

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: 140029	Period: From 07/01/2010 To 06/30/2011	Worksheet S Parts I-III Date/Time Prepared: 1/13/2012 8:54 am
--	----------------------	---	--

**PART I - COST REPORT STATUS**

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

**PART II - CERTIFICATION**

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above 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 COPLEY MEMORIAL HOSPITAL 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 V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00 Hospital	0	828,591	167,531	0	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	36,790	-134		0	3.00
4.00 SUBPROVIDER I	0	0	0		0	4.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
7.00 Skilled Nursing Facility	0	0	0		0	7.00
8.00 Nursing Facility	0				0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00 RURAL HEALTH CLINIC I	0		0		0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
12.00 CMHC I	0		0		0	12.00
200.00 Total	0	865,381	167,397	0	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 140029		Period: From 07/01/2010 To 06/30/2011		Worksheet S-2 Part I Date/Time Prepared: 1/13/2012 8:54 am				
1.00		2.00		3.00		4.00						
Hospital and Hospital Health Care Complex Address:												
1.00	Street: 2000 OGDEN AVENUE			PO Box:							1.00	
2.00	City: AURORA			State: IL		Zip Code: 60504-		County: KANE			2.00	
		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		COPLEY MEMORIAL HOSPITAL		140029	16974	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF											4.00
5.00	Subprovider - IRF		COPLEY MEMORIAL HOSPITAL REHAB		14T029	16974	5	01/01/1991	N	P	O	5.00
6.00	Subprovider - (Other)											6.00
7.00	Swing Beds - SNF								N	N	N	7.00
8.00	Swing Beds - NF								N		N	8.00
9.00	Hospital-Based SNF											9.00
10.00	Hospital-Based NF											10.00
11.00	Hospital-Based OLTC											11.00
12.00	Hospital-Based HHA								N	N	N	12.00
13.00	Separately Certified ASC											13.00
14.00	Hospital-Based Hospice											14.00
15.00	Hospital-Based Health Clinic - RHC								N	N	N	15.00
16.00	Hospital-Based Health Clinic - FOHC								N	N	N	16.00
17.00	Hospital-Based (CMHC) 1											17.00
17.10	Hospital-Based (CORF) 1								N	N	N	17.10
18.00	Renal Dialysis											18.00
19.00	Other											19.00
							From:		To:			
							1.00		2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						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 receive disproportionate share hospital payment in accordance with 42 CFR Section §412.106, or low income payment in accordance with 42 CFR Section §412.624(e)(2)? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital)? In column 2, enter "Y" for yes or "N" for no.						Y		N		22.00	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.						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.			11,700	1,000	0	0	0	0		24.00	
25.00	If this provider is an IRF then enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible days in col. 2, out-of-state Medicaid eligible 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.			228	70	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
							Beginning:		Ending:			
							1.00		2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.											36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.								0			37.00
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.											38.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140029	Period: From 07/01/2010 To 06/30/2011	Worksheet S-2 Part I Date/Time Prepared: 1/13/2012 8:54 am		
		V	XVIII	XIX		
		1.00	2.00	3.00		
<b>Prospective Payment System (PPS)-Capital</b>						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N		45.00
46.00	Is this facility eligible for 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
<b>Teaching Hospitals</b>						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y				56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.	N				57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N				58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N				59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N				60.00
		Y/N	IME Average	Direct GME Average		
		1.00	2.00	3.00		
61.00	Did your facility receive additional FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. If "Y", effective for portions of cost reporting periods beginning on or after July 1, 2011 enter the average number of primary care FTE residents for IME in column 2 and direct GME in column 3, from the hospital's three most recent cost reports ending and submitted before March 23, 2010. (see instructions)	N	0.00	0.00		61.00
<b>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</b>						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	0.00				62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00				62.01
<b>Teaching Hospitals that Claim Residents in Non-Provider Settings</b>						
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete lines 64-67. (see instructions)	N				63.00
		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
		1.00	2.00	3.00		
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000		64.00
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))
		1.00	2.00	3.00	4.00	5.00
65.00	Enter in column 1 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
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))
				1.00	2.00	3.00



HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140029	Period: From 07/01/2010 To 06/30/2011	Worksheet S-2 Part I Date/Time Prepared: 1/13/2012 8:54 am	
			V	XIX	
			1.00	2.00	
<b>Rural Providers</b>					
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?		N		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)		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	Occupational	Speech	Respiratory
		1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N
				1.00	2.00
<b>Miscellaneous Cost Reporting Information</b>					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2.		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.		Y		117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.			2	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.			2,000	10,000
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
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y		121.00
<b>Transplant Center Information</b>					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00
<b>All Providers</b>					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)		N		140.00
		1.00	2.00	3.00	
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.					
141.00	Name:	Contractor's Name:		Contractor's Number:	
142.00	Street:	PO Box:			
143.00	City:	State:		Zip Code:	
				1.00	
144.00	Are provider based physicians' costs included in Worksheet A?		Y		144.00
145.00	If costs for renal services are claimed on Worksheet A, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.		Y		145.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140029		Period: From 07/01/2010 To 06/30/2011		Worksheet S-2 Part I Date/Time Prepared: 1/13/2012 8:54 am	
		1.00		2.00			
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N				146.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N				147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N				148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N				149.00	
		Part A 1.00		Part B 2.00			
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N		N		155.00	
156.00	Subprovider - IPF	N		N		156.00	
157.00	Subprovider - IRF	N		N		157.00	
158.00	Subprovider - Other	N		N		158.00	
159.00	SNF	N		N		159.00	
160.00	HHA	N		N		160.00	
161.00	CMHC			N		161.00	
				1.00			
165.00	Multi campus Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.			N		165.00	
		Name	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5						0.00
						1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.			N		167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					0	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)					0.00	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140029		Period: From 07/01/2010 To 06/30/2011		Worksheet S-2 Part II Date/Time Prepared: 1/13/2012 8:54 am	
				Y/N	Date		
				1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)			N			1.00
				Y/N	Date	V/I	
				1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.			N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)			N			3.00
				Y/N	Type	Date	
				1.00	2.00	3.00	
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.			N	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.			N			5.00
				Y/N	Legal Oper.		
				1.00	2.00		
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?			N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.			N			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.			N			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.			Y			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.			N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.			N			11.00
					Y/N		
					1.00		
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.					Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.					N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.					N	14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.					Y	15.00
				Part A			
				Description	Y/N	Date	
				0	1.00	2.00	
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)			N			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)			Y	09/20/2011		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.			N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.			N			19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			N			20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider CCN: 140029	Period: From 07/01/2010 To 06/30/2011	Worksheet S-2 Part II Date/Time Prepared: 1/13/2012 8:54 am
---	----------------------	---	--

		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	
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>						
<b>Capital Related Cost</b>						
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions					22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.					23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions					24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.					25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.					26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.					27.00
<b>Interest Expense</b>						
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.					28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions					29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.					30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.					31.00
<b>Purchased Services</b>						
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.					32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.					33.00
<b>Provider-Based Physicians</b>						
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.					34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.					35.00
					Y/N	Date
					1.00	2.00
<b>Home Office Costs</b>						
36.00	Were home office costs claimed on the cost report?					36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.					37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.					38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.					39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.					40.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 140029

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

Worksheet S-2  
Part II  
Date/Time Prepared:  
1/13/2012 8:54 am

		Part B		
		Y/N	Date	
PS&R Data		3.00	4.00	
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	09/20/2011	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		21.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA		Provider CCN: 140029	Period: From 07/01/2010 To 06/30/2011	Worksheet S-3 Part I Date/Time Prepared: 1/13/2012 8:54 am
--	--	----------------------	---	---

Cost Center Description	Worksheet A	No. of Beds	Bed Days Available	CAH Hours		
	Line Number					
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	30.00	156	52,656	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)		156	52,656	0.00		7.00
8.00 INTENSIVE CARE UNIT	31.00	22	8,030	0.00		8.00
8.01 NICU	31.01	13	3,317	0.00		8.01
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00					13.00
14.00 Total (see instructions)		191	64,003	0.00		14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	40.00	0	0			16.00
17.00 SUBPROVIDER - IRF	41.00	18	6,570			17.00
18.00 SUBPROVIDER	42.00	0	0			18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10					25.10
26.00 RURAL HEALTH CLINIC	88.00					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00					26.25
27.00 Total (sum of lines 14-26)		209				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: 140029

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
1/13/2012 8:54 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	12,993	7,121	36,581		1.00
2.00 HMO		1,235	1,000			2.00
3.00 HMO IPF		0	0			3.00
4.00 HMO IRF		0	70			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	12,993	7,121	36,581		7.00
8.00 INTENSIVE CARE UNIT	0	1,690	350	3,772		8.00
8.01 NICU	0	0	1,706	2,222		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	0		2,523	8,886		13.00
14.00 Total (see instructions)	0	14,683	11,700	51,461		14.00
15.00 CAH visits	0	0	0	0		15.00
16.00 SUBPROVIDER - IPF	0	0	0	0		16.00
17.00 SUBPROVIDER - IRF	0	2,137	228	3,730		17.00
18.00 SUBPROVIDER	0	0	0	0		18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0	0	0	0		22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0	0	0	0		25.10
26.00 RURAL HEALTH CLINIC	0	0	0	0		26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0		26.25
27.00 Total (sum of lines 14-26)						27.00
28.00 Observation Bed Days	0		1,112	5,417		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: 140029

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
1/13/2012 8:54 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	3,347	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 NICU						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)	12.00	1,250.40	0.00	0	3,347	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0.00	0.00	0	0	16.00
17.00 SUBPROVIDER - IRF	1.83	18.35	0.00	0	182	17.00
18.00 SUBPROVIDER	0.00	0.00	0.00	0	0	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00	0.00	0.00			22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0.00	0.00	0.00			25.10
26.00 RURAL HEALTH CLINIC	0.00	0.00	0.00			26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00	0.00	0.00			26.25
27.00 Total (sum of lines 14-26)	13.83	1,268.75	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: 140029

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
1/13/2012 8:54 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)	3,946	12,068		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 NICU				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)	3,946	12,068		14.00
15.00 CAH visits				15.00
16.00 SUBPROVIDER - IPF	0	0		16.00
17.00 SUBPROVIDER - IRF	123	377		17.00
18.00 SUBPROVIDER	0	0		18.00
19.00 SKILLED NURSING FACILITY				19.00
20.00 NURSING FACILITY				20.00
21.00 OTHER LONG TERM CARE				21.00
22.00 HOME HEALTH AGENCY				22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)				23.00
24.00 HOSPICE				24.00
25.00 CMHC - CMHC				25.00
25.10 CMHC - CORF				25.10
26.00 RURAL HEALTH CLINIC				26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER				26.25
27.00 Total (sum of lines 14-26)				27.00
28.00 Observation Bed Days				28.00
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: 140029

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
1/13/2012 8:54 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 cation of Sal aries (from Worksheet A-6)	Adjusted Sal aries (col . 2 ± col . 3)		
	1.00	2.00	2.50	3.00	4.00		
<b>PART II - WAGE DATA</b>							
<b>SALARIES</b>							
1.00	Total salaries (see instructions)	200.00	86,528,735	0	86,528,735	1.00	
2.00	Non-physician anesthetist Part A		0	0	0	2.00	
3.00	Non-physician anesthetist Part B		0	0	0	3.00	
4.00	Physician-Part A		0	0	0	4.00	
5.00	Physician-Part B		0	0	0	5.00	
6.00	Non-physician-Part B		0	0	0	6.00	
7.00	Interns & residents (in an approved program)	21.00	606,993	113,930	720,923	7.00	
8.00	Home office personnel		0	0	0	8.00	
9.00	SNF	44.00	0	0	0	9.00	
10.00	Excluded area salaries (see instructions)		1,752,160	0	57,958	1,810,118	10.00
<b>OTHER WAGES &amp; RELATED COSTS</b>							
11.00	Contract labor (see instructions)		124,055	0	124,055	11.00	
12.00	Management and administrative services		0	0	0	12.00	
13.00	Contract labor: physician-Part A		1,716,773	0	1,716,773	13.00	
14.00	Home office salaries & wage-related costs		0	0	0	14.00	
15.00	Home office: physician Part A		0	0	0	15.00	
16.00	Teaching physician salaries (see instructions)		0	0	0	16.00	
<b>WAGE-RELATED COSTS</b>							
17.00	Wage-related costs (core) Wkst S-3, Part IV Line 24		24,398,340	0	24,398,340	17.00	
18.00	Wage-related costs (other)Wkst S-3, Part IV Line 25		0	0	0	18.00	
19.00	Excluded areas		517,894	0	517,894	19.00	
20.00	Non-physician anesthetist Part A		0	0	0	20.00	
21.00	Non-physician anesthetist Part B		0	0	0	21.00	
22.00	Physician Part A		0	0	0	22.00	
23.00	Physician Part B		0	0	0	23.00	
24.00	Wage-related costs (RHC/FQHC)		0	0	0	24.00	
25.00	Interns & residents (in an approved program)		261,463	0	261,463	25.00	
<b>OVERHEAD COSTS - DIRECT SALARIES</b>							
26.00	Employee Benefits	4.00	776,529	776,529	145,510	1,698,568	26.00
27.00	Administrative & General	5.00	16,195,006	16,195,006	-203,468	32,186,544	27.00
28.00	Administrative & General under contract (see inst.)		0	0	0	0	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0	29.00
30.00	Operation of Plant	7.00	2,128,495	2,128,495	0	4,256,990	30.00
31.00	Laundry & Linen Service	8.00	88,417	88,417	0	176,834	31.00
32.00	Housekeeping	9.00	1,178,071	1,178,071	0	2,356,142	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0	33.00
34.00	Dietary	10.00	1,153,193	413,074	-740,119	826,148	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0	35.00
36.00	Cafeteria	11.00	0	740,119	740,119	1,480,238	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0	37.00
38.00	Nursing Administration	13.00	2,320,352	2,320,352	0	4,640,704	38.00
39.00	Central Services and Supply	14.00	382,389	382,389	0	764,778	39.00
40.00	Pharmacy	15.00	1,875,578	1,875,578	0	3,751,156	40.00
41.00	Medical Records & Medical Records Library	16.00	725,210	725,210	0	1,450,420	41.00
42.00	Social Service	17.00	146,187	0	0	146,187	42.00
43.00	Other General Service	18.00	0	0	0	0	43.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 140029	Period: From 07/01/2010 To 06/30/2011	Worksheet S-3 Part II Date/Time Prepared: 1/13/2012 8:54 am
---------------------------------	--	----------------------	---	--

		Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		5.00	6.00	
<b>PART II - WAGE DATA</b>				
<b>SALARIES</b>				
1.00	Total salaries (see instructions)	2,747,323.00	31.50	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	0.00	0.00	4.00
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)	41,355.00	17.43	7.00
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)	57,562.00	31.45	10.00
<b>OTHER WAGES &amp; RELATED COSTS</b>				
11.00	Contract labor (see instructions)	2,141.00	57.94	11.00
12.00	Management and administrative services	0.00	0.00	12.00
13.00	Contract labor: physician-Part A	2,745.00	625.42	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
<b>WAGE-RELATED COSTS</b>				
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/FOHC)			24.00
25.00	Interns & residents (in an approved program)			25.00
<b>OVERHEAD COSTS - DIRECT SALARIES</b>				
26.00	Employee Benefits	25,758.00	65.94	26.00
27.00	Administrative & General	426,716.00	75.43	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	75,802.00	56.16	30.00
31.00	Laundry & Linen Service	6,665.00	26.53	31.00
32.00	Housekeeping	84,586.00	27.85	32.00
33.00	Housekeeping under contract (see instructions)	0.00	0.00	33.00
34.00	Dietary	28,509.00	28.98	34.00
35.00	Dietary under contract (see instructions)	0.00	0.00	35.00
36.00	Cafeteria	51,082.00	28.98	36.00
37.00	Maintenance of Personnel	0.00	0.00	37.00
38.00	Nursing Administration	49,556.00	93.65	38.00
39.00	Central Services and Supply	19,848.00	38.53	39.00
40.00	Pharmacy	53,916.00	69.57	40.00
41.00	Medical Records & Medical Records Library	35,684.00	40.65	41.00
42.00	Social Service	0.00	0.00	42.00
43.00	Other General Service	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140029

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

Worksheet S-3  
Part III  
Date/Time Prepared:  
1/13/2012 8:54 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	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>						
1.00	Net salaries (see instructions)	85,921,742	0	0	85,921,742	1.00
2.00	Excluded area salaries (see instructions)	1,752,160	0	57,958	1,810,118	2.00
3.00	Subtotal salaries (line 1 minus line 2)	84,169,582	0	-57,958	84,111,624	3.00
4.00	Subtotal other wages & related costs (see inst.)	1,840,828	0	0	1,840,828	4.00
5.00	Subtotal wage-related costs (see inst.)	24,398,340	0	0	24,398,340	5.00
6.00	Total (sum of lines 3 thru 5)	110,408,750	0	-57,958	110,350,792	6.00
7.00	Total overhead cost (see instructions)	26,969,427	0	-57,958	26,911,469	7.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 140029	Period: From 07/01/2010 To 06/30/2011	Worksheet S-3 Part III Date/Time Prepared: 1/13/2012 8:54 am
---------------------------------	--	----------------------	---	---

		Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		5.00	6.00	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>				
1.00	Net salaries (see instructions)	2,705,968.00	31.75	1.00
2.00	Excluded area salaries (see instructions)	57,562.00	31.45	2.00
3.00	Subtotal salaries (line 1 minus line 2)	2,648,406.00	31.76	3.00
4.00	Subtotal other wages & related costs (see inst.)	4,886.00	376.76	4.00
5.00	Subtotal wage-related costs (see inst.)	0.00	29.01	5.00
6.00	Total (sum of lines 3 thru 5)	2,653,292.00	41.59	6.00
7.00	Total overhead cost (see instructions)	858,122.00	31.36	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 140029	Period: From 07/01/2010 To 06/30/2011	Worksheet S-3 Part IV Date/Time Prepared: 1/13/2012 8:54 am
-----------------------------	----------------------	---	--

		Amount Reported	
		1.00	
<b>PART IV - WAGE RELATED COSTS</b>			
<b>Part A - Core List</b>			
<b>RETIREMENT COST</b>			
1.00	401K Employer Contributions	0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Qualified and Non-Qualified Pension Plan Cost	3,411,528	3.00
4.00	Prior Year Pension Service Cost	0	4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>			
5.00	401K/TSA Plan Administration Fees	133,108	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
<b>HEALTH AND INSURANCE COST</b>			
8.00	Health Insurance (Purchased or Self Funded)	12,252,124	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	350,692	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	108,866	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)	252,303	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	981,365	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
<b>TAXES</b>			
17.00	FICA-Employers Portion Only	6,580,739	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	85,619	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
<b>OTHER</b>			
21.00	Executive Deferred Compensation	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	241,996	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	24,398,340	24.00
<b>Part B - Other than Core Related Cost</b>			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST	Provider CCN: 140029	Period: From 07/01/2010 To 06/30/2011	Worksheet S-3 Part V Date/Time Prepared: 1/13/2012 8:54 am
--	----------------------	---	---

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			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC			16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis	0	0	17.00
18.00	OTHER (SPECIFY)	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 140029	Period: From 07/01/2010 To 06/30/2011	Worksheet S-10 Date/Time Prepared: 1/13/2012 8:54 am
---	----------------------	---	--

			1.00		
<b>Uncompensated and indigent care cost computation</b>					
1.00	Cost to charge ratio (Worksheet C, Part I line 200 column 3 divided by line 200 column 8)		0.178721	1.00	
<b>Medicaid (see instructions for each line)</b>					
2.00	Net revenue from Medicaid		26,339,662	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00	
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?		N	4.00	
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		13,466,454	5.00	
6.00	Medicaid charges		207,274,526	6.00	
7.00	Medicaid cost (line 1 times line 6)		37,044,311	7.00	
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		0	8.00	
<b>State Children's Health Insurance Program (SCHIP) (see instructions for each line)</b>					
9.00	Net revenue from stand-alone SCHIP		0	9.00	
10.00	Stand-alone SCHIP charges		0	10.00	
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0	11.00	
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00	
<b>Other state or local government indigent care program (see instructions for each line)</b>					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00	
<b>Uncompensated care (see instructions for each line)</b>					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00	
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		0	19.00	
			Uninsured patients	Insured patients	
			1.00	2.00	
			Total (col. 1 + col. 2)		
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	25,332,744	0	25,332,744	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	4,527,493	0	4,527,493	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)	4,527,493	0	4,527,493	23.00
			1.00		
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N	24.00	
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit		0	25.00	
26.00	Total bad debt expense for the entire hospital complex (see instructions)		25,601,000	26.00	
27.00	Medicare bad debts for the entire hospital complex (see instructions)		812,705	27.00	
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)		24,788,295	28.00	
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)		4,430,189	29.00	
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)		8,957,682	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		8,957,682	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES				Provider CCN: 140029	Period: From 07/01/2010 To 06/30/2011	Worksheet A Date/Time Prepared: 1/13/2012 8:54 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	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT		6,669,821	6,669,821	5,723,258	12,393,079	1.00
1.01 POB NEW CRC		0	0	0	0	1.01
2.00 NEW CAP REL COSTS-MVBLE EQUIP		0	0	11,189,916	11,189,916	2.00
4.00 EMPLOYEE BENEFITS	776,529	9,911,684	10,688,213	15,859,464	26,547,677	4.00
5.05 CASHIERING/ACCOUNTS RECEIVABLE	2,073,158	26,945,474	29,018,632	-360,983	28,657,649	5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL	14,121,848	31,876,089	45,997,937	-5,932,969	40,064,968	5.06
7.00 OPERATION OF PLANT	2,128,495	4,164,019	6,292,514	-702,908	5,589,606	7.00
8.00 LAUNDRY & LINEN SERVICE	88,417	759,797	848,214	-15,681	832,533	8.00
9.00 HOUSEKEEPING	1,178,071	1,224,359	2,402,430	-197,091	2,205,339	9.00
10.00 DIETARY	1,153,193	1,725,658	2,878,851	-1,927,896	950,955	10.00
11.00 CAFETERIA	0	0	0	1,703,860	1,703,860	11.00
12.00 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 NURSING ADMINISTRATION	2,320,352	566,223	2,886,575	-515,292	2,371,283	13.00
14.00 CENTRAL SERVICES & SUPPLY	382,389	636,309	1,018,698	-100,950	917,748	14.00
15.00 PHARMACY	1,875,578	12,722,888	14,598,466	-1,365,095	13,233,371	15.00
16.00 MEDICAL RECORDS & LIBRARY	725,210	986,571	1,711,781	-141,168	1,570,613	16.00
17.00 SOCIAL SERVICE	146,187	92,601	238,788	-23,390	215,398	17.00
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	606,993	97,119	704,112	-97,119	606,993	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	605,480	404,128	1,009,608	-100,601	909,007	22.00
23.00 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	15,339,671	3,962,745	19,302,416	-3,419,811	15,882,605	30.00
31.00 INTENSIVE CARE UNIT	2,848,544	928,128	3,776,672	-781,382	2,995,290	31.00
31.01 NICU	3,146,733	1,027,015	4,173,748	-709,776	3,463,972	31.01
40.00 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 SUBPROVIDER - IRF	1,290,188	382,114	1,672,302	-235,223	1,437,079	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	0	0	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	3,455,503	14,746,971	18,202,474	-8,715,440	9,487,034	50.00
50.01 SAME DAY SURGERY	1,277,586	442,143	1,719,729	-239,769	1,479,960	50.01
50.02 G. I. LAB	811,351	1,320,822	2,132,173	-268,894	1,863,279	50.02
51.00 RECOVERY ROOM	665,234	174,809	840,043	-139,046	700,997	51.00
52.00 DELIVERY ROOM & LABOR ROOM	4,452,117	2,322,485	6,774,602	-781,468	5,993,134	52.00
53.00 ANESTHESIOLOGY	94,734	799,874	894,608	-101,709	792,899	53.00
54.00 RADIOLOGY-DIAGNOSTIC	4,943,107	5,544,731	10,487,838	-2,241,704	8,246,134	54.00
55.00 RADIOLOGY-THERAPEUTIC	1,092,253	1,093,381	2,185,634	-541,981	1,643,653	55.00
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	2,657,915	5,705,161	8,363,076	-549,573	7,813,503	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS	0	0	0	0	0	62.30
65.00 RESPIRATORY THERAPY	1,516,478	926,777	2,443,255	-332,188	2,111,067	65.00
69.00 ELECTROCARDIOLOGY	1,109,992	880,805	1,990,797	-548,596	1,442,201	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	527,142	527,142	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	9,012,787	9,012,787	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 RENAL DIALYSIS	0	649,061	649,061	0	649,061	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01 CARDIAC REHAB	203,456	177,217	380,673	1,090,455	1,471,128	75.01
75.02 HEART SURGERY	422,222	779,214	1,201,436	-1,173,090	28,346	75.02
75.03 REHAB SERVICES	2,244,708	661,967	2,906,675	-386,753	2,519,922	75.03
75.04 CV SURGERY	0	0	0	0	0	75.04
75.05 VASCULAR SERVICES	1,480,746	5,438,002	6,918,748	-1,929,969	4,988,779	75.05
75.06 YORKVILLE	1,668,461	2,422,446	4,090,907	-1,070,746	3,020,161	75.06
76.00 DIABETIC CENTER	232,222	100,605	332,827	-37,156	295,671	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
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	1,565,770	1,028,543	2,594,313	-306,708	2,287,605	90.00
91.00 EMERGENCY	5,365,872	2,823,930	8,189,802	-1,230,577	6,959,225	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 CORF	0	0	0	0	0	99.10
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 140029	Period: From 07/01/2010 To 06/30/2011	Worksheet A Date/Time Prepared: 1/13/2012 8:54 am	
Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
	1.00	2.00	3.00	4.00	5.00	
110.00	0	0	0	0	0	110.00
111.00	0	0	0	0	0	111.00
113.00		7,163,585	7,163,585	-7,154,072	9,513	113.00
118.00	86,066,763	160,285,271	246,352,034	730,108	247,082,142	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00	0	129,608	129,608	-539	129,069	190.00
192.00	0	0	0	0	0	192.00
194.00	419,281	453,710	872,991	-78,114	794,877	194.00
194.01	0	0	0	0	0	194.01
194.02	0	609	609	0	609	194.02
194.03	0	0	0	0	0	194.03
194.04	42,691	619,793	662,484	-651,455	11,029	194.04
200.00	86,528,735	161,488,991	248,017,726	0	248,017,726	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES	Provider CCN: 140029	Period: From 07/01/2010 To 06/30/2011	Worksheet A Date/Time Prepared: 1/13/2012 8:54 am
---	----------------------	---	---

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	NEW CAP REL COSTS-BLDG & FIXT	-7,245,544	5,147,535	1.00
1.01	POB NEW CRC	0	0	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	-29,032	11,160,884	2.00
4.00	EMPLOYEE BENEFITS	-97,980	26,449,697	4.00
5.05	CASHIERING/ACCOUNTS RECEIVABLE	-25,499,000	3,158,649	5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL	-7,837,780	32,227,188	5.06
7.00	OPERATION OF PLANT	-200,091	5,389,515	7.00
8.00	LAUNDRY & LINEN SERVICE	0	832,533	8.00
9.00	HOUSEKEEPING	0	2,205,339	9.00
10.00	DIETARY	0	950,955	10.00
11.00	CAFETERIA	-126,269	1,577,591	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	NURSING ADMINISTRATION	-26,288	2,344,995	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	917,748	14.00
15.00	PHARMACY	-6,225	13,227,146	15.00
16.00	MEDICAL RECORDS & LIBRARY	-3,336	1,567,277	16.00
17.00	SOCIAL SERVICE	-694	214,704	17.00
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	606,993	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	909,007	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	ADULTS & PEDIATRICS	-418,078	15,464,527	30.00
31.00	INTENSIVE CARE UNIT	-89,020	2,906,270	31.00
31.01	NICU	-179,794	3,284,178	31.01
40.00	SUBPROVIDER - IPF	0	0	40.00
41.00	SUBPROVIDER - IRF	-104,585	1,332,494	41.00
42.00	SUBPROVIDER	0	0	42.00
43.00	NURSERY	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	OPERATING ROOM	-216,893	9,270,141	50.00
50.01	SAME DAY SURGERY	-600	1,479,360	50.01
50.02	G. I. LAB	-10,347	1,852,932	50.02
51.00	RECOVERY ROOM	-173	700,824	51.00
52.00	DELIVERY ROOM & LABOR ROOM	-1,036,092	4,957,042	52.00
53.00	ANESTHESIOLOGY	-15,896	777,003	53.00
54.00	RADIOLOGY-DIAGNOSTIC	-18,845	8,227,289	54.00
55.00	RADIOLOGY-THERAPEUTIC	-66,848	1,576,805	55.00
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	-75,729	7,737,774	60.00
60.01	BLOOD LABORATORY	0	0	60.01
62.30	BLOOD CLOTTING FACTORS ADMIN COSTS	0	0	62.30
65.00	RESPIRATORY THERAPY	0	2,111,067	65.00
69.00	ELECTROCARDIOLOGY	-8,729	1,433,472	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	527,142	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	9,012,787	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	RENAL DIALYSIS	0	649,061	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	75.00
75.01	CARDIAC REHAB	0	1,471,128	75.01
75.02	HEART SURGERY	-28,346	0	75.02
75.03	REHAB SERVICES	-76,338	2,443,584	75.03
75.04	CV SURGERY	0	0	75.04
75.05	VASCULAR SERVICES	-18,613	4,970,166	75.05
75.06	YORKVILLE	-137,536	2,882,625	75.06
76.00	DIABETIC CENTER	-18,357	277,314	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	RURAL HEALTH CLINIC	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	CLINIC	-15,878	2,271,727	90.00
91.00	EMERGENCY	-483,881	6,475,344	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
99.10	CORF	0	0	99.10
101.00	HOME HEALTH AGENCY	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
109.00	PANCREAS ACQUISITION	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	110.00
111.00	ISLET ACQUISITION	0	0	111.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 140029	Period: From 07/01/2010 To 06/30/2011	Worksheet A Date/Time Prepared: 1/13/2012 8:54 am
---	--	----------------------	---	---

Cost Center Description		Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
113.00	INTEREST EXPENSE	-9,513	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	-44,102,330	202,979,812	118.00
<b>NONREIMBURSABLE COST CENTERS</b>				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	129,069	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
194.00	PHYSICIAN SERVICES	-82,500	712,377	194.00
194.01	ADVERTISING	0	0	194.01
194.02	HOME HEALTH SERVICES PRIVATE	0	609	194.02
194.03	HHA HME	0	0	194.03
194.04	OTHER NON REIMBURSABLE	0	11,029	194.04
200.00	TOTAL (SUM OF LINES 118-199)	-44,184,830	203,832,896	200.00

RECLASSIFICATIONS

Provider CCN: 140029

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

Worksheet A-6  
Date/Time Prepared:  
1/13/2012 8:54 am

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
<b>A - INTEREST EXPENSE</b>					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	5,723,258	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	1,430,814	2.00
	TOTALS		0	7,154,072	
<b>B - MEDICAL SUPPLIES</b>					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	527,142	1.00
	TOTALS		0	527,142	
<b>C - WORKMENS COMP INS</b>					
1.00	EMPLOYEE BENEFITS	4.00	145,510	1,034,995	1.00
	TOTALS		145,510	1,034,995	
<b>D - CAFETERIA COSTS</b>					
1.00	CAFETERIA	11.00	740,119	963,741	1.00
	TOTALS		740,119	963,741	
<b>E - EMPLOYEE BENEFITS</b>					
1.00	EMPLOYEE BENEFITS	4.00	0	14,807,483	1.00
2.00	CARDIAC REHAB	75.01	0	77,570	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
	TOTALS		0	14,885,053	
<b>F - DEPRECIATION EXPENSE</b>					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	561,093	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	9,759,102	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

RECLASSIFICATIONS

Provider CCN: 140029

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

Worksheet A-6

Date/Time Prepared:  
1/13/2012 8:54 am

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
	TOTALS		0	10,320,195		
H - ADVERTISING						
1.00	OTHER NON REIMBURSABLE	194.04	57,958	238,662		1.00
	TOTALS		57,958	238,662		
I - HEART SURGERY						
1.00	CARDIAC REHAB	75.01	422,222	630,503		1.00
	TOTALS		422,222	630,503		
J - IMPLANTABLE DEVICES RECLASS						
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	9,012,787		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
	TOTALS		0	9,012,787		
500.00	Grand Total: Increases		1,365,809	44,767,150		500.00

RECLASSIFICATIONS

Provider CCN: 140029

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

Worksheet A-6  
Date/Time Prepared:  
1/13/2012 8:54 am

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
<b>A - INTEREST EXPENSE</b>							
1.00	INTEREST EXPENSE	113.00	0	7,154,072	11		1.00
2.00		0.00	0	0	9		2.00
	TOTALS		0	7,154,072			
<b>B - MEDICAL SUPPLIES</b>							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	527,142	0		1.00
	TOTALS		0	527,142			
<b>C - WORKMENS COMP INS</b>							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	145,510	1,034,995	0		1.00
	TOTALS		145,510	1,034,995			
<b>D - CAFETERIA COSTS</b>							
1.00	DIETARY	10.00	740,119	963,741	0		1.00
	TOTALS		740,119	963,741			
<b>E - EMPLOYEE BENEFITS</b>							
1.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	355,009	0		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	1,983,859	0		2.00
3.00	OPERATION OF PLANT	7.00	0	340,559	0		3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	0	14,147	0		4.00
5.00	HOUSEKEEPING	9.00	0	188,491	0		5.00
6.00	DIETARY	10.00	0	184,511	0		6.00
7.00	NURSING ADMINISTRATION	13.00	0	371,256	0		7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	61,182	0		8.00
9.00	PHARMACY	15.00	0	300,093	0		9.00
10.00	MEDICAL RECORDS & LIBRARY	16.00	0	116,034	0		10.00
11.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	97,119	0		11.00
12.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	96,877	0		12.00
13.00	ADULTS & PEDIATRICS	30.00	0	2,454,348	0		13.00
14.00	INTENSIVE CARE UNIT	31.00	0	455,767	0		14.00
15.00	NICU	31.01	0	503,477	0		15.00
16.00	SUBPROVIDER - IRF	41.00	0	206,430	0		16.00
17.00	OPERATING ROOM	50.00	0	630,451	0		17.00
18.00	SAME DAY SURGERY	50.01	0	204,414	0		18.00
19.00	G. I. LAB	50.02	0	129,816	0		19.00
20.00	RECOVERY ROOM	51.00	0	106,437	0		20.00
21.00	DELIVERY ROOM & LABOR ROOM	52.00	0	712,339	0		21.00
22.00	RADIOLOGY-DIAGNOSTIC	54.00	0	790,897	0		22.00
23.00	RADIOLOGY-THERAPEUTIC	55.00	0	320,797	0		23.00
24.00	LABORATORY	60.00	0	425,266	0		24.00
25.00	RESPIRATORY THERAPY	65.00	0	242,636	0		25.00
26.00	ELECTROCARDIOLOGY	69.00	0	302,206	0		26.00
27.00	CARDIAC REHAB	75.01	0	32,553	0		27.00
28.00	HEART SURGERY	75.02	0	91,947	0		28.00
29.00	REHAB SERVICES	75.03	0	359,153	0		29.00
30.00	VASCULAR SERVICES	75.05	0	236,919	0		30.00
31.00	CLINIC	90.00	0	231,919	0		31.00
32.00	EMERGENCY	91.00	0	858,540	0		32.00
33.00	YORKVILLE	75.06	0	266,954	0		33.00
34.00	PHYSICIAN SERVICES	194.00	0	67,085	0		34.00
35.00	OTHER NON REIMBURSABLE	194.04	0	945,617	0		35.00
36.00	ANESTHESIOLOGY	53.00	0	15,157	0		36.00
37.00	DIABETIC CENTER	76.00	0	37,156	0		37.00
38.00	SOCIAL SERVICE	17.00	0	23,390	0		38.00
39.00	EMPLOYEE BENEFITS	4.00	0	124,245	0		39.00
	TOTALS		0	14,885,053			
<b>F - DEPRECIATION EXPENSE</b>							
1.00	EMPLOYEE BENEFITS	4.00	0	4,279	9		1.00
2.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	5,974	9		2.00
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	1,944,843	0		3.00
4.00	OPERATION OF PLANT	7.00	0	362,349	0		4.00
5.00	LAUNDRY & LINEN SERVICE	8.00	0	1,534	0		5.00
6.00	HOUSEKEEPING	9.00	0	8,600	0		6.00
7.00	DIETARY	10.00	0	39,525	0		7.00
8.00	NURSING ADMINISTRATION	13.00	0	144,036	0		8.00
9.00	CENTRAL SERVICES & SUPPLY	14.00	0	39,768	0		9.00
10.00	PHARMACY	15.00	0	981,544	0		10.00
11.00	MEDICAL RECORDS & LIBRARY	16.00	0	25,134	0		11.00

RECLASSIFICATIONS

Provider CCN: 140029

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

Worksheet A-6

Date/Time Prepared:  
1/13/2012 8:54 am

Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
12.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	3,724	0	12.00
13.00	ADULTS & PEDIATRICS	30.00	0	965,463	0	13.00
14.00	INTENSIVE CARE UNIT	31.00	0	325,615	0	14.00
15.00	NICU	31.01	0	206,299	0	15.00
16.00	SUBPROVIDER - IRF	41.00	0	28,793	0	16.00
17.00	OPERATING ROOM	50.00	0	764,543	0	17.00
18.00	SAME DAY SURGERY	50.01	0	35,355	0	18.00
19.00	G. I. LAB	50.02	0	139,078	0	19.00
20.00	RECOVERY ROOM	51.00	0	32,609	0	20.00
21.00	DELIVERY ROOM & LABOR ROOM	52.00	0	67,963	0	21.00
22.00	ANESTHESIOLOGY	53.00	0	86,552	0	22.00
23.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,450,579	0	23.00
24.00	RADIOLOGY-THERAPEUTIC	55.00	0	221,184	0	24.00
25.00	LABORATORY	60.00	0	124,307	0	25.00
26.00	RESPIRATORY THERAPY	65.00	0	89,552	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	0	246,390	0	27.00
28.00	CARDIAC REHAB	75.01	0	7,287	0	28.00
29.00	HEART SURGERY	75.02	0	28,418	0	29.00
30.00	REHAB SERVICES	75.03	0	27,600	0	30.00
31.00	VASCULAR SERVICES	75.05	0	85,561	0	31.00
32.00	CLINIC	90.00	0	74,789	0	32.00
33.00	EMERGENCY	91.00	0	372,037	0	33.00
34.00	PHYSICIAN SERVICES	194.00	0	11,029	0	34.00
35.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	539	0	35.00
36.00	YORKVILLE	75.06	0	803,792	0	36.00
37.00	OTHER NON REIMBURSABLE	194.04	0	2,458	0	37.00
38.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	561,093	9	38.00
	TOTALS		0	10,320,195		
H - ADVERTISING						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	57,958	238,662	0	1.00
	TOTALS		57,958	238,662		
I - HEART SURGERY						
1.00	HEART SURGERY	75.02	422,222	630,503	0	1.00
	TOTALS		422,222	630,503		
J - IMPLANTABLE DEVICES RECLASS						
1.00	PHARMACY	15.00	0	83,458	0	1.00
2.00	OPERATING ROOM	50.00	0	7,320,446	0	2.00
3.00	DELIVERY ROOM & LABOR ROOM	52.00	0	1,166	0	3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	228	0	4.00
5.00	VASCULAR SERVICES	75.05	0	1,607,489	0	5.00
	TOTALS		0	9,012,787		
500.00	Grand Total: Decreases		1,365,809	44,767,150		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140029

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

Worksheet A-7  
Parts I-III  
Date/Time Prepared:  
1/13/2012 8:54 am

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	2,441,298	0	0	0	1.00
2.00	Land Improvements	12,874,556	596,099	0	596,099	2.00
3.00	Buildings and Fixtures	109,824,341	2,826,985	0	2,826,985	3.00
4.00	Building Improvements	3,048,841	42,800	0	42,800	4.00
5.00	Fixed Equipment	60,511,486	6,953,693	0	6,953,693	5.00
6.00	Movable Equipment	95,333,276	5,388,243	0	5,388,243	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	284,033,798	15,807,820	0	15,807,820	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	284,033,798	15,807,820	0	15,807,820	10.00
<b>SUMMARY OF CAPITAL</b>						
Cost Center Description	Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
	9.00	10.00	11.00	12.00	13.00	
<b>PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2</b>						
1.00	NEW CAP REL COSTS-BLDG & FIXT	6,669,821	0	0	0	1.00
1.01	POB NEW CRC	0	0	0	0	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	6,669,821	0	0	0	3.00
<b>COMPUTATION OF RATIOS</b>						
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	
<b>PART III - RECONCILIATION OF CAPITAL COSTS CENTERS</b>						
1.00	NEW CAP REL COSTS-BLDG & FIXT	196,028,458	0	196,028,458	0.660585	1.00
1.01	POB NEW CRC	0	0	0	0.000000	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	100,721,519	0	100,721,519	0.339415	2.00
3.00	Total (sum of lines 1-2)	296,749,977	0	296,749,977	1.000000	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140029

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

Worksheet A-7  
Parts I-III  
Date/Time Prepared:  
1/13/2012 8:54 am

		Ending Balance	Fully Depreciated Assets			
		6.00	7.00			
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	2,441,298	0			1.00
2.00	Land Improvements	13,470,655	0			2.00
3.00	Buildings and Fixtures	112,651,326	0			3.00
4.00	Building Improvements	3,091,641	0			4.00
5.00	Fixed Equipment	67,465,179	0			5.00
6.00	Movable Equipment	100,721,519	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	299,841,618	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	299,841,618	0			10.00
<b>SUMMARY OF CAPITAL</b>						
Cost Center Description		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)			
		14.00	15.00			
<b>PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2</b>						
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	6,669,821			1.00
1.01	POB NEW CRC	0	0			1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0			2.00
3.00	Total (sum of lines 1-2)	0	6,669,821			3.00
<b>ALLOCATION OF OTHER CAPITAL</b>						
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
<b>PART III - RECONCILIATION OF CAPITAL COSTS CENTERS</b>						
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	6,596,682	0 1.00
1.01	POB NEW CRC	0	0	0	0	0 1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	11,160,884	0 2.00
3.00	Total (sum of lines 1-2)	0	0	0	17,757,566	0 3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140029

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

Worksheet A-7  
Parts I-III  
Date/Time Prepared:  
1/13/2012 8:54 am

Cost Center Description		SUMMARY OF CAPITAL					Total (2) (sum of cols. 9 through 14)	
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)			
		11.00	12.00	13.00	14.00	15.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS								
1.00	NEW CAP REL COSTS-BLDG & FIXT	-1,449,147	0	0	0	5,147,535	1.00	
1.01	POB NEW CRC	0	0	0	0	0	1.01	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	11,160,884	2.00	
3.00	Total (sum of lines 1-2)	-1,449,147	0	0	0	16,308,419	3.00	

ADJUSTMENTS TO EXPENSES

Provider CCN: 140029

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

Worksheet A-8

Date/Time Prepared:  
1/13/2012 8:54 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)			NEW CAP REL COSTS-BLDG & FIXT	1.00
2.00	Investment income - movable equipment (chapter 2)			NEW CAP REL COSTS-MVBLE EQUIP	2.00
3.00	Investment income - other (chapter 2)	B	-7,154,072	NEW CAP REL COSTS-BLDG & FIXT	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)	A	-134,665	OPERATION OF PLANT	7.00
8.00	Television and radio service (chapter 21)	A	-65,426	OPERATION OF PLANT	8.00
9.00	Parking lot (chapter 21)		0		9.00
10.00	Provider-based physician adjustment	A-8-2	-2,361,562		10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		0		11.00
12.00	Related organization transactions (chapter 10)	A-8-1	0		12.00
13.00	Laundry and linen service		0		13.00
14.00	Cafeteria-employees and guests	B	-115,296	CAFETERIA	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	B	-3,336	MEDICAL RECORDS & LIBRARY	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	B	-10,973	CAFETERIA	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)	A-8-3	0	RESPIRATORY THERAPY	23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	*** Cost Center Deleted ***	24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	25.00
26.00	Depreciation - buildings and fixtures	A	-73,139	NEW CAP REL COSTS-BLDG & FIXT	26.00
27.00	Depreciation - movable equipment	A	-27,490	NEW CAP REL COSTS-MVBLE EQUIP	27.00
28.00	Non-physician Anesthetist		0	NONPHYSICIAN ANESTHETISTS	28.00
29.00	Physicians' assistant		0		29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	*** Cost Center Deleted ***	30.00
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	*** Cost Center Deleted ***	31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		32.00
33.00			0		33.00
33.01	MISC REV	B	-351,226	OTHER ADMINISTRATIVE AND GENERAL	33.01
33.02	MISC REV	B	-19,958	OTHER ADMINISTRATIVE AND GENERAL	33.02
33.03	MISC REV	B	-10,484	CASHIERING/ACCOUNTS RECEIVABLE	33.03
33.04	MISC REV	B	-10,347	G. I. LAB	33.04
33.05	MISC REV	B	-18,357	DIABETIC CENTER	33.05
33.06	MISC REV	B	-694	SOCIAL SERVICE	33.06
33.07	MISC REV	B	-173	RECOVERY ROOM	33.07
33.08	MISC REV	B	-673	VASCULAR SERVICES	33.08
33.09			0		33.09
33.10			0		33.10
33.11			0		33.11
34.00			0		34.00
35.00	IDPA PROVIDER TAXES	A	-7,125,304	OTHER ADMINISTRATIVE AND GENERAL	35.00
36.00	OFFSET POB INTEREST EXPENSE	A	-9,513	INTEREST EXPENSE	36.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140029

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

Worksheet A-8

Date/Time Prepared:  
1/13/2012 8:54 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
37.00	PATIENT TELEPHONE	A	-1,542	NEW CAP REL COSTS-MVBLE EQUIP	2.00 37.00
38.02	MISC REVENUE	B	-4,977	OTHER ADMINISTRATIVE AND GENERAL	5.06 38.02
38.07	MISC REVENUE	B	-26,288	NURSING ADMINISTRATION	13.00 38.07
38.15	PHYSICIAN COMPENSATION	A	-82,500	PHYSICIAN SERVICES	194.00 38.15
39.00	BAD DEBTS	A	-25,488,516	CASHIERING/ACCOUNTS RECEIVABLE	5.05 39.00
41.00	MISC REV	B	-899	NICU	31.01 41.00
43.00	MISC REV	B	-418,078	ADULTS & PEDIATRICS	30.00 43.00
45.01	MISC REV	B	-18,845	RADIOLOGY-DIAGNOSTIC	54.00 45.01
45.02	MISC REV	B	-53,371	RADIOLOGY-THERAPEUTIC	55.00 45.02
45.03	MISC REV	B	-8,729	ELECTROCARDIOLOGY	69.00 45.03
45.04	MISC REV	B	-32,943	EMERGENCY	91.00 45.04
45.05	MISC REV	B	-6,182	YORKVILLE	75.06 45.05
45.07	MISC REV	B	-6,225	PHARMACY	15.00 45.07
45.09	MISC REV	B	-4,628	CLINIC	90.00 45.09
45.10	MISC REV	B	-2,893	OPERATING ROOM	50.00 45.10
45.11	MISC REV	B	-7,980	EMPLOYEE BENEFITS	4.00 45.11
45.12	MISC REV	B	-5,960	HEART SURGERY	75.02 45.12
45.13	MISC REV	B	-600	SAME DAY SURGERY	50.01 45.13
45.14	MISC REV	B	-76,338	REHAB SERVICES	75.03 45.14
45.26	AHA/IHA LOBBYING FEES	A	-38,173	OTHER ADMINISTRATIVE AND GENERAL	5.06 45.26
45.27	MEMBERSHIP DUES	A	-162,703	OTHER ADMINISTRATIVE AND GENERAL	5.06 45.27
45.31	PHYSICIAN REFERRAL	A	-74,394	OTHER ADMINISTRATIVE AND GENERAL	5.06 45.31
45.32	AMORTZ OF ARCHITECT FEE REFUND	A	-18,333	NEW CAP REL COSTS-BLDG & FIXT	1.00 45.32
45.33	UNFUNDED DEFERRED COMP	A	-90,000	EMPLOYEE BENEFITS	4.00 45.33
45.34	OTHER N/A COSTS	A	-61,045	OTHER ADMINISTRATIVE AND GENERAL	5.06 45.34
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-44,184,830		50.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140029

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

Worksheet A-8

Date/Time Prepared:  
1/13/2012 8:54 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)	11	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	9	26.00
27.00	Depreciation - movable equipment	9	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		0	33.00
33.01	MISC REV	0	33.01
33.02	MISC REV	0	33.02
33.03	MISC REV	0	33.03
33.04	MISC REV	0	33.04
33.05	MISC REV	0	33.05
33.06	MISC REV	0	33.06
33.07	MISC REV	0	33.07
33.08	MISC REV	0	33.08
33.09		0	33.09
33.10		0	33.10
33.11		0	33.11
34.00		0	34.00
35.00	IDPA PROVIDER TAXES	0	35.00
36.00	OFFSET POB INTEREST EXPENSE	0	36.00
37.00	PATIENT TELEPHONE	9	37.00
38.02	MISC REVENUE	0	38.02
38.07	MISC REVENUE	0	38.07
38.15	PHYSICIAN COMPENSATION	0	38.15
39.00	BAD DEBTS	0	39.00
41.00	MISC REV	0	41.00
43.00	MISC REV	0	43.00
45.01	MISC REV	0	45.01
45.02	MISC REV	0	45.02
45.03	MISC REV	0	45.03
45.04	MISC REV	0	45.04
45.05	MISC REV	0	45.05
45.07	MISC REV	0	45.07

ADJUSTMENTS TO EXPENSES

Provider CCN: 140029

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

Worksheet A-8

Date/Time Prepared:  
1/13/2012 8:54 am

		Wkst. A-7 Ref.	
		5.00	
45.09	MISC REV	0	45.09
45.10	MISC REV	0	45.10
45.11	MISC REV	0	45.11
45.12	MISC REV	0	45.12
45.13	MISC REV	0	45.13
45.14	MISC REV	0	45.14
45.26	AHA/IHA LOBBYING FEES	0	45.26
45.27	MEMBERSHIP DUES	0	45.27
45.31	PHYSICIAN REFERRAL	0	45.31
45.32	AMORTZ OF ARCHITECT FEE REFUND	11	45.32
45.33	UNFUNDED DEFERRED COMP	0	45.33
45.34	OTHER N/A COSTS	0	45.34
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		50.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140029

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

Worksheet A-8-2

Date/Time Prepared:  
1/13/2012 8:54 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	
	1.00	2.00	3.00	4.00	
1.00	31.00	ICU	89,020	0	1.00
2.00	31.01	NICU	211,950	0	2.00
3.00	41.00	REHAB	104,585	104,585	3.00
4.00	50.00	OPERATING ROOM	232,000	0	4.00
5.00	52.00	DELIVERY & LABOR ROOM	1,076,558	569,385	5.00
6.00	53.00	ANESTHESIOLOGY	44,400	0	6.00
7.00	55.00	RADIOLOGY- THERAPEUTIC	43,806	0	7.00
8.00	60.00	LABORATORY	75,833	0	8.00
9.00	75.02	HEART SURGERY	45,303	0	9.00
10.00	75.05	VASCULAR SERVICES	17,940	17,940	10.00
11.00	75.06	YORKVILLE	143,366	0	11.00
12.00	90.00	CLINIC	11,250	11,250	12.00
13.00	91.00	EMERGENCY	461,161	137,238	13.00
200.00		TOTAL (Lines 1.00 through 199.00)	2,557,172	840,398	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140029

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

Worksheet A-8-2

Date/Time Prepared:  
1/13/2012 8:54 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	89,020	0	593	0	0	1.00
2.00	211,950	177,200	388	33,055	1,653	2.00
3.00	0	0	0	0	0	3.00
4.00	232,000	208,000	180	18,000	900	4.00
5.00	507,173	177,200	475	40,466	2,023	5.00
6.00	44,400	200,300	296	28,504	1,425	6.00
7.00	43,806	225,300	280	30,329	1,516	7.00
8.00	75,833	215,700	1	104	5	8.00
9.00	45,303	177,200	269	22,917	1,146	9.00
10.00	0	0	0	0	0	10.00
11.00	143,366	177,200	141	12,012	601	11.00
12.00	0	0	0	0	0	12.00
13.00	323,923	177,200	120	10,223	511	13.00
200.00	1,716,774		2,743	195,610	9,780	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140029

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

Worksheet A-8-2

Date/Time Prepared:  
1/13/2012 8:54 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	0	1.00
2.00	0	0	0	0	33,055	2.00
3.00	0	0	0	0	0	3.00
4.00	0	0	0	0	18,000	4.00
5.00	0	0	0	0	40,466	5.00
6.00	0	0	0	0	28,504	6.00
7.00	0	0	0	0	30,329	7.00
8.00	0	0	0	0	104	8.00
9.00	0	0	0	0	22,917	9.00
10.00	0	0	0	0	0	10.00
11.00	0	0	0	0	12,012	11.00
12.00	0	0	0	0	0	12.00
13.00	0	0	0	0	10,223	13.00
200.00	0	0	0	0	195,610	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140029

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

Worksheet A-8-2  
Date/Time Prepared:  
1/13/2012 8:54 am

	RCE	Adjustment	
	Disallowance		
	17.00	18.00	
1.00	89,020	89,020	1.00
2.00	178,895	178,895	2.00
3.00	0	104,585	3.00
4.00	214,000	214,000	4.00
5.00	466,707	1,036,092	5.00
6.00	15,896	15,896	6.00
7.00	13,477	13,477	7.00
8.00	75,729	75,729	8.00
9.00	22,386	22,386	9.00
10.00	0	17,940	10.00
11.00	131,354	131,354	11.00
12.00	0	11,250	12.00
13.00	313,700	450,938	13.00
200.00	1,521,164	2,361,562	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140029

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

Worksheet B  
Part I  
Date/Time Prepared:  
1/13/2012 8:54 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS	
		NEW BLDG & FIXT	POB NEW CRC	NEW MVBLE EQUIP		
	0	1.00	1.01	2.00	4.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT	5,147,535	5,147,535				1.00
1.01 POB NEW CRC	0	0	0			1.01
2.00 NEW CAP REL COSTS-MVBLE EQUIP	11,160,884			11,160,884		2.00
4.00 EMPLOYEE BENEFITS	26,449,697	54,611	0	4,914	26,509,222	4.00
5.05 CASHIERING/ACCOUNTS RECEIVABLE	3,158,649	0	0	6,860	641,980	5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL	32,227,188	1,167,367	0	2,233,292	4,310,007	5.06
7.00 OPERATION OF PLANT	5,389,515	514,471	0	416,090	659,116	7.00
8.00 LAUNDRY & LINEN SERVICE	832,533	0	0	1,762	27,379	8.00
9.00 HOUSEKEEPING	2,205,339	50,225	0	9,876	364,805	9.00
10.00 DIETARY	950,955	92,649	0	45,387	127,914	10.00
11.00 CAFETERIA	1,577,591	89,725	0	0	229,187	11.00
12.00 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 NURSING ADMINISTRATION	2,344,995	0	0	165,399	718,527	13.00
14.00 CENTRAL SERVICES & SUPPLY	917,748	143,700	0	4,557	118,412	14.00
15.00 PHARMACY	13,227,146	27,424	0	1,127,121	580,797	15.00
16.00 MEDICAL RECORDS & LIBRARY	1,567,277	48,716	0	28,862	224,571	16.00
17.00 SOCIAL SERVICE	214,704	0	0	0	45,269	17.00
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	606,993	0	0	0	187,963	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	909,007	0	0	372	187,495	22.00
23.00 PARAMED PRGM-(SPECIFY)	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	15,464,527	1,245,684	0	1,108,655	4,750,127	30.00
31.00 INTENSIVE CARE UNIT	2,906,270	223,336	0	373,908	882,089	31.00
31.01 NICU	3,284,178	25,295	0	236,896	974,427	31.01
40.00 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 SUBPROVIDER - IRF	1,332,494	62,762	0	33,063	399,523	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	0	0	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	9,270,141	123,124	0	877,935	1,070,041	50.00
50.01 SAME DAY SURGERY	1,479,360	110,476	0	40,599	395,621	50.01
50.02 G. I. LAB	1,852,932	10,805	0	159,705	251,245	50.02
51.00 RECOVERY ROOM	700,824	28,505	0	37,445	205,998	51.00
52.00 DELIVERY ROOM & LABOR ROOM	4,957,042	116,053	0	78,043	1,378,656	52.00
53.00 ANESTHESIOLOGY	777,003	8,246	0	99,389	29,336	53.00
54.00 RADIOLOGY-DIAGNOSTIC	8,227,289	351,910	0	1,665,720	1,530,697	54.00
55.00 RADIOLOGY-THERAPEUTIC	1,576,805	126,000	0	253,989	338,230	55.00
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	7,737,774	106,298	0	142,743	823,058	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS	0	0	0	0	0	62.30
65.00 RESPIRATORY THERAPY	2,111,067	21,260	0	102,834	469,597	65.00
69.00 ELECTROCARDIOLOGY	1,433,472	60,696	0	282,933	343,723	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	527,142	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	9,012,787	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 RENAL DIALYSIS	649,061	0	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01 CARDIAC REHAB	1,471,128	39,294	0	41,001	193,749	75.01
75.02 HEART SURGERY	0	0	0	0	0	75.02
75.03 REHAB SERVICES	2,443,584	40,167	0	31,693	695,103	75.03
75.04 CV SURGERY	0	0	0	0	0	75.04
75.05 VASCULAR SERVICES	4,970,166	0	0	98,251	458,532	75.05
75.06 YORKVILLE	2,882,625	0	0	923,006	516,661	75.06
76.00 DIABETIC CENTER	277,314	0	0	0	71,911	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
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	2,271,727	0	0	85,881	484,861	90.00
91.00 EMERGENCY	6,475,344	241,481	0	427,215	1,661,612	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 CORF	0	0	0	0	0	99.10

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140029

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

Worksheet B  
Part I  
Date/Time Prepared:  
1/13/2012 8:54 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS	
		NEW BLDG & FIXT	POB NEW CRC	NEW MVBLE EQUIP		
101.00 HOME HEALTH AGENCY	0	1.00	1.01	2.00	4.00	0
SPECIAL PURPOSE COST CENTERS						
109.00 PANCREAS ACQUISITION	0	79	0	0	0	0
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	0
111.00 ISLET ACQUISITION	0	0	0	0	0	0
113.00 INTEREST EXPENSE	0	0	0	0	0	0
118.00 SUBTOTALS (SUM OF LINES 1-117)	202,979,812	5,130,359	0	11,145,396	26,348,219	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	129,069	3,480	0	0	0	0
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0
194.00 PHYSICIAN SERVICES	712,377	13,696	0	12,665	129,836	194.00
194.01 ADVERTISING	0	0	0	0	0	0
194.02 HOME HEALTH SERVICES PRIVATE	609	0	0	0	0	0
194.03 HHA HME	0	0	0	0	0	0
194.04 OTHER NON REIMBURSABLE	11,029	0	0	2,823	31,167	194.04
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						0
202.00 TOTAL (sum lines 118-201)	203,832,896	5,147,535	0	11,160,884	26,509,222	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140029		Period: From 07/01/2010 To 06/30/2011		Worksheet B Part I Date/Time Prepared: 1/13/2012 8:54 am	
Cost Center Description		CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
		5.05	5A.05	5.06	7.00	8.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	POB NEW CRC						1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.05	CASHIERING/ACCOUNTS RECEIVABLE	3,807,489					5.05
5.06	OTHER ADMIN STRATIVE AND GENERAL	0	39,937,854	39,937,854			5.06
7.00	OPERATION OF PLANT	0	6,979,192	1,700,683	8,679,875		7.00
8.00	LAUNDRY & LINEN SERVICE	0	861,674	209,972	0	1,071,646	8.00
9.00	HOUSEKEEPING	0	2,630,245	640,935	130,966	0	9.00
10.00	DIETARY	0	1,216,905	296,534	241,589	0	10.00
11.00	CAFETERIA	0	1,896,503	462,138	233,965	0	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	NURSING ADMINISTRATION	0	3,228,921	786,820	0	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	1,184,417	288,618	374,709	0	14.00
15.00	PHARMACY	0	14,962,488	3,646,044	71,511	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	1,869,426	455,540	127,030	0	16.00
17.00	SOCIAL SERVICE	0	259,973	63,350	0	0	17.00
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	794,956	193,714	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	1,096,874	267,285	0	0	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	185,063	22,754,056	5,544,761	3,248,209	449,222	30.00
31.00	INTENSIVE CARE UNIT	32,674	4,418,277	1,076,641	582,365	41,343	31.00
31.01	NICU	80,122	4,600,918	1,121,147	65,959	0	31.01
40.00	SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	12,622	1,840,464	448,482	163,656	70,024	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	0	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	460,698	11,801,939	2,875,885	321,055	131,823	50.00
50.01	SAME DAY SURGERY	41,870	2,067,926	503,910	288,075	52,144	50.01
50.02	G. I. LAB	63,584	2,338,271	569,788	28,174	0	50.02
51.00	RECOVERY ROOM	42,095	1,014,867	247,302	74,329	37,890	51.00
52.00	DELIVERY ROOM & LABOR ROOM	130,601	6,660,395	1,622,998	302,618	0	52.00
53.00	ANESTHESIOLOGY	56,467	970,441	236,476	21,503	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	573,928	12,349,544	3,009,325	712,129	39,147	54.00
55.00	RADIOLOGY-THERAPEUTIC	110,115	2,405,139	586,082	328,554	41,727	55.00
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	435,341	9,245,214	2,252,865	277,179	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
62.30	BLOOD CLOTTING FACTORS ADMIN COSTS	0	0	0	0	0	62.30
65.00	RESPIRATORY THERAPY	97,314	2,802,072	682,806	55,436	0	65.00
69.00	ELECTROCARDIOLOGY	106,993	2,227,817	542,872	158,269	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	122,593	649,735	158,327	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	34,597	9,047,384	2,204,657	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	452,086	452,086	110,164	0	0	73.00
74.00	RENAL DIALYSIS	11,590	660,651	160,987	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	CARDIAC REHAB	7,894	1,753,066	427,185	102,461	0	75.01
75.02	HEART SURGERY	0	0	0	0	0	75.02
75.03	REHAB SERVICES	96,852	3,307,399	805,944	104,740	0	75.03
75.04	CV SURGERY	0	0	0	0	0	75.04
75.05	VASCULAR SERVICES	147,308	5,674,257	1,382,697	0	0	75.05
75.06	YORKVILLE	53,344	4,375,636	1,066,251	0	0	75.06
76.00	DIABETIC CENTER	1,575	350,800	85,483	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
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	39,582	2,882,051	702,295	0	0	90.00
91.00	EMERGENCY	410,581	9,216,233	2,245,802	629,680	208,326	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	CORF	0	0	0	0	0	99.10
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	PANCREAS ACQUISITION	0	79	19	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140029

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

Worksheet B  
Part I  
Date/Time Prepared:  
1/13/2012 8:54 am

Cost Center Description	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
	5.05	5A.05	5.06	7.00	8.00	
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	3,807,489	202,786,145	39,682,784	8,644,161	1,071,646	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	132,549	32,299	0	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00 PHYSICIAN SERVICES	0	868,574	211,653	35,714	0	194.00
194.01 ADVERTISING	0	0	0	0	0	194.01
194.02 HOME HEALTH SERVICES PRIVATE	0	609	148	0	0	194.02
194.03 HHA HME	0	0	0	0	0	194.03
194.04 OTHER NON REIMBURSABLE	0	45,019	10,970	0	0	194.04
200.00 Cross Foot Adjustments		0				200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	3,807,489	203,832,896	39,937,854	8,679,875	1,071,646	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140029		Period: From 07/01/2010 To 06/30/2011		Worksheet B Part I Date/Time Prepared: 1/13/2012 8:54 am	
Cost Center Description		HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
		9.00	10.00	11.00	12.00	13.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	POB NEW CRC						1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.05	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL						5.06
7.00	OPERATION OF PLANT						7.00
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING	3,402,146					9.00
10.00	DIETARY	96,143	1,851,171				10.00
11.00	CAFETERIA	93,109	0	2,685,715			11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0		12.00
13.00	NURSING ADMINISTRATION	0	0	66,318	0	4,082,059	13.00
14.00	CENTRAL SERVICES & SUPPLY	149,120	0	26,684	0	0	14.00
15.00	PHARMACY	28,459	0	72,474	0	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	50,553	0	47,967	0	0	16.00
17.00	SOCIAL SERVICE	0	0	5,807	0	0	17.00
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	50,000	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
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	1,292,667	1,604,799	681,706	0	1,431,539	30.00
31.00	INTENSIVE CARE UNIT	231,760	82,738	106,882	0	224,270	31.00
31.01	NICU	26,249	0	118,932	0	249,549	31.01
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	65,129	163,634	53,281	0	111,813	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	0	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	127,768	0	141,463	0	296,817	50.00
50.01	SAME DAY SURGERY	114,643	0	52,497	0	11,015	50.01
50.02	G. I. LAB	11,212	0	34,117	0	71,566	50.02
51.00	RECOVERY ROOM	29,580	0	23,055	0	48,397	51.00
52.00	DELIVERY ROOM & LABOR ROOM	120,431	0	177,149	0	0	52.00
53.00	ANESTHESIOLOGY	8,557	0	6,156	0	12,947	53.00
54.00	RADIOLOGY-DIAGNOSTIC	283,401	0	196,632	0	412,619	54.00
55.00	RADIOLOGY-THERAPEUTIC	130,752	0	48,403	0	109,461	55.00
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	110,307	0	136,614	0	286,677	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
62.30	BLOOD CLOTTING FACTORS ADMIN COSTS	0	0	0	0	0	62.30
65.00	RESPIRATORY THERAPY	22,061	0	6,533	0	0	65.00
69.00	ELECTROCARDIOLOGY	62,985	0	99,710	0	209,239	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
75.01	CARDIAC REHAB	40,776	0	17,451	0	38,285	75.01
75.02	HEART SURGERY	0	0	0	0	0	75.02
75.03	REHAB SERVICES	41,682	0	84,582	0	0	75.03
75.04	CV SURGERY	0	0	0	0	0	75.04
75.05	VASCULAR SERVICES	0	0	52,526	0	0	75.05
75.06	YORKVILLE	0	0	78,717	0	0	75.06
76.00	DIABETIC CENTER	0	0	7,985	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
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	53,310	0	111,870	90.00
91.00	EMERGENCY	250,589	0	217,306	0	455,995	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	CORF	0	0	0	0	0	99.10
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
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

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140029

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

Worksheet B  
Part I  
Date/Time Prepared:  
1/13/2012 8:54 am

Cost Center Description	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
	9.00	10.00	11.00	12.00	13.00	
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	3,387,933	1,851,171	2,664,257	0	4,082,059	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00 PHYSICIAN SERVICES	14,213	0	21,458	0	0	194.00
194.01 ADVERTISING	0	0	0	0	0	194.01
194.02 HOME HEALTH SERVICES PRIVATE	0	0	0	0	0	194.02
194.03 HHA HME	0	0	0	0	0	194.03
194.04 OTHER NON REIMBURSABLE	0	0	0	0	0	194.04
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)	3,402,146	1,851,171	2,685,715	0	4,082,059	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140029

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

Worksheet B  
Part I  
Date/Time Prepared:  
1/13/2012 8:54 am

Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
		14.00	15.00	16.00	17.00	19.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	POB NEW CRC						1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.05	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL						5.06
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	2,023,548					14.00
15.00	PHARMACY	6,104	18,787,080				15.00
16.00	MEDICAL RECORDS & LIBRARY	0	0	2,550,516			16.00
17.00	SOCIAL SERVICE	0	0	0	329,130		17.00
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	0	0	0	0	0	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	1,780	0	123,966	329,130	0	30.00
31.00	INTENSIVE CARE UNIT	3,429	0	21,887	0	0	31.00
31.01	NICU	2,052	0	53,671	0	0	31.01
40.00	SUBPROVIDER - 1PF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - 1RF	44	0	8,455	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	0	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	990,968	0	308,604	0	0	50.00
50.01	SAME DAY SURGERY	5,043	0	28,047	0	0	50.01
50.02	G. I. LAB	87,074	0	42,593	0	0	50.02
51.00	RECOVERY ROOM	2,157	0	28,198	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	56,607	0	87,485	0	0	52.00
53.00	ANESTHESIOLOGY	52,555	0	37,825	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	143,466	0	384,476	0	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	3,148	0	73,762	0	0	55.00
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	7,094	0	291,618	0	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
62.30	BLOOD CLOTTING FACTORS ADMIN COSTS	0	0	0	0	0	62.30
65.00	RESPIRATORY THERAPY	1,486	0	65,187	0	0	65.00
69.00	ELECTROCARDIOLOGY	17,712	0	71,671	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	82,120	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	23,175	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	18,787,080	302,835	0	0	73.00
74.00	RENAL DIALYSIS	0	0	7,764	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	CARDIAC REHAB	2	0	5,288	0	0	75.01
75.02	HEART SURGERY	0	0	0	0	0	75.02
75.03	REHAB SERVICES	683	0	64,877	0	0	75.03
75.04	CV SURGERY	0	0	0	0	0	75.04
75.05	VASCULAR SERVICES	607,649	0	98,676	0	0	75.05
75.06	YORKVILLE	11,402	0	35,733	0	0	75.06
76.00	DIABETIC CENTER	0	0	1,055	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
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	2,698	0	26,515	0	0	90.00
91.00	EMERGENCY	20,359	0	275,033	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	CORF	0	0	0	0	0	99.10
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140029

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

Worksheet B  
Part I  
Date/Time Prepared:  
1/13/2012 8:54 am

Cost Center Description	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
	14.00	15.00	16.00	17.00	19.00	
111.00 ISLET ACQUISITION	0	0	0	0	0	0111.00
113.00 INTEREST EXPENSE	0	0	0	0	0	0113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	2,023,512	18,787,080	2,550,516	329,130		0118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	0190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0192.00
194.00 PHYSICIAN SERVICES	21	0	0	0	0	0194.00
194.01 ADVERTISING	0	0	0	0	0	0194.01
194.02 HOME HEALTH SERVICES PRIVATE	0	0	0	0	0	0194.02
194.03 HHA HME	0	0	0	0	0	0194.03
194.04 OTHER NON REIMBURSABLE	15	0	0	0	0	0194.04
200.00 Cross Foot Adjustments						0200.00
201.00 Negative Cost Centers	0	0	0	0	0	0201.00
202.00 TOTAL (sum lines 118-201)	2,023,548	18,787,080	2,550,516	329,130		0202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140029

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

Worksheet B  
Part I  
Date/Time Prepared:  
1/13/2012 8:54 am

Cost Center Description	INTERNS & RESIDENTS				PARAMED PRGM	Subtotal	
	NURSING SCHOOL	SERVICES-SALAR	SERVICES-OTHER				
		Y & FRINGES	PRGM COSTS				
	20.00	21.00	22.00	23.00	24.00		
<b>GENERAL SERVICE COST CENTERS</b>							
1.00 NEW CAP REL COSTS-BLDG & FIXT							1.00
1.01 POB NEW CRC							1.01
2.00 NEW CAP REL COSTS-MVBLE EQUIP							2.00
4.00 EMPLOYEE BENEFITS							4.00
5.05 CASHIERING/ACCOUNTS RECEIVABLE							5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL							5.06
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
19.00 NONPHYSICIAN ANESTHETISTS							19.00
20.00 NURSING SCHOOL	0						20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	1,038,670					21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	1,364,159				22.00
23.00 PARAMED PRGM-(SPECIFY)	0	0	0	0			23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00 ADULTS & PEDIATRICS	0	535,071	702,748	0	38,699,654		30.00
31.00 INTENSIVE CARE UNIT	0	25,180	33,071	0	6,847,843		31.00
31.01 NICU	0	0	0	0	6,238,477		31.01
40.00 SUBPROVIDER - IPF	0	0	0	0	0		40.00
41.00 SUBPROVIDER - IRF	0	138,489	181,888	0	3,245,359		41.00
42.00 SUBPROVIDER	0	0	0	0	0		42.00
43.00 NURSERY	0	0	0	0	0		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 OPERATING ROOM	0	69,245	90,944	0	17,156,511		50.00
50.01 SAME DAY SURGERY	0	0	0	0	3,123,300		50.01
50.02 G. I. LAB	0	6,295	8,268	0	3,197,358		50.02
51.00 RECOVERY ROOM	0	0	0	0	1,505,775		51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	69,245	90,944	0	9,187,872		52.00
53.00 ANESTHESIOLOGY	0	0	0	0	1,346,460		53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	31,475	41,338	0	17,603,552		54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	3,727,028		55.00
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	12,607,568		60.00
60.01 BLOOD LABORATORY	0	0	0	0	0		60.01
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS	0	0	0	0	0		62.30
65.00 RESPIRATORY THERAPY	0	0	0	0	3,635,581		65.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	3,390,275		69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	890,182		71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	11,275,216		72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	19,652,165		73.00
74.00 RENAL DIALYSIS	0	18,885	24,803	0	873,090		74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0		75.00
75.01 CARDIAC REHAB	0	81,835	107,479	0	2,573,828		75.01
75.02 HEART SURGERY	0	0	0	0	0		75.02
75.03 REHAB SERVICES	0	0	0	0	4,409,907		75.03
75.04 CV SURGERY	0	0	0	0	0		75.04
75.05 VASCULAR SERVICES	0	0	0	0	7,815,805		75.05
75.06 YORKVILLE	0	0	0	0	5,567,739		75.06
76.00 DIABETIC CENTER	0	0	0	0	445,323		76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
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	3,778,739		90.00
91.00 EMERGENCY	0	62,950	82,676	0	13,664,949		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)							92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10 CORF	0	0	0	0	0		99.10
101.00 HOME HEALTH AGENCY	0	0	0	0	0		101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00 PANCREAS ACQUISITION	0	0	0	0	98		109.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140029

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

Worksheet B  
Part I  
Date/Time Prepared:  
1/13/2012 8:54 am

Cost Center Description	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	
		SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS			
		20.00	21.00			
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
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	1,038,670	1,364,159	0	202,459,654
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	164,848	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
194.00	PHYSICIAN SERVICES	0	0	0	1,151,633	194.00
194.01	ADVERTISING	0	0	0	0	194.01
194.02	HOME HEALTH SERVICES PRIVATE	0	0	0	757	194.02
194.03	HHA HME	0	0	0	0	194.03
194.04	OTHER NON REIMBURSABLE	0	0	0	56,004	194.04
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)	0	1,038,670	1,364,159	0	203,832,896

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140029	Period: From 07/01/2010 To 06/30/2011	Worksheet B Part I Date/Time Prepared: 1/13/2012 8:54 am
---	--	----------------------	---	---

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	NEW CAP REL COSTS-BLDG & FIXT			1.00
1.01	POB NEW CRC			1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP			2.00
4.00	EMPLOYEE BENEFITS			4.00
5.05	CASHIERING/ACCOUNTS RECEIVABLE			5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL			5.06
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
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 ED PRGM-(SPECIFY)			23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	ADULTS & PEDIATRICS	-1,237,819	37,461,835	30.00
31.00	INTENSIVE CARE UNIT	-58,251	6,789,592	31.00
31.01	NICU	0	6,238,477	31.01
40.00	SUBPROVIDER - IPF	0	0	40.00
41.00	SUBPROVIDER - IRF	-320,377	2,924,982	41.00
42.00	SUBPROVIDER	0	0	42.00
43.00	NURSERY	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	OPERATING ROOM	-160,189	16,996,322	50.00
50.01	SAME DAY SURGERY	0	3,123,300	50.01
50.02	G. I. LAB	-14,563	3,182,795	50.02
51.00	RECOVERY ROOM	0	1,505,775	51.00
52.00	DELIVERY ROOM & LABOR ROOM	-160,189	9,027,683	52.00
53.00	ANESTHESIOLOGY	0	1,346,460	53.00
54.00	RADIOLOGY-DIAGNOSTIC	-72,813	17,530,739	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	3,727,028	55.00
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	12,607,568	60.00
60.01	BLOOD LABORATORY	0	0	60.01
62.30	BLOOD CLOTTING FACTORS ADMIN COSTS	0	0	62.30
65.00	RESPIRATORY THERAPY	0	3,635,581	65.00
69.00	ELECTROCARDIOLOGY	0	3,390,275	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	890,182	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	11,275,216	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	19,652,165	73.00
74.00	RENAL DIALYSIS	-43,688	829,402	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	75.00
75.01	CARDIAC REHAB	-189,314	2,384,514	75.01
75.02	HEART SURGERY	0	0	75.02
75.03	REHAB SERVICES	0	4,409,907	75.03
75.04	CV SURGERY	0	0	75.04
75.05	VASCULAR SERVICES	0	7,815,805	75.05
75.06	YORKVILLE	0	5,567,739	75.06
76.00	DIABETIC CENTER	0	445,323	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	RURAL HEALTH CLINIC	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	CLINIC	0	3,778,739	90.00
91.00	EMERGENCY	-145,626	13,519,323	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
99.10	CORF	0	0	99.10
101.00	HOME HEALTH AGENCY	0	0	101.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140029

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

Worksheet B  
Part I  
Date/Time Prepared:  
1/13/2012 8:54 am

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
<b>SPECIAL PURPOSE COST CENTERS</b>				
109.00	PANCREAS ACQUISITION	0	98	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
118.00	SUBTOTALS (SUM OF LINES 1-117)	-2,402,829	200,056,825	118.00
<b>NONREIMBURSABLE COST CENTERS</b>				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	164,848	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
194.00	PHYSICIAN SERVICES	0	1,151,633	194.00
194.01	ADVERTISING	0	0	194.01
194.02	HOME HEALTH SERVICES PRIVATE	0	757	194.02
194.03	HHA HME	0	0	194.03
194.04	OTHER NON REIMBURSABLE	0	56,004	194.04
200.00	Cross Foot Adjustments	0	0	200.00
201.00	Negative Cost Centers	0	0	201.00
202.00	TOTAL (sum lines 118-201)	-2,402,829	201,430,067	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140029

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

Worksheet B  
Part II  
Date/Time Prepared:  
1/13/2012 8:54 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS			Subtotal	
		NEW BLDG & FIXT	POB NEW CRC	NEW MVBLE EQUIP		
		0	1.00	1.01		
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	POB NEW CRC					1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	EMPLOYEE BENEFITS	0	54,611	0	4,914	59,525 4.00
5.05	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	6,860	6,860 5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL	0	1,167,367	0	2,233,292	3,400,659 5.06
7.00	OPERATION OF PLANT	0	514,471	0	416,090	930,561 7.00
8.00	LAUNDRY & LINEN SERVICE	0	0	0	1,762	1,762 8.00
9.00	HOUSEKEEPING	0	50,225	0	9,876	60,101 9.00
10.00	DIETARY	0	92,649	0	45,387	138,036 10.00
11.00	CAFETERIA	0	89,725	0	0	89,725 11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0 12.00
13.00	NURSING ADMINISTRATION	0	0	0	165,399	165,399 13.00
14.00	CENTRAL SERVICES & SUPPLY	0	143,700	0	4,557	148,257 14.00
15.00	PHARMACY	0	27,424	0	1,127,121	1,154,545 15.00
16.00	MEDICAL RECORDS & LIBRARY	0	48,716	0	28,862	77,578 16.00
17.00	SOCIAL SERVICE	0	0	0	0	0 17.00
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	0	0	0	372	372 22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0 23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	ADULTS & PEDIATRICS	0	1,245,684	0	1,108,655	2,354,339 30.00
31.00	INTENSIVE CARE UNIT	0	223,336	0	373,908	597,244 31.00
31.01	NICU	0	25,295	0	236,896	262,191 31.01
40.00	SUBPROVIDER - 1PF	0	0	0	0	0 40.00
41.00	SUBPROVIDER - 1RF	0	62,762	0	33,063	95,825 41.00
42.00	SUBPROVIDER	0	0	0	0	0 42.00
43.00	NURSERY	0	0	0	0	0 43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	OPERATING ROOM	0	123,124	0	877,935	1,001,059 50.00
50.01	SAME DAY SURGERY	0	110,476	0	40,599	151,075 50.01
50.02	G. I. LAB	0	10,805	0	159,705	170,510 50.02
51.00	RECOVERY ROOM	0	28,505	0	37,445	65,950 51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	116,053	0	78,043	194,096 52.00
53.00	ANESTHESIOLOGY	0	8,246	0	99,389	107,635 53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	351,910	0	1,665,720	2,017,630 54.00
55.00	RADIOLOGY-THERAPEUTIC	0	126,000	0	253,989	379,989 55.00
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	106,298	0	142,743	249,041 60.00
60.01	BLOOD LABORATORY	0	0	0	0	0 60.01
62.30	BLOOD CLOTTING FACTORS ADMIN COSTS	0	0	0	0	0 62.30
65.00	RESPIRATORY THERAPY	0	21,260	0	102,834	124,094 65.00
69.00	ELECTROCARDIOLOGY	0	60,696	0	282,933	343,629 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
75.01	CARDIAC REHAB	0	39,294	0	41,001	80,295 75.01
75.02	HEART SURGERY	0	0	0	0	0 75.02
75.03	REHAB SERVICES	0	40,167	0	31,693	71,860 75.03
75.04	CV SURGERY	0	0	0	0	0 75.04
75.05	VASCULAR SERVICES	0	0	0	98,251	98,251 75.05
75.06	YORKVILLE	0	0	0	923,006	923,006 75.06
76.00	DIABETIC CENTER	0	0	0	0	0 76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
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	85,881	85,881 90.00
91.00	EMERGENCY	0	241,481	0	427,215	668,696 91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10	CORF	0	0	0	0	0 99.10
101.00	HOME HEALTH AGENCY	0	0	0	0	0 101.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140029

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

Worksheet B  
Part II  
Date/Time Prepared:  
1/13/2012 8:54 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS			Subtotal		
		NEW BLDG & FIXT	POB NEW CRC	NEW MVBLE EQUIP			
		0	1.00	1.01			2.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	PANCREAS ACQUISITION	0	79	0	0	79	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
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	5,130,359	0	11,145,396	16,275,755	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	3,480	0	0	3,480	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	PHYSICIAN SERVICES	0	13,696	0	12,665	26,361	194.00
194.01	ADVERTISING	0	0	0	0	0	194.01
194.02	HOME HEALTH SERVICES PRIVATE	0	0	0	0	0	194.02
194.03	HHA HME	0	0	0	0	0	194.03
194.04	OTHER NON REIMBURSABLE	0	0	0	2,823	2,823	194.04
200.00	Cross Foot Adjustments					0	200.00
201.00	Negative Cost Centers		0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	5,147,535	0	11,160,884	16,308,419	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140029		Period: From 07/01/2010 To 06/30/2011		Worksheet B Part II Date/Time Prepared: 1/13/2012 8:54 am	
Cost Center Description		EMPLOYEE BENEFITS	CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
		4.00	5.05	5.06	7.00	8.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	POB NEW CRC						1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS	59,525					4.00
5.05	CASHIERING/ACCOUNTS RECEIVABLE	1,441	8,301				5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL	9,673	0	3,410,332			5.06
7.00	OPERATION OF PLANT	1,479	0	145,223	1,077,263		7.00
8.00	LAUNDRY & LINEN SERVICE	61	0	17,930	0	19,753	8.00
9.00	HOUSEKEEPING	819	0	54,730	16,254	0	9.00
10.00	DIETARY	287	0	25,321	29,984	0	10.00
11.00	CAFETERIA	514	0	39,462	29,038	0	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	NURSING ADMINISTRATION	1,613	0	67,187	0	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	266	0	24,645	46,505	0	14.00
15.00	PHARMACY	1,304	0	311,339	8,875	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	504	0	38,899	15,766	0	16.00
17.00	SOCIAL SERVICE	102	0	5,410	0	0	17.00
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	422	0	16,541	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	421	0	22,824	0	0	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	10,690	388	473,473	403,136	8,280	30.00
31.00	INTENSIVE CARE UNIT	1,980	69	91,936	72,278	762	31.00
31.01	NICU	2,187	168	95,736	8,186	0	31.01
40.00	SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	897	26	38,296	20,311	1,291	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	0	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	2,402	966	245,575	39,846	2,430	50.00
50.01	SAME DAY SURGERY	888	88	43,029	35,753	961	50.01
50.02	G. I. LAB	564	133	48,655	3,497	0	50.02
51.00	RECOVERY ROOM	462	88	21,117	9,225	698	51.00
52.00	DELIVERY ROOM & LABOR ROOM	3,094	274	138,589	37,558	0	52.00
53.00	ANESTHESIOLOGY	66	118	20,193	2,669	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	3,435	1,521	256,969	88,383	722	54.00
55.00	RADIOLOGY-THERAPEUTIC	759	231	50,046	40,777	769	55.00
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	1,847	913	192,374	34,401	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
62.30	BLOOD CLOTTING FACTORS ADMIN COSTS	0	0	0	0	0	62.30
65.00	RESPIRATORY THERAPY	1,054	204	58,306	6,880	0	65.00
69.00	ELECTROCARDIOLOGY	771	224	46,356	19,643	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	257	13,520	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	73	188,258	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	948	9,407	0	0	73.00
74.00	RENAL DIALYSIS	0	24	13,747	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	CARDIAC REHAB	435	17	36,478	12,716	0	75.01
75.02	HEART SURGERY	0	0	0	0	0	75.02
75.03	REHAB SERVICES	1,560	203	68,820	12,999	0	75.03
75.04	CV SURGERY	0	0	0	0	0	75.04
75.05	VASCULAR SERVICES	1,029	309	118,070	0	0	75.05
75.06	YORKVILLE	1,160	112	91,048	0	0	75.06
76.00	DIABETIC CENTER	161	3	7,299	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
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	1,088	83	59,970	0	0	90.00
91.00	EMERGENCY	3,729	861	191,771	78,150	3,840	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	CORF	0	0	0	0	0	99.10
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	PANCREAS ACQUISITION	0	0	2	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140029

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

Worksheet B  
Part II  
Date/Time Prepared:  
1/13/2012 8:54 am

Cost Center Description	EMPLOYEE BENEFITS 4.00	CASHIERING/ACCOUNTS RECEIVABLE 5.05	OTHER ADMINISTRATIVE AND GENERAL 5.06	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	59,164	8,301	3,388,551	1,072,830	19,753	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	2,758	0	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00 PHYSICIAN SERVICES	291	0	18,073	4,433	0	194.00
194.01 ADVERTISING	0	0	0	0	0	194.01
194.02 HOME HEALTH SERVICES PRIVATE	0	0	13	0	0	194.02
194.03 HHA HME	0	0	0	0	0	194.03
194.04 OTHER NON REIMBURSABLE	70	0	937	0	0	194.04
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)	59,525	8,301	3,410,332	1,077,263	19,753	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140029		Period: From 07/01/2010 To 06/30/2011		Worksheet B Part II Date/Time Prepared: 1/13/2012 8:54 am	
Cost Center Description		HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
		9.00	10.00	11.00	12.00	13.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	POB NEW CRC						1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.05	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL						5.06
7.00	OPERATION OF PLANT						7.00
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING	131,904					9.00
10.00	DIETARY	3,728	197,356				10.00
11.00	CAFETERIA	3,610	0	162,349			11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0		12.00
13.00	NURSING ADMINISTRATION	0	0	4,009	0	238,208	13.00
14.00	CENTRAL SERVICES & SUPPLY	5,782	0	1,613	0	0	14.00
15.00	PHARMACY	1,103	0	4,381	0	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	1,960	0	2,900	0	0	16.00
17.00	SOCIAL SERVICE	0	0	351	0	0	17.00
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	3,022	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
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	50,115	171,090	41,210	0	83,537	30.00
31.00	INTENSIVE CARE UNIT	8,986	8,821	6,461	0	13,087	31.00
31.01	NICU	1,018	0	7,189	0	14,562	31.01
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	2,525	17,445	3,221	0	6,525	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	0	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	4,954	0	8,551	0	17,321	50.00
50.01	SAME DAY SURGERY	4,445	0	3,173	0	643	50.01
50.02	G. I. LAB	435	0	2,062	0	4,176	50.02
51.00	RECOVERY ROOM	1,147	0	1,394	0	2,824	51.00
52.00	DELIVERY ROOM & LABOR ROOM	4,669	0	10,708	0	0	52.00
53.00	ANESTHESIOLOGY	332	0	372	0	756	53.00
54.00	RADIOLOGY-DIAGNOSTIC	10,988	0	11,886	0	24,078	54.00
55.00	RADIOLOGY-THERAPEUTIC	5,069	0	2,926	0	6,388	55.00
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	4,277	0	8,258	0	16,729	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
62.30	BLOOD CLOTTING FACTORS ADMIN COSTS	0	0	0	0	0	62.30
65.00	RESPIRATORY THERAPY	855	0	395	0	0	65.00
69.00	ELECTROCARDIOLOGY	2,442	0	6,027	0	12,210	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
75.01	CARDIAC REHAB	1,581	0	1,055	0	2,234	75.01
75.02	HEART SURGERY	0	0	0	0	0	75.02
75.03	REHAB SERVICES	1,616	0	5,113	0	0	75.03
75.04	CV SURGERY	0	0	0	0	0	75.04
75.05	VASCULAR SERVICES	0	0	3,175	0	0	75.05
75.06	YORKVILLE	0	0	4,758	0	0	75.06
76.00	DIABETIC CENTER	0	0	483	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
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	3,223	0	6,528	90.00
91.00	EMERGENCY	9,716	0	13,136	0	26,610	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	CORF	0	0	0	0	0	99.10
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
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

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140029

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

Worksheet B  
Part II  
Date/Time Prepared:  
1/13/2012 8:54 am

Cost Center Description	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
	9.00	10.00	11.00	12.00	13.00	
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	131,353	197,356	161,052	0	238,208	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00 PHYSICIAN SERVICES	551	0	1,297	0	0	194.00
194.01 ADVERTISING	0	0	0	0	0	194.01
194.02 HOME HEALTH SERVICES PRIVATE	0	0	0	0	0	194.02
194.03 HHA HME	0	0	0	0	0	194.03
194.04 OTHER NON REIMBURSABLE	0	0	0	0	0	194.04
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)	131,904	197,356	162,349	0	238,208	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140029		Period: From 07/01/2010 To 06/30/2011		Worksheet B Part II Date/Time Prepared: 1/13/2012 8:54 am	
Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
		14.00	15.00	16.00	17.00	19.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	POB NEW CRC						1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.05	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL						5.06
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	227,068					14.00
15.00	PHARMACY	685	1,482,232				15.00
16.00	MEDICAL RECORDS & LIBRARY	0	0	137,607			16.00
17.00	SOCIAL SERVICE	0	0	0	5,863		17.00
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	0	0	0	0	0	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	200	0	6,708	5,863		30.00
31.00	INTENSIVE CARE UNIT	385	0	1,184	0		31.00
31.01	NICU	230	0	2,904	0		31.01
40.00	SUBPROVIDER - 1 PF	0	0	0	0		40.00
41.00	SUBPROVIDER - 1 RF	5	0	458	0		41.00
42.00	SUBPROVIDER	0	0	0	0		42.00
43.00	NURSERY	0	0	0	0		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	111,201	0	16,700	0		50.00
50.01	SAME DAY SURGERY	566	0	1,518	0		50.01
50.02	G. I. LAB	9,771	0	2,305	0		50.02
51.00	RECOVERY ROOM	242	0	1,526	0		51.00
52.00	DELIVERY ROOM & LABOR ROOM	6,352	0	4,734	0		52.00
53.00	ANESTHESIOLOGY	5,897	0	2,047	0		53.00
54.00	RADIOLOGY-DIAGNOSTIC	16,098	0	20,392	0		54.00
55.00	RADIOLOGY-THERAPEUTIC	353	0	3,992	0		55.00
57.00	CT SCAN	0	0	0	0		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0		58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0		59.00
60.00	LABORATORY	796	0	15,781	0		60.00
60.01	BLOOD LABORATORY	0	0	0	0		60.01
62.30	BLOOD CLOTTING FACTORS ADMIN COSTS	0	0	0	0		62.30
65.00	RESPIRATORY THERAPY	167	0	3,528	0		65.00
69.00	ELECTROCARDIOLOGY	1,987	0	3,878	0		69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	4,444	0		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	1,254	0		72.00
73.00	DRUGS CHARGED TO PATIENTS	0	1,482,232	16,388	0		73.00
74.00	RENAL DIALYSIS	0	0	420	0		74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0		75.00
75.01	CARDIAC REHAB	0	0	286	0		75.01
75.02	HEART SURGERY	0	0	0	0		75.02
75.03	REHAB SERVICES	77	0	3,511	0		75.03
75.04	CV SURGERY	0	0	0	0		75.04
75.05	VASCULAR SERVICES	68,185	0	5,340	0		75.05
75.06	YORKVILLE	1,279	0	1,934	0		75.06
76.00	DIABETIC CENTER	0	0	57	0		76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
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	303	0	1,435	0		90.00
91.00	EMERGENCY	2,285	0	14,883	0		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	CORF	0	0	0	0		99.10
101.00	HOME HEALTH AGENCY	0	0	0	0		101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	PANCREAS ACQUISITION	0	0	0	0		109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0		110.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140029

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

Worksheet B  
Part II  
Date/Time Prepared:  
1/13/2012 8:54 am

Cost Center Description	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
	14.00	15.00	16.00	17.00	19.00	
111.00 ISLET ACQUISITION	0	0	0	0		111.00
113.00 INTEREST EXPENSE	0	0	0	0		113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	227,064	1,482,232	137,607	5,863	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0		192.00
194.00 PHYSICIAN SERVICES	2	0	0	0		194.00
194.01 ADVERTISING	0	0	0	0		194.01
194.02 HOME HEALTH SERVICES PRIVATE	0	0	0	0		194.02
194.03 HHA HME	0	0	0	0		194.03
194.04 OTHER NON REIMBURSABLE	2	0	0	0		194.04
200.00 Cross Foot Adjustments						0 200.00
201.00 Negative Cost Centers	0	0	0	0		0 201.00
202.00 TOTAL (sum lines 118-201)	227,068	1,482,232	137,607	5,863		0 202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140029

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

Worksheet B  
Part II  
Date/Time Prepared:  
1/13/2012 8:54 am

Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM	Subtotal	
	NURSING SCHOOL	SERVICES-SALAR	SERVICES-OTHER			
		Y & FRINGES	PRGM COSTS			
20.00	21.00	22.00	23.00	24.00		
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01 POB NEW CRC						1.01
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.05 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL						5.06
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
19.00 NONPHYSICIAN ANESTHETISTS						19.00
20.00 NURSING SCHOOL	0					20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD		19,985				21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD			23,617			22.00
23.00 PARAMED PRGM-(SPECIFY)				0		23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS					3,609,029	30.00
31.00 INTENSIVE CARE UNIT					803,193	31.00
31.01 NICU					394,371	31.01
40.00 SUBPROVIDER - IPF					0	40.00
41.00 SUBPROVIDER - IRF					186,825	41.00
42.00 SUBPROVIDER					0	42.00
43.00 NURSERY					0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM					1,451,005	50.00
50.01 SAME DAY SURGERY					242,139	50.01
50.02 G. I. LAB					242,108	50.02
51.00 RECOVERY ROOM					104,673	51.00
52.00 DELIVERY ROOM & LABOR ROOM					400,074	52.00
53.00 ANESTHESIOLOGY					140,085	53.00
54.00 RADIOLOGY-DIAGNOSTIC					2,452,102	54.00
55.00 RADIOLOGY-THERAPEUTIC					491,299	55.00
57.00 CT SCAN					0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)					0	58.00
59.00 CARDIAC CATHETERIZATION					0	59.00
60.00 LABORATORY					524,417	60.00
60.01 BLOOD LABORATORY					0	60.01
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS					0	62.30
65.00 RESPIRATORY THERAPY					195,483	65.00
69.00 ELECTROCARDIOLOGY					437,167	69.00
70.00 ELECTROENCEPHALOGRAPHY					0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS					18,221	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS					189,585	72.00
73.00 DRUGS CHARGED TO PATIENTS					1,508,975	73.00
74.00 RENAL DIALYSIS					14,191	74.00
75.00 ASC (NON-DISTINCT PART)					0	75.00
75.01 CARDIAC REHAB					135,097	75.01
75.02 HEART SURGERY					0	75.02
75.03 REHAB SERVICES					165,759	75.03
75.04 CV SURGERY					0	75.04
75.05 VASCULAR SERVICES					294,359	75.05
75.06 YORKVILLE					1,023,297	75.06
76.00 DIABETIC CENTER					8,003	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC					0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER					0	89.00
90.00 CLINIC					158,511	90.00
91.00 EMERGENCY					1,013,677	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 CORF					0	99.10
101.00 HOME HEALTH AGENCY					0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 PANCREAS ACQUISITION					81	109.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140029

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

Worksheet B  
Part II  
Date/Time Prepared:  
1/13/2012 8:54 am

Cost Center Description	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal		
		SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
		20.00	21.00				22.00
110.00	INTESTINAL ACQUISITION					0	110.00
111.00	ISLET ACQUISITION					0	111.00
113.00	INTEREST EXPENSE					0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	16,203,726	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN					6,238	190.00
192.00	PHYSICIANS' PRIVATE OFFICES					0	192.00
194.00	PHYSICIAN SERVICES					51,008	194.00
194.01	ADVERTISING					0	194.01
194.02	HOME HEALTH SERVICES PRIVATE					13	194.02
194.03	HHA HME					0	194.03
194.04	OTHER NON REIMBURSABLE					3,832	194.04
200.00	Cross Foot Adjustments	0	19,985	23,617	0	43,602	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	19,985	23,617	0	16,308,419	202.00

ALLOCATION OF CAPITAL RELATED COSTS	Provi der CCN: 140029	Period: From 07/01/2010 To 06/30/2011	Worksheet B Part II Date/Time Prepared: 1/13/2012 8:54 am
-------------------------------------	-----------------------	---	--

Cost Center Description	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>			
1.00 NEW CAP REL COSTS-BLDG & FIXT			1.00
1.01 POB NEW CRC			1.01
2.00 NEW CAP REL COSTS-MVBLE EQUIP			2.00
4.00 EMPLOYEE BENEFITS			4.00
5.05 CASHIERING/ACCOUNTS RECEIVABLE			5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL			5.06
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
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 ED PRGM-(SPECIFY)			23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>			
30.00 ADULTS & PEDIATRICS	0	3,609,029	30.00
31.00 INTENSIVE CARE UNIT	0	803,193	31.00
31.01 NICU	0	394,371	31.01
40.00 SUBPROVIDER - IPF	0	0	40.00
41.00 SUBPROVIDER - IRF	0	186,825	41.00
42.00 SUBPROVIDER	0	0	42.00
43.00 NURSERY	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00 OPERATING ROOM	0	1,451,005	50.00
50.01 SAME DAY SURGERY	0	242,139	50.01
50.02 G. I. LAB	0	242,108	50.02
51.00 RECOVERY ROOM	0	104,673	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	400,074	52.00
53.00 ANESTHESIOLOGY	0	140,085	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	2,452,102	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	491,299	55.00
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	524,417	60.00
60.01 BLOOD LABORATORY	0	0	60.01
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS	0	0	62.30
65.00 RESPIRATORY THERAPY	0	195,483	65.00
69.00 ELECTROCARDIOLOGY	0	437,167	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	18,221	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	189,585	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	1,508,975	73.00
74.00 RENAL DIALYSIS	0	14,191	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	75.00
75.01 CARDIAC REHAB	0	135,097	75.01
75.02 HEART SURGERY	0	0	75.02
75.03 REHAB SERVICES	0	165,759	75.03
75.04 CV SURGERY	0	0	75.04
75.05 VASCULAR SERVICES	0	294,359	75.05
75.06 YORKVILLE	0	1,023,297	75.06
76.00 DIABETIC CENTER	0	8,003	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>			
88.00 RURAL HEALTH CLINIC	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00 CLINIC	0	158,511	90.00
91.00 EMERGENCY	0	1,013,677	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>			
99.10 CORF	0	0	99.10
101.00 HOME HEALTH AGENCY	0	0	101.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140029	Period: From 07/01/2010 To 06/30/2011	Worksheet B Part II Date/Time Prepared: 1/13/2012 8:54 am
-------------------------------------	--	----------------------	---	--

Cost Center Description	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	25.00	26.00	
<b>SPECIAL PURPOSE COST CENTERS</b>			
109.00 PANCREAS ACQUISITION	0	81	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
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	16,203,726	118.00
<b>NONREIMBURSABLE COST CENTERS</b>			
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	6,238	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	192.00
194.00 PHYSICIAN SERVICES	0	51,008	194.00
194.01 ADVERTISING	0	0	194.01
194.02 HOME HEALTH SERVICES PRIVATE	0	13	194.02
194.03 HHA HME	0	0	194.03
194.04 OTHER NON REIMBURSABLE	0	3,832	194.04
200.00 Cross Foot Adjustments	0	43,602	200.00
201.00 Negative Cost Centers	0	0	201.00
202.00 TOTAL (sum lines 118-201)	0	16,308,419	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140029

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

Worksheet B-1

Date/Time Prepared:  
1/13/2012 8:54 am

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS (GROSS SALARIES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	
	NEW BLDG & FIXT (SQUARE FEET)	POB NEW CRC (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)			
	1.00	1.01	2.00			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT	323,968					1.00
1.01 POB NEW CRC	0	100,000				1.01
2.00 NEW CAP REL COSTS-MVBLE EQUIP			9,719,363			2.00
4.00 EMPLOYEE BENEFITS	3,437	0	4,279	85,606,696		4.00
5.05 CASHIERING/ACCOUNTS RECEIVABLE	0	0	5,974	2,073,158	1,140,544,406	5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL	73,470	46,429	1,944,843	13,918,380	0	5.06
7.00 OPERATION OF PLANT	32,379	0	362,349	2,128,495	0	7.00
8.00 LAUNDRY & LINEN SERVICE	0	0	1,534	88,417	0	8.00
9.00 HOUSEKEEPING	3,161	0	8,600	1,178,071	0	9.00
10.00 DIETARY	5,831	0	39,525	413,074	0	10.00
11.00 CAFETERIA	5,647	0	0	740,119	0	11.00
12.00 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 NURSING ADMINISTRATION	0	0	144,036	2,320,352	0	13.00
14.00 CENTRAL SERVICES & SUPPLY	9,044	0	3,968	382,389	0	14.00
15.00 PHARMACY	1,726	0	981,544	1,875,578	0	15.00
16.00 MEDICAL RECORDS & LIBRARY	3,066	0	25,134	725,210	0	16.00
17.00 SOCIAL SERVICE	0	0	0	146,187	0	17.00
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	606,993	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	324	605,480	0	22.00
23.00 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	78,399	0	965,463	15,339,671	55,441,172	30.00
31.00 INTENSIVE CARE UNIT	14,056	0	325,615	2,848,544	9,788,494	31.00
31.01 NICU	1,592	0	206,299	3,146,733	24,003,139	31.01
40.00 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 SUBPROVIDER - IRF	3,950	0	28,793	1,290,188	3,781,314	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	0	0	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	7,749	0	764,543	3,455,503	138,016,291	50.00
50.01 SAME DAY SURGERY	6,953	0	35,355	1,277,586	12,543,355	50.01
50.02 G. I. LAB	680	0	139,078	811,351	19,048,606	50.02
51.00 RECOVERY ROOM	1,794	0	32,609	665,234	12,610,718	51.00
52.00 DELIVERY ROOM & LABOR ROOM	7,304	0	67,963	4,452,117	39,125,632	52.00
53.00 ANESTHESIOLOGY	519	0	86,552	94,734	16,916,270	53.00
54.00 RADIOLOGY-DIAGNOSTIC	22,148	0	1,450,579	4,943,107	171,832,324	54.00
55.00 RADIOLOGY-THERAPEUTIC	7,930	0	221,184	1,092,253	32,988,190	55.00
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	6,690	0	124,307	2,657,915	130,419,619	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS	0	0	0	0	0	62.30
65.00 RESPIRATORY THERAPY	1,338	0	89,552	1,516,478	29,153,335	65.00
69.00 ELECTROCARDIOLOGY	3,820	0	246,390	1,109,992	32,053,082	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	36,726,466	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	10,364,705	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	135,436,240	73.00
74.00 RENAL DIALYSIS	0	0	0	0	3,472,084	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01 CARDIAC REHAB	2,473	0	35,705	625,678	2,364,860	75.01
75.02 HEART SURGERY	0	0	0	0	0	75.02
75.03 REHAB SERVICES	2,528	0	27,600	2,244,708	29,014,875	75.03
75.04 CV SURGERY	0	0	0	0	0	75.04
75.05 VASCULAR SERVICES	0	0	85,561	1,480,746	44,130,565	75.05
75.06 YORKVILLE	0	0	803,792	1,668,461	15,980,941	75.06
76.00 DIABETIC CENTER	0	0	0	232,222	471,845	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
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	74,789	1,565,770	11,858,123	90.00
91.00 EMERGENCY	15,198	0	372,037	5,365,872	123,002,161	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 CORF	0	0	0	0	0	99.10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140029

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

Worksheet B-1

Date/Time Prepared:  
1/13/2012 8:54 am

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS (GROSS SALARIES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	
	NEW BLDG & FIXT (SQUARE FEET)	POB NEW CRC (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)			
	1.00	1.01	2.00			
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 PANCREAS ACQUISITION	5	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
118.00 SUBTOTALS (SUM OF LINES 1-117)	322,887	46,429	9,705,876	85,086,766	1,140,544,406	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	219	0	0	0	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	53,571	0	0	0	192.00
194.00 PHYSICIAN SERVICES	862	0	11,029	419,281	0	194.00
194.01 ADVERTISING	0	0	0	0	0	194.01
194.02 HOME HEALTH SERVICES PRIVATE	0	0	0	0	0	194.02
194.03 HHA HME	0	0	0	0	0	194.03
194.04 OTHER NON REIMBURSABLE	0	0	2,458	100,649	0	194.04
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	5,147,535	0	11,160,884	26,509,222	3,807,489	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	15.889023	0.000000	1.148314	0.309663	0.003338	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)				59,525	8,301	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)				0.000695	0.000007	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140029

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

Worksheet B-1

Date/Time Prepared:  
1/13/2012 8:54 am

Cost Center Description		Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	
		5A.06	5.06	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	POB NEW CRC						1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.05	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL	-39,937,854	163,895,042				5.06
7.00	OPERATION OF PLANT	0	6,979,192	209,498			7.00
8.00	LAUNDRY & LINEN SERVICE	0	861,674	0	1,335,477		8.00
9.00	HOUSEKEEPING	0	2,630,245	3,161	0	206,337	9.00
10.00	DIETARY	0	1,216,905	5,831	0	5,831	10.00
11.00	CAFETERIA	0	1,896,503	5,647	0	5,647	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	NURSING ADMINISTRATION	0	3,228,921	0	0	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	1,184,417	9,044	0	9,044	14.00
15.00	PHARMACY	0	14,962,488	1,726	0	1,726	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	1,869,426	3,066	0	3,066	16.00
17.00	SOCIAL SERVICE	0	259,973	0	0	0	17.00
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	794,956	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	1,096,874	0	0	0	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	0	22,754,056	78,399	559,816	78,399	30.00
31.00	INTENSIVE CARE UNIT	0	4,418,277	14,056	51,521	14,056	31.00
31.01	NICU	0	4,600,918	1,592	0	1,592	31.01
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	0	1,840,464	3,950	87,264	3,950	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	0	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	0	11,801,939	7,749	164,277	7,749	50.00
50.01	SAME DAY SURGERY	0	2,067,926	6,953	64,981	6,953	50.01
50.02	G. I. LAB	0	2,338,271	680	0	680	50.02
51.00	RECOVERY ROOM	0	1,014,867	1,794	47,218	1,794	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	6,660,395	7,304	0	7,304	52.00
53.00	ANESTHESIOLOGY	0	970,441	519	0	519	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	12,349,544	17,188	48,785	17,188	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	2,405,139	7,930	52,000	7,930	55.00
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	9,245,214	6,690	0	6,690	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
62.30	BLOOD CLOTTING FACTORS ADMIN COSTS	0	0	0	0	0	62.30
65.00	RESPIRATORY THERAPY	0	2,802,072	1,338	0	1,338	65.00
69.00	ELECTROCARDIOLOGY	0	2,227,817	3,820	0	3,820	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	649,735	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	9,047,384	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	452,086	0	0	0	73.00
74.00	RENAL DIALYSIS	0	660,651	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	CARDIAC REHAB	0	1,753,066	2,473	0	2,473	75.01
75.02	HEART SURGERY	0	0	0	0	0	75.02
75.03	REHAB SERVICES	0	3,307,399	2,528	0	2,528	75.03
75.04	CV SURGERY	0	0	0	0	0	75.04
75.05	VASCULAR SERVICES	0	5,674,257	0	0	0	75.05
75.06	YORKVILLE	0	4,375,636	0	0	0	75.06
76.00	DIABETIC CENTER	0	350,800	0	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
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	2,882,051	0	0	0	90.00
91.00	EMERGENCY	0	9,216,233	15,198	259,615	15,198	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	CORF	0	0	0	0	0	99.10
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140029

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

Worksheet B-1

Date/Time Prepared:  
1/13/2012 8:54 am

Cost Center Description	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	
	5A.06	5.06	7.00	8.00	9.00	
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00	PANCREAS ACQUISITION	0	79	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
118.00	SUBTOTALS (SUM OF LINES 1-117)	-39,937,854	162,848,291	208,636	1,335,477	205,475 118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	132,549	0	0	0 190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0 192.00
194.00	PHYSICIAN SERVICES	0	868,574	862	0	862 194.00
194.01	ADVERTISING	0	0	0	0	0 194.01
194.02	HOME HEALTH SERVICES PRIVATE	0	609	0	0	0 194.02
194.03	HHA HME	0	0	0	0	0 194.03
194.04	OTHER NON REIMBURSABLE	0	45,019	0	0	0 194.04
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)		39,937,854	8,679,875	1,071,646	3,402,146 202.00
203.00	Unit cost multiplier (Wkst. B, Part I)		0.243679	41.431780	0.802444	16.488298 203.00
204.00	Cost to be allocated (per Wkst. B, Part II)		3,410,332	1,077,263	19,753	131,904 204.00
205.00	Unit cost multiplier (Wkst. B, Part II)		0.020808	5.142116	0.014791	0.639265 205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140029

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

Worksheet B-1

Date/Time Prepared:  
1/13/2012 8:54 am

Cost Center Description		DIETARY (MEALS SERVED)	CAFETERIA (NUMBER FTE'S)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS)	
		10.00	11.00	12.00	13.00	14.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	POB NEW CRC						1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.05	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL						5.06
7.00	OPERATION OF PLANT						7.00
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
10.00	DIETARY	126,591					10.00
11.00	CAFETERIA	0	92,496				11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	NURSING ADMINISTRATION	0	2,284	0	1,447,205		13.00
14.00	CENTRAL SERVICES & SUPPLY	0	919	0	0	8,588,585	14.00
15.00	PHARMACY	0	2,496	0	0	25,906	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	1,652	0	0	0	16.00
17.00	SOCIAL SERVICE	0	200	0	0	0	17.00
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	1,722	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
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	109,743	23,478	0	507,522	7,555	30.00
31.00	INTENSIVE CARE UNIT	5,658	3,681	0	79,510	14,554	31.00
31.01	NICU	0	4,096	0	88,472	8,708	31.01
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	11,190	1,835	0	39,641	187	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	0	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	0	4,872	0	105,230	4,205,993	50.00
50.01	SAME DAY SURGERY	0	1,808	0	3,905	21,402	50.01
50.02	G. I. LAB	0	1,175	0	25,372	369,569	50.02
51.00	RECOVERY ROOM	0	794	0	17,158	9,156	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	6,101	0	0	240,260	52.00
53.00	ANESTHESIOLOGY	0	212	0	4,590	223,060	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	6,772	0	146,285	608,914	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	1,667	0	38,807	13,361	55.00
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	4,705	0	101,635	30,108	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
62.30	BLOOD CLOTTING FACTORS ADMIN COSTS	0	0	0	0	0	62.30
65.00	RESPIRATORY THERAPY	0	225	0	0	6,305	65.00
69.00	ELECTROCARDIOLOGY	0	3,434	0	74,181	75,175	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
75.01	CARDIAC REHAB	0	601	0	13,573	10	75.01
75.02	HEART SURGERY	0	0	0	0	0	75.02
75.03	REHAB SERVICES	0	2,913	0	0	2,900	75.03
75.04	CV SURGERY	0	0	0	0	0	75.04
75.05	VASCULAR SERVICES	0	1,809	0	0	2,579,056	75.05
75.06	YORKVILLE	0	2,711	0	0	48,393	75.06
76.00	DIABETIC CENTER	0	275	0	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
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	1,836	0	39,661	11,450	90.00
91.00	EMERGENCY	0	7,484	0	161,663	86,411	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	CORF	0	0	0	0	0	99.10
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140029

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

Worksheet B-1

Date/Time Prepared:  
1/13/2012 8:54 am

Cost Center Description		DIETARY (MEALS SERVED)	CAFETERIA (NUMBER FTE'S)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS)	
		10.00	11.00	12.00	13.00	14.00	
<b>SPECIAL PURPOSE COST CENTERS</b>							
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
118.00	SUBTOTALS (SUM OF LINES 1-117)	126,591	91,757	0	1,447,205	8,588,433	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	PHYSICIAN SERVICES	0	739	0	0	88	194.00
194.01	ADVERTISING	0	0	0	0	0	194.01
194.02	HOME HEALTH SERVICES PRIVATE	0	0	0	0	0	194.02
194.03	HHA HME	0	0	0	0	0	194.03
194.04	OTHER NON REIMBURSABLE	0	0	0	0	64	194.04
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)	1,851,171	2,685,715	0	4,082,059	2,023,548	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	14.623243	29.036012	0.000000	2.820650	0.235609	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	197,356	162,349	0	238,208	227,068	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	1.559005	1.755200	0.000000	0.164599	0.026438	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140029

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

Worksheet B-1

Date/Time Prepared:  
1/13/2012 8:54 am

Cost Center Description	PHARMACY (COSTED REQUIS)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	
	15.00	16.00	17.00	19.00	20.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01 POB NEW CRC						1.01
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.05 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL						5.06
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	10,000					15.00
16.00 MEDICAL RECORDS & LIBRARY	0	1,140,544,406				16.00
17.00 SOCIAL SERVICE	0	0	100			17.00
19.00 NONPHYSICIAN ANESTHETISTS	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	0	0	0	0	0	22.00
23.00 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	0	55,441,172	100		0	30.00
31.00 INTENSIVE CARE UNIT	0	9,788,494	0		0	31.00
31.01 NICU	0	24,003,139	0		0	31.01
40.00 SUBPROVIDER - IPF	0	0	0		0	40.00
41.00 SUBPROVIDER - IRF	0	3,781,314	0		0	41.00
42.00 SUBPROVIDER	0	0	0		0	42.00
43.00 NURSERY	0	0	0		0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	0	138,016,291	0	0	0	50.00
50.01 SAME DAY SURGERY	0	12,543,355	0	0	0	50.01
50.02 G. I. LAB	0	19,048,606	0	0	0	50.02
51.00 RECOVERY ROOM	0	12,610,718	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	39,125,632	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	16,916,270	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	171,832,324	0	0	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	32,988,190	0	0	0	55.00
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	130,419,619	0	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS	0	0	0	0	0	62.30
65.00 RESPIRATORY THERAPY	0	29,153,335	0	0	0	65.00
69.00 ELECTROCARDIOLOGY	0	32,053,082	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	36,726,466	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	10,364,705	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	10,000	135,436,240	0	0	0	73.00
74.00 RENAL DIALYSIS	0	3,472,084	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01 CARDIAC REHAB	0	2,364,860	0	0	0	75.01
75.02 HEART SURGERY	0	0	0	0	0	75.02
75.03 REHAB SERVICES	0	29,014,875	0	0	0	75.03
75.04 CV SURGERY	0	0	0	0	0	75.04
75.05 VASCULAR SERVICES	0	44,130,565	0	0	0	75.05
75.06 YORKVILLE	0	15,980,941	0	0	0	75.06
76.00 DIABETIC CENTER	0	471,845	0	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
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	11,858,123	0	0	0	90.00
91.00 EMERGENCY	0	123,002,161	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 CORF	0	0	0	0	0	99.10
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140029

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

Worksheet B-1

Date/Time Prepared:  
1/13/2012 8:54 am

Cost Center Description		PHARMACY (COSTED REQUIS)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	
		15.00	16.00	17.00	19.00	20.00	
<b>SPECIAL PURPOSE COST CENTERS</b>							
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
118.00	SUBTOTALS (SUM OF LINES 1-117)	10,000	1,140,544,406	100	0	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	PHYSICIAN SERVICES	0	0	0	0	0	194.00
194.01	ADVERTISING	0	0	0	0	0	194.01
194.02	HOME HEALTH SERVICES PRIVATE	0	0	0	0	0	194.02
194.03	HHA HME	0	0	0	0	0	194.03
194.04	OTHER NON REIMBURSABLE	0	0	0	0	0	194.04
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)	18,787,080	2,550,516	329,130	0	0	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	1,878.708000	0.002236	3,291.300000	0.000000	0.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	1,482,232	137,607	5,863	0	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	148.223200	0.000121	58.630000	0.000000	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140029

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

Worksheet B-1  
Date/Time Prepared:  
1/13/2012 8:54 am

Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM (ASSIGNED TIME)	
	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)			
	21.00	22.00	23.00		
<b>GENERAL SERVICE COST CENTERS</b>					
1.00 NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01 POB NEW CRC					1.01
2.00 NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 EMPLOYEE BENEFITS					4.00
5.05 CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL					5.06
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
19.00 NONPHYSICIAN ANESTHETISTS					19.00
20.00 NURSING SCHOOL					20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	165				21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD		165			22.00
23.00 PARAMED PRGM-(SPECIFY)			0		23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00 ADULTS & PEDIATRICS	85	85	0		30.00
31.00 INTENSIVE CARE UNIT	4	4	0		31.00
31.01 NICU	0	0	0		31.01
40.00 SUBPROVIDER - 1PF	0	0	0		40.00
41.00 SUBPROVIDER - 1RF	22	22	0		41.00
42.00 SUBPROVIDER	0	0	0		42.00
43.00 NURSERY	0	0	0		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 OPERATING ROOM	11	11	0		50.00
50.01 SAME DAY SURGERY	0	0	0		50.01
50.02 G. I. LAB	1	1	0		50.02
51.00 RECOVERY ROOM	0	0	0		51.00
52.00 DELIVERY ROOM & LABOR ROOM	11	11	0		52.00
53.00 ANESTHESIOLOGY	0	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	5	5	0		54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0		55.00
57.00 CT SCAN	0	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00 CARDIAC CATHETERIZATION	0	0	0		59.00
60.00 LABORATORY	0	0	0		60.00
60.01 BLOOD LABORATORY	0	0	0		60.01
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS	0	0	0		62.30
65.00 RESPIRATORY THERAPY	0	0	0		65.00
69.00 ELECTROCARDIOLOGY	0	0	0		69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0		73.00
74.00 RENAL DIALYSIS	3	3	0		74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0		75.00
75.01 CARDIAC REHAB	13	13	0		75.01
75.02 HEART SURGERY	0	0	0		75.02
75.03 REHAB SERVICES	0	0	0		75.03
75.04 CV SURGERY	0	0	0		75.04
75.05 VASCULAR SERVICES	0	0	0		75.05
75.06 YORKVILLE	0	0	0		75.06
76.00 DIABETIC CENTER	0	0	0		76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
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
91.00 EMERGENCY	10	10	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)					92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
99.10 CORF	0	0	0		99.10
101.00 HOME HEALTH AGENCY	0	0	0		101.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140029

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

Worksheet B-1  
Date/Time Prepared:  
1/13/2012 8:54 am

Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM (ASSIGNED TIME)	
	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)			
	21.00	22.00	23.00		
<b>SPECIAL PURPOSE COST CENTERS</b>					
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
118.00	SUBTOTALS (SUM OF LINES 1-117)	165	165	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	192.00
194.00	PHYSICIAN SERVICES	0	0	0	194.00
194.01	ADVERTISING	0	0	0	194.01
194.02	HOME HEALTH SERVICES PRIVATE	0	0	0	194.02
194.03	HHA HME	0	0	0	194.03
194.04	OTHER NON REIMBURSABLE	0	0	0	194.04
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)	1,038,670	1,364,159	0	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	6,294.969697	8,267.630303	0.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	19,985	23,617	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	121.121212	143.133333	0.000000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provi der CCN: 140029		Peri od: From 07/01/2010 To 06/30/2011		Worksheet C Part I Date/Time Prepared: 1/13/2012 8:54 am	
		Title XVIII		Hospital		PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS		37,461,835		37,461,835	30.00	
31.00	INTENSIVE CARE UNIT		6,789,592		6,789,592	31.00	
31.01	NICU		6,238,477		6,238,477	31.01	
40.00	SUBPROVIDER - 1PF		0		0	40.00	
41.00	SUBPROVIDER - 1RF		2,924,982		2,924,982	41.00	
42.00	SUBPROVIDER		0		0	42.00	
43.00	NURSERY		0		0	43.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM		16,996,322		16,996,322	50.00	
50.01	SAME DAY SURGERY		3,123,300		3,123,300	50.01	
50.02	G. I. LAB		3,182,795		3,182,795	50.02	
51.00	RECOVERY ROOM		1,505,775		1,505,775	51.00	
52.00	DELIVERY ROOM & LABOR ROOM		9,027,683		9,027,683	52.00	
53.00	ANESTHESIOLOGY		1,346,460		1,346,460	53.00	
54.00	RADIOLOGY-DIAGNOSTIC		17,530,739		17,530,739	54.00	
55.00	RADIOLOGY-THERAPEUTIC		3,727,028		3,727,028	55.00	
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		12,607,568		12,607,568	60.00	
60.01	BLOOD LABORATORY		0		0	60.01	
62.30	BLOOD CLOTTING FACTORS ADMIN COSTS		0		0	62.30	
65.00	RESPIRATORY THERAPY	0	3,635,581		3,635,581	65.00	
69.00	ELECTROCARDIOLOGY		3,390,275		3,390,275	69.00	
70.00	ELECTROENCEPHALOGRAPHY		0		0	70.00	
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		890,182		890,182	71.00	
72.00	IMPL. DEV. CHARGED TO PATIENTS		11,275,216		11,275,216	72.00	
73.00	DRUGS CHARGED TO PATIENTS		19,652,165		19,652,165	73.00	
74.00	RENAL DIALYSIS		829,402		829,402	74.00	
75.00	ASC (NON-DISTINCT PART)		0		0	75.00	
75.01	CARDIAC REHAB		2,384,514		2,384,514	75.01	
75.02	HEART SURGERY		0		0	75.02	
75.03	REHAB SERVICES		4,409,907		4,409,907	75.03	
75.04	CV SURGERY		0		0	75.04	
75.05	VASCULAR SERVICES		7,815,805		7,815,805	75.05	
75.06	YORKVILLE		5,567,739		5,567,739	75.06	
76.00	DIABETIC CENTER		445,323		445,323	76.00	
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC		0		0	88.00	
89.00	FEDERALLY QUALIFIED HEALTH CENTER		0		0	89.00	
90.00	CLINIC		3,778,739		3,778,739	90.00	
91.00	EMERGENCY		13,519,323		13,519,323	91.00	
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		4,831,910		4,831,910	92.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	CORF		0		0	99.10	
101.00	HOME HEALTH AGENCY		0		0	101.00	
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	PANCREAS ACQUISITION		98		98	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	
200.00	Subtotal (see instructions)		204,888,735	0	204,888,735	200.00	
201.00	Less Observation Beds		4,831,910		4,831,910	201.00	
202.00	Total (see instructions)		200,056,825	0	200,056,825	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140029	Period: From 07/01/2010 To 06/30/2011	Worksheet C Part I Date/Time Prepared: 1/13/2012 8:54 am	
			Title XVIII	Hospital	PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
9.00	10.00					
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	ADULTS & PEDIATRICS	55,441,172		55,441,172		30.00
31.00	INTENSIVE CARE UNIT	9,788,494		9,788,494		31.00
31.01	NICU	24,003,139		24,003,139		31.01
40.00	SUBPROVIDER - I PF	0		0		40.00
41.00	SUBPROVIDER - I RF	3,781,314		3,781,314		41.00
42.00	SUBPROVIDER	0		0		42.00
43.00	NURSERY	0		0		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	OPERATING ROOM	76,059,821	61,956,470	138,016,291	0.123147	50.00
50.01	SAME DAY SURGERY	1,709,167	10,834,188	12,543,355	0.249000	50.01
50.02	G. I. LAB	3,016,466	16,032,140	19,048,606	0.167088	50.02
51.00	RECOVERY ROOM	5,877,578	6,733,140	12,610,718	0.119404	51.00
52.00	DELIVERY ROOM & LABOR ROOM	32,351,151	6,774,481	39,125,632	0.230736	52.00
53.00	ANESTHESIOLOGY	9,847,393	7,068,877	16,916,270	0.079596	53.00
54.00	RADIOLOGY-DIAGNOSTIC	39,473,728	132,358,596	171,832,324	0.102022	54.00
55.00	RADIOLOGY-THERAPEUTIC	913,677	32,074,513	32,988,190	0.112981	55.00
57.00	CT SCAN	0	0	0	0.000000	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	LABORATORY	63,505,900	66,913,719	130,419,619	0.096669	60.00
60.01	BLOOD LABORATORY	0	0	0	0.000000	60.01
62.30	BLOOD CLOTTING FACTORS ADMIN COSTS	0	0	0	0.000000	62.30
65.00	RESPIRATORY THERAPY	25,551,764	3,601,571	29,153,335	0.124705	65.00
69.00	ELECTROCARDIOLOGY	8,427,152	23,625,930	32,053,082	0.105771	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	31,626,631	5,099,835	36,726,466	0.024238	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	5,722,354	4,642,351	10,364,705	1.087847	72.00
73.00	DRUGS CHARGED TO PATIENTS	65,342,451	70,093,789	135,436,240	0.145103	73.00
74.00	RENAL DIALYSIS	3,273,103	198,981	3,472,084	0.238877	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00
75.01	CARDIAC REHAB	3,414	2,361,446	2,364,860	1.008311	75.01
75.02	HEART SURGERY	0	0	0	0.000000	75.02
75.03	REHAB SERVICES	18,562,082	10,452,793	29,014,875	0.151988	75.03
75.04	CV SURGERY	0	0	0	0.000000	75.04
75.05	VASCULAR SERVICES	24,501,589	19,628,976	44,130,565	0.177106	75.05
75.06	YORKVILLE	200,000	15,780,941	15,980,941	0.348399	75.06
76.00	DIABETIC CENTER	472	471,373	471,845	0.943791	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	CLINIC	700,572	11,157,551	11,858,123	0.318662	90.00
91.00	EMERGENCY	19,189,775	103,812,386	123,002,161	0.109911	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	5,875,070	5,875,070	0.822443	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10	CORF	0	0	0		99.10
101.00	HOME HEALTH AGENCY	0	0	0		101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
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					113.00
200.00	Subtotal (see instructions)	528,870,359	617,549,117	1,146,419,476		200.00
201.00	Less Observation Beds					201.00
202.00	Total (see instructions)	528,870,359	617,549,117	1,146,419,476		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140029	Period: From 07/01/2010 To 06/30/2011	Worksheet C Part I Date/Time Prepared: 1/13/2012 8:54 am
		Title XVIII	Hospital	PPS
Cost Center Description		PPS Inpatient Ratio		
		11.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	ADULTS & PEDIATRICS			30.00
31.00	INTENSIVE CARE UNIT			31.00
31.01	NICU			31.01
40.00	SUBPROVIDER - IPF			40.00
41.00	SUBPROVIDER - IRF			41.00
42.00	SUBPROVIDER			42.00
43.00	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	OPERATING ROOM	0.124698		50.00
50.01	SAME DAY SURGERY	0.249000		50.01
50.02	G. I. LAB	0.167088		50.02
51.00	RECOVERY ROOM	0.119404		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.242664		52.00
53.00	ANESTHESIOLOGY	0.080535		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.102022		54.00
55.00	RADIOLOGY-THERAPEUTIC	0.113389		55.00
57.00	CT SCAN	0.000000		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	LABORATORY	0.097250		60.00
60.01	BLOOD LABORATORY	0.000000		60.01
62.30	BLOOD CLOTTING FACTORS ADMIN COSTS	0.000000		62.30
65.00	RESPIRATORY THERAPY	0.124705		65.00
69.00	ELECTROCARDIOLOGY	0.105771		69.00
70.00	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.024238		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	1.087847		72.00
73.00	DRUGS CHARGED TO PATIENTS	0.145103		73.00
74.00	RENAL DIALYSIS	0.238877		74.00
75.00	ASC (NON-DISTINCT PART)	0.000000		75.00
75.01	CARDIAC REHAB	1.008311		75.01
75.02	HEART SURGERY	0.000000		75.02
75.03	REHAB SERVICES	0.151988		75.03
75.04	CV SURGERY	0.000000		75.04
75.05	VASCULAR SERVICES	0.177106		75.05
75.06	YORKVILLE	0.356618		75.06
76.00	DIABETIC CENTER	0.943791		76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	RURAL HEALTH CLINIC			88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	CLINIC	0.318662		90.00
91.00	EMERGENCY	0.112462		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.822443		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
99.10	CORF			99.10
101.00	HOME HEALTH AGENCY			101.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
109.00	PANCREAS ACQUISITION			109.00
110.00	INTESTINAL ACQUISITION			110.00
111.00	ISLET ACQUISITION			111.00
113.00	INTEREST EXPENSE			113.00
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: 140029	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part I Date/Time Prepared: 1/13/2012 8:54 am
--	----------------------	---	---

Cost Center Description	Title XVIII			Hospital	PPS	
	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
	1.00	2.00	3.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	3,609,029	0	3,609,029	41,998	85.93	30.00
31.00 INTENSIVE CARE UNIT	803,193		803,193	3,772	212.94	31.00
31.01 NICU	394,371		394,371	2,222	177.48	31.01
40.00 SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
41.00 SUBPROVIDER - IRF	186,825	0	186,825	3,730	50.09	41.00
42.00 SUBPROVIDER	0	0	0	0	0.00	42.00
43.00 NURSERY	0		0	8,886	0.00	43.00
200.00 Total (Lines 30-199)	4,993,418		4,993,418	60,608		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140029	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part I Date/Time Prepared: 1/13/2012 8:54 am
		Title XVIII	Hospital	PPS

Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)		
	6.00	7.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00 ADULTS & PEDIATRICS	12,993	1,116,488		30.00
31.00 INTENSIVE CARE UNIT	1,690	359,869		31.00
31.01 NICU	0	0		31.01
40.00 SUBPROVIDER - IPF	0	0		40.00
41.00 SUBPROVIDER - IRF	2,137	107,042		41.00
42.00 SUBPROVIDER	0	0		42.00
43.00 NURSERY	0	0		43.00
200.00 Total (Lines 30-199)	16,820	1,583,399		200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140029	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part II Date/Time Prepared: 1/13/2012 8:54 am
--	--	----------------------	---	--

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Hospital Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
Title XVIII							
Hospital							
PPS							
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	1,451,005	138,016,291	0.010513	22,390,306	235,389	50.00
50.01	SAME DAY SURGERY	242,139	12,543,355	0.019304	662,591	12,791	50.01
50.02	G. I. LAB	242,108	19,048,606	0.012710	1,479,313	18,802	50.02
51.00	RECOVERY ROOM	104,673	12,610,718	0.008300	1,988,989	16,509	51.00
52.00	DELIVERY ROOM & LABOR ROOM	400,074	39,125,632	0.010225	111,739	1,143	52.00
53.00	ANESTHESIOLOGY	140,085	16,916,270	0.008281	2,643,567	21,891	53.00
54.00	RADIOLOGY-DIAGNOSTIC	2,452,102	171,832,324	0.014270	17,934,466	255,925	54.00
55.00	RADIOLOGY-THERAPEUTIC	491,299	32,988,190	0.014893	591,669	8,812	55.00
57.00	CT SCAN	0	0	0.000000	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	LABORATORY	524,417	130,419,619	0.004021	27,097,170	108,958	60.00
60.01	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
62.30	BLOOD CLOTTING FACTORS ADMIN COSTS	0	0	0.000000	0	0	62.30
65.00	RESPIRATORY THERAPY	195,483	29,153,335	0.006705	11,248,190	75,419	65.00
69.00	ELECTROCARDIOLOGY	437,167	32,053,082	0.013639	4,395,639	59,952	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	18,221	36,726,466	0.000496	10,890,843	5,402	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	189,585	10,364,705	0.018291	3,994,459	73,063	72.00
73.00	DRUGS CHARGED TO PATIENTS	1,508,975	135,436,240	0.011142	25,493,300	284,046	73.00
74.00	RENAL DIALYSIS	14,191	3,472,084	0.004087	2,136,037	8,730	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	CARDIAC REHAB	135,097	2,364,860	0.057127	0	0	75.01
75.02	HEART SURGERY	0	0	0.000000	0	0	75.02
75.03	REHAB SERVICES	165,759	29,014,875	0.005713	6,314,918	36,077	75.03
75.04	CV SURGERY	0	0	0.000000	0	0	75.04
75.05	VASCULAR SERVICES	294,359	44,130,565	0.006670	16,897,922	112,709	75.05
75.06	YORKVILLE	1,023,297	15,980,941	0.064032	99,201	6,352	75.06
76.00	DIABETIC CENTER	8,003	471,845	0.016961	200	3	76.00
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	158,511	11,858,123	0.013367	296,155	3,959	90.00
91.00	EMERGENCY	1,013,677	123,002,161	0.008241	9,209,554	75,896	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	465,501	5,875,070	0.079233	0	0	92.00
200.00	Total (lines 50-199)	11,675,728	1,053,405,357		165,876,228	1,421,828	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140029		Period: From 07/01/2010 To 06/30/2011		Worksheet D Part III Date/Time Prepared: 1/13/2012 8:54 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	0	0	0	0	30.00
31.00	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	NICU	0	0	0	0	0	31.01
40.00	SUBPROVIDER - IPF	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
200.00	Total (lines 30-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140029	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part III Date/Time Prepared: 1/13/2012 8:54 am
---	----------------------	---	---

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	41,998	0.00	12,993	0	0	0	30.00	
31.00	INTENSIVE CARE UNIT	3,772	0.00	1,690	0	0	0	31.00	
31.01	NICU	2,222	0.00	0	0	0	0	31.01	
40.00	SUBPROVIDER - IPF	0	0.00	0	0	0	0	40.00	
41.00	SUBPROVIDER - IRF	3,730	0.00	2,137	0	0	0	41.00	
42.00	SUBPROVIDER	0	0.00	0	0	0	0	42.00	
43.00	NURSERY	8,886	0.00	0	0	0	0	43.00	
200.00	Total (Lines 30-199)	60,608		16,820	0	0	0	200.00	

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140029	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part III Date/Time Prepared: 1/13/2012 8:54 am
	Title XVIII	Hospital	PPS

Cost Center Description	PSA Adj . Allied Health Cost	PSA Adj . All Other Medical Education Cost		
	12.00	13.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00 ADULTS & PEDIATRICS	0	0		30.00
31.00 INTENSIVE CARE UNIT	0	0		31.00
31.01 NICU	0	0		31.01
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
200.00 Total (lines 30-199)	0	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140029	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 1/13/2012 8:54 am
--	----------------------	---	--

Cost Center Description	Title XVIII				Hospital	PPS	Total Cost (sum of col 1 through col. 4)
	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost			
	1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 OPERATING ROOM	0	0	0	0	0	0	50.00
50.01 SAME DAY SURGERY	0	0	0	0	0	0	50.01
50.02 G. I. LAB	0	0	0	0	0	0	50.02
51.00 RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
57.00 CT SCAN	0	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	0	0	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	0	60.01
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS	0	0	0	0	0	0	62.30
65.00 RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.00
75.01 CARDIAC REHAB	0	0	0	0	0	0	75.01
75.02 HEART SURGERY	0	0	0	0	0	0	75.02
75.03 REHAB SERVICES	0	0	0	0	0	0	75.03
75.04 CV SURGERY	0	0	0	0	0	0	75.04
75.05 VASCULAR SERVICES	0	0	0	0	0	0	75.05
75.06 YORKVILLE	0	0	0	0	0	0	75.06
76.00 DIABETIC CENTER	0	0	0	0	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
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
91.00 EMERGENCY	0	0	0	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
200.00 Total (Lines 50-199)	0	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140029	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 1/13/2012 8:54 am
--	----------------------	---------------------------------------	---

Cost Center Description	Title XVIII			Hospital		PPS
	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
	6.00	7.00	8.00	9.00	10.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	0	138,016,291	0.000000	0.000000	22,390,306	50.00
50.01 SAME DAY SURGERY	0	12,543,355	0.000000	0.000000	662,591	50.01
50.02 G. I. LAB	0	19,048,606	0.000000	0.000000	1,479,313	50.02
51.00 RECOVERY ROOM	0	12,610,718	0.000000	0.000000	1,988,989	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	39,125,632	0.000000	0.000000	111,739	52.00
53.00 ANESTHESIOLOGY	0	16,916,270	0.000000	0.000000	2,643,567	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	171,832,324	0.000000	0.000000	17,934,466	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	32,988,190	0.000000	0.000000	591,669	55.00
57.00 CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00 LABORATORY	0	130,419,619	0.000000	0.000000	27,097,170	60.00
60.01 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS	0	0	0.000000	0.000000	0	62.30
65.00 RESPIRATORY THERAPY	0	29,153,335	0.000000	0.000000	11,248,190	65.00
69.00 ELECTROCARDIOLOGY	0	32,053,082	0.000000	0.000000	4,395,639	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0.000000	0.000000	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	36,726,466	0.000000	0.000000	10,890,843	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	10,364,705	0.000000	0.000000	3,994,459	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	135,436,240	0.000000	0.000000	25,493,300	73.00
74.00 RENAL DIALYSIS	0	3,472,084	0.000000	0.000000	2,136,037	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
75.01 CARDIAC REHAB	0	2,364,860	0.000000	0.000000	0	75.01
75.02 HEART SURGERY	0	0	0.000000	0.000000	0	75.02
75.03 REHAB SERVICES	0	29,014,875	0.000000	0.000000	6,314,918	75.03
75.04 CV SURGERY	0	0	0.000000	0.000000	0	75.04
75.05 VASCULAR SERVICES	0	44,130,565	0.000000	0.000000	16,897,922	75.05
75.06 YORKVILLE	0	15,980,941	0.000000	0.000000	99,201	75.06
76.00 DIABETIC CENTER	0	471,845	0.000000	0.000000	200	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
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	11,858,123	0.000000	0.000000	296,155	90.00
91.00 EMERGENCY	0	123,002,161	0.000000	0.000000	9,209,554	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	5,875,070	0.000000	0.000000	0	92.00
200.00 Total (Lines 50-199)	0	1,053,405,357			165,876,228	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140029	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 1/13/2012 8:54 am
--	----------------------	---	--

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	PPS
Title XVIII		11.00	12.00	13.00	21.00	22.00	
Hospital							
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	7,527,380	0	0	0	50.00
50.01	SAME DAY SURGERY	0	1,919,448	0	0	0	50.01
50.02	G. I. LAB	0	4,402,173	0	0	0	50.02
51.00	RECOVERY ROOM	0	803,548	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	24,904	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	928,129	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	21,584,454	0	0	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	11,284,294	0	0	0	55.00
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	5,795,369	0	0	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
62.30	BLOOD CLOTTING FACTORS ADMIN COSTS	0	0	0	0	0	62.30
65.00	RESPIRATORY THERAPY	0	1,040,456	0	0	0	65.00
69.00	ELECTROCARDIOLOGY	0	7,113,645	0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,389,793	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	1,829,549	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	21,444,405	0	0	0	73.00
74.00	RENAL DIALYSIS	0	133,857	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	CARDIAC REHAB	0	762,935	0	0	0	75.01
75.02	HEART SURGERY	0	0	0	0	0	75.02
75.03	REHAB SERVICES	0	344,170	0	0	0	75.03
75.04	CV SURGERY	0	0	0	0	0	75.04
75.05	VASCULAR SERVICES	0	7,051,264	0	0	0	75.05
75.06	YORKVILLE	0	3,244,054	0	0	0	75.06
76.00	DIABETIC CENTER	0	87,905	0	0	0	76.00
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	752,023	0	0	0	90.00
91.00	EMERGENCY	0	11,216,215	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	1,958,712	0	0	0	92.00
200.00	Total (Lines 50-199)	0	112,638,682	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140029	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 1/13/2012 8:54 am
Title XVIII		Hospital	PPS

Cost Center Description	PSA Adj . Allied Health	PSA Adj . All Other Medical Education Cost		
	23.00	24.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 OPERATING ROOM	0	0		50.00
50.01 SAME DAY SURGERY	0	0		50.01
50.02 G. I. LAB	0	0		50.02
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
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
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS	0	0		62.30
65.00 RESPIRATORY THERAPY	0	0		65.00
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
75.01 CARDIAC REHAB	0	0		75.01
75.02 HEART SURGERY	0	0		75.02
75.03 REHAB SERVICES	0	0		75.03
75.04 CV SURGERY	0	0		75.04
75.05 VASCULAR SERVICES	0	0		75.05
75.06 YORKVILLE	0	0		75.06
76.00 DIABETIC CENTER	0	0		76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
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
91.00 EMERGENCY	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00 Total (lines 50-199)	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140029	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part V Date/Time Prepared: 1/13/2012 8:54 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		
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	0.123147	7,527,380	0	0		50.00
50.01 SAME DAY SURGERY	0.249000	1,919,448	0	0		50.01
50.02 G. I. LAB	0.167088	4,402,173	0	0		50.02
51.00 RECOVERY ROOM	0.119404	803,548	0	0		51.00
52.00 DELIVERY ROOM & LABOR ROOM	0.230736	24,904	0	0		52.00
53.00 ANESTHESIOLOGY	0.079596	928,129	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	0.102022	21,584,454	0	0		54.00
55.00 RADIOLOGY-THERAPEUTIC	0.112981	11,284,294	0	0		55.00
57.00 CT SCAN	0.000000	0	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0		58.00
59.00 CARDIAC CATHETERIZATION	0.000000	0	0	0		59.00
60.00 LABORATORY	0.096669	5,795,369	0	0		60.00
60.01 BLOOD LABORATORY	0.000000	0	0	0		60.01
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS	0.000000	0	0	0		62.30
65.00 RESPIRATORY THERAPY	0.124705	1,040,456	0	0		65.00
69.00 ELECTROCARDIOLOGY	0.105771	7,113,645	0	0		69.00
70.00 ELECTROENCEPHALOGRAPHY	0.000000	0	0	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.024238	1,389,793	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	1.087847	1,829,549	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	0.145103	21,444,405	0	186,001		73.00
74.00 RENAL DIALYSIS	0.238877	133,857	0	0		74.00
75.00 ASC (NON-DISTINCT PART)	0.000000	0	0	0		75.00
75.01 CARDIAC REHAB	1.008311	762,935	0	0		75.01
75.02 HEART SURGERY	0.000000	0	0	0		75.02
75.03 REHAB SERVICES	0.151988	344,170	0	0		75.03
75.04 CV SURGERY	0.000000	0	0	0		75.04
75.05 VASCULAR SERVICES	0.177106	7,051,264	0	0		75.05
75.06 YORKVILLE	0.348399	3,244,054	0	0		75.06
76.00 DIABETIC CENTER	0.943791	87,905	0	0		76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	0.000000					88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0.000000					89.00
90.00 CLINIC	0.318662	752,023	0	0		90.00
91.00 EMERGENCY	0.109911	11,216,215	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0.822443	1,958,712	0	0		92.00
200.00 Subtotal (see instructions)		112,638,682	0	186,001		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00 Net Charges (line 200 +/- line 201)		112,638,682	0	186,001		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140029	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part V Date/Time Prepared: 1/13/2012 8:54 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		
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 OPERATING ROOM	926,974	0	0		50.00
50.01 SAME DAY SURGERY	477,943	0	0		50.01
50.02 G. I. LAB	735,550	0	0		50.02
51.00 RECOVERY ROOM	95,947	0	0		51.00
52.00 DELIVERY ROOM & LABOR ROOM	5,746	0	0		52.00
53.00 ANESTHESIOLOGY	73,875	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	2,202,089	0	0		54.00
55.00 RADIOLOGY-THERAPEUTIC	1,274,911	0	0		55.00
57.00 CT SCAN	0	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00 CARDIAC CATHETERIZATION	0	0	0		59.00
60.00 LABORATORY	560,233	0	0		60.00
60.01 BLOOD LABORATORY	0	0	0		60.01
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS	0	0	0		62.30
65.00 RESPIRATORY THERAPY	129,750	0	0		65.00
69.00 ELECTROCARDIOLOGY	752,417	0	0		69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	33,686	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	1,990,269	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	3,111,647	0	26,989		73.00
74.00 RENAL DIALYSIS	31,975	0	0		74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0		75.00
75.01 CARDIAC REHAB	769,276	0	0		75.01
75.02 HEART SURGERY	0	0	0		75.02
75.03 REHAB SERVICES	52,310	0	0		75.03
75.04 CV SURGERY	0	0	0		75.04
75.05 VASCULAR SERVICES	1,248,821	0	0		75.05
75.06 YORKVILLE	1,130,225	0	0		75.06
76.00 DIABETIC CENTER	82,964	0	0		76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00 RURAL HEALTH CLINIC	0	0	0		88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00 CLINIC	239,641	0	0		90.00
91.00 EMERGENCY	1,232,785	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	1,610,929	0	0		92.00
200.00 Subtotal (see instructions)	18,769,963	0	26,989		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges		0			201.00
202.00 Net Charges (line 200 +/- line 201)	18,769,963	0	26,989		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS	Provider CCN: 140029 Component CCN: 14T029	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part II Date/Time Prepared: 1/13/2012 8:54 am
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
	1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	1,451,005	138,016,291	0.010513	18,367	193	50.00
50.01 SAME DAY SURGERY	242,139	12,543,355	0.019304	2,862	55	50.01
50.02 G. I. LAB	242,108	19,048,606	0.012710	4,912	62	50.02
51.00 RECOVERY ROOM	104,673	12,610,718	0.008300	1,790	15	51.00
52.00 DELIVERY ROOM & LABOR ROOM	400,074	39,125,632	0.010225	0	0	52.00
53.00 ANESTHESIOLOGY	140,085	16,916,270	0.008281	2,293	19	53.00
54.00 RADIOLOGY-DIAGNOSTIC	2,452,102	171,832,324	0.014270	219,686	3,135	54.00
55.00 RADIOLOGY-THERAPEUTIC	491,299	32,988,190	0.014893	0	0	55.00
57.00 CT SCAN	0	0	0.000000	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00 LABORATORY	524,417	130,419,619	0.004021	1,020,863	4,105	60.00
60.01 BLOOD LABORATORY	0	0	0.000000	0	0	60.01
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS	0	0	0.000000	0	0	62.30
65.00 RESPIRATORY THERAPY	195,483	29,153,335	0.006705	178,789	1,199	65.00
69.00 ELECTROCARDIOLOGY	437,167	32,053,082	0.013639	22,911	312	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	18,221	36,726,466	0.000496	939,486	466	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	189,585	10,364,705	0.018291	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	1,508,975	135,436,240	0.011142	1,431,824	15,953	73.00
74.00 RENAL DIALYSIS	14,191	3,472,084	0.004087	130,801	535	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01 CARDIAC REHAB	135,097	2,364,860	0.057127	0	0	75.01
75.02 HEART SURGERY	0	0	0.000000	0	0	75.02
75.03 REHAB SERVICES	165,759	29,014,875	0.005713	5,318,695	30,386	75.03
75.04 CV SURGERY	0	0	0.000000	0	0	75.04
75.05 VASCULAR SERVICES	294,359	44,130,565	0.006670	11,034	74	75.05
75.06 YORKVILLE	1,023,297	15,980,941	0.064032	8,002	512	75.06
76.00 DIABETIC CENTER	8,003	471,845	0.016961	185	3	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
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	158,511	11,858,123	0.013367	547	7	90.00
91.00 EMERGENCY	1,013,677	123,002,161	0.008241	7,215	59	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	465,501	5,875,070	0.079233	0	0	92.00
200.00 Total (lines 50-199)	11,675,728	1,053,405,357		9,320,262	57,090	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140029 Component CCN: 14T029	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 1/13/2012 8:54 am
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
	1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	0	0	0	0	0	50.00
50.01 SAME DAY SURGERY	0	0	0	0	0	50.01
50.02 G. I. LAB	0	0	0	0	0	50.02
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
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
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS	0	0	0	0	0	62.30
65.00 RESPIRATORY THERAPY	0	0	0	0	0	65.00
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
75.01 CARDIAC REHAB	0	0	0	0	0	75.01
75.02 HEART SURGERY	0	0	0	0	0	75.02
75.03 REHAB SERVICES	0	0	0	0	0	75.03
75.04 CV SURGERY	0	0	0	0	0	75.04
75.05 VASCULAR SERVICES	0	0	0	0	0	75.05
75.06 YORKVILLE	0	0	0	0	0	75.06
76.00 DIABETIC CENTER	0	0	0	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
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
91.00 EMERGENCY	0	0	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00 Total (Lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140029 Component CCN: 14T029	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 1/13/2012 8:54 am
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
	6.00	7.00	8.00	9.00	10.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	0	138,016,291	0.000000	0.000000	18,367	50.00
50.01 SAME DAY SURGERY	0	12,543,355	0.000000	0.000000	2,862	50.01
50.02 G. I. LAB	0	19,048,606	0.000000	0.000000	4,912	50.02
51.00 RECOVERY ROOM	0	12,610,718	0.000000	0.000000	1,790	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	39,125,632	0.000000	0.000000	0	52.00
53.00 ANESTHESIOLOGY	0	16,916,270	0.000000	0.000000	2,293	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	171,832,324	0.000000	0.000000	219,686	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	32,988,190	0.000000	0.000000	0	55.00
57.00 CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00 LABORATORY	0	130,419,619	0.000000	0.000000	1,020,863	60.00
60.01 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS	0	0	0.000000	0.000000	0	62.30
65.00 RESPIRATORY THERAPY	0	29,153,335	0.000000	0.000000	178,789	65.00
69.00 ELECTROCARDIOLOGY	0	32,053,082	0.000000	0.000000	22,911	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0.000000	0.000000	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	36,726,466	0.000000	0.000000	939,486	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	10,364,705	0.000000	0.000000	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	135,436,240	0.000000	0.000000	1,431,824	73.00
74.00 RENAL DIALYSIS	0	3,472,084	0.000000	0.000000	130,801	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
75.01 CARDIAC REHAB	0	2,364,860	0.000000	0.000000	0	75.01
75.02 HEART SURGERY	0	0	0.000000	0.000000	0	75.02
75.03 REHAB SERVICES	0	29,014,875	0.000000	0.000000	5,318,695	75.03
75.04 CV SURGERY	0	0	0.000000	0.000000	0	75.04
75.05 VASCULAR SERVICES	0	44,130,565	0.000000	0.000000	11,034	75.05
75.06 YORKVILLE	0	15,980,941	0.000000	0.000000	8,002	75.06
76.00 DIABETIC CENTER	0	471,845	0.000000	0.000000	185	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
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	11,858,123	0.000000	0.000000	547	90.00
91.00 EMERGENCY	0	123,002,161	0.000000	0.000000	7,215	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	5,875,070	0.000000	0.000000	0	92.00
200.00 Total (lines 50-199)	0	1,053,405,357			9,320,262	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140029 Component CCN: 14T029	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 1/13/2012 8:54 am
Title XVIII		Subprovider - IRF	PPS

Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
	11.00	12.00	13.00	21.00	22.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	0	0	0	0	0	50.00
50.01 SAME DAY SURGERY	0	0	0	0	0	50.01
50.02 G. I. LAB	0	0	0	0	0	50.02
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
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
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS	0	0	0	0	0	62.30
65.00 RESPIRATORY THERAPY	0	0	0	0	0	65.00
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	276	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
75.01 CARDIAC REHAB	0	0	0	0	0	75.01
75.02 HEART SURGERY	0	0	0	0	0	75.02
75.03 REHAB SERVICES	0	0	0	0	0	75.03
75.04 CV SURGERY	0	0	0	0	0	75.04
75.05 VASCULAR SERVICES	0	0	0	0	0	75.05
75.06 YORKVILLE	0	0	0	0	0	75.06
76.00 DIABETIC CENTER	0	0	0	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
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
91.00 EMERGENCY	0	0	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00 Total (lines 50-199)	0	276	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140029	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 1/13/2012 8:54 am
	Component CCN: 14T029	Title XVIII	Subprovider - IRF PPS

Cost Center Description	PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	
	23.00	24.00	
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00 OPERATING ROOM	0	0	50.00
50.01 SAME DAY SURGERY	0	0	50.01
50.02 G. I. LAB	0	0	50.02
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
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
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS	0	0	62.30
65.00 RESPIRATORY THERAPY	0	0	65.00
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
75.01 CARDIAC REHAB	0	0	75.01
75.02 HEART SURGERY	0	0	75.02
75.03 REHAB SERVICES	0	0	75.03
75.04 CV SURGERY	0	0	75.04
75.05 VASCULAR SERVICES	0	0	75.05
75.06 YORKVILLE	0	0	75.06
76.00 DIABETIC CENTER	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>			
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
91.00 EMERGENCY	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00 Total (Lines 50-199)	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140029 Component CCN: 14T029	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part V Date/Time Prepared: 1/13/2012 8:54 am
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges				
		PPS Reimbursed Services (see instructions)	Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)		
	1.00	2.00	3.00	4.00		
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	OPERATING ROOM	0.123147	0	0	0	50.00
50.01	SAME DAY SURGERY	0.249000	0	0	0	50.01
50.02	G. I. LAB	0.167088	0	0	0	50.02
51.00	RECOVERY ROOM	0.119404	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.230736	0	0	0	52.00
53.00	ANESTHESIOLOGY	0.079596	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.102022	0	0	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0.112981	0	0	0	55.00
57.00	CT SCAN	0.000000	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.000000	0	0	0	59.00
60.00	LABORATORY	0.096669	0	0	0	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	0	60.01
62.30	BLOOD CLOTTING FACTORS ADMIN COSTS	0.000000	0	0	0	62.30
65.00	RESPIRATORY THERAPY	0.124705	0	0	0	65.00
69.00	ELECTROCARDIOLOGY	0.105771	0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.024238	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	1.087847	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.145103	276	0	785	73.00
74.00	RENAL DIALYSIS	0.238877	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0	0	75.00
75.01	CARDIAC REHAB	1.008311	0	0	0	75.01
75.02	HEART SURGERY	0.000000	0	0	0	75.02
75.03	REHAB SERVICES	0.151988	0	0	0	75.03
75.04	CV SURGERY	0.000000	0	0	0	75.04
75.05	VASCULAR SERVICES	0.177106	0	0	0	75.05
75.06	YORKVILLE	0.348399	0	0	0	75.06
76.00	DIABETIC CENTER	0.943791	0	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	RURAL HEALTH CLINIC	0.000000				88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000				89.00
90.00	CLINIC	0.318662	0	0	0	90.00
91.00	EMERGENCY	0.109911	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.822443	0	0	0	92.00
200.00	Subtotal (see instructions)		276	0	785	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		276	0	785	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140029 Component CCN: 14T029	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part V Date/Time Prepared: 1/13/2012 8:54 am
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Costs				
	PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)		
	5.00	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 OPERATING ROOM	0	0	0		50.00
50.01 SAME DAY SURGERY	0	0	0		50.01
50.02 G. I. LAB	0	0	0		50.02
51.00 RECOVERY ROOM	0	0	0		51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00 ANESTHESIOLOGY	0	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0		54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0		55.00
57.00 CT SCAN	0	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00 CARDIAC CATHETERIZATION	0	0	0		59.00
60.00 LABORATORY	0	0	0		60.00
60.01 BLOOD LABORATORY	0	0	0		60.01
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS	0	0	0		62.30
65.00 RESPIRATORY THERAPY	0	0	0		65.00
69.00 ELECTROCARDIOLOGY	0	0	0		69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	40	0	114		73.00
74.00 RENAL DIALYSIS	0	0	0		74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0		75.00
75.01 CARDIAC REHAB	0	0	0		75.01
75.02 HEART SURGERY	0	0	0		75.02
75.03 REHAB SERVICES	0	0	0		75.03
75.04 CV SURGERY	0	0	0		75.04
75.05 VASCULAR SERVICES	0	0	0		75.05
75.06 YORKVILLE	0	0	0		75.06
76.00 DIABETIC CENTER	0	0	0		76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
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
91.00 EMERGENCY	0	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
200.00 Subtotal (see instructions)	40	0	114		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges		0			201.00
202.00 Net Charges (line 200 +/- line 201)	40	0	114		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140029	Period: From 07/01/2010 To 06/30/2011	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 1/13/2012 8:54 am
Cost Center Description		PPS		
		1.00		
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		41,998	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		41,998	2.00
3.00	Private room days (excluding swing-bed and observation bed days)		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		41,998	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)		12,993	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		37,461,835	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)		37,461,835	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed charges)		55,441,172	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		55,441,172	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.675704	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		1,320.09	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		37,461,835	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		891.99	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		11,589,626	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)		11,589,626	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 140029	Period: From 07/01/2010 To 06/30/2011	Worksheet D-1 Date/Time Prepared: 1/13/2012 8:54 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	6,878,612	3,772	1,823.60	1,690	3,081,884	43.00
43.01 NICU	6,417,372	2,222	2,888.11	0	0	43.01
44.00 CORONARY CARE UNIT						44.00
45.00 BURN INTENSIVE CARE UNIT						45.00
46.00 SURGICAL INTENSIVE CARE UNIT						46.00
47.00 OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						
					1.00	
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					24,018,245	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					38,689,755	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)					1,476,357	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,421,828	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					2,898,185	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					35,791,570	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)					5,417	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					891.99	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					4,831,910	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140029		Period: From 07/01/2010 To 06/30/2011		Worksheet D-1 Date/Time Prepared: 1/13/2012 8:54 am	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	3,609,029	37,461,835	0.096339	4,831,910	465,501	90.00
91.00	Nursing School cost	0	37,461,835	0.000000	4,831,910	0	91.00
92.00	Allied health cost	0	37,461,835	0.000000	4,831,910	0	92.00
93.00	All other Medical Education	0	37,461,835	0.000000	4,831,910	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140029	Period: From 07/01/2010 To 06/30/2011	Worksheet D-1
		Component CCN: 14T029		Date/Time Prepared: 1/13/2012 8:54 am
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		3,730	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		3,730	2.00
3.00	Private room days (excluding swing-bed and observation bed days)		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		3,730	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)		2,137	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		2,924,982	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)		2,924,982	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed charges)		3,781,314	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		3,781,314	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.773536	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		1,013.76	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		2,924,982	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		784.18	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,675,793	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)		1,675,793	41.00

COMPUTATION OF INPATIENT OPERATING COST					Provider CCN: 140029	Period: From 07/01/2010 To 06/30/2011	Worksheet D-1
					Component CCN: 14T029		Date/Time Prepared: 1/13/2012 8:54 am
					Title XVIII	Subprovider - IRF	PPS
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	0	42.00
<b>Intensive Care Type Inpatient Hospital Units</b>							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	0	43.00
43.01 NICU	0	0	0.00	0	0	0	43.01
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
<b>Cost Center Description</b>							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						1,226,758	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						2,902,551	49.00
<b>PASS THROUGH COST ADJUSTMENTS</b>							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						107,042	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						57,090	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)						164,132	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						2,738,419	53.00
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>							
54.00 Program discharges						0	54.00
55.00 Target amount per discharge						0.00	55.00
56.00 Target amount (line 54 x line 55)						0	56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						0	57.00
58.00 Bonus payment (see instructions)						0	58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						0.00	59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						0.00	60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						0	61.00
62.00 Relief payment (see instructions)						0	62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)						0	63.00
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						0	64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						0	65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						0	66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						0	67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						0	68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						0	69.00
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY</b>							
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>							
87.00 Total observation bed days (see instructions)						0	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						0.00	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)						0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140029 Component CCN: 14T029		Period: From 07/01/2010 To 06/30/2011		Worksheet D-1 Date/Time Prepared: 1/13/2012 8:54 am	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	186,825	2,924,982	0.063872	0	0	90.00
91.00	Nursing School cost	0	2,924,982	0.000000	0	0	91.00
92.00	Allied health cost	0	2,924,982	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,924,982	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140029	Period: From 07/01/2010 To 06/30/2011	Worksheet D-3 Date/Time Prepared: 1/13/2012 8:54 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	ADULTS & PEDIATRICS		17,086,168		30.00
31.00	INTENSIVE CARE UNIT		3,390,140		31.00
31.01	NICU		0		31.01
40.00	SUBPROVIDER - IPF		0		40.00
41.00	SUBPROVIDER - IRF		0		41.00
42.00	SUBPROVIDER		0		42.00
43.00	NURSERY				43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	OPERATING ROOM	0.124698	22,390,306	2,792,026	50.00
50.01	SAME DAY SURGERY	0.249000	662,591	164,985	50.01
50.02	G. I. LAB	0.167088	1,479,313	247,175	50.02
51.00	RECOVERY ROOM	0.119404	1,988,989	237,493	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.242664	111,739	27,115	52.00
53.00	ANESTHESIOLOGY	0.080535	2,643,567	212,900	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.102022	17,934,466	1,829,710	54.00
55.00	RADIOLOGY-THERAPEUTIC	0.113389	591,669	67,089	55.00
57.00	CT SCAN	0.000000	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	LABORATORY	0.097250	27,097,170	2,635,200	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	60.01
62.30	BLOOD CLOTTING FACTORS ADMIN COSTS	0.000000	0	0	62.30
65.00	RESPIRATORY THERAPY	0.124705	11,248,190	1,402,706	65.00
69.00	ELECTROCARDIOLOGY	0.105771	4,395,639	464,931	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.000000	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.024238	10,890,843	263,972	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	1.087847	3,994,459	4,345,360	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.145103	25,493,300	3,699,154	73.00
74.00	RENAL DIALYSIS	0.238877	2,136,037	510,250	74.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
75.01	CARDIAC REHAB	1.008311	0	0	75.01
75.02	HEART SURGERY	0.000000	0	0	75.02
75.03	REHAB SERVICES	0.151988	6,314,918	959,792	75.03
75.04	CV SURGERY	0.000000	0	0	75.04
75.05	VASCULAR SERVICES	0.177106	16,897,922	2,992,723	75.05
75.06	YORKVILLE	0.356618	99,201	35,377	75.06
76.00	DIABETIC CENTER	0.943791	200	189	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	CLINIC	0.318662	296,155	94,373	90.00
91.00	EMERGENCY	0.112462	9,209,554	1,035,725	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.822443	0	0	92.00
200.00	Total (sum of lines 50-94 and 96-98)		165,876,228	24,018,245	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)			0	201.00
202.00	Net Charges (line 200 minus line 201)		165,876,228		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140029 Component CCN: 14T029	Period: From 07/01/2010 To 06/30/2011	Worksheet D-3 Date/Time Prepared: 1/13/2012 8:54 am
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
		1.00	2.00	3.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	ADULTS & PEDIATRICS		0	30.00
31.00	INTENSIVE CARE UNIT		0	31.00
31.01	NICU		0	31.01
40.00	SUBPROVIDER - 1PF		0	40.00
41.00	SUBPROVIDER - IRF		2,177,603	41.00
42.00	SUBPROVIDER		0	42.00
43.00	NURSERY		0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	OPERATING ROOM	0.124698	18,367	2,290 50.00
50.01	SAME DAY SURGERY	0.249000	2,862	713 50.01
50.02	G. I. LAB	0.167088	4,912	821 50.02
51.00	RECOVERY ROOM	0.119404	1,790	214 51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.242664	0	0 52.00
53.00	ANESTHESIOLOGY	0.080535	2,293	185 53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.102022	219,686	22,413 54.00
55.00	RADIOLOGY-THERAPEUTIC	0.113389	0	0 55.00
57.00	CT SCAN	0.000000	0	0 57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0 58.00
59.00	CARDIAC CATHETERIZATION	0.000000	0	0 59.00
60.00	LABORATORY	0.097250	1,020,863	99,279 60.00
60.01	BLOOD LABORATORY	0.000000	0	0 60.01
62.30	BLOOD CLOTTING FACTORS ADMIN COSTS	0.000000	0	0 62.30
65.00	RESPIRATORY THERAPY	0.124705	178,789	22,296 65.00
69.00	ELECTROCARDIOLOGY	0.105771	22,911	2,423 69.00
70.00	ELECTROENCEPHALOGRAPHY	0.000000	0	0 70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.024238	939,486	22,771 71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	1.087847	0	0 72.00
73.00	DRUGS CHARGED TO PATIENTS	0.145103	1,431,824	207,762 73.00
74.00	RENAL DIALYSIS	0.238877	130,801	31,245 74.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0 75.00
75.01	CARDIAC REHAB	1.008311	0	0 75.01
75.02	HEART SURGERY	0.000000	0	0 75.02
75.03	REHAB SERVICES	0.151988	5,318,695	808,378 75.03
75.04	CV SURGERY	0.000000	0	0 75.04
75.05	VASCULAR SERVICES	0.177106	11,034	1,954 75.05
75.06	YORKVILLE	0.356618	8,002	2,854 75.06
76.00	DIABETIC CENTER	0.943791	185	175 76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	RURAL HEALTH CLINIC	0.000000		0 88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0 89.00
90.00	CLINIC	0.318662	547	174 90.00
91.00	EMERGENCY	0.112462	7,215	811 91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.822443	0	0 92.00
200.00	Total (sum of lines 50-94 and 96-98)		9,320,262	1,226,758 200.00
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)		9,320,262	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140029	Period: From 07/01/2010 To 06/30/2011	Worksheet E Part A Date/Time Prepared: 1/13/2012 8:54 am
		Title XVIII	Hospital	PPS
			before 1/1	on/after 1/1
			1.00	1.01
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER PPS</b>				
1.00	DRG Amounts Other than Outlier Payments		27,152,248	1.00
2.00	Outlier payments for discharges. (see instructions)		817,307	2.00
3.00	Managed Care Simulated Payments		2,264,729	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		160.51	4.00
<b>Indirect Medical Education Adjustment</b>				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		12.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.27	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		11.73	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		12.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		11.73	12.00
13.00	Total allowable FTE count for the prior year.		11.08	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		11.73	14.00
15.00	Sum of lines 12 through 14 divided by 3.		11.51	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		11.51	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.071709	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.066981	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.066981	21.00
22.00	IME payment adjustment (see instructions)		1,056,570	22.00
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.27	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment. (see instructions)		0.000000	27.00
28.00	IME Adjustment (see instructions)		0	28.00
29.00	Total IME payment (sum of lines 22 and 28)		1,056,570	29.00
<b>Disproportionate Share Adjustment</b>				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		4.25	30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)		24.68	31.00
32.00	Sum of lines 30 and 31		28.93	32.00
33.00	Allowable disproportionate share percentage (see instructions)		13.08	33.00
34.00	Disproportionate share adjustment (see instructions)		3,551,514	34.00
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.00
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00	42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000	44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41)		0	46.00
47.00	Subtotal (see instructions)		32,577,639	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)		32,577,639	49.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140029	Period: From 07/01/2010 To 06/30/2011	Worksheet E Part A Date/Time Prepared: 1/13/2012 8:54 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)		2,564,877		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).		285,715		52.00
53.00	Nursing and Allied Health Managed Care payment		0		53.00
54.00	Special add-on payments for new technologies		0		54.00
55.00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)		0		55.00
56.00	Cost of teaching physicians (Worksheet D-5, Part II, col. 3, line 20)		0		56.00
57.00	Routine service other pass through costs		0		57.00
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)		0		58.00
59.00	Total (sum of amounts on lines 49 through 58)		35,428,231		59.00
60.00	Primary payer payments		14,653		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		35,413,578		61.00
62.00	Deductibles billed to program beneficiaries		2,543,860		62.00
63.00	Coinsurance billed to program beneficiaries		58,120		63.00
64.00	Allowable bad debts (see instructions)		566,799		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		396,759		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		485,756		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		33,208,357		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)		33,208,357		71.00
72.00	Interim payments		32,379,766		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)		828,591		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0		75.00
<b>TO BE COMPLETED BY CONTRACTOR</b>					
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: 140029	Period: From 07/01/2010 To 06/30/2011	Worksheet E Part B Date/Time Prepared: 1/13/2012 8:54 am
		Title XVIII	Hospital	PPS
				1.00
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		26,989	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		18,769,963	2.00
3.00	PPS payments		15,263,362	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)		26,989	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		186,001	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)		186,001	14.00
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		186,001	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		159,012	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)		26,989	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)		15,263,362	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		2,274	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		3,390,797	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)		11,897,280	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		129,168	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)		12,026,448	30.00
31.00	Primary payer payments		429	31.00
32.00	Subtotal (line 30 minus line 31)		12,026,019	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		594,209	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		415,946	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		529,885	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		12,441,965	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)		12,441,965	40.00
41.00	Interim payments		12,274,434	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)		167,531	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 140029	Period: From 07/01/2010 To 06/30/2011	Worksheet E Part B Date/Time Prepared: 1/13/2012 8:54 am
Title XVIII		Hospital	PPS
WORKSHEET OVERRIDE VALUES			Overrides
			1.00
112.00 Override of Ancillary service charges (line 12)			0 112.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140029 Component CCN: 14T029	Period: From 07/01/2010 To 06/30/2011	Worksheet E Part B Date/Time Prepared: 1/13/2012 8:54 am
		Title XVIII	Subprovider - IRF	PPS
				1.00
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		114	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		40	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)		114	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		785	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)		785	14.00
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		785	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		671	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)		114	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
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		0	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		114	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)		114	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		114	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		114	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)		114	40.00
41.00	Interim payments		248	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (line 40 minus the sum of lines 41, and 42)		-134	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 140029 Component CCN: 14T029	Period: From 07/01/2010 To 06/30/2011	Worksheet E Part B Date/Time Prepared: 1/13/2012 8:54 am
	Title XVIII	Subprovider - IRF	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: 140029		Period: From 07/01/2010 To 06/30/2011		Worksheet E-1 Part I Date/Time Prepared: 1/13/2012 8:54 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		32,676,363		12,308,615	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						3.00
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM	05/31/2011	106,074	05/31/2011	34,181	3.50	
3.51		02/07/2011	190,523		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)		-296,597		-34,181	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)		32,379,766		12,274,434	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		828,591		167,531	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		33,208,357		12,441,965	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: 140029 Component CCN: 14T029		Period: From 07/01/2010 To 06/30/2011		Worksheet E-1 Part I Date/Time Prepared: 1/13/2012 8:54 am	
		Title XVIII		Subprovider - IRF		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider						1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		2,744,131			248	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						3.00
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0			0	3.01
3.02			0			0	3.02
3.03			0			0	3.03
3.04			0			0	3.04
3.05			0			0	3.05
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0			0	3.50
3.51			0			0	3.51
3.52			0			0	3.52
3.53			0			0	3.53
3.54			0			0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0			0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		2,744,131			248	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		36,790			0	6.01
6.02	SETTLEMENT TO PROGRAM		0			134	6.02
7.00	Total Medicare program liability (see instructions)		2,780,921			114	7.00
				Contractor Number	Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140029 Component CCN: 14T029	Period: From 07/01/2010 To 06/30/2011	Worksheet E-3 Part III Date/Time Prepared: 1/13/2012 8:54 am
		Title XVIII	Subprovider - IRF	PPS
				1.00
<b>PART III - MEDICARE PART A SERVICES - IRF PPS</b>				
1.00	Net Federal PPS Payment (see instructions)			2,494,656 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0155 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			107,086 3.00
4.00	Outlier Payments			66,040 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			1.00 5.00
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R other than FTEs in the first 3 years of a "new teaching program". (see inst.)			1.83 7.00
8.00	Current year's unweighted I&R FTE count for residents within the first 3 years of a "new teaching program". (see inst.)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			1.00 9.00
10.00	Average Daily Census (see instructions)			10.219178 10.00
11.00	Medical Education Adjustment Factor $\{((1 + (\text{line } 9/\text{line } 10)) \text{ raised to the power of } .6876 - 1)\}$ .			0.066298 11.00
12.00	Medical Education Adjustment (line 1 multiplied by line 11).			165,391 12.00
13.00	Total PPS Payment (sum of lines 1, 3, 4 and 12)			2,833,173 13.00
14.00	Nursing and Allied Health Managed Care payment (see instruction)			0 14.00
15.00	Organ acquisition			0 15.00
16.00	Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions)			0 16.00
17.00	Subtotal (see instructions)			2,833,173 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			2,833,173 19.00
20.00	Deductibles			20,216 20.00
21.00	Subtotal (line 19 minus line 20)			2,812,957 21.00
22.00	Coinsurance			32,036 22.00
23.00	Subtotal (line 21 minus line 22)			2,780,921 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			0 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			0 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 26.00
27.00	Subtotal (sum of lines 23 and 25)			2,780,921 27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			0 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.99	Recovery of Accelerated Depreciation			0 31.99
32.00	Total amount payable to the provider (see instructions)			2,780,921 32.00
33.00	Interim payments			2,744,131 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus the sum lines 33 and 34)			36,790 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2			0 36.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
50.00	Original outlier amount from Worksheet E-3, Part III, line 4			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: 140029	Period: From 07/01/2010 To 06/30/2011	Worksheet E-4 Date/Time Prepared: 1/13/2012 8:54 am	
		Title XVIII	Hospital	PPS	
				1.00	
<b>COMPUTATION OF TOTAL DIRECT GME AMOUNT</b>					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			12.00	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.27	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)			11.73	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			12.00	6.00
7.00	Enter the lesser of line 5 or line 6			11.73	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.	12.00	0.00	12.00	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.	11.73	0.00	11.73	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
11.00	Total weighted FTE count	11.73	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	10.91	0.82		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	12.00	1.92		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	11.55	0.91		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	11.55	0.91		17.00
18.00	Per resident amount	86,229.28	86,229.28		18.00
19.00	Approved amount for resident costs	995,948	78,469	1,074,417	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)			0.27	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			1,074,417	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
<b>COMPUTATION OF PROGRAM PATIENT LOAD</b>					
26.00	Inpatient Days	16,820	1,235		26.00
27.00	Total Inpatient Days	46,305	46,305		27.00
28.00	Ratio of inpatient days to total inpatient days	0.363244	0.026671		28.00
29.00	Program direct GME amount	390,276	28,656		29.00
30.00	Reduction for nursing/allied health		4,049		30.00
31.00	Net Program direct GME amount			414,883	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140029	Period: From 07/01/2010 To 06/30/2011	Worksheet E-4 Date/Time Prepared: 1/13/2012 8:54 am
		Title XVIII	Hospital	PPS
				1.00
<b>DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)</b>				
32.00	Renal dialysis direct medical education costs (from Worksheet B, Part I, sum of columns 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Worksheet C, Part I, column 8, sum of lines 74 and 94)		3,472,084	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
<b>APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY</b>				
<b>Part A Reasonable Cost</b>				
37.00	Reasonable cost (see instructions)		41,592,306	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)		14,653	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		41,577,653	41.00
<b>Part B Reasonable Cost</b>				
42.00	Reasonable cost (see instructions)		18,797,106	42.00
43.00	Primary payer payments (see instructions)		429	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		18,796,677	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		60,374,330	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.688664	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.311336	47.00
<b>ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B</b>				
48.00	Total program GME payment (line 31)		414,883	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (Title XVIII only) (see instructions)		285,715	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		129,168	50.00

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only)      Provider CCN: 140029      Period: From 07/01/2010 To 06/30/2011      Worksheet G  
 Date/Time Prepared: 1/13/2012 8:54 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	25,472,000	0	0	0	1.00
2.00	Temporary investments	15,461,000	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	39,021,000	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	0	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	7,061,000	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	87,015,000	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	0	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	133,884,302	0	0	0	15.00
16.00	Accumulated depreciation	-164,811,000	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	168,186,698	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	0	0	0	0	23.00
24.00	Accumulated depreciation	0	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)	137,260,000	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	82,457,000	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	6,763,000	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	89,220,000	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	313,495,000	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	11,715,000	0	0	0	37.00
38.00	Salaries, wages, and fees payable	0	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	34,001,000	0	0	0	43.00
44.00	Other current liabilities	16,588,000	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	62,304,000	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	91,254,000	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	20,757,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	112,011,000	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	174,315,000	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	139,180,000				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	139,180,000	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	313,495,000	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140029

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

Worksheet G-1

Date/Time Prepared:  
1/13/2012 8:54 am

		General Fund		Special Purpose Fund		
		1.00	2.00	3.00	4.00	
1.00	Fund balances at beginning of period		113,021,000		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		33,992,000			2.00
3.00	Total (sum of line 1 and line 2)		147,013,000		0	3.00
4.00	NEW ASSETS RELEASED FROM RESTRICTION	24,000		0		4.00
5.00	CHANGE IN INTEREST IN NET ASSETS	878,000		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		902,000		0	10.00
11.00	Subtotal (line 3 plus line 10)		147,915,000		0	11.00
12.00	TRANSFER OF ASSETS TO AFFILIATES	8,735,000		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		8,735,000		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		139,180,000		0	19.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140029

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

Worksheet G-1

Date/Time Prepared:  
1/13/2012 8:54 am

	Endowment Fund		Plant Fund			
	5.00	6.00	7.00	8.00		
1.00			0		0	1.00
2.00						2.00
3.00			0		0	3.00
4.00	0			0		4.00
5.00	0			0		5.00
6.00	0			0		6.00
7.00	0			0		7.00
8.00	0			0		8.00
9.00	0			0		9.00
10.00			0		0	10.00
11.00			0		0	11.00
12.00	0			0		12.00
13.00	0			0		13.00
14.00	0			0		14.00
15.00	0			0		15.00
16.00	0			0		16.00
17.00	0			0		17.00
18.00			0		0	18.00
19.00			0		0	19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 140029

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

Worksheet G-2 Parts  
Date/Time Prepared:  
1/13/2012 8:54 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Services					
1.00	Hospital	55,441,172		55,441,172	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	3,781,314		3,781,314	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	59,222,486		59,222,486	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	9,788,494		9,788,494	11.00
11.01	NICU	24,003,139		24,003,139	11.01
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	33,791,633		33,791,633	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	93,014,119		93,014,119	17.00
18.00	Ancillary services	438,252,403	514,001,133	952,253,536	18.00
19.00	Outpatient services	0	103,812,386	103,812,386	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	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	531,266,522	617,813,519	1,149,080,041	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		248,017,726		29.00
30.00	RUSH COPLEY CARDIOVASCULAR, LLC	3,859,626			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)		3,859,626		36.00
37.00	RECONCILE	352			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)		352		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		251,877,000		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140029

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

Worksheet G-3

Date/Time Prepared:  
1/13/2012 8:54 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,149,080,041	1.00
2.00	Less contractual allowances and discounts on patients' accounts	872,990,041	2.00
3.00	Net patient revenues (line 1 minus line 2)	276,090,000	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	251,877,000	4.00
5.00	Net income from service to patients (line 3 minus line 4)	24,213,000	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	8,732,000	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	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER	54,000	24.00
24.01	CHG FAIR MKT VALUE INT RATE SWAP	993,000	24.01
25.00	Total other income (sum of lines 6-24)	9,779,000	25.00
26.00	Total (line 5 plus line 25)	33,992,000	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	33,992,000	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140029	Period: From 07/01/2010 To 06/30/2011	Worksheet L Parts I-III Date/Time Prepared: 1/13/2012 8:54 am
		Title XVIII	Hospital	PPS
				1.00
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		2,214,780	1.00
2.00	Capital DRG outlier payments		153,868	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		116.64	3.00
4.00	Number of interns & residents (see instructions)		11.51	4.00
5.00	Indirect medical education percentage (see instructions)		2.83	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)		62,678	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		4.25	7.00
8.00	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)		24.68	8.00
9.00	Sum of lines 7 and 8		28.93	9.00
10.00	Allowable disproportionate share percentage (see instructions)		6.03	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		133,551	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		2,564,877	12.00
				1.00
<b>PART II - PAYMENT UNDER REASONABLE COST</b>				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
<b>PART III - COMPUTATION OF EXCEPTION PAYMENTS</b>				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00