

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: 140054	Period: From 10/01/2010 To 09/30/2011	Worksheet 5 Parts I-III Date/Time Prepared: 3/20/2012 3:11 pm
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PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input checked="" type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 3/20/2012 Time: 3:11 pm
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN 10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by MACNEAL HOSPITAL for the cost reporting period beginning 10/01/2010 and ending 09/30/2011 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.

Encryption Information

ECR: Date: 3/20/2012 Time: 3:11 pm
xETNFdC5TxEp3fqLLmZ9w9Jh6r150
wQars0RyuzLtwig5chI1NGsZT:nwWZ
p:Ue16jQfC0mJsDe
PI: Date: 3/20/2012 Time: 3:11 pm
:quVqBKqHHvondREJfxbmcSBXjkn11
CznMq04hmrFajjEKs900boeSmqw0wh
ACDDEH.XES0BR1t1

(signed)

Officer or Administrator of Provider(s)

Title

Date

[Handwritten Signature]
3/20/12

	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	326,606	111,458	0	0	1.00
2.00 Subprovider - IPF	0	1	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
4.00 SUBPROVIDER I	0	0	0		0	4.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0	0	0		0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0		0	7.00
8.00 NURSING FACILITY	0				0	8.00
9.00 HOME HEALTH AGENCY I	0	-1	-1		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	326,606	111,457	0	0	200.00

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

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FORM APPROVED
OMB NO. 0938-0050

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 140054	Period: From 10/01/2010 To 09/30/2011	Worksheet S Parts I-III Date/Time Prepared: 3/20/2012 3:11 pm
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PART I - COST REPORT STATUS

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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.

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CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

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Encryption Information

ECR: Date: 3/20/2012 Time: 3:11 pm
xETNFdC5TxEp3fq1LMz9zw9Jh6r150
wQars0RYuzLtwig5chI1NGsZT:nwWZ
p:Ue16jQfC0mJsDe
PI: Date: 3/20/2012 Time: 3:11 pm
:quVqBkqHHvomdREJfxbmcSBXjkn11
CznMq04hmRfajjEKs900boesmqw0wh
ACDDEH.XES0BR1t1

(Signed)

Officer or Administrator of Provider(s)

Title

Date

[Handwritten Signature]
3/20/12

	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	326,606	111,458	0	0	1.00
2.00 Subprovider - IPF	0	1	0	0	0	2.00
3.00 Subprovider - IRF	0	0	0	0	0	3.00
4.00 SUBPROVIDER I	0	0	0	0	0	4.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0	0	0	7.00
8.00 NURSING FACILITY	0	0	0	0	0	8.00
9.00 HOME HEALTH AGENCY I	0	-1	-1	0	0	9.00
10.00 RURAL HEALTH CLINIC I	0	0	0	0	0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0	11.00
12.00 CMHC I	0	0	0	0	0	12.00
200.00 Total	0	326,606	111,457	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: 140054	Period: From 10/01/2010 To 09/30/2011	Worksheet S-2 Part I Date/Time Prepared: 3/20/2012 3:09 pm		
		Beginning: 1.00	Ending: 2.00			
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.		0			37.00
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.					38.00
		V 1.00	XVIII 2.00	XIX 3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N		45.00
46.00	Is this facility eligible for the special exceptions payment pursuant to 42 CFR Section §412.348(g)? If yes, complete worksheet L, Part III and L-1, Parts I through III	N	N	N		46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y for yes or "N" for no.	N	N	N		47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y				56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete worksheet E-4. If column 2 is "N", complete worksheet D, Part III & IV and D-2, Part II, if applicable.	N				57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete worksheet D-5.	N				58.00
59.00	Are costs claimed on line 100 of worksheet A? If yes, complete worksheet D-2, Part I.	N				59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N				60.00
		Y/N 1.00	IME Average 2.00	Direct GME Average 3.00		
61.00	Did your facility receive additional FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. If "Y", effective for portions of cost reporting periods beginning on or after July 1, 2011 enter the average number of primary care FTE residents for IME in column 2 and direct GME in column 3, from the hospital's three most recent cost reports ending and submitted before March 23, 2010. (see instructions)	N	0.00	0.00	0.00	61.00
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	0.00				62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00				62.01
Teaching Hospitals that Claim Residents in Non-Provider Settings						
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete lines 64-67. (see instructions)	Y				63.00
		Unweighted FTEs Nonprovider Site 1.00	Unweighted FTEs in Hospital 2.00	Ratio (col. 1/ (col. 1 + col. 2)) 3.00		
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.70	28.06	0.024339		64.00
		Program Name 1.00	Program Code 2.00	Unweighted FTEs Nonprovider Site 3.00	Unweighted FTEs in Hospital 4.00	Ratio (col. 3/ (col. 3 + col. 4)) 5.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 140054

Period:
From 10/01/2010
To 09/30/2011

Worksheet S-2
Part I
Date/Time Prepared:
3/20/2012 3:09 pm

	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)	FAMILY MEDICINE	1350	6.24	28.31	0.180608	65.00	
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))			
			1.00	2.00	3.00			
66.00	Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.70	26.23	0.025993	66.00	
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))			
			1.00	2.00	3.00			
67.00	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)	FAMILY MEDICINE	1350	5.98	27.46	0.178828	67.00	
			1.00	2.00	3.00			
70.00	Inpatient Psychiatric Facility PPS							
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.				Y		70.00	
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)				N	N	0	71.00
75.00	Inpatient Rehabilitation Facility PPS							
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.				N		75.00	
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)						0	76.00
			1.00					
80.00	Long Term Care Hospital PPS							
80.00	Is this a Long Term Care Hospital (LTCH)? Enter "Y" for yes or "N" for no.					N	80.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140054	Period: From 10/01/2010 To 09/30/2011	Worksheet S-2 Part I Date/Time Prepared: 3/20/2012 3:09 pm	
				1.00	
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.		N		86.00
		V	XIX		
		1.00	2.00		
Title V or XIX Inpatient Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.		N	N	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.		N	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N	92.00
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.		N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.		N	N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.		N	N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00	97.00
Rural Providers					
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?		N		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)				106.00
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)				107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.		N		108.00
		Physical	Occupational	Speech	Respiratory
		1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.				109.00
				1.00	2.00
Miscellaneous Cost Reporting Information					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2.		N	N	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.		N		116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.		N		117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.		0		118.00
119.00	What is the liability limit for the malpractice insurance policy? Enter in column 1 the monetary limit per lawsuit. Enter in column 2 the monetary limit per policy year.		0	0	119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 as amended by the Medicaid Extender Act (MMEA) §108? Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with <= 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121? Enter in column 2 "Y" for yes or "N" for no.		N	N	120.00
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y		121.00
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00

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			1.00		2.00		
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00	
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)					140.00	
	1.00	2.00	Y	44H108			
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: VANGUARD HLTH SYSTEMS		Contractor's Name: CAHABA GBA		Contractor's Number: 00011		
142.00	Street: 20 BURTON HILLS BLVD, SUITE 100		PO Box:				
143.00	City: NASHVILLE		State: AL		Zip Code: 35242		
					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
			1.00		2.00		
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.					N	146.00
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.					N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.					N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.					N	149.00
			Part A		Part B		
			1.00		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		N	N		158.00	
159.00	SNF		N	N		159.00	
160.00	HOME HEALTH AGENCY		N	N		160.00	
161.00	CMHC			N		161.00	
161.10	CORF			N		161.10	
					1.00		
Multicampus							
165.00	Is this hospital part of a Multicampus 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	166.00
						1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.					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)						0168.00
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)						0.00169.00

		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)	Y		3.00
		Y/N	Type	Date
		1.00	2.00	3.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N		5.00
		Y/N	Legal Oper.	
		1.00	2.00	
Approved Educational Activities				
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	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		
		Y/N	Date	
		1.00	2.00	
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	12/31/2011	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		20.00

		Part A		
Description		Y/N	Date	
	0	1.00	2.00	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		21.00
				1.00
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)				
Capital Related Cost				
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions	N		22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.	N		23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions	N		24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.	N		25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.	N		26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.	N		27.00
Interest Expense				
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.	N		28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions	N		29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.	N		30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.	N		31.00
Purchased Services				
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.	N		32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.			33.00
Provider-Based Physicians				
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.	N		34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.	Y		35.00
		Y/N	Date	
		1.00	2.00	
Home Office Costs				
36.00	Were home office costs claimed on the cost report?	Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.	Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.	Y	06/30/2011	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.	N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.	N		40.00

		Part B		
		Y/N	Date	
		3.00	4.00	
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see instructions)	Y	12/31/2011	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		20.00
21.00	was the cost report prepared only using the provider's records? If yes, see instructions.	N		21.00

Cost Center Description	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	
	Line Number				
	1.00	2.00	3.00	4.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	30.00	218	79,448	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)		218	79,448	0.00	7.00
8.00 INTENSIVE CARE UNIT	31.00	17	6,205	0.00	8.00
9.00 CORONARY CARE UNIT	32.00	0	0	0.00	9.00
10.00 BURN INTENSIVE CARE UNIT	33.00	0	0	0.00	10.00
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	11.00
12.00 OTHER SPECIAL CARE (SPECIFY)					12.00
13.00 NURSERY	43.00				13.00
14.00 Total (see instructions)		235	85,653	0.00	14.00
15.00 CAH visits					15.00
16.00 SUBPROVIDER - IPF	40.00	24	8,608		16.00
17.00 SUBPROVIDER - IRF	41.00	0	0		17.00
18.00 SUBPROVIDER	42.00	0	0		18.00
19.00 SKILLED NURSING FACILITY	44.00	40	14,600		19.00
20.00 NURSING FACILITY	45.00	0	0		20.00
21.00 OTHER LONG TERM CARE	46.00	0	0		21.00
22.00 HOME HEALTH AGENCY	101.00				22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	115.00				23.00
24.00 HOSPICE	116.00	0	0		24.00
25.00 CMHC - CMHC	99.00				25.00
25.10 CMHC - CORF	99.10				25.10
26.00 RURAL HEALTH CLINIC	88.00				26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				26.25
27.00 Total (sum of lines 14-26)		299			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

Cost Center Description	I/P Days / O/P Visits / Trips				Total All Patients	
	Title V	Title XVIII	Title XIX			
	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	20,159	19,681	56,822		1.00
2.00 HMO		7,145	0			2.00
3.00 HMO IPF		0	0			3.00
4.00 HMO IRF		0	0			4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0	0		5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0	0		6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	0	20,159	19,681	56,822		7.00
8.00 INTENSIVE CARE UNIT	0	2,111	0	5,000		8.00
9.00 CORONARY CARE UNIT	0	0	0	0		9.00
10.00 BURN INTENSIVE CARE UNIT	0	0	0	0		10.00
11.00 SURGICAL INTENSIVE CARE UNIT	0	0	0	0		11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	0		0	4,788		13.00
14.00 Total (see instructions)	0	22,270	19,681	66,610		14.00
15.00 CAH visits	0	0	0	0		15.00
16.00 SUBPROVIDER - IPF	0	5,284	0	7,326		16.00
17.00 SUBPROVIDER - IRF	0	0	0	0		17.00
18.00 SUBPROVIDER	0	0	0	0		18.00
19.00 SKILLED NURSING FACILITY	0	9,080	0	13,149		19.00
20.00 NURSING FACILITY	0		0	0		20.00
21.00 OTHER LONG TERM CARE				0		21.00
22.00 HOME HEALTH AGENCY	0	18,937	0	41,294		22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE		0	0	0		24.00
25.00 CMHC - CMHC	0	0	0	0		25.00
25.10 CMHC - CORF	0	0	0	0		25.10
26.00 RURAL HEALTH CLINIC	0	0	0	0		26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0		26.25
27.00 Total (sum of lines 14-26)						27.00
28.00 Observation Bed Days	0		0	2,499		28.00
28.01 SUBPROVIDER - IPF				0		28.01
28.02 SUBPROVIDER - IRF				0		28.02
28.03 SUBPROVIDER				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

Cost Center Description	Full Time Equivalents			Discharges	Title XVIII	
	Total Interns & Residents	Employees On Payroll	Nonpaid workers	Title V		
	9.00	10.00	11.00	12.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)				0	4,606	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
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)	61.04	1,549.20	0.00	0	4,606	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.98	36.28	0.00	0	550	16.00
17.00 SUBPROVIDER - IRF	0.00	0.00	0.00	0	0	17.00
18.00 SUBPROVIDER	0.00	0.00	0.00	0	0	18.00
19.00 SKILLED NURSING FACILITY	0.00	51.53	0.00			19.00
20.00 NURSING FACILITY	0.00	0.00	0.00			20.00
21.00 OTHER LONG TERM CARE	0.00	0.00	0.00			21.00
22.00 HOME HEALTH AGENCY	0.00	44.82	0.00			22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	0.00	0.00	0.00			23.00
24.00 HOSPICE	0.00	0.00	0.00			24.00
25.00 CMHC - CMHC	0.00	0.00	0.00			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)	62.02	1,681.83	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

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)	4,547	15,337	1.00
2.00 HMO			2.00
3.00 HMO IPF			3.00
4.00 HMO IRF			4.00
5.00 Hospital Adults & Peds. Swing Bed SNF			5.00
6.00 Hospital Adults & Peds. Swing Bed NF			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)			7.00
8.00 INTENSIVE CARE UNIT			8.00
9.00 CORONARY CARE UNIT			9.00
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)	4,547	15,337	14.00
15.00 CAH visits			15.00
16.00 SUBPROVIDER - IPF	0	914	16.00
17.00 SUBPROVIDER - IRF	0	0	17.00
18.00 SUBPROVIDER	0	0	18.00
19.00 SKILLED NURSING FACILITY			19.00
20.00 NURSING FACILITY			20.00
21.00 OTHER LONG TERM CARE		0	21.00
22.00 HOME HEALTH AGENCY			22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)			23.00
24.00 HOSPICE			24.00
25.00 CMHC - CMHC			25.00
25.10 CMHC - CORF			25.10
26.00 RURAL HEALTH CLINIC			26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER			26.25
27.00 Total (sum of lines 14-26)			27.00
28.00 Observation Bed Days			28.00
28.01 SUBPROVIDER - IPF			28.01
28.02 SUBPROVIDER - IRF			28.02
28.03 SUBPROVIDER			28.03
29.00 Ambulance Trips			29.00
30.00 Employee discount days (see instruction)			30.00
31.00 Employee discount days - IRF			31.00
32.00 Labor & delivery days (see instructions)			32.00
33.00 LTCH non-covered days			33.00

	Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	
	1.00	2.00	3.00	4.00	5.00	
PART II - WAGE DATA						
SALARIES						
1.00	Total salaries (see instructions)	200.00	105,857,563	0	105,857,563	3,498,194.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00
4.00	Physician-Part A		0	0	0	0.00
4.01	Physicians - Part A - direct teaching		0	0	0	0.00
5.00	Physician-Part B		0	0	0	0.00
6.00	Non-physician-Part B		0	0	0	0.00
7.00	Interns & residents (in an approved program)	21.00	4,858,727	25,955	4,884,682	155,490.00
7.01	Contracted interns and residents (in approved programs)		0	0	0	0.00
8.00	Home office personnel		0	0	0	0.00
9.00	SNF	44.00	2,869,208	0	2,869,208	107,175.00
10.00	Excluded area salaries (see instructions)		8,899,872	-743	8,899,129	258,003.00
OTHER WAGES & RELATED COSTS						
11.00	Contract labor (see instructions)		1,643,641	0	1,643,641	34,313.00
12.00	Management and administrative services		0	0	0	0.00
13.00	Contract labor: physician-Part A		307,958	0	307,958	2,676.00
14.00	Home office salaries & wage-related costs		4,168,802	0	4,168,802	71,593.00
15.00	Home office: physician Part A		0	0	0	0.00
16.00	Teaching physician salaries (see instructions)		0	0	0	0.00
WAGE-RELATED COSTS						
17.00	Wage-related costs (core) wkst S-3, Part IV line 24		17,367,838	0	17,367,838	17.00
18.00	Wage-related costs (other)wkst S-3, Part IV line 25		258,811	0	258,811	18.00
19.00	Excluded areas		643,151	0	643,151	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)		37,256	0	37,256	25.00
OVERHEAD COSTS - DIRECT SALARIES						
26.00	Employee Benefits	4.00	1,419,631	0	1,419,631	44,082.00
27.00	Administrative & General	5.00	16,509,369	2,469,702	18,979,071	634,092.00
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00
29.00	Maintenance & Repairs	6.00	160,934	0	160,934	7,448.00
30.00	Operation of Plant	7.00	0	0	0	0.00
31.00	Laundry & Linen Service	8.00	547,354	0	547,354	30,484.00
32.00	Housekeeping	9.00	2,059,028	0	2,059,028	156,759.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00
34.00	Dietary	10.00	2,301,826	0	2,301,826	146,179.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00
36.00	Cafeteria	11.00	0	0	0	0.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00
38.00	Nursing Administration	13.00	1,917,626	-5,752	1,911,874	49,718.00
39.00	Central Services and Supply	14.00	342,890	0	342,890	24,087.00
40.00	Pharmacy	15.00	2,128,267	0	2,128,267	55,237.00
41.00	Medical Records & Medical Records Library	16.00	4,183,290	-2,469,702	1,713,588	77,392.00
42.00	Social Service	17.00	0	0	0	0.00
43.00	Other General Service	18.00	0	0	0	0.00

		Average Hourly Wage (col. 4 ÷ col. 5)	
		6.00	
PART II - WAGE DATA			
SALARIES			
1.00	Total salaries (see instructions)	30.26	1.00
2.00	Non-physician anesthetist Part A	0.00	2.00
3.00	Non-physician anesthetist Part B	0.00	3.00
4.00	Physician-Part A	0.00	4.00
4.01	Physicians - Part A - direct teaching	0.00	4.01
5.00	Physician-Part B	0.00	5.00
6.00	Non-physician-Part B	0.00	6.00
7.00	Interns & residents (in an approved program)	31.41	7.00
7.01	Contracted interns and residents (in approved programs)	0.00	7.01
8.00	Home office personnel	0.00	8.00
9.00	SNF	26.77	9.00
10.00	Excluded area salaries (see instructions)	34.49	10.00
OTHER WAGES & RELATED COSTS			
11.00	Contract labor (see instructions)	47.90	11.00
12.00	Management and administrative services	0.00	12.00
13.00	Contract labor: physician-Part A	115.08	13.00
14.00	Home office salaries & wage-related costs	58.23	14.00
15.00	Home office: physician Part A	0.00	15.00
16.00	Teaching physician salaries (see instructions)	0.00	16.00
WAGE-RELATED COSTS			
17.00	Wage-related costs (core) wkst S-3, Part IV line 24		17.00
18.00	Wage-related costs (other)wkst S-3, Part IV line 25		18.00
19.00	Excluded areas		19.00
20.00	Non-physician anesthetist Part A		20.00
21.00	Non-physician anesthetist Part B		21.00
22.00	Physician Part A		22.00
23.00	Physician Part B		23.00
24.00	wage-related costs (RHC/FQHC)		24.00
25.00	Interns & residents (in an approved program)		25.00
OVERHEAD COSTS - DIRECT SALARIES			
26.00	Employee Benefits	32.20	26.00
27.00	Administrative & General	29.93	27.00
28.00	Administrative & General under contract (see inst.)	0.00	28.00
29.00	Maintenance & Repairs	21.61	29.00
30.00	Operation of Plant	0.00	30.00
31.00	Laundry & Linen Service	17.96	31.00
32.00	Housekeeping	13.13	32.00
33.00	Housekeeping under contract (see instructions)	0.00	33.00
34.00	Dietary	15.75	34.00
35.00	Dietary under contract (see instructions)	0.00	35.00
36.00	Cafeteria	0.00	36.00
37.00	Maintenance of Personnel	0.00	37.00
38.00	Nursing Administration	38.45	38.00
39.00	Central Services and Supply	14.24	39.00
40.00	Pharmacy	38.53	40.00
41.00	Medical Records & Medical Records Library	22.14	41.00
42.00	Social Service	0.00	42.00
43.00	Other General Service	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140054

Period:
From 10/01/2010
To 09/30/2011

Worksheet S-3
Part III
Date/Time Prepared:
3/20/2012 3:09 pm

	Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	
	1.00	2.00	3.00	4.00	5.00	
PART III - HOSPITAL WAGE INDEX SUMMARY						
1.00	Net salaries (see instructions)	100,998,836	-25,955	100,972,881	3,342,704.00	1.00
2.00	Excluded area salaries (see instructions)	11,769,080	-743	11,768,337	365,178.00	2.00
3.00	Subtotal salaries (line 1 minus line 2)	89,229,756	-25,212	89,204,544	2,977,526.00	3.00
4.00	Subtotal other wages & related costs (see inst.)	6,120,401	0	6,120,401	108,582.00	4.00
5.00	Subtotal wage-related costs (see inst.)	17,626,649	0	17,626,649	0.00	5.00
6.00	Total (sum of lines 3 thru 5)	112,976,806	-25,212	112,951,594	3,086,108.00	6.00
7.00	Total overhead cost (see instructions)	31,570,215	-5,752	31,564,463	1,225,478.00	7.00

Provider CCN: 140054

Period:
From 10/01/2010
To 09/30/2011

Worksheet S-3
Part III
Date/Time Prepared:
3/20/2012 3:09 pm

		Average Hourly Wage (col. 4 ÷ col. 5)	
		6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY			
1.00	Net salaries (see instructions)	30.21	1.00
2.00	Excluded area salaries (see instructions)	32.23	2.00
3.00	Subtotal salaries (line 1 minus line 2)	29.96	3.00
4.00	Subtotal other wages & related costs (see inst.)	56.37	4.00
5.00	Subtotal wage-related costs (see inst.)	19.76	5.00
6.00	Total (sum of lines 3 thru 5)	36.60	6.00
7.00	Total overhead cost (see instructions)	25.76	7.00

Provider CCN: 140054

Period:
From 10/01/2010
To 09/30/2011

Worksheet S-3
Part IV
Date/Time Prepared:
3/20/2012 3:09 pm

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Qualified and Non-Qualified Pension Plan Cost	255,197	3.00
4.00	Prior Year Pension Service Cost	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	7,094,244	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	247,671	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	-88,095	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)	456,359	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'workers' Compensation Insurance	1,386,662	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	7,066,777	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	0	19.00
20.00	State or Federal Unemployment Taxes	706,851	20.00
OTHER			
21.00	Executive Deferred Compensation	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	242,172	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	17,367,838	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	258,811	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 140054

Period:
From 10/01/2010
To 09/30/2011

worksheet S-3
Part V
Date/Time Prepared:
3/20/2012 3:09 pm

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	2,364,723	18,307,054	1.00
2.00	Hospital	2,265,037	17,664,183	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	67,485	0	8.00
9.00	Hospital-Based NF	0	0	9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	32,201	642,871	11.00
12.00	Separately Certified ASC	0	0	12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC	0	0	16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis	0	0	17.00
18.00		0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA	Provider CCN: 140054 Component CCN: 147285	Period: From 10/01/2010 To 09/30/2011	Worksheet S-4 Date/Time Prepared: 3/20/2012 3:09 pm PPS
		Home Health Agency I	

0.00	County	1.00				0.00
		Title V 1.00	Title XVIII 2.00	Title XIX 3.00	Other 4.00	Total 5.00

HOME HEALTH AGENCY STATISTICAL DATA							
1.00	Home Health Aide Hours	0	542	0	0	542	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	2,740.00	0.00	3,062.00	0.00	2.00

		Number of Employees (Full Time Equivalent)				
		Enter the number of hours in your normal work week		Staff	Contract	Total
		0	1.00	2.00	3.00	

HOME HEALTH AGENCY - NUMBER OF EMPLOYEES							
3.00	Administrator and Assistant Administrator(s)		40.00	1.00	0.00	1.00	3.00
4.00	Director(s) and Assistant Director(s)			0.00	0.00	0.00	4.00
5.00	Other Administrative Personnel			19.05	0.09	19.14	5.00
6.00	Direct Nursing Service			14.51	0.00	14.51	6.00
7.00	Nursing Supervisor			0.80	0.00	0.80	7.00
8.00	Physical Therapy Service			8.70	0.00	8.70	8.00
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service			2.28	0.00	2.28	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00
12.00	Speech Pathology Service			0.00	0.00	0.00	12.00
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00
14.00	Medical Social Service			1.05	0.00	1.05	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			0.91	0.00	0.91	16.00
17.00	Home Health Aide Supervisor			0.00	0.00	0.00	17.00
18.00	Other (specify)			0.00	0.00	0.00	18.00

HOME HEALTH AGENCY CBSA CODES							
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.			1			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).		16974				20.00

		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)
		Without Outliers	with Outliers			
		1.00	2.00	3.00	4.00	5.00

PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	10,441	244	601	152	11,438	21.00
22.00	Skilled Nursing Visit Charges	1,879,422	43,920	108,222	27,360	2,058,924	22.00
23.00	Physical Therapy Visits	5,459	11	66	93	5,629	23.00
24.00	Physical Therapy Visit Charges	1,075,209	2,167	13,002	18,321	1,108,699	24.00
25.00	Occupational Therapy Visits	1,261	3	9	44	1,317	25.00
26.00	Occupational Therapy Visit Charges	248,417	591	1,773	8,668	259,449	26.00
27.00	Speech Pathology Visits	27	0	0	0	27	27.00
28.00	Speech Pathology Visit Charges	5,751	0	0	0	5,751	28.00
29.00	Medical Social Service Visits	277	3	11	20	311	29.00
30.00	Medical Social Service Visit Charges	79,776	864	3,168	5,760	89,568	30.00
31.00	Home Health Aide Visits	201	0	1	13	215	31.00
32.00	Home Health Aide Visit Charges	16,482	0	82	1,066	17,630	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	17,666	261	688	322	18,937	33.00
34.00	Other Charges	0	0	0	0	0	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	3,305,057	47,542	126,247	61,175	3,540,021	35.00
36.00	Total Number of Episodes (standard/non outlier)	0	0	0	0	0	36.00
37.00	Total Number of Outlier Episodes	0	0	0	0	0	37.00
38.00	Total Non-Routine Medical Supply Charges	0	0	0	0	0	38.00

		1.00	2.00	
1.00	If this facility contains a hospital-based SNF, were all patients under managed care or was there no Medicare utilization? Enter "Y" for yes in column 1 and do not complete the rest of this worksheet.	N		1.00
2.00	Does this hospital have an agreement under either section 1883 or section 1913 for swing beds? Enter "Y" for yes or "N" for no in column 1. If yes, enter the agreement date (mm/dd/yyyy) in column 2.	N		2.00

	Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)
	1.00	2.00	3.00	4.00
3.00	RUX	0	0	0
4.00	RUL	0	0	0
5.00	RVX	50	0	50
6.00	RVL	41	0	41
7.00	RHX	0	0	0
8.00	RHL	342	0	342
9.00	RMX	4	0	4
10.00	RML	543	0	543
11.00	RLX	0	0	0
12.00	RUC	0	0	0
13.00	RUB	1	0	1
14.00	RUA	1	0	1
15.00	RVC	0	0	0
16.00	RVB	341	0	341
17.00	RVA	655	0	655
18.00	RHC	77	0	77
19.00	RHB	1,470	0	1,470
20.00	RHA	1,758	0	1,758
21.00	RMC	28	0	28
22.00	RMB	1,125	0	1,125
23.00	RMA	1,307	0	1,307
24.00	RLB	0	0	0
25.00	RLA	0	0	0
26.00	ES3	0	0	0
27.00	ES2	0	0	0
28.00	ES1	196	0	196
29.00	HE2	0	0	0
30.00	HE1	0	0	0
31.00	HD2	0	0	0
32.00	HD1	0	0	0
33.00	HC2	0	0	0
34.00	HC1	18	0	18
35.00	HB2	0	0	0
36.00	HB1	63	0	63
37.00	LE2	0	0	0
38.00	LE1	0	0	0
39.00	LD2	0	0	0
40.00	LD1	0	0	0
41.00	LC2	0	0	0
42.00	LC1	73	0	73
43.00	LB2	0	0	0
44.00	LB1	115	0	115
45.00	CE2	0	0	0
46.00	CE1	0	0	0
47.00	CD2	0	0	0
48.00	CD1	0	0	0
49.00	CC2	0	0	0
50.00	CC1	198	0	198
51.00	CB2	0	0	0
52.00	CB1	310	0	310
53.00	CA2	0	0	0
54.00	CA1	123	0	123
55.00	SE3	0	0	0
56.00	SE2	0	0	0
57.00	SE1	0	0	0
58.00	SSC	0	0	0
59.00	SSB	0	0	0
60.00	SSA	0	0	0
61.00	IB2	0	0	0
62.00	IB1	0	0	0
63.00	IA2	0	0	0
64.00	IA1	0	0	0
65.00	BB2	0	0	0
66.00	BB1	43	0	43
67.00	BA2	0	0	0
68.00	BA1	0	0	0

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 140054

Period:
From 10/01/2010
To 09/30/2011

Worksheet S-7

Date/Time Prepared:
3/20/2012 3:09 pm

	Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
				1.00	2.00
69.00	PE2	0	0	0	69.00
70.00	PE1	0	0	0	70.00
71.00	PD2	0	0	0	71.00
72.00	PD1	0	0	0	72.00
73.00	PC2	0	0	0	73.00
74.00	PC1	49	0	49	74.00
75.00	PB2	0	0	0	75.00
76.00	PB1	110	0	110	76.00
77.00	PA2	0	0	0	77.00
78.00	PA1	24	0	24	78.00
199.00	AAA	15	0	15	199.00
200.00	TOTAL	9,080	0	9,080	200.00

CBSA at Beginning of Cost Reporting Period
CBSA on/after October 1 of the Cost Reporting Period (if applicable)

1.00	2.00	3.00	4.00
201.00	SNF SERVICES Enter in column 1 the SNF CBSA code or 5 character non-CBSA code if a rural facility, in effect at the beginning of the cost reporting period. Enter in column 2, the code in effect on or after October 1 of the cost reporting period (if applicable).		201.00
	Expenses	Percentage	Associated with Direct Patient Care and Related Expenses?
1.00	2.00	3.00	

A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 202 through 207: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 7, column 3. In column 3, enter "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (see instructions)

202.00	Staffing	0	0.00	202.00
203.00	Recruitment	0	0.00	203.00
204.00	Retention of employees	0	0.00	204.00
205.00	Training	0	0.00	205.00
206.00	OTHER (SPECIFY)	0	0.00	206.00
207.00	Total SNF revenue (worksheet G-2, Part I, line 7, column 3)	9,505,425		207.00

1.00	2.00	3.00	4.00	5.00
1.00	Wage Index Factor			0.0000
				1.00

	Group	Base Rate Prior to 10/1	Actual Rate for Services Prior to 10/1	Days for Services Prior to 10/1	Base Rate On/After 10/1	
					2.00	3.00
3.00	RUX	266.82	266.82	0	269.98	3.00
4.00	RUL	260.04	260.04	0	263.50	4.00
5.00	RVX	241.42	241.42	0	241.45	5.00
6.00	RVL	214.30	214.30	0	215.54	6.00
7.00	RHX	221.85	221.85	0	219.66	7.00
8.00	RHL	195.70	195.70	0	194.67	8.00
9.00	RMX	205.09	205.09	0	201.49	9.00
10.00	RML	187.66	187.66	0	184.83	10.00
11.00	RLX	182.17	182.17	0	117.63	11.00
12.00	RUC	194.65	194.65	0	201.03	12.00
13.00	RUB	194.65	194.65	0	201.03	13.00
14.00	RUA	157.36	157.36	0	165.39	14.00
15.00	RVC	169.25	169.25	0	172.50	15.00
16.00	RVB	143.58	143.58	0	147.98	16.00
17.00	RVA	143.10	143.10	0	147.51	17.00
18.00	RHC	149.69	149.69	0	150.71	18.00
19.00	RHB	133.22	133.22	0	134.98	19.00
20.00	RHA	115.30	115.30	0	117.85	20.00
21.00	RMC	133.41	133.41	0	133.00	21.00
22.00	RMB	123.73	123.73	0	123.74	22.00
23.00	RMA	99.51	99.51	0	100.60	23.00
24.00	RLB	132.28	132.28	0	129.97	24.00
25.00	RLA	80.95	80.95	0	80.92	25.00
26.00	ES3	202.92	202.92	0	195.98	26.00
27.00	ES2	158.84	158.84	0	153.87	27.00
28.00	ES1	141.89	141.89	0	137.67	28.00

	Group	Base Rate Prior to 10/1	Actual Rate for Services Prior to 10/1	Days for Services Prior to 10/1	Base Rate On/After 10/1	
	1.00	2.00	3.00	4.00	5.00	
29.00	HE2	137.04	137.04	0	133.04	29.00
30.00	HE1	113.80	113.80	0	110.83	30.00
31.00	HD2	128.33	128.33	0	124.71	31.00
32.00	HD1	107.02	107.02	0	104.35	32.00
33.00	HC2	121.06	121.06	0	117.77	33.00
34.00	HC1	101.20	101.20	0	98.80	34.00
35.00	HB2	119.61	119.61	0	116.38	35.00
36.00	HB1	100.24	100.24	0	97.87	36.00
37.00	LE2	124.45	124.45	0	121.01	37.00
38.00	LE1	104.11	104.11	0	101.57	38.00
39.00	LD2	119.61	119.61	0	116.38	39.00
40.00	LD1	100.24	100.24	0	97.87	40.00
41.00	LC2	105.08	105.08	0	102.50	41.00
42.00	LC1	88.61	88.61	0	86.76	42.00
43.00	LB2	99.75	99.75	0	97.41	43.00
44.00	LB1	84.74	84.74	0	83.06	44.00
45.00	CE2	110.89	110.89	0	108.05	45.00
46.00	CE1	102.17	102.17	0	99.72	46.00
47.00	CD2	105.08	105.08	0	102.50	47.00
48.00	CD1	96.36	96.36	0	94.17	48.00
49.00	CC2	92.00	92.00	0	90.00	49.00
50.00	CC1	85.22	85.22	0	83.53	50.00
51.00	CB2	85.22	85.22	0	83.53	51.00
52.00	CB1	78.93	78.93	0	77.51	52.00
53.00	CA2	72.14	72.14	0	71.03	53.00
54.00	CA1	67.30	67.30	0	66.40	54.00
55.00	SE3	0.00	0.00	0	0.00	55.00
56.00	SE2	0.00	0.00	0	0.00	56.00
57.00	SE1	0.00	0.00	0	0.00	57.00
58.00	SSC	0.00	0.00	0	0.00	58.00
59.00	SSB	0.00	0.00	0	0.00	59.00
60.00	SSA	0.00	0.00	0	0.00	60.00
61.00	IB2	0.00	0.00	0	0.00	61.00
62.00	IB1	0.00	0.00	0	0.00	62.00
63.00	IA2	0.00	0.00	0	0.00	63.00
64.00	IA1	0.00	0.00	0	0.00	64.00
65.00	BB2	76.50	76.50	0	75.20	65.00
66.00	BB1	73.11	73.11	0	71.96	66.00
67.00	BA2	63.42	63.42	0	62.70	67.00
68.00	BA1	60.52	60.52	0	59.93	68.00
69.00	PE2	102.17	102.17	0	99.72	69.00
70.00	PE1	97.33	97.33	0	95.10	70.00
71.00	PD2	96.36	96.36	0	94.17	71.00
72.00	PD1	91.52	91.52	0	89.54	72.00
73.00	PC2	82.80	82.80	0	81.21	73.00
74.00	PC1	78.93	78.93	0	77.51	74.00
75.00	PB2	70.21	70.21	0	69.18	75.00
76.00	PB1	67.30	67.30	0	66.40	76.00
77.00	PA2	58.10	58.10	0	57.61	77.00
78.00	PA1	55.68	55.68	0	55.30	78.00
199.00	AAA	0.00	0.00	0	0.00	199.00
200.00	TOTAL					200.00

	Actual Rate for Services On/After 10/1	Days for Services On/After 10/1	Total	
	6.00	7.00	8.00	
3.00	269.98	0	0	3.00
4.00	263.50	0	0	4.00
5.00	241.45	0	0	5.00
6.00	215.54	0	0	6.00
7.00	219.66	0	0	7.00
8.00	194.67	0	0	8.00
9.00	201.49	0	0	9.00
10.00	184.83	0	0	10.00
11.00	117.63	0	0	11.00
12.00	201.03	0	0	12.00
13.00	201.03	0	0	13.00
14.00	165.39	0	0	14.00
15.00	172.50	0	0	15.00
16.00	147.98	0	0	16.00
17.00	147.51	0	0	17.00
18.00	150.71	0	0	18.00
19.00	134.98	0	0	19.00
20.00	117.85	0	0	20.00
21.00	133.00	0	0	21.00
22.00	123.74	0	0	22.00
23.00	100.60	0	0	23.00
24.00	129.97	0	0	24.00
25.00	80.92	0	0	25.00
26.00	195.98	0	0	26.00
27.00	153.87	0	0	27.00
28.00	137.67	0	0	28.00
29.00	133.04	0	0	29.00
30.00	110.83	0	0	30.00
31.00	124.71	0	0	31.00
32.00	104.35	0	0	32.00
33.00	117.77	0	0	33.00
34.00	98.80	0	0	34.00
35.00	116.38	0	0	35.00
36.00	97.87	0	0	36.00
37.00	121.01	0	0	37.00
38.00	101.57	0	0	38.00
39.00	116.38	0	0	39.00
40.00	97.87	0	0	40.00
41.00	102.50	0	0	41.00
42.00	86.76	0	0	42.00
43.00	97.41	0	0	43.00
44.00	83.06	0	0	44.00
45.00	108.05	0	0	45.00
46.00	99.72	0	0	46.00
47.00	102.50	0	0	47.00
48.00	94.17	0	0	48.00
49.00	90.00	0	0	49.00
50.00	83.53	0	0	50.00
51.00	83.53	0	0	51.00
52.00	77.51	0	0	52.00
53.00	71.03	0	0	53.00
54.00	66.40	0	0	54.00
55.00	0.00	0	0	55.00
56.00	0.00	0	0	56.00
57.00	0.00	0	0	57.00
58.00	0.00	0	0	58.00
59.00	0.00	0	0	59.00
60.00	0.00	0	0	60.00
61.00	0.00	0	0	61.00
62.00	0.00	0	0	62.00
63.00	0.00	0	0	63.00
64.00	0.00	0	0	64.00
65.00	75.20	0	0	65.00
66.00	71.96	0	0	66.00
67.00	62.70	0	0	67.00
68.00	59.93	0	0	68.00
69.00	99.72	0	0	69.00
70.00	95.10	0	0	70.00
71.00	94.17	0	0	71.00
72.00	89.54	0	0	72.00
73.00	81.21	0	0	73.00
74.00	77.51	0	0	74.00
75.00	69.18	0	0	75.00

Provider CCN: 140054

Period:
 From 10/01/2010
 To 09/30/2011

Worksheet S-7

Date/time Prepared:
 3/20/2012 3:09 pm

	Actual Rate for Services On/After 10/1	Days for Services On/After 10/1	Total	
	6.00	7.00	8.00	
76.00	66.40	0	0	76.00
77.00	57.61	0	0	77.00
78.00	55.30	0	0	78.00
199.00	0.00	0	0	199.00
200.00 TOTAL		0	0	200.00

		1.00			
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (worksheet C, Part I line 200 column 3 divided by line 200 column 8)	0.213750	1.00		
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid	20,859,993	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	3,967,236	5.00		
6.00	Medicaid charges	169,818,345	6.00		
7.00	Medicaid cost (line 1 times line 6)	36,298,671	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)	11,471,442	8.00		
State Children's Health Insurance Program (SCHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone SCHIP	0	9.00		
10.00	Stand-alone SCHIP charges	0	10.00		
11.00	Stand-alone SCHIP cost (line 1 times line 10)	0	11.00		
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)	0	12.00		
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)	0	13.00		
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)	0	14.00		
15.00	State or local indigent care program cost (line 1 times line 14)	0	15.00		
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)	0	16.00		
Uncompensated care (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care	0	17.00		
18.00	Government grants, appropriations or transfers for support of hospital operations	16,922,008	18.00		
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)	11,471,442	19.00		
			Uninsured patients	Insured patients	Total (col. 1 + col. 2)
			1.00	2.00	3.00
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	9,880,077	18,997	9,899,074 20.00	
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	2,111,866	4,061	2,115,927 21.00	
22.00	Partial payment by patients approved for charity care	53,076	931	54,007 22.00	
23.00	Cost of charity care (line 21 minus line 22)	2,058,790	3,130	2,061,920 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?	Y	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)	39,108,624	26.00		
27.00	Medicare bad debts for the entire hospital complex (see instructions)	1,762,892	27.00		
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)	37,345,732	28.00		
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)	7,982,650	29.00		
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)	10,044,570	30.00		
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	21,516,012	31.00		

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140054

Period:
From 10/01/2010
To 09/30/2011

Worksheet A

Date/Time Prepared:
3/20/2012 3:09 pm

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	
GENERAL SERVICE COST CENTERS						
1.00 CAP REL COSTS-BLDG & FIXT		0	0	7,757,068	7,757,068	1.00
2.00 CAP REL COSTS-MVBLE EQUIP		0	0	10,978,414	10,978,414	2.00
3.00 OTHER CAP REL COSTS		0	0	0	0	3.00
4.00 EMPLOYEE BENEFITS	1,419,631	18,762,435	20,182,066	-430,894	19,751,172	4.00
5.00 ADMINISTRATIVE & GENERAL	16,509,369	60,463,334	76,972,703	-13,198,652	63,774,051	5.00
6.00 MAINTENANCE & REPAIRS	160,934	2,764,289	2,925,223	-1,027,210	1,898,013	6.00
7.00 OPERATION OF PLANT	0	0	0	0	0	7.00
8.00 LAUNDRY & LINEN SERVICE	547,354	296,265	843,619	236,687	1,080,306	8.00
9.00 HOUSEKEEPING	2,059,028	738,519	2,797,547	-77,818	2,719,729	9.00
10.00 DIETARY	2,301,826	1,127,251	3,429,077	-2,829	3,426,248	10.00
11.00 CAFETERIA	0	0	0	0	0	11.00
12.00 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 NURSING ADMINISTRATION	1,917,626	452,807	2,370,433	-6,673	2,363,760	13.00
14.00 CENTRAL SERVICES & SUPPLY	342,890	1,129,171	1,472,061	251,555	1,723,616	14.00
15.00 PHARMACY	2,128,267	5,744,274	7,872,541	-1,596,994	6,275,547	15.00
16.00 MEDICAL RECORDS & LIBRARY	4,183,290	534,412	4,717,702	-2,687,697	2,030,005	16.00
17.00 SOCIAL SERVICE	0	0	0	0	0	17.00
18.00 OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
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	4,858,727	0	4,858,727	25,955	4,884,682	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	1,120,118	1,120,118	-2	1,120,116	22.00
23.00 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	19,280,190	2,608,445	21,888,635	-1,091,948	20,796,687	30.00
31.00 INTENSIVE CARE UNIT	4,023,048	862,756	4,885,804	-393,294	4,492,510	31.00
32.00 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 SUBPROVIDER - IPF	2,361,378	128,563	2,489,941	-18,139	2,471,802	40.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	1,224,062	791,697	2,015,759	-125,222	1,890,537	43.00
44.00 SKILLED NURSING FACILITY	2,869,208	349,218	3,218,426	-113,113	3,105,313	44.00
45.00 NURSING FACILITY	0	0	0	0	0	45.00
46.00 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	4,465,995	13,384,556	17,850,551	-8,123,989	9,726,562	50.00
51.00 RECOVERY ROOM	780,196	79,837	860,033	-56,573	803,460	51.00
52.00 DELIVERY ROOM & LABOR ROOM	1,775,728	1,933,077	3,708,805	-152,521	3,556,284	52.00
53.00 ANESTHESIOLOGY	360,610	1,320,635	1,681,245	-714,849	966,396	53.00
54.00 RADIOLOGY-DIAGNOSTIC	2,504,208	1,642,107	4,146,315	-412,990	3,733,325	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	288,192	658,365	946,557	-8,123	938,434	56.00
56.01 ULTRA SOUND	804,831	90,141	894,972	-7,143	887,829	56.01
56.02 MAMMOGRAPHY	840,692	328,343	1,169,035	-159,824	1,009,211	56.02
57.00 CT SCAN	747,332	444,499	1,191,831	-150,981	1,040,850	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	747,290	592,616	1,339,906	-123,160	1,216,746	58.00
59.00 CARDIAC CATHETERIZATION	767,527	5,699,787	6,467,314	-4,196,795	2,270,519	59.00
59.01 GASTRO INTESTINAL	1,671,895	1,116,226	2,788,121	-592,749	2,195,372	59.01
60.00 LABORATORY	4,259,113	2,549,754	6,808,867	-6,817	6,802,050	60.00
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	1,149,906	1,149,906	0	1,149,906	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	1,262,631	453,708	1,716,339	-209,338	1,507,001	65.00
66.00 PHYSICAL THERAPY	2,450,751	162,602	2,613,353	-10,252	2,603,101	66.00
66.01 TCU REHAB	711,222	134,568	845,790	-5	845,785	66.01
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	96,739	35,293	132,032	-32,087	99,945	68.00
69.00 ELECTROCARDIOLOGY	669,171	896,761	1,565,932	-17,340	1,548,592	69.00
69.01 CARDIAC HEHAB	319,937	29,055	348,992	-5,153	343,839	69.01
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	5,405,431	5,405,431	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	9,923,676	9,923,676	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	2,705,006	2,705,006	73.00
74.00 RENAL DIALYSIS	0	460,220	460,220	-8	460,212	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140054

Period:
From 10/01/2010
To 09/30/2011

Worksheet A

Date/Time Prepared:
3/20/2012 3:09 pm

Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassificati ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
	1.00	2.00	3.00	4.00	5.00	
90.00 CLINIC	0	0	0	0	0	90.00
91.00 EMERGENCY	5,288,460	2,242,272	7,530,732	-543,203	6,987,529	91.00
91.01 FAMILY PRACTICES	1,886,277	2,146,830	4,033,107	-409,447	3,623,660	91.01
91.02 PSYCH DAY HOSPITAL	269,634	15,774	285,408	-511	284,897	91.02
91.03 WOUND CARE	163,810	68,561	232,371	-101,216	131,155	91.03
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	4,264,027	1,291,995	5,556,022	-171,449	5,384,573	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	103,583,096	136,801,042	240,384,138	306,784	240,690,922	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	18,948	18,948	0	18,948	190.00
191.00 RESEARCH	31,309	1,718	33,027	0	33,027	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 MARKETING	186,080	589,786	775,866	0	775,866	194.00
194.01 MACNEAL SCHOOL	1,843,811	583,156	2,426,967	-304,565	2,122,402	194.01
194.02 COMMUNITY RELATIONS	213,267	48,270	261,537	-2,219	259,318	194.02
194.03 VACANT SPACE	0	0	0	0	0	194.03
194.04 HOME DELIVERED MEALS	0	0	0	0	0	194.04
194.05 CATERED MEALS	0	0	0	0	0	194.05
200.00 TOTAL (SUM OF LINES 118-199)	105,857,563	138,042,920	243,900,483	0	243,900,483	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140054

Period:
From 10/01/2010
To 09/30/2011

Worksheet A

Date/Time Prepared:
3/20/2012 3:09 pm

Cost Center Description	Adjustments	Net Expenses	
	(See A-8)	For Allocation	
	6.00	7.00	
GENERAL SERVICE COST CENTERS			
1.00 CAP REL COSTS-BLDG & FIXT	-1,193,600	6,563,468	1.00
2.00 CAP REL COSTS-MVBLE EQUIP	-486,419	10,491,995	2.00
3.00 OTHER CAP REL COSTS	0	0	3.00
4.00 EMPLOYEE BENEFITS	-1,065,430	18,685,742	4.00
5.00 ADMINISTRATIVE & GENERAL	-22,204,324	41,569,727	5.00
6.00 MAINTENANCE & REPAIRS	-240,969	1,657,044	6.00
7.00 OPERATION OF PLANT	0	0	7.00
8.00 LAUNDRY & LINEN SERVICE	-24,362	1,055,944	8.00
9.00 HOUSEKEEPING	0	2,719,729	9.00
10.00 DIETARY	-677,912	2,748,336	10.00
11.00 CAFETERIA	0	0	11.00
12.00 MAINTENANCE OF PERSONNEL	0	0	12.00
13.00 NURSING ADMINISTRATION	-234,360	2,129,400	13.00
14.00 CENTRAL SERVICES & SUPPLY	-14,021	1,709,595	14.00
15.00 PHARMACY	-5,820	6,269,727	15.00
16.00 MEDICAL RECORDS & LIBRARY	-16,990	2,013,015	16.00
17.00 SOCIAL SERVICE	0	0	17.00
18.00 OTHER GENERAL SERVICE (SPECIFY)	0	0	18.00
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	4,884,682	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	-57,526	1,062,590	22.00
23.00 PARAMED ED PRGM-(SPECIFY)	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00 ADULTS & PEDIATRICS	-82,667	20,714,020	30.00
31.00 INTENSIVE CARE UNIT	-41,790	4,450,720	31.00
32.00 CORONARY CARE UNIT	0	0	32.00
33.00 BURN INTENSIVE CARE UNIT	0	0	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00 SUBPROVIDER - IPF	-25,898	2,445,904	40.00
41.00 SUBPROVIDER - IRF	0	0	41.00
42.00 SUBPROVIDER	0	0	42.00
43.00 NURSERY	-595,595	1,294,942	43.00
44.00 SKILLED NURSING FACILITY	-10,434	3,094,879	44.00
45.00 NURSING FACILITY	0	0	45.00
46.00 OTHER LONG TERM CARE	0	0	46.00
ANCILLARY SERVICE COST CENTERS			
50.00 OPERATING ROOM	-427,778	9,298,784	50.00
51.00 RECOVERY ROOM	0	803,460	51.00
52.00 DELIVERY ROOM & LABOR ROOM	-1,497,588	2,058,696	52.00
53.00 ANESTHESIOLOGY	-277,407	688,989	53.00
54.00 RADIOLOGY-DIAGNOSTIC	-3,558	3,729,767	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00 RADIOISOTOPE	0	938,434	56.00
56.01 ULTRA SOUND	0	887,829	56.01
56.02 MAMMOGRAPHY	-277	1,008,934	56.02
57.00 CT SCAN	0	1,040,850	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	-6	1,216,740	58.00
59.00 CARDIAC CATHETERIZATION	-62	2,270,457	59.00
59.01 GASTRO INTESTINAL	-1,070	2,194,302	59.01
60.00 LABORATORY	-9,037	6,793,013	60.00
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	1,149,906	63.00
64.00 INTRAVENOUS THERAPY	0	0	64.00
65.00 RESPIRATORY THERAPY	0	1,507,001	65.00
66.00 PHYSICAL THERAPY	0	2,603,101	66.00
66.01 TCU REHAB	0	845,785	66.01
67.00 OCCUPATIONAL THERAPY	0	0	67.00
68.00 SPEECH PATHOLOGY	0	99,945	68.00
69.00 ELECTROCARDIOLOGY	-738,725	809,867	69.00
69.01 CARDIAC HEHAB	-30	343,809	69.01
70.00 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	5,405,431	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	9,923,676	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	2,705,006	73.00
74.00 RENAL DIALYSIS	0	460,212	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	75.00
OUTPATIENT SERVICE COST CENTERS			
88.00 RURAL HEALTH CLINIC	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00 CLINIC	0	0	90.00
91.00 EMERGENCY	-299,208	6,688,321	91.00

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
91.01	FAMILY PRACTICES	-1,217,261	2,406,399	91.01
91.02	PSYCH DAY HOSPITAL	-6,386	278,511	91.02
91.03	WOUND CARE	0	131,155	91.03
92.00	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	98.00
99.00	CMHC	0	0	99.00
99.10	CORF	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	HOME HEALTH AGENCY	-84,784	5,299,789	101.00
SPECIAL PURPOSE COST CENTERS				
105.00	KIDNEY ACQUISITION	0	0	105.00
106.00	HEART ACQUISITION	0	0	106.00
107.00	LIVER ACQUISITION	0	0	107.00
108.00	LUNG ACQUISITION	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	110.00
111.00	ISLET ACQUISITION	0	0	111.00
113.00	INTEREST EXPENSE	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	HOSPICE	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	-31,541,294	209,149,628	118.00
NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	18,948	190.00
191.00	RESEARCH	0	33,027	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
193.00	NONPAID WORKERS	0	0	193.00
194.00	MARKETING	0	775,866	194.00
194.01	MACNEAL SCHOOL	0	2,122,402	194.01
194.02	COMMUNITY RELATIONS	0	259,318	194.02
194.03	VACANT SPACE	0	0	194.03
194.04	HOME DELIVERED MEALS	0	0	194.04
194.05	CATERED MEALS	0	0	194.05
200.00	TOTAL (SUM OF LINES 118-199)	-31,541,294	212,359,189	200.00

	Increases					
	Cost Center 2.00	Line # 3.00	Salary 4.00	Other 5.00		
A - REAL ESTATE TAXES						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	2,614,360		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
	TOTALS		0	2,614,360		
B - DEPRECIATION						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	4,016,522		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	10,167,796		2.00
	TOTALS		0	14,184,318		
C - RENTS						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,126,186		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	810,618		2.00
3.00	EMPLOYEE BENEFITS	4.00	0	195		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
	TOTALS		0	1,936,999		
D - BILLABLE DRUGS						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	2,705,006		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	693		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
	TOTALS		0	2,705,699		
E - BILLABLE MEDICAL SUPPLIES						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	5,405,431		1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	537,188		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

	Increases					
	Cost Center 2.00	Line # 3.00	Salary 4.00	Other 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
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
40.00		0.00	0	0		40.00
41.00		0.00	0	0		41.00
42.00		0.00	0	0		42.00
TOTALS					0	5,942,619
F - INTERNS RESIDENTS						
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	25,955	0		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
TOTALS					25,955	0
G - INTERNAL ALLOCATIONS						
1.00	ADMINISTRATIVE & GENERAL	5.00	2,469,702	575,643		1.00
2.00		0.00	0	0		2.00
TOTALS					2,469,702	575,643
H - IMPLANTABLE DEVICES						
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	9,923,676		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
TOTALS					0	9,923,676
I - LINEN						
1.00	LAUNDRY & LINEN SERVICE	8.00	0	237,122		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00

	Increases					
	Cost Center 2.00	Line # 3.00	Salary 4.00	Other 5.00		
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
TOTALS			0	237,122		
500.00	Grand Total: Increases		2,495,657	38,120,436		500.00

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
A - REAL ESTATE TAXES							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	1,942,716	13		1.00
2.00	MAINTENANCE & REPAIRS	6.00	0	576,563	0		2.00
3.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	95,081	0		3.00
	TOTALS		0	2,614,360			
B - DEPRECIATION							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	14,019,474	9		1.00
2.00	MAINTENANCE & REPAIRS	6.00	0	164,844	9		2.00
	TOTALS		0	14,184,318			
C - RENTS							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	280,854	10		1.00
2.00	MAINTENANCE & REPAIRS	6.00	0	284,863	10		2.00
3.00	HOUSEKEEPING	9.00	0	4,795	0		3.00
4.00	DIETARY	10.00	0	2,593	0		4.00
5.00	NURSING ADMINISTRATION	13.00	0	25	0		5.00
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	285,237	0		6.00
7.00	ADULTS & PEDIATRICS	30.00	0	2,855	0		7.00
8.00	INTENSIVE CARE UNIT	31.00	0	8,152	0		8.00
9.00	NURSERY	43.00	0	504	0		9.00
10.00	SKILLED NURSING FACILITY	44.00	0	2,055	0		10.00
11.00	OPERATING ROOM	50.00	0	166,924	0		11.00
12.00	ANESTHESIOLOGY	53.00	0	115,471	0		12.00
13.00	RADIOLOGY-DIAGNOSTIC	54.00	0	103,675	0		13.00
14.00	CT SCAN	57.00	0	80,755	0		14.00
15.00	CARDIAC CATHETERIZATION	59.00	0	660	0		15.00
16.00	RESPIRATORY THERAPY	65.00	0	141,829	0		16.00
17.00	ELECTROCARDIOLOGY	69.00	0	4,000	0		17.00
18.00	CARDIAC HEHAB	69.01	0	2,000	0		18.00
19.00	FAMILY PRACTICES	91.01	0	52,691	0		19.00
20.00	PSYCH DAY HOSPITAL	91.02	0	511	0		20.00
21.00	WOUND CARE	91.03	0	64,274	0		21.00
22.00	HOME HEALTH AGENCY	101.00	0	28,464	0		22.00
23.00	MACNEAL SCHOOL	194.01	0	303,812	0		23.00
	TOTALS		0	1,936,999			
D - BILLABLE DRUGS							
1.00	EMPLOYEE BENEFITS	4.00	0	71,513	0		1.00
2.00	MAINTENANCE & REPAIRS	6.00	0	22	0		2.00
3.00	HOUSEKEEPING	9.00	0	240	0		3.00
4.00	NURSING ADMINISTRATION	13.00	0	2	0		4.00
5.00	CENTRAL SERVICES & SUPPLY	14.00	0	395	0		5.00
6.00	PHARMACY	15.00	0	1,576,744	0		6.00
7.00	ADULTS & PEDIATRICS	30.00	0	156,373	0		7.00
8.00	INTENSIVE CARE UNIT	31.00	0	25,413	0		8.00
9.00	SUBPROVIDER - IPF	40.00	0	2,719	0		9.00
10.00	NURSERY	43.00	0	39,418	0		10.00
11.00	SKILLED NURSING FACILITY	44.00	0	11,733	0		11.00
12.00	OPERATING ROOM	50.00	0	78,790	0		12.00
13.00	RECOVERY ROOM	51.00	0	3,246	0		13.00
14.00	DELIVERY ROOM & LABOR ROOM	52.00	0	18,789	0		14.00
15.00	ANESTHESIOLOGY	53.00	0	319,923	0		15.00
16.00	RADIOLOGY-DIAGNOSTIC	54.00	0	3,324	0		16.00
17.00	RADIOISOTOPE	56.00	0	2,033	0		17.00
18.00	ULTRA SOUND	56.01	0	362	0		18.00
19.00	MAMMOGRAPHY	56.02	0	1,991	0		19.00
20.00	CT SCAN	57.00	0	4,640	0		20.00
21.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	19,926	0		21.00
22.00	CARDIAC CATHETERIZATION	59.00	0	3,641	0		22.00
23.00	GASTRO INTESTINAL	59.01	0	20,274	0		23.00
24.00	RESPIRATORY THERAPY	65.00	0	466	0		24.00
25.00	PHYSICAL THERAPY	66.00	0	726	0		25.00
26.00	ELECTROCARDIOLOGY	69.00	0	797	0		26.00
27.00	CARDIAC HEHAB	69.01	0	2	0		27.00
28.00	EMERGENCY	91.00	0	73,418	0		28.00
29.00	FAMILY PRACTICES	91.01	0	267,828	0		29.00
30.00	WOUND CARE	91.03	0	536	0		30.00
31.00	HOME HEALTH AGENCY	101.00	0	415	0		31.00
	TOTALS		0	2,705,699			
E - BILLABLE MEDICAL SUPPLIES							
1.00	EMPLOYEE BENEFITS	4.00	0	1,922	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	575	0		2.00
3.00	MAINTENANCE & REPAIRS	6.00	0	778	0		3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	0	435	0		4.00

		Decreases					
	Cost Center	Line #	Salary	Other	wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
5.00	HOUSEKEEPING	9.00	0	60,435	0	5.00	
6.00	DIETARY	10.00	0	28	0	6.00	
7.00	NURSING ADMINISTRATION	13.00	0	496	0	7.00	
8.00	PHARMACY	15.00	0	19,765	0	8.00	
9.00	MEDICAL RECORDS & LIBRARY	16.00	0	2	0	9.00	
10.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	2	0	10.00	
11.00	ADULTS & PEDIATRICS	30.00	0	845,172	0	11.00	
12.00	INTENSIVE CARE UNIT	31.00	0	340,001	0	12.00	
13.00	SUBPROVIDER - IPF	40.00	0	12,401	0	13.00	
14.00	NURSERY	43.00	0	79,928	0	14.00	
15.00	SKILLED NURSING FACILITY	44.00	0	84,832	0	15.00	
16.00	OPERATING ROOM	50.00	0	2,103,881	0	16.00	
17.00	RECOVERY ROOM	51.00	0	52,963	0	17.00	
18.00	DELIVERY ROOM & LABOR ROOM	52.00	0	124,540	0	18.00	
19.00	ANESTHESIOLOGY	53.00	0	278,500	0	19.00	
20.00	RADIOLOGY-DIAGNOSTIC	54.00	0	180,155	0	20.00	
21.00	RADIOISOTOPE	56.00	0	6,088	0	21.00	
22.00	ULTRA SOUND	56.01	0	6,316	0	22.00	
23.00	MAMMOGRAPHY	56.02	0	157,833	0	23.00	
24.00	CT SCAN	57.00	0	65,554	0	24.00	
25.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	7,813	0	25.00	
26.00	CARDIAC CATHETERIZATION	59.00	0	135,488	0	26.00	
27.00	GASTRO INTESTINAL	59.01	0	539,486	0	27.00	
28.00	LABORATORY	60.00	0	6,817	0	28.00	
29.00	RESPIRATORY THERAPY	65.00	0	67,043	0	29.00	
30.00	PHYSICAL THERAPY	66.00	0	9,483	0	30.00	
31.00	TCU REHAB	66.01	0	5	0	31.00	
32.00	SPEECH PATHOLOGY	68.00	0	32,087	0	32.00	
33.00	ELECTROCARDIOLOGY	69.00	0	12,543	0	33.00	
34.00	CARDIAC HEHAB	69.01	0	3,151	0	34.00	
36.00	RENAL DIALYSIS	74.00	0	8	0	36.00	
37.00	EMERGENCY	91.00	0	462,936	0	37.00	
38.00	FAMILY PRACTICES	91.01	0	62,105	0	38.00	
39.00	WOUND CARE	91.03	0	36,254	0	39.00	
40.00	HOME HEALTH AGENCY	101.00	0	142,569	0	40.00	
41.00	MACNEAL SCHOOL	194.01	0	10	0	41.00	
42.00	COMMUNITY RELATIONS	194.02	0	2,219	0	42.00	
	TOTALS		0	5,942,619			
F - INTERNS RESIDENTS							
1.00	NURSING ADMINISTRATION	13.00	5,752	0	0	1.00	
2.00	FAMILY PRACTICES	91.01	19,460	0	0	2.00	
3.00	MACNEAL SCHOOL	194.01	743	0	0	3.00	
	TOTALS		25,955	0			
G - INTERNAL ALLOCATIONS							
1.00	EMPLOYEE BENEFITS	4.00	0	357,650	0	1.00	
2.00	MEDICAL RECORDS & LIBRARY	16.00	2,469,702	217,993	0	2.00	
	TOTALS		2,469,702	575,643			
H - IMPLANTABLE DEVICES							
1.00	MAINTENANCE & REPAIRS	6.00	0	140	0	1.00	
2.00	PHARMACY	15.00	0	485	0	2.00	
3.00	ADULTS & PEDIATRICS	30.00	0	632	0	3.00	
4.00	INTENSIVE CARE UNIT	31.00	0	103	0	4.00	
5.00	SKILLED NURSING FACILITY	44.00	0	5	0	5.00	
6.00	OPERATING ROOM	50.00	0	5,716,323	0	6.00	
7.00	ANESTHESIOLOGY	53.00	0	829	0	7.00	
8.00	RADIOLOGY-DIAGNOSTIC	54.00	0	120,653	0	8.00	
9.00	CARDIAC CATHETERIZATION	59.00	0	4,052,514	0	9.00	
10.00	GASTRO INTESTINAL	59.01	0	25,633	0	10.00	
11.00	EMERGENCY	91.00	0	4	0	11.00	
12.00	FAMILY PRACTICES	91.01	0	6,355	0	12.00	
	TOTALS		0	9,923,676			
I - LINEN							
1.00	EMPLOYEE BENEFITS	4.00	0	4	0	1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	0	1,071	0	2.00	
3.00	HOUSEKEEPING	9.00	0	12,348	0	3.00	
4.00	DIETARY	10.00	0	208	0	4.00	
5.00	NURSING ADMINISTRATION	13.00	0	398	0	5.00	
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	1	0	6.00	
7.00	ADULTS & PEDIATRICS	30.00	0	86,916	0	7.00	
8.00	INTENSIVE CARE UNIT	31.00	0	19,625	0	8.00	
9.00	SUBPROVIDER - IPF	40.00	0	3,019	0	9.00	
10.00	NURSERY	43.00	0	5,372	0	10.00	

		Decreases				wkst. A-7 Ref.	
Cost Center	Line #	Salary	Other				
6.00	7.00	8.00	9.00	10.00			
11.00	SKILLED NURSING FACILITY	44.00	0	14,488	0	11.00	
12.00	OPERATING ROOM	50.00	0	58,071	0	12.00	
13.00	RECOVERY ROOM	51.00	0	364	0	13.00	
14.00	DELIVERY ROOM & LABOR ROOM	52.00	0	9,192	0	14.00	
15.00	ANESTHESIOLOGY	53.00	0	126	0	15.00	
16.00	RADIOLOGY-DIAGNOSTIC	54.00	0	5,183	0	16.00	
17.00	RADIOISOTOPE	56.00	0	2	0	17.00	
18.00	ULTRA SOUND	56.01	0	465	0	18.00	
19.00	CT SCAN	57.00	0	32	0	19.00	
20.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	340	0	20.00	
21.00	CARDIAC CATHETERIZATION	59.00	0	4,492	0	21.00	
22.00	GASTRO INTESTINAL	59.01	0	7,356	0	22.00	
23.00	PHYSICAL THERAPY	66.00	0	43	0	23.00	
24.00	EMERGENCY	91.00	0	6,845	0	24.00	
25.00	FAMILY PRACTICES	91.01	0	1,008	0	25.00	
26.00	WOUND CARE	91.03	0	152	0	26.00	
27.00	HOME HEALTH AGENCY	101.00	0	1	0	27.00	
	TOTALS		0	237,122			
500.00	Grand Total: Decreases		2,495,657	38,120,436		500.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140054

Period:
From 10/01/2010
To 09/30/2011

Worksheet A-7
Parts I-III
Date/Time Prepared:
3/20/2012 3:09 pm

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
		1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	0	0	0	0	1.00
2.00	Land Improvements	3,624,969	0	0	0	2.00
3.00	Buildings and Fixtures	121,403,644	1,576,721	0	1,576,721	3.00
4.00	Building Improvements	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	5.00
6.00	Movable Equipment	176,473,610	8,284,670	0	8,284,670	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	301,502,223	9,861,391	0	9,861,391	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	301,502,223	9,861,391	0	9,861,391	10.00
SUMMARY OF CAPITAL						
Cost Center Description		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)
		9.00	10.00	11.00	12.00	13.00
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	3.00
COMPUTATION OF RATIOS						
Cost Center Description		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	ALLOCATION OF OTHER CAPITAL Ratio (see instructions)	Insurance
		1.00	2.00	3.00	4.00	5.00
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	126,605,334	0	126,605,334	0.406616	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	184,758,280	0	184,758,280	0.593384	2.00
3.00	Total (sum of lines 1-2)	311,363,614	0	311,363,614	1.000000	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140054

Period:
From 10/01/2010
To 09/30/2011

Worksheet A-7
Parts I-III
Date/Time Prepared:
3/20/2012 3:09 pm

		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	0	0			1.00	
2.00	Land Improvements	3,624,969	0			2.00	
3.00	Buildings and Fixtures	122,980,365	0			3.00	
4.00	Building Improvements	0	0			4.00	
5.00	Fixed Equipment	0	0			5.00	
6.00	Movable Equipment	184,758,280	0			6.00	
7.00	HIT designated Assets	0	0			7.00	
8.00	Subtotal (sum of lines 1-7)	311,363,614	0			8.00	
9.00	Reconciling Items	0	0			9.00	
10.00	Total (line 8 minus line 9)	311,363,614	0			10.00	
SUMMARY OF CAPITAL							
Cost Center Description		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	0			1.00	
2.00	CAP REL COSTS-MVBLE EQUIP	0	0			2.00	
3.00	Total (sum of lines 1-2)	0	0			3.00	
ALLOCATION OF OTHER CAPITAL							
Cost Center Description		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	SUMMARY OF CAPITAL Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	2,714,660	1,126,186	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	9,626,525	810,618	2.00
3.00	Total (sum of lines 1-2)	0	0	0	12,341,185	1,936,804	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140054

Period:
From 10/01/2010
To 09/30/2011

Worksheet A-7
Parts I-III
Date/Time Prepared:
3/20/2012 3:09 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	341,383	31,948	2,349,291	0	6,563,468	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	54,852	0	0	10,491,995	2.00
3.00	Total (sum of lines 1-2)	341,383	86,800	2,349,291	0	17,055,463	3.00

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From which the Amount is to be Adjusted	
				Cost Center	Line #
1.00	2.00	3.00	4.00		
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)		0	CAP REL COSTS-BLDG & FIXT	1.00 1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP	2.00 2.00
3.00	Investment income - other (chapter 2)		0		0.00 3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00 4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00 5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00 6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	B	-244,784	ADMINISTRATIVE & GENERAL	5.00 7.00
8.00	Television and radio service (chapter 21)		0		0.00 8.00
9.00	Parking lot (chapter 21)		0		0.00 9.00
10.00	Provider-based physician adjustment	A-8-2	-5,510,380		10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00 11.00
12.00	Related organization transactions (chapter 10)	A-8-1	-11,618,040		12.00
13.00	Laundry and linen service		0		0.00 13.00
14.00	Cafeteria-employees and guests	B	-652,217	DIETARY	10.00 14.00
15.00	Rental of quarters to employee and others		0		0.00 15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00 16.00
17.00	Sale of drugs to other than patients		0		0.00 17.00
18.00	Sale of medical records and abstracts	B	-16,905	MEDICAL RECORDS & LIBRARY	16.00 18.00
19.00	Nursing school (tuition, fees, books, etc.)		0		0.00 19.00
20.00	Vending machines	B	-25,695	DIETARY	10.00 20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00 21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00 22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00 23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00 24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	UTILIZATION REVIEW-SNF	114.00 25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT	A	-1,301,862	CAP REL COSTS-BLDG & FIXT	1.00 26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP	A	-435,104	CAP REL COSTS-MVBLE EQUIP	2.00 27.00
28.00	Non-physician Anesthetist		0	NONPHYSICIAN ANESTHETISTS	19.00 28.00
29.00	Physicians' assistant		0		0.00 29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00 30.00
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00 31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00 32.00
33.00	PATIENT PHONES-DIRECT	A	-377,036	ADMINISTRATIVE & GENERAL	5.00 33.00
33.01	PATIENT PHONES-BENEFITS	A	-18,679	EMPLOYEE BENEFITS	4.00 33.01
33.02	PATIENT PHONES-DEPREC.	A	-1,318	CAP REL COSTS-MVBLE EQUIP	2.00 33.02
33.03	TELEVISION AND RADIO SERVICE	A	-104,849	CAP REL COSTS-MVBLE EQUIP	2.00 33.03
33.04	SALE OF ABSTRACTS	B	-20	EMPLOYEE BENEFITS	4.00 33.04
33.05	OTHER OPERATING REVENUE	B	-25	EMPLOYEE BENEFITS	4.00 33.05
33.06	RENT INCOME	B	-5,430	ADMINISTRATIVE & GENERAL	5.00 33.06
33.07	PARKING REVENUE	B	-240	ADMINISTRATIVE & GENERAL	5.00 33.07
33.08	CONSULTATION	B	-2,400	ADMINISTRATIVE & GENERAL	5.00 33.08
33.09	MANAGEMENT/OPERATING FEES	B	-20	ADMINISTRATIVE & GENERAL	5.00 33.09
33.10	OTHER OPERATING REVENUE	B	-328,060	ADMINISTRATIVE & GENERAL	5.00 33.10
33.11	RENT INCOME	B	-219,345	MAINTENANCE & REPAIRS	6.00 33.11
33.12	OTHER OPERATING REVENUE	B	-20,495	LAUNDRY & LINEN SERVICE	8.00 33.12
33.13	OTHER OPERATING REVENUE	B	-85	MEDICAL RECORDS & LIBRARY	16.00 33.13
33.14	CONSULTATION	B	-525	ADULTS & PEDIATRICS	30.00 33.14
33.15	FIRST PHOTO BABY PICTURES	B	-3,730	NURSERY	43.00 33.15
33.16	OTHER OPERATING REVENUE	B	-3,496	RADIOLOGY-DIAGNOSTIC	54.00 33.16
33.17	OTHER OPERATING REVENUE	B	-165	LABORATORY	60.00 33.17
33.18	OTHER OPERATING REVENUE	B	-7	ELECTROCARDIOLOGY	69.00 33.18
33.19	OTHER OPERATING REVENUE	B	-30	CARDIAC HEHAB	69.01 33.19
33.20	OTHER OPERATING REVENUE	B	-70,891	FAMILY PRACTICES	91.01 33.20
33.21	OTHER OPERATING REVENUE	B	-623	HOME HEALTH AGENCY	101.00 33.21

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on worksheet A To/From which the Amount is to be Adjusted	
				Cost Center	Line #
		1.00	2.00	3.00	4.00
33.22	INTEREST INCOME	B	-584	ADMINISTRATIVE & GENERAL	5.00 33.22
33.23	ADVERTISING	A	165	EMPLOYEE BENEFITS	4.00 33.23
33.24	ADVERTISING	A	-75,326	ADMINISTRATIVE & GENERAL	5.00 33.24
33.25	ADVERTISING	A	-4,855	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00 33.25
33.26	ADVERTISING	A	-202	NURSERY	43.00 33.26
33.27	ADVERTISING	A	-1,060	FAMILY PRACTICES	91.01 33.27
33.28	OTHER OPERATING EXPENSES	A	-2,494	ADMINISTRATIVE & GENERAL	5.00 33.28
33.29	OTHER OPERATING EXPENSES	A	-3,767	LAUNDRY & LINEN SERVICE	8.00 33.29
33.30	OTHER OPERATING EXPENSES	A	-461	NURSING ADMINISTRATION	13.00 33.30
33.31	OTHER OPERATING EXPENSES	A	-798	PHARMACY	15.00 33.31
33.32	OTHER OPERATING EXPENSES	A	-172	ADULTS & PEDIATRICS	30.00 33.32
33.33	OTHER OPERATING EXPENSES	A	-245	INTENSIVE CARE UNIT	31.00 33.33
33.34	OTHER OPERATING EXPENSES	A	-22	SUBPROVIDER - IPF	40.00 33.34
33.35	OTHER OPERATING EXPENSES	A	-162	OPERATING ROOM	50.00 33.35
33.36	OTHER OPERATING EXPENSES	A	-268	MAMMOGRAPHY	56.02 33.36
33.37	OTHER OPERATING EXPENSES	A	-62	CARDIAC CATHETERIZATION	59.00 33.37
33.38	OTHER OPERATING EXPENSES	A	-1,061	GASTRO INTESTINAL	59.01 33.38
33.39	OTHER OPERATING EXPENSES	A	-2,049	LABORATORY	60.00 33.39
33.40	OTHER OPERATING EXPENSES	A	-738	EMERGENCY	91.00 33.40
33.41	OTHER OPERATING EXPENSES	A	-6,919	FAMILY PRACTICES	91.01 33.41
33.42	PHYSICIAN RECRUITMENT	A	-116,186	ADMINISTRATIVE & GENERAL	5.00 33.42
33.43	PHYSICIAN RECRUITMENT	A	-40,738	EMPLOYEE BENEFITS	4.00 33.43
33.44	NON-ALLOWABLE MEALS	A	-31,664	ADMINISTRATIVE & GENERAL	5.00 33.44
33.45	NON-ALLOWABLE MEALS	A	-13,801	NURSING ADMINISTRATION	13.00 33.45
33.46	NON-ALLOWABLE MEALS	A	-16	LABORATORY	60.00 33.46
33.47	NON-ALLOWABLE MEALS	A	-678	FAMILY PRACTICES	91.01 33.47
33.48	NON-ALLOWABLE TRAVEL	A	-34,097	ADMINISTRATIVE & GENERAL	5.00 33.48
33.49	NON-ALLOWABLE TRAVEL	A	-791	NURSING ADMINISTRATION	13.00 33.49
33.50	NON-ALLOWABLE TRAVEL	A	-4,337	LABORATORY	60.00 33.50
33.51	NON-ALLOWABLE TRAVEL	A	-10,161	FAMILY PRACTICES	91.01 33.51
33.52	DUES & SUBSCRIPTIONS	A	-670	ADMINISTRATIVE & GENERAL	5.00 33.52
33.53	DUES & SUBSCRIPTIONS	A	-1,215	DELIVERY ROOM & LABOR ROOM	52.00 33.53
33.54	DUES & SUBSCRIPTIONS	A	-2,470	LABORATORY	60.00 33.54
33.55	DUES & SUBSCRIPTIONS	A	-1,675	FAMILY PRACTICES	91.01 33.55
33.56	LOBBYING DUES	A	-93,172	ADMINISTRATIVE & GENERAL	5.00 33.56
33.57	PURCHASED SERVICES	A	5,475	EMPLOYEE BENEFITS	4.00 33.57
33.58	PURCHASED SERVICES	A	-61,654	ADMINISTRATIVE & GENERAL	5.00 33.58
33.59	DONATIONS & CONTRIBUTIONS	A	-24,051	ADMINISTRATIVE & GENERAL	5.00 33.59
33.60	DONATIONS & CONTRIBUTIONS	A	-100	SUBPROVIDER - IPF	40.00 33.60
33.61	DONATIONS & CONTRIBUTIONS	A	-750	FAMILY PRACTICES	91.01 33.61
33.62	PATIENT TRANSPORTATION	A	-9	EMPLOYEE BENEFITS	4.00 33.62
33.63	PATIENT TRANSPORTATION	A	-7,715	ADMINISTRATIVE & GENERAL	5.00 33.63
33.64	PATIENT TRANSPORTATION	A	-813	NURSING ADMINISTRATION	13.00 33.64
33.65	PATIENT TRANSPORTATION	A	-22	PHARMACY	15.00 33.65
33.66	PATIENT TRANSPORTATION	A	-723	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00 33.66
33.67	PATIENT TRANSPORTATION	A	-4,475	ADULTS & PEDIATRICS	30.00 33.67
33.68	PATIENT TRANSPORTATION	A	-48	INTENSIVE CARE UNIT	31.00 33.68
33.69	PATIENT TRANSPORTATION	A	-474	SUBPROVIDER - IPF	40.00 33.69
33.70	PATIENT TRANSPORTATION	A	-45	SKILLED NURSING FACILITY	44.00 33.70
33.71	PATIENT TRANSPORTATION	A	-131	DELIVERY ROOM & LABOR ROOM	52.00 33.71
33.72	PATIENT TRANSPORTATION	A	-62	RADIOLOGY-DIAGNOSTIC	54.00 33.72
33.73	PATIENT TRANSPORTATION	A	-9	MAMMOGRAPHY	56.02 33.73
33.74	PATIENT TRANSPORTATION	A	-6	MAGNETIC RESONANCE IMAGING (MRI)	58.00 33.74
33.75	PATIENT TRANSPORTATION	A	-9	GASTRO INTESTINAL	59.01 33.75
33.76	PATIENT TRANSPORTATION	A	-10,470	EMERGENCY	91.00 33.76
33.77	PATIENT TRANSPORTATION	A	-5	PSYCH DAY HOSPITAL	91.02 33.77
33.78	ALCOHOL & LIQUOR	A	-3,159	ADMINISTRATIVE & GENERAL	5.00 33.78
33.79	ALCOHOL & LIQUOR	A	-571	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00 33.79
33.80	ALCOHOL & LIQUOR	A	-12	HOME HEALTH AGENCY	101.00 33.80
33.81	EQUITY METHOD INVEST INCOME	A	55,284	ADMINISTRATIVE & GENERAL	5.00 33.81
33.82	NON-PATIENT BAD DEBT EXPENSE	A	-69	ADMINISTRATIVE & GENERAL	5.00 33.82
33.83	NON-PATIENT BAD DEBT EXPENSE	A	-7,306	MAINTENANCE & REPAIRS	6.00 33.83
33.84	PENALTIES & FINES	A	-8,129	ADMINISTRATIVE & GENERAL	5.00 33.84
33.85	PENALTIES & FINES	A	-100	LAUNDRY & LINEN SERVICE	8.00 33.85
33.86	PENALTIES & FINES	A	-14,021	CENTRAL SERVICES & SUPPLY	14.00 33.86

Provider CCN: 140054

Period:
From 10/01/2010
To 09/30/2011

Worksheet A-8

Date/Time Prepared:
3/20/2012 3:09 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on worksheet A To/From which the Amount is to be Adjusted	
			Cost Center	Line #
	1.00	2.00	3.00	4.00
33.87 OFFICE OF PRESIDENT PHYSICIAN	A	-1,835	ADMINISTRATIVE & GENERAL	5.00 33.87
33.88 PHYSICIAN CONTINUING EDUCATION	A	-18,243	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00 33.88
33.89 PHYSICIAN RELOCATION EXPENSE	A	-287,595	ADMINISTRATIVE & GENERAL	5.00 33.89
33.90 PHYSICIAN DUES & SUBSCRIPTION	A	-13,436	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00 33.90
33.91 PHYSICIAN DUES & SUBSCRIPTION	A	-3,925	FAMILY PRACTICES	91.01 33.91
33.92 EMPLOYEE BENEFITS	A	-23,670	EMPLOYEE BENEFITS	4.00 33.92
33.93 FLOWERS (EST. FROM PY \$)	A	-3,000	ADMINISTRATIVE & GENERAL	5.00 33.93
33.94 PROVIDER BASED PHYSICIANS EXPENSE	A	-7,904	ADMINISTRATIVE & GENERAL	5.00 33.94
33.95 PROVIDER BASED PHYSICIANS EXPENSE	A	-1,454	SUBPROVIDER - IPF	40.00 33.95
33.96 PROVIDER BASED PHYSICIANS EXPENSE	A	2,470	FAMILY PRACTICES	91.01 33.96
33.97 PROPERTY TAXES TO STATEMENTS	A	-265,069	CAP REL COSTS-BLDG & FIXT	1.00 33.97
33.98 LEGAL	A	-33,534	ADMINISTRATIVE & GENERAL	5.00 33.98
33.99 LEGAL	A	-14,318	MAINTENANCE & REPAIRS	6.00 33.99
34.00 MEDICAL STAFF RELATIONS	A	-99,098	ADMINISTRATIVE & GENERAL	5.00 34.00
34.01 IDPA TAX ASSESSMENT	A	-9,271,297	ADMINISTRATIVE & GENERAL	5.00 34.01
34.02		0		0.00 34.02
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200.)		-31,541,294		50.00

Cost Center Description	Wkst. A-7 Ref.		
	5.00		
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	0		1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)	0		2.00
3.00 Investment income - other (chapter 2)	0		3.00
4.00 Trade, quantity, and time discounts (chapter 8)	0		4.00
5.00 Refunds and rebates of expenses (chapter 8)	0		5.00
6.00 Rental of provider space by suppliers (chapter 8)	0		6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	0		7.00
8.00 Television and radio service (chapter 21)	0		8.00
9.00 Parking lot (chapter 21)	0		9.00
10.00 Provider-based physician adjustment	0		10.00
11.00 Sale of scrap, waste, etc. (chapter 23)	0		11.00
12.00 Related organization transactions (chapter 10)	0		12.00
13.00 Laundry and linen service	0		13.00
14.00 Cafeteria-employees and guests	0		14.00
15.00 Rental of quarters to employee and others	0		15.00
16.00 Sale of medical and surgical supplies to other than patients	0		16.00
17.00 Sale of drugs to other than patients	0		17.00
18.00 Sale of medical records and abstracts	0		18.00
19.00 Nursing school (tuition, fees, books, etc.)	0		19.00
20.00 Vending machines	0		20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)	0		21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments	0		22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)			23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)			24.00
25.00 Utilization review - physicians' compensation (chapter 21)			25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT	9		26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP	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 PATIENT PHONES-DIRECT	0		33.00
33.01 PATIENT PHONES-BENEFITS	0		33.01
33.02 PATIENT PHONES-DEPREC.	9		33.02
33.03 TELEVISION AND RADIO SERVICE	9		33.03
33.04 SALE OF ABSTRACTS	0		33.04
33.05 OTHER OPERATING REVENUE	0		33.05
33.06 RENT INCOME	0		33.06
33.07 PARKING REVENUE	0		33.07
33.08 CONSULTATION	0		33.08
33.09 MANAGEMENT/OPERATING FEES	0		33.09
33.10 OTHER OPERATING REVENUE	0		33.10
33.11 RENT INCOME	0		33.11
33.12 OTHER OPERATING REVENUE	0		33.12
33.13 OTHER OPERATING REVENUE	0		33.13
33.14 CONSULTATION	0		33.14
33.15 FIRST PHOTO BABY PICTURES	0		33.15
33.16 OTHER OPERATING REVENUE	0		33.16
33.17 OTHER OPERATING REVENUE	0		33.17
33.18 OTHER OPERATING REVENUE	0		33.18
33.19 OTHER OPERATING REVENUE	0		33.19
33.20 OTHER OPERATING REVENUE	0		33.20
33.21 OTHER OPERATING REVENUE	0		33.21
33.22 INTEREST INCOME	0		33.22
33.23 ADVERTISING	0		33.23
33.24 ADVERTISING	0		33.24
33.25 ADVERTISING	0		33.25
33.26 ADVERTISING	0		33.26
33.27 ADVERTISING	0		33.27

Cost Center Description	Wkst. A-7 Ref.		
	5.00		
33.28 OTHER OPERATING EXPENSES		0	33.28
33.29 OTHER OPERATING EXPENSES		0	33.29
33.30 OTHER OPERATING EXPENSES		0	33.30
33.31 OTHER OPERATING EXPENSES		0	33.31
33.32 OTHER OPERATING EXPENSES		0	33.32
33.33 OTHER OPERATING EXPENSES		0	33.33
33.34 OTHER OPERATING EXPENSES		0	33.34
33.35 OTHER OPERATING EXPENSES		0	33.35
33.36 OTHER OPERATING EXPENSES		0	33.36
33.37 OTHER OPERATING EXPENSES		0	33.37
33.38 OTHER OPERATING EXPENSES		0	33.38
33.39 OTHER OPERATING EXPENSES		0	33.39
33.40 OTHER OPERATING EXPENSES		0	33.40
33.41 OTHER OPERATING EXPENSES		0	33.41
33.42 PHYSICIAN RECRUITMENT		0	33.42
33.43 PHYSICIAN RECRUITMENT		0	33.43
33.44 NON-ALLOWABLE MEALS		0	33.44
33.45 NON-ALLOWABLE MEALS		0	33.45
33.46 NON-ALLOWABLE MEALS		0	33.46
33.47 NON-ALLOWABLE MEALS		0	33.47
33.48 NON-ALLOWABLE TRAVEL		0	33.48
33.49 NON-ALLOWABLE TRAVEL		0	33.49
33.50 NON-ALLOWABLE TRAVEL		0	33.50
33.51 NON-ALLOWABLE TRAVEL		0	33.51
33.52 DUES & SUBSCRIPTIONS		0	33.52
33.53 DUES & SUBSCRIPTIONS		0	33.53
33.54 DUES & SUBSCRIPTIONS		0	33.54
33.55 DUES & SUBSCRIPTIONS		0	33.55
33.56 LOBBYING DUES		0	33.56
33.57 PURCHASED SERVICES		0	33.57
33.58 PURCHASED SERVICES		0	33.58
33.59 DONATIONS & CONTRIBUTIONS		0	33.59
33.60 DONATIONS & CONTRIBUTIONS		0	33.60
33.61 DONATIONS & CONTRIBUTIONS		0	33.61
33.62 PATIENT TRANSPORTATION		0	33.62
33.63 PATIENT TRANSPORTATION		0	33.63
33.64 PATIENT TRANSPORTATION		0	33.64
33.65 PATIENT TRANSPORTATION		0	33.65
33.66 PATIENT TRANSPORTATION		0	33.66
33.67 PATIENT TRANSPORTATION		0	33.67
33.68 PATIENT TRANSPORTATION		0	33.68
33.69 PATIENT TRANSPORTATION		0	33.69
33.70 PATIENT TRANSPORTATION		0	33.70
33.71 PATIENT TRANSPORTATION		0	33.71
33.72 PATIENT TRANSPORTATION		0	33.72
33.73 PATIENT TRANSPORTATION		0	33.73
33.74 PATIENT TRANSPORTATION		0	33.74
33.75 PATIENT TRANSPORTATION		0	33.75
33.76 PATIENT TRANSPORTATION		0	33.76
33.77 PATIENT TRANSPORTATION		0	33.77
33.78 ALCOHOL & LIQUOR		0	33.78
33.79 ALCOHOL & LIQUOR		0	33.79
33.80 ALCOHOL & LIQUOR		0	33.80
33.81 EQUITY METHOD INVEST INCOME		0	33.81
33.82 NON-PATIENT BAD DEBT EXPENSE		0	33.82
33.83 NON-PATIENT BAD DEBT EXPENSE		0	33.83
33.84 PENALTIES & FINES		0	33.84
33.85 PENALTIES & FINES		0	33.85
33.86 PENALTIES & FINES		0	33.86
33.87 OFFICE OF PRESIDENT PHYSICIAN		0	33.87
33.88 PHYSICIAN CONTINUING EDUCATION		0	33.88
33.89 PHYSICIAN RELOCATION EXPENSE		0	33.89
33.90 PHYSICIAN DUES & SUBSCRIPTION		0	33.90
33.91 PHYSICIAN DUES & SUBSCRIPTION		0	33.91
33.92 EMPLOYEE BENEFITS		0	33.92
33.93 FLOWERS (EST. FROM PY \$)		0	33.93
33.94 PROVIDER BASED PHYSICIANS EXPENSE		0	33.94
33.95 PROVIDER BASED PHYSICIANS EXPENSE		0	33.95
33.96 PROVIDER BASED PHYSICIANS EXPENSE		0	33.96
33.97 PROPERTY TAXES TO STATEMENTS		13	33.97
33.98 LEGAL		0	33.98
33.99 LEGAL		0	33.99
34.00 MEDICAL STAFF RELATIONS		0	34.00
34.01 IDPA TAX ASSESSMENT		0	34.01
34.02		0	34.02

Provider CCN: 140054

Period:
From 10/01/2010
To 09/30/2011

Worksheet A-8

Date/Time Prepared:
3/20/2012 3:09 pm

Cost Center Description		Wkst. A-7 Ref.	
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200.)	5.00	50.00

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

Provider CCN: 140054

Period:
From 10/01/2010
To 09/30/2011

Worksheet A-8-1

Date/Time Prepared:
3/20/2012 3:09 pm

	Line No.	Cost Center		Expense Items	
		1.00	2.00	3.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	5.00	ADMINISTRATIVE & GENERAL		AUTO INSURANCE	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL		PROPERTY INSURANCE	2.00
3.00	5.00	ADMINISTRATIVE & GENERAL		MALPRACTICE INSURANCE	3.00
4.00	101.00	HOME HEALTH AGENCY		MALPRACTICE INSURANCE	4.00
4.01	4.00	EMPLOYEE BENEFITS		WORKERS COMP	4.01
4.02	5.00	ADMINISTRATIVE & GENERAL		WORKERS COMP	4.02
4.03	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD		WORKERS COMP	4.03
4.04	5.00	ADMINISTRATIVE & GENERAL		ITS OPERATIONS	4.04
4.05	5.00	ADMINISTRATIVE & GENERAL		INTEREST EXPENSE	4.05
4.06	5.00	ADMINISTRATIVE & GENERAL		MGT FEES-ADMIN	4.06
4.07	5.00	ADMINISTRATIVE & GENERAL		CORPORATE OVERHEAD	4.07
4.08	1.00	CAP REL COSTS-BLDG & FIXT		DIRECT ALLOC.-INSURANCE	4.08
4.09	2.00	CAP REL COSTS-MVBLE EQUIP		DIRECT ALLOC.-INSURANCE	4.09
4.10	5.00	ADMINISTRATIVE & GENERAL		DIRECT ALLOC.-PROF. LIABILITY	4.10
4.11	4.00	EMPLOYEE BENEFITS		DIRECT ALLOC.-WORKERS COMP	4.11
4.12	1.00	CAP REL COSTS-BLDG & FIXT		DIRECT ALLOC.-INTEREST EXP.	4.12
4.13	5.00	ADMINISTRATIVE & GENERAL		DIRECT ALLOC.-INTEREST EXP.	4.13
4.14	5.00	ADMINISTRATIVE & GENERAL		FUNCT. ALLOC.-CENTRAL REG.	4.14
4.15	5.00	ADMINISTRATIVE & GENERAL		POOLED ALLOC.-MGMT FEES	4.15
4.16	5.00	ADMINISTRATIVE & GENERAL		FINANCE DEPT.	4.16
4.17	4.00	EMPLOYEE BENEFITS		FINANCE DEPT.	4.17
4.18	60.00	LABORATORY		GENESIS CLINICAL LAB	4.18
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to worksheet A-8, column 2, line 12.				5.00

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

	Symbol (1)	Name	Percentage of Ownership
	1.00	2.00	3.00
B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:			

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

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

6.00	B		0.00	6.00
7.00			0.00	7.00
8.00			0.00	8.00
9.00			0.00	9.00
10.00			0.00	10.00
100.00	G. Other (financial or non-financial) specify:			100.00

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

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

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

Provider CCN: 140054

Period:
From 10/01/2010
To 09/30/2011

Worksheet A-8-1

Date/Time Prepared:
3/20/2012 3:09 pm

	Amount of Allowable Cost	Amount Included in wks. A, column 5	Net Adjustments (col. 4 minus col. 5)*	wkst. A-7 Ref.	
	4.00	5.00	6.00	7.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	0	42,133	-42,133	0	1.00
2.00	0	69,700	-69,700	0	2.00
3.00	0	1,598,363	-1,598,363	0	3.00
4.00	0	84,149	-84,149	0	4.00
4.01	0	1,386,038	-1,386,038	0	4.01
4.02	0	624	-624	0	4.02
4.03	0	1,098	-1,098	0	4.03
4.04	0	242,909	-242,909	0	4.04
4.05	0	11,069,174	-11,069,174	0	4.05
4.06	0	5,192,922	-5,192,922	0	4.06
4.07	0	3,531,279	-3,531,279	0	4.07
4.08	31,948	0	31,948	12	4.08
4.09	54,852	0	54,852	12	4.09
4.10	7,867,524	0	7,867,524	0	4.10
4.11	729,306	0	729,306	0	4.11
4.12	341,383	0	341,383	11	4.12
4.13	234,031	0	234,031	0	4.13
4.14	277,255	0	277,255	0	4.14
4.15	3,052,476	0	3,052,476	0	4.15
4.16	480,251	1,137,526	-657,275	0	4.16
4.17	1,239,940	1,571,091	-331,151	0	4.17
4.18	2,253,634	2,253,634	0	0	4.18
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to worksheet A-8, column 2, line 12.	16,562,600	28,180,640	-11,618,040	5.00

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

Related Organization(s) and/or Home Office

Name	Percentage of Ownership	Type of Business
4.00	5.00	6.00

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

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

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

6.00	VANGUARD HLTH S	100.00	6.00
7.00		0.00	7.00
8.00		0.00	8.00
9.00		0.00	9.00
10.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:		100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140054

Period:
From 10/01/2010
To 09/30/2011

Worksheet A-8-2

Date/Time Prepared:
3/20/2012 3:09 pm

	wkst. A Line #	Cost Center/Physician Identifier	Total		
			Remuneration	Professional Component	
	1.00	2.00	3.00	4.00	
1.00	4.00	EMPLOYEE BENEFITS	46	46	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	165,312	165,312	2.00
3.00	13.00	NURSING ADMINISTRATION	222,072	216,438	3.00
4.00	15.00	PHARMACY	5,000	5,000	4.00
5.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	57,000	18,600	5.00
6.00	30.00	ADULTS & PEDIATRICS	88,400	72,500	6.00
7.00	31.00	INTENSIVE CARE UNIT	168,604	0	7.00
8.00	40.00	SUBPROVIDER - IPF	49,260	0	8.00
9.00	43.00	NURSERY	591,663	591,663	9.00
10.00	44.00	SKILLED NURSING FACILITY	10,389	10,389	10.00
11.00	50.00	OPERATING ROOM	427,616	427,616	11.00
12.00	52.00	DELIVERY ROOM & LABOR ROOM	1,496,242	1,496,242	12.00
13.00	53.00	ANESTHESIOLOGY	288,000	270,000	13.00
14.00	69.00	ELECTROCARDIOLOGY	738,718	738,718	14.00
15.00	91.00	EMERGENCY	288,000	288,000	15.00
16.00	91.01	FAMILY PRACTICES	1,123,672	1,123,672	16.00
17.00	91.02	PSYCH DAY HOSPITAL	12,160	0	17.00
200.00		TOTAL (lines 1.00 through 199.00)	5,732,154	5,424,196	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140054

Period:
From 10/01/2010
To 09/30/2011

Worksheet A-8-2

Date/Time Prepared:
3/20/2012 3:09 pm

	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	0	0	0	0	0	1.00
2.00	0	0	0	0	0	2.00
3.00	5,634	177,200	42	3,578	179	3.00
4.00	0	0	0	0	0	4.00
5.00	38,400	177,200	483	41,148	2,057	5.00
6.00	15,900	177,200	128	10,905	545	6.00
7.00	168,604	177,200	1,492	127,107	6,355	7.00
8.00	49,260	154,100	343	25,412	1,271	8.00
9.00	0	0	0	0	0	9.00
10.00	0	0	0	0	0	10.00
11.00	0	0	0	0	0	11.00
12.00	0	0	0	0	0	12.00
13.00	18,000	200,300	110	10,593	530	13.00
14.00	0	0	0	0	0	14.00
15.00	0	0	0	0	0	15.00
16.00	0	0	0	0	0	16.00
17.00	12,160	154,100	78	5,779	289	17.00
200.00	307,958		2,676	224,522	11,226	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140054

Period:
From 10/01/2010
To 09/30/2011

Worksheet A-8-2

Date/Time Prepared:
3/20/2012 3:09 pm

	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	Provider Component Share of col. 14	Adjusted RCE Limit	
	12.00	13.00	14.00	15.00	16.00	
1.00	0	0	0	0	0	1.00
2.00	0	0	0	0	0	2.00
3.00	0	0	0	0	3,578	3.00
4.00	0	0	0	0	0	4.00
5.00	0	0	0	0	41,148	5.00
6.00	0	0	0	0	10,905	6.00
7.00	0	0	0	0	127,107	7.00
8.00	0	0	0	0	25,412	8.00
9.00	0	0	0	0	0	9.00
10.00	0	0	0	0	0	10.00
11.00	0	0	0	0	0	11.00
12.00	0	0	0	0	0	12.00
13.00	0	0	0	0	10,593	13.00
14.00	0	0	0	0	0	14.00
15.00	0	0	0	0	0	15.00
16.00	0	0	0	0	0	16.00
17.00	0	0	0	0	5,779	17.00
200.00	0	0	0	0	224,522	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140054

Period:
From 10/01/2010
To 09/30/2011

Worksheet A-8-2

Date/Time Prepared:
3/20/2012 3:09 pm

	RCE Disallowance	Adjustment	
	17.00	18.00	
1.00	0	46	1.00
2.00	0	165,312	2.00
3.00	2,056	218,494	3.00
4.00	0	5,000	4.00
5.00	0	18,600	5.00
6.00	4,995	77,495	6.00
7.00	41,497	41,497	7.00
8.00	23,848	23,848	8.00
9.00	0	591,663	9.00
10.00	0	10,389	10.00
11.00	0	427,616	11.00
12.00	0	1,496,242	12.00
13.00	7,407	277,407	13.00
14.00	0	738,718	14.00
15.00	0	288,000	15.00
16.00	0	1,123,672	16.00
17.00	6,381	6,381	17.00
200.00	86,184	5,510,380	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140054

Period:
From 10/01/2010
To 09/30/2011

Worksheet B
Part I
Date/Time Prepared:
3/20/2012 3:09 pm

Cost Center Description	Net Expenses for Cost Allocation (from wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
		0	2.00			
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	6,563,468	6,563,468			1.00
2.00	CAP REL COSTS-MVBLE EQUIP	10,491,995		10,491,995		2.00
4.00	EMPLOYEE BENEFITS	18,685,742	0	0	18,685,742	4.00
5.00	ADMINISTRATIVE & GENERAL	41,569,727	675,898	1,088,055	3,395,678	5.00
6.00	MAINTENANCE & REPAIRS	1,657,044	2,670,786	4,299,404	28,794	6.00
7.00	OPERATION OF PLANT	0	0	0	0	7.00
8.00	LAUNDRY & LINEN SERVICE	1,055,944	4,230	6,810	97,931	8.00
9.00	HOUSEKEEPING	2,719,729	55,299	89,020	368,395	9.00
10.00	DIETARY	2,748,336	160,548	258,449	411,836	10.00
11.00	CAFETERIA	0	60,668	97,662	0	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	NURSING ADMINISTRATION	2,129,400	12,407	19,973	342,067	13.00
14.00	CENTRAL SERVICES & SUPPLY	1,709,595	34,578	55,664	61,349	14.00
15.00	PHARMACY	6,269,727	42,764	68,841	380,783	15.00
16.00	MEDICAL RECORDS & LIBRARY	2,013,015	44,553	71,722	306,590	16.00
17.00	SOCIAL SERVICE	0	0	0	0	17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	18.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	4,884,682	0	0	873,953	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,062,590	51,849	83,466	0	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	20,714,020	703,373	1,132,284	3,449,576	30.00
31.00	INTENSIVE CARE UNIT	4,450,720	69,468	111,829	719,792	31.00
32.00	CORONARY CARE UNIT	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	SUBPROVIDER - IPF	2,445,904	110,516	177,908	422,491	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	42.00
43.00	NURSERY	1,294,942	31,302	50,390	219,006	43.00
44.00	SKILLED NURSING FACILITY	3,094,879	108,470	174,613	513,350	44.00
45.00	NURSING FACILITY	0	0	0	0	45.00
46.00	OTHER LONG TERM CARE	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	9,298,784	262,089	421,909	799,042	50.00
51.00	RECOVERY ROOM	803,460	24,337	39,177	139,590	51.00
52.00	DELIVERY ROOM & LABOR ROOM	2,058,696	68,697	110,589	317,708	52.00
53.00	ANESTHESIOLOGY	688,989	1,652	2,659	64,519	53.00
54.00	RADIOLOGY-DIAGNOSTIC	3,729,767	188,115	302,826	448,045	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	RADIOISOTOPE	938,434	17,922	28,851	51,562	56.00
56.01	ULTRA SOUND	887,829	0	0	143,998	56.01
56.02	MAMMOGRAPHY	1,008,934	41,415	66,669	150,414	56.02
57.00	CT SCAN	1,040,850	16,977	27,330	133,710	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	1,216,740	0	0	133,703	58.00
59.00	CARDIAC CATHETERIZATION	2,270,457	34,606	55,708	137,324	59.00
59.01	GASTRO INTESTINAL	2,194,302	63,981	102,995	299,130	59.01
60.00	LABORATORY	6,793,013	169,963	273,605	762,028	60.00
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	1,149,906	9,828	15,822	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	1,507,001	19,418	31,259	225,906	65.00
66.00	PHYSICAL THERAPY	2,603,101	73,928	119,009	438,481	66.00
66.01	TCU REHAB	845,785	24,594	39,591	127,250	66.01
67.00	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	99,945	12,077	19,441	17,308	68.00
69.00	ELECTROCARDIOLOGY	809,867	19,510	31,407	119,726	69.00
69.01	CARDIAC HEHAB	343,809	67,321	108,373	57,242	69.01
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	5,405,431	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	9,923,676	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	2,705,006	0	0	0	73.00
74.00	RENAL DIALYSIS	460,212	2,707	4,358	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	75.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140054

Period:
From 10/01/2010
To 09/30/2011

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
91.00 EMERGENCY	6,688,321	119,941	193,079	946,195	7,947,536	91.00
91.01 FAMILY PRACTICES	2,406,399	118,417	190,627	334,005	3,049,448	91.01
91.02 PSYCH DAY HOSPITAL	278,511	121,345	195,340	48,242	643,438	91.02
91.03 WOUND CARE	131,155	0	0	29,308	160,463	91.03
92.00 OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	5,299,789	27,062	43,565	762,907	6,133,323	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	209,149,628	6,342,611	10,210,279	18,278,934	208,240,247	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	18,948	8,993	14,477	0	42,418	190.00
191.00 RESEARCH	33,027	0	0	5,602	38,629	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	152,839	246,040	0	398,879	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 MARKETING	775,866	13,169	21,199	33,293	843,527	194.00
194.01 MACNEAL SCHOOL	2,122,402	0	0	329,756	2,452,158	194.01
194.02 COMMUNITY RELATIONS	259,318	0	0	38,157	297,475	194.02
194.03 VACANT SPACE	0	45,856	0	0	45,856	194.03
194.04 HOME DELIVERED MEALS	0	0	0	0	0	194.04
194.05 CATERED MEALS	0	0	0	0	0	194.05
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 TOTAL (sum lines 118-201)	212,359,189	6,563,468	10,491,995	18,685,742	212,359,189	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140054

Period:
From 10/01/2010
To 09/30/2011

Worksheet B
Part I
Date/Time Prepared:
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Cost Center	Description	ADMINISTRATIVE	MAINTENANCE &	OPERATION OF	LAUNDRY &	HOUSEKEEPING	
		& GENERAL	REPAIRS	PLANT	LINEN SERVICE		
		5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.00	ADMINISTRATIVE & GENERAL	46,729,358					5.00
6.00	MAINTENANCE & REPAIRS	2,442,134	11,098,162				6.00
7.00	OPERATION OF PLANT	0	0	0			7.00
8.00	LAUNDRY & LINEN SERVICE	328,659	14,596	0	1,508,170		8.00
9.00	HOUSEKEEPING	911,972	190,787	0	0	4,335,202	9.00
10.00	DIETARY	1,009,795	553,903	0	0	220,447	10.00
11.00	CAFETERIA	44,670	209,308	0	0	83,302	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	NURSING ADMINISTRATION	706,413	42,805	0	0	17,036	13.00
14.00	CENTRAL SERVICES & SUPPLY	525,098	119,297	0	66,801	47,479	14.00
15.00	PHARMACY	1,907,802	147,539	0	0	58,719	15.00
16.00	MEDICAL RECORDS & LIBRARY	687,237	153,712	0	0	61,176	16.00
17.00	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
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	1,624,689	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	337,966	178,883	0	0	71,193	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	7,335,242	2,426,693	0	474,272	965,796	30.00
31.00	INTENSIVE CARE UNIT	1,509,911	239,671	0	59,814	95,386	31.00
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	SUBPROVIDER - IPF	890,637	381,289	0	40,081	151,749	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	450,180	107,994	0	21,317	42,981	43.00
44.00	SKILLED NURSING FACILITY	1,097,860	374,229	0	95,021	148,939	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
46.00	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	3,041,887	904,228	0	128,525	359,872	50.00
51.00	RECOVERY ROOM	283,983	83,964	0	27,780	33,417	51.00
52.00	DELIVERY ROOM & LABOR ROOM	721,039	237,012	0	55,495	94,328	52.00
53.00	ANESTHESIOLOGY	213,804	5,699	0	6,698	2,268	53.00
54.00	RADIOLOGY-DIAGNOSTIC	1,317,200	649,011	0	71,509	258,299	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	292,505	61,833	0	0	24,609	56.00
56.01	ULTRA SOUND	291,110	0	0	0	0	56.01
56.02	MAMMOGRAPHY	357,582	142,884	0	19,998	56,866	56.02
57.00	CT SCAN	343,880	58,572	0	0	23,311	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	381,002	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	704,790	119,392	0	11,057	47,517	59.00
59.01	GASTRO INTESTINAL	750,584	220,738	0	55,826	87,851	59.01
60.00	LABORATORY	2,256,656	586,387	0	0	233,375	60.00
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	331,661	33,909	0	0	13,495	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	503,204	66,994	0	0	26,663	65.00
66.00	PHYSICAL THERAPY	912,558	255,058	0	31,786	101,510	66.00
66.01	TCU REHAB	292,632	84,851	0	0	33,770	66.01
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	41,973	41,665	0	0	16,582	68.00
69.00	ELECTROCARDIOLOGY	276,632	67,311	0	65,105	26,789	69.00
69.01	CARDIAC HEHAB	162,718	232,262	0	487	92,438	69.01
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,525,040	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	2,799,777	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	763,166	0	0	0	0	73.00
74.00	RENAL DIALYSIS	131,833	9,340	0	0	3,717	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
91.00	EMERGENCY	2,242,246	413,805	0	218,782	164,689	91.00
91.01	FAMILY PRACTICES	860,344	408,549	0	3,501	162,598	91.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140054

Period:
From 10/01/2010
To 09/30/2011

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Cost Center Description	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
	5.00	6.00	7.00	8.00	9.00	
91.02 PSYCH DAY HOSPITAL	181,534	418,649	0	0	166,617	91.02
91.03 WOUND CARE	45,272	0	0	0	0	91.03
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	1,730,401	93,367	0	0	37,159	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	45,567,278	10,336,186	0	1,453,855	4,031,943	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	11,967	31,027	0	0	12,349	190.00
191.00 RESEARCH	10,898	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	112,536	527,308	0	54,207	209,863	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 MARKETING	237,985	45,433	0	0	18,082	194.00
194.01 MACNEAL SCHOOL	691,830	0	0	108	0	194.01
194.02 COMMUNITY RELATIONS	83,927	0	0	0	0	194.02
194.03 VACANT SPACE	12,937	158,208	0	0	62,965	194.03
194.04 HOME DELIVERED MEALS	0	0	0	0	0	194.04
194.05 CATERED MEALS	0	0	0	0	0	194.05
200.00 Cross Foot Adjustments	0	0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	46,729,358	11,098,162	0	1,508,170	4,335,202	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140054

Period:
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Cost Center Description	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
	10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS						
1.00 CAP REL COSTS-BLDG & FIXT						1.00
2.00 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.00 ADMINISTRATIVE & GENERAL						5.00
6.00 MAINTENANCE & REPAIRS						6.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY	5,363,314					10.00
11.00 CAFETERIA	1,741,497	2,237,107				11.00
12.00 MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00 NURSING ADMINISTRATION	0	45,346	0	3,315,447		13.00
14.00 CENTRAL SERVICES & SUPPLY	0	21,962	0	0	2,641,823	14.00
15.00 PHARMACY	0	50,372	0	0	0	15.00
16.00 MEDICAL RECORDS & LIBRARY	0	70,570	0	0	0	16.00
17.00 SOCIAL SERVICE	0	0	0	0	0	17.00
18.00 OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
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	141,765	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
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	1,635,440	601,677	0	1,592,560	0	30.00
31.00 INTENSIVE CARE UNIT	143,910	88,606	0	297,069	0	31.00
32.00 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 SUBPROVIDER - IPF	210,852	68,806	0	162,412	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	28,694	0	120,135	0	43.00
44.00 SKILLED NURSING FACILITY	378,451	100,554	0	181,281	0	44.00
45.00 NURSING FACILITY	0	0	0	0	0	45.00
46.00 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	136,910	0	154,936	0	50.00
51.00 RECOVERY ROOM	0	18,529	0	61,550	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	40,510	0	140,925	0	52.00
53.00 ANESTHESIOLOGY	0	11,891	0	24,165	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	74,894	0	22,609	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	0	6,050	0	0	0	56.00
56.01 ULTRA SOUND	0	18,548	0	0	0	56.01
56.02 MAMMOGRAPHY	0	24,465	0	5,977	0	56.02
57.00 CT SCAN	0	20,046	0	995	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	22,796	0	7,122	0	58.00
59.00 CARDIAC CATHETERIZATION	0	15,058	0	40,924	0	59.00
59.01 GASTRO INTESTINAL	0	53,292	0	108,448	0	59.01
60.00 LABORATORY	0	88,852	0	1,640	0	60.00
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	0	38,462	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	74,515	0	0	0	66.00
66.01 TCU REHAB	0	0	0	0	0	66.01
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	2,067	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	19,838	0	13,744	0	69.00
69.01 CARDIAC HEHAB	0	9,577	0	14,933	0	69.01
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	2,641,823	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
91.00 EMERGENCY	0	162,589	0	337,669	0	91.00

Cost Center Description	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
	10.00	11.00	12.00	13.00	14.00	
91.01 FAMILY PRACTICES	0	0	0	6,995	0	91.01
91.02 PSYCH DAY HOSPITAL	0	8,648	0	7,440	0	91.02
91.03 WOUND CARE	0	4,191	0	4,718	0	91.03
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	0	85,002	0	5,560	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	4,110,150	2,155,082	0	3,313,807	2,641,823	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 RESEARCH	0	872	0	27	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 MARKETING	0	4,798	0	1,613	0	194.00
194.01 MACNEAL SCHOOL	211,135	71,291	0	0	0	194.01
194.02 COMMUNITY RELATIONS	0	5,064	0	0	0	194.02
194.03 VACANT SPACE	0	0	0	0	0	194.03
194.04 HOME DELIVERED MEALS	1,973	0	0	0	0	194.04
194.05 CATERED MEALS	1,040,056	0	0	0	0	194.05
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	5,363,314	2,237,107	0	3,315,447	2,641,823	202.00

Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	NONPHYSICIAN ANESTHETISTS	
	15.00	16.00	17.00	18.00	19.00	19.00
GENERAL SERVICE COST CENTERS						
1.00						1.00
2.00						2.00
4.00						4.00
5.00						5.00
6.00						6.00
7.00						7.00
8.00						8.00
9.00						9.00
10.00						10.00
11.00						11.00
12.00						12.00
13.00						13.00
14.00						14.00
15.00	8,926,547					15.00
16.00	0	3,408,575				16.00
17.00	0	0	0			17.00
18.00	0	0	0	0		18.00
19.00	0	0	0	0	0	19.00
20.00	0	0	0	0	0	20.00
21.00	0	0	0	0	0	21.00
22.00	0	0	0	0	0	22.00
23.00	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	0	381,493	0	0	0	30.00
31.00	0	52,853	0	0	0	31.00
32.00	0	0	0	0	0	32.00
33.00	0	0	0	0	0	33.00
34.00	0	0	0	0	0	34.00
40.00	0	57,217	0	0	0	40.00
41.00	0	0	0	0	0	41.00
42.00	0	0	0	0	0	42.00
43.00	0	32,745	0	0	0	43.00
44.00	0	35,142	0	0	0	44.00
45.00	0	0	0	0	0	45.00
46.00	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00	0	315,754	0	0	0	50.00
51.00	0	63,632	0	0	0	51.00
52.00	0	93,370	0	0	0	52.00
53.00	0	112,886	0	0	0	53.00
54.00	0	133,662	0	0	0	54.00
55.00	0	0	0	0	0	55.00
56.00	0	41,135	0	0	0	56.00
56.01	0	54,766	0	0	0	56.01
56.02	0	54,279	0	0	0	56.02
57.00	0	231,982	0	0	0	57.00
58.00	0	115,661	0	0	0	58.00
59.00	0	73,119	0	0	0	59.00
59.01	0	97,696	0	0	0	59.01
60.00	0	228,828	0	0	0	60.00
61.00	0	0	0	0	0	61.00
62.00	0	0	0	0	0	62.00
63.00	0	9,512	0	0	0	63.00
64.00	0	0	0	0	0	64.00
65.00	0	35,798	0	0	0	65.00
66.00	0	64,525	0	0	0	66.00
66.01	0	8,890	0	0	0	66.01
67.00	0	0	0	0	0	67.00
68.00	0	2,794	0	0	0	68.00
69.00	0	78,749	0	0	0	69.00
69.01	0	6,621	0	0	0	69.01
70.00	0	0	0	0	0	70.00
71.00	0	190,180	0	0	0	71.00
72.00	0	110,561	0	0	0	72.00
73.00	8,926,547	374,940	0	0	0	73.00
74.00	0	6,138	0	0	0	74.00
75.00	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00	0	0	0	0	0	88.00
89.00	0	0	0	0	0	89.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140054

Period:
From 10/01/2010
To 09/30/2011

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Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	NONPHYSICIAN ANESTHETISTS	
	15.00	16.00	17.00	18.00	19.00	
90.00 CLINIC	0	0	0	0	0	90.00
91.00 EMERGENCY	0	264,033	0	0	0	91.00
91.01 FAMILY PRACTICES	0	36,032	0	0	0	91.01
91.02 PSYCH DAY HOSPITAL	0	10,417	0	0	0	91.02
91.03 WOUND CARE	0	2,709	0	0	0	91.03
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	0	30,456	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	8,926,547	3,408,575	0	0	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 RESEARCH	0	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 MARKETING	0	0	0	0	0	194.00
194.01 MACNEAL SCHOOL	0	0	0	0	0	194.01
194.02 COMMUNITY RELATIONS	0	0	0	0	0	194.02
194.03 VACANT SPACE	0	0	0	0	0	194.03
194.04 HOME DELIVERED MEALS	0	0	0	0	0	194.04
194.05 CATERED MEALS	0	0	0	0	0	194.05
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)	8,926,547	3,408,575	0	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140054

Period:
From 10/01/2010
To 09/30/2011

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Cost Center Description	INTERNS & RESIDENTS				Subtotal	
	NURSING SCHOOL	SERVICES-SALAR	SERVICES-OTHER	PARAMED ED		
		Y & FRINGES	PRGM COSTS	PRGM		
	20.00	21.00	22.00	23.00	24.00	
GENERAL SERVICE COST CENTERS						
1.00						1.00
2.00						2.00
4.00						4.00
5.00						5.00
6.00						6.00
7.00						7.00
8.00						8.00
9.00						9.00
10.00						10.00
11.00						11.00
12.00						12.00
13.00						13.00
14.00						14.00
15.00						15.00
16.00						16.00
17.00						17.00
18.00						18.00
19.00						19.00
20.00	0					20.00
21.00	0	7,525,089				21.00
22.00	0	0	1,785,947			22.00
23.00	0	0	0	0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	0	2,306,545	547,418	0	44,266,389	30.00
31.00	0	0	0	0	7,839,029	31.00
32.00	0	0	0	0	0	32.00
33.00	0	0	0	0	0	33.00
34.00	0	0	0	0	0	34.00
40.00	0	118,907	28,220	0	5,266,989	40.00
41.00	0	0	0	0	0	41.00
42.00	0	0	0	0	0	42.00
43.00	0	0	0	0	2,399,686	43.00
44.00	0	0	0	0	6,302,789	44.00
45.00	0	0	0	0	0	45.00
46.00	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00	0	529,013	125,552	0	16,478,501	50.00
51.00	0	0	0	0	1,579,419	51.00
52.00	0	0	0	0	3,938,369	52.00
53.00	0	0	0	0	1,135,230	53.00
54.00	0	0	0	0	7,195,937	54.00
55.00	0	0	0	0	0	55.00
56.00	0	0	0	0	1,462,901	56.00
56.01	0	0	0	0	1,396,251	56.01
56.02	0	0	0	0	1,929,483	56.02
57.00	0	0	0	0	1,897,653	57.00
58.00	0	0	0	0	1,877,024	58.00
59.00	0	0	0	0	3,509,952	59.00
59.01	0	0	0	0	4,034,843	59.01
60.00	0	0	0	0	11,394,347	60.00
61.00	0	0	0	0	0	61.00
62.00	0	0	0	0	0	62.00
63.00	0	0	0	0	1,564,133	63.00
64.00	0	0	0	0	0	64.00
65.00	0	0	0	0	2,454,705	65.00
66.00	0	0	0	0	4,674,471	66.00
66.01	0	0	0	0	1,457,363	66.01
67.00	0	0	0	0	0	67.00
68.00	0	0	0	0	253,852	68.00
69.00	0	0	0	0	1,528,678	69.00
69.01	0	0	0	0	1,095,781	69.01
70.00	0	0	0	0	0	70.00
71.00	0	0	0	0	9,762,474	71.00
72.00	0	0	0	0	12,834,014	72.00
73.00	0	0	0	0	12,769,659	73.00
74.00	0	0	0	0	618,305	74.00
75.00	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00	0	0	0	0	0	88.00
89.00	0	0	0	0	0	89.00
90.00	0	0	0	0	0	90.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140054

Period:
From 10/01/2010
To 09/30/2011

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Cost Center Description	INTERNS & RESIDENTS				Subtotal	
	NURSING SCHOOL	SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS	PARAMED ED PRGM		
	20.00	21.00	22.00	23.00		
91.00 EMERGENCY	0	364,000	86,389	0	12,201,738	91.00
91.01 FAMILY PRACTICES	0	4,206,624	998,368	0	9,732,459	91.01
91.02 PSYCH DAY HOSPITAL	0	0	0	0	1,436,743	91.02
91.03 WOUND CARE	0	0	0	0	217,353	91.03
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	0	0	0	0	8,115,268	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	7,525,089	1,785,947	0	204,621,788	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	97,761	190.00
191.00 RESEARCH	0	0	0	0	50,426	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	1,302,793	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 MARKETING	0	0	0	0	1,151,438	194.00
194.01 MACNEAL SCHOOL	0	0	0	0	3,426,522	194.01
194.02 COMMUNITY RELATIONS	0	0	0	0	386,466	194.02
194.03 VACANT SPACE	0	0	0	0	279,966	194.03
194.04 HOME DELIVERED MEALS	0	0	0	0	1,973	194.04
194.05 CATERED MEALS	0	0	0	0	1,040,056	194.05
200.00 Cross Foot Adjustments	0	0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	0	7,525,089	1,785,947	0	212,359,189	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140054

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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT			1.00
2.00	CAP REL COSTS-MVBLE EQUIP			2.00
4.00	EMPLOYEE BENEFITS			4.00
5.00	ADMINISTRATIVE & GENERAL			5.00
6.00	MAINTENANCE & REPAIRS			6.00
7.00	OPERATION OF PLANT			7.00
8.00	LAUNDRY & LINEN SERVICE			8.00
9.00	HOUSEKEEPING			9.00
10.00	DIETARY			10.00
11.00	CAFETERIA			11.00
12.00	MAINTENANCE OF PERSONNEL			12.00
13.00	NURSING ADMINISTRATION			13.00
14.00	CENTRAL SERVICES & SUPPLY			14.00
15.00	PHARMACY			15.00
16.00	MEDICAL RECORDS & LIBRARY			16.00
17.00	SOCIAL SERVICE			17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)			18.00
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
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	-2,853,963	41,412,426	30.00
31.00	INTENSIVE CARE UNIT	0	7,839,029	31.00
32.00	CORONARY CARE UNIT	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	SUBPROVIDER - IPF	-147,127	5,119,862	40.00
41.00	SUBPROVIDER - IRF	0	0	41.00
42.00	SUBPROVIDER	0	0	42.00
43.00	NURSERY	0	2,399,686	43.00
44.00	SKILLED NURSING FACILITY	0	6,302,789	44.00
45.00	NURSING FACILITY	0	0	45.00
46.00	OTHER LONG TERM CARE	0	0	46.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	-654,565	15,823,936	50.00
51.00	RECOVERY ROOM	0	1,579,419	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	3,938,369	52.00
53.00	ANESTHESIOLOGY	0	1,135,230	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	7,195,937	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	RADIOISOTOPE	0	1,462,901	56.00
56.01	ULTRA SOUND	0	1,396,251	56.01
56.02	MAMMOGRAPHY	0	1,929,483	56.02
57.00	CT SCAN	0	1,897,653	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	1,877,024	58.00
59.00	CARDIAC CATHETERIZATION	0	3,509,952	59.00
59.01	GASTRO INTESTINAL	0	4,034,843	59.01
60.00	LABORATORY	0	11,394,347	60.00
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	1,564,133	63.00
64.00	INTRAVENOUS THERAPY	0	0	64.00
65.00	RESPIRATORY THERAPY	0	2,454,705	65.00
66.00	PHYSICAL THERAPY	0	4,674,471	66.00
66.01	TCU REHAB	0	1,457,363	66.01
67.00	OCCUPATIONAL THERAPY	0	0	67.00
68.00	SPEECH PATHOLOGY	0	253,852	68.00
69.00	ELECTROCARDIOLOGY	0	1,528,678	69.00
69.01	CARDIAC HEHAB	0	1,095,781	69.01
70.00	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	9,762,474	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	12,834,014	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	12,769,659	73.00
74.00	RENAL DIALYSIS	0	618,305	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	75.00
OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments 25.00	Total 26.00	
90.00	CLINIC	0	0	90.00
91.00	EMERGENCY	-450,389	11,751,349	91.00
91.01	FAMILY PRACTICES	-5,204,992	4,527,467	91.01
91.02	PSYCH DAY HOSPITAL	0	1,436,743	91.02
91.03	WOUND CARE	0	217,353	91.03
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0		92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	98.00
99.00	CMHC	0	0	99.00
99.10	CORF	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	HOME HEALTH AGENCY	0	8,115,268	101.00
SPECIAL PURPOSE COST CENTERS				
105.00	KIDNEY ACQUISITION	0	0	105.00
106.00	HEART ACQUISITION	0	0	106.00
107.00	LIVER ACQUISITION	0	0	107.00
108.00	LUNG ACQUISITION	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	110.00
111.00	ISLET ACQUISITION	0	0	111.00
113.00	INTEREST EXPENSE	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	HOSPICE	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	-9,311,036	195,310,752	118.00
NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	97,761	190.00
191.00	RESEARCH	0	50,426	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	1,302,793	192.00
193.00	NONPAID WORKERS	0	0	193.00
194.00	MARKETING	0	1,151,438	194.00
194.01	MACNEAL SCHOOL	0	3,426,522	194.01
194.02	COMMUNITY RELATIONS	0	386,466	194.02
194.03	VACANT SPACE	0	279,966	194.03
194.04	HOME DELIVERED MEALS	0	1,973	194.04
194.05	CATERED MEALS	0	1,040,056	194.05
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)	-9,311,036	203,048,153	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140054

Period:
From 10/01/2010
To 09/30/2011

Worksheet B
Part II
Date/Time Prepared:
3/20/2012 3:09 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS
		BLDG & FIXT	MVBLE EQUIP		
		0	1.00		
GENERAL SERVICE COST CENTERS					
1.00	CAP REL COSTS-BLDG & FIXT				1.00
2.00	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	EMPLOYEE BENEFITS	0	0	0	4.00
5.00	ADMINISTRATIVE & GENERAL	0	675,898	1,088,055	5.00
6.00	MAINTENANCE & REPAIRS	0	2,670,786	4,299,404	6.00
7.00	OPERATION OF PLANT	0	0	0	7.00
8.00	LAUNDRY & LINEN SERVICE	0	4,230	6,810	8.00
9.00	HOUSEKEEPING	0	55,299	89,020	9.00
10.00	DIETARY	0	160,548	258,449	10.00
11.00	CAFETERIA	0	60,668	97,662	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0	12.00
13.00	NURSING ADMINISTRATION	0	12,407	19,973	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	34,578	55,664	14.00
15.00	PHARMACY	0	42,764	68,841	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	44,553	71,722	16.00
17.00	SOCIAL SERVICE	0	0	0	17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	18.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	51,849	83,466	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS	0	703,373	1,132,284	30.00
31.00	INTENSIVE CARE UNIT	0	69,468	111,829	31.00
32.00	CORONARY CARE UNIT	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	34.00
40.00	SUBPROVIDER - IPF	0	110,516	177,908	40.00
41.00	SUBPROVIDER - IRF	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	42.00
43.00	NURSERY	0	31,302	50,390	43.00
44.00	SKILLED NURSING FACILITY	0	108,470	174,613	44.00
45.00	NURSING FACILITY	0	0	0	45.00
46.00	OTHER LONG TERM CARE	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0	262,089	421,909	50.00
51.00	RECOVERY ROOM	0	24,337	39,177	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	68,697	110,589	52.00
53.00	ANESTHESIOLOGY	0	1,652	2,659	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	188,115	302,826	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	RADIOISOTOPE	0	17,922	28,851	56.00
56.01	ULTRA SOUND	0	0	0	56.01
56.02	MAMMOGRAPHY	0	41,415	66,669	56.02
57.00	CT SCAN	0	16,977	27,330	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	34,606	55,708	59.00
59.01	GASTRO INTESTINAL	0	63,981	102,995	59.01
60.00	LABORATORY	0	169,963	273,605	60.00
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	9,828	15,822	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0	19,418	31,259	65.00
66.00	PHYSICAL THERAPY	0	73,928	119,009	66.00
66.01	TCU REHAB	0	24,594	39,591	66.01
67.00	OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	12,077	19,441	68.00
69.00	ELECTROCARDIOLOGY	0	19,510	31,407	69.00
69.01	CARDIAC HEHAB	0	67,321	108,373	69.01
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	0	2,707	4,358	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC	0	0	0	88.00

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	90.00
91.00	EMERGENCY	0	119,941	193,079	313,020	91.00
91.01	FAMILY PRACTICES	0	118,417	190,627	309,044	91.01
91.02	PSYCH DAY HOSPITAL	0	121,345	195,340	316,685	91.02
91.03	WOUND CARE	0	0	0	0	91.03
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	98.00
99.00	CMHC	0	0	0	0	99.00
99.10	CORF	0	0	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	0	27,062	43,565	70,627	101.00
SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	0	0	0	0	105.00
106.00	HEART ACQUISITION	0	0	0	0	106.00
107.00	LIVER ACQUISITION	0	0	0	0	107.00
108.00	LUNG ACQUISITION	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	115.00
116.00	HOSPICE	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	6,342,611	10,210,279	16,552,890	118.00
NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	8,993	14,477	23,470	190.00
191.00	RESEARCH	0	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	152,839	246,040	398,879	192.00
193.00	NONPAID WORKERS	0	0	0	0	193.00
194.00	MARKETING	0	13,169	21,199	34,368	194.00
194.01	MACNEAL SCHOOL	0	0	0	0	194.01
194.02	COMMUNITY RELATIONS	0	0	0	0	194.02
194.03	VACANT SPACE	0	45,856	0	45,856	194.03
194.04	HOME DELIVERED MEALS	0	0	0	0	194.04
194.05	CATERED MEALS	0	0	0	0	194.05
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	6,563,468	10,491,995	17,055,463	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140054

Period:
From 10/01/2010
To 09/30/2011

Worksheet B
Part II
Date/Time Prepared:
3/20/2012 3:09 pm

Cost Center Description		ADMINISTRATIVE & GENERAL 5.00	MAINTENANCE & REPAIRS 6.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.00	ADMINISTRATIVE & GENERAL	1,763,953					5.00
6.00	MAINTENANCE & REPAIRS	92,187	7,062,377				6.00
7.00	OPERATION OF PLANT	0	0	0			7.00
8.00	LAUNDRY & LINEN SERVICE	12,406	9,288	0	32,734		8.00
9.00	HOUSEKEEPING	34,426	121,408	0	0	300,153	9.00
10.00	DIETARY	38,118	352,479	0	0	15,263	10.00
11.00	CAFETERIA	1,686	133,195	0	0	5,768	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	NURSING ADMINISTRATION	26,666	27,239	0	0	1,180	13.00
14.00	CENTRAL SERVICES & SUPPLY	19,822	75,915	0	1,450	3,287	14.00
15.00	PHARMACY	72,017	93,887	0	0	4,065	15.00
16.00	MEDICAL RECORDS & LIBRARY	25,942	97,816	0	0	4,236	16.00
17.00	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
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	61,329	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	12,758	113,833	0	0	4,929	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	276,888	1,544,241	0	10,292	66,868	30.00
31.00	INTENSIVE CARE UNIT	56,997	152,516	0	1,298	6,604	31.00
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	SUBPROVIDER - IPF	33,620	242,635	0	870	10,507	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	16,994	68,723	0	463	2,976	43.00
44.00	SKILLED NURSING FACILITY	41,442	238,143	0	2,062	10,312	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
46.00	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	114,826	575,410	0	2,790	24,916	50.00
51.00	RECOVERY ROOM	10,720	53,431	0	603	2,314	51.00
52.00	DELIVERY ROOM & LABOR ROOM	27,218	150,824	0	1,205	6,531	52.00
53.00	ANESTHESIOLOGY	8,071	3,627	0	145	157	53.00
54.00	RADIOLOGY-DIAGNOSTIC	49,722	413,002	0	1,552	17,884	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	11,042	39,348	0	0	1,704	56.00
56.01	ULTRA SOUND	10,989	0	0	0	0	56.01
56.02	MAMMOGRAPHY	13,498	90,925	0	434	3,937	56.02
57.00	CT SCAN	12,981	37,273	0	0	1,614	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	14,382	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	26,605	75,976	0	240	3,290	59.00
59.01	GASTRO INTESTINAL	28,333	140,468	0	1,212	6,082	59.01
60.00	LABORATORY	85,185	373,150	0	0	16,158	60.00
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	12,520	21,578	0	0	934	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	18,995	42,632	0	0	1,846	65.00
66.00	PHYSICAL THERAPY	34,448	162,308	0	690	7,028	66.00
66.01	TCU REHAB	11,046	53,995	0	0	2,338	66.01
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	1,584	26,514	0	0	1,148	68.00
69.00	ELECTROCARDIOLOGY	10,442	42,833	0	1,413	1,855	69.00
69.01	CARDIAC HEHAB	6,142	147,801	0	11	6,400	69.01
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	57,568	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	105,687	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	28,808	0	0	0	0	73.00
74.00	RENAL DIALYSIS	4,977	5,943	0	0	257	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
91.00	EMERGENCY	84,641	263,327	0	4,749	11,402	91.00
91.01	FAMILY PRACTICES	32,477	259,982	0	76	11,258	91.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140054

Period:
From 10/01/2010
To 09/30/2011

Worksheet B
Part II
Date/Time Prepared:
3/20/2012 3:09 pm

Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.00	6.00	7.00	8.00	9.00	
91.02	PSYCH DAY HOSPITAL	6,853	266,409	0	0	11,536	91.02
91.03	WOUND CARE	1,709	0	0	0	0	91.03
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	65,320	59,415	0	0	2,573	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,720,087	6,577,489	0	31,555	279,157	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	452	19,744	0	0	855	190.00
191.00	RESEARCH	411	0	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	4,248	335,555	0	1,177	14,530	192.00
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	MARKETING	8,984	28,912	0	0	1,252	194.00
194.01	MACNEAL SCHOOL	26,115	0	0	2	0	194.01
194.02	COMMUNITY RELATIONS	3,168	0	0	0	0	194.02
194.03	VACANT SPACE	488	100,677	0	0	4,359	194.03
194.04	HOME DELIVERED MEALS	0	0	0	0	0	194.04
194.05	CATERED MEALS	0	0	0	0	0	194.05
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	1,763,953	7,062,377	0	32,734	300,153	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140054

Period:
From 10/01/2010
To 09/30/2011

Worksheet 8
Part II
Date/Time Prepared:
3/20/2012 3:09 pm

Cost Center Description	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
	10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS						
1.00 CAP REL COSTS-BLDG & FIXT						1.00
2.00 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.00 ADMINISTRATIVE & GENERAL						5.00
6.00 MAINTENANCE & REPAIRS						6.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY	824,857					10.00
11.00 CAFETERIA	267,836	566,815				11.00
12.00 MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00 NURSING ADMINISTRATION	0	11,489	0	98,954		13.00
14.00 CENTRAL SERVICES & SUPPLY	0	5,564	0	0	196,280	14.00
15.00 PHARMACY	0	12,763	0	0	0	15.00
16.00 MEDICAL RECORDS & LIBRARY	0	17,880	0	0	0	16.00
17.00 SOCIAL SERVICE	0	0	0	0	0	17.00
18.00 OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
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	35,919	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
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	251,524	152,446	0	47,532	0	30.00
31.00 INTENSIVE CARE UNIT	22,133	22,450	0	8,866	0	31.00
32.00 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 SUBPROVIDER - IPF	32,428	17,433	0	4,847	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	7,270	0	3,586	0	43.00
44.00 SKILLED NURSING FACILITY	58,204	25,477	0	5,411	0	44.00
45.00 NURSING FACILITY	0	0	0	0	0	45.00
46.00 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	34,689	0	4,624	0	50.00
51.00 RECOVERY ROOM	0	4,695	0	1,837	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	10,264	0	4,206	0	52.00
53.00 ANESTHESIOLOGY	0	3,013	0	721	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	18,976	0	675	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	0	1,533	0	0	0	56.00
56.01 ULTRA SOUND	0	4,700	0	0	0	56.01
56.02 MAMMOGRAPHY	0	6,199	0	178	0	56.02
57.00 CT SCAN	0	5,079	0	30	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	5,776	0	213	0	58.00
59.00 CARDIAC CATHETERIZATION	0	3,815	0	1,221	0	59.00
59.01 GASTRO INTESTINAL	0	13,503	0	3,237	0	59.01
60.00 LABORATORY	0	22,512	0	49	0	60.00
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	0	9,745	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	18,880	0	0	0	66.00
66.01 TCU REHAB	0	0	0	0	0	66.01
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	524	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	5,026	0	410	0	69.00
69.01 CARDIAC HEHAB	0	2,427	0	446	0	69.01
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	196,280	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
91.00 EMERGENCY	0	41,195	0	10,078	0	91.00

Provider CCN: 140054

Period:
 From 10/01/2010
 To 09/30/2011

Worksheet B
 Part II
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Cost Center	Description	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
91.01	FAMILY PRACTICES	0	0	0	209	0	91.01
91.02	PSYCH DAY HOSPITAL	0	2,191	0	222	0	91.02
91.03	WOUND CARE	0	1,062	0	141	0	91.03
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	0	21,537	0	166	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	632,125	546,032	0	98,905	196,280	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	RESEARCH	0	221	0	1	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	MARKETING	0	1,216	0	48	0	194.00
194.01	MACNEAL SCHOOL	32,472	18,063	0	0	0	194.01
194.02	COMMUNITY RELATIONS	0	1,283	0	0	0	194.02
194.03	VACANT SPACE	0	0	0	0	0	194.03
194.04	HOME DELIVERED MEALS	303	0	0	0	0	194.04
194.05	CATERED MEALS	159,957	0	0	0	0	194.05
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)	824,857	566,815	0	98,954	196,280	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140054

Period:
From 10/01/2010
To 09/30/2011

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Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	NONPHYSICIAN ANESTHETISTS	
		15.00	16.00	17.00	18.00	19.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.00	ADMINISTRATIVE & GENERAL						5.00
6.00	MAINTENANCE & REPAIRS						6.00
7.00	OPERATION OF PLANT						7.00
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
10.00	DIETARY						10.00
11.00	CAFETERIA						11.00
12.00	MAINTENANCE OF PERSONNEL						12.00
13.00	NURSING ADMINISTRATION						13.00
14.00	CENTRAL SERVICES & SUPPLY						14.00
15.00	PHARMACY	294,337					15.00
16.00	MEDICAL RECORDS & LIBRARY	0	262,149				16.00
17.00	SOCIAL SERVICE	0	0	0			17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0		18.00
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
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	0	29,609	0	0	0	30.00
31.00	INTENSIVE CARE UNIT	0	4,060	0	0	0	31.00
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	SUBPROVIDER - IPF	0	4,395	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	2,515	0	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	2,700	0	0	0	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
46.00	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	24,256	0	0	0	50.00
51.00	RECOVERY ROOM	0	4,888	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	7,173	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	8,672	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	10,268	0	0	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	0	3,160	0	0	0	56.00
56.01	ULTRA SOUND	0	4,207	0	0	0	56.01
56.02	MAMMOGRAPHY	0	4,170	0	0	0	56.02
57.00	CT SCAN	0	17,821	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	8,885	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	5,617	0	0	0	59.00
59.01	GASTRO INTESTINAL	0	7,505	0	0	0	59.01
60.00	LABORATORY	0	17,578	0	0	0	60.00
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	731	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0	2,750	0	0	0	65.00
66.00	PHYSICAL THERAPY	0	4,957	0	0	0	66.00
66.01	TCU REHAB	0	683	0	0	0	66.01
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	215	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	6,049	0	0	0	69.00
69.01	CARDIAC HEHAB	0	509	0	0	0	69.01
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	14,609	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	8,493	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	294,337	28,803	0	0	0	73.00
74.00	RENAL DIALYSIS	0	472	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140054

Period:
From 10/01/2010
To 09/30/2011

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Part II
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Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	NONPHYSICIAN ANESTHETISTS	
	15.00	16.00	17.00	18.00	19.00	
90.00 CLINIC	0	0	0	0		90.00
91.00 EMERGENCY	0	20,283	0	0		91.00
91.01 FAMILY PRACTICES	0	2,768	0	0		91.01
91.02 PSYCH DAY HOSPITAL	0	800	0	0		91.02
91.03 WOUND CARE	0	208	0	0		91.03
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0		94.00
95.00 AMBULANCE SERVICES	0	0	0	0		95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0		96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0		97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0		98.00
99.00 CMHC	0	0	0	0		99.00
99.10 CORF	0	0	0	0		99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0		100.00
101.00 HOME HEALTH AGENCY	0	2,340	0	0		101.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	0	0	0	0		105.00
106.00 HEART ACQUISITION	0	0	0	0		106.00
107.00 LIVER ACQUISITION	0	0	0	0		107.00
108.00 LUNG ACQUISITION	0	0	0	0		108.00
109.00 PANCREAS ACQUISITION	0	0	0	0		109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0		110.00
111.00 ISLET ACQUISITION	0	0	0	0		111.00
113.00 INTEREST EXPENSE	0	0	0	0		113.00
114.00 UTILIZATION REVIEW-SNF	0	0	0	0		114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0		115.00
116.00 HOSPICE	0	0	0	0		116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	294,337	262,149	0	0	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		190.00
191.00 RESEARCH	0	0	0	0		191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0		192.00
193.00 NONPAID WORKERS	0	0	0	0		193.00
194.00 MARKETING	0	0	0	0		194.00
194.01 MACNEAL SCHOOL	0	0	0	0		194.01
194.02 COMMUNITY RELATIONS	0	0	0	0		194.02
194.03 VACANT SPACE	0	0	0	0		194.03
194.04 HOME DELIVERED MEALS	0	0	0	0		194.04
194.05 CATERED MEALS	0	0	0	0		194.05
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)	294,337	262,149	0	0	0	0 202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140054

Period:
From 10/01/2010
To 09/30/2011

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Cost Center Description	INTERNS & RESIDENTS				Subtotal
	NURSING SCHOOL	SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS	PARAMED ED PRGM	
	20.00	21.00	22.00	23.00	
GENERAL SERVICE COST CENTERS					
1.00					1.00
2.00					2.00
4.00					4.00
5.00					5.00
6.00					6.00
7.00					7.00
8.00					8.00
9.00					9.00
10.00					10.00
11.00					11.00
12.00					12.00
13.00					13.00
14.00					14.00
15.00					15.00
16.00					16.00
17.00					17.00
18.00					18.00
19.00					19.00
20.00	0				20.00
21.00		97,248			21.00
22.00			266,835		22.00
23.00				0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00					4,215,057 30.00
31.00					456,221 31.00
32.00					0 32.00
33.00					0 33.00
34.00					0 34.00
40.00					635,159 40.00
41.00					0 41.00
42.00					0 42.00
43.00					184,219 43.00
44.00					666,834 44.00
45.00					0 45.00
46.00					0 46.00
ANCILLARY SERVICE COST CENTERS					
50.00					1,465,509 50.00
51.00					142,002 51.00
52.00					386,707 52.00
53.00					28,717 53.00
54.00					1,003,020 54.00
55.00					0 55.00
56.00					103,560 56.00
56.01					19,896 56.01
56.02					227,425 56.02
57.00					119,105 57.00
58.00					29,256 58.00
59.00					207,078 59.00
59.01					367,316 59.01
60.00					958,200 60.00
61.00					0 61.00
62.00					0 62.00
63.00					61,413 63.00
64.00					0 64.00
65.00					126,645 65.00
66.00					421,248 66.00
66.01					132,247 66.01
67.00					0 67.00
68.00					61,503 68.00
69.00					118,945 69.00
69.01					339,430 69.01
70.00					0 70.00
71.00					268,457 71.00
72.00					114,180 72.00
73.00					351,948 73.00
74.00					18,714 74.00
75.00					0 75.00
OUTPATIENT SERVICE COST CENTERS					
88.00					0 88.00
89.00					0 89.00
90.00					0 90.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140054

Period:
From 10/01/2010
To 09/30/2011

Worksheet B
Part II
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Cost Center Description	INTERNS & RESIDENTS				Subtotal	
	NURSING SCHOOL	SERVICES-SALAR	SERVICES-OTHER	PARAMED ED		
		Y & FRINGES	PRGM COSTS	PRGM		
	20.00	21.00	22.00	23.00	24.00	
91.00 EMERGENCY					748,695	91.00
91.01 FAMILY PRACTICES					615,814	91.01
91.02 PSYCH DAY HOSPITAL					604,696	91.02
91.03 WOUND CARE					3,120	91.03
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS					0	94.00
95.00 AMBULANCE SERVICES					0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED					0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD					0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS					0	98.00
99.00 CMHC					0	99.00
99.10 CORF					0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM					0	100.00
101.00 HOME HEALTH AGENCY					221,978	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION					0	105.00
106.00 HEART ACQUISITION					0	106.00
107.00 LIVER ACQUISITION					0	107.00
108.00 LUNG ACQUISITION					0	108.00
109.00 PANCREAS ACQUISITION					0	109.00
110.00 INTESTINAL ACQUISITION					0	110.00
111.00 ISLET ACQUISITION					0	111.00
113.00 INTEREST EXPENSE					0	113.00
114.00 UTILIZATION REVIEW-SNF					0	114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)					0	115.00
116.00 HOSPICE					0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	15,424,314	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN					44,521	190.00
191.00 RESEARCH					633	191.00
192.00 PHYSICIANS' PRIVATE OFFICES					754,389	192.00
193.00 NONPAID WORKERS					0	193.00
194.00 MARKETING					74,780	194.00
194.01 MACNEAL SCHOOL					76,652	194.01
194.02 COMMUNITY RELATIONS					4,451	194.02
194.03 VACANT SPACE					151,380	194.03
194.04 HOME DELIVERED MEALS					303	194.04
194.05 CATERED MEALS					159,957	194.05
200.00 Cross Foot Adjustments	0	97,248	266,835	0	364,083	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	0	97,248	266,835	0	17,055,463	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140054

Period:
From 10/01/2010
To 09/30/2011

Worksheet B
Part II
Date/Time Prepared:
3/20/2012 3:09 pm

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT			1.00
2.00	CAP REL COSTS-MVBLE EQUIP			2.00
4.00	EMPLOYEE BENEFITS			4.00
5.00	ADMINISTRATIVE & GENERAL			5.00
6.00	MAINTENANCE & REPAIRS			6.00
7.00	OPERATION OF PLANT			7.00
8.00	LAUNDRY & LINEN SERVICE			8.00
9.00	HOUSEKEEPING			9.00
10.00	DIETARY			10.00
11.00	CAFETERIA			11.00
12.00	MAINTENANCE OF PERSONNEL			12.00
13.00	NURSING ADMINISTRATION			13.00
14.00	CENTRAL SERVICES & SUPPLY			14.00
15.00	PHARMACY			15.00
16.00	MEDICAL RECORDS & LIBRARY			16.00
17.00	SOCIAL SERVICE			17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)			18.00
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
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	0	4,215,057	30.00
31.00	INTENSIVE CARE UNIT	0	456,221	31.00
32.00	CORONARY CARE UNIT	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	SUBPROVIDER - IPF	0	635,159	40.00
41.00	SUBPROVIDER - IRF	0	0	41.00
42.00	SUBPROVIDER	0	0	42.00
43.00	NURSERY	0	184,219	43.00
44.00	SKILLED NURSING FACILITY	0	666,834	44.00
45.00	NURSING FACILITY	0	0	45.00
46.00	OTHER LONG TERM CARE	0	0	46.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0	1,465,509	50.00
51.00	RECOVERY ROOM	0	142,002	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	386,707	52.00
53.00	ANESTHESIOLOGY	0	28,717	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	1,003,020	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	RADIOISOTOPE	0	103,560	56.00
56.01	ULTRA SOUND	0	19,896	56.01
56.02	MAMMOGRAPHY	0	227,425	56.02
57.00	CT SCAN	0	119,105	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	29,256	58.00
59.00	CARDIAC CATHETERIZATION	0	207,078	59.00
59.01	GASTRO INTESTINAL	0	367,316	59.01
60.00	LABORATORY	0	958,200	60.00
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY			61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	61,413	63.00
64.00	INTRAVENOUS THERAPY	0	0	64.00
65.00	RESPIRATORY THERAPY	0	126,645	65.00
66.00	PHYSICAL THERAPY	0	421,248	66.00
66.01	TCU REHAB	0	132,247	66.01
67.00	OCCUPATIONAL THERAPY	0	0	67.00
68.00	SPEECH PATHOLOGY	0	61,503	68.00
69.00	ELECTROCARDIOLOGY	0	118,945	69.00
69.01	CARDIAC REHAB	0	339,430	69.01
70.00	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	268,457	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	114,180	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	351,948	73.00
74.00	RENAL DIALYSIS	0	18,714	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	75.00
OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140054

Period:
From 10/01/2010
To 09/30/2011

Worksheet B
Part II
Date/Time Prepared:
3/20/2012 3:09 pm

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
90.00	CLINIC	0	0	90.00
91.00	EMERGENCY	0	748,695	91.00
91.01	FAMILY PRACTICES	0	615,814	91.01
91.02	PSYCH DAY HOSPITAL	0	604,696	91.02
91.03	WOUND CARE	0	3,120	91.03
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0		92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	98.00
99.00	CMHC	0	0	99.00
99.10	CORF	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	HOME HEALTH AGENCY	0	221,978	101.00
SPECIAL PURPOSE COST CENTERS				
105.00	KIDNEY ACQUISITION	0	0	105.00
106.00	HEART ACQUISITION	0	0	106.00
107.00	LIVER ACQUISITION	0	0	107.00
108.00	LUNG ACQUISITION	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	110.00
111.00	ISLET ACQUISITION	0	0	111.00
113.00	INTEREST EXPENSE	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	HOSPICE	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	15,424,314	118.00
NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	44,521	190.00
191.00	RESEARCH	0	633	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	754,389	192.00
193.00	NONPAID WORKERS	0	0	193.00
194.00	MARKETING	0	74,780	194.00
194.01	MACNEAL SCHOOL	0	76,652	194.01
194.02	COMMUNITY RELATIONS	0	4,451	194.02
194.03	VACANT SPACE	0	151,380	194.03
194.04	HOME DELIVERED MEALS	0	303	194.04
194.05	CATERED MEALS	0	159,957	194.05
200.00	Cross Foot Adjustments	0	364,083	200.00
201.00	Negative Cost Centers	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	17,055,463	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140054

Period:
From 10/01/2010
To 09/30/2011

Worksheet B-1

Date/Time Prepared:
3/20/2012 3:09 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES) 4.00	Reconciliation 5A	ADMINISTRATIVE & GENERAL (ACCUM. COST) 5.00	
	BLDG & FIXT (SQUARE FEET) 1.00	MVBLE EQUIP (SQUARE FEET) 2.00				
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	715,225				1.00
2.00	CAP REL COSTS-MVBLE EQUIP		710,228			2.00
4.00	EMPLOYEE BENEFITS	0	0	104,437,932		4.00
5.00	ADMINISTRATIVE & GENERAL	73,653	73,653	18,979,070	-46,729,358	165,629,831 5.00
6.00	MAINTENANCE & REPAIRS	291,037	291,037	160,934	0	8,656,028 6.00
7.00	OPERATION OF PLANT	0	0	0	0	0 7.00
8.00	LAUNDRY & LINEN SERVICE	461	461	547,354	0	1,164,915 8.00
9.00	HOUSEKEEPING	6,026	6,026	2,059,028	0	3,232,443 9.00
10.00	DIETARY	17,495	17,495	2,301,826	0	3,579,169 10.00
11.00	CAFETERIA	6,611	6,611	0	0	158,330 11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0 12.00
13.00	NURSING ADMINISTRATION	1,352	1,352	1,911,874	0	2,503,847 13.00
14.00	CENTRAL SERVICES & SUPPLY	3,768	3,768	342,890	0	1,861,186 14.00
15.00	PHARMACY	4,660	4,660	2,128,267	0	6,762,115 15.00
16.00	MEDICAL RECORDS & LIBRARY	4,855	4,855	1,713,589	0	2,435,880 16.00
17.00	SOCIAL SERVICE	0	0	0	0	0 17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0 18.00
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	4,884,682	0	5,758,635 21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	5,650	5,650	0	0	1,197,905 22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0 23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	76,647	76,647	19,280,190	0	25,999,253 30.00
31.00	INTENSIVE CARE UNIT	7,570	7,570	4,023,048	0	5,351,809 31.00
32.00	CORONARY CARE UNIT	0	0	0	0	0 32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0 33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0 34.00
40.00	SUBPROVIDER - IPF	12,043	12,043	2,361,378	0	3,156,819 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	3,411	3,411	1,224,062	0	1,595,640 43.00
44.00	SKILLED NURSING FACILITY	11,820	11,820	2,869,208	0	3,891,312 44.00
45.00	NURSING FACILITY	0	0	0	0	0 45.00
46.00	OTHER LONG TERM CARE	0	0	0	0	0 46.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	28,560	28,560	4,465,995	0	10,781,824 50.00
51.00	RECOVERY ROOM	2,652	2,652	780,196	0	1,006,564 51.00
52.00	DELIVERY ROOM & LABOR ROOM	7,486	7,486	1,775,728	0	2,555,690 52.00
53.00	ANESTHESIOLOGY	180	180	360,610	0	757,819 53.00
54.00	RADIOLOGY-DIAGNOSTIC	20,499	20,499	2,504,208	0	4,668,753 54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
56.00	RADIOISOTOPE	1,953	1,953	288,192	0	1,036,769 56.00
56.01	ULTRA SOUND	0	0	804,831	0	1,031,827 56.01
56.02	MAMMOGRAPHY	4,513	4,513	840,692	0	1,267,432 56.02
57.00	CT SCAN	1,850	1,850	747,332	0	1,218,867 57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	747,290	0	1,350,443 58.00
59.00	CARDIAC CATHETERIZATION	3,771	3,771	767,527	0	2,498,095 59.00
59.01	GASTRO INTESTINAL	6,972	6,972	1,671,895	0	2,660,408 59.01
60.00	LABORATORY	18,521	18,521	4,259,113	0	7,998,609 60.00
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0 61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0 62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	1,071	1,071	0	0	1,175,556 63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0 64.00
65.00	RESPIRATORY THERAPY	2,116	2,116	1,262,631	0	1,783,584 65.00
66.00	PHYSICAL THERAPY	8,056	8,056	2,450,751	0	3,234,519 66.00
66.01	TCU REHAB	2,680	2,680	711,222	0	1,037,220 66.01
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0 67.00
68.00	SPEECH PATHOLOGY	1,316	1,316	96,739	0	148,771 68.00
69.00	ELECTROCARDIOLOGY	2,126	2,126	669,171	0	980,510 69.00
69.01	CARDIAC REHAB	7,336	7,336	319,937	0	576,745 69.01
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0 70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	5,405,431 71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	9,923,676 72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	2,705,006 73.00
74.00	RENAL DIALYSIS	295	295	0	0	467,277 74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0 75.00
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0 88.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140054

Period:
From 10/01/2010
To 09/30/2011

Worksheet B-1

Date/Time Prepared:
3/20/2012 3:09 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQ. FEET)	MVBLE EQUIP (SQ. FEET)				
	1.00	2.00	4.00	5A	5.00	
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	13,070	13,070	5,288,460	0	7,947,536	91.00
91.01 FAMILY PRACTICES	12,904	12,904	1,866,817	0	3,049,448	91.01
91.02 PSYCH DAY HOSPITAL	13,223	13,223	269,634	0	643,438	91.02
91.03 WOUND CARE	0	0	163,810	0	160,463	91.03
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	2,949	2,949	4,264,027	0	6,133,323	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	691,158	691,158	102,164,208	-46,729,358	161,510,889	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	980	980	0	0	42,418	190.00
191.00 RESEARCH	0	0	31,309	0	38,629	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	16,655	16,655	0	0	398,879	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 MARKETING	1,435	1,435	186,080	0	843,527	194.00
194.01 MACNEAL SCHOOL	0	0	1,843,068	0	2,452,158	194.01
194.02 COMMUNITY RELATIONS	0	0	213,267	0	297,475	194.02
194.03 VACANT SPACE	4,997	0	0	0	45,856	194.03
194.04 HOME DELIVERED MEALS	0	0	0	0	0	194.04
194.05 CATERED MEALS	0	0	0	0	0	194.05
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)	6,563,468	10,491,995	18,685,742		46,729,358	202.00
203.00 Unit cost multiplier (wkst. B, Part I)	9.176788	14.772714	0.178917		0.282131	203.00
204.00 Cost to be allocated (per wkst. B, Part II)			0		1,763,953	204.00
205.00 Unit cost multiplier (wkst. B, Part II)			0.000000		0.010650	205.00

Cost Center Description		MAINTENANCE & REPAIRS (SQ. FEET)	OPERATION OF PLANT (SQ. FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQ. FEET)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.00	ADMINISTRATIVE & GENERAL						5.00
6.00	MAINTENANCE & REPAIRS	350,535					6.00
7.00	OPERATION OF PLANT	0	350,535				7.00
8.00	LAUNDRY & LINEN SERVICE	461	461	1,807,730			8.00
9.00	HOUSEKEEPING	6,026	6,026	0	344,048		9.00
10.00	DIETARY	17,495	17,495	0	17,495	701,205	10.00
11.00	CAFETERIA	6,611	6,611	0	6,611	227,685	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	NURSING ADMINISTRATION	1,352	1,352	0	1,352	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	3,768	3,768	80,069	3,768	0	14.00
15.00	PHARMACY	4,660	4,660	0	4,660	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	4,855	4,855	0	4,855	0	16.00
17.00	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
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	5,650	5,650	0	5,650	0	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	76,647	76,647	568,473	76,647	213,819	30.00
31.00	INTENSIVE CARE UNIT	7,570	7,570	71,695	7,570	18,815	31.00
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	SUBPROVIDER - IPF	12,043	12,043	48,042	12,043	27,567	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	3,411	3,411	25,551	3,411	0	43.00
44.00	SKILLED NURSING FACILITY	11,820	11,820	113,895	11,820	49,479	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
46.00	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	28,560	28,560	154,053	28,560	0	50.00
51.00	RECOVERY ROOM	2,652	2,652	33,298	2,652	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	7,486	7,486	66,518	7,486	0	52.00
53.00	ANESTHESIOLOGY	180	180	8,028	180	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	20,499	20,499	85,713	20,499	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	1,953	1,953	0	1,953	0	56.00
56.01	ULTRA SOUND	0	0	0	0	0	56.01
56.02	MAMMOGRAPHY	4,513	4,513	23,970	4,513	0	56.02
57.00	CT SCAN	1,850	1,850	0	1,850	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	3,771	3,771	13,253	3,771	0	59.00
59.01	GASTRO INTESTINAL	6,972	6,972	66,915	6,972	0	59.01
60.00	LABORATORY	18,521	18,521	0	18,521	0	60.00
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	1,071	1,071	0	1,071	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	2,116	2,116	0	2,116	0	65.00
66.00	PHYSICAL THERAPY	8,056	8,056	38,100	8,056	0	66.00
66.01	TCU REHAB	2,680	2,680	0	2,680	0	66.01
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	1,316	1,316	0	1,316	0	68.00
69.00	ELECTROCARDIOLOGY	2,126	2,126	78,036	2,126	0	69.00
69.01	CARDIAC HEHAB	7,336	7,336	584	7,336	0	69.01
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	295	295	0	295	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140054

Period:
From 10/01/2010
To 09/30/2011

Worksheet B-1

Date/Time Prepared:
3/20/2012 3:09 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQ. FEET)	OPERATION OF PLANT (SQ. FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQ. FEET)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
91.00	EMERGENCY	13,070	13,070	262,238	13,070	0	91.00
91.01	FAMILY PRACTICES	12,904	12,904	4,196	12,904	0	91.01
91.02	PSYCH DAY HOSPITAL	13,223	13,223	0	13,223	0	91.02
91.03	WOUND CARE	0	0	0	0	0	91.03
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	2,949	2,949	0	2,949	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	326,468	326,468	1,742,627	319,981	537,365	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	980	980	0	980	0	190.00
191.00	RESEARCH	0	0	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	16,655	16,655	64,974	16,655	0	192.00
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	MARKETING	1,435	1,435	0	1,435	0	194.00
194.01	MACNEAL SCHOOL	0	0	129	0	27,604	194.01
194.02	COMMUNITY RELATIONS	0	0	0	0	0	194.02
194.03	VACANT SPACE	4,997	4,997	0	4,997	0	194.03
194.04	HOME DELIVERED MEALS	0	0	0	0	258	194.04
194.05	CATERED MEALS	0	0	0	0	135,978	194.05
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)	11,098,162	0	1,508,170	4,335,202	5,363,314	202.00
203.00	Unit cost multiplier (wkst. B, Part I)	31.660639	0.000000	0.834289	12.600573	7.648710	203.00
204.00	Cost to be allocated (per wkst. B, Part II)	7,062,377	0	32,734	300,153	824,857	204.00
205.00	Unit cost multiplier (wkst. B, Part II)	20.147423	0.000000	0.018108	0.872416	1.176342	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140054

Period:
From 10/01/2010
To 09/30/2011

Worksheet B-1

Date/Time Prepared:
3/20/2012 3:09 pm

Cost Center Description	CAFETERIA (FTES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
	11.00	12.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS						
1.00 CAP REL COSTS-BLDG & FIXT						1.00
2.00 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.00 ADMINISTRATIVE & GENERAL						5.00
6.00 MAINTENANCE & REPAIRS						6.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY						10.00
11.00 CAFETERIA	117,958					11.00
12.00 MAINTENANCE OF PERSONNEL	0	0				12.00
13.00 NURSING ADMINISTRATION	2,391	0	992,908			13.00
14.00 CENTRAL SERVICES & SUPPLY	1,158	0	0	5,877,951		14.00
15.00 PHARMACY	2,656	0	0	0	2,633,525	15.00
16.00 MEDICAL RECORDS & LIBRARY	3,721	0	0	0	0	16.00
17.00 SOCIAL SERVICE	0	0	0	0	0	17.00
18.00 OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
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	7,475	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
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	31,725	0	476,939	0	0	30.00
31.00 INTENSIVE CARE UNIT	4,672	0	88,966	0	0	31.00
32.00 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 SUBPROVIDER - IPF	3,628	0	48,639	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	1,513	0	35,978	0	0	43.00
44.00 SKILLED NURSING FACILITY	5,302	0	54,290	0	0	44.00
45.00 NURSING FACILITY	0	0	0	0	0	45.00
46.00 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	7,219	0	46,400	0	0	50.00
51.00 RECOVERY ROOM	977	0	18,433	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	2,136	0	42,204	0	0	52.00
53.00 ANESTHESIOLOGY	627	0	7,237	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	3,949	0	6,771	0	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	319	0	0	0	0	56.00
56.01 ULTRA SOUND	978	0	0	0	0	56.01
56.02 MAMMOGRAPHY	1,290	0	1,790	0	0	56.02
57.00 CT SCAN	1,057	0	298	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	1,202	0	2,133	0	0	58.00
59.00 CARDIAC CATHETERIZATION	794	0	12,256	0	0	59.00
59.01 GASTRO INTESTINAL	2,810	0	32,478	0	0	59.01
60.00 LABORATORY	4,685	0	491	0	0	60.00
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	2,028	0	0	0	0	65.00
66.00 PHYSICAL THERAPY	3,929	0	0	0	0	66.00
66.01 TCU REHAB	0	0	0	0	0	66.01
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	109	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	1,046	0	4,116	0	0	69.00
69.01 CARDIAC HEHAB	505	0	4,472	0	0	69.01
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	5,877,951	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	2,633,525	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140054

Period:
From 10/01/2010
To 09/30/2011

Worksheet B-1

Date/Time Prepared:
3/20/2012 3:09 pm

Cost Center Description		CAFETERIA (FTES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
		11.00	12.00	13.00	14.00	15.00	
90.00	CLINIC	0	0	0	0	0	90.00
91.00	EMERGENCY	8,573	0	101,125	0	0	91.00
91.01	FAMILY PRACTICES	0	0	2,095	0	0	91.01
91.02	PSYCH DAY HOSPITAL	456	0	2,228	0	0	91.02
91.03	WOUND CARE	221	0	1,413	0	0	91.03
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	4,482	0	1,665	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	113,633	0	992,417	5,877,951	2,633,525	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	RESEARCH	46	0	8	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	MARKETING	253	0	483	0	0	194.00
194.01	MACNEAL SCHOOL	3,759	0	0	0	0	194.01
194.02	COMMUNITY RELATIONS	267	0	0	0	0	194.02
194.03	VACANT SPACE	0	0	0	0	0	194.03
194.04	HOME DELIVERED MEALS	0	0	0	0	0	194.04
194.05	CATERED MEALS	0	0	0	0	0	194.05
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per wkst. B, Part I)	2,237,107	0	3,315,447	2,641,823	8,926,547	202.00
203.00	Unit cost multiplier (wkst. B, Part I)	18.965284	0.000000	3.339128	0.449446	3.389581	203.00
204.00	Cost to be allocated (per wkst. B, Part II)	566,815	0	98,954	196,280	294,337	204.00
205.00	Unit cost multiplier (wkst. B, Part II)	4.805227	0.000000	0.099661	0.033393	0.111765	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140054

Period:
From 10/01/2010
To 09/30/2011

Worksheet B-1

Date/Time Prepared:
3/20/2012 3:09 pm

Cost Center Description	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE (SPECIFY) (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	
	16.00	17.00	18.00	19.00	20.00	
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT					1.00
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	EMPLOYEE BENEFITS					4.00
5.00	ADMINISTRATIVE & GENERAL					5.00
6.00	MAINTENANCE & REPAIRS					6.00
7.00	OPERATION OF PLANT					7.00
8.00	LAUNDRY & LINEN SERVICE					8.00
9.00	HOUSEKEEPING					9.00
10.00	DIETARY					10.00
11.00	CAFETERIA					11.00
12.00	MAINTENANCE OF PERSONNEL					12.00
13.00	NURSING ADMINISTRATION					13.00
14.00	CENTRAL SERVICES & SUPPLY					14.00
15.00	PHARMACY					15.00
16.00	MEDICAL RECORDS & LIBRARY	921,897,555				16.00
17.00	SOCIAL SERVICE	0	0			17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	0		18.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0		21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0		22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	103,103,535	0	0	0	30.00
31.00	INTENSIVE CARE UNIT	14,296,301	0	0	0	31.00
32.00	CORONARY CARE UNIT	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	SUBPROVIDER - IPF	15,476,732	0	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	42.00
43.00	NURSERY	8,857,056	0	0	0	43.00
44.00	SKILLED NURSING FACILITY	9,505,425	0	0	0	44.00
45.00	NURSING FACILITY	0	0	0	0	45.00
46.00	OTHER LONG TERM CARE	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	85,408,256	0	0	0	50.00
51.00	RECOVERY ROOM	17,211,760	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	25,255,636	0	0	0	52.00
53.00	ANESTHESIOLOGY	30,534,551	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	36,154,263	0	0	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	RADIOISOTOPE	11,126,643	0	0	0	56.00
56.01	ULTRA SOUND	14,813,544	0	0	0	56.01
56.02	MAMMOGRAPHY	14,681,948	0	0	0	56.02
57.00	CT SCAN	62,748,692	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	31,285,164	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	19,777,960	0	0	0	59.00
59.01	GASTRO INTESTINAL	26,425,725	0	0	0	59.01
60.00	LABORATORY	61,895,498	0	0	0	60.00
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY					61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	2,573,001	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	9,682,972	0	0	0	65.00
66.00	PHYSICAL THERAPY	17,453,221	0	0	0	66.00
66.01	TCU REHAB	2,404,758	0	0	0	66.01
67.00	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	755,805	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	21,300,764	0	0	0	69.00
69.01	CARDIAC HEHAB	1,790,809	0	0	0	69.01
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	51,441,777	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	29,905,523	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	101,417,301	0	0	0	73.00
74.00	RENAL DIALYSIS	1,660,275	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	75.00

Cost Center Description	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE (SPECIFY) (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	
	16.00	17.00	18.00	19.00	20.00	
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER CLINIC	0	0	0	0	0	89.00
90.00 EMERGENCY	71,418,260	0	0	0	0	90.00
91.00 FAMILY PRACTICES	9,746,180	0	0	0	0	91.00
91.01 PSYCH DAY HOSPITAL	2,817,591	0	0	0	0	91.01
91.02 WOUND CARE	732,655	0	0	0	0	91.02
91.03 OBSERVATION BEDS (NON-DISTINCT PART)						91.03
92.00						92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	8,237,974	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	921,897,555	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 RESEARCH	0	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 MARKETING	0	0	0	0	0	194.00
194.01 MACNEAL SCHOOL	0	0	0	0	0	194.01
194.02 COMMUNITY RELATIONS	0	0	0	0	0	194.02
194.03 VACANT SPACE	0	0	0	0	0	194.03
194.04 HOME DELIVERED MEALS	0	0	0	0	0	194.04
194.05 CATERED MEALS	0	0	0	0	0	194.05
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per wkst. B, Part I)	3,408,575	0	0	0	0	202.00
203.00 Unit cost multiplier (wkst. B, Part I)	0.003697	0.000000	0.000000	0.000000	0.000000	203.00
204.00 Cost to be allocated (per wkst. B, Part II)	262,149	0	0	0	0	204.00
205.00 Unit cost multiplier (wkst. B, Part II)	0.000284	0.000000	0.000000	0.000000	0.000000	205.00

Cost Center Description	INTERNS & RESIDENTS			PARAMED ED PRGM (ASSIGNED TIME)	
	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)			
	21.00	22.00	23.00		
GENERAL SERVICE COST CENTERS					
1.00 CAP REL COSTS-BLDG & FIXT					1.00
2.00 CAP REL COSTS-MVBLE EQUIP					2.00
4.00 EMPLOYEE BENEFITS					4.00
5.00 ADMINISTRATIVE & GENERAL					5.00
6.00 MAINTENANCE & REPAIRS					6.00
7.00 OPERATION OF PLANT					7.00
8.00 LAUNDRY & LINEN SERVICE					8.00
9.00 HOUSEKEEPING					9.00
10.00 DIETARY					10.00
11.00 CAFETERIA					11.00
12.00 MAINTENANCE OF PERSONNEL					12.00
13.00 NURSING ADMINISTRATION					13.00
14.00 CENTRAL SERVICES & SUPPLY					14.00
15.00 PHARMACY					15.00
16.00 MEDICAL RECORDS & LIBRARY					16.00
17.00 SOCIAL SERVICE					17.00
18.00 OTHER GENERAL SERVICE (SPECIFY)					18.00
19.00 NONPHYSICIAN ANESTHETISTS					19.00
20.00 NURSING SCHOOL					20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	6,202				21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD		6,202			22.00
23.00 PARAMED ED PRGM-(SPECIFY)			0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 ADULTS & PEDIATRICS	1,901	1,901	0		30.00
31.00 INTENSIVE CARE UNIT	0	0	0		31.00
32.00 CORONARY CARE UNIT	0	0	0		32.00
33.00 BURN INTENSIVE CARE UNIT	0	0	0		33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0	0		34.00
40.00 SUBPROVIDER - IPF	98	98	0		40.00
41.00 SUBPROVIDER - IRF	0	0	0		41.00
42.00 SUBPROVIDER	0	0	0		42.00
43.00 NURSERY	0	0	0		43.00
44.00 SKILLED NURSING FACILITY	0	0	0		44.00
45.00 NURSING FACILITY	0	0	0		45.00
46.00 OTHER LONG TERM CARE	0	0	0		46.00
ANCILLARY SERVICE COST CENTERS					
50.00 OPERATING ROOM	436	436	0		50.00
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
56.00 RADIOISOTOPE	0	0	0		56.00
56.01 ULTRA SOUND	0	0	0		56.01
56.02 MAMMOGRAPHY	0	0	0		56.02
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
59.01 GASTRO INTESTINAL	0	0	0		59.01
60.00 LABORATORY	0	0	0		60.00
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0		61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0		62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0		63.00
64.00 INTRAVENOUS THERAPY	0	0	0		64.00
65.00 RESPIRATORY THERAPY	0	0	0		65.00
66.00 PHYSICAL THERAPY	0	0	0		66.00
66.01 TCU REHAB	0	0	0		66.01
67.00 OCCUPATIONAL THERAPY	0	0	0		67.00
68.00 SPEECH PATHOLOGY	0	0	0		68.00
69.00 ELECTROCARDIOLOGY	0	0	0		69.00
69.01 CARDIAC HEHAB	0	0	0		69.01
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	0	0	0		74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0		75.00
OUTPATIENT SERVICE COST CENTERS					
88.00 RURAL HEALTH CLINIC	0	0	0		88.00

Cost Center Description	INTERNS & RESIDENTS			PARAMED ED PRGM (ASSIGNED TIME)	
	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)			
	21.00	22.00	23.00		
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00 CLINIC	0	0	0		90.00
91.00 EMERGENCY	300	300	0		91.00
91.01 FAMILY PRACTICES	3,467	3,467	0		91.01
91.02 PSYCH DAY HOSPITAL	0	0	0		91.02
91.03 WOUND CARE	0	0	0		91.03
92.00 OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS					
94.00 HOME PROGRAM DIALYSIS	0	0	0		94.00
95.00 AMBULANCE SERVICES	0	0	0		95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0		96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0		97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0		98.00
99.00 CMHC	0	0	0		99.00
99.10 CORF	0	0	0		99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0		100.00
101.00 HOME HEALTH AGENCY	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS					
105.00 KIDNEY ACQUISITION	0	0	0		105.00
106.00 HEART ACQUISITION	0	0	0		106.00
107.00 LIVER ACQUISITION	0	0	0		107.00
108.00 LUNG ACQUISITION	0	0	0		108.00
109.00 PANCREAS ACQUISITION	0	0	0		109.00
110.00 INTESTINAL ACQUISITION	0	0	0		110.00
111.00 ISLET ACQUISITION	0	0	0		111.00
113.00 INTEREST EXPENSE	0	0	0		113.00
114.00 UTILIZATION REVIEW-SNF	0	0	0		114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0		115.00
116.00 HOSPICE	0	0	0		116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	6,202	6,202	0		118.00
NONREIMBURSABLE COST CENTERS					
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0		190.00
191.00 RESEARCH	0	0	0		191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0		192.00
193.00 NONPAID WORKERS	0	0	0		193.00
194.00 MARKETING	0	0	0		194.00
194.01 MACNEAL SCHOOL	0	0	0		194.01
194.02 COMMUNITY RELATIONS	0	0	0		194.02
194.03 VACANT SPACE	0	0	0		194.03
194.04 HOME DELIVERED MEALS	0	0	0		194.04
194.05 CATERED MEALS	0	0	0		194.05
200.00 Cross Foot Adjustments					200.00
201.00 Negative Cost Centers					201.00
202.00 Cost to be allocated (per wkst. B, Part I)	7,525,089	1,785,947	0		202.00
203.00 Unit cost multiplier (wkst. B, Part I)	1,213.332635	287.963076	0.000000		203.00
204.00 Cost to be allocated (per wkst. B, Part II)	97,248	266,835	0		204.00
205.00 Unit cost multiplier (wkst. B, Part II)	15.680103	43.024025	0.000000		205.00

Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Title XVIII Hospital		Total Costs	
			Costs			
			RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	41,412,426		41,412,426	4,995	41,417,421	30.00
31.00 INTENSIVE CARE UNIT	7,839,029		7,839,029	41,497	7,880,526	31.00
32.00 CORONARY CARE UNIT	0		0	0	0	32.00
33.00 BURN INTENSIVE CARE UNIT	0		0	0	0	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
40.00 SUBPROVIDER - IPF	5,119,862		5,119,862	23,848	5,143,710	40.00
41.00 SUBPROVIDER - IRF	0		0	0	0	41.00
42.00 SUBPROVIDER	0		0	0	0	42.00
43.00 NURSERY	2,399,686		2,399,686	0	2,399,686	43.00
44.00 SKILLED NURSING FACILITY	6,302,789		6,302,789	0	6,302,789	44.00
45.00 NURSING FACILITY	0		0	0	0	45.00
46.00 OTHER LONG TERM CARE	0		0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	15,823,936		15,823,936	0	15,823,936	50.00
51.00 RECOVERY ROOM	1,579,419		1,579,419	0	1,579,419	51.00
52.00 DELIVERY ROOM & LABOR ROOM	3,938,369		3,938,369	0	3,938,369	52.00
53.00 ANESTHESIOLOGY	1,135,230		1,135,230	7,407	1,142,637	53.00
54.00 RADIOLOGY-DIAGNOSTIC	7,195,937		7,195,937	0	7,195,937	54.00
55.00 RADIOLOGY-THERAPEUTIC	0		0	0	0	55.00
56.00 RADIOISOTOPE	1,462,901		1,462,901	0	1,462,901	56.00
56.01 ULTRA SOUND	1,396,251		1,396,251	0	1,396,251	56.01
56.02 MAMMOGRAPHY	1,929,483		1,929,483	0	1,929,483	56.02
57.00 CT SCAN	1,897,653		1,897,653	0	1,897,653	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	1,877,024		1,877,024	0	1,877,024	58.00
59.00 CARDIAC CATHETERIZATION	3,509,952		3,509,952	0	3,509,952	59.00
59.01 GASTRO INTESTINAL	4,034,843		4,034,843	0	4,034,843	59.01
60.00 LABORATORY	11,394,347		11,394,347	0	11,394,347	60.00
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	0	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0		0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	1,564,133		1,564,133	0	1,564,133	63.00
64.00 INTRAVENOUS THERAPY	0		0	0	0	64.00
65.00 RESPIRATORY THERAPY	2,454,705	0	2,454,705	0	2,454,705	65.00
66.00 PHYSICAL THERAPY	4,674,471	0	4,674,471	0	4,674,471	66.00
66.01 TCU REHAB	1,457,363	0	1,457,363	0	1,457,363	66.01
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	253,852	0	253,852	0	253,852	68.00
69.00 ELECTROCARDIOLOGY	1,528,678		1,528,678	0	1,528,678	69.00
69.01 CARDIAC HEHAB	1,095,781		1,095,781	0	1,095,781	69.01
70.00 ELECTROENCEPHALOGRAPHY	0		0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	9,762,474		9,762,474	0	9,762,474	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	12,834,014		12,834,014	0	12,834,014	72.00
73.00 DRUGS CHARGED TO PATIENTS	12,769,659		12,769,659	0	12,769,659	73.00
74.00 RENAL DIALYSIS	618,305		618,305	0	618,305	74.00
75.00 ASC (NON-DISTINCT PART)	0		0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00 CLINIC	0		0	0	0	90.00
91.00 EMERGENCY	11,751,349		11,751,349	0	11,751,349	91.00
91.01 FAMILY PRACTICES	4,527,467		4,527,467	0	4,527,467	91.01
91.02 PSYCH DAY HOSPITAL	1,436,743		1,436,743	6,381	1,443,124	91.02
91.03 WOUND CARE	217,353		217,353	0	217,353	91.03
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	1,744,777		1,744,777	0	1,744,777	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0		0	0	0	94.00
95.00 AMBULANCE SERVICES	0		0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0		0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0		0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0		0	0	0	98.00
99.00 CMHC	0		0	0	0	99.00
99.10 CORF	0		0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0		0	0	0	100.00
101.00 HOME HEALTH AGENCY	8,115,268		8,115,268	0	8,115,268	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	0		0	0	0	105.00
106.00 HEART ACQUISITION	0		0	0	0	106.00
107.00 LIVER ACQUISITION	0		0	0	0	107.00
108.00 LUNG ACQUISITION	0		0	0	0	108.00
109.00 PANCREAS ACQUISITION	0		0	0	0	109.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140054

Period:
From 10/01/2010
To 09/30/2011

Worksheet C
Part I
Date/Time Prepared:
3/20/2012 3:09 pm

Cost Center Description	Total Cost (from wkst. B, part I, col. 26)	Therapy Limit Adj.	Title XVIII		Hospital		PPS
			Total Costs	RCE Disallowance	Total Costs		
							3.00
110.00	0		0		0	110.00	
111.00	0		0		0	111.00	
113.00						113.00	
114.00						114.00	
115.00	0		0		0	115.00	
116.00	0		0		0	116.00	
200.00	197,055,529	0	197,055,529	84,128	197,139,657	200.00	
201.00	1,744,777		1,744,777		1,744,777	201.00	
202.00	195,310,752	0	195,310,752	84,128	195,394,880	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140054

Period:
From 10/01/2010
To 09/30/2011

Worksheet C
Part I
Date/Time Prepared:
3/20/2012 3:09 pm

Cost Center Description	Charges			Hospital Cost or Other Ratio	PPS TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	96,907,212		96,907,212			30.00
31.00 INTENSIVE CARE UNIT	14,296,301		14,296,301			31.00
32.00 CORONARY CARE UNIT	0		0			32.00
33.00 BURN INTENSIVE CARE UNIT	0		0			33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0		0			34.00
40.00 SUBPROVIDER - IPF	15,476,732		15,476,732			40.00
41.00 SUBPROVIDER - IRF	0		0			41.00
42.00 SUBPROVIDER	0		0			42.00
43.00 NURSERY	8,857,056		8,857,056			43.00
44.00 SKILLED NURSING FACILITY	9,505,425		9,505,425			44.00
45.00 NURSING FACILITY	0		0			45.00
46.00 OTHER LONG TERM CARE	0		0			46.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	42,554,872	42,853,384	85,408,256	0.185274	0.000000	50.00
51.00 RECOVERY ROOM	6,549,077	10,662,683	17,211,760	0.091764	0.000000	51.00
52.00 DELIVERY ROOM & LABOR ROOM	23,054,140	2,201,496	25,255,636	0.155940	0.000000	52.00
53.00 ANESTHESIOLOGY	12,659,703	17,874,848	30,534,551	0.037179	0.000000	53.00
54.00 RADIOLOGY-DIAGNOSTIC	11,072,301	25,081,962	36,154,263	0.199034	0.000000	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000	55.00
56.00 RADIOISOTOPE	3,266,235	7,860,408	11,126,643	0.131477	0.000000	56.00
56.01 ULTRA SOUND	4,086,960	10,726,584	14,813,544	0.094255	0.000000	56.01
56.02 MAMMOGRAPHY	37,439	14,644,509	14,681,948	0.131419	0.000000	56.02
57.00 CT SCAN	22,808,385	39,940,307	62,748,692	0.030242	0.000000	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	4,739,911	26,545,253	31,285,164	0.059997	0.000000	58.00
59.00 CARDIAC CATHETERIZATION	13,533,313	6,244,647	19,777,960	0.177468	0.000000	59.00
59.01 GASTRO INTESTINAL	5,765,439	20,660,286	26,425,725	0.152686	0.000000	59.01
60.00 LABORATORY	37,126,357	24,769,141	61,895,498	0.184090	0.000000	60.00
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	0.000000	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	2,156,295	416,706	2,573,001	0.607902	0.000000	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000	64.00
65.00 RESPIRATORY THERAPY	8,894,223	788,749	9,682,972	0.253507	0.000000	65.00
66.00 PHYSICAL THERAPY	7,923,312	9,529,909	17,453,221	0.267829	0.000000	66.00
66.01 TCU REHAB	2,402,426	2,332	2,404,758	0.606033	0.000000	66.01
67.00 OCCUPATIONAL THERAPY	0	0	0	0.000000	0.000000	67.00
68.00 SPEECH PATHOLOGY	34,558	721,247	755,805	0.335870	0.000000	68.00
69.00 ELECTROCARDIOLOGY	10,803,138	10,497,626	21,300,764	0.071766	0.000000	69.00
69.01 CARDIAC REHAB	1,454	1,789,355	1,790,809	0.611892	0.000000	69.01
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	0.000000	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	26,802,987	24,638,790	51,441,777	0.189777	0.000000	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	21,433,915	8,471,608	29,905,523	0.429152	0.000000	72.00
73.00 DRUGS CHARGED TO PATIENTS	75,967,824	25,449,477	101,417,301	0.125912	0.000000	73.00
74.00 RENAL DIALYSIS	1,595,488	64,787	1,660,275	0.372411	0.000000	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0			88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0			89.00
90.00 CLINIC	0	0	0	0.000000	0.000000	90.00
91.00 EMERGENCY	23,518,826	47,899,434	71,418,260	0.164543	0.000000	91.00
91.01 FAMILY PRACTICES	0	9,746,180	9,746,180	0.464538	0.000000	91.01
91.02 PSYCH DAY HOSPITAL	0	2,817,591	2,817,591	0.509919	0.000000	91.02
91.03 WOUND CARE	250,583	482,072	732,655	0.296665	0.000000	91.03
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	6,196,323	6,196,323	0.281583	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000	94.00
95.00 AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	0.000000	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0.000000	0.000000	98.00
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	0	8,237,974	8,237,974	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	0	0	0			105.00
106.00 HEART ACQUISITION	0	0	0			106.00
107.00 LIVER ACQUISITION	0	0	0			107.00
108.00 LUNG ACQUISITION	0	0	0			108.00
109.00 PANCREAS ACQUISITION	0	0	0			109.00
110.00 INTESTINAL ACQUISITION	0	0	0			110.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140054

Period:
From 10/01/2010
To 09/30/2011

Worksheet C
Part I
Date/Time Prepared:
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Cost Center Description	Title XVIII			Hospital	PPS		
	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			
111.00 ISLET ACQUISITION	0	0	0				111.00
113.00 INTEREST EXPENSE							113.00
114.00 UTILIZATION REVIEW-SNF							114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0				115.00
116.00 HOSPICE	0	0	0				116.00
200.00 Subtotal (see instructions)	514,081,887	407,815,668	921,897,555				200.00
201.00 Less Observation Beds							201.00
202.00 Total (see instructions)	514,081,887	407,815,668	921,897,555				202.00

Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital	PPS
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS				30.00
31.00	INTENSIVE CARE UNIT				31.00
32.00	CORONARY CARE UNIT				32.00
33.00	BURN INTENSIVE CARE UNIT				33.00
34.00	SURGICAL INTENSIVE CARE UNIT				34.00
40.00	SUBPROVIDER - IPF				40.00
41.00	SUBPROVIDER - IRF				41.00
42.00	SUBPROVIDER				42.00
43.00	NURSERY				43.00
44.00	SKILLED NURSING FACILITY				44.00
45.00	NURSING FACILITY				45.00
46.00	OTHER LONG TERM CARE				46.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.185274			50.00
51.00	RECOVERY ROOM	0.091764			51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.155940			52.00
53.00	ANESTHESIOLOGY	0.037421			53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.199034			54.00
55.00	RADIOLOGY-THERAPEUTIC	0.000000			55.00
56.00	RADIOISOTOPE	0.131477			56.00
56.01	ULTRA SOUND	0.094255			56.01
56.02	MAMMOGRAPHY	0.131419			56.02
57.00	CT SCAN	0.030242			57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.059997			58.00
59.00	CARDIAC CATHETERIZATION	0.177468			59.00
59.01	GASTRO INTESTINAL	0.152686			59.01
60.00	LABORATORY	0.184090			60.00
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000			61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000			62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.607902			63.00
64.00	INTRAVENOUS THERAPY	0.000000			64.00
65.00	RESPIRATORY THERAPY	0.253507			65.00
66.00	PHYSICAL THERAPY	0.267829			66.00
66.01	TCU REHAB	0.606033			66.01
67.00	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	SPEECH PATHOLOGY	0.335870			68.00
69.00	ELECTROCARDIOLOGY	0.071766			69.00
69.01	CARDIAC HEHAB	0.611892			69.01
70.00	ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.189777			71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.429152			72.00
73.00	DRUGS CHARGED TO PATIENTS	0.125912			73.00
74.00	RENAL DIALYSIS	0.372411			74.00
75.00	ASC (NON-DISTINCT PART)	0.000000			75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC				88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER				89.00
90.00	CLINIC	0.000000			90.00
91.00	EMERGENCY	0.164543			91.00
91.01	FAMILY PRACTICES	0.464538			91.01
91.02	PSYCH DAY HOSPITAL	0.512184			91.02
91.03	WOUND CARE	0.296665			91.03
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.281583			92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	HOME PROGRAM DIALYSIS	0.000000			94.00
95.00	AMBULANCE SERVICES	0.000000			95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0.000000			96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0.000000			97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0.000000			98.00
99.00	CMHC				99.00
99.10	CORF				99.10
100.00	I&R SERVICES-NOT APPRVD PRGM				100.00
101.00	HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS					
105.00	KIDNEY ACQUISITION				105.00
106.00	HEART ACQUISITION				106.00
107.00	LIVER ACQUISITION				107.00
108.00	LUNG ACQUISITION				108.00
109.00	PANCREAS ACQUISITION				109.00
110.00	INTESTINAL ACQUISITION				110.00
111.00	ISLET ACQUISITION				111.00
113.00	INTEREST EXPENSE				113.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140054

Period:
From 10/01/2010
To 09/30/2011

Worksheet C
Part I
Date/Time Prepared:
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Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital	PPS
		11.00			
114.00	UTILIZATION REVIEW-SNF				114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)				115.00
116.00	HOSPICE				116.00
200.00	Subtotal (see instructions)				200.00
201.00	Less Observation Beds				201.00
202.00	Total (see instructions)				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140054

Period:
From 10/01/2010
To 09/30/2011

Worksheet C
Part I
Date/Time Prepared:
3/20/2012 3:09 pm

Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Title XIX		Hospital		Total Costs
			Total Costs	RCE Disallowance	Costs		
					Total Costs	Total Costs	
1.00	2.00	3.00	4.00	5.00			
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	41,412,426		41,412,426	0	0	30.00
31.00	INTENSIVE CARE UNIT	7,839,029		7,839,029	0	0	31.00
32.00	CORONARY CARE UNIT	0		0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
40.00	SUBPROVIDER - IPF	5,119,862		5,119,862	0	0	40.00
41.00	SUBPROVIDER - IRF	0		0	0	0	41.00
42.00	SUBPROVIDER	0		0	0	0	42.00
43.00	NURSERY	2,399,686		2,399,686	0	0	43.00
44.00	SKILLED NURSING FACILITY	6,302,789		6,302,789	0	0	44.00
45.00	NURSING FACILITY	0		0	0	0	45.00
46.00	OTHER LONG TERM CARE	0		0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	15,823,936		15,823,936	0	0	50.00
51.00	RECOVERY ROOM	1,579,419		1,579,419	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	3,938,369		3,938,369	0	0	52.00
53.00	ANESTHESIOLOGY	1,135,230		1,135,230	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	7,195,937		7,195,937	0	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0		0	0	0	55.00
56.00	RADIOISOTOPE	1,462,901		1,462,901	0	0	56.00
56.01	ULTRA SOUND	1,396,251		1,396,251	0	0	56.01
56.02	MAMMOGRAPHY	1,929,483		1,929,483	0	0	56.02
57.00	CT SCAN	1,897,653		1,897,653	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	1,877,024		1,877,024	0	0	58.00
59.00	CARDIAC CATHETERIZATION	3,509,952		3,509,952	0	0	59.00
59.01	GASTRO INTESTINAL	4,034,843		4,034,843	0	0	59.01
60.00	LABORATORY	11,394,347		11,394,347	0	0	60.00
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0		0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	1,564,133		1,564,133	0	0	63.00
64.00	INTRAVENOUS THERAPY	0		0	0	0	64.00
65.00	RESPIRATORY THERAPY	2,454,705	0	2,454,705	0	0	65.00
66.00	PHYSICAL THERAPY	4,674,471	0	4,674,471	0	0	66.00
66.01	TCU REHAB	1,457,363	0	1,457,363	0	0	66.01
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	253,852	0	253,852	0	0	68.00
69.00	ELECTROCARDIOLOGY	1,528,678		1,528,678	0	0	69.00
69.01	CARDIAC REHAB	1,095,781		1,095,781	0	0	69.01
70.00	ELECTROENCEPHALOGRAPHY	0		0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	9,762,474		9,762,474	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	12,834,014		12,834,014	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	12,769,659		12,769,659	0	0	73.00
74.00	RENAL DIALYSIS	618,305		618,305	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0		0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	CLINIC	0		0	0	0	90.00
91.00	EMERGENCY	11,751,349		11,751,349	0	0	91.00
91.01	FAMILY PRACTICES	4,527,467		4,527,467	0	0	91.01
91.02	PSYCH DAY HOSPITAL	1,436,743		1,436,743	0	0	91.02
91.03	WOUND CARE	217,353		217,353	0	0	91.03
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	1,744,777		1,744,777	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	0		0	0	0	94.00
95.00	AMBULANCE SERVICES	0		0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0		0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0		0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0		0	0	0	98.00
99.00	CMHC	0		0	0	0	99.00
99.10	CORF	0		0	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0		0	0	0	100.00
101.00	HOME HEALTH AGENCY	8,115,268		8,115,268	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	KIDNEY ACQUISITION	0		0	0	0	105.00
106.00	HEART ACQUISITION	0		0	0	0	106.00
107.00	LIVER ACQUISITION	0		0	0	0	107.00
108.00	LUNG ACQUISITION	0		0	0	0	108.00
109.00	PANCREAS ACQUISITION	0		0	0	0	109.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140054

Period:
From 10/01/2010
To 09/30/2011

Worksheet C
Part I
Date/Time Prepared:
3/20/2012 3:09 pm

Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Title XIX		Hospital	
			Total Costs	RCE Disallowance	Costs	
					Total Costs	
	1.00	2.00	3.00	4.00	5.00	
110.00	0		0			0
111.00	0		0			0
113.00						
114.00						
115.00	0		0			0
116.00	0		0			0
200.00	197,055,529	0	197,055,529	0		0
201.00	1,744,777		1,744,777			0
202.00	195,310,752	0	195,310,752	0		0

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140054

Period:
From 10/01/2010
To 09/30/2011

Worksheet C
Part I
Date/Time Prepared:
3/20/2012 3:09 pm

Cost Center Description	Title XIX			Hospital	Cost	
	Charges		Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient				
	6.00	7.00	8.00	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	96,907,212		96,907,212		30.00
31.00	INTENSIVE CARE UNIT	14,296,301		14,296,301		31.00
32.00	CORONARY CARE UNIT	0		0		32.00
33.00	BURN INTENSIVE CARE UNIT	0		0		33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0		34.00
40.00	SUBPROVIDER - IPF	15,476,732		15,476,732		40.00
41.00	SUBPROVIDER - IRF	0		0		41.00
42.00	SUBPROVIDER	0		0		42.00
43.00	NURSERY	8,857,056		8,857,056		43.00
44.00	SKILLED NURSING FACILITY	9,505,425		9,505,425		44.00
45.00	NURSING FACILITY	0		0		45.00
46.00	OTHER LONG TERM CARE	0		0		46.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	42,554,872	42,853,384	85,408,256	0.185274	50.00
51.00	RECOVERY ROOM	6,549,077	10,662,683	17,211,760	0.091764	51.00
52.00	DELIVERY ROOM & LABOR ROOM	23,054,140	2,201,496	25,255,636	0.155940	52.00
53.00	ANESTHESIOLOGY	12,659,703	17,874,848	30,534,551	0.037179	53.00
54.00	RADIOLOGY-DIAGNOSTIC	11,072,301	25,081,962	36,154,263	0.199034	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	55.00
56.00	RADIOISOTOPE	3,266,235	7,860,408	11,126,643	0.131477	56.00
56.01	ULTRA SOUND	4,086,960	10,726,584	14,813,544	0.094255	56.01
56.02	MAMMOGRAPHY	37,439	14,644,509	14,681,948	0.131419	56.02
57.00	CT SCAN	22,808,385	39,940,307	62,748,692	0.030242	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	4,739,911	26,545,253	31,285,164	0.059997	58.00
59.00	CARDIAC CATHETERIZATION	13,533,313	6,244,647	19,777,960	0.177468	59.00
59.01	GASTRO INTESTINAL	5,765,439	20,660,286	26,425,725	0.152686	59.01
60.00	LABORATORY	37,126,357	24,769,141	61,895,498	0.184090	60.00
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	2,156,295	416,706	2,573,001	0.607902	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0.000000	64.00
65.00	RESPIRATORY THERAPY	8,894,223	788,749	9,682,972	0.253507	65.00
66.00	PHYSICAL THERAPY	7,923,312	9,529,909	17,453,221	0.267829	66.00
66.01	TCU REHAB	2,402,426	2,332	2,404,758	0.606033	66.01
67.00	OCCUPATIONAL THERAPY	0	0	0	0.000000	67.00
68.00	SPEECH PATHOLOGY	34,558	721,247	755,805	0.335870	68.00
69.00	ELECTROCARDIOLOGY	10,803,138	10,497,626	21,300,764	0.071766	69.00
69.01	CARDIAC HEHAB	1,454	1,789,355	1,790,809	0.611892	69.01
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	26,802,987	24,638,790	51,441,777	0.189777	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	21,433,915	8,471,608	29,905,523	0.429152	72.00
73.00	DRUGS CHARGED TO PATIENTS	75,967,824	25,449,477	101,417,301	0.125912	73.00
74.00	RENAL DIALYSIS	1,595,488	64,787	1,660,275	0.372411	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0.000000	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	89.00
90.00	CLINIC	0	0	0	0.000000	90.00
91.00	EMERGENCY	23,518,826	47,899,434	71,418,260	0.164543	91.00
91.01	FAMILY PRACTICES	0	9,746,180	9,746,180	0.464538	91.01
91.02	PSYCH DAY HOSPITAL	0	2,817,591	2,817,591	0.509919	91.02
91.03	WOUND CARE	250,583	482,072	732,655	0.296665	91.03
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	6,196,323	6,196,323	0.281583	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0.000000	94.00
95.00	AMBULANCE SERVICES	0	0	0	0.000000	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0.000000	98.00
99.00	CMHC	0	0	0		99.00
99.10	CORF	0	0	0		99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0		100.00
101.00	HOME HEALTH AGENCY	0	8,237,974	8,237,974		101.00
SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	0	0	0		105.00
106.00	HEART ACQUISITION	0	0	0		106.00
107.00	LIVER ACQUISITION	0	0	0		107.00
108.00	LUNG ACQUISITION	0	0	0		108.00
109.00	PANCREAS ACQUISITION	0	0	0		109.00
110.00	INTESTINAL ACQUISITION	0	0	0		110.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140054

Period:
From 10/01/2010
To 09/30/2011

Worksheet C
Part I
Date/Time Prepared:
3/20/2012 3:09 pm

Cost Center Description	Title XIX			Hospital	Cost	
	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	
111.00 ISLET ACQUISITION	0	0	0			111.00
113.00 INTEREST EXPENSE						113.00
114.00 UTILIZATION REVIEW-SNF						114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0			115.00
116.00 HOSPICE	0	0	0			116.00
200.00 Subtotal (see instructions)	514,081,887	407,815,668	921,897,555			200.00
201.00 Less Observation Beds						201.00
202.00 Total (see instructions)	514,081,887	407,815,668	921,897,555			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140054

Period:
From 10/01/2010
To 09/30/2011

Worksheet C
Part I
Date/Time Prepared:
3/20/2012 3:09 pm

Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital	Cost
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS				30.00
31.00	INTENSIVE CARE UNIT				31.00
32.00	CORONARY CARE UNIT				32.00
33.00	BURN INTENSIVE CARE UNIT				33.00
34.00	SURGICAL INTENSIVE CARE UNIT				34.00
40.00	SUBPROVIDER - IPF				40.00
41.00	SUBPROVIDER - IRF				41.00
42.00	SUBPROVIDER				42.00
43.00	NURSERY				43.00
44.00	SKILLED NURSING FACILITY				44.00
45.00	NURSING FACILITY				45.00
46.00	OTHER LONG TERM CARE				46.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.000000			50.00
51.00	RECOVERY ROOM	0.000000			51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	ANESTHESIOLOGY	0.000000			53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
55.00	RADIOLOGY-THERAPEUTIC	0.000000			55.00
56.00	RADIOISOTOPE	0.000000			56.00
56.01	ULTRA SOUND	0.000000			56.01
56.02	MAMMOGRAPHY	0.000000			56.02
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
59.01	GASTRO INTESTINAL	0.000000			59.01
60.00	LABORATORY	0.000000			60.00
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000			61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000			62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000			63.00
64.00	INTRAVENOUS THERAPY	0.000000			64.00
65.00	RESPIRATORY THERAPY	0.000000			65.00
66.00	PHYSICAL THERAPY	0.000000			66.00
66.01	TCU REHAB	0.000000			66.01
67.00	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	SPEECH PATHOLOGY	0.000000			68.00
69.00	ELECTROCARDIOLOGY	0.000000			69.00
69.01	CARDIAC HEHAB	0.000000			69.01
70.00	ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000			71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	DRUGS CHARGED TO PATIENTS	0.000000			73.00
74.00	RENAL DIALYSIS	0.000000			74.00
75.00	ASC (NON-DISTINCT PART)	0.000000			75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC	0.000000			88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000			89.00
90.00	CLINIC	0.000000			90.00
91.00	EMERGENCY	0.000000			91.00
91.01	FAMILY PRACTICES	0.000000			91.01
91.02	PSYCH DAY HOSPITAL	0.000000			91.02
91.03	WOUND CARE	0.000000			91.03
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	HOME PROGRAM DIALYSIS	0.000000			94.00
95.00	AMBULANCE SERVICES	0.000000			95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0.000000			96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0.000000			97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0.000000			98.00
99.00	CMHC				99.00
99.10	CORF				99.10
100.00	I&R SERVICES-NOT APPRVD PRGM				100.00
101.00	HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS					
105.00	KIDNEY ACQUISITION				105.00
106.00	HEART ACQUISITION				106.00
107.00	LIVER ACQUISITION				107.00
108.00	LUNG ACQUISITION				108.00
109.00	PANCREAS ACQUISITION				109.00
110.00	INTESTINAL ACQUISITION				110.00
111.00	ISLET ACQUISITION				111.00
113.00	INTEREST EXPENSE				113.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140054

Period:
From 10/01/2010
To 09/30/2011

Worksheet C
Part I
Date/Time Prepared:
3/20/2012 3:09 pm

Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital	Cost
		11.00			
114.00	UTILIZATION REVIEW-SNF				114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)				115.00
116.00	HOSPICE				116.00
200.00	Subtotal (see instructions)				200.00
201.00	Less Observation Beds				201.00
202.00	Total (see instructions)				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 140054

Period:
From 10/01/2010
To 09/30/2011

Worksheet D
Part I
Date/Time Prepared:
3/20/2012 3:09 pm

Cost Center Description	Title XVIII			Hospital	PPS		
	Capital Related Cost (from wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	4,215,057	0	4,215,057	59,321	71.06	30.00
31.00	INTENSIVE CARE UNIT	456,221		456,221	5,000	91.24	31.00
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
40.00	SUBPROVIDER - IPF	635,159	0	635,159	7,326	86.70	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	184,219		184,219	4,788	38.48	43.00
44.00	SKILLED NURSING FACILITY	666,834		666,834	13,149	50.71	44.00
45.00	NURSING FACILITY	0		0	0	0.00	45.00
200.00	Total (lines 30-199)	6,157,490		6,157,490	89,584		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 140054

Period:
From 10/01/2010
To 09/30/2011

Worksheet D
Part I
Date/Time Prepared:
3/20/2012 3:09 pm

Cost Center Description		Title XVIII		Hospital	PPS
		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)		
		6.00	7.00		
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS	20,159	1,432,499		30.00
31.00	INTENSIVE CARE UNIT	2,111	192,608		31.00
32.00	CORONARY CARE UNIT	0	0		32.00
33.00	BURN INTENSIVE CARE UNIT	0	0		33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0		34.00
40.00	SUBPROVIDER - IPF	5,284	458,123		40.00
41.00	SUBPROVIDER - IRF	0	0		41.00
42.00	SUBPROVIDER	0	0		42.00
43.00	NURSERY	0	0		43.00
44.00	SKILLED NURSING FACILITY	9,080	460,447		44.00
45.00	NURSING FACILITY	0	0		45.00
200.00	Total (lines 30-199)	36,634	2,543,677		200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 140054

Period:
From 10/01/2010
To 09/30/2011

Worksheet D
Part II
Date/Time Prepared:
3/20/2012 3:09 pm

Cost Center Description	Title XVIII			Hospital	PPS	
	Capital Related Cost (from wkst. B, Part II, col. 26)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	1,465,509	85,408,256	0.017159	11,830,755	203,004	50.00
51.00 RECOVERY ROOM	142,002	17,211,760	0.008250	2,084,798	17,200	51.00
52.00 DELIVERY ROOM & LABOR ROOM	386,707	25,255,636	0.015312	49,708	761	52.00
53.00 ANESTHESIOLOGY	28,717	30,534,551	0.000940	3,507,915	3,297	53.00
54.00 RADIOLOGY-DIAGNOSTIC	1,003,020	36,154,263	0.027743	4,656,892	129,196	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00 RADIOISOTOPE	103,560	11,126,643	0.009307	1,458,858	13,578	56.00
56.01 ULTRA SOUND	19,896	14,813,544	0.001343	1,774,557	2,383	56.01
56.02 MAMMOGRAPHY	227,425	14,681,948	0.015490	4,572	71	56.02
57.00 CT SCAN	119,105	62,748,692	0.001898	8,816,774	16,734	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	29,256	31,285,164	0.000935	1,730,993	1,618	58.00
59.00 CARDIAC CATHETERIZATION	207,078	19,777,960	0.010470	6,545,033	68,526	59.00
59.01 GASTRO INTESTINAL	367,316	26,425,725	0.013900	2,231,043	31,011	59.01
60.00 LABORATORY	958,200	61,895,498	0.015481	14,403,449	222,980	60.00
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	61,413	2,573,001	0.023868	412,788	9,852	63.00
64.00 INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00 RESPIRATORY THERAPY	126,645	9,682,972	0.013079	4,055,440	53,041	65.00
66.00 PHYSICAL THERAPY	421,248	17,453,221	0.024136	3,995,369	96,432	66.00
66.01 TCU REHAB	132,247	2,404,758	0.054994	0	0	66.01
67.00 OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00 SPEECH PATHOLOGY	61,503	755,805	0.081374	0	0	68.00
69.00 ELECTROCARDIOLOGY	118,945	21,300,764	0.005584	4,438,318	24,784	69.00
69.01 CARDIAC REHAB	339,430	1,790,809	0.189540	0	0	69.01
70.00 ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	268,457	51,441,777	0.005219	8,073,181	42,134	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	114,180	29,905,523	0.003818	8,633,275	32,962	72.00
73.00 DRUGS CHARGED TO PATIENTS	351,948	101,417,301	0.003470	26,560,572	92,165	73.00
74.00 RENAL DIALYSIS	18,714	1,660,275	0.011272	956,858	10,786	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00 CLINIC	0	0	0.000000	0	0	90.00
91.00 EMERGENCY	748,695	71,418,260	0.010483	9,322,484	97,728	91.00
91.01 FAMILY PRACTICES	615,814	9,746,180	0.063185	0	0	91.01
91.02 PSYCH DAY HOSPITAL	604,696	2,817,591	0.214615	0	0	91.02
91.03 WOUND CARE	3,120	732,655	0.004258	0	0	91.03
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	177,566	6,196,323	0.028657	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00 Total (lines 50-199)	9,222,412	768,616,855		125,543,632	1,170,243	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140054

Period:
From 10/01/2010
To 09/30/2011

worksheet D
Part III
Date/Time Prepared:
3/20/2012 3:09 pm

Cost Center Description	Title XVIII			Hospital	PPS	Total Costs (sum of cols. 1 through 3, minus col. 4)	
	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)			
	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
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	0	0	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
200.00	Total (lines 30-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140054

Period:
From 10/01/2010
To 09/30/2011

Worksheet D
Part III
Date/Time Prepared:
3/20/2012 3:09 pm

Cost Center Description	Title XVIII					PPS
	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Hospital 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	59,321	0.00	20,159	0	0	30.00
31.00 INTENSIVE CARE UNIT	5,000	0.00	2,111	0	0	31.00
32.00 CORONARY CARE UNIT	0	0.00	0	0	0	32.00
33.00 BURN INTENSIVE CARE UNIT	0	0.00	0	0	0	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0.00	0	0	0	34.00
40.00 SUBPROVIDER - IPF	7,326	0.00	5,284	0	0	40.00
41.00 SUBPROVIDER - IRF	0	0.00	0	0	0	41.00
42.00 SUBPROVIDER	0	0.00	0	0	0	42.00
43.00 NURSERY	4,788	0.00	0	0	0	43.00
44.00 SKILLED NURSING FACILITY	13,149	0.00	9,080	0	0	44.00
45.00 NURSING FACILITY	0	0.00	0	0	0	45.00
200.00 Total (lines 30-199)	89,584		36,634	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140054

Period:
From 10/01/2010
To 09/30/2011

Worksheet D
Part III
Date/Time Prepared:
3/20/2012 3:09 pm

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

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140054

Period:
From 10/01/2010
To 09/30/2011

Worksheet D
Part IV
Date/Time Prepared:
3/20/2012 3:09 pm

Cost Center Description	Title XVIII				Hospital	PPS	Total Cost (sum of col 1 through col. 4)	
	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost				
	1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS								
50.00	OPERATING ROOM	0	0	0	0	0	0	50.00
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
56.00	RADIOISOTOPE	0	0	0	0	0	0	56.00
56.01	ULTRA SOUND	0	0	0	0	0	0	56.01
56.02	MAMMOGRAPHY	0	0	0	0	0	0	56.02
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
59.01	GASTRO INTESTINAL	0	0	0	0	0	0	59.01
60.00	LABORATORY	0	0	0	0	0	0	60.00
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00	PHYSICAL THERAPY	0	0	0	0	0	0	66.00
66.01	TCU REHAB	0	0	0	0	0	0	66.01
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
69.01	CARDIAC HEHAB	0	0	0	0	0	0	69.01
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
OUTPATIENT SERVICE COST CENTERS								
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	0	90.00
91.00	EMERGENCY	0	0	0	0	0	0	91.00
91.01	FAMILY PRACTICES	0	0	0	0	0	0	91.01
91.02	PSYCH DAY HOSPITAL	0	0	0	0	0	0	91.02
91.03	WOUND CARE	0	0	0	0	0	0	91.03
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	0	98.00
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: 140054

Period:
From 10/01/2010
To 09/30/2011

Worksheet D
Part IV
Date/Time Prepared:
3/20/2012 3:09 pm

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	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	85,408,256	0.000000	0.000000	11,830,755	50.00
51.00 RECOVERY ROOM	0	17,211,760	0.000000	0.000000	2,084,798	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	25,255,636	0.000000	0.000000	49,708	52.00
53.00 ANESTHESIOLOGY	0	30,534,551	0.000000	0.000000	3,507,915	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	36,154,263	0.000000	0.000000	4,656,892	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
56.00 RADIOISOTOPE	0	11,126,643	0.000000	0.000000	1,458,858	56.00
56.01 ULTRA SOUND	0	14,813,544	0.000000	0.000000	1,774,557	56.01
56.02 MAMMOGRAPHY	0	14,681,948	0.000000	0.000000	4,572	56.02
57.00 CT SCAN	0	62,748,692	0.000000	0.000000	8,816,774	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	31,285,164	0.000000	0.000000	1,730,993	58.00
59.00 CARDIAC CATHETERIZATION	0	19,777,960	0.000000	0.000000	6,545,033	59.00
59.01 GASTRO INTESTINAL	0	26,425,725	0.000000	0.000000	2,231,043	59.01
60.00 LABORATORY	0	61,895,498	0.000000	0.000000	14,403,449	60.00
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0.000000	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	2,573,001	0.000000	0.000000	412,788	63.00
64.00 INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00 RESPIRATORY THERAPY	0	9,682,972	0.000000	0.000000	4,055,440	65.00
66.00 PHYSICAL THERAPY	0	17,453,221	0.000000	0.000000	3,995,369	66.00
66.01 TCU REHAB	0	2,404,758	0.000000	0.000000	0	66.01
67.00 OCCUPATIONAL THERAPY	0	0	0.000000	0.000000	0	67.00
68.00 SPEECH PATHOLOGY	0	755,805	0.000000	0.000000	0	68.00
69.00 ELECTROCARDIOLOGY	0	21,300,764	0.000000	0.000000	4,438,318	69.00
69.01 CARDIAC HEHAB	0	1,790,809	0.000000	0.000000	0	69.01
70.00 ELECTROENCEPHALOGRAPHY	0	0	0.000000	0.000000	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	51,441,777	0.000000	0.000000	8,073,181	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	29,905,523	0.000000	0.000000	8,633,275	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	101,417,301	0.000000	0.000000	26,560,572	73.00
74.00 RENAL DIALYSIS	0	1,660,275	0.000000	0.000000	956,858	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00 CLINIC	0	0	0.000000	0.000000	0	90.00
91.00 EMERGENCY	0	71,418,260	0.000000	0.000000	9,322,484	91.00
91.01 FAMILY PRACTICES	0	9,746,180	0.000000	0.000000	0	91.01
91.02 PSYCH DAY HOSPITAL	0	2,817,591	0.000000	0.000000	0	91.02
91.03 WOUND CARE	0	732,655	0.000000	0.000000	0	91.03
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	6,196,323	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
95.00 AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0	98.00
200.00 Total (lines 50-199)	0	768,616,855			125,543,632	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140054

Period:
From 10/01/2010
To 09/30/2011

Worksheet D
Part IV
Date/Time Prepared:
3/20/2012 3:09 pm

Cost Center Description	Title XVIII			Hospital	PPS	
	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
	11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	9,835,705	0	0	0	50.00
51.00 RECOVERY ROOM	0	2,675,471	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	3,630,370	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	3,480,063	0	0	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	0	1,806,318	0	0	0	56.00
56.01 ULTRA SOUND	0	1,618,191	0	0	0	56.01
56.02 MAMMOGRAPHY	0	0	0	0	0	56.02
57.00 CT SCAN	0	8,542,699	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	3,855,554	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	1,066,761	0	0	0	59.00
59.01 GASTRO INTESTINAL	0	3,760,306	0	0	0	59.01
60.00 LABORATORY	0	1,962,755	0	0	0	60.00
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	94,525	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	0	165,251	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01 TCU REHAB	0	0	0	0	0	66.01
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	2,295,850	0	0	0	69.00
69.01 CARDIAC HEHAB	0	733,328	0	0	0	69.01
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	5,098,220	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	3,409,463	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	5,626,242	0	0	0	73.00
74.00 RENAL DIALYSIS	0	40,282	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
91.00 EMERGENCY	0	4,738,945	0	0	0	91.00
91.01 FAMILY PRACTICES	0	0	0	0	0	91.01
91.02 PSYCH DAY HOSPITAL	0	146,741	0	0	0	91.02
91.03 WOUND CARE	0	0	0	0	0	91.03
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	1,349,493	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00 Total (lines 50-199)	0	65,932,533	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140054

Period:
From 10/01/2010
To 09/30/2011

Worksheet D
Part IV
Date/Time Prepared:
3/20/2012 3:09 pm

Cost Center Description		Title XVIII		Hospital	PPS
		PSA Adj. Allied Health 23.00	PSA Adj. All Other Medical Education Cost 24.00		
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0	0		50.00
51.00	RECOVERY ROOM	0	0		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	ANESTHESIOLOGY	0	0		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	RADIOISOTOPE	0	0		56.00
56.01	ULTRA SOUND	0	0		56.01
56.02	MAMMOGRAPHY	0	0		56.02
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
59.01	GASTRO INTESTINAL	0	0		59.01
60.00	LABORATORY	0	0		60.00
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0		61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00	INTRAVENOUS THERAPY	0	0		64.00
65.00	RESPIRATORY THERAPY	0	0		65.00
66.00	PHYSICAL THERAPY	0	0		66.00
66.01	TCU REHAB	0	0		66.01
67.00	OCCUPATIONAL THERAPY	0	0		67.00
68.00	SPEECH PATHOLOGY	0	0		68.00
69.00	ELECTROCARDIOLOGY	0	0		69.00
69.01	CARDIAC REHAB	0	0		69.01
70.00	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00	RENAL DIALYSIS	0	0		74.00
75.00	ASC (NON-DISTINCT PART)	0	0		75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC	0	0		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00	CLINIC	0	0		90.00
91.00	EMERGENCY	0	0		91.00
91.01	FAMILY PRACTICES	0	0		91.01
91.02	PSYCH DAY HOSPITAL	0	0		91.02
91.03	WOUND CARE	0	0		91.03
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	HOME PROGRAM DIALYSIS	0	0		94.00
95.00	AMBULANCE SERVICES	0	0		95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0		98.00
200.00	Total (lines 50-199)	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 140054

Period:
From 10/01/2010
To 09/30/2011

Worksheet D
Part V
Date/Time Prepared:
3/20/2012 3:09 pm

		Title XVIII		Hospital		PPS
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	PPS Reimbursed Services (see instructions)	Charges			
			Cost Reimbursed Subject To Ded. & Coins. (see instructions)	Cost Reimbursed Subject To Ded. & Coins. (see instructions)		
		1.00	2.00	3.00	4.00	
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0.185274	9,835,705	0	0	50.00
51.00	RECOVERY ROOM	0.091764	2,675,471	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.155940	0	0	0	52.00
53.00	ANESTHESIOLOGY	0.037179	3,630,370	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.199034	3,480,063	0	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	55.00
56.00	RADIOISOTOPE	0.131477	1,806,318	0	0	56.00
56.01	ULTRA SOUND	0.094255	1,618,191	0	0	56.01
56.02	MAMMOGRAPHY	0.131419	0	0	0	56.02
57.00	CT SCAN	0.030242	8,542,699	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.059997	3,855,554	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.177468	1,066,761	0	0	59.00
59.01	GASTRO INTESTINAL	0.152686	3,760,306	0	0	59.01
60.00	LABORATORY	0.184090	1,962,755	0	0	60.00
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.607902	94,525	0	0	63.00
64.00	INTRAVENOUS THERAPY	0.000000	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0.253507	165,251	0	0	65.00
66.00	PHYSICAL THERAPY	0.267829	0	0	0	66.00
66.01	TCU REHAB	0.606033	0	0	0	66.01
67.00	OCCUPATIONAL THERAPY	0.000000	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0.335870	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0.071766	2,295,850	0	0	69.00
69.01	CARDIAC HEHAB	0.611892	733,328	0	0	69.01
70.00	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.189777	5,098,220	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.429152	3,409,463	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.125912	5,626,242	0	0	73.00
74.00	RENAL DIALYSIS	0.372411	40,282	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0.000000				88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000				89.00
90.00	CLINIC	0.000000	0	0	0	90.00
91.00	EMERGENCY	0.164543	4,738,945	0	0	91.00
91.01	FAMILY PRACTICES	0.464538	0	0	0	91.01
91.02	PSYCH DAY HOSPITAL	0.509919	146,741	0	0	91.02
91.03	WOUND CARE	0.296665	0	0	0	91.03
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.281583	1,349,493	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0.000000		0		94.00
95.00	AMBULANCE SERVICES	0.000000		0		95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	98.00
200.00	Subtotal (see instructions)		65,932,533	0	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		65,932,533	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 140054

Period:
From 10/01/2010
To 09/30/2011

Worksheet D
Part V
Date/Time Prepared:
3/20/2012 3:09 pm

		Title XVIII			Hospital	PPS
Cost Center Description	Costs					
	PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)			
	5.00	6.00	7.00			
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	1,822,300	0	0		50.00
51.00	RECOVERY ROOM	245,512	0	0		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	ANESTHESIOLOGY	134,974	0	0		53.00
54.00	RADIOLOGY-DIAGNOSTIC	692,651	0	0		54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0		55.00
56.00	RADIOISOTOPE	237,489	0	0		56.00
56.01	ULTRA SOUND	152,523	0	0		56.01
56.02	MAMMOGRAPHY	0	0	0		56.02
57.00	CT SCAN	258,348	0	0		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	231,322	0	0		58.00
59.00	CARDIAC CATHETERIZATION	189,316	0	0		59.00
59.01	GASTRO INTESTINAL	574,146	0	0		59.01
60.00	LABORATORY	361,324	0	0		60.00
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0		61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0		62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	57,462	0	0		63.00
64.00	INTRAVENOUS THERAPY	0	0	0		64.00
65.00	RESPIRATORY THERAPY	41,892	0	0		65.00
66.00	PHYSICAL THERAPY	0	0	0		66.00
66.01	TCU REHAB	0	0	0		66.01
67.00	OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	SPEECH PATHOLOGY	0	0	0		68.00
69.00	ELECTROCARDIOLOGY	164,764	0	0		69.00
69.01	CARDIAC HEHAB	448,718	0	0		69.01
70.00	ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	967,525	0	0		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	1,463,178	0	0		72.00
73.00	DRUGS CHARGED TO PATIENTS	708,411	0	0		73.00
74.00	RENAL DIALYSIS	15,001	0	0		74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0		75.00
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	CLINIC	0	0	0		90.00
91.00	EMERGENCY	779,760	0	0		91.00
91.01	FAMILY PRACTICES	0	0	0		91.01
91.02	PSYCH DAY HOSPITAL	74,826	0	0		91.02
91.03	WOUND CARE	0	0	0		91.03
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	379,994	0	0		92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0		94.00
95.00	AMBULANCE SERVICES	0	0	0		95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0		96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0		97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0		98.00
200.00	Subtotal (see instructions)	10,001,436	0	0		200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0	0	0		201.00
202.00	Net Charges (line 200 +/- line 201)	10,001,436	0	0		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140054 Component CCN: 14S054		Period: From 10/01/2010 To 09/30/2011		Worksheet D Part II Date/Time Prepared: 3/20/2012 3:09 pm	
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)	PPS
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	1,465,509	85,408,256	0.017159	3,981	68	50.00
51.00	RECOVERY ROOM	142,002	17,211,760	0.008250	23,735	196	51.00
52.00	DELIVERY ROOM & LABOR ROOM	386,707	25,255,636	0.015312	0	0	52.00
53.00	ANESTHESIOLOGY	28,717	30,534,551	0.000940	26,485	25	53.00
54.00	RADIOLOGY-DIAGNOSTIC	1,003,020	36,154,263	0.027743	54,209	1,504	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	RADIOISOTOPE	103,560	11,126,643	0.009307	2,952	27	56.00
56.01	ULTRA SOUND	19,896	14,813,544	0.001343	13,738	18	56.01
56.02	MAMMOGRAPHY	227,425	14,681,948	0.015490	0	0	56.02
57.00	CT SCAN	119,105	62,748,692	0.001898	136,158	258	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	29,256	31,285,164	0.000935	19,174	18	58.00
59.00	CARDIAC CATHETERIZATION	207,078	19,777,960	0.010470	0	0	59.00
59.01	GASTRO INTESTINAL	367,316	26,425,725	0.013900	5,304	74	59.01
60.00	LABORATORY	958,200	61,895,498	0.015481	684,544	10,597	60.00
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	61,413	2,573,001	0.023868	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	RESPIRATORY THERAPY	126,645	9,682,972	0.013079	26,073	341	65.00
66.00	PHYSICAL THERAPY	421,248	17,453,221	0.024136	98,952	2,388	66.00
66.01	TCU REHAB	132,247	2,404,758	0.054994	0	0	66.01
67.00	OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	SPEECH PATHOLOGY	61,503	755,805	0.081374	5,255	428	68.00
69.00	ELECTROCARDIOLOGY	118,945	21,300,764	0.005584	86,825	485	69.00
69.01	CARDIAC HEHAB	339,430	1,790,809	0.189540	0	0	69.01
70.00	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	268,457	51,441,777	0.005219	33,299	174	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	114,180	29,905,523	0.003818	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	351,948	101,417,301	0.003470	623,231	2,163	73.00
74.00	RENAL DIALYSIS	18,714	1,660,275	0.011272	11,493	130	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	CLINIC	0	0	0.000000	0	0	90.00
91.00	EMERGENCY	748,695	71,418,260	0.010483	417,063	4,372	91.00
91.01	FAMILY PRACTICES	615,814	9,746,180	0.063185	0	0	91.01
91.02	PSYCH DAY HOSPITAL	604,696	2,817,591	0.214615	0	0	91.02
91.03	WOUND CARE	3,120	732,655	0.004258	0	0	91.03
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	177,566	6,196,323	0.028657	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00	Total (lines 50-199)	9,222,412	768,616,855		2,272,471	23,266	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140054
Component CCN: 14S054

Period:
From 10/01/2010
To 09/30/2011

Worksheet D
Part IV
Date/Time Prepared:
3/20/2012 3:09 pm

		Title XVIII			Subprovider - IPF	PPS	
Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	0	0	0	0	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	ULTRA SOUND	0	0	0	0	0	56.01
56.02	MAMMOGRAPHY	0	0	0	0	0	56.02
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
59.01	GASTRO INTESTINAL	0	0	0	0	0	59.01
60.00	LABORATORY	0	0	0	0	0	60.00
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	TCU REHAB	0	0	0	0	0	66.01
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	CARDIAC HEHAB	0	0	0	0	0	69.01
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
91.00	EMERGENCY	0	0	0	0	0	91.00
91.01	FAMILY PRACTICES	0	0	0	0	0	91.01
91.02	PSYCH DAY HOSPITAL	0	0	0	0	0	91.02
91.03	WOUND CARE	0	0	0	0	0	91.03
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
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: 140054
Component CCN: 14S054

Period:
From 10/01/2010
To 09/30/2011

Worksheet D
Part IV
Date/Time Prepared:
3/20/2012 3:09 pm

Title XVIII		Subprovider - IPF		PPS		
Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
	6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	85,408,256	0.000000	0.000000	3,981 50.00
51.00	RECOVERY ROOM	0	17,211,760	0.000000	0.000000	23,735 51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	25,255,636	0.000000	0.000000	0 52.00
53.00	ANESTHESIOLOGY	0	30,534,551	0.000000	0.000000	26,485 53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	36,154,263	0.000000	0.000000	54,209 54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0 55.00
56.00	RADIOISOTOPE	0	11,126,643	0.000000	0.000000	2,952 56.00
56.01	ULTRA SOUND	0	14,813,544	0.000000	0.000000	13,738 56.01
56.02	MAMMOGRAPHY	0	14,681,948	0.000000	0.000000	0 56.02
57.00	CT SCAN	0	62,748,692	0.000000	0.000000	136,158 57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	31,285,164	0.000000	0.000000	19,174 58.00
59.00	CARDIAC CATHETERIZATION	0	19,777,960	0.000000	0.000000	0 59.00
59.01	GASTRO INTESTINAL	0	26,425,725	0.000000	0.000000	5,304 59.01
60.00	LABORATORY	0	61,895,498	0.000000	0.000000	684,544 60.00
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0 61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0.000000	0 62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	2,573,001	0.000000	0.000000	0 63.00
64.00	INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0 64.00
65.00	RESPIRATORY THERAPY	0	9,682,972	0.000000	0.000000	26,073 65.00
66.00	PHYSICAL THERAPY	0	17,453,221	0.000000	0.000000	98,952 66.00
66.01	TCU REHAB	0	2,404,758	0.000000	0.000000	0 66.01
67.00	OCCUPATIONAL THERAPY	0	0	0.000000	0.000000	0 67.00
68.00	SPEECH PATHOLOGY	0	755,805	0.000000	0.000000	5,255 68.00
69.00	ELECTROCARDIOLOGY	0	21,300,764	0.000000	0.000000	86,825 69.00
69.01	CARDIAC REHAB	0	1,790,809	0.000000	0.000000	0 69.01
70.00	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0.000000	0 70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	51,441,777	0.000000	0.000000	33,299 71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	29,905,523	0.000000	0.000000	0 72.00
73.00	DRUGS CHARGED TO PATIENTS	0	101,417,301	0.000000	0.000000	623,231 73.00
74.00	RENAL DIALYSIS	0	1,660,275	0.000000	0.000000	11,493 74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0 75.00
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0 88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0 89.00
90.00	CLINIC	0	0	0.000000	0.000000	0 90.00
91.00	EMERGENCY	0	71,418,260	0.000000	0.000000	417,063 91.00
91.01	FAMILY PRACTICES	0	9,746,180	0.000000	0.000000	0 91.01
91.02	PSYCH DAY HOSPITAL	0	2,817,591	0.000000	0.000000	0 91.02
91.03	WOUND CARE	0	732,655	0.000000	0.000000	0 91.03
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	6,196,323	0.000000	0.000000	0 92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0 94.00
95.00	AMBULANCE SERVICES	0	0	0.000000	0.000000	0 95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0 96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0 97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0 98.00
200.00	Total (lines 50-199)	0	768,616,855			2,272,471 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140054
Component CCN: 14S054

Period:
From 10/01/2010
To 09/30/2011

Worksheet D
Part IV
Date/Time Prepared:
3/20/2012 3:09 pm

		Title XVIII			Subprovider - IPF	PPS	
Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	0	0	0	0	50.00
51.00	RECOVERY ROOM	0	498	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	1,764	0	0	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	ULTRA SOUND	0	0	0	0	0	56.01
56.02	MAMMOGRAPHY	0	0	0	0	0	56.02
57.00	CT SCAN	0	1,766	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	3,111	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
59.01	GASTRO INTESTINAL	0	1,758	0	0	0	59.01
60.00	LABORATORY	0	0	0	0	0	60.00
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	TCU REHAB	0	0	0	0	0	66.01
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	1,983	0	0	0	69.00
69.01	CARDIAC HEHAB	0	0	0	0	0	69.01
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	335	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	601	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
91.00	EMERGENCY	0	2,979	0	0	0	91.00
91.01	FAMILY PRACTICES	0	0	0	0	0	91.01
91.02	PSYCH DAY HOSPITAL	0	94,703	0	0	0	91.02
91.03	WOUND CARE	0	0	0	0	0	91.03
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00	Total (lines 50-199)	0	109,498	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140054
Component CCN: 14S054

Period:
From 10/01/2010
To 09/30/2011

Worksheet D
Part IV
Date/Time Prepared:
3/20/2012 3:09 pm

Cost Center Description		PSA Adj. Allied Health 23.00	PSA Adj. All Other Medical Education Cost 24.00	Title XVIII	Subprovider - IPF	PPS
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	0			50.00
51.00	RECOVERY ROOM	0	0			51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0			52.00
53.00	ANESTHESIOLOGY	0	0			53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0			54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0			55.00
56.00	RADIOISOTOPE	0	0			56.00
56.01	ULTRA SOUND	0	0			56.01
56.02	MAMMOGRAPHY	0	0			56.02
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
59.01	GASTRO INTESTINAL	0	0			59.01
60.00	LABORATORY	0	0			60.00
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0			61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0			62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0			63.00
64.00	INTRAVENOUS THERAPY	0	0			64.00
65.00	RESPIRATORY THERAPY	0	0			65.00
66.00	PHYSICAL THERAPY	0	0			66.00
66.01	TCU REHAB	0	0			66.01
67.00	OCCUPATIONAL THERAPY	0	0			67.00
68.00	SPEECH PATHOLOGY	0	0			68.00
69.00	ELECTROCARDIOLOGY	0	0			69.00
69.01	CARDIAC REHAB	0	0			69.01
70.00	ELECTROENCEPHALOGRAPHY	0	0			70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0			71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0			72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0			73.00
74.00	RENAL DIALYSIS	0	0			74.00
75.00	ASC (NON-DISTINCT PART)	0	0			75.00
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0			88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0			89.00
90.00	CLINIC	0	0			90.00
91.00	EMERGENCY	0	0			91.00
91.01	FAMILY PRACTICES	0	0			91.01
91.02	PSYCH DAY HOSPITAL	0	0			91.02
91.03	WOUND CARE	0	0			91.03
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0			92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0			94.00
95.00	AMBULANCE SERVICES	0	0			95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0			96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0			97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0			98.00
200.00	Total (lines 50-199)	0	0			200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 140054

Period: From 10/01/2010

Worksheet D

Component CCN: 14S054

To 09/30/2011

Part V

Date/Time Prepared: 3/20/2012 3:09 pm

Title XVIII

Subprovider - IPF

PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			
		PPS Reimbursed Services (see instructions)	Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)	
	1.00	2.00	3.00	4.00	
ANCILLARY SERVICE COST CENTERS					
50.00 OPERATING ROOM	0.185274	0	0	0	50.00
51.00 RECOVERY ROOM	0.091764	498	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0.155940	0	0	0	52.00
53.00 ANESTHESIOLOGY	0.037179	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0.199034	1,764	0	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	55.00
56.00 RADIOISOTOPE	0.131477	0	0	0	56.00
56.01 ULTRA SOUND	0.094255	0	0	0	56.01
56.02 MAMMOGRAPHY	0.131419	0	0	0	56.02
57.00 CT SCAN	0.030242	1,766	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0.059997	3,111	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0.177468	0	0	0	59.00
59.01 GASTRO INTESTINAL	0.152686	1,758	0	0	59.01
60.00 LABORATORY	0.184090	0	0	0	60.00
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0.607902	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0.000000	0	0	0	64.00
65.00 RESPIRATORY THERAPY	0.253507	0	0	0	65.00
66.00 PHYSICAL THERAPY	0.267829	0	0	0	66.00
66.01 TCU REHAB	0.606033	0	0	0	66.01
67.00 OCCUPATIONAL THERAPY	0.000000	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0.335870	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0.071766	1,983	0	0	69.00
69.01 CARDIAC HEHAB	0.611892	0	0	0	69.01
70.00 ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.189777	335	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0.429152	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0.125912	601	0	0	73.00
74.00 RENAL DIALYSIS	0.372411	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0.000000	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS					
88.00 RURAL HEALTH CLINIC	0.000000				88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0.000000				89.00
90.00 CLINIC	0.000000	0	0	0	90.00
91.00 EMERGENCY	0.164543	2,979	0	0	91.00
91.01 FAMILY PRACTICES	0.464538	0	0	0	91.01
91.02 PSYCH DAY HOSPITAL	0.509919	94,703	0	0	91.02
91.03 WOUND CARE	0.296665	0	0	0	91.03
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0.281583	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00 HOME PROGRAM DIALYSIS	0.000000		0		94.00
95.00 AMBULANCE SERVICES	0.000000		0		95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	98.00
200.00 Subtotal (see instructions)		109,498	0	0	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00 Net Charges (line 200 +/- line 201)		109,498	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140054 Component CCN:145054	Period: From 10/01/2010 To 09/30/2011	Worksheet D Part V Date/Time Prepared: 3/20/2012 3:09 pm
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description	Costs			
	PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)	
	5.00	6.00	7.00	
ANCILLARY SERVICE COST CENTERS				
50.00 OPERATING ROOM	0	0	0	50.00
51.00 RECOVERY ROOM	46	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	351	0	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00 RADIOISOTOPE	0	0	0	56.00
56.01 ULTRA SOUND	0	0	0	56.01
56.02 MAMMOGRAPHY	0	0	0	56.02
57.00 CT SCAN	53	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	187	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	59.00
59.01 GASTRO INTESTINAL	268	0	0	59.01
60.00 LABORATORY	0	0	0	60.00
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY		0		61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	64.00
65.00 RESPIRATORY THERAPY	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	66.00
66.01 TCU REHAB	0	0	0	66.01
67.00 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	142	0	0	69.00
69.01 CARDIAC HEHAB	0	0	0	69.01
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	64	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	76	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS				
88.00 RURAL HEALTH CLINIC	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00 CLINIC	0	0	0	90.00
91.00 EMERGENCY	490	0	0	91.00
91.01 FAMILY PRACTICES	0	0	0	91.01
91.02 PSYCH DAY HOSPITAL	48,291	0	0	91.02
91.03 WOUND CARE	0	0	0	91.03
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS				
94.00 HOME PROGRAM DIALYSIS		0	0	94.00
95.00 AMBULANCE SERVICES		0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	98.00
200.00 Subtotal (see instructions)	49,968	0	0	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges		0	0	201.00
202.00 Net Charges (line 200 +/- line 201)	49,968	0	0	202.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140054
Component CCN: 145848

Period:
From 10/01/2010
To 09/30/2011

Worksheet D
Part IV
Date/Time Prepared:
3/20/2012 3:09 pm

Cost Center Description	Title XVIII				Total Cost (sum of col 1 through col. 4)
	Non Physician Anesthetist Cost	Nursing School	Allied Health	All other Medical Education Cost	
	1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS					
50.00 OPERATING ROOM	0	0	0	0	0
51.00 RECOVERY ROOM	0	0	0	0	0
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00 ANESTHESIOLOGY	0	0	0	0	0
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00 RADIOISOTOPE	0	0	0	0	0
56.01 ULTRA SOUND	0	0	0	0	0
56.02 MAMMOGRAPHY	0	0	0	0	0
57.00 CT SCAN	0	0	0	0	0
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0
59.01 GASTRO INTESTINAL	0	0	0	0	0
60.00 LABORATORY	0	0	0	0	0
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
64.00 INTRAVENOUS THERAPY	0	0	0	0	0
65.00 RESPIRATORY THERAPY	0	0	0	0	0
66.00 PHYSICAL THERAPY	0	0	0	0	0
66.01 TCU REHAB	0	0	0	0	0
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0
68.00 SPEECH PATHOLOGY	0	0	0	0	0
69.00 ELECTROCARDIOLOGY	0	0	0	0	0
69.01 CARDIAC HEHAB	0	0	0	0	0
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00 RENAL DIALYSIS	0	0	0	0	0
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS					
88.00 RURAL HEALTH CLINIC	0	0	0	0	0
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00 CLINIC	0	0	0	0	0
91.00 EMERGENCY	0	0	0	0	0
91.01 FAMILY PRACTICES	0	0	0	0	0
91.02 PSYCH DAY HOSPITAL	0	0	0	0	0
91.03 WOUND CARE	0	0	0	0	0
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS					
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0
95.00 AMBULANCE SERVICES	0	0	0	0	0
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0
200.00 Total (lines 50-199)	0	0	0	0	0

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140054 Component CCN:145848		Period: From 10/01/2010 To 09/30/2011		Worksheet D Part IV Date/Time Prepared: 3/20/2012 3:09 pm	
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	PPS
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	85,408,256	0.000000	0.000000	35,325	50.00
51.00	RECOVERY ROOM	0	17,211,760	0.000000	0.000000	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	25,255,636	0.000000	0.000000	0	52.00
53.00	ANESTHESIOLOGY	0	30,534,551	0.000000	0.000000	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	36,154,263	0.000000	0.000000	140,187	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
56.00	RADIOISOTOPE	0	11,126,643	0.000000	0.000000	17,133	56.00
56.01	ULTRA SOUND	0	14,813,544	0.000000	0.000000	52,466	56.01
56.02	MAMMOGRAPHY	0	14,681,948	0.000000	0.000000	0	56.02
57.00	CT SCAN	0	62,748,692	0.000000	0.000000	43,966	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	31,285,164	0.000000	0.000000	0	58.00
59.00	CARDIAC CATHETERIZATION	0	19,777,960	0.000000	0.000000	0	59.00
59.01	GASTRO INTESTINAL	0	26,425,725	0.000000	0.000000	0	59.01
60.00	LABORATORY	0	61,895,498	0.000000	0.000000	864,404	60.00
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0.000000	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	2,573,001	0.000000	0.000000	11,896	63.00
64.00	INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00	RESPIRATORY THERAPY	0	9,682,972	0.000000	0.000000	309,838	65.00
66.00	PHYSICAL THERAPY	0	17,453,221	0.000000	0.000000	0	66.00
66.01	TCU REHAB	0	2,404,758	0.000000	0.000000	1,638,307	66.01
67.00	OCCUPATIONAL THERAPY	0	0	0.000000	0.000000	0	67.00
68.00	SPEECH PATHOLOGY	0	755,805	0.000000	0.000000	0	68.00
69.00	ELECTROCARDIOLOGY	0	21,300,764	0.000000	0.000000	51,665	69.00
69.01	CARDIAC HEHAB	0	1,790,809	0.000000	0.000000	0	69.01
70.00	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0.000000	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	51,441,777	0.000000	0.000000	21,246	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	29,905,523	0.000000	0.000000	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	101,417,301	0.000000	0.000000	3,179,254	73.00
74.00	RENAL DIALYSIS	0	1,660,275	0.000000	0.000000	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	CLINIC	0	0	0.000000	0.000000	0	90.00
91.00	EMERGENCY	0	71,418,260	0.000000	0.000000	0	91.00
91.01	FAMILY PRACTICES	0	9,746,180	0.000000	0.000000	0	91.01
91.02	PSYCH DAY HOSPITAL	0	2,817,591	0.000000	0.000000	0	91.02
91.03	WOUND CARE	0	732,655	0.000000	0.000000	0	91.03
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	6,196,323	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
95.00	AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0	98.00
200.00	Total (lines 50-199)	0	768,616,855			6,365,687	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140054
Component CCN:145848

Period:
From 10/01/2010
To 09/30/2011

Worksheet D
Part IV
Date/Time Prepared:
3/20/2012 3:09 pm

Cost Center Description		Title XVIII			Skilled Nursing Facility		PPS		
		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School			
		11.00	12.00	13.00	21.00	22.00			
ANCILLARY SERVICE COST CENTERS									
50.00	OPERATING ROOM	0	0	0	0	0	0	50.00	
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	
56.00	RADIOISOTOPE	0	0	0	0	0	0	56.00	
56.01	ULTRA SOUND	0	0	0	0	0	0	56.01	
56.02	MAMMOGRAPHY	0	0	0	0	0	0	56.02	
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	
59.01	GASTRO INTESTINAL	0	0	0	0	0	0	59.01	
60.00	LABORATORY	0	0	0	0	0	0	60.00	
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	0	61.00	
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	0	62.00	
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	63.00	
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	0	64.00	
65.00	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00	
66.00	PHYSICAL THERAPY	0	0	0	0	0	0	66.00	
66.01	TCU REHAB	0	0	0	0	0	0	66.01	
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00	
68.00	SPEECH PATHOLOGY	0	0	0	0	0	0	68.00	
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00	
69.01	CARDIAC HEHAB	0	0	0	0	0	0	69.01	
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	
OUTPATIENT SERVICE COST CENTERS									
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00	
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00	
90.00	CLINIC	0	0	0	0	0	0	90.00	
91.00	EMERGENCY	0	0	0	0	0	0	91.00	
91.01	FAMILY PRACTICES	0	0	0	0	0	0	91.01	
91.02	PSYCH DAY HOSPITAL	0	0	0	0	0	0	91.02	
91.03	WOUND CARE	0	0	0	0	0	0	91.03	
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00	
OTHER REIMBURSABLE COST CENTERS									
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	0	94.00	
95.00	AMBULANCE SERVICES	0	0	0	0	0	0	95.00	
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	0	96.00	
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	0	97.00	
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	0	98.00	
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: 140054
Component CCN:145848

Period:
From 10/01/2010
To 09/30/2011

Worksheet D
Part IV
Date/Time Prepared:
3/20/2012 3:09 pm

Title XVIII

Skilled Nursing Facility

PPS

Cost Center Description		PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	
		23.00	24.00	
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0	0	50.00
51.00	RECOVERY ROOM	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	RADIOISOTOPE	0	0	56.00
56.01	ULTRA SOUND	0	0	56.01
56.02	MAMMOGRAPHY	0	0	56.02
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
59.01	GASTRO INTESTINAL	0	0	59.01
60.00	LABORATORY	0	0	60.00
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	64.00
65.00	RESPIRATORY THERAPY	0	0	65.00
66.00	PHYSICAL THERAPY	0	0	66.00
66.01	TCU REHAB	0	0	66.01
67.00	OCCUPATIONAL THERAPY	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	69.00
69.01	CARDIAC HEHAB	0	0	69.01
70.00	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	RENAL DIALYSIS	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	75.00
OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	CLINIC	0	0	90.00
91.00	EMERGENCY	0	0	91.00
91.01	FAMILY PRACTICES	0	0	91.01
91.02	PSYCH DAY HOSPITAL	0	0	91.02
91.03	WOUND CARE	0	0	91.03
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	98.00
200.00	Total (lines 50-199)	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140054

Period:
From 10/01/2010
To 09/30/2011

Worksheet D-1

Date/Time Prepared:
3/20/2012 3:09 pm

Title XVIII		Hospital	PPS
Cost Center Description			1.00
PART I - ALL PROVIDER COMPONENTS			
INPATIENT DAYS			
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	59,321	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	59,321	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)	59,321	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	20,159	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	0	14.00
15.00	Total nursery days (title V or XIX only)	0	15.00
16.00	Nursery days (title V or XIX only)	0	16.00
SWING BED ADJUSTMENT			
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period	0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)	41,417,421	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)	41,417,421	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28.00	General inpatient routine service charges (excluding swing-bed charges)	111,203,513	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	111,203,513	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.372447	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)	1,874.61	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)	41,417,421	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY			
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS			
38.00	Adjusted general inpatient routine service cost per diem (see instructions)	698.19	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	14,074,812	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)	0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)	14,074,812	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140054

Period:
From 10/01/2010
To 09/30/2011

Worksheet D-1

Date/Time Prepared:
3/20/2012 3:09 pm

Cost Center Description	Title XVIII			Hospital	PPS	
	Total	Total	Average Per	Program Days	Program Cost	
	Inpatient Cost	Inpatient Days	Diem (col. 1 ÷ col. 2)		(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	7,880,526	5,000	1,576.11	2,111	3,327,168	43.00
44.00 CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00 OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						
48.00 Program inpatient ancillary service cost (wkst. D-3, col. 3, line 200)					1.00	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					21,472,306	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)					1,625,107	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from wkst. D, sum of Parts II and IV)					1,170,243	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					2,795,350	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					36,078,936	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)					2,499	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					698.19	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					1,744,777	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140054

Period:
From 10/01/2010
To 09/30/2011

Worksheet D-1

Date/Time Prepared:
3/20/2012 3:09 pm

Cost Center Description	Cost	Title XVIII		Hospital	PPS	
		Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00 Capital-related cost	4,215,057	41,417,421	0.101770	1,744,777	177,566	90.00
91.00 Nursing School cost	0	41,417,421	0.000000	1,744,777	0	91.00
92.00 Allied health cost	0	41,417,421	0.000000	1,744,777	0	92.00
93.00 All other Medical Education	0	41,417,421	0.000000	1,744,777	0	93.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140054
Component CCN:14S054

Period:
From 10/01/2010
To 09/30/2011

Worksheet D-1

Date/Time Prepared:
3/20/2012 3:09 pm

Title XVIII

Subprovider -
IPF

PPS

Cost Center Description

1.00

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	7,326	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	7,326	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)	7,326	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)	5,284	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	0	14.00
15.00	Total nursery days (title V or XIX only)	0	15.00
16.00	Nursery days (title V or XIX only)	0	16.00

SWING BED ADJUSTMENT

17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period	0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)	5,143,710	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)	5,143,710	27.00

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28.00	General inpatient routine service charges (excluding swing-bed charges)	0	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	5,143,710	37.00

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS

38.00	Adjusted general inpatient routine service cost per diem (see instructions)	702.12	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	3,710,002	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)	3,710,002	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140054

Period:
From 10/01/2010
To 09/30/2011

Worksheet D-1

Component CCN: 14S054

Date/Time Prepared:
3/20/2012 3:09 pm

Title XVIII

Subprovider -
IPF

PPS

Cost Center Description	Total	Total	Average Per	Program Days	Program Cost	
	Inpatient Cost	Inpatient Days	Diem (col. 1 ÷ col. 2)		(col. 3 x col. 4)	
42.00 NURSERY (title V & XIX only)	1.00	2.00	3.00	4.00	5.00	42.00
Intensive Care Type Inpatient Hospital Units						
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00 CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00 OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description					1.00	
48.00 Program inpatient ancillary service cost (wkst. D-3, col. 3, line 200)					347,279	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					4,057,281	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)					458,123	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from wkst. D, sum of Parts II and IV)					23,266	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					481,389	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					3,575,892	53.00
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00 Program discharges					0	54.00
55.00 Target amount per discharge					0.00	55.00
56.00 Target amount (line 54 x line 55)					0	56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00 Bonus payment (see instructions)					0	58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00 Relief payment (see instructions)					0	62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY						
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00 Program routine service cost (line 9 x line 71)						72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from worksheet B, Part II, column 26, line 45)						75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00 Program capital-related costs (line 9 x line 76)						77.00
78.00 Inpatient routine service cost (line 74 minus line 77)						78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00 Inpatient routine service cost per diem limitation						81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00 Reasonable inpatient routine service costs (see instructions)						83.00
84.00 Program inpatient ancillary services (see instructions)						84.00
85.00 Utilization review - physician compensation (see instructions)						85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00 Total observation bed days (see instructions)					0	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00 observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140054

Period:

Worksheet D-1

Component CCN: 14S054

From 10/01/2010

Date/Time Prepared:

To 09/30/2011

3/20/2012 3:09 pm

Title XVIII

Subprovider -

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	635,159	5,143,710	0.123483	0	0	90.00
91.00 Nursing School cost	0	5,143,710	0.000000	0	0	91.00
92.00 Allied health cost	0	5,143,710	0.000000	0	0	92.00
93.00 All other Medical Education	0	5,143,710	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140054
Component CCN:145848

Period:
From 10/01/2010
To 09/30/2011

Worksheet D-1
Date/Time Prepared:
3/20/2012 3:09 pm

Title XVIII
Skilled Nursing Facility

PPS

Cost Center Description		1.00	
PART I - ALL PROVIDER COMPONENTS			
INPATIENT DAYS			
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	13,149	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	13,149	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)	13,149	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)	9,080	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	0	14.00
15.00	Total nursery days (title V or XIX only)	0	15.00
16.00	Nursery days (title V or XIX only)	0	16.00
SWING BED ADJUSTMENT			
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period	0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)	6,302,789	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)	0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)	0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)	0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)	0	25.00
26.00	Total swing-bed cost (see instructions)	0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	6,302,789	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28.00	General inpatient routine service charges (excluding swing-bed charges)	0	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	6,302,789	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY			
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS			
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140054

Period:

Worksheet D-1

Component CCN:145848

From 10/01/2010

Date/Time Prepared:

To 09/30/2011

3/20/2012 3:09 pm

Title XVIII

Skilled Nursing

PPS

Cost Center Description	Total	Total	Average Per	Program Days	Program Cost (col. 3 x col. 4)	
	Inpatient Cost	Inpatient Days	Diem (col. 1 ÷ col. 2)			
	1.00	2.00	3.00	4.00	5.00	
42.00 NURSERY (title V & XIX only)						42.00
Intensive Care Type Inpatient Hospital Units						
43.00 INTENSIVE CARE UNIT						43.00
44.00 CORONARY CARE UNIT						44.00
45.00 BURN INTENSIVE CARE UNIT						45.00
46.00 SURGICAL INTENSIVE CARE UNIT						46.00
47.00 OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						
					1.00	
48.00 Program inpatient ancillary service cost (wkst. D-3, col. 3, line 200)						48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						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)						50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)						52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						53.00
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00 Program discharges						54.00
55.00 Target amount per discharge						55.00
56.00 Target amount (line 54 x line 55)						56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						57.00
58.00 Bonus payment (see instructions)						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						59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						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)						61.00
62.00 Relief payment (see instructions)						62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)						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)						64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						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)						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)						68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						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)					6,302,789	70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					479.34	71.00
72.00 Program routine service cost (line 9 x line 71)					4,352,407	72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)					0	73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)					4,352,407	74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from worksheet B, Part II, column 26, line 45)					0	75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)					0.00	76.00
77.00 Program capital-related costs (line 9 x line 76)					0	77.00
78.00 Inpatient routine service cost (line 74 minus line 77)					0	78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)					0	79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					0	80.00
81.00 Inpatient routine service cost per diem limitation					0.00	81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)					0	82.00
83.00 Reasonable inpatient routine service costs (see instructions)					4,352,407	83.00
84.00 Program inpatient ancillary services (see instructions)					1,688,795	84.00
85.00 Utilization review - physician compensation (see instructions)					0	85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)					6,041,202	86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00 Total observation bed days (see instructions)					0	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140054
Component CCN: 145848

Period:
From 10/01/2010
To 09/30/2011

Worksheet D-1
Date/Time Prepared:
3/20/2012 3:09 pm

Title XVIII

Skilled Nursing Facility

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	0	0	0.000000	0	0	90.00
91.00 Nursing School cost	0	0	0.000000	0	0	91.00
92.00 Allied health cost	0	0	0.000000	0	0	92.00
93.00 All other Medical Education	0	0	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 140054

Period:
From 10/01/2010
To 09/30/2011

Worksheet D-3

Date/Time Prepared:
3/20/2012 3:09 pm

Cost Center Description	Title XVIII		Hospital		PPS
	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)		
			1.00	2.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS		34,530,966		30.00
31.00	INTENSIVE CARE UNIT		6,044,676		31.00
32.00	CORONARY CARE UNIT		0		32.00
33.00	BURN INTENSIVE CARE UNIT		0		33.00
34.00	SURGICAL INTENSIVE CARE UNIT		0		34.00
40.00	SUBPROVIDER - IPF		0		40.00
41.00	SUBPROVIDER - IRF		0		41.00
42.00	SUBPROVIDER		0		42.00
43.00	NURSERY		0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.185274	11,830,755	2,191,931	50.00
51.00	RECOVERY ROOM	0.091764	2,084,798	191,309	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.155940	49,708	7,751	52.00
53.00	ANESTHESIOLOGY	0.037421	3,507,915	131,270	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.199034	4,656,892	926,880	54.00
55.00	RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
56.00	RADIOISOTOPE	0.131477	1,458,858	191,806	56.00
56.01	ULTRA SOUND	0.094255	1,774,557	167,261	56.01
56.02	MAMMOGRAPHY	0.131419	4,572	601	56.02
57.00	CT SCAN	0.030242	8,816,774	266,637	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.059997	1,730,993	103,854	58.00
59.00	CARDIAC CATHETERIZATION	0.177468	6,545,033	1,161,534	59.00
59.01	GASTRO INTESTINAL	0.152686	2,231,043	340,649	59.01
60.00	LABORATORY	0.184090	14,403,449	2,651,531	60.00
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.607902	412,788	250,935	63.00
64.00	INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	RESPIRATORY THERAPY	0.253507	4,055,440	1,028,082	65.00
66.00	PHYSICAL THERAPY	0.267829	3,995,369	1,070,076	66.00
66.01	TCU REHAB	0.606033	0	0	66.01
67.00	OCCUPATIONAL THERAPY	0.000000	0	0	67.00
68.00	SPEECH PATHOLOGY	0.335870	0	0	68.00
69.00	ELECTROCARDIOLOGY	0.071766	4,438,318	318,520	69.00
69.01	CARDIAC HEHAB	0.611892	0	0	69.01
70.00	ELECTROENCEPHALOGRAPHY	0.000000	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.189777	8,073,181	1,532,104	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.429152	8,633,275	3,704,987	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.125912	26,560,572	3,344,295	73.00
74.00	RENAL DIALYSIS	0.372411	956,858	356,344	74.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	CLINIC	0.000000	0	0	90.00
91.00	EMERGENCY	0.164543	9,322,484	1,533,949	91.00
91.01	FAMILY PRACTICES	0.464538	0	0	91.01
91.02	PSYCH DAY HOSPITAL	0.512184	0	0	91.02
91.03	WOUND CARE	0.296665	0	0	91.03
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.281583	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	AMBULANCE SERVICES				95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	98.00
200.00	Total (sum of lines 50-94 and 96-98)		125,543,632	21,472,306	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)		125,543,632		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140054	Period: From 10/01/2010 To 09/30/2011	Worksheet D-3	
		Component CCN: 14S054		Date/Time Prepared: 3/20/2012 3:09 pm	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)		
	1.00	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS		0		30.00
31.00	INTENSIVE CARE UNIT		0		31.00
32.00	CORONARY CARE UNIT		0		32.00
33.00	BURN INTENSIVE CARE UNIT		0		33.00
34.00	SURGICAL INTENSIVE CARE UNIT		0		34.00
40.00	SUBPROVIDER - IPF		11,150,557		40.00
41.00	SUBPROVIDER - IRF		0		41.00
42.00	SUBPROVIDER		0		42.00
43.00	NURSERY		0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.185274	3,981	738	50.00
51.00	RECOVERY ROOM	0.091764	23,735	2,178	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.155940	0	0	52.00
53.00	ANESTHESIOLOGY	0.037421	26,485	991	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.199034	54,209	10,789	54.00
55.00	RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
56.00	RADIOISOTOPE	0.131477	2,952	388	56.00
56.01	ULTRA SOUND	0.094255	13,738	1,295	56.01
56.02	MAMMOGRAPHY	0.131419	0	0	56.02
57.00	CT SCAN	0.030242	136,158	4,118	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.059997	19,174	1,150	58.00
59.00	CARDIAC CATHETERIZATION	0.177468	0	0	59.00
59.01	GASTRO INTESTINAL	0.152686	5,304	810	59.01
60.00	LABORATORY	0.184090	684,544	126,018	60.00
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.607902	0	0	63.00
64.00	INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	RESPIRATORY THERAPY	0.253507	26,073	6,610	65.00
66.00	PHYSICAL THERAPY	0.267829	98,952	26,502	66.00
66.01	TCU REHAB	0.606033	0	0	66.01
67.00	OCCUPATIONAL THERAPY	0.000000	0	0	67.00
68.00	SPEECH PATHOLOGY	0.335870	5,255	1,765	68.00
69.00	ELECTROCARDIOLOGY	0.071766	86,825	6,231	69.00
69.01	CARDIAC HEHAB	0.611892	0	0	69.01
70.00	ELECTROENCEPHALOGRAPHY	0.000000	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.189777	33,299	6,319	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.429152	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.125912	623,231	78,472	73.00
74.00	RENAL DIALYSIS	0.372411	11,493	4,280	74.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	CLINIC	0.000000	0	0	90.00
91.00	EMERGENCY	0.164543	417,063	68,625	91.00
91.01	FAMILY PRACTICES	0.464538	0	0	91.01
91.02	PSYCH DAY HOSPITAL	0.512184	0	0	91.02
91.03	WOUND CARE	0.296665	0	0	91.03
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.281583	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	AMBULANCE SERVICES				95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	98.00
200.00	Total (sum of lines 50-94 and 96-98)		2,272,471	347,279	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)		2,272,471		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140054 Component CCN:145848	Period: From 10/01/2010 To 09/30/2011	Worksheet D-3 Date/Time Prepared: 3/20/2012 3:09 pm
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
		1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS		0	30.00
31.00	INTENSIVE CARE UNIT		0	31.00
32.00	CORONARY CARE UNIT		0	32.00
33.00	BURN INTENSIVE CARE UNIT		0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	SUBPROVIDER - IPF		0	40.00
41.00	SUBPROVIDER - IRF		0	41.00
42.00	SUBPROVIDER		0	42.00
43.00	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0.185274	35,325	6,545 50.00
51.00	RECOVERY ROOM	0.091764	0	0 51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.155940	0	0 52.00
53.00	ANESTHESIOLOGY	0.037179	0	0 53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.199034	140,187	27,902 54.00
55.00	RADIOLOGY-THERAPEUTIC	0.000000	0	0 55.00
56.00	RADIOISOTOPE	0.131477	17,133	2,253 56.00
56.01	ULTRA SOUND	0.094255	52,466	4,945 56.01
56.02	MAMMOGRAPHY	0.131419	0	0 56.02
57.00	CT SCAN	0.030242	43,966	1,330 57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.059997	0	0 58.00
59.00	CARDIAC CATHETERIZATION	0.177468	0	0 59.00
59.01	GASTRO INTESTINAL	0.152686	0	0 59.01
60.00	LABORATORY	0.184090	864,404	159,128 60.00
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0 61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0 62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.607902	11,896	7,232 63.00
64.00	INTRAVENOUS THERAPY	0.000000	0	0 64.00
65.00	RESPIRATORY THERAPY	0.253507	309,838	78,546 65.00
66.00	PHYSICAL THERAPY	0.267829	0	0 66.00
66.01	TCU REHAB	0.606033	1,638,307	992,868 66.01
67.00	OCCUPATIONAL THERAPY	0.000000	0	0 67.00
68.00	SPEECH PATHOLOGY	0.335870	0	0 68.00
69.00	ELECTROCARDIOLOGY	0.071766	51,665	3,708 69.00
69.01	CARDIAC HEHAB	0.611892	0	0 69.01
70.00	ELECTROENCEPHALOGRAPHY	0.000000	0	0 70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.189777	21,246	4,032 71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.429152	0	0 72.00
73.00	DRUGS CHARGED TO PATIENTS	0.125912	3,179,254	400,306 73.00
74.00	RENAL DIALYSIS	0.372411	0	0 74.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0 75.00
OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC	0.000000		0 88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0 89.00
90.00	CLINIC	0.000000	0	0 90.00
91.00	EMERGENCY	0.164543	0	0 91.00
91.01	FAMILY PRACTICES	0.464538	0	0 91.01
91.02	PSYCH DAY HOSPITAL	0.509919	0	0 91.02
91.03	WOUND CARE	0.296665	0	0 91.03
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.281583	0	0 92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	HOME PROGRAM DIALYSIS	0.000000	0	0 94.00
95.00	AMBULANCE SERVICES			0 95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0 96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0 97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0 98.00
200.00	Total (sum of lines 50-94 and 96-98)		6,365,687	1,688,795 200.00
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)		6,365,687	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140054	Period: From 10/01/2010 To 09/30/2011	Worksheet E Part A Date/Time Prepared: 3/20/2012 3:09 pm
		Title XVIII	Hospital	PPS
			before 1/1	on/after 1/1
			1.00	1.01
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS				
1.00	DRG Amounts Other than Outlier Payments		36,648,220	1.00
2.00	Outlier payments for discharges. (see instructions)		119,101	2.00
3.00	Managed Care Simulated Payments		11,686,527	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		227.82	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)		60.12	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		60.12	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		61.84	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.18	11.00
12.00	Current year allowable FTE (see instructions)		60.30	12.00
13.00	Total allowable FTE count for the prior year.		59.59	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.		58.96	14.00
15.00	Sum of lines 12 through 14 divided by 3.		59.62	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		59.62	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.261698	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.250536	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.250536	21.00
22.00	IME payment adjustment (see instructions)		6,184,141	22.00
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		1.72	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)		6,184,141	29.00
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		3.84	30.00
31.00	Percentage of Medicaid patient days to total days reported on worksheet S-2, Part I, line 24. (see instructions)		29.55	31.00
32.00	Sum of lines 30 and 31		33.39	32.00
33.00	Allowable disproportionate share percentage (see instructions)		16.76	33.00
34.00	Disproportionate share adjustment (see instructions)		6,142,242	34.00
Additional payment for high percentage of ESRD beneficiary discharges				
40.00	Total Medicare discharges on worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.00
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00	42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000	44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41)		0	46.00
47.00	Subtotal (see instructions)		49,093,704	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)		49,093,704	49.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 140054

Period:
From 10/01/2010
To 09/30/2011

Worksheet E
Part A
Date/Time Prepared:
3/20/2012 3:09 pm

		Hospital		
		before 1/1	on/after 1/1	
		1.00	1.01	
50.00	Payment for inpatient program capital (from worksheet L, Parts I, II, as applicable)	3,511,450		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).	3,348,517		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)	55,953,671		59.00
60.00	Primary payer payments	162,019		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)	55,791,652		61.00
62.00	Deductibles billed to program beneficiaries	3,534,436		62.00
63.00	Coinsurance billed to program beneficiaries	230,740		63.00
64.00	Allowable bad debts (see instructions)	1,599,714		64.00
65.00	Adjusted reimbursable bad debts (see instructions)	1,119,800		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	1,187,383		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)	53,146,276		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)	53,146,276		71.00
72.00	Interim payments	52,819,670		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)	326,606		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2	0		75.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Operating outlier amount from worksheet E, Part A line 2	0		90.00
91.00	Capital outlier from worksheet L, Part I, line 2	0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)	0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)	0		93.00
94.00	The rate used to calculate the Time Value of Money	0.00		94.00
95.00	Time Value of Money for operating expenses(see instructions)	0		95.00
96.00	Time Value of Money for capital related expenses (see instructions)	0		96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 140054

Period:
From 10/01/2010
To 09/30/2011

Worksheet E
Part B
Date/Time Prepared:
3/20/2012 3:09 pm

		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)			0 1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)			10,001,436 2.00
3.00	PPS payments			11,401,105 3.00
4.00	Outlier payment (see instructions)			19,853 4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)			0.000 5.00
6.00	Line 2 times line 5			0 6.00
7.00	Sum of line 3 plus line 4 divided by line 6			0.00 7.00
8.00	Transitional corridor payment (see instructions)			0 8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200			0 9.00
10.00	Organ acquisitions			0 10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)			0 11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges			0 12.00
13.00	Organ acquisition charges (from worksheet D-4, Part III, line 69, col. 4)			0 13.00
14.00	Total reasonable charges (sum of lines 12 and 13)			0 14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis			0 15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR 413.13(e)			0 16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)			0.000000 17.00
18.00	Total customary charges (see instructions)			0 18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			0 19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)			0 20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)			0 21.00
22.00	Interns and residents (see instructions)			0 22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)			0 23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)			11,420,958 24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)			2,631,804 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)			8,789,154 27.00
28.00	Direct graduate medical education payments (from worksheet E-4, line 50)			659,466 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)			9,448,620 30.00
31.00	Primary payer payments			13,516 31.00
32.00	Subtotal (line 30 minus line 31)			9,435,104 32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from worksheet I-5, line 11)			0 33.00
34.00	Allowable bad debts (see instructions)			918,703 34.00
35.00	Adjusted reimbursable bad debts (see instructions)			643,092 35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			768,514 36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)			10,078,196 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)			10,078,196 40.00
41.00	Interim payments			9,966,738 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)			111,458 43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2			0 44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)			0 90.00
91.00	Outlier reconciliation adjustment amount (see instructions)			0 91.00
92.00	The rate used to calculate the Time Value of Money			0.00 92.00
93.00	Time Value of Money (see instructions)			0 93.00
94.00	Total (sum of lines 91 and 93)			0 94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 140054

Period:
From 10/01/2010
To 09/30/2011

Worksheet E
Part B
Date/Time Prepared:
3/20/2012 3:09 pm

Title XVIII

Hospital

PPS

Overrides

1.00

WORKSHEET OVERRIDE VALUES

112.00 override of Ancillary service charges (line 12)

0112.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 140054	Period: From 10/01/2010 To 09/30/2011	Worksheet E Part B Date/Time Prepared: 3/20/2012 3:09 pm
Component CCN: 14S054		
Title XVIII	Subprovider - IPF	PPS

		1.00	
PART B - MEDICAL AND OTHER HEALTH SERVICES			
1.00	Medical and other services (see instructions)	0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	49,968	2.00
3.00	PPS payments	58,702	3.00
4.00	Outlier payment (see instructions)	0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)	0.000	5.00
6.00	Line 2 times line 5	0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6	0.00	7.00
8.00	Transitional corridor payment (see instructions)	0	8.00
9.00	Ancillary service other pass through costs from worksheet D, Part IV, column 13, line 200	0	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES			
Reasonable charges			
12.00	Ancillary service charges	0	12.00
13.00	Organ acquisition charges (from worksheet D-4, Part III, line 69, col. 4)	0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)	0	14.00
Customary charges			
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis	0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)	0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)	0.000000	17.00
18.00	Total customary charges (see instructions)	0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)	0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)	0	21.00
22.00	Interns and residents (see instructions)	0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)	0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)	58,702	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
25.00	Deductibles and coinsurance (for CAH, see instructions)	12,708	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)	45,994	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)	45,994	30.00
31.00	Primary payer payments	0	31.00
32.00	Subtotal (line 30 minus line 31)	45,994	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
33.00	Composite rate ESRD (from worksheet I-5, line 11)	0	33.00
34.00	Allowable bad debts (see instructions)	0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)	45,994	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)	45,994	40.00
41.00	Interim payments	45,994	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (line 40 minus the sum of lines 41, and 42)	0	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2	0	44.00
TO BE COMPLETED BY CONTRACTOR			
90.00	Original outlier amount (see instructions)	0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)	0	91.00
92.00	The rate used to calculate the Time value of Money	0.00	92.00
93.00	Time Value of Money (see instructions)	0	93.00
94.00	Total (sum of lines 91 and 93)	0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 140054
Component CCN: 145054

Period:
From 10/01/2010
To 09/30/2011

Worksheet E
Part B
Date/Time Prepared:
3/20/2012 3:09 pm

Title XVIII

Subprovider -
IPF

PPS

Overrides
1.00

WORKSHEET OVERRIDE VALUES

112.00 override of Ancillary service charges (line 12)

0 112.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 140054
Component CCN: 145848

Period:
From 10/01/2010
To 09/30/2011

Worksheet E
Part B
Date/Time Prepared:
3/20/2012 3:09 pm

Title XVIII
Skilled Nursing
Facility

PPS

1.00

PART B - MEDICAL AND OTHER HEALTH SERVICES

1.00	Medical and other services (see instructions)	0	1.00
2.00	Medical and other services reimbursed under OPPTS (see instructions)	0	2.00
3.00	PPS payments		3.00
4.00	Outlier payment (see instructions)		4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		5.00
6.00	Line 2 times line 5	0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6	0.00	7.00
8.00	Transitional corridor payment (see instructions)	0	8.00
9.00	Ancillary service other pass through costs from worksheet D, Part IV, column 13, line 200	0	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	0	11.00

COMPUTATION OF LESSER OF COST OR CHARGES

Reasonable charges

12.00	Ancillary service charges	0	12.00
13.00	Organ acquisition charges (from worksheet D-4, Part III, line 69, col. 4)	0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)	0	14.00

Customary charges

15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis	0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)	0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)	0.000000	17.00
18.00	Total customary charges (see instructions)	0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)	0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)	0	21.00
22.00	Interns and residents (see instructions)	0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)	0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)	0	24.00

COMPUTATION OF REIMBURSEMENT SETTLEMENT

25.00	Deductibles and coinsurance (for CAH, see instructions)	0	25.00
26.00	Deductibles and coinsurance relating to amount on line 24 (for CAH, see instructions)		26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)	0	27.00
28.00	Direct graduate medical education payments (from worksheet E-4, line 50)	0	28.00
29.00	ESRD direct medical education costs (from worksheet E-4, line 36)	0	29.00
30.00	Subtotal (sum of lines 27 through 29)	0	30.00
31.00	Primary payer payments	0	31.00
32.00	Subtotal (line 30 minus line 31)	0	32.00

ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)

33.00	Composite rate ESRD (from worksheet I-5, line 11)	0	33.00
34.00	Allowable bad debts (see instructions)	0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)	0	37.00
38.00	MSP-LCC reconciliation amount from PS&R		38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	39.00
39.99	RECOVERY OF ACCELERATED DEPRECIATION	0	39.99
40.00	Subtotal (line 37 plus or minus lines 39 minus 38)	0	40.00
41.00	Interim payments	0	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (line 40 minus the sum of lines 41, and 42)	0	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2	0	44.00

TO BE COMPLETED BY CONTRACTOR

90.00	Original outlier amount (see instructions)		90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		91.00
92.00	The rate used to calculate the Time Value of Money		92.00
93.00	Time Value of Money (see instructions)		93.00
94.00	Total (sum of lines 91 and 93)		94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 140054	Period: From 10/01/2010	Worksheet E Part B
	Component CCN:145848	To 09/30/2011	Date/Time Prepared: 3/20/2012 3:09 pm
	Title XVIII	Skilled Nursing Facility	PPS
			Overrides
			1.00
WORKSHEET OVERRIDE VALUES			
112.00	override of Ancillary service charges (line 12)		0 112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140054

Period:
From 10/01/2010
To 09/30/2011

Worksheet E-1
Part I
Date/Time Prepared:
3/20/2012 3:09 pm

		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		52,751,142		10,065,554		1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0		2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						3.00
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER	04/22/2011	215,418	04/22/2011	26,575		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	09/09/2011	146,890	09/09/2011	125,391		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)		68,528		-98,816		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)		52,819,670		9,966,738		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		326,606		111,458		6.01
6.02	SETTLEMENT TO PROGRAM		0		0		6.02
7.00	Total Medicare program liability (see instructions)		53,146,276		10,078,196		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: 140054

Period: From 10/01/2010

Worksheet E-1

Component CCN: 14S054

To 09/30/2011

Part I

Date/Time Prepared: 3/20/2012 3:09 pm

Title XVIII

Subprovider -

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		3,788,717		45,994	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		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)		3,788,717		45,994	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		1		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		3,788,718		45,994	7.00
			0	Contractor Number	Date (Mo/Day/Yr)	
				1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140054
Component CCN: 145848

Period:
From 10/01/2010
To 09/30/2011

Worksheet E-1
Part I
Date/Time Prepared:
3/20/2012 3:09 pm

Title XVIII

Skilled Nursing
Facility

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		3,579,266		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		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		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)		3,579,266		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		3,579,266		0	7.00
				Contractor Number	Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 140054	Period: From 10/01/2010 To 09/30/2011	Worksheet E-3 Part II Date/Time Prepared: 3/20/2012 3:09 pm
Component CCN: 14S054	Title XVIII	Subprovider - IPF
		PPS

		1.00	
PART II - MEDICARE PART A SERVICES - IPF PPS			
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)	4,146,375	1.00
2.00	Net IPF PPS Outlier Payments	3,942	2.00
3.00	Net IPF PPS ECT Payments	11,403	3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)	0.00	4.00
5.00	New Teaching program adjustment. (see instructions)	0.00	5.00
6.00	Current year's unweighted FTE count of I&R other than FTES in the first 3 years of a "new teaching program". (see inst.)	0.00	6.00
7.00	Current year's unweighted I&R FTE count for residents within the first 3 years of a "new teaching program". (see inst.)	0.00	7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)	0.00	8.00
9.00	Average Daily Census (see instructions)	20.071233	9.00
10.00	Medical Education Adjustment Factor $\{(1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1\}$.	0.000000	10.00
11.00	Medical Education Adjustment (line 1 multiplied by line 10).	0	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)	4,161,720	12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)	0	13.00
14.00	Organ acquisition	0	14.00
15.00	Cost of teaching physicians (from worksheet D-5, Part II, column 3, line 20) (see instructions)	0	15.00
16.00	Subtotal (see instructions)	4,161,720	16.00
17.00	Primary payer payments	1,200	17.00
18.00	Subtotal (line 16 less line 17).	4,160,520	18.00
19.00	Deductibles	315,692	19.00
20.00	Subtotal (line 18 minus line 19)	3,844,828	20.00
21.00	Coinsurance	56,110	21.00
22.00	Subtotal (line 20 minus line 21)	3,788,718	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	0	23.00
24.00	Adjusted reimbursable bad debts (see instructions)	0	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0	25.00
26.00	Subtotal (sum of lines 22 and 24)	3,788,718	26.00
27.00	Direct graduate medical education payments (from worksheet E-4, line 49)	0	27.00
28.00	Other pass through costs (see instructions)	0	28.00
29.00	Outlier payments reconciliation	0	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	30.00
30.99	Recovery of Accelerated Depreciation	0	30.99
31.00	Total amount payable to the provider (see instructions)	3,788,718	31.00
32.00	Interim payments	3,788,717	32.00
33.00	Tentative settlement (for contractor use only)	0	33.00
34.00	Balance due provider/program (line 31 minus the sum lines 32 and 33)	1	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2	0	35.00
TO BE COMPLETED BY CONTRACTOR			
50.00	Original outlier amount from worksheet E-3, Part II, line 2	0	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)	0	51.00
52.00	The rate used to calculate the Time Value of Money	0.00	52.00
53.00	Time Value of Money (see instructions)	0	53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 140054	Period: From 10/01/2010 To 09/30/2011	Worksheet E-3 Part VI Date/Time Prepared: 3/20/2012 3:09 pm
	Component CCN:145848	Title XVIII	Skilled Nursing Facility PPS

			1.00	
PART VI - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES				
PROSPECTIVE PAYMENT AMOUNT (SEE INSTRUCTIONS)				
1.00	Resource Utilization Group Payment (RUGS)		3,847,984	1.00
2.00	Routine service other pass through costs		0	2.00
3.00	Ancillary service other pass through costs		0	3.00
4.00	Subtotal (sum of lines 1 through 3)		3,847,984	4.00
COMPUTATION OF NET COST OF COVERED SERVICES				
5.00	Medical and other services (Do not use this line as vaccine costs are included in line 1 of w/s E, Part B. This line is now shaded.)			5.00
6.00	Deductible		0	6.00
7.00	Coinsurance		268,718	7.00
8.00	Allowable bad debts (see instructions)		0	8.00
9.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	9.00
10.00	Allowable reimbursable bad debts (see instructions)		0	10.00
11.00	Utilization review		0	11.00
12.00	Subtotal (sum of lines 4, 5 minus 6 & 7 plus 10 and 11)(see Instructions)		3,579,266	12.00
13.00	Inpatient primary payer payments		0	13.00
14.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	14.00
14.99	Recovery of Accelerated Depreciation		0	14.99
15.00	Subtotal (line 12 minus 13 ± lines 14)		3,579,266	15.00
16.00	Interim payments		3,579,266	16.00
17.00	Tentative settlement (for contractor use only)		0	17.00
18.00	Balance due provider/program (line 15 minus the sum of lines 16 and 17)		0	18.00
19.00	Protested amounts (nonallowable cost report items) in accordance with CMS 19 Pub. 15-2, section 115.2		0	19.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT
MEDICAL EDUCATION COSTS

Provider CCN: 140054

Period:
From 10/01/2010
To 09/30/2011

Worksheet E-4

Date/Time Prepared:
3/20/2012 3:09 pm

		Title XVIII	Hospital	PPS	
					1.00
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			62.12	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			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus line 4.01 plus line 4.02 plus applicable subscripts			62.12	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			62.03	6.00
7.00	Enter the lesser of line 5 or line 6			62.03	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.	37.50	23.65	61.15	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.	37.50	23.65	61.15	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.18		10.00
11.00	Total weighted FTE count	37.50	23.83		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	38.99	19.83		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	41.87	19.76		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	39.45	21.14		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	39.45	21.14		17.00
18.00	Per resident amount	133,701.98	139,635.48		18.00
19.00	Approved amount for resident costs	5,274,543	2,951,894	8,226,437	19.00
					1.00
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	GME FTE weighted Resident count over Cap (see instructions)			0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			8,226,437	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days	27,554	7,145		26.00
27.00	Total Inpatient Days	69,148	69,148		27.00
28.00	Ratio of inpatient days to total inpatient days	0.398479	0.103329		28.00
29.00	Program direct GME amount	3,278,062	850,030		29.00
30.00	Reduction for nursing/allied health		120,109		30.00
31.00	Net Program direct GME amount			4,007,983	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140054	Period: From 10/01/2010 To 09/30/2011	Worksheet E-4 Date/Time Prepared: 3/20/2012 3:09 pm
		Title XVIII	Hospital	PPS
				1.00
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from worksheet B, Part I, sum of columns 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (worksheet C, Part I, column 8, sum of lines 74 and 94)		1,660,275	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		51,131,958	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)		163,219	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		50,968,739	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		10,051,404	42.00
43.00	Primary payer payments (see instructions)		13,516	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		10,037,888	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		61,006,627	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.835462	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.164538	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		4,007,983	48.00
49.00	Part A Medicare GME payment (line 46 x 48)(title XVIII only)(see instructions)		3,348,517	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		659,466	50.00

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

Provider CCN: 140054

Period:
From 10/01/2010
To 09/30/2011

Worksheet G

Date/Time Prepared:
3/20/2012 3:09 pm

	General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
	1.00	2.00	3.00	4.00	
CURRENT ASSETS					
1.00 Cash on hand in banks	-832,035	0	0	0	1.00
2.00 Temporary investments	0	0	0	0	2.00
3.00 Notes receivable	0	0	0	0	3.00
4.00 Accounts receivable	33,416,883	0	0	0	4.00
5.00 Other receivable	1,128,605	0	0	0	5.00
6.00 Allowances for uncollectible notes and accounts receivable	-7,670,515	0	0	0	6.00
7.00 Inventory	3,153,774	0	0	0	7.00
8.00 Prepaid expenses	2,729,064	0	0	0	8.00
9.00 Other current assets	0	0	0	0	9.00
10.00 Due from other funds	0	0	0	0	10.00
11.00 Total current assets (sum of lines 1-10)	31,925,776	0	0	0	11.00
FIXED ASSETS					
12.00 Land	5,956,337	0	0	0	12.00
13.00 Land improvements	419,041	0	0	0	13.00
14.00 Accumulated depreciation	0	0	0	0	14.00
15.00 Buildings	90,019,757	0	0	0	15.00
16.00 Accumulated depreciation	0	0	0	0	16.00
17.00 Leasehold improvements	1,876,881	0	0	0	17.00
18.00 Accumulated depreciation	0	0	0	0	18.00
19.00 Fixed equipment	0	0	0	0	19.00
20.00 Accumulated depreciation	0	0	0	0	20.00
21.00 Automobiles and trucks	0	0	0	0	21.00
22.00 Accumulated depreciation	0	0	0	0	22.00
23.00 Major movable equipment	82,738,652	0	0	0	23.00
24.00 Accumulated depreciation	-84,180,990	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	3	0	0	0	28.00
29.00 Minor equipment-nondepreciable	644,806	0	0	0	29.00
30.00 Total fixed assets (sum of lines 12-29)	97,474,487	0	0	0	30.00
OTHER ASSETS					
31.00 Investments	1,489,457	0	0	0	31.00
32.00 Deposits on leases	108,733	0	0	0	32.00
33.00 Due from owners/officers	4,528,571	0	0	0	33.00
34.00 Other assets	718,332	0	0	0	34.00
35.00 Total other assets (sum of lines 31-34)	6,845,093	0	0	0	35.00
36.00 Total assets (sum of lines 11, 30, and 35)	136,245,356	0	0	0	36.00
CURRENT LIABILITIES					
37.00 Accounts payable	10,409,361	0	0	0	37.00
38.00 Salaries, wages, and fees payable	16,159,239	0	0	0	38.00
39.00 Payroll taxes payable	0	0	0	0	39.00
40.00 Notes and loans payable (short term)	745,657	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	0	0	0	0	43.00
44.00 Other current liabilities	0	0	0	0	44.00
45.00 Total current liabilities (sum of lines 37 thru 44)	27,314,257	0	0	0	45.00
LONG TERM LIABILITIES					
46.00 Mortgage payable	281,386,179	0	0	0	46.00
47.00 Notes payable	-202,760	0	0	0	47.00
48.00 Unsecured loans	0	0	0	0	48.00
49.00 Other long term liabilities	2,014,004	0	0	0	49.00
50.00 Total long term liabilities (sum of lines 46 thru 49)	283,197,423	0	0	0	50.00
51.00 Total liabilities (sum of lines 45 and 50)	310,511,680	0	0	0	51.00
CAPITAL ACCOUNTS					
52.00 General fund balance	-174,266,324	0	0	0	52.00
53.00 Specific purpose fund	0	0	0	0	53.00
54.00 Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00 Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00 Governing body created - endowment fund balance	0	0	0	0	56.00
57.00 Plant fund balance - invested in plant	0	0	0	0	57.00
58.00 Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00 Total fund balances (sum of lines 52 thru 58)	-174,266,324	0	0	0	59.00
60.00 Total liabilities and fund balances (sum of lines 51 and 59)	136,245,356	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140054

Period:
From 10/01/2010
To 09/30/2011

Worksheet G-1

Date/Time Prepared:
3/20/2012 3:09 pm

	General Fund		Special Purpose Fund		
	1.00	2.00	3.00	4.00	
	1.00				
2.00		-53,131,721		0	2.00
3.00		-736,585			3.00
4.00		-53,868,306		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		-53,868,306		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		-53,868,306		0	19.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140054

Period:
From 10/01/2010
To 09/30/2011

Worksheet G-1

Date/Time Prepared:
3/20/2012 3:09 pm

	Endowment Fund		Plant Fund			
	5.00	6.00	7.00	8.00		
1.00 Fund balances at beginning of period			0		0	1.00
2.00 Net income (loss) (from wkst. G-3, line 29)						2.00
3.00 Total (sum of line 1 and line 2)			0		0	3.00
4.00 Additions (credit adjustments) (specify)	0			0		4.00
5.00	0			0		5.00
6.00	0			0		6.00
7.00	0			0		7.00
8.00	0			0		8.00
9.00	0			0		9.00
10.00 Total additions (sum of line 4-9)		0			0	10.00
11.00 Subtotal (line 3 plus line 10)		0			0	11.00
12.00 Deductions (debit adjustments) (specify)	0			0		12.00
13.00	0			0		13.00
14.00	0			0		14.00
15.00	0			0		15.00
16.00	0			0		16.00
17.00	0			0		17.00
18.00 Total deductions (sum of lines 12-17)		0			0	18.00
19.00 Fund balance at end of period per balance sheet (line 11 minus line 18)		0			0	19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 140054

Period:
From 10/01/2010
To 09/30/2011

Worksheet G-2 Parts

Date/Time Prepared:
3/20/2012 3:09 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	105,764,268		105,764,268	1.00
2.00	SUBPROVIDER - IPF	15,476,732		15,476,732	2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	9,505,425		9,505,425	7.00
8.00	NURSING FACILITY	0		0	8.00
9.00	OTHER LONG TERM CARE	0		0	9.00
10.00	Total general inpatient care services (sum of lines 1-9)	130,746,425		130,746,425	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	14,296,301		14,296,301	11.00
12.00	CORONARY CARE UNIT	0		0	12.00
13.00	BURN INTENSIVE CARE UNIT	0		0	13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	14,296,301		14,296,301	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	145,042,726		145,042,726	17.00
18.00	Ancillary services	345,269,752	23,769,409	369,039,161	18.00
19.00	Outpatient services	332,436,094	67,141,600	399,577,694	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		8,237,974	8,237,974	22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC	0	0	0	24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	25.00
26.00	HOSPICE	0	0	0	26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to wkst. G-3, line 1)	822,748,572	99,148,983	921,897,555	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per wkst. A, column 3, line 200)		243,900,483		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to wkst. G-3, line 4)		243,900,483		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140054

Period:
From 10/01/2010
To 09/30/2011

Worksheet G-3

Date/Time Prepared:
3/20/2012 3:09 pm

		1.00	
1.00	Total patient revenues (from wkst. G-2, Part I, column 3, line 28)	921,897,555	1.00
2.00	Less contractual allowances and discounts on patients' accounts	683,617,343	2.00
3.00	Net patient revenues (line 1 minus line 2)	238,280,212	3.00
4.00	Less total operating expenses (from wkst. G-2, Part II, line 43)	243,900,483	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-5,620,271	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and telegraph service	244,784	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	240	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	652,217	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	16,925	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	1,251	20.00
21.00	Rental of vending machines	25,695	21.00
22.00	Rental of hospital space	224,775	22.00
23.00	Governmental appropriations	0	23.00
24.00	CONSULTATION	2,925	24.00
24.01	MANAGEMENT/OPERATING FEES	20	24.01
24.02	OTHER OPERATING REVENUE	3,714,856	24.02
24.03		0	24.03
25.00	Total other income (sum of lines 6-24)	4,883,688	25.00
26.00	Total (line 5 plus line 25)	-736,583	26.00
27.00	ROUNDING	2	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	2	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-736,585	29.00

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 140054

Period: From 10/01/2010

Worksheet H

HHA CCN: 147285

To 09/30/2011

Date/Time Prepared: 3/20/2012 3:09 pm

Home Health Agency I

PPS

	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	
	1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS						
1.00	Capital Related - Bldg. & Fixtures			0	0	1.00
2.00	Capital Related - Movable Equipment			0	0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	4.00
5.00	Administrative and General	1,403,416	211,588	0	0	5.00
HHA REIMBURSABLE SERVICES						
6.00	Skilled Nursing Care	1,685,651	254,139	0	32,201	6.00
7.00	Physical Therapy	916,077	138,113	0	0	7.00
8.00	Occupational Therapy	181,872	27,420	0	0	8.00
9.00	Speech Pathology	4,168	628	0	0	9.00
10.00	Medical Social Services	62,103	9,363	0	0	10.00
11.00	Home Health Aide	10,740	1,619	0	0	11.00
12.00	Supplies (see instructions)	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	13.00
14.00	DME	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES						
15.00	Home Dialysis Aide Services	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	4,264,027	642,870	0	32,201	24.00

Column, 6 line 24 should agree with the worksheet A, column 7, line 101, or subscript as applicable.

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 140054

Period: From 10/01/2010

Worksheet H

HHA CCN: 147285

To 09/30/2011

Date/Time Prepared: 3/20/2012 3:09 pm

		Total (sum of cols. 1 thru 5)	Reclassificati on	Reclassified Trial Balance (col. 6 + col.7)	Home Health Agency I Adjustments	Net Expenses for Allocation (col. 8 + col. 9)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0	0	0	0	1.00
2.00	Capital Related - Movable Equipment	0	0	0	0	0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	2,231,927	-171,449	2,060,478	-84,783	1,975,695	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	1,971,991	0	1,971,991	0	1,971,991	6.00
7.00	Physical Therapy	1,054,190	0	1,054,190	0	1,054,190	7.00
8.00	Occupational Therapy	209,292	0	209,292	0	209,292	8.00
9.00	Speech Pathology	4,796	0	4,796	0	4,796	9.00
10.00	Medical Social Services	71,466	0	71,466	0	71,466	10.00
11.00	Home Health Aide	12,359	0	12,359	0	12,359	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	5,556,021	-171,449	5,384,572	-84,783	5,299,789	24.00

Column, 6 line 24 should agree with the worksheet A, column 7, line 101, or subscript as applicable.

COST ALLOCATION - HHA GENERAL SERVICE COST

Provider CCN: 140054
HHA CCN: 147285

Period:
From 10/01/2010
To 09/30/2011

Worksheet H-1
Part I
Date/Time Prepared:
3/20/2012 3:09 pm

Home Health
Agency I

PPS

	Net Expenses for Cost Allocation (from wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	
		Bldgs & Fixtures	Movable Equipment			
		1.00	2.00			
GENERAL SERVICE COST CENTERS						
1.00	Capital Related - Bldg. & Fixtures	0	0			1.00
2.00	Capital Related - Movable Equipment	0	0			2.00
3.00	Plant Operation & Maintenance	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	4.00
5.00	Administrative and General	1,975,695	0	0	0	5.00
HHA REIMBURSABLE SERVICES						
6.00	Skilled Nursing Care	1,971,991	0	0	0	6.00
7.00	Physical Therapy	1,054,190	0	0	0	7.00
8.00	Occupational Therapy	209,292	0	0	0	8.00
9.00	Speech Pathology	4,796	0	0	0	9.00
10.00	Medical Social Services	71,466	0	0	0	10.00
11.00	Home Health Aide	12,359	0	0	0	11.00
12.00	Supplies (see instructions)	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	13.00
14.00	DME	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES						
15.00	Home Dialysis Aide Services	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	5,299,789	0	0	0	24.00

COST ALLOCATION - HHA GENERAL SERVICE COST

Provider CCN: 140054

Period: From 10/01/2010

Worksheet H-1

HHA CCN: 147285

To 09/30/2011

Part I

Date/Time Prepared: 3/20/2012 3:09 pm

Home Health Agency I

PPS

		Subtotal (cols. 0-4) 4A.00	Administrative & General 5.00	Total (cols. 4A + 5) 6.00	
GENERAL SERVICE COST CENTERS					
1.00	Capital Related - Bldg. & Fixtures	0			1.00
2.00	Capital Related - Movable Equipment	0			2.00
3.00	Plant Operation & Maintenance	0			3.00
4.00	Transportation				4.00
5.00	Administrative and General	1,975,695	1,975,695		5.00
HHA REIMBURSABLE SERVICES					
6.00	Skilled Nursing Care	1,971,991	1,172,064	3,144,055	6.00
7.00	Physical Therapy	1,054,190	626,564	1,680,754	7.00
8.00	Occupational Therapy	209,292	124,394	333,686	8.00
9.00	Speech Pathology	4,796	2,851	7,647	9.00
10.00	Medical Social Services	71,466	42,476	113,942	10.00
11.00	Home Health Aide	12,359	7,346	19,705	11.00
12.00	Supplies (see instructions)	0	0	0	12.00
13.00	Drugs	0	0	0	13.00
14.00	DME	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES					
15.00	Home Dialysis Aide Services	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	17.00
18.00	Clinic	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	19.00
20.00	Day Care Program	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	21.00
22.00	Homemaker Service	0	0	0	22.00
23.00	All Others (specify)	0	0	0	23.00
24.00	Total (sum of lines 1-23)	3,324,094		5,299,789	24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 140054

Period: From 10/01/2010

Worksheet H-1

HHA CCN: 147285

To 09/30/2011

Part II

Date/Time Prepared: 3/20/2012 3:09 pm

Home Health Agency I

PPS

		Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	
		Bldgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)				
		1.00	2.00	3.00	4.00	5A.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0				0	1.00
2.00	Capital Related - Movable Equipment		0			0	2.00
3.00	Plant Operation & Maintenance	0	0	0		0	3.00
4.00	Transportation (see instructions)	0	0	0	0	0	4.00
5.00	Administrative and General	0	0	0	0	-1,975,695	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Home Health Aide	0	0	0	0	0	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	0	0	0	0	-1,975,695	24.00
25.00	Cost To Be Allocated (per worksheet H-1, Part I)	0	0	0	0		25.00
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		26.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 140054

Period: From 10/01/2010

Worksheet H-1

HHA CCN: 147285

To 09/30/2011

Part II

Date/Time Prepared: 3/20/2012 3:09 pm

Home Health Agency I

PPS

Administrative & General (ACCUM. COST) 5.00

GENERAL SERVICE COST CENTERS			
1.00	Capital Related - Bldg. & Fixtures		1.00
2.00	Capital Related - Movable Equipment		2.00
3.00	Plant Operation & Maintenance		3.00
4.00	Transportation (see instructions)		4.00
5.00	Administrative and General	3,324,094	5.00
HHA REIMBURSABLE SERVICES			
6.00	Skilled Nursing Care	1,971,991	6.00
7.00	Physical Therapy	1,054,190	7.00
8.00	Occupational Therapy	209,292	8.00
9.00	Speech Pathology	4,796	9.00
10.00	Medical Social Services	71,466	10.00
11.00	Home Health Aide	12,359	11.00
12.00	Supplies (see instructions)	0	12.00
13.00	Drugs	0	13.00
14.00	DME	0	14.00
HHA NONREIMBURSABLE SERVICES			
15.00	Home Dialysis Aide Services	0	15.00
16.00	Respiratory Therapy	0	16.00
17.00	Private Duty Nursing	0	17.00
18.00	Clinic	0	18.00
19.00	Health Promotion Activities	0	19.00
20.00	Day Care Program	0	20.00
21.00	Home Delivered Meals Program	0	21.00
22.00	Homemaker Service	0	22.00
23.00	All Others (specify)	0	23.00
24.00	Total (sum of lines 1-23)	3,324,094	24.00
25.00	Cost To Be Allocated (per worksheet H-1, Part I)	1,975,695	25.00
26.00	Unit Cost Multiplier	0.594356	26.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 140054

Period: From 10/01/2010

Worksheet H-2

HHA CCN: 147285

To 09/30/2011

Part I

Date/Time Prepared: 3/20/2012 3:09 pm

Home Health Agency I

PPS

	HHA Trial Balance (1)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS	Subtotal	
		BLDG & FIXT	MVBLE EQUIP				
		1.00	2.00	4.00			
	0				4A		
1.00 Administrative and General	0	27,062	43,565	762,907	833,534	1.00	
2.00 Skilled Nursing Care	3,144,055	0	0	0	3,144,055	2.00	
3.00 Physical Therapy	1,680,754	0	0	0	1,680,754	3.00	
4.00 Occupational Therapy	333,686	0	0	0	333,686	4.00	
5.00 Speech Pathology	7,647	0	0	0	7,647	5.00	
6.00 Medical Social Services	113,942	0	0	0	113,942	6.00	
7.00 Home Health Aide	19,705	0	0	0	19,705	7.00	
8.00 Supplies (see instructions)	0	0	0	0	0	8.00	
9.00 Drugs	0	0	0	0	0	9.00	
10.00 DME	0	0	0	0	0	10.00	
11.00 Home Dialysis Aide Services	0	0	0	0	0	11.00	
12.00 Respiratory Therapy	0	0	0	0	0	12.00	
13.00 Private Duty Nursing	0	0	0	0	0	13.00	
14.00 Clinic	0	0	0	0	0	14.00	
15.00 Health Promotion Activities	0	0	0	0	0	15.00	
16.00 Day Care Program	0	0	0	0	0	16.00	
17.00 Home Delivered Meals Program	0	0	0	0	0	17.00	
18.00 Homemaker Service	0	0	0	0	0	18.00	
19.00 All others (specify)	0	0	0	0	0	19.00	
20.00 Total (sum of lines 1-19) (2)	5,299,789	27,062	43,565	762,907	6,133,323	20.00	
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.					0.000000	21.00	

(1) Column 0, line 20 must agree with wkst. A, column 7, line 101.

(2) columns 0 through 26, line 20 must agree with the corresponding columns of wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 140054

Period: From 10/01/2010

Worksheet H-2

HHA CCN: 147285

To 09/30/2011

Part I

Date/Time Prepared: 3/20/2012 3:09 pm

		Home Health Agency I		PPS			
		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.00	6.00	7.00	8.00	9.00	
1.00	Administrative and General	235,166	93,367	0	0	37,159	1.00
2.00	Skilled Nursing Care	887,036	0	0	0	0	2.00
3.00	Physical Therapy	474,193	0	0	0	0	3.00
4.00	Occupational Therapy	94,143	0	0	0	0	4.00
5.00	Speech Pathology	2,157	0	0	0	0	5.00
6.00	Medical Social Services	32,147	0	0	0	0	6.00
7.00	Home Health Aide	5,559	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	1,730,401	93,367	0	0	37,159	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.						21.00

(1) Column 0, line 20 must agree with wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 140054

Period: From 10/01/2010

Worksheet H-2

HHA CCN: 147285

To 09/30/2011

Part I

Date/Time Prepared: 3/20/2012 3:09 pm

		Home Health Agency I		PPS			
		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
1.00	Administrative and General	0	85,002	0	5,560	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	85,002	0	5,560	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.						21.00

(1) Column 0, line 20 must agree with wkst. A, column 7, line 101.

(2) columns 0 through 26, line 20 must agree with the corresponding columns of wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 140054
HHA CCN: 147285

Period: From 10/01/2010 To 09/30/2011

Worksheet H-2 Part I Date/Time Prepared: 3/20/2012 3:09 pm

		Home Health Agency I		OTHER GENERAL SERVICE (SPECIFY)		NONPHYSICIAN ANESTHETISTS	
		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE			
		15.00	16.00	17.00	18.00	19.00	
1.00	Administrative and General	0	30,456	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	30,456	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.						21.00

(1) Column 0, line 20 must agree with wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 140054

Period: From 10/01/2010

Worksheet H-2

HHA CCN: 147285

To 09/30/2011

Part I

Date/Time Prepared: 3/20/2012 3:09 pm

Home Health Agency I

PPS

	NURSING SCHOOL	INTERNS & RESIDENTS			PARAMED PRGM	Subtotal	
		SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS				
		20.00	21.00	22.00			
1.00	Administrative and General	0	0	0	0	1,320,244	1.00
2.00	Skilled Nursing Care	0	0	0	0	4,031,091	2.00
3.00	Physical Therapy	0	0	0	0	2,154,947	3.00
4.00	Occupational Therapy	0	0	0	0	427,829	4.00
5.00	Speech Pathology	0	0	0	0	9,804	5.00
6.00	Medical Social Services	0	0	0	0	146,089	6.00
7.00	Home Health Aide	0	0	0	0	25,264	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	0	0	0	8,115,268	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.						21.00

(1) Column 0, line 20 must agree with wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 140054

Period: From 10/01/2010

Worksheet H-2

HHA CCN: 147285

To 09/30/2011

Part I

Date/Time Prepared: 3/20/2012 3:09 pm

Home Health Agency I

PPS

	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs	
	25.00	26.00	27.00	28.00	
1.00	Administrative and General	0	1,320,244		1.00
2.00	Skilled Nursing Care	0	4,031,091	783,222	2.00
3.00	Physical Therapy	0	2,154,947	418,698	3.00
4.00	Occupational Therapy	0	427,829	83,125	4.00
5.00	Speech Pathology	0	9,804	1,905	5.00
6.00	Medical Social Services	0	146,089	28,385	6.00
7.00	Home Health Aide	0	25,264	4,909	7.00
8.00	Supplies (see instructions)	0	0	0	8.00
9.00	Drugs	0	0	0	9.00
10.00	DME	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	13.00
14.00	Clinic	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	15.00
16.00	Day Care Program	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	17.00
18.00	Homemaker Service	0	0	0	18.00
19.00	All Others (specify)	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	8,115,268	1,320,244	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.			0.194296	21.00

(1) Column 0, line 20 must agree with wkst. A, column 7, line 101.

(2) columns 0 through 26, line 20 must agree with the corresponding columns of wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 140054
HHA CCN: 147285

Period:
From 10/01/2010
To 09/30/2011

Worksheet H-2
Part II
Date/Time Prepared:
3/20/2012 3:09 pm

Home Health
Agency I

PPS

	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)					
	1.00	2.00	4.00				
1.00	Administrative and General	2,949	2,949	4,264,027	0	833,534	1.00
2.00	Skilled Nursing Care	0	0	0	0	3,144,055	2.00
3.00	Physical Therapy	0	0	0	0	1,680,754	3.00
4.00	Occupational Therapy	0	0	0	0	333,686	4.00
5.00	Speech Pathology	0	0	0	0	7,647	5.00
6.00	Medical Social Services	0	0	0	0	113,942	6.00
7.00	Home Health Aide	0	0	0	0	19,705	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	2,949	2,949	4,264,027		6,133,323	20.00
21.00	Total cost to be allocated	27,062	43,565	762,907		1,730,401	21.00
22.00	Unit cost multiplier	9.176670	14.772804	0.178917		0.282131	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 140054
HHA CCN: 147285

Period:
From 10/01/2010
To 09/30/2011

Worksheet H-2
Part II
Date/Time Prepared:
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Home Health
Agency I

		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
1.00	Administrative and General	2,949	2,949	0	2,949	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All others (specify)	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	2,949	2,949	0	2,949	0	20.00
21.00	Total cost to be allocated	93,367	0	0	37,159	0	21.00
22.00	Unit cost multiplier	31.660563	0.000000	0.000000	12.600543	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 140054
HHA CCN: 147285

Period:
From 10/01/2010
To 09/30/2011

Worksheet H-2
Part II
Date/Time Prepared:
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		Home Health Agency I		PPS		
	CAFETERIA (FTES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
	11.00	12.00	13.00	14.00	15.00	
1.00	Administrative and General	4,482	0	1,665	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	9.00
10.00	DME	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	4,482	0	1,665	0	20.00
21.00	Total cost to be allocated	85,002	0	5,560	0	21.00
22.00	Unit cost multiplier	18.965194	0.000000	3.339339	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 140054 HHA CCN: 147285	Period: From 10/01/2010 To 09/30/2011	Worksheet H-2 Part II Date/Time Prepared: 3/20/2012 3:09 pm PPS
		Home Health Agency I	

	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE (SPECIFY) (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	
	16.00	17.00	18.00	19.00	20.00	
1.00 Administrative and General	8,237,974	0	0	0	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	8,237,974	0	0	0	0	20.00
21.00 Total cost to be allocated	30,456	0	0	0	0	21.00
22.00 Unit cost multiplier	0.003697	0.000000	0.000000	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 140054
HHA CCN: 147285

Period:
From 10/01/2010
To 09/30/2011

Worksheet H-2
Part II
Date/Time Prepared:
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Home Health
Agency I

PPS

		INTERNS & RESIDENTS				
		SERVICES-SALAR Y & FRINGES (ASSIGNED TIME) 21.00	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME) 22.00	PARAMED ED PRGM (ASSIGNED TIME) 23.00		
1.00	Administrative and General	0	0	0		1.00
2.00	Skilled Nursing Care	0	0	0		2.00
3.00	Physical Therapy	0	0	0		3.00
4.00	Occupational Therapy	0	0	0		4.00
5.00	Speech Pathology	0	0	0		5.00
6.00	Medical Social Services	0	0	0		6.00
7.00	Home Health Aide	0	0	0		7.00
8.00	Supplies (see instructions)	0	0	0		8.00
9.00	Drugs	0	0	0		9.00
10.00	DME	0	0	0		10.00
11.00	Home Dialysis Aide services	0	0	0		11.00
12.00	Respiratory Therapy	0	0	0		12.00
13.00	Private Duty Nursing	0	0	0		13.00
14.00	Clinic	0	0	0		14.00
15.00	Health Promotion Activities	0	0	0		15.00
16.00	Day Care Program	0	0	0		16.00
17.00	Home Delivered Meals Program	0	0	0		17.00
18.00	Homemaker Service	0	0	0		18.00
19.00	All Others (specify)	0	0	0		19.00
20.00	Total (sum of lines 1-19)	0	0	0		20.00
21.00	Total cost to be allocated	0	0	0		21.00
22.00	unit cost multiplier	0.000000	0.000000	0.000000		22.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 140054
HHA CCN: 147285

Period: From 10/01/2010 To 09/30/2011

Worksheet H-3
Parts I-II
Date/Time Prepared: 3/20/2012 3:09 pm

Title XVIII		Home Health Agency I		PPS	
Cost Center Description	From, wkst. H-2, Part I, col. 28, line	Facility Costs (from wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits
	0	1.00	2.00	3.00	4.00

PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR

BENEFICIARY COST LIMITATION

Cost Per Visit Computation

1.00	Skilled Nursing Care	2.00	4,814,313		4,814,313	24,356	1.00
2.00	Physical Therapy	3.00	2,573,645	0	2,573,645	13,508	2.00
3.00	Occupational Therapy	4.00	510,954	0	510,954	2,520	3.00
4.00	Speech Pathology	5.00	11,709	0	11,709	53	4.00
5.00	Medical Social Services	6.00	174,474		174,474	566	5.00
6.00	Home Health Aide	7.00	30,173		30,173	291	6.00
7.00	Total (sum of lines 1-6)		8,115,268	0	8,115,268	41,294	7.00

Cost Center Description	Cost Limits	CBSA No. (1)	Part A	Program Visits	
				Not Subject to Deductibles & Coinsurance	Subject to Deductibles
	0	1.00	2.00	3.00	4.00

Limitation Cost Computation

8.00	Skilled Nursing Care	16974	7,070	4,368	8.00
9.00	Physical Therapy	16974	3,976	1,653	9.00
10.00	Occupational Therapy	16974	924	393	10.00
11.00	Speech Pathology	16974	20	7	11.00
12.00	Medical Social Services	16974	177	134	12.00
13.00	Home Health Aide	16974	100	115	13.00
14.00	Total (sum of lines 8-13)		12,267	6,670	14.00

Cost Center Description	From Wkst. H-2 Part I, col. 28, line	Facility Costs (from wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (from HHA Record)
	0	1.00	2.00	3.00	4.00

Supplies and Drugs Cost Computations

15.00	Cost of Medical Supplies	8.00	0	0	0	15.00
16.00	Cost of Drugs	9.00	0	0	0	16.00

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)
	0	1.00	2.00	3.00

PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS

1.00	Physical Therapy	66.00	0.267829	0	0	1.00
1.01	Physical Therapy 1	66.01	0.606033	0	0	1.01
2.00	Occupational Therapy	67.00	0.000000	0	0	2.00
3.00	Speech Pathology	68.00	0.335870	0	0	3.00
4.00	Cost of Medical Supplies	71.00	0.189777	0	0	4.00
5.00	Cost of Drugs	73.00	0.125912	0	0	5.00

Provider CCN: 140054	Period: From 10/01/2010	Worksheet H-3 Parts I-II Date/Time Prepared: 3/20/2012 3:09 pm
HHA CCN: 147285	To 09/30/2011	
Title XVIII		Home Health Agency I
PPS		

Cost Center Description	Average Cost Per Visit (col. 3 ÷ col. 4)	Part A	Program Visits		9.00	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		
						Part B
	5.00	6.00	7.00	8.00		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION						
Cost Per Visit Computation						
1.00	Skilled Nursing Care	197.66	7,070	4,368	1.00	
2.00	Physical Therapy	190.53	3,976	1,653	2.00	
3.00	Occupational Therapy	202.76	924	393	3.00	
4.00	Speech Pathology	220.92	20	7	4.00	
5.00	Medical Social Services	308.26	177	134	5.00	
6.00	Home Health Aide	103.69	100	115	6.00	
7.00	Total (sum of lines 1-6)		12,267	6,670	7.00	
	Cost Center Description	5.00	6.00	7.00	8.00	9.00
Limitation Cost Computation						
8.00	Skilled Nursing Care				8.00	
9.00	Physical Therapy				9.00	
10.00	Occupational Therapy				10.00	
11.00	Speech Pathology				11.00	
12.00	Medical Social Services				12.00	
13.00	Home Health Aide				13.00	
14.00	Total (sum of lines 8-13)				14.00	
Program Covered Charges						
Cost Center Description	Ratio (col. 3 ÷ col. 4)	Part A	Part B			
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		
						7.00
	5.00	6.00	7.00	8.00		
Supplies and Drugs Cost Computations						
15.00	Cost of Medical Supplies	0.000000	0	0	15.00	
16.00	Cost of Drugs	0.000000	0	0	16.00	
	Cost Center Description		Transfer to Part I as Indicated			
			4.00			
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS						
1.00	Physical Therapy		col. 2, line 2.00		1.00	
1.01	Physical Therapy 1		col. 2, line 2.01		1.01	
2.00	Occupational Therapy		col. 2, line 3.00		2.00	
3.00	Speech Pathology		col. 2, line 4.00		3.00	
4.00	Cost of Medical Supplies		col. 2, line 15.00		4.00	
5.00	Cost of Drugs		col. 2, line 16.00		5.00	

Provider CCN: 140054	Period: From 10/01/2010	Worksheet H-3 Parts I-II Date/Time Prepared: 3/20/2012 3:09 pm
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Cost Center Description	Cost of Services			Total Program Cost (sum of cols. 9-10)		
	Part A	Part B				
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance			
	9.00	10.00	11.00	12.00		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION						
Cost Per Visit Computation						
1.00	Skilled Nursing Care	1,397,456	863,379		2,260,835	1.00
2.00	Physical Therapy	757,547	314,946		1,072,493	2.00
3.00	Occupational Therapy	187,350	79,685		267,035	3.00
4.00	Speech Pathology	4,418	1,546		5,964	4.00
5.00	Medical Social Services	54,562	41,307		95,869	5.00
6.00	Home Health Aide	10,369	11,924		22,293	6.00
7.00	Total (sum of lines 1-6)	2,411,702	1,312,787		3,724,489	7.00
	Cost Center Description	10.00	11.00	12.00		
Limitation Cost Computation						
8.00	Skilled Nursing Care					8.00
9.00	Physical Therapy					9.00
10.00	Occupational Therapy					10.00
11.00	Speech Pathology					11.00
12.00	Medical Social Services					12.00
13.00	Home Health Aide					13.00
14.00	Total (sum of lines 8-13)					14.00
Cost Center Description	Cost of Services					
	Part A	Part B				
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance			
	9.00	10.00	11.00			
Supplies and Drugs Cost Computations						
15.00	Cost of Medical Supplies	0	0	0		15.00
16.00	Cost of Drugs	0	0	0		16.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 140054	Period: From 10/01/2010	Worksheet H-4
		HHA CCN: 147285	To 09/30/2011	Part I-II Date/Time Prepared: 3/20/2012 3:09 pm
		Title XVIII	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	2,357,181	1,282,090	0
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0
4.00	Amount 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(b)	0	0	0
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000
6.00	Total customary charges (see instructions)	2,357,181	1,282,090	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	2,357,181	1,282,090	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0
9.00	Primary payer amounts	0	0	0
			Part A Services	Part B Services
			1.00	2.00
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT				
10.00	Total reasonable cost (see instructions)		0	0
11.00	Total PPS Reimbursement - Full Episodes without Outliers		2,276,473	1,194,161
12.00	Total PPS Reimbursement - Full Episodes with Outliers		8,831	6,875
13.00	Total PPS Reimbursement - LUPA Episodes		54,182	42,112
14.00	Total PPS Reimbursement - PEP Episodes		9,501	21,174
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		2,151	2,511
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	0
17.00	Total Other Payments		0	0
18.00	DME Payments		0	0
19.00	Oxygen Payments		0	0
20.00	Prosthetic and Orthotic Payments		0	0
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		2,351,138	1,266,833
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		2,351,138	1,266,833
25.00	Coinsurance billed to program patients (from your records)			0
26.00	Net cost (line 24 minus line 25)		2,351,138	1,266,833
27.00	Reimbursable bad debts (from your records)		0	0
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	0
29.00	Total costs - current cost reporting period (line 26 plus line 27)		2,351,138	1,266,833
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0
31.00	Subtotal (line 29 plus/minus line 30)		2,351,138	1,266,833
32.00	Interim payments (see instructions)		2,351,139	1,266,834
33.00	Tentative settlement (for contractor use only)		0	0
34.00	Balance due provider/program (line 31 minus lines 32 and 33)		-1	-1
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	0

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAS FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES	Provider CCN: 140054 HHA CCN: 147285	Period: From 10/01/2010 To 09/30/2011	Worksheet H-5 Date/Time Prepared: 3/20/2012 3:09 pm PPS
		Home Health Agency I	

		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		2,351,139		1,266,834	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			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			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. H-4, Part II, column as appropriate, line 32)		2,351,139		1,266,834	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			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		1		1	6.02
7.00	Total Medicare program liability (see instructions)		2,351,138		1,266,833	7.00
				Contractor Number	Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

Provider CCN: 140054	Period: From 10/01/2010 To 09/30/2011	Worksheet L Parts I-III Date/Time Prepared: 3/20/2012 3:09 pm
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1.00

PART I - FULLY PROSPECTIVE METHOD

CAPITAL FEDERAL AMOUNT

1.00	Capital DRG other than outlier	2,979,438	1.00
2.00	Capital DRG outlier payments	12,398	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)	169.38	3.00
4.00	Number of interns & residents (see instructions)	59.62	4.00
5.00	Indirect medical education percentage (see instructions)	10.44	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)	311,053	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)	3.84	7.00
8.00	Percentage of Medicaid patient days to total days reported on worksheet S-3, Part I (see instructions)	29.55	8.00
9.00	Sum of lines 7 and 8	33.39	9.00
10.00	Allowable disproportionate share percentage (see instructions)	7.00	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)	208,561	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)	3,511,450	12.00

1.00

PART II - PAYMENT UNDER REASONABLE COST

1.00	Program inpatient routine capital cost (see instructions)	0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)	0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)	0	3.00
4.00	Capital cost payment factor (see instructions)	0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)	0	5.00

1.00

PART III - COMPUTATION OF EXCEPTION PAYMENTS

1.00	Program inpatient capital costs (see instructions)	0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)	0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)	0	3.00
4.00	Applicable exception percentage (see instructions)	0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)	0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)	0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)	0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)	0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)	0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)	0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year worksheet L, Part III, line 14)	0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)	0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)	0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)	0	14.00
15.00	Current year allowable operating and capital payment (see instructions)	0	15.00
16.00	Current year operating and capital costs (see instructions)	0	16.00
17.00	Current year exception offset amount (see instructions)	0	17.00