY	0.138685		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.230297		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.331957		72.00
73.00	DRUGS CHARGED TO PATIENTS	0.185911		73.00
74.00	RENAL DIALYSIS	0.175076		74.00
75.00	ASC (NON-DISTINCT PART)	0.000000		75.00
OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC			88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	CLINIC	0.000000		90.00
90.01	OUTPATIENT CHEMOTHERAPY	0.355756		90.01
90.02	ENT	0.435526		90.02
90.03	UNDER THE RAINBOW	0.454680		90.03
91.00	EMERGENCY	0.156307		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.849335		92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	HOME PROGRAM DIALYSIS	0.000000		94.00
95.00	AMBULANCE SERVICES	0.000000		95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0.000000		96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0.000000		97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0.000000		98.00
99.00	CMHC			99.00
99.10	CORF			99.10
100.00	I&R SERVICES-NOT APPRVD PRGM			100.00
101.00	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS				
105.00	KIDNEY ACQUISITION			105.00
106.00	HEART ACQUISITION			106.00
107.00	LIVER ACQUISITION			107.00
108.00	LUNG ACQUISITION			108.00
109.00	PANCREAS ACQUISITION			109.00
110.00	INTESTINAL ACQUISITION			110.00
111.00	ISLET ACQUISITION			111.00
113.00	INTEREST EXPENSE			113.00
114.00	UTILIZATION REVIEW-SNF			114.00
115.00	AMBULATORY SURGICAL CENTER (D. P.)			115.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140018	Period: From 07/01/2010 To 06/30/2011	Worksheet C Part I Date/Time Prepared: 2/15/2012 9:44 am
		Title XVIII	Hospital	PPS
Cost Center Description	PPS Inpatient Ratio			
	11.00			
116.00 HOSPICE				116.00
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: 140018	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part I Date/Time Prepared: 2/15/2012 9:44 am
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Cost Center Description	Title XVIII			Hospital	PPS	
	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	4,430,771	0	4,430,771	49,858	88.87	30.00
31.00 INTENSIVE CARE UNIT	298,281		298,281	4,532	65.82	31.00
31.01 NEONATAL INTENSIVE CARE UNIT	178,520		178,520	7,277	24.53	31.01
32.00 CORONARY CARE UNIT	379,888		379,888	5,430	69.96	32.00
33.00 BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
40.00 SUBPROVIDER - IPF	501,493	0	501,493	8,044	62.34	40.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00 SUBPROVIDER	0	0	0	0	0.00	42.00
43.00 NURSERY	83,333		83,333	5,835	14.28	43.00
44.00 SKILLED NURSING FACILITY	0		0	0	0.00	44.00
45.00 NURSING FACILITY	0		0	0	0.00	45.00
200.00 Total (lines 30-199)	5,872,286		5,872,286	80,976		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140018	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part I Date/Time Prepared: 2/15/2012 9:44 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	ADULTS & PEDIATRICS	10,634	945,044	30.00
31.00	INTENSIVE CARE UNIT	1,015	66,807	31.00
31.01	NEONATAL INTENSIVE CARE UNIT	0	0	31.01
32.00	CORONARY CARE UNIT	1,685	117,883	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	SUBPROVIDER - IPF	1,979	123,371	40.00
41.00	SUBPROVIDER - IRF	0	0	41.00
42.00	SUBPROVIDER	0	0	42.00
43.00	NURSERY	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	44.00
45.00	NURSING FACILITY	0	0	45.00
200.00	Total (Lines 30-199)	15,313	1,253,105	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140018	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part II Date/Time Prepared: 2/15/2012 9:44 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	OPERATING ROOM	1,140,852	65,484,470	0.017422	9,461,892	164,845	50.00
51.00	RECOVERY ROOM	93,570	25,064,341	0.003733	2,040,097	7,616	51.00
52.00	DELIVERY ROOM & LABOR ROOM	406,229	31,680,886	0.012823	39,064	501	52.00
53.00	ANESTHESIOLOGY	123,685	27,801,046	0.004449	2,372,051	10,553	53.00
54.00	RADIOLOGY-DIAGNOSTIC	751,516	51,941,621	0.014468	4,798,998	69,432	54.00
55.00	RADIOLOGY-THERAPEUTIC	149,684	7,939,259	0.018854	144,590	2,726	55.00
56.00	RADIOISOTOPE	107,274	8,476,135	0.012656	961,312	12,166	56.00
57.00	CT SCAN	98,119	49,488,733	0.001983	4,962,450	9,841	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	57,511	13,333,807	0.004313	1,392,172	6,004	58.00
59.00	CARDIAC CATHETERIZATION	137,001	17,726,320	0.007729	2,240,773	17,319	59.00
60.00	LABORATORY	1,133,417	136,055,127	0.008331	11,530,433	96,060	60.00
60.01	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	53,370	6,659,286	0.008014	788,850	6,322	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	RESPIRATORY THERAPY	137,201	19,792,079	0.006932	4,423,019	30,660	65.00
65.01	PULMONARY FUNCTION TESTING	50,938	5,852,433	0.008704	501,956	4,369	65.01
66.00	PHYSICAL THERAPY	101,914	2,077,926	0.049046	551,390	27,043	66.00
67.00	OCCUPATIONAL THERAPY	115,858	1,807,563	0.064096	344,297	22,068	67.00
68.00	SPEECH PATHOLOGY	28,876	1,087,095	0.026563	199,112	5,289	68.00
69.00	ELECTROCARDIOLOGY	162,057	13,918,249	0.011643	3,458,751	40,270	69.00
70.00	ELECTROENCEPHALOGRAPHY	54,950	4,262,321	0.012892	101,939	1,314	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	219,751	32,261,760	0.006812	5,736,717	39,079	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	271,507	27,457,358	0.009888	6,868,229	67,913	72.00
73.00	DRUGS CHARGED TO PATIENTS	249,358	82,232,660	0.003032	17,023,784	51,616	73.00
74.00	RENAL DIALYSIS	108,676	18,832,698	0.005771	1,197,208	6,909	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	CLINIC	0	0	0.000000	0	0	90.00
90.01	OUTPATIENT CHEMOTHERAPY	15,008	3,292,646	0.004558	0	0	90.01
90.02	ENT	7,986	1,239,261	0.006444	0	0	90.02
90.03	UNDER THE RAINBOW	277,465	5,012,128	0.055359	0	0	90.03
91.00	EMERGENCY	504,324	89,546,188	0.005632	4,490,721	25,292	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	145,387	2,008,846	0.072373	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00	Total (Lines 50-199)	6,703,484	752,332,242		85,629,805	725,207	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140018		Period: From 07/01/2010 To 06/30/2011		Worksheet D Part III Date/Time Prepared: 2/15/2012 9:44 am	
Cost Center Description		Nursing School	Allied Health Cost	All Other Medical Education Cost	Hospital Swing-Bed Adjustment Amount (see instructions)	PPS 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	ADULTS & PEDIATRICS	0	78,874	0	0	78,874	30.00
31.00	INTENSIVE CARE UNIT	0	11,599	0	0	11,599	31.00
31.01	NEONATAL INTENSIVE CARE UNIT	0	8,119	0	0	8,119	31.01
32.00	CORONARY CARE UNIT	0	8,119	0	0	8,119	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	SUBPROVIDER - IPF	0	4,640	0	0	4,640	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	4,640	0	0	4,640	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
200.00	Total (lines 30-199)	0	115,991	0	0	115,991	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140018	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part III Date/Time Prepared: 2/15/2012 9:44 am
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Cost Center Description	Title XVIII					Hospital		PPS	
	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. Nursing School				
	6.00	7.00	8.00	9.00	11.00				
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	ADULTS & PEDIATRICS	49,858	1.58	10,634	16,802	0	30.00		
31.00	INTENSIVE CARE UNIT	4,532	2.56	1,015	2,598	0	31.00		
31.01	NEONATAL INTENSIVE CARE UNIT	7,277	1.12	0	0	0	31.01		
32.00	CORONARY CARE UNIT	5,430	1.50	1,685	2,528	0	32.00		
33.00	BURN INTENSIVE CARE UNIT	0	0.00	0	0	0	33.00		
34.00	SURGICAL INTENSIVE CARE UNIT	0	0.00	0	0	0	34.00		
40.00	SUBPROVIDER - IPF	8,044	0.58	1,979	1,148	0	40.00		
41.00	SUBPROVIDER - IRF	0	0.00	0	0	0	41.00		
42.00	SUBPROVIDER	0	0.00	0	0	0	42.00		
43.00	NURSERY	5,835	0.80	0	0	0	43.00		
44.00	SKILLED NURSING FACILITY	0	0.00	0	0	0	44.00		
45.00	NURSING FACILITY	0	0.00	0	0	0	45.00		
200.00	Total (lines 30-199)	80,976		15,313	23,076	0	200.00		

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140018	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part III Date/Time Prepared: 2/15/2012 9:44 am
Title XVIII		Hospital	PPS

Cost Center Description	PSA Adj . Allied Health Cost	PSA Adj . All Other Medical Education Cost		
	12.00	13.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00 ADULTS & PEDIATRICS	0	0		30.00
31.00 INTENSIVE CARE UNIT	0	0		31.00
31.01 NEONATAL INTENSIVE CARE UNIT	0	0		31.01
32.00 CORONARY CARE UNIT	0	0		32.00
33.00 BURN INTENSIVE CARE UNIT	0	0		33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0		34.00
40.00 SUBPROVIDER - IPF	0	0		40.00
41.00 SUBPROVIDER - IRF	0	0		41.00
42.00 SUBPROVIDER	0	0		42.00
43.00 NURSERY	0	0		43.00
44.00 SKILLED NURSING FACILITY	0	0		44.00
45.00 NURSING FACILITY	0	0		45.00
200.00 Total (lines 30-199)	0	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140018	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 2/15/2012 9:44 am
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Cost Center Description	Title XVIII				Hospital	PPS	Total Cost (sum of col 1 through col 4)	
	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost				
	1.00	2.00	3.00	4.00		5.00		
ANCILLARY SERVICE COST CENTERS								
50.00 OPERATING ROOM	0	0	0	0	0	0	0	50.00
51.00 RECOVERY ROOM	0	0	0	0	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	11,599	0	0	0	11,599	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	0	0	0	0	0	0	0	56.00
57.00 CT SCAN	0	0	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	0	0	0	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	0	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	0	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	0	0	0	0	0	0	0	65.00
65.01 PULMONARY FUNCTION TESTING	0	0	0	0	0	0	0	65.01
66.00 PHYSICAL THERAPY	0	0	0	0	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	4,640	0	0	0	4,640	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	0	0	90.00
90.01 OUTPATIENT CHEMOTHERAPY	0	0	4,640	0	0	0	4,640	90.01
90.02 ENT	0	0	0	0	0	0	0	90.02
90.03 UNDER THE RAINBOW	0	0	0	0	0	0	0	90.03
91.00 EMERGENCY	0	0	95,111	0	0	0	95,111	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	2,588	0	0	0	2,588	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	0	0	98.00
200.00 Total (Lines 50-199)	0	0	118,578	0	0	0	118,578	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140018	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 2/15/2012 9:44 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	OPERATING ROOM	0	65,484,470	0.000000	0.000000	9,461,892	50.00
51.00	RECOVERY ROOM	0	25,064,341	0.000000	0.000000	2,040,097	51.00
52.00	DELIVERY ROOM & LABOR ROOM	11,599	31,680,886	0.000366	0.000366	39,064	52.00
53.00	ANESTHESIOLOGY	0	27,801,046	0.000000	0.000000	2,372,051	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	51,941,621	0.000000	0.000000	4,798,998	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	7,939,259	0.000000	0.000000	144,590	55.00
56.00	RADIOISOTOPE	0	8,476,135	0.000000	0.000000	961,312	56.00
57.00	CT SCAN	0	49,488,733	0.000000	0.000000	4,962,450	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	13,333,807	0.000000	0.000000	1,392,172	58.00
59.00	CARDIAC CATHETERIZATION	0	17,726,320	0.000000	0.000000	2,240,773	59.00
60.00	LABORATORY	0	136,055,127	0.000000	0.000000	11,530,433	60.00
60.01	BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	6,659,286	0.000000	0.000000	788,850	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0.000000	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00	RESPIRATORY THERAPY	0	19,792,079	0.000000	0.000000	4,423,019	65.00
65.01	PULMONARY FUNCTION TESTING	0	5,852,433	0.000000	0.000000	501,956	65.01
66.00	PHYSICAL THERAPY	0	2,077,926	0.000000	0.000000	551,390	66.00
67.00	OCCUPATIONAL THERAPY	0	1,807,563	0.000000	0.000000	344,297	67.00
68.00	SPEECH PATHOLOGY	0	1,087,095	0.000000	0.000000	199,112	68.00
69.00	ELECTROCARDIOLOGY	0	13,918,249	0.000000	0.000000	3,458,751	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	4,262,321	0.000000	0.000000	101,939	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	32,261,760	0.000000	0.000000	5,736,717	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	27,457,358	0.000000	0.000000	6,868,229	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	82,232,660	0.000000	0.000000	17,023,784	73.00
74.00	RENAL DIALYSIS	4,640	18,832,698	0.000246	0.000246	1,197,208	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	CLINIC	0	0	0.000000	0.000000	0	90.00
90.01	OUTPATIENT CHEMOTHERAPY	4,640	3,292,646	0.001409	0.001409	0	90.01
90.02	ENT	0	1,239,261	0.000000	0.000000	0	90.02
90.03	UNDER THE RAINBOW	0	5,012,128	0.000000	0.000000	0	90.03
91.00	EMERGENCY	95,111	89,546,188	0.001062	0.001062	4,490,721	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	2,588	2,008,846	0.001288	0.001288	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
95.00	AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0	98.00
200.00	Total (Lines 50-199)	118,578	752,332,242			85,629,805	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140018	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 2/15/2012 9:44 am
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	PPS
		11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	4,866,993	0	0	0	50.00
51.00	RECOVERY ROOM	0	1,912,358	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	14	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	728,044	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	3,816,272	0	0	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	1,736,265	0	0	0	55.00
56.00	RADIOISOTOPE	0	925,350	0	0	0	56.00
57.00	CT SCAN	0	3,500,997	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	949,784	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	847,874	0	0	0	59.00
60.00	LABORATORY	0	821,036	0	0	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	112,235	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0	84,423	0	0	0	65.00
65.01	PULMONARY FUNCTION TESTING	0	197,421	0	0	0	65.01
66.00	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	41,008	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	1,773,283	0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	67,022	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	977,882	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	779,079	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	6,456,479	0	0	0	73.00
74.00	RENAL DIALYSIS	295	0	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
90.01	OUTPATIENT CHEMOTHERAPY	0	368,247	519	0	0	90.01
90.02	ENT	0	381,995	0	0	0	90.02
90.03	UNDER THE RAINBOW	0	0	0	0	0	90.03
91.00	EMERGENCY	4,769	2,824,013	2,999	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	524,761	676	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00	Total (Lines 50-199)	5,078	34,692,821	4,194	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140018	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 2/15/2012 9:44 am
Title XVIII		Hospital	PPS

Cost Center Description	PSA Adj . Allied Health	PSA Adj . All Other Medical Education Cost	
	23.00	24.00	
ANCILLARY SERVICE COST CENTERS			
50.00 OPERATING ROOM	0	0	50.00
51.00 RECOVERY ROOM	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00 RADIOISOTOPE	0	0	56.00
57.00 CT SCAN	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	59.00
60.00 LABORATORY	0	0	60.00
60.01 BLOOD LABORATORY	0	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	64.00
65.00 RESPIRATORY THERAPY	0	0	65.00
65.01 PULMONARY FUNCTION TESTING	0	0	65.01
66.00 PHYSICAL THERAPY	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00 RENAL DIALYSIS	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	75.00
OUTPATIENT SERVICE COST CENTERS			
88.00 RURAL HEALTH CLINIC	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00 CLINIC	0	0	90.00
90.01 OUTPATIENT CHEMOTHERAPY	0	0	90.01
90.02 ENT	0	0	90.02
90.03 UNDER THE RAINBOW	0	0	90.03
91.00 EMERGENCY	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS			
94.00 HOME PROGRAM DIALYSIS	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	98.00
200.00 Total (Lines 50-199)	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140018	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part V Date/Time Prepared: 2/15/2012 9:44 am		
		Title XVIII	Hospital	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	OPERATING ROOM	0.239278	4,866,993	0	0	50.00
51.00	RECOVERY ROOM	0.099273	1,912,358	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.313036	0	0	0	52.00
53.00	ANESTHESIOLOGY	0.114176	728,044	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.219247	3,816,272	0	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0.198308	1,736,265	0	0	55.00
56.00	RADIOISOTOPE	0.142457	925,350	0	0	56.00
57.00	CT SCAN	0.058032	3,500,997	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.093391	949,784	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.114019	847,874	0	0	59.00
60.00	LABORATORY	0.156109	821,036	0	0	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.487821	112,235	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0.000000	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0.161414	84,423	0	0	65.00
65.01	PULMONARY FUNCTION TESTING	0.073815	197,421	0	0	65.01
66.00	PHYSICAL THERAPY	0.438469	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0.399967	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0.328966	41,008	0	0	68.00
69.00	ELECTROCARDIOLOGY	0.156194	1,773,283	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.138685	67,022	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.230297	977,882	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.331957	779,079	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.185911	6,456,479	0	0	73.00
74.00	RENAL DIALYSIS	0.175076	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0.000000				88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000				89.00
90.00	CLINIC	0.000000	0	0	0	90.00
90.01	OUTPATIENT CHEMOTHERAPY	0.355756	368,247	0	0	90.01
90.02	ENT	0.435526	381,995	0	0	90.02
90.03	UNDER THE RAINBOW	0.454680	0	0	0	90.03
91.00	EMERGENCY	0.154715	2,824,013	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.849335	524,761	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0.000000		0		94.00
95.00	AMBULANCE SERVICES	0.000000		0		95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	98.00
200.00	Subtotal (see instructions)		34,692,821	0	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		34,692,821	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140018		Period: From 07/01/2010 To 06/30/2011		Worksheet D Part V Date/Time Prepared: 2/15/2012 9:44 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	OPERATING ROOM	1,164,564	0	0			50.00
51.00	RECOVERY ROOM	189,846	0	0			51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0			52.00
53.00	ANESTHESIOLOGY	83,125	0	0			53.00
54.00	RADIOLOGY-DIAGNOSTIC	836,706	0	0			54.00
55.00	RADIOLOGY-THERAPEUTIC	344,315	0	0			55.00
56.00	RADIOISOTOPE	131,823	0	0			56.00
57.00	CT SCAN	203,170	0	0			57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	88,701	0	0			58.00
59.00	CARDIAC CATHETERIZATION	96,674	0	0			59.00
60.00	LABORATORY	128,171	0	0			60.00
60.01	BLOOD LABORATORY	0	0	0			60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY		0	0			61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	54,751	0	0			62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0			63.00
64.00	INTRAVENOUS THERAPY	0	0	0			64.00
65.00	RESPIRATORY THERAPY	13,627	0	0			65.00
65.01	PULMONARY FUNCTION TESTING	14,573	0	0			65.01
66.00	PHYSICAL THERAPY	0	0	0			66.00
67.00	OCCUPATIONAL THERAPY	0	0	0			67.00
68.00	SPEECH PATHOLOGY	13,490	0	0			68.00
69.00	ELECTROCARDIOLOGY	276,976	0	0			69.00
70.00	ELECTROENCEPHALOGRAPHY	9,295	0	0			70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	225,203	0	0			71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	258,621	0	0			72.00
73.00	DRUGS CHARGED TO PATIENTS	1,200,330	0	0			73.00
74.00	RENAL DIALYSIS	0	0	0			74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0			75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0			88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0			89.00
90.00	CLINIC	0	0	0			90.00
90.01	OUTPATIENT CHEMOTHERAPY	131,006	0	0			90.01
90.02	ENT	166,369	0	0			90.02
90.03	UNDER THE RAINBOW	0	0	0			90.03
91.00	EMERGENCY	436,917	0	0			91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	445,698	0	0			92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS		0	0			94.00
95.00	AMBULANCE SERVICES		0	0			95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0			96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0			97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0			98.00
200.00	Subtotal (see instructions)	6,513,951	0	0			200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges		0	0			201.00
202.00	Net Charges (line 200 +/- line 201)	6,513,951	0	0			202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140018		Period: From 07/01/2010 To 06/30/2011		Worksheet D Part II Date/Time Prepared: 2/15/2012 9:44 am	
		Component CCN: 14S018		Title XVIII		Subprovider - IPF	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	1,140,852	65,484,470	0.017422	481	8	50.00
51.00	RECOVERY ROOM	93,570	25,064,341	0.003733	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	406,229	31,680,886	0.012823	0	0	52.00
53.00	ANESTHESIOLOGY	123,685	27,801,046	0.004449	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	751,516	51,941,621	0.014468	13,138	190	54.00
55.00	RADIOLOGY-THERAPEUTIC	149,684	7,939,259	0.018854	0	0	55.00
56.00	RADIOISOTOPE	107,274	8,476,135	0.012656	0	0	56.00
57.00	CT SCAN	98,119	49,488,733	0.001983	51,180	101	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	57,511	13,333,807	0.004313	7,489	32	58.00
59.00	CARDIAC CATHETERIZATION	137,001	17,726,320	0.007729	0	0	59.00
60.00	LABORATORY	1,133,417	136,055,127	0.008331	368,194	3,067	60.00
60.01	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	53,370	6,659,286	0.008014	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	RESPIRATORY THERAPY	137,201	19,792,079	0.006932	1,425	10	65.00
65.01	PULMONARY FUNCTION TESTING	50,938	5,852,433	0.008704	1,734	15	65.01
66.00	PHYSICAL THERAPY	101,914	2,077,926	0.049046	1,510	74	66.00
67.00	OCCUPATIONAL THERAPY	115,858	1,807,563	0.064096	97,649	6,259	67.00
68.00	SPEECH PATHOLOGY	28,876	1,087,095	0.026563	0	0	68.00
69.00	ELECTROCARDIOLOGY	162,057	13,918,249	0.011643	4,562	53	69.00
70.00	ELECTROENCEPHALOGRAPHY	54,950	4,262,321	0.012892	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	219,751	32,261,760	0.006812	31,354	214	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	271,507	27,457,358	0.009888	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	249,358	82,232,660	0.003032	569,326	1,726	73.00
74.00	RENAL DIALYSIS	108,676	18,832,698	0.005771	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	CLINIC	0	0	0.000000	0	0	90.00
90.01	OUTPATIENT CHEMOTHERAPY	15,008	3,292,646	0.004558	0	0	90.01
90.02	ENT	7,986	1,239,261	0.006444	0	0	90.02
90.03	UNDER THE RAINBOW	277,465	5,012,128	0.055359	0	0	90.03
91.00	EMERGENCY	504,324	89,546,188	0.005632	479,467	2,700	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	145,387	2,008,846	0.072373	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00	Total (Lines 50-199)	6,703,484	752,332,242		1,627,509	14,449	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140018 Component CCN: 14S018	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 2/15/2012 9:44 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 OPERATING ROOM	0	0	0	0	0	50.00
51.00 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	11,599	0	11,599	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	0	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01 PULMONARY FUNCTION TESTING	0	0	0	0	0	65.01
66.00 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	4,640	0	4,640	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
90.01 OUTPATIENT CHEMOTHERAPY	0	0	4,640	0	4,640	90.01
90.02 ENT	0	0	0	0	0	90.02
90.03 UNDER THE RAINBOW	0	0	0	0	0	90.03
91.00 EMERGENCY	0	0	95,111	0	95,111	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	2,588	0	2,588	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00 Total (Lines 50-199)	0	0	118,578	0	118,578	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140018 Component CCN: 14S018	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 2/15/2012 9:44 am
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
	6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	65,484,470	0.000000	0.000000	481	50.00
51.00 RECOVERY ROOM	0	25,064,341	0.000000	0.000000	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	11,599	31,680,886	0.000366	0.000366	0	52.00
53.00 ANESTHESIOLOGY	0	27,801,046	0.000000	0.000000	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	51,941,621	0.000000	0.000000	13,138	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	7,939,259	0.000000	0.000000	0	55.00
56.00 RADIOISOTOPE	0	8,476,135	0.000000	0.000000	0	56.00
57.00 CT SCAN	0	49,488,733	0.000000	0.000000	51,180	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	13,333,807	0.000000	0.000000	7,489	58.00
59.00 CARDIAC CATHETERIZATION	0	17,726,320	0.000000	0.000000	0	59.00
60.00 LABORATORY	0	136,055,127	0.000000	0.000000	368,194	60.00
60.01 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	6,659,286	0.000000	0.000000	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0.000000	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00 RESPIRATORY THERAPY	0	19,792,079	0.000000	0.000000	1,425	65.00
65.01 PULMONARY FUNCTION TESTING	0	5,852,433	0.000000	0.000000	1,734	65.01
66.00 PHYSICAL THERAPY	0	2,077,926	0.000000	0.000000	1,510	66.00
67.00 OCCUPATIONAL THERAPY	0	1,807,563	0.000000	0.000000	97,649	67.00
68.00 SPEECH PATHOLOGY	0	1,087,095	0.000000	0.000000	0	68.00
69.00 ELECTROCARDIOLOGY	0	13,918,249	0.000000	0.000000	4,562	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	4,262,321	0.000000	0.000000	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	32,261,760	0.000000	0.000000	31,354	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	27,457,358	0.000000	0.000000	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	82,232,660	0.000000	0.000000	569,326	73.00
74.00 RENAL DIALYSIS	4,640	18,832,698	0.000246	0.000246	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00 CLINIC	0	0	0.000000	0.000000	0	90.00
90.01 OUTPATIENT CHEMOTHERAPY	4,640	3,292,646	0.001409	0.001409	0	90.01
90.02 ENT	0	1,239,261	0.000000	0.000000	0	90.02
90.03 UNDER THE RAINBOW	0	5,012,128	0.000000	0.000000	0	90.03
91.00 EMERGENCY	95,111	89,546,188	0.001062	0.001062	479,467	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	2,588	2,008,846	0.001288	0.001288	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
95.00 AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0	98.00
200.00 Total (Lines 50-199)	118,578	752,332,242			1,627,509	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140018 Component CCN: 14S018	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 2/15/2012 9:44 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)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
	11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	0	0	0	0	50.00
51.00 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	0	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01 PULMONARY FUNCTION TESTING	0	0	0	0	0	65.01
66.00 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
90.01 OUTPATIENT CHEMOTHERAPY	0	0	0	0	0	90.01
90.02 ENT	0	0	0	0	0	90.02
90.03 UNDER THE RAINBOW	0	0	0	0	0	90.03
91.00 EMERGENCY	509	0	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES						95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00 Total (Lines 50-199)	509	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140018 Component CCN: 14S018	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 2/15/2012 9:44 am
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description	PSA Adj . Allied Health	PSA Adj . All Other Medical Education Cost	
	23.00	24.00	
ANCILLARY SERVICE COST CENTERS			
50.00 OPERATING ROOM	0	0	50.00
51.00 RECOVERY ROOM	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00 RADIOISOTOPE	0	0	56.00
57.00 CT SCAN	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	59.00
60.00 LABORATORY	0	0	60.00
60.01 BLOOD LABORATORY	0	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	64.00
65.00 RESPIRATORY THERAPY	0	0	65.00
65.01 PULMONARY FUNCTION TESTING	0	0	65.01
66.00 PHYSICAL THERAPY	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00 RENAL DIALYSIS	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	75.00
OUTPATIENT SERVICE COST CENTERS			
88.00 RURAL HEALTH CLINIC	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00 CLINIC	0	0	90.00
90.01 OUTPATIENT CHEMOTHERAPY	0	0	90.01
90.02 ENT	0	0	90.02
90.03 UNDER THE RAINBOW	0	0	90.03
91.00 EMERGENCY	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS			
94.00 HOME PROGRAM DIALYSIS	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	98.00
200.00 Total (Lines 50-199)	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140018	Period: From 07/01/2010 To 06/30/2011	Worksheet D-1 Date/Time Prepared: 2/15/2012 9:44 am
		Title XVIII	Hospital	PPS
Cost Center Description				
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		49,858	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		49,858	2.00
3.00	Private room days (excluding swing-bed and observation bed days)		221	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		49,637	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)		10,634	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)		51,996,955	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)		51,996,955	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		65,223,325	28.00
29.00	Private room charges (excluding swing-bed charges)		298,129	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		64,925,196	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.797214	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		1,349.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		1,308.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		41.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		32.69	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		7,224	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		51,989,731	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)		1,042.90	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		11,090,199	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)		11,090,199	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 140018	Period: From 07/01/2010 To 06/30/2011	Worksheet D-1 Date/Time Prepared: 2/15/2012 9:44 am	
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	3,949,432	4,532	871.45	1,015	884,522	43.00
43.01 NEONATAL INTENSIVE CARE UNIT	7,324,562	7,277	1,006.54	0	0	43.01
44.00 CORONARY CARE UNIT	7,201,594	5,430	1,326.26	1,685	2,234,748	44.00
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	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)					16,350,228	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					30,559,697	49.00
PASS THROUGH COST ADJUSTMENTS						
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,151,662	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					730,285	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					1,881,947	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					28,677,750	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)					1,636	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,042.90	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					1,706,184	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140018		Period: From 07/01/2010 To 06/30/2011		Worksheet D-1 Date/Time Prepared: 2/15/2012 9:44 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)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	4,430,771	51,996,955	0.085212	1,706,184	145,387	90.00
91.00	Nursing School cost	0	51,996,955	0.000000	1,706,184	0	91.00
92.00	Allied health cost	78,874	51,996,955	0.001517	1,706,184	2,588	92.00
93.00	All other Medical Education	0	51,996,955	0.000000	1,706,184	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140018 Component CCN: 14S018	Period: From 07/01/2010 To 06/30/2011	Worksheet D-1 Date/Time Prepared: 2/15/2012 9:44 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)			8,044 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			8,044 2.00
3.00	Private room days (excluding swing-bed and observation bed days)			158 3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)			7,886 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)			1,979 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)			6,099,813 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)			6,099,813 27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)			10,528,030 28.00
29.00	Private room charges (excluding swing-bed charges)			213,142 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			10,314,888 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.579388 31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			1,349.00 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			1,308.00 33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)			41.00 34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			23.75 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			3,752 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			6,096,061 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)			758.31 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			1,500,695 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)			1,500,695 41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 140018	Period: From 07/01/2010 To 06/30/2011	Worksheet D-1	
				Component CCN: 14S018		Date/Time Prepared: 2/15/2012 9:44 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
43.01 NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0		43.01
44.00 CORONARY CARE UNIT	0	0	0.00	0	0		44.00
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0		45.00
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0		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)					293,022		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,793,717		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)					124,519		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					14,958		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					139,477		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,654,240		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)					0		70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					0		71.00
72.00 Program routine service cost (line 9 x line 71)					0		72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)					0		73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)					0		74.00
75.00 Capital -related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					0		75.00
76.00 Per diem capital -related costs (line 75 ÷ line 2)					0		76.00
77.00 Program capital -related costs (line 9 x line 76)					0		77.00
78.00 Inpatient routine service cost (line 74 minus line 77)					0		78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)					0		79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					0		80.00
81.00 Inpatient routine service cost per diem limitation					0		81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)					0		82.00
83.00 Reasonable inpatient routine service costs (see instructions)					0		83.00
84.00 Program inpatient ancillary services (see instructions)					0		84.00
85.00 Utilization review - physician compensation (see instructions)					0		85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)					0		86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140018 Component CCN: 14S018		Period: From 07/01/2010 To 06/30/2011		Worksheet D-1 Date/Time Prepared: 2/15/2012 9:44 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	501,493	6,099,813	0.082214	0	0	90.00
91.00	Nursing School cost	0	6,099,813	0.000000	0	0	91.00
92.00	Allied health cost	4,640	6,099,813	0.000761	0	0	92.00
93.00	All other Medical Education	0	6,099,813	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140018	Period: From 07/01/2010 To 06/30/2011	Worksheet D-3 Date/Time Prepared: 2/15/2012 9:44 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS		15,874,755		30.00
31.00	INTENSIVE CARE UNIT		2,997,270		31.00
31.01	NEONATAL INTENSIVE CARE UNIT		0		31.01
32.00	CORONARY CARE UNIT		4,810,269		32.00
33.00	BURN INTENSIVE CARE UNIT		0		33.00
34.00	SURGICAL INTENSIVE CARE UNIT		0		34.00
40.00	SUBPROVIDER - IPF		0		40.00
41.00	SUBPROVIDER - IRF		0		41.00
42.00	SUBPROVIDER		0		42.00
43.00	NURSERY		0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.246567	9,461,892	2,332,990	50.00
51.00	RECOVERY ROOM	0.099273	2,040,097	202,527	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.313036	39,064	12,228	52.00
53.00	ANESTHESIOLOGY	0.118131	2,372,051	280,213	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.222866	4,798,998	1,069,533	54.00
55.00	RADIOLOGY-THERAPEUTIC	0.198308	144,590	28,673	55.00
56.00	RADIOISOTOPE	0.142457	961,312	136,946	56.00
57.00	CT SCAN	0.058032	4,962,450	287,981	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.093391	1,392,172	130,016	58.00
59.00	CARDIAC CATHETERIZATION	0.114019	2,240,773	255,491	59.00
60.00	LABORATORY	0.156189	11,530,433	1,800,927	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.487821	788,850	384,818	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	63.00
64.00	INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	RESPIRATORY THERAPY	0.161414	4,423,019	713,937	65.00
65.01	PULMONARY FUNCTION TESTING	0.073815	501,956	37,052	65.01
66.00	PHYSICAL THERAPY	0.438469	551,390	241,767	66.00
67.00	OCCUPATIONAL THERAPY	0.399967	344,297	137,707	67.00
68.00	SPEECH PATHOLOGY	0.328966	199,112	65,501	68.00
69.00	ELECTROCARDIOLOGY	0.156194	3,458,751	540,236	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.138685	101,939	14,137	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.230297	5,736,717	1,321,149	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.331957	6,868,229	2,279,957	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.185911	17,023,784	3,164,909	73.00
74.00	RENAL DIALYSIS	0.175076	1,197,208	209,602	74.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	CLINIC	0.000000	0	0	90.00
90.01	OUTPATIENT CHEMOTHERAPY	0.355756	0	0	90.01
90.02	ENT	0.435526	0	0	90.02
90.03	UNDER THE RAINBOW	0.454680	0	0	90.03
91.00	EMERGENCY	0.156307	4,490,721	701,931	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.849335	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	AMBULANCE SERVICES				95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	98.00
200.00	Total (sum of lines 50-94 and 96-98)		85,629,805	16,350,228	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)		85,629,805		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140018	Period: From 07/01/2010 To 06/30/2011	Worksheet D-3	
		Component CCN: 14S018		Date/Time Prepared: 2/15/2012 9:44 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	ADULTS & PEDIATRICS		0		30.00
31.00	INTENSIVE CARE UNIT		0		31.00
31.01	NEONATAL INTENSIVE CARE UNIT		0		31.01
32.00	CORONARY CARE UNIT		0		32.00
33.00	BURN INTENSIVE CARE UNIT		0		33.00
34.00	SURGICAL INTENSIVE CARE UNIT		0		34.00
40.00	SUBPROVIDER - IPF		2,346,550		40.00
41.00	SUBPROVIDER - IRF		0		41.00
42.00	SUBPROVIDER		0		42.00
43.00	NURSERY		0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.246567	481	119	50.00
51.00	RECOVERY ROOM	0.099273	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.313036	0	0	52.00
53.00	ANESTHESIOLOGY	0.118131	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.222866	13,138	2,928	54.00
55.00	RADIOLOGY-THERAPEUTIC	0.198308	0	0	55.00
56.00	RADIOISOTOPE	0.142457	0	0	56.00
57.00	CT SCAN	0.058032	51,180	2,970	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.093391	7,489	699	58.00
59.00	CARDIAC CATHETERIZATION	0.114019	0	0	59.00
60.00	LABORATORY	0.156189	368,194	57,508	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.487821	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	63.00
64.00	INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	RESPIRATORY THERAPY	0.161414	1,425	230	65.00
65.01	PULMONARY FUNCTION TESTING	0.073815	1,734	128	65.01
66.00	PHYSICAL THERAPY	0.438469	1,510	662	66.00
67.00	OCCUPATIONAL THERAPY	0.399967	97,649	39,056	67.00
68.00	SPEECH PATHOLOGY	0.328966	0	0	68.00
69.00	ELECTROCARDIOLOGY	0.156194	4,562	713	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.138685	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.230297	31,354	7,221	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.331957	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.185911	569,326	105,844	73.00
74.00	RENAL DIALYSIS	0.175076	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	CLINIC	0.000000	0	0	90.00
90.01	OUTPATIENT CHEMOTHERAPY	0.355756	0	0	90.01
90.02	ENT	0.435526	0	0	90.02
90.03	UNDER THE RAINBOW	0.454680	0	0	90.03
91.00	EMERGENCY	0.156307	479,467	74,944	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.849335	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	AMBULANCE SERVICES				95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	98.00
200.00	Total (sum of lines 50-94 and 96-98)		1,627,509	293,022	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)		1,627,509		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140018	Period: From 07/01/2010 To 06/30/2011	Worksheet E Part A Date/Time Prepared: 2/15/2012 9:44 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		21,016,058		1.00
2.00	Outlier payments for discharges. (see instructions)		683,960		2.00
3.00	Managed Care Simulated Payments		2,745,199		3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		258.52		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)		81.96		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)		33.00		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)		2.60		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)		112.36		9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		119.12		10.00
11.00	FTE count for residents in dental and podiatric programs.		4.83		11.00
12.00	Current year allowable FTE (see instructions)		117.19		12.00
13.00	Total allowable FTE count for the prior year.		116.94		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.		116.36		14.00
15.00	Sum of lines 12 through 14 divided by 3.		116.83		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		116.83		18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.451919		19.00
20.00	Prior year resident to bed ratio (see instructions)		0.453590		20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.451919		21.00
22.00	IME payment adjustment (see instructions)		5,229,282		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).		0.00		23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		6.76		24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00		25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000		26.00
27.00	IME payments adjustment. (see instructions)		0.000000		27.00
28.00	IME Adjustment (see instructions)		0		28.00
29.00	Total IME payment (sum of lines 22 and 28)		5,229,282		29.00
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		13.56		30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)		62.24		31.00
32.00	Sum of lines 30 and 31		75.80		32.00
33.00	Allowable disproportionate share percentage (see instructions)		51.75		33.00
34.00	Disproportionate share adjustment (see instructions)		10,875,810		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	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	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)		37,805,110		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0		48.00
49.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)		37,805,110		49.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140018	Period: From 07/01/2010 To 06/30/2011	Worksheet E Part A Date/Time Prepared: 2/15/2012 9:44 am	
		Title XVIII	Hospital	PPS	
			before 1/1	on/after 1/1	
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		2,408,128		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).		2,186,309		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		21,928		57.00
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)		5,078		58.00
59.00	Total (sum of amounts on lines 49 through 58)		42,426,553		59.00
60.00	Primary payer payments		0		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		42,426,553		61.00
62.00	Deductibles billed to program beneficiaries		1,749,759		62.00
63.00	Coinsurance billed to program beneficiaries		384,405		63.00
64.00	Allowable bad debts (see instructions)		1,408,094		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		985,666		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		1,388,614		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		41,278,055		67.00
68.00	Credits received from manufacturers for replaced devices applicable to MS-DRG (see instructions)		0		68.00
69.00	Outlier payments reconciliation		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)		41,278,055		71.00
72.00	Interim payments		40,849,957		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)		428,098		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: 140018	Period: From 07/01/2010 To 06/30/2011	Worksheet E Part B Date/Time Prepared: 2/15/2012 9:44 am
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)			0 1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)			6,509,757 2.00
3.00	PPS payments			5,757,683 3.00
4.00	Outlier payment (see instructions)			20,655 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			4,194 9.00
10.00	Organ acquisitions			0 10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)			0 11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges			0 12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)			0 13.00
14.00	Total reasonable charges (sum of lines 12 and 13)			0 14.00
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)			0 18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			0 19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)			0 20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)			0 21.00
22.00	Interns and residents (see instructions)			0 22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)			0 23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)			5,782,532 24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)			0 25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)			1,432,648 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)			4,349,884 27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)			440,185 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)			4,790,069 30.00
31.00	Primary payer payments			0 31.00
32.00	Subtotal (line 30 minus line 31)			4,790,069 32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)			19,142 33.00
34.00	Allowable bad debts (see instructions)			173,235 34.00
35.00	Adjusted reimbursable bad debts (see instructions)			121,265 35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			171,481 36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)			4,930,476 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)			4,930,476 40.00
41.00	Interim payments			5,038,889 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)			-108,413 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: 140018	Period: From 07/01/2010 To 06/30/2011	Worksheet E Part B Date/Time Prepared: 2/15/2012 9:44 am
		Title XVIII	Hospital
			PPS
			Overrides
			1.00
112.00	WORKSHEET OVERRIDE VALUES Override of Ancillary service charges (line 12)		0112.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140018 Component CCN: 14S018	Period: From 07/01/2010 To 06/30/2011	Worksheet E Part B Date/Time Prepared: 2/15/2012 9:44 am
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		0	2.00
3.00	PPS payments		0	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)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
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)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		0	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		0	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		0	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)		0	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		0	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)		0	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)		0	40.00
41.00	Interim payments		0	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)		0	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: 140018 Component CCN: 14S018	Period: From 07/01/2010 To 06/30/2011	Worksheet E Part B Date/Time Prepared: 2/15/2012 9:44 am
	Title XVIII	Subprovider - IPF	PPS
			Overrides 1.00
WORKSHEET OVERRIDE VALUES			
112.00	Override of Ancillary service charges (line 12)		0112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN: 140018		Period: From 07/01/2010 To 06/30/2011		Worksheet E-1 Part I Date/Time Prepared: 2/15/2012 9:44 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		39,172,032		5,096,445	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	04/15/2011	1,307,778		0	3.01	
3.02		06/24/2011	716,594		25,703	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM	02/04/2011	346,447		83,259	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)		1,677,925		-57,556	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)		40,849,957		5,038,889	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		428,098		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		108,413	6.02	
7.00	Total Medicare program liability (see instructions)		41,278,055		4,930,476	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: 140018 Component CCN: 14S018		Period: From 07/01/2010 To 06/30/2011		Worksheet E-1 Part I Date/Time Prepared: 2/15/2012 9:44 am	
		Title XVIII		Subprovider - IPF		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider					0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		1,565,015			0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						3.00
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0			0	3.01
3.02			0			0	3.02
3.03			0			0	3.03
3.04			0			0	3.04
3.05			0			0	3.05
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM	02/04/2011	79,585			0	3.50
3.51		06/24/2011	19,165			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)		-98,750			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)		1,466,265			0	4.00
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						5.00
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0			0	5.01
5.02			0			0	5.02
5.03			0			0	5.03
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0			0	5.50
5.51			0			0	5.51
5.52			0			0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0			0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)						6.00
6.01	SETTLEMENT TO PROVIDER		0			0	6.01
6.02	SETTLEMENT TO PROGRAM		60,001			0	6.02
7.00	Total Medicare program liability (see instructions)		1,406,264			0	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: 140018	Period: From 07/01/2010 To 06/30/2011	Worksheet E-1 Part II Date/Time Prepared: 2/15/2012 9:44 am
		Title XVIII	Hospital	PPS
				1.00
DATA COLLECTION NEEDED FOR THE HIT CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst S-3, Part I column 15 line 14			18,787 1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12			13,334 2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6. line 2			1,864 3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12			65,461 4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200			895,666,435 5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20			78,028,438 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)			0 8.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH				
30.00	Initial /interim HIT payment(s)			0 30.00
31.00	Other Adjustment (specify)			0 31.00
32.00	Balance due provider (line 8 minus line 30, plus or minus line 31)			0 32.00
				Overrides
				1.00
CONTRACTOR OVERRIDES				
108.00	Override of HIT payment			0 108.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140018 Component CCN: 14S018	Period: From 07/01/2010 To 06/30/2011	Worksheet E-3 Part II Date/Time Prepared: 2/15/2012 9:44 am
		Title XVIIII	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)			1,517,994 1.00
2.00	Net IPF PPS Outlier Payments			0 2.00
3.00	Net IPF PPS ECT Payments			0 3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)			0.00 4.00
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)			22.038356 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)			1,517,994 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)			1,517,994 16.00
17.00	Primary payer payments			0 17.00
18.00	Subtotal (line 16 less line 17).			1,517,994 18.00
19.00	Deductibles			169,387 19.00
20.00	Subtotal (line 18 minus line 19)			1,348,607 20.00
21.00	Coinurance			30,388 21.00
22.00	Subtotal (line 20 minus line 21)			1,318,219 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			123,412 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			86,388 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 25.00
26.00	Subtotal (sum of lines 22 and 24)			1,404,607 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)			1,657 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)			1,406,264 31.00
32.00	Interim payments			1,466,265 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)			-60,001 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

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140018	Period: From 07/01/2010 To 06/30/2011	Worksheet E-4 Date/Time Prepared: 2/15/2012 9:44 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.			91.66	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			33.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			2.38	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)			122.28	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			119.12	6.00
7.00	Enter the lesser of line 5 or line 6			119.12	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.	88.25	26.22	114.47	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.	88.25	26.22	114.47	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		4.33		10.00
11.00	Total weighted FTE count	88.25	30.55		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	85.83	33.64		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	82.16	36.96		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	85.41	33.72		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	85.41	33.72		17.00
18.00	Per resident amount	96,498.23	91,375.34		18.00
19.00	Approved amount for resident costs	8,241,914	3,081,176	11,323,090	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)			11,323,090	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days	15,313	2,023		26.00
27.00	Total Inpatient Days	73,505	73,505		27.00
28.00	Ratio of inpatient days to total inpatient days	0.208326	0.027522		28.00
29.00	Program direct GME amount	2,358,894	311,634		29.00
30.00	Reduction for nursing/allied health		44,034		30.00
31.00	Net Program direct GME amount			2,626,494	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140018	Period: From 07/01/2010 To 06/30/2011	Worksheet E-4 Date/Time Prepared: 2/15/2012 9:44 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)		4,640	32.00
33.00	Renal dialysis and home dialysis total charges (Worksheet C, Part I, column 8, sum of lines 74 and 94)		18,832,698	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000246	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		9,923,540	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)		32,353,414	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)		0	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		32,353,414	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		6,513,951	42.00
43.00	Primary payer payments (see instructions)		0	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		6,513,951	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		38,867,365	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.832406	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.167594	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		2,626,494	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (Title XVIII only) (see instructions)		2,186,309	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		440,185	50.00

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only) Provider CCN: 140018 Period: From 07/01/2010 To 06/30/2011 Worksheet G
 Date/Time Prepared: 2/15/2012 9:44 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	8,373,000	0	0	0	1.00
2.00	Temporary investments	2,130,000	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	52,520,000	0	0	0	4.00
5.00	Other receivable	3,864,000	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-18,841,000	0	0	0	6.00
7.00	Inventory	2,851,000	0	0	0	7.00
8.00	Prepaid expenses	1,955,000	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	-12,220,000	503,000	75,000	0	10.00
11.00	Total current assets (sum of lines 1-10)	40,632,000	503,000	75,000	0	11.00
FIXED ASSETS						
12.00	Land	1,725,650	0	0	0	12.00
13.00	Land improvements	682,066	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	144,277,728	0	0	0	15.00
16.00	Accumulated depreciation	-87,301,923	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	69,188	0	0	0	21.00
22.00	Accumulated depreciation	-255,547	0	0	0	22.00
23.00	Major movable equipment	75,512,133	0	0	0	23.00
24.00	Accumulated depreciation	-54,350,295	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)	80,359,000	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	22,119,000	0	0	0	31.00
32.00	Deposits on leases	18,071,000	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	262,000	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	40,452,000	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	161,443,000	503,000	75,000	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	42,201,000	0	0	0	37.00
38.00	Salaries, wages, and fees payable	12,160,000	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	2,465,000	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	5,110,000	0	0	0	43.00
44.00	Other current liabilities	9,954,000	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	71,890,000	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	107,577,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	107,577,000	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	179,467,000	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	-18,024,000	0	0	0	52.00
53.00	Specific purpose fund	0	503,000	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	75,000	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	-18,024,000	503,000	75,000	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	161,443,000	503,000	75,000	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140018

Period:
From 07/01/2010
To 06/30/2011

Worksheet G-1

Date/Time Prepared:
2/15/2012 9:44 am

		General Fund		Special Purpose Fund		
		1.00	2.00	3.00	4.00	
1.00	Fund balances at beginning of period		-12,880,000		573,000	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		-5,453,989			2.00
3.00	Total (sum of line 1 and line 2)		-18,333,989		573,000	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00	DONOR CONTRIBUTIONS	0		260,000		5.00
6.00	OTH INCR IN UNRESTRICTED NET ASSETS	310,000		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)		310,000		260,000	10.00
11.00	Subtotal (line 3 plus line 10)		-18,023,989		833,000	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00	NET ASSETS RELEASES FOR CAPITAL PURP	0		66,000		13.00
14.00	NET ASSETS RELEASED FOR USED IN OPER	0		264,000		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		330,000	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		-18,023,989		503,000	19.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140018

Period:
From 07/01/2010
To 06/30/2011

Worksheet G-1

Date/Time Prepared:
2/15/2012 9:44 am

	Endowment Fund		Plant Fund			
	5.00	6.00	7.00	8.00		
1.00 Fund balances at beginning of period		75,000			0	1.00
2.00 Net income (loss) (from Wkst. G-3, line 29)						2.00
3.00 Total (sum of line 1 and line 2)		75,000			0	3.00
4.00 Additions (credit adjustments) (specify)	0		0			4.00
5.00 DONOR CONTRIBUTIONS	0		0			5.00
6.00 OTH INCR IN UNRESTRICTED NET ASSETS	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)		75,000			0	11.00
12.00 Deductions (debit adjustments) (specify)	0		0			12.00
13.00 NET ASSETS RELEASES FOR CAPITAL PURP	0		0			13.00
14.00 NET ASSETS RELEASES FOR USED IN OPER	0		0			14.00
15.00	0		0			15.00
16.00	0		0			16.00
17.00	0		0			17.00
18.00 Total deductions (sum of lines 12-17)		0			0	18.00
19.00 Fund balance at end of period per balance sheet (line 11 minus line 18)		75,000			0	19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 140018

Period:
From 07/01/2010
To 06/30/2011

Worksheet G-2 Parts

Date/Time Prepared:
2/15/2012 9:44 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	78,736,812		78,736,812	1.00
2.00	SUBPROVIDER - IPF	9,184,733		9,184,733	2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	0		0	7.00
8.00	NURSING FACILITY	0		0	8.00
9.00	OTHER LONG TERM CARE	0		0	9.00
10.00	Total general inpatient care services (sum of lines 1-9)	87,921,545		87,921,545	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	13,036,378		13,036,378	11.00
11.01	NEONATAL INTENSIVE CARE UNIT	21,287,732		21,287,732	11.01
12.00	CORONARY CARE UNIT	14,446,354		14,446,354	12.00
13.00	BURN INTENSIVE CARE UNIT	0		0	13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	48,770,464		48,770,464	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	136,692,009		136,692,009	17.00
18.00	Ancillary services	385,794,000	0	385,794,000	18.00
19.00	Outpatient services	0	376,241,952	376,241,952	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	0	0	0	22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC	0	0	0	24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	25.00
26.00	HOSPICE	0	0	0	26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	522,486,009	376,241,952	898,727,961	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		251,112,960		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)		251,112,960		43.00

STATEMENT OF REVENUES AND EXPENSES	Provider CCN: 140018	Period: From 07/01/2010 To 06/30/2011	Worksheet G-3 Date/Time Prepared: 2/15/2012 9:44 am
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		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	898,727,961	1.00
2.00	Less contractual allowances and discounts on patients' accounts	609,255,990	2.00
3.00	Net patient revenues (line 1 minus line 2)	289,471,971	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	251,112,960	4.00
5.00	Net income from service to patients (line 3 minus line 4)	38,359,011	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	30,000	6.00
7.00	Income from investments	1,524,000	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	820	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	879,796	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	1,418,703	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	15,215	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	1,055,057	22.00
23.00	Governmental appropriations	0	23.00
24.00	TRAUMA FUNDING A/C 9900-4447	1,571,388	24.00
24.01	OTHER OPERATING SRH A/C 4320	1,779,676	24.01
24.02	OTHER OPER PREMIER PURCH A/C 9585	972,000	24.02
24.03	OTHER INCOME	6,529,345	24.03
25.00	Total other income (sum of lines 6-24)	15,776,000	25.00
26.00	Total (line 5 plus line 25)	54,135,011	26.00
27.00	PROVISION FOR BAD DEBTS	59,589,000	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	59,589,000	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-5,453,989	29.00

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS		Provider CCN: 140018	Period: From 07/01/2010 To 06/30/2011	Worksheet I-1 Date/Time Prepared: 2/15/2012 9:44 am
			Renal Dialysis	PPS

		Total Costs	Basis	Statistics	FTEs per 2080 Hours	
		1.00	2.00	3.00	4.00	
1.00	Registered Nurses	1,124,083	Hours of Service	26,324.00	12.66	1.00
2.00	Licensed Practical Nurses	0	Hours of Service	0.00	0.00	2.00
3.00	Nurses Aides	0	Hours of Service	0.00	0.00	3.00
4.00	Technicians	264,023	Hours of Service	12,379.00	5.95	4.00
5.00	Social Workers	0	Hours of Service	0.00	0.00	5.00
6.00	Dieticians	0	Hours of Service	0.00	0.00	6.00
7.00	Physicians	42,230	Accumulated Cost			7.00
8.00	Non-patient Care Salary	39,460	Accumulated Cost			8.00
9.00	Subtotal (sum of lines 1-8)	1,469,796				9.00
10.00	Employee Benefits	0	Salary			10.00
11.00	Capital Related Costs-Bldgs. & Fixtures	0	Square Feet			11.00
12.00	Capital Related Costs-Mov. Equip.	0	Percentage of Time			12.00
13.00	Machine Costs & Repairs	38,433	Percentage of Time			13.00
14.00	Supplies	231,729	Requisitions			14.00
15.00	Drugs	335,857	Requisitions			15.00
16.00	Other	94,148	Accumulated Cost			16.00
17.00	Subtotal (sum of lines 9-16)*	2,169,963				17.00
18.00	Capital Related Costs-Bldgs. & Fixtures	7,784	Square Feet			18.00
19.00	Capital Related Costs-Mov. Equip.	35,885	Percentage of Time			19.00
20.00	Employee Benefits	256,353	Salary			20.00
21.00	Administrative & General	569,267	Accumulated Cost			21.00
22.00	Maint./Repairs-Oper-Housekeeping	69,837	Square Feet			22.00
23.00	Medical Education Program Costs	4,640				23.00
24.00	Central Service & Supplies	13,189	Requisitions			24.00
25.00	Pharmacy	-328,618	Requisitions			25.00
26.00	Other Allocated Costs	498,847	Accumulated Cost			26.00
27.00	Subtotal (sum of lines 17-26)*	3,297,147				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)	3,297,147				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.

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES		Provider CCN: 140018	Period: From 07/01/2010 To 06/30/2011	Worksheet 1-2 Date/Time Prepared: 2/15/2012 9:44 am
			Renal Dialysis	PPS

		Capital Related Costs		Direct Patient Care Salary		Employee Benefits	
		Buiding	Equipment	RNs	Other		
		1.00	2.00	3.00	4.00		
1.00	Total Renal Department Costs	77,621	74,318	1,124,083	264,023	256,353	1.00
MAINTENANCE							
2.00	Hemodialysis	67,817	64,932	982,111	230,677	223,976	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	9,804	9,386	141,972	33,346	32,377	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)	77,621	74,318	1,124,083	264,023	256,353	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: 140018	Period: From 07/01/2010 To 06/30/2011	Worksheet 1-2 Date/Time Prepared: 2/15/2012 9:44 am
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		Renal Dialysis			PPS		
		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	7,239	244,918	0	2,048,555	1,243,952	1.00
MAINTENANCE							
2.00	Hemodialysis	6,325	213,985	0	1,789,823	1,086,841	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	914	30,933	0	258,732	157,111	12.00
13.00	Method II Home Patient	0	0	0	0	0	13.00
14.00	EPO (include in Renal Department)	0					14.00
15.00	ARANESP (include in Renal Department)	0					15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Total (sum of lines 2-16)	7,239	244,918	0	2,048,555	1,243,952	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: 140018	Period: From 07/01/2010 To 06/30/2011	Worksheet 1-2 Date/Time Prepared: 2/15/2012 9:44 am
			Renal Dialysis	PPS

		Total (col. 9 + col. 10) 11.00		
1.00	Total Renal Department Costs	3,292,507		1.00
MAINTENANCE				
2.00	Hemodialysis	2,876,664		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	415,843		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)	3,292,507		17.00
18.00	Medical Educational Program Costs	4,640		18.00
19.00	Total Renal Costs (line 17 + line 18)	3,297,147		19.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS	Provider CCN: 140018	Period: From 07/01/2010 To 06/30/2011	Worksheet 1-3 Date/Time Prepared: 2/15/2012 9:44 am
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		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		77,621	74,318	1,124,083	264,023	1.00
MAINTENANCE							
2.00	Hemodialysis		8,737	8,737.00	8,737.00	8,737.00	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	1,464	1,263	1,263.00	1,263.00	1,263.00	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		10,000	10,000.00	10,000.00	10,000.00	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)		7.762100	7.431800	112.408300	26.402300	18.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 140018	Period: From 07/01/2010 To 06/30/2011	Worksheet 1-3 Date/Time Prepared: 2/15/2012 9:44 am
			Renal Dialysis	PPS

	Employee Benefits (Salary)	Drugs (Requist.)	Medical Supplies (Requist.)	Routine Ancillary Services (Charges)	Subtotal	
	5.00	6.00	7.00	8.00	9.00	
1.00 Total Renal Department Costs	256,353	7,239	244,918	0	2,048,555	1.00
MAINTENANCE						
2.00 Hemodialysis	8,737	8,737	8,737	8,737		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	1,263	1,263	1,263	1,263		12.00
13.00 Method II Home Patient	0	0	0	0		13.00
14.00 EPO	0	0	0	0		14.00
15.00 ARANESP	0	0	0	0		15.00
16.00 Other	0	0	0	0		16.00
17.00 Total Statistical Basis	10,000	10,000	10,000	10,000		17.00
18.00 Unit Cost Multiplier (line 1 ÷ line 17)	25.635300	0.723900	24.491800	0.000000		18.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 140018	Period: From 07/01/2010 To 06/30/2011	Worksheet 1-3 Date/Time Prepared: 2/15/2012 9:44 am
			Renal Dialysis	PPS

		Overhead (Accum. Cost)		
		10.00		
1.00	Total Renal Department Costs	1,243,952		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	2,048,555		17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	0.607234		18.00

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B	Provider CCN: 140018	Period: From 07/01/2010 To 06/30/2011	Worksheet I-5 Date/Time Prepared: 2/15/2012 9:44 am
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		1.00	
1.00	Total expenses related to care of program beneficiaries (see instructions)	1,725,298	1.00
2.00	Total payment (from Worksheet I-4, column 6, line 11)	1,209,360	2.00
3.00	Deductibles billed to Medicare (Part B) patients	1,206	3.00
4.00	Coinsurance billed to Medicare (Part B) patients	225,937	4.00
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries	19,142	5.00
6.00			6.00
7.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	19,142	7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (sum of lines 3 and 4 less line 5)	208,001	8.00
9.00	Program payment (line 2 less line 3, times 80 percent)	966,523	9.00
10.00	Unrecovered from Medicare (Part B) patients (Lesser of line 1 or line 2 minus the sum of lines 8 and 9. If negative, enter zero and do not complete line 11.)	550,774	10.00
11.00	Reimbursable bad debts (lesser of line 10 or line 5) (transfer to Worksheet E, Part B, line 33)	19,142	11.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140018	Period: From 07/01/2010 To 06/30/2011	Worksheet L Parts I-III Date/Time Prepared: 2/15/2012 9:44 am
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,708,296	1.00
2.00	Capital DRG outlier payments		71,692	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		179.35	3.00
4.00	Number of interns & residents (see instructions)		116.83	4.00
5.00	Indirect medical education percentage (see instructions)		20.18	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)		344,734	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		13.56	7.00
8.00	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)		62.24	8.00
9.00	Sum of lines 7 and 8		75.80	9.00
10.00	Allowable disproportionate share percentage (see instructions)		16.59	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		283,406	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		2,408,128	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