

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: 140063	Period: From 07/01/2010 To 06/30/2011	Worksheet S Parts I-III Date/Time Prepared: 1/20/2012 2:38 pm
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PART I - COST REPORT STATUS			
Provider use only	1. <input type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 1/20/2012	Time: 2:38 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 OAK PARK HOSPITAL for the cost reporting period beginning 07/01/2010 and ending 06/30/2011 and to the best of my knowledge and belief, it is a true, correct and complete statement prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services identified in this cost report were provided in compliance with such laws and regulations.

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

 Title

 Date

Cost Center Description	Title XVIII		HIT	Title XIX	
	Title V	Part A			
	1.00	2.00	3.00	4.00	5.00
PART III - SETTLEMENT SUMMARY					
1.00 Hospital	0	184,182	-66,855	0	0
2.00 Subprovider - IPF	0	0	0	0	0
3.00 Subprovider - IRF	0	30,077	0	0	0
4.00 SUBPROVIDER I	0	0	0	0	0
5.00 Swing bed - SNF	0	0	0	0	0
6.00 Swing bed - NF	0	0	0	0	0
7.00 Skilled Nursing Facility	0	3,658	0	0	0
8.00 Nursing Facility	0	0	0	0	0
9.00 HOME HEALTH AGENCY I	0	0	0	0	0
10.00 RURAL HEALTH CLINIC I	0	0	0	0	0
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0
12.00 CMHC I	0	0	0	0	0
200.00 Total	0	217,917	-66,855	0	0

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

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Encryption Information
 ECR: Date: 1/20/2012 Time: 2:38 pm
 mNGNGi ecrpQBZPNd6M727: C6d3d3XO
 IGDUVOM. b3CmYtIM4bo. .etrA: CfPh
 DxOT1RLQI POZYTV1
 PI: Date: 1/20/2012 Time: 2:38 pm
 MT2AwgdMuOVEExAtSURy770z7axcL1
 KVTW. OBkQuTw5RSvDRFXK3ZzWD6wN3
 zxbG44CmCA0tq5.e

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

 Title

 Date

	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	184,182	-66,855	0	0 1.00
2.00	Subprovider - IPF	0	0	0	0	0 2.00
3.00	Subprovider - IRF	0	30,077	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	3,658	0	0	0 7.00
8.00	Nursing Facility	0	0	0	0	0 8.00
9.00	HOME HEALTH AGENCY I	0	0	0	0	0 9.00
10.00	RURAL HEALTH CLINIC I	0	0	0	0	0 10.00
11.00	FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0 11.00
12.00	CMHC I	0	0	0	0	0 12.00
200.00	Total	0	217,917	-66,855	0	0 200.00

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 140063		Period: From 07/01/2010 To 06/30/2011		Worksheet S-2 Part I Date/Time Prepared: 1/20/2012 2:37 pm			
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 520 SOUTH MAPLE			PO Box:							1.00
2.00	City: OAK PARK			State: IL		Zip Code: 60603-		County: COOK			2.00
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00		
Hospital and Hospital-Based Component Identification:											
3.00	Hospital		OAK PARK HOSPITAL	140063	16974	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF										4.00
5.00	Subprovider - IRF		OAK PARK HOSPITAL REHABILITATION UNI	14T063	16974	5	01/01/1992	N	P	O	5.00
6.00	Subprovider - (Other)										6.00
7.00	Swing Beds - SNF							N	N	N	7.00
8.00	Swing Beds - NF							N	N	N	8.00
9.00	Hospital-Based SNF		SKILLED NURSING UNIT OF OPH	145583	16974		12/07/1987	N	P	N	9.00
10.00	Hospital-Based NF										10.00
11.00	Hospital-Based OLTC										11.00
12.00	Hospital-Based HHA										12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital-Based Hospice										14.00
15.00	Hospital-Based Health Clinic - RHC							N	N	N	15.00
16.00	Hospital-Based Health Clinic - FQHC							N	N	N	16.00
17.00	Hospital-Based (CMHC) 1										17.00
17.10	Hospital-Based (CORF) 1							N	N	N	17.10
18.00	Renal Dialysis										18.00
19.00	Other										19.00
							From:	To:			
							1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						07/01/2010	06/30/2011		20.00	
21.00	Type of Control (see instructions)						2		21.00		
Inpatient PPS Information											
22.00	Does this facility qualify for and receive disproportionate share hospital payment in accordance with 42 CFR Section §412.106, or low income payment in accordance with 42 CFR Section §412.624(e)(2)? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital)? In column 2, enter "Y" for yes or "N" for no.						Y	N		22.00	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.						1	N		23.00	
				In-State Medicaid paid days	In-State Medicaid eligible days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible days	Medicaid HMO days	Other Medicaid days		
				1.00	2.00	3.00	4.00	5.00	6.00		
24.00	If line 22 and/or line 45 is "yes", and this provider is an IPPS hospital enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible days in col. 4, Medicaid HMO days in col. 5, and other Medicaid days in col. 6.			1,951	350	0	0	68	0	24.00	
25.00	If this provider is an IRF then enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible days in col. 2, out-of-state Medicaid eligible days in col. 3, out-of-state Medicaid eligible days in col. 4, Medicaid HMO days in col. 5, and other Medicaid days in col. 6.			158	47	0	0	13	0	25.00	
									1.00		
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter (1) for urban or (2) for rural.								1	26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period? Enter (1) for urban or (2) for rural.								1	27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.								0	35.00	
							Beginning:	Ending:			
							1.00	2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.									36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.								0	37.00	
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.									38.00	

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		V	XVIII	XIX		
		1.00	2.00	3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N		45.00
46.00	Is this facility eligible for the special exceptions payment pursuant to 42 CFR Section §412.348(g)? If yes, complete Worksheet L, Part III and L-1, Parts I through III	N	N	N		46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y				56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.	N				57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N				58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N				59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N				60.00
		Y/N	IME Average	Direct GME Average		
		1.00	2.00	3.00		
61.00	Did your facility receive additional FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. If "Y", effective for portions of cost reporting periods beginning on or after July 1, 2011 enter the average number of primary care FTE residents for IME in column 2 and direct GME in column 3, from the hospital's three most recent cost reports ending and submitted before March 23, 2010. (see instructions)	N	0.00	0.00		61.00
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	0.00				62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00				62.01
Teaching Hospitals that Claim Residents in Non-Provider Settings						
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete lines 64-67. (see instructions)	N				63.00
		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
		1.00	2.00	3.00		
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000		64.00
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))
		1.00	2.00	3.00	4.00	5.00
65.00	Enter in column 1 the program name. Enter in column 2 the program code, enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))
				1.00	2.00	3.00

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		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))		
		1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010						
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))
		1.00	2.00	3.00	4.00	5.00
67.00	Enter in column 1 the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000
				1.00	2.00	3.00
Inpatient Psychiatric Facility PPS						
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			N		70.00
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)				0	71.00
Inpatient Rehabilitation Facility PPS						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			Y		75.00
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)				0	76.00
				1.00		
Long Term Care Hospital PPS						
80.00	Is this a Long Term Care Hospital (LTCH)? Enter "Y" for yes or "N" for no.			N		
TEFRA Providers						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N		
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			N		
				V		
				1.00		
				XIX		
				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

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			V	XIX	
			1.00	2.00	
Rural Providers					
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?		N		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)		N		106.00
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)		N		107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.		N		108.00
		Physical	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		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	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
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00
All Providers					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)		N		140.00
		1.00	2.00	3.00	
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.					
141.00	Name:	Contractor's Name:		Contractor's Number:	
142.00	Street:	PO Box:			
143.00	City:	State:		Zip Code:	
				1.00	
144.00	Are provider based physicians' costs included in Worksheet A?			Y	144.00
145.00	If costs for renal services are claimed on Worksheet A, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.			Y	145.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140063			Period: From 07/01/2010 To 06/30/2011		Worksheet S-2 Part I Date/Time Prepared: 1/20/2012 2:37 pm	
		1.00			2.00			
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N					146.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N					147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N					148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N					149.00	
		Part A 1.00			Part B 2.00			
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)								
155.00	Hospital	N			N		155.00	
156.00	Subprovider - IPF	N			N		156.00	
157.00	Subprovider - IRF	N			N		157.00	
158.00	Subprovider - Other	N			N		158.00	
159.00	SNF	N			N		159.00	
160.00	HHA	N			N		160.00	
161.00	CMHC				N		161.00	
					1.00			
165.00	Multi campus Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.				N		165.00	
		Name		County	State	Zip Code	CBSA	FTE/Campus
		0		1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5							0.00
							1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act								
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.				N		167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)						0	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)						0.00	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140063	Period: From 07/01/2010 To 06/30/2011	Worksheet S-2 Part II Date/Time Prepared: 1/20/2012 2:37 pm	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)		N		1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.		N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)		N		3.00
Financial Data and Reports					
			Y/N	Type	Date
			1.00	2.00	3.00
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			
		Description	Y/N	Date	
		0	1.00	2.00	
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)		N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)		Y	12/31/2011	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		N		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N		20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140063	Period: From 07/01/2010 To 06/30/2011	Worksheet S-2 Part II Date/Time Prepared: 1/20/2012 2:37 pm
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		Part A		
		Description	Y/N	Date
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	0	1.00 N	2.00
				21.00
				1.00
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)				
Capital Related Cost				
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			27.00
Interest Expense				
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			31.00
Purchased Services				
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.			33.00
Provider-Based Physicians				
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			35.00
				Y/N
				Date
				1.00
				2.00
Home Office Costs				
36.00	Were home office costs claimed on the cost report?			36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			40.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 140063

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

Worksheet S-2
Part II
Date/Time Prepared:
1/20/2012 2:37 pm

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA		Provider CCN: 140063	Period: From 07/01/2010 To 06/30/2011	Worksheet S-3 Part I Date/Time Prepared: 1/20/2012 2:37 pm
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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	151	55,115	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)		151	55,115	0.00	7.00
8.00 INTENSIVE CARE UNIT	31.00	14	5,110	0.00	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)		165	60,225	0.00	14.00
15.00 CAH visits					15.00
16.00 SUBPROVIDER - IPF	40.00	0	0		16.00
17.00 SUBPROVIDER - IRF	41.00	36	13,140		17.00
18.00 SUBPROVIDER	42.00	0	0		18.00
19.00 SKILLED NURSING FACILITY	44.00	36	13,140		19.00
20.00 NURSING FACILITY					20.00
21.00 OTHER LONG TERM CARE					21.00
22.00 HOME HEALTH AGENCY					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)					23.00
24.00 HOSPICE					24.00
25.00 CMHC - CMHC					25.00
25.10 CMHC - CORF	99.10				25.10
26.00 RURAL HEALTH CLINIC	88.00				26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				26.25
27.00 Total (sum of lines 14-26)		237			27.00
28.00 Observation Bed Days					28.00
28.01 SUBPROVIDER - IPF	40.00				28.01
28.02 SUBPROVIDER - IRF	41.00				28.02
28.03 SUBPROVIDER	42.00				28.03
29.00 Ambulance Trips					29.00
30.00 Employee discount days (see instruction)					30.00
31.00 Employee discount days - IRF					31.00
32.00 Labor & delivery days (see instructions)					32.00
33.00 LTCH non-covered days					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140063

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

Worksheet S-3
Part I
Date/Time Prepared:
1/20/2012 2:37 pm

Cost Center Description	I/P Days / O/P Visits / Trips					
	Title V	Title XVIII	Title XIX	Total All Patients		
	5.00	6.00	7.00	8.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	0	8,183	2,140	14,087		1.00
2.00 HMO		74	68			2.00
3.00 HMO IPF		0	0			3.00
4.00 HMO IRF		0	13			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	8,183	2,140	14,087		7.00
8.00 INTENSIVE CARE UNIT	0	1,615	161	2,580		8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0	9,798	2,301	16,667		14.00
15.00 CAH visits	0	0	0	0		15.00
16.00 SUBPROVIDER - IPF	0	0	0	0		16.00
17.00 SUBPROVIDER - IRF	0	1,661	205	2,330		17.00
18.00 SUBPROVIDER	0	0	0	0		18.00
19.00 SKILLED NURSING FACILITY	0	4,704	0	5,878		19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0	0	0	0		25.10
26.00 RURAL HEALTH CLINIC	0	0	0	0		26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0		26.25
27.00 Total (sum of lines 14-26)						27.00
28.00 Observation Bed Days	0		0	603		28.00
28.01 SUBPROVIDER - IPF	0	0	0	0		28.01
28.02 SUBPROVIDER - IRF	0	0	0	0		28.02
28.03 SUBPROVIDER	0	0	0	0		28.03
29.00 Ambulance Trips		0				29.00
30.00 Employee discount days (see instruction)				0		30.00
31.00 Employee discount days - IRF				0		31.00
32.00 Labor & delivery days (see instructions)			0	0		32.00
33.00 LTCH non-covered days		0				33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140063

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

Worksheet S-3
Part I
Date/Time Prepared:
1/20/2012 2:37 pm

Cost Center Description	Full Time Equivalents			Discharges		
	Total Interns & Residents	Employees On Payroll	Nonpaid Workers	Title V	Title XVIII	
	9.00	10.00	11.00	12.00	13.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)				0	1,994	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)	4.68	683.46	0.00	0	1,994	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0.00	0.00	0	0	16.00
17.00 SUBPROVIDER - IRF	0.00	11.50	0.00	0	129	17.00
18.00 SUBPROVIDER	0.00	0.00	0.00	0	0	18.00
19.00 SKILLED NURSING FACILITY	0.00	25.89	0.00			19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0.00	0.00	0.00			25.10
26.00 RURAL HEALTH CLINIC	0.00	0.00	0.00			26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00	0.00	0.00			26.25
27.00 Total (sum of lines 14-26)	4.68	720.85	0.00			27.00
28.00 Observation Bed Days						28.00
28.01 SUBPROVIDER - IPF						28.01
28.02 SUBPROVIDER - IRF						28.02
28.03 SUBPROVIDER						28.03
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140063

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

Worksheet S-3
Part I
Date/Time Prepared:
1/20/2012 2:37 pm

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)	387	3,743		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)	387	3,743		14.00
15.00 CAH visits				15.00
16.00 SUBPROVIDER - IPF	0	0		16.00
17.00 SUBPROVIDER - IRF	14	200		17.00
18.00 SUBPROVIDER	0	0		18.00
19.00 SKILLED NURSING FACILITY				19.00
20.00 NURSING FACILITY				20.00
21.00 OTHER LONG TERM CARE				21.00
22.00 HOME HEALTH AGENCY				22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)				23.00
24.00 HOSPICE				24.00
25.00 CMHC - CMHC				25.00
25.10 CMHC - CORF				25.10
26.00 RURAL HEALTH CLINIC				26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER				26.25
27.00 Total (sum of lines 14-26)				27.00
28.00 Observation Bed Days				28.00
28.01 SUBPROVIDER - IPF				28.01
28.02 SUBPROVIDER - IRF				28.02
28.03 SUBPROVIDER				28.03
29.00 Ambulance Trips				29.00
30.00 Employee discount days (see instruction)				30.00
31.00 Employee discount days - IRF				31.00
32.00 Labor & delivery days (see instructions)				32.00
33.00 LTCH non-covered days				33.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 140063	Period: From 07/01/2010 To 06/30/2011	Worksheet S-3 Part II Date/Time Prepared: 1/20/2012 2:37 pm
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		Worksheet A Line Number	Amount Reported	Salary Adjustments for Vacation, Holiday, Sick, Other Paid Time Off, Severance, and Bonus, Paid to Employees and Not Reflected in Column 2	Recl assi fi cation of Sal aries (from Worksheet A-6)	Adjusted Sal aries (col . 2 ± col . 3)	
		1.00	2.00	2.50	3.00	4.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	43,780,800	0	0	43,780,800	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0	3.00
4.00	Physician-Part A		215,742	0	0	215,742	4.00
5.00	Physician-Part B		2,170,001	0	0	2,170,001	5.00
6.00	Non-physician-Part B		0	0	0	0	6.00
7.00	Interns & residents (in an approved program)	21.00	0	172,748	0	172,748	7.00
8.00	Home office personnel		0	0	0	0	8.00
9.00	SNF	44.00	1,235,952	0	0	1,235,952	9.00
10.00	Excluded area salaries (see instructions)		5,673,425	0	0	5,673,425	10.00
OTHER WAGES & RELATED COSTS							
11.00	Contract labor (see instructions)		1,009,820	0	0	1,009,820	11.00
12.00	Management and administrative services		0	0	0	0	12.00
13.00	Contract labor: physician-Part A		146,800	0	0	146,800	13.00
14.00	Home office salaries & wage-related costs		560,102	0	0	560,102	14.00
15.00	Home office: physician Part A		0	0	0	0	15.00
16.00	Teaching physician salaries (see instructions)		0	0	0	0	16.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) Wkst S-3, Part IV Line 24		8,771,468	0	0	8,771,468	17.00
18.00	Wage-related costs (other) Wkst S-3, Part IV Line 25		0	0	0	0	18.00
19.00	Excluded areas		1,532,269	0	0	1,532,269	19.00
20.00	Non-physician anesthetist Part A		0	0	0	0	20.00
21.00	Non-physician anesthetist Part B		0	0	0	0	21.00
22.00	Physician Part A		21,570	0	0	21,570	22.00
23.00	Physician Part B		234,993	0	0	234,993	23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0	0	24.00
25.00	Interns & residents (in an approved program)		0	0	0	0	25.00
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits	4.00	443,190	0	0	443,190	26.00
27.00	Administrative & General	5.00	5,382,141	0	0	5,382,141	27.00
28.00	Administrative & General under contract (see inst.)		145,884	0	0	145,884	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0	29.00
30.00	Operation of Plant	7.00	1,029,310	0	0	1,029,310	30.00
31.00	Laundry & Linen Service	8.00	60,937	0	0	60,937	31.00
32.00	Housekeeping	9.00	632,569	0	0	632,569	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0	33.00
34.00	Dietary	10.00	804,166	0	-453,525	350,641	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0	35.00
36.00	Cafeteria	11.00	0	0	453,525	453,525	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0	37.00
38.00	Nursing Administration	13.00	1,226,164	0	0	1,226,164	38.00
39.00	Central Services and Supply	14.00	242,254	0	0	242,254	39.00
40.00	Pharmacy	15.00	1,124,988	0	0	1,124,988	40.00
41.00	Medical Records & Medical Records Library	16.00	567,212	0	0	567,212	41.00
42.00	Social Service	17.00	292,602	0	0	292,602	42.00
43.00	Other General Service	18.00	0	0	0	0	43.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 140063	Period: From 07/01/2010 To 06/30/2011	Worksheet S-3 Part II Date/Time Prepared: 1/20/2012 2:37 pm
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		Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		5.00	6.00	
PART II - WAGE DATA				
SALARIES				
1.00	Total salaries (see instructions)	1,462,821.00	29.93	1.00
2.00	Non-physician anesthetist Part A	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B	0.00	0.00	3.00
4.00	Physician-Part A	1,683.00	128.19	4.00
5.00	Physician-Part B	18,304.00	118.55	5.00
6.00	Non-physician-Part B	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	9,755.00	17.71	7.00
8.00	Home office personnel	0.00	0.00	8.00
9.00	SNF	53,538.00	23.09	9.00
10.00	Excluded area salaries (see instructions)	158,509.00	35.79	10.00
OTHER WAGES & RELATED COSTS				
11.00	Contract labor (see instructions)	24,959.00	40.46	11.00
12.00	Management and administrative services	0.00	0.00	12.00
13.00	Contract labor: physician-Part A	1,574.00	93.27	13.00
14.00	Home office salaries & wage-related costs	3,120.00	179.52	14.00
15.00	Home office: physician Part A	0.00	0.00	15.00
16.00	Teaching physician salaries (see instructions)	0.00	0.00	16.00
WAGE-RELATED COSTS				
17.00	Wage-related costs (core) Wkst S-3, Part IV Line 24			17.00
18.00	Wage-related costs (other) Wkst S-3, Part IV Line 25			18.00
19.00	Excluded areas			19.00
20.00	Non-physician anesthetist Part A			20.00
21.00	Non-physician anesthetist Part B			21.00
22.00	Physician Part A			22.00
23.00	Physician Part B			23.00
24.00	Wage-related costs (RHC/FOHC)			24.00
25.00	Interns & residents (in an approved program)			25.00
OVERHEAD COSTS - DIRECT SALARIES				
26.00	Employee Benefits	13,038.00	33.99	26.00
27.00	Administrative & General	197,817.00	27.21	27.00
28.00	Administrative & General under contract (see inst.)	433.00	336.91	28.00
29.00	Maintenance & Repairs	0.00	0.00	29.00
30.00	Operation of Plant	44,114.00	23.33	30.00
31.00	Laundry & Linen Service	4,265.00	14.29	31.00
32.00	Housekeeping	50,114.00	12.62	32.00
33.00	Housekeeping under contract (see instructions)	0.00	0.00	33.00
34.00	Dietary	26,938.00	13.02	34.00
35.00	Dietary under contract (see instructions)	0.00	0.00	35.00
36.00	Cafeteria	34,843.00	13.02	36.00
37.00	Maintenance of Personnel	0.00	0.00	37.00
38.00	Nursing Administration	33,417.00	36.69	38.00
39.00	Central Services and Supply	16,247.00	14.91	39.00
40.00	Pharmacy	28,868.00	38.97	40.00
41.00	Medical Records & Medical Records Library	27,086.00	20.94	41.00
42.00	Social Service	7,448.00	39.29	42.00
43.00	Other General Service	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140063

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

Worksheet S-3
Part III
Date/Time Prepared:
1/20/2012 2:37 pm

	Worksheet A Line Number	Amount Reported	Salary Adjustments for Vacation, Holiday, Sick, Other Paid Time Off, Severance, and Bonus, Paid to Employees and Not Reflected in Column 2	Recl assi fi cati on of Sal ari es (from Worksheet A-6)	Adj uste d Sal ari es (col . 2 ± col . 3)	
	1.00	2.00	2.50	3.00	4.00	
PART III - HOSPITAL WAGE INDEX SUMMARY						
1.00	Net salaries (see instructions)	41,540,941	0	0	41,540,941	1.00
2.00	Excluded area salaries (see instructions)	6,909,377	0	0	6,909,377	2.00
3.00	Subtotal salaries (line 1 minus line 2)	34,631,564	0	0	34,631,564	3.00
4.00	Subtotal other wages & related costs (see inst.)	1,716,722	0	0	1,716,722	4.00
5.00	Subtotal wage-related costs (see inst.)	8,793,038	0	0	8,793,038	5.00
6.00	Total (sum of lines 3 thru 5)	45,141,324	0	0	45,141,324	6.00
7.00	Total overhead cost (see instructions)	11,951,417	0	0	11,951,417	7.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 140063	Period: From 07/01/2010 To 06/30/2011	Worksheet S-3 Part III Date/Time Prepared: 1/20/2012 2:37 pm
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		Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY				
1.00	Net salaries (see instructions)	1,433,512.00	28.98	1.00
2.00	Excluded area salaries (see instructions)	212,047.00	32.58	2.00
3.00	Subtotal salaries (line 1 minus line 2)	1,221,465.00	28.35	3.00
4.00	Subtotal other wages & related costs (see inst.)	29,653.00	57.89	4.00
5.00	Subtotal wage-related costs (see inst.)	0.00	25.39	5.00
6.00	Total (sum of lines 3 thru 5)	1,251,118.00	36.08	6.00
7.00	Total overhead cost (see instructions)	484,628.00	24.66	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 140063	Period: From 07/01/2010 To 06/30/2011	Worksheet S-3 Part IV Date/Time Prepared: 1/20/2012 2:37 pm
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		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	1,242,223	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Qualified and Non-Qualified Pension Plan Cost	0	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)	3,484,437	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	122,578	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	31,048	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	0	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	156,650	14.00
15.00	'Workers' Compensation Insurance	784,276	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	2,585,769	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	222,451	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
OTHER			
21.00	Executive Deferred Compensation	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	142,036	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	8,771,468	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST	Provider CCN: 140063	Period: From 07/01/2010 To 06/30/2011	Worksheet S-3 Part V Date/Time Prepared: 1/20/2012 2:37 pm
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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	1,011,172	0	1.00
2.00	Hospital	1,009,820	0	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF	1,352	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	0	8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC			16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis	0	0	17.00
18.00	OTHER (SPECIFY)	0	0	18.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 140063

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

Worksheet S-7

Date/Time Prepared:
1/20/2012 2:37 pm

		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	RUX	78	0	78	3.00
4.00	RUL	524	0	524	4.00
5.00	RVX	27	0	27	5.00
6.00	RVL	146	0	146	6.00
7.00	RHX	0	0	0	7.00
8.00	RHL	2	0	2	8.00
9.00	RMX	25	0	25	9.00
10.00	RML	35	0	35	10.00
11.00	RLX	0	0	0	11.00
12.00	RUC	170	0	170	12.00
13.00	RUB	1,005	0	1,005	13.00
14.00	RUA	1,327	0	1,327	14.00
15.00	RVC	150	0	150	15.00
16.00	RVB	272	0	272	16.00
17.00	RVA	475	0	475	17.00
18.00	RHC	37	0	37	18.00
19.00	RHB	27	0	27	19.00
20.00	RHA	66	0	66	20.00
21.00	RMC	22	0	22	21.00
22.00	RMB	75	0	75	22.00
23.00	RMA	110	0	110	23.00
24.00	RLB	0	0	0	24.00
25.00	RLA	0	0	0	25.00
26.00	ES3	0	0	0	26.00
27.00	ES2	2	0	2	27.00
28.00	ES1	0	0	0	28.00
29.00	HE2	0	0	0	29.00
30.00	HE1	4	0	4	30.00
31.00	HD2	12	0	12	31.00
32.00	HD1	0	0	0	32.00
33.00	HC2	0	0	0	33.00
34.00	HC1	2	0	2	34.00
35.00	HB2	0	0	0	35.00
36.00	HB1	3	0	3	36.00
37.00	LE2	0	0	0	37.00
38.00	LE1	4	0	4	38.00
39.00	LD2	0	0	0	39.00
40.00	LD1	0	0	0	40.00
41.00	LC2	0	0	0	41.00
42.00	LC1	9	0	9	42.00
43.00	LB2	0	0	0	43.00
44.00	LB1	7	0	7	44.00
45.00	CE2	0	0	0	45.00
46.00	CE1	0	0	0	46.00
47.00	CD2	0	0	0	47.00
48.00	CD1	0	0	0	48.00
49.00	CC2	0	0	0	49.00
50.00	CC1	0	0	0	50.00
51.00	CB2	3	0	3	51.00
52.00	CB1	35	0	35	52.00
53.00	CA2	0	0	0	53.00
54.00	CA1	6	0	6	54.00
55.00	SE3	0	0	0	55.00
56.00	SE2	19	0	19	56.00
57.00	SE1	0	0	0	57.00
58.00	SSC	0	0	0	58.00
59.00	SSB	0	0	0	59.00
60.00	SSA	20	0	20	60.00
61.00	IB2	0	0	0	61.00
62.00	IB1	0	0	0	62.00
63.00	IA2	0	0	0	63.00
64.00	IA1	0	0	0	64.00
65.00	BB2	0	0	0	65.00
66.00	BB1	0	0	0	66.00
67.00	BA2	0	0	0	67.00
68.00	BA1	0	0	0	68.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA	Provider CCN: 140063	Period: From 07/01/2010 To 06/30/2011	Worksheet S-7 Date/Time Prepared: 1/20/2012 2:37 pm
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	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	4	0	4	72.00
73.00	PC2	0	0	0	73.00
74.00	PC1	0	0	0	74.00
75.00	PB2	0	0	0	75.00
76.00	PB1	0	0	0	76.00
77.00	PA2	0	0	0	77.00
78.00	PA1	1	0	1	78.00
199.00	AAA	0	0	0	199.00
200.00	TOTAL	4,704	0	4,704	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

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).	16974	16974	201.00
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	Expenses	Percentage	Associated with Direct Patient Care and Related Expenses?

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)	3,507,870		207.00

1.00	Wage Index Factor		0.0000	1.00
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	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	186.11	186.11	78	266.82	3.00
4.00	RUL	164.57	164.57	497	260.04	4.00
5.00	RVX	141.03	141.03	27	241.42	5.00
6.00	RVL	131.67	131.67	116	214.30	6.00
7.00	RHX	119.31	119.31	0	221.85	7.00
8.00	RHL	116.50	116.50	0	195.70	8.00
9.00	RMX	135.32	135.32	25	205.09	9.00
10.00	RML	124.55	124.55	35	187.66	10.00
11.00	RLX	96.17	96.17	0	182.17	11.00
12.00	RUC	159.42	159.42	0	194.65	12.00
13.00	RUB	146.31	146.31	198	194.65	13.00
14.00	RUA	139.76	139.76	81	157.36	14.00
15.00	RVC	126.99	126.99	46	169.25	15.00
16.00	RVB	120.90	120.90	11	143.58	16.00
17.00	RVA	109.67	109.67	39	143.10	17.00
18.00	RHC	109.95	109.95	0	149.69	18.00
19.00	RHB	105.26	105.26	4	133.22	19.00
20.00	RHA	98.24	98.24	4	115.30	20.00
21.00	RMC	101.14	101.14	0	133.41	21.00
22.00	RMB	98.33	98.33	0	123.73	22.00
23.00	RMA	96.46	96.46	0	99.51	23.00
24.00	RLB	88.68	88.68	0	132.28	24.00
25.00	RLA	76.04	76.04	0	80.95	25.00
26.00	ES3	202.92	202.92	0	202.92	26.00
27.00	ES2	158.84	158.84	0	158.84	27.00
28.00	ES1	141.89	141.89	0	141.89	28.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 140063

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

Worksheet S-7

Date/Time Prepared:
1/20/2012 2:37 pm

	Group	Base Rate	Actual Rate	Days for	Base Rate	
		Prior to 10/1	for Services Prior to 10/1	Services Prior to 10/1	On/After 10/1	
	1.00	2.00	3.00	4.00	5.00	
29.00	HE2	137.04	137.04	0	137.04	29.00
30.00	HE1	113.80	113.80	0	113.80	30.00
31.00	HD2	128.33	128.33	0	128.33	31.00
32.00	HD1	107.02	107.02	0	107.02	32.00
33.00	HC2	121.06	121.06	0	121.06	33.00
34.00	HC1	101.20	101.20	0	101.20	34.00
35.00	HB2	119.61	119.61	0	119.61	35.00
36.00	HB1	100.24	100.24	0	100.24	36.00
37.00	LE2	124.45	124.45	0	124.45	37.00
38.00	LE1	104.11	104.11	0	104.11	38.00
39.00	LD2	119.61	119.61	0	119.61	39.00
40.00	LD1	100.24	100.24	0	100.24	40.00
41.00	LC2	105.08	105.08	0	105.08	41.00
42.00	LC1	88.61	88.61	0	88.61	42.00
43.00	LB2	99.75	99.75	0	99.75	43.00
44.00	LB1	84.74	84.74	0	84.74	44.00
45.00	CE2	110.89	110.89	0	110.89	45.00
46.00	CE1	102.17	102.17	0	102.17	46.00
47.00	CD2	105.08	105.08	0	105.08	47.00
48.00	CD1	96.36	96.36	0	96.36	48.00
49.00	CC2	81.44	81.44	0	92.00	49.00
50.00	CC1	74.89	74.89	0	85.22	50.00
51.00	CB2	71.14	71.14	0	85.22	51.00
52.00	CB1	67.86	67.86	0	78.93	52.00
53.00	CA2	67.40	67.40	0	72.14	53.00
54.00	CA1	63.65	63.65	0	67.30	54.00
55.00	SE3	109.06	109.06	0	0.00	55.00
56.00	SE2	93.15	93.15	19	0.00	56.00
57.00	SE1	83.31	83.31	0	0.00	57.00
58.00	SSC	81.91	81.91	0	0.00	58.00
59.00	SSB	77.70	77.70	0	0.00	59.00
60.00	SSA	76.29	76.29	20	0.00	60.00
61.00	IB2	60.84	60.84	0	0.00	61.00
62.00	IB1	59.90	59.90	0	0.00	62.00
63.00	IA2	55.22	55.22	0	0.00	63.00
64.00	IA1	53.35	53.35	0	0.00	64.00
65.00	BB2	60.37	60.37	0	76.50	65.00
66.00	BB1	58.97	58.97	0	73.11	66.00
67.00	BA2	54.76	54.76	0	63.42	67.00
68.00	BA1	51.01	51.01	0	60.52	68.00
69.00	PE2	65.52	65.52	0	102.17	69.00
70.00	PE1	64.59	64.59	0	97.33	70.00
71.00	PD2	62.25	62.25	0	96.36	71.00
72.00	PD1	61.31	61.31	0	91.52	72.00
73.00	PC2	59.44	59.44	0	82.80	73.00
74.00	PC1	58.97	58.97	0	78.93	74.00
75.00	PB2	52.88	52.88	0	70.21	75.00
76.00	PB1	51.95	51.95	0	67.30	76.00
77.00	PA2	51.48	51.48	0	58.10	77.00
78.00	PA1	50.07	50.07	0	55.68	78.00
199.00	AAA	50.07	50.07	0	0.00	199.00
200.00	TOTAL			1,200		200.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 140063

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

Worksheet S-7

Date/Time Prepared:
1/20/2012 2:37 pm

	Actual Rate for Services	Days for Services	Total	
	On/After 10/1	On/After 10/1	8.00	
3.00	266.82	0	14,517	3.00
4.00	260.04	27	88,812	4.00
5.00	241.42	0	3,808	5.00
6.00	214.30	30	21,703	6.00
7.00	221.85	0	0	7.00
8.00	195.70	2	391	8.00
9.00	205.09	0	3,383	9.00
10.00	187.66	0	4,359	10.00
11.00	182.17	0	0	11.00
12.00	194.65	170	33,091	12.00
13.00	194.65	807	186,052	13.00
14.00	157.36	1,246	207,392	14.00
15.00	169.25	104	23,444	15.00
16.00	143.58	261	38,804	16.00
17.00	143.10	436	66,669	17.00
18.00	149.69	37	5,539	18.00
19.00	133.22	23	3,485	19.00
20.00	115.30	62	7,542	20.00
21.00	133.41	22	2,935	21.00
22.00	123.73	75	9,280	22.00
23.00	99.51	110	10,946	23.00
24.00	132.28	0	0	24.00
25.00	80.95	0	0	25.00
26.00	202.92	0	0	26.00
27.00	158.84	2	318	27.00
28.00	141.89	0	0	28.00
29.00	137.04	0	0	29.00
30.00	113.80	4	455	30.00
31.00	128.33	12	1,540	31.00
32.00	107.02	0	0	32.00
33.00	121.06	0	0	33.00
34.00	101.20	2	202	34.00
35.00	119.61	0	0	35.00
36.00	100.24	3	301	36.00
37.00	124.45	0	0	37.00
38.00	104.11	4	416	38.00
39.00	119.61	0	0	39.00
40.00	100.24	0	0	40.00
41.00	105.08	0	0	41.00
42.00	88.61	9	797	42.00
43.00	99.75	0	0	43.00
44.00	84.74	7	593	44.00
45.00	110.89	0	0	45.00
46.00	102.17	0	0	46.00
47.00	105.08	0	0	47.00
48.00	96.36	0	0	48.00
49.00	92.00	0	0	49.00
50.00	85.22	0	0	50.00
51.00	85.22	3	256	51.00
52.00	78.93	35	2,763	52.00
53.00	72.14	0	0	53.00
54.00	67.30	6	404	54.00
55.00	0.00	0	0	55.00
56.00	0.00	0	1,770	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	1,526	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	76.50	0	0	65.00
66.00	73.11	0	0	66.00
67.00	63.42	0	0	67.00
68.00	60.52	0	0	68.00
69.00	102.17	0	0	69.00
70.00	97.33	0	0	70.00
71.00	96.36	0	0	71.00
72.00	91.52	4	366	72.00
73.00	82.80	0	0	73.00
74.00	78.93	0	0	74.00
75.00	70.21	0	0	75.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 140063

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

Worksheet S-7

Date/Time Prepared:
1/20/2012 2:37 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	67.30	0	0	76.00
77.00	58.10	0	0	77.00
78.00	55.68	1	56	78.00
199.00	0.00	0	0	199.00
200.00 TOTAL		3,504	743,915	200.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 140063	Period: From 07/01/2010 To 06/30/2011	Worksheet S-10 Date/Time Prepared: 1/20/2012 2:37 pm
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			1.00		
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 200 column 3 divided by line 200 column 8)		0.265374	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		5,042,510	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		665,999	5.00	
6.00	Medicaid charges		33,408,068	6.00	
7.00	Medicaid cost (line 1 times line 6)		8,865,633	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)		3,157,124	8.00	
State Children's Health Insurance Program (SCHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone SCHIP		0	9.00	
10.00	Stand-alone SCHIP charges		0	10.00	
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0	11.00	
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00	
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00	
Uncompensated care (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00	
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		3,157,124	19.00	
			1.00		
			2.00		
			3.00		
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	3,067,473	494,646	3,562,119	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	814,028	131,266	945,294	21.00
22.00	Partial payment by patients approved for charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	814,028	131,266	945,294	23.00
			1.00		
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N	24.00	
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit		0	25.00	
26.00	Total bad debt expense for the entire hospital complex (see instructions)		7,360,082	26.00	
27.00	Medicare bad debts for the entire hospital complex (see instructions)		442,500	27.00	
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)		6,917,582	28.00	
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)		1,835,746	29.00	
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)		2,781,040	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		5,938,164	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES				Provider CCN: 140063	Period: From 07/01/2010 To 06/30/2011	Worksheet A Date/Time Prepared: 1/20/2012 2:37 pm
Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
	1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT		3,302,347	3,302,347	-1,599,926	1,702,421	1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP		0	0	2,172,486	2,172,486	2.00
4.00 EMPLOYEE BENEFITS	443,190	9,730,422	10,173,612	-4,101	10,169,511	4.00
5.01 NONPATIENT TELEPHONES	0	120,193	120,193	0	120,193	5.01
5.02 DATA PROCESSING	575,382	450,229	1,025,611	-800	1,024,811	5.02
5.03 PURCHASING	257,661	58,308	315,969	38,429	354,398	5.03
5.04 ADMINISTRATION	775,793	166,223	942,016	-7,691	934,325	5.04
5.05 CASHIERING	893,107	1,133,962	2,027,069	-4,734	2,022,335	5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL	2,880,198	11,319,035	14,199,233	-86,849	14,112,384	5.06
6.00 MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00 OPERATION OF PLANT	1,029,310	3,592,104	4,621,414	-759	4,620,655	7.00
8.00 LAUNDRY & LINEN SERVICE	60,937	27,349	88,286	0	88,286	8.00
9.00 HOUSEKEEPING	632,569	549,757	1,182,326	0	1,182,326	9.00
10.00 DIETARY	804,166	973,163	1,777,329	-1,011,011	766,318	10.00
11.00 CAFETERIA	0	0	0	1,002,359	1,002,359	11.00
13.00 NURSING ADMINISTRATION	1,226,164	91,622	1,317,786	-6,955	1,310,831	13.00
14.00 CENTRAL SERVICES & SUPPLY	242,254	1,113,802	1,356,056	-1,052,159	303,897	14.00
15.00 PHARMACY	1,124,988	2,607,153	3,732,141	-2,089,827	1,642,314	15.00
16.00 MEDICAL RECORDS & LIBRARY	567,212	381,231	948,443	-5,301	943,142	16.00
17.00 SOCIAL SERVICE	292,602	223,689	516,291	0	516,291	17.00
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	193,283	193,283	0	193,283	22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	5,350,959	667,980	6,018,939	-5,284	6,013,655	30.00
31.00 INTENSIVE CARE UNIT	2,007,141	290,333	2,297,474	-1,280	2,296,194	31.00
40.00 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 SUBPROVIDER - IRF	678,439	585,560	1,263,999	-1,217	1,262,782	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
44.00 SKILLED NURSING FACILITY	1,235,952	169,774	1,405,726	-2,045	1,403,681	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	2,419,471	7,876,594	10,296,065	-3,625,943	6,670,122	50.00
50.01 ENDOSCOPY	566,660	358,239	924,899	-130,497	794,402	50.01
51.00 RECOVERY ROOM	790,466	33,811	824,277	0	824,277	51.00
53.00 ANESTHESIOLOGY	248,162	348,905	597,067	0	597,067	53.00
54.00 RADIOLOGY-DIAGNOSTIC	1,906,539	1,465,362	3,371,901	-160,181	3,211,720	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	434,947	313,603	748,550	-781	747,769	56.00
56.01 ULTRASOUND/VASC LAB	404,883	46,154	451,037	0	451,037	56.01
57.00 CT SCAN	418,022	251,729	669,751	0	669,751	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	1,582,894	1,416,752	2,999,646	-2,677	2,996,969	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	149,592	472,670	622,262	0	622,262	62.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	579,073	153,803	732,876	-10,205	722,671	65.00
66.00 PHYSICAL THERAPY	1,332,735	255,258	1,587,993	-1,813	1,586,180	66.00
67.00 OCCUPATIONAL THERAPY	595,696	29,209	624,905	0	624,905	67.00
68.00 SPEECH PATHOLOGY	193,822	14,481	208,303	0	208,303	68.00
69.00 ELECTROCARDIOLOGY	308,353	146,173	454,526	56	454,582	69.00
70.00 ELECTROENCEPHALOGRAPHY	57,460	13,795	71,255	0	71,255	70.00
70.01 SLEEP LAB	0	0	0	0	0	70.01
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	775,951	775,951	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	3,769,987	3,769,987	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	2,086,827	2,086,827	73.00
74.00 RENAL DIALYSIS	0	442,108	442,108	0	442,108	74.00
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	734,903	551,488	1,286,391	-3,760	1,282,631	90.00
90.01 WOUND CARE	428,271	590,650	1,018,921	-2,327	1,016,594	90.01
90.02 PULMONARY REHAB	74,130	4,762	78,892	0	78,892	90.02
90.03 SPINE CENTER	0	0	0	0	0	90.03
90.04 RUSH HEART CENTER	0	192,803	192,803	-1,559	191,244	90.04
91.00 EMERGENCY	4,481,711	772,363	5,254,074	-9,923	5,244,151	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 140063	Period: From 07/01/2010 To 06/30/2011	Worksheet A Date/Time Prepared: 1/20/2012 2:37 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
111.00 ISLET ACQUISITION	0	0	0	0	0
118.00 SUBTOTALS (SUM OF LINES 1-117)	38,785,814	53,498,231	92,284,045	16,490	92,300,535
NONREIMBURSABLE COST CENTERS					
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0
190.01 ADC	0	0	0	0	0
192.00 PHYSICIANS' PRIVATE OFFICES	4,994,986	1,861,044	6,856,030	-16,490	6,839,540
200.00 TOTAL (SUM OF LINES 118-199)	43,780,800	55,359,275	99,140,075	0	99,140,075

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140063

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

Worksheet A
Date/Time Prepared:
1/20/2012 2:37 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	NEW CAP REL COSTS-BLDG & FIXT	-19,381	1,683,040	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	-10,300	2,162,186	2.00
4.00	EMPLOYEE BENEFITS	-620	10,168,891	4.00
5.01	NONPATIENT TELEPHONES	-118,938	1,255	5.01
5.02	DATA PROCESSING	0	1,024,811	5.02
5.03	PURCHASING	-113,746	240,652	5.03
5.04	ADMINISTRATIVE	0	934,325	5.04
5.05	CASHIERING	0	2,022,335	5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL	-2,240,662	11,871,722	5.06
6.00	MAINTENANCE & REPAIRS	0	0	6.00
7.00	OPERATION OF PLANT	0	4,620,655	7.00
8.00	LAUNDRY & LINEN SERVICE	0	88,286	8.00
9.00	HOUSEKEEPING	0	1,182,326	9.00
10.00	DIETARY	0	766,318	10.00
11.00	CAFETERIA	-287,520	714,839	11.00
13.00	NURSING ADMINISTRATION	0	1,310,831	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	303,897	14.00
15.00	PHARMACY	0	1,642,314	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	943,142	16.00
17.00	SOCIAL SERVICE	0	516,291	17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	193,283	22.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	0	6,013,655	30.00
31.00	INTENSIVE CARE UNIT	-1,202	2,294,992	31.00
40.00	SUBPROVIDER - IPF	0	0	40.00
41.00	SUBPROVIDER - IRF	-33,224	1,229,558	41.00
42.00	SUBPROVIDER	0	0	42.00
44.00	SKILLED NURSING FACILITY	-8,998	1,394,683	44.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0	6,670,122	50.00
50.01	ENDOSCOPY	-70,000	724,402	50.01
51.00	RECOVERY ROOM	0	824,277	51.00
53.00	ANESTHESIOLOGY	-50,000	547,067	53.00
54.00	RADIOLOGY-DIAGNOSTIC	-13,670	3,198,050	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	RADIOISOTOPE	0	747,769	56.00
56.01	ULTRASOUND/VASC LAB	0	451,037	56.01
57.00	CT SCAN	0	669,751	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	59.00
60.00	LABORATORY	-53,042	2,943,927	60.00
60.01	BLOOD LABORATORY	0	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	622,262	62.00
64.00	INTRAVENOUS THERAPY	0	0	64.00
65.00	RESPIRATORY THERAPY	-1,202	721,469	65.00
66.00	PHYSICAL THERAPY	0	1,586,180	66.00
67.00	OCCUPATIONAL THERAPY	0	624,905	67.00
68.00	SPEECH PATHOLOGY	0	208,303	68.00
69.00	ELECTROCARDIOLOGY	-44,120	410,462	69.00
70.00	ELECTROENCEPHALOGRAPHY	-11,520	59,735	70.00
70.01	SLEEP LAB	0	0	70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	775,951	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	3,769,987	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	2,086,827	73.00
74.00	RENAL DIALYSIS	0	442,108	74.00
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	-416,901	865,730	90.00
90.01	WOUND CARE	-24,000	992,594	90.01
90.02	PULMONARY REHAB	-6,831	72,061	90.02
90.03	SPINE CENTER	0	0	90.03
90.04	RUSH HEART CENTER	-191,244	0	90.04
91.00	EMERGENCY	-2,060,024	3,184,127	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS				
99.10	CORF	0	0	99.10
SPECIAL PURPOSE COST CENTERS				
109.00	PANCREAS ACQUISITION	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	110.00
111.00	ISLET ACQUISITION	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	-5,777,145	86,523,390	118.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 140063	Period: From 07/01/2010 To 06/30/2011	Worksheet A Date/Time Prepared: 1/20/2012 2:37 pm
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Cost Center Description	Adjustments	Net Expenses		
	(See A-8)	For Allocation		
	6.00	7.00		
NONREIMBURSABLE COST CENTERS				
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0		190.00
190.01 ADC	0	0		190.01
192.00 PHYSICIANS' PRIVATE OFFICES	-65,857	6,773,683		192.00
200.00 TOTAL (SUM OF LINES 118-199)	-5,843,002	93,297,073		200.00

RECLASSIFICATIONS

Provider CCN: 140063

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

Worksheet A-6

Date/Time Prepared:
1/20/2012 2:37 pm

		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
A - POSTAGE						
1.00	PURCHASING	5.03	0	42,270	1.00	
	TOTALS		0	42,270		
B - CAPITAL RELATED INSURANCE						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	5,940	1.00	
	TOTALS		0	5,940		
C - CLINITRON BEDS						
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	276,208	1.00	
	TOTALS		0	276,208		
D - CHARGABLE MED SUPPLIES						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	775,951	1.00	
	TOTALS		0	775,951		
E - CAFETERIA						
1.00	CAFETERIA	11.00	453,525	548,834	1.00	
	TOTALS		453,525	548,834		
F - RENTALS						
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	290,412	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
6.00		0.00	0	0	6.00	
7.00		0.00	0	0	7.00	
8.00		0.00	0	0	8.00	
9.00		0.00	0	0	9.00	
10.00		0.00	0	0	10.00	
11.00		0.00	0	0	11.00	
12.00		0.00	0	0	12.00	
13.00		0.00	0	0	13.00	
14.00		0.00	0	0	14.00	
15.00		0.00	0	0	15.00	
16.00		0.00	0	0	16.00	
17.00		0.00	0	0	17.00	
18.00		0.00	0	0	18.00	
19.00		0.00	0	0	19.00	
20.00		0.00	0	0	20.00	
21.00		0.00	0	0	21.00	
22.00		0.00	0	0	22.00	
23.00		0.00	0	0	23.00	
24.00		0.00	0	0	24.00	
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	290,412		
G - EQUIPMENT DEPRECIATION						
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	1,605,866	1.00	
	TOTALS		0	1,605,866		
H - DRUGS SOLD						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	2,086,827	1.00	
	TOTALS		0	2,086,827		
I - HEART CENTER RECLASS						
1.00	ELECTROCARDIOLOGY	69.00	0	1,559	1.00	
	TOTALS		0	1,559		
J - IMPLANTABLE COSTS						
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	3,769,987	1.00	
2.00		0.00	0	0	2.00	
	TOTALS		0	3,769,987		
500.00	Grand Total: Increases		453,525	9,403,854	500.00	

RECLASSIFICATIONS

Provider CCN: 140063

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

Worksheet A-6
Date/Time Prepared:
1/20/2012 2:37 pm

		Decreases				Wkst. A-7 Ref.	
Cost Center	Line #	Salary	Other				
6.00	7.00	8.00	9.00	10.00			
A - POSTAGE							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	42,270	0	1.00	
	TOTALS		0	42,270			
B - CAPITAL RELATED INSURANCE							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	5,940	9	1.00	
	TOTALS		0	5,940			
C - CLINIC BEDS							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	276,208	9	1.00	
	TOTALS		0	276,208			
D - CHARGABLE MED SUPPLIES							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	775,951	0	1.00	
	TOTALS		0	775,951			
E - CAFETERIA							
1.00	DIETARY	10.00	453,525	548,834	0	1.00	
	TOTALS		453,525	548,834			
F - RENTALS							
1.00	EMPLOYEE BENEFITS	4.00	0	4,101	9	1.00	
2.00	DATA PROCESSING	5.02	0	800	0	2.00	
3.00	PURCHASING	5.03	0	3,841	0	3.00	
4.00	ADMINISTRATIVE	5.04	0	7,691	0	4.00	
5.00	CASHIERING	5.05	0	4,734	0	5.00	
6.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	38,639	0	6.00	
7.00	OPERATION OF PLANT	7.00	0	759	0	7.00	
8.00	DIETARY	10.00	0	8,652	0	8.00	
9.00	NURSING ADMINISTRATION	13.00	0	6,955	0	9.00	
10.00	PHARMACY	15.00	0	3,000	0	10.00	
11.00	MEDICAL RECORDS & LIBRARY	16.00	0	5,301	0	11.00	
12.00	ADULTS & PEDIATRICS	30.00	0	5,284	0	12.00	
13.00	INTENSIVE CARE UNIT	31.00	0	1,280	0	13.00	
14.00	SUBPROVIDER - IRF	41.00	0	1,217	0	14.00	
15.00	SKILLED NURSING FACILITY	44.00	0	2,045	0	15.00	
16.00	OPERATING ROOM	50.00	0	14,409	0	16.00	
17.00	ENDOSCOPY	50.01	0	130,497	0	17.00	
18.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,728	0	18.00	
19.00	RADIOISOTOPE	56.00	0	781	0	19.00	
20.00	LABORATORY	60.00	0	2,677	0	20.00	
21.00	RESPIRATORY THERAPY	65.00	0	10,205	0	21.00	
22.00	PHYSICAL THERAPY	66.00	0	1,813	0	22.00	
23.00	ELECTROCARDIOLOGY	69.00	0	1,503	0	23.00	
24.00	CLINIC	90.00	0	3,760	0	24.00	
25.00	WOUND CARE	90.01	0	2,327	0	25.00	
26.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	16,490	0	26.00	
27.00	EMERGENCY	91.00	0	9,923	0	27.00	
	TOTALS		0	290,412			
G - EQUIPMENT DEPRECIATION							
1.00	NEW CAPITAL COSTS-BLDG & FIXT	1.00	0	1,605,866	9	1.00	
	TOTALS		0	1,605,866			
H - DRUGS SOLD							
1.00	PHARMACY	15.00	0	2,086,827	0	1.00	
	TOTALS		0	2,086,827			
I - HEART CENTER RECLASS							
1.00	RUSH HEART CENTER	90.04	0	1,559	0	1.00	
	TOTALS		0	1,559			
J - IMPLANTABLE COSTS							
1.00	OPERATING ROOM	50.00	0	3,611,534	0	1.00	
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	158,453	0	2.00	
	TOTALS		0	3,769,987			
500.00	Grand Total: Decreases		453,525	9,403,854		500.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140063

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

Worksheet A-7
Parts I-III
Date/Time Prepared:
1/20/2012 2:37 pm

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	2,554,045	0	0	75,339	1.00
2.00	Land Improvements	0	0	0	0	2.00
3.00	Buildings and Fixtures	71,212,584	596,408	0	0	3.00
4.00	Building Improvements	0	0	0	0	4.00
5.00	Fixed Equipment	7,961,161	0	0	3,279,650	5.00
6.00	Movable Equipment	45,079,605	0	0	26,058,865	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	126,807,395	596,408	0	29,413,854	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	126,807,395	596,408	0	29,413,854	10.00
SUMMARY OF CAPITAL						
Cost Center Description	Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
	9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	NEW CAP REL COSTS-BLDG & FIXT	3,302,347	0	0	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	3,302,347	0	0	0	3.00
COMPUTATION OF RATIOS						
Cost Center Description	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	ALLOCATION OF OTHER CAPITAL Ratio (see instructions)	Insurance	
	1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	78,969,209	0	78,969,209	0.805891	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	19,020,740	0	19,020,740	0.194109	2.00
3.00	Total (sum of lines 1-2)	97,989,949	0	97,989,949	1.000000	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140063

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

Worksheet A-7
Parts I-III
Date/Time Prepared:
1/20/2012 2:37 pm

		Ending Balance	Fully Depreciated Assets			
		6.00	7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	2,478,706	0		1.00	
2.00	Land Improvements	0	0		2.00	
3.00	Buildings and Fixtures	71,808,992	0		3.00	
4.00	Building Improvements	0	0		4.00	
5.00	Fixed Equipment	4,681,511	0		5.00	
6.00	Movable Equipment	19,020,740	0		6.00	
7.00	HIT designated Assets	0	0		7.00	
8.00	Subtotal (sum of lines 1-7)	97,989,949	0		8.00	
9.00	Reconciling Items	0	0		9.00	
10.00	Total (line 8 minus line 9)	97,989,949	0		10.00	
SUMMARY OF CAPITAL						
Cost Center Description		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)			
		14.00	15.00			
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	3,302,347		1.00	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0		2.00	
3.00	Total (sum of lines 1-2)	0	3,302,347		3.00	
ALLOCATION OF OTHER CAPITAL						
Cost Center Description		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	SUMMARY OF CAPITAL Depreciation	Lease
		6.00	7.00	8.00	9.00	10.00
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	1,683,040	0
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	2,162,186	0
3.00	Total (sum of lines 1-2)	0	0	0	3,845,226	0

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140063

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

Worksheet A-7
Parts I-III
Date/Time Prepared:
1/20/2012 2:37 pm

Cost Center Description	SUMMARY OF CAPITAL					Total (2) (sum of cols. 9 through 14)	
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)			
	11.00	12.00	13.00	14.00	15.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	1,683,040	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	2,162,186	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	3,845,226	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140063

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

Worksheet A-8

Date/Time Prepared:
1/20/2012 2:37 pm

		Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
		Basis/Code (2)	Amount	Cost Center	Line #
		1.00	2.00	3.00	4.00
1.00	Investment income - buildings and fixtures (chapter 2)			NEW CAP REL COSTS-BLDG & FIXT	1.00
2.00	Investment income - movable equipment (chapter 2)			NEW CAP REL COSTS-MVBLE EQUIP	2.00
3.00	Investment income - other (chapter 2)		0		0.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00
5.00	Refunds and rebates of expenses (chapter 8)	B	-113,746	PURCHASING	5.03
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00
7.00	Telephone services (pay stations excluded) (chapter 21)	A	-118,938	NONPATIENT TELEPHONES	5.01
8.00	Television and radio service (chapter 21)	A	-9,062	OTHER ADMINISTRATIVE AND GENERAL	5.06
9.00	Parking lot (chapter 21)		0		0.00
10.00	Provider-based physician adjustment	A-8-2	-2,951,277		
11.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00
12.00	Related organization transactions (chapter 10)	A-8-1	0		
13.00	Laundry and linen service		0		0.00
14.00	Cafeteria-employees and guests	B	-287,520	CAFETERIA	11.00
15.00	Rental of quarters to employee and others		0		0.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00
17.00	Sale of drugs to other than patients		0		0.00
18.00	Sale of medical records and abstracts		0		0.00
19.00	Nursing school (tuition, fees, books, etc.)		0		0.00
20.00	Vending machines		0		0.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00
26.00	Depreciation - buildings and fixtures	A	-19,381	NEW CAP REL COSTS-BLDG & FIXT	1.00
27.00	Depreciation - movable equipment	A	-10,300	NEW CAP REL COSTS-MVBLE EQUIP	2.00
28.00	Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00
29.00	Physicians' assistant		0		0.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00
33.00			0		0.00
33.01	OTHER MISC	B	-86,284	OTHER ADMINISTRATIVE AND GENERAL	5.06
33.02			0		0.00
33.04	SALE OF SILVER	B	-13,670	RADIOLOGY-DIAGNOSTIC	54.00
33.05	HOUSE PHYSICIANS	A	-369,316	OTHER ADMINISTRATIVE AND GENERAL	5.06
34.00			0		0.00
34.01	NON OP OTHER EXP	B	-65,857	PHYSICIANS' PRIVATE OFFICES	192.00
35.00	LAB MISC REV	B	-3,050	LABORATORY	60.00
36.00	PHYSICIAN RECRUITING	B	-82,550	OTHER ADMINISTRATIVE AND GENERAL	5.06
37.00	MISC REV	B	-6,831	PULMONARY REHAB	90.02
38.00	MISC REV	B	-11,150	CLINIC	90.00
39.00	JURY DUTY	B	-710	OTHER ADMINISTRATIVE AND GENERAL	5.06
40.00			0		0.00
41.00	EMPLOYEE IDS	B	-620	EMPLOYEE BENEFITS	4.00
42.00			0		0.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140063

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

Worksheet A-8

Date/Time Prepared:
1/20/2012 2:37 pm

		Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
		Basis/Code (2)	Amount	Cost Center	Line #	
		1.00	2.00	3.00	4.00	
43.00	PROVIDER ASSESSMENT TAXES	A	-1,692,740	OTHER ADMINISTRATIVE AND GENERAL	5.06	43.00
44.00			0		0.00	44.00
45.00			0		0.00	45.00
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-5,843,002			50.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140063

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

Worksheet A-8

Date/Time Prepared:
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		Wkst. A-7 Ref.	
		5.00	
1.00	Investment income - buildings and fixtures (chapter 2)	0	1.00
2.00	Investment income - movable equipment (chapter 2)	0	2.00
3.00	Investment income - other (chapter 2)	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	0	7.00
8.00	Television and radio service (chapter 21)	0	8.00
9.00	Parking lot (chapter 21)	0	9.00
10.00	Provider-based physician adjustment	0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)	0	11.00
12.00	Related organization transactions (chapter 10)	0	12.00
13.00	Laundry and linen service	0	13.00
14.00	Cafeteria-employees and guests	0	14.00
15.00	Rental of quarters to employee and others	0	15.00
16.00	Sale of medical and surgical supplies to other than patients	0	16.00
17.00	Sale of drugs to other than patients	0	17.00
18.00	Sale of medical records and abstracts	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)	0	19.00
20.00	Vending machines	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		25.00
26.00	Depreciation - buildings and fixtures	9	26.00
27.00	Depreciation - movable equipment	9	27.00
28.00	Non-physician Anesthetist		28.00
29.00	Physicians' assistant	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)		30.00
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest	0	32.00
33.00		0	33.00
33.01	OTHER MISC	0	33.01
33.02		0	33.02
33.04	SALE OF SILVER	0	33.04
33.05	HOUSE PHYSICIANS	0	33.05
34.00		0	34.00
34.01	NON OP OTHER EXP	0	34.01
35.00	LAB MISC REV	0	35.00
36.00	PHYSICIAN RECRUITING	0	36.00
37.00	MISC REV	0	37.00
38.00	MISC REV	0	38.00
39.00	JURY DUTY	0	39.00
40.00		0	40.00
41.00	EMPLOYEE IDS	0	41.00
42.00		0	42.00
43.00	PROVIDER ASSESSMENT TAXES	0	43.00
44.00		0	44.00
45.00		0	45.00
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		50.00

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS	Provider CCN: 140063	Period: From 07/01/2010 To 06/30/2011	Worksheet A-8-1 Date/Time Prepared: 1/20/2012 2:37 pm
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	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	0.00		ADMINISTRATIVE SALARY	1.00
2.00	0.00			2.00
3.00	0.00			3.00
4.00	0.00			4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			5.00

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

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

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

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

6.00			0.00	6.00
7.00			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: 140063
 Period: From 07/01/2010 To 06/30/2011
 Worksheet A-8-1
 Date/Time Prepared: 1/20/2012 2:37 pm

	Amount of Allowable Cost	Amount Included in Wks. A, column 5	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	0	0	0	0	1.00
2.00	0	0	0	0	2.00
3.00	0	0	0	0	3.00
4.00	0	0	0	0	4.00
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.

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	RUSH UNIVERSITY MED CTR	0.00	HOSPITAL	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: 140063

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

Worksheet A-8-2

Date/Time Prepared:
1/20/2012 2:37 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	
	1.00	2.00	3.00	4.00	
1.00	31.00	ICU	22,500	0	1.00
2.00	41.00	REHAB	210,424	0	2.00
3.00	44.00	SNF	8,998	8,998	3.00
4.00	50.01	ENDOSCOPY	70,000	70,000	4.00
5.00	53.00	ANESTHESIOLOGY	50,000	50,000	5.00
6.00	60.00	LABORATORY	49,992	49,992	6.00
7.00	65.00	RESPIRATORY THERAPY	22,500	0	7.00
8.00	69.00	EKG	44,120	44,120	8.00
9.00	70.00	EEG	11,520	11,520	9.00
10.00	90.00	CLINIC	405,751	405,751	10.00
11.00	90.01	WOUND CARE	24,000	24,000	11.00
12.00	90.04	HEART CENTER	191,244	191,244	12.00
13.00	91.00	EMERGENCY ROOM	1,986,602	1,986,602	13.00
14.00	91.00	ER MEDICAL DIRECTOR	179,742	0	14.00
15.00	90.00	CLINIC MEDICAL DIRECTOR	36,000	0	15.00
200.00		TOTAL (lines 1.00 through 199.00)	3,313,393	2,842,227	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140063

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

Worksheet A-8-2

Date/Time Prepared:
1/20/2012 2:37 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	22,500	177,200	250	21,298	1,065	1.00
2.00	210,424	177,200	2,080	177,200	8,860	2.00
3.00	0	0	0	0	0	3.00
4.00	0	0	0	0	0	4.00
5.00	0	0	0	0	0	5.00
6.00	0	0	0	0	0	6.00
7.00	22,500	177,200	250	21,298	1,065	7.00
8.00	0	0	0	0	0	8.00
9.00	0	0	0	0	0	9.00
10.00	0	0	0	0	0	10.00
11.00	0	0	0	0	0	11.00
12.00	0	0	0	0	0	12.00
13.00	0	0	0	0	0	13.00
14.00	179,742	177,200	1,248	106,320	5,316	14.00
15.00	36,000	177,200	435	37,059	1,853	15.00
200.00	471,166		4,263	363,175	18,159	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140063

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

Worksheet A-8-2

Date/Time Prepared:
1/20/2012 2:37 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	21,298	1.00
2.00	0	0	0	0	177,200	2.00
3.00	0	0	0	0	0	3.00
4.00	0	0	0	0	0	4.00
5.00	0	0	0	0	0	5.00
6.00	0	0	0	0	0	6.00
7.00	0	0	0	0	21,298	7.00
8.00	0	0	0	0	0	8.00
9.00	0	0	0	0	0	9.00
10.00	0	0	0	0	0	10.00
11.00	0	0	0	0	0	11.00
12.00	0	0	0	0	0	12.00
13.00	0	0	0	0	0	13.00
14.00	0	0	0	0	106,320	14.00
15.00	0	0	0	0	37,059	15.00
200.00	0	0	0	0	363,175	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140063

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

Worksheet A-8-2

Date/Time Prepared:
1/20/2012 2:37 pm

	RCE	Adjustment	
	Disallowance		
	17.00	18.00	
1.00	1,202	1,202	1.00
2.00	33,224	33,224	2.00
3.00	0	8,998	3.00
4.00	0	70,000	4.00
5.00	0	50,000	5.00
6.00	0	49,992	6.00
7.00	1,202	1,202	7.00
8.00	0	44,120	8.00
9.00	0	11,520	9.00
10.00	0	405,751	10.00
11.00	0	24,000	11.00
12.00	0	191,244	12.00
13.00	0	1,986,602	13.00
14.00	73,422	73,422	14.00
15.00	0	0	15.00
200.00	109,050	2,951,277	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140063

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

Worksheet B
Part I
Date/Time Prepared:
1/20/2012 2:37 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst Allocation 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT	1,683,040	1,683,040				1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP	2,162,186		2,162,186			2.00
4.00 EMPLOYEE BENEFITS	10,168,891	21,613	3,104	10,193,608		4.00
5.01 NONPATIENT TELEPHONES	1,255	1,865	1,739	0	4,859	5.01
5.02 DATA PROCESSING	1,024,811	17,210	162,165	135,338	97	5.02
5.03 PURCHASING	240,652	50,890	8,592	60,605	129	5.03
5.04 ADMINISTRATION	934,325	12,986	9,102	182,477	105	5.04
5.05 CASHIERING	2,022,335	19,253	42,099	210,071	194	5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL	11,871,722	74,387	63,368	677,463	581	5.06
6.00 MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00 OPERATION OF PLANT	4,620,655	621,437	52,584	242,108	258	7.00
8.00 LAUNDRY & LINEN SERVICE	88,286	7,253	390	14,333	0	8.00
9.00 HOUSEKEEPING	1,182,326	13,409	7,952	148,789	32	9.00
10.00 DIETARY	766,318	63,986	13,555	82,476	202	10.00
11.00 CAFETERIA	714,839	0	0	106,675	0	11.00
13.00 NURSING ADMINISTRATION	1,310,831	15,227	36,770	288,411	105	13.00
14.00 CENTRAL SERVICES & SUPPLY	303,897	32,571	33,701	56,982	57	14.00
15.00 PHARMACY	1,642,314	9,529	12,787	264,613	81	15.00
16.00 MEDICAL RECORDS & LIBRARY	943,142	25,730	49,196	133,416	291	16.00
17.00 SOCIAL SERVICE	516,291	2,510	223	68,824	24	17.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	193,283	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	6,013,655	107,766	80,277	1,258,618	412	30.00
31.00 INTENSIVE CARE UNIT	2,294,992	29,645	93,583	472,108	153	31.00
40.00 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 SUBPROVIDER - IRF	1,229,558	44,832	13,021	159,578	258	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
44.00 SKILLED NURSING FACILITY	1,394,683	62,197	13,608	290,713	145	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	6,670,122	78,710	172,868	569,093	242	50.00
50.01 ENDOSCOPY	724,402	16,113	64,450	133,286	145	50.01
51.00 RECOVERY ROOM	824,277	6,394	7,568	185,929	0	51.00
53.00 ANESTHESIOLOGY	547,067	1,516	38,820	58,371	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	3,198,050	57,161	367,857	448,445	242	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	747,769	55,664	303,536	102,306	194	56.00
56.01 ULTRASOUND/VASC LAB	451,037	2,360	67,050	95,234	32	56.01
57.00 CT SCAN	669,751	1,968	154,089	98,325	24	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	2,943,927	38,466	61,950	372,319	299	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	622,262	2,162	63	35,186	0	62.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	721,469	6,612	57,552	136,206	81	65.00
66.00 PHYSICAL THERAPY	1,586,180	38,830	9,783	313,478	65	66.00
67.00 OCCUPATIONAL THERAPY	624,905	5,107	1,354	140,116	16	67.00
68.00 SPEECH PATHOLOGY	208,303	926	158	45,590	24	68.00
69.00 ELECTROCARDIOLOGY	410,462	4,763	39,076	72,529	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	59,735	962	1,843	13,515	0	70.00
70.01 SLEEP LAB	0	0	0	0	0	70.01
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	775,951	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	3,769,987	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	2,086,827	0	0	0	0	73.00
74.00 RENAL DIALYSIS	442,108	0	111	0	0	74.00
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	865,730	72,273	21,891	172,859	186	90.00
90.01 WOUND CARE	992,594	16,672	6,657	100,735	16	90.01
90.02 PULMONARY REHAB	72,061	0	5,327	17,436	0	90.02
90.03 SPINE CENTER	0	0	0	0	0	90.03
90.04 RUSH HEART CENTER	0	0	0	0	0	90.04
91.00 EMERGENCY	3,184,127	36,649	41,629	1,054,161	153	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF	0	0	0	0	0	99.10

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140063

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

Worksheet B
Part I
Date/Time Prepared:
1/20/2012 2:37 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
SPECIAL PURPOSE COST CENTERS						
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
118.00	SUBTOTALS (SUM OF LINES 1-117)	86,523,390	1,677,604	2,121,448	9,018,717	4,843 118.00
NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	4,169	56	0	16 190.00
190.01	ADC	0	0	8,913	0	0 190.01
192.00	PHYSICIANS' PRIVATE OFFICES	6,773,683	1,267	31,769	1,174,891	0 192.00
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers		0	0	0	0 201.00
202.00	TOTAL (sum lines 118-201)	93,297,073	1,683,040	2,162,186	10,193,608	4,859 202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140063

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

Worksheet B
Part I
Date/Time Prepared:
1/20/2012 2:37 pm

Cost Center Description		DATA PROCESSING	PURCHASING	ADMINISTRATIVE	CASHIERING	Subtotal	
		5.02	5.03	5.04	5.05	5A.05	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	NONPATIENT TELEPHONES						5.01
5.02	DATA PROCESSING	1,339,621					5.02
5.03	PURCHASING	39,113	399,981				5.03
5.04	ADMINISTRATIVE	48,891	1,389	1,189,275			5.04
5.05	CASHIERING	151,563	1,792	0	2,447,307		5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL	220,010	3,401	0	0	12,910,932	5.06
6.00	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	OPERATION OF PLANT	29,335	513	0	0	5,566,890	7.00
8.00	LAUNDRY & LINEN SERVICE	0	31	0	0	110,293	8.00
9.00	HOUSEKEEPING	14,667	30	0	0	1,367,205	9.00
10.00	DIETARY	29,335	1,074	0	0	956,946	10.00
11.00	CAFETERIA	0	0	0	0	821,514	11.00
13.00	NURSING ADMINISTRATION	48,891	496	0	0	1,700,731	13.00
14.00	CENTRAL SERVICES & SUPPLY	14,667	33,430	0	0	475,305	14.00
15.00	PHARMACY	58,670	10,085	0	0	1,998,079	15.00
16.00	MEDICAL RECORDS & LIBRARY	141,785	1,018	0	0	1,294,578	16.00
17.00	SOCIAL SERVICE	9,778	60	0	0	597,710	17.00
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	37	0	0	193,320	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	63,559	13,260	70,467	145,010	7,753,024	30.00
31.00	INTENSIVE CARE UNIT	24,446	5,734	26,052	53,611	3,000,324	31.00
40.00	SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - I RF	9,778	1,996	9,387	19,316	1,487,724	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
44.00	SKILLED NURSING FACILITY	24,446	1,997	13,158	27,077	1,828,024	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	24,446	107,403	191,327	393,722	8,207,933	50.00
50.01	ENDOSCOPY	19,557	11,609	35,582	73,223	1,078,367	50.01
51.00	RECOVERY ROOM	9,778	262	28,667	58,993	1,121,868	51.00
53.00	ANESTHESIOLOGY	0	22,219	35,798	73,668	777,459	53.00
54.00	RADIOLOGY-DIAGNOSTIC	112,450	53,088	73,544	151,344	4,462,181	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	34,224	2,931	15,005	30,877	1,292,506	56.00
56.01	ULTRASOUND/VASC LAB	4,889	1,261	19,858	40,865	682,586	56.01
57.00	CT SCAN	4,889	2,430	76,754	157,947	1,166,177	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	78,226	15,722	206,615	425,143	4,142,667	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	641	9,101	18,728	688,143	62.00
64.00	INTRAVENOUS THERAPY	0	0	386	794	1,180	64.00
65.00	RESPIRATORY THERAPY	34,224	6,063	23,144	47,626	1,032,977	65.00
66.00	PHYSICAL THERAPY	9,778	2,509	42,883	88,247	2,091,753	66.00
67.00	OCCUPATIONAL THERAPY	0	1,805	18,244	37,542	829,089	67.00
68.00	SPEECH PATHOLOGY	0	92	4,631	9,530	269,254	68.00
69.00	ELECTROCARDIOLOGY	0	1,733	20,030	41,218	589,811	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	122	509	1,046	77,732	70.00
70.01	SLEEP LAB	0	0	0	0	0	70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	6,297	12,959	795,207	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	61,084	52,879	108,818	3,992,768	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	94,778	195,039	2,376,644	73.00
74.00	RENAL DIALYSIS	0	0	11,435	23,532	477,186	74.00
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	14,667	2,263	14,325	29,479	1,193,673	90.00
90.01	WOUND CARE	0	5,481	16,468	33,888	1,172,511	90.01
90.02	PULMONARY REHAB	0	71	1,336	2,750	98,981	90.02
90.03	SPINE CENTER	0	0	0	0	0	90.03
90.04	RUSH HEART CENTER	0	0	0	0	0	90.04
91.00	EMERGENCY	63,559	17,675	70,615	145,315	4,613,883	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
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
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,339,621	392,807	1,189,275	2,447,307	85,295,135	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140063

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

Worksheet B
Part I
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Cost Center Description	DATA PROCESSING	PURCHASING	ADMINISTRATIVE	CASHIERING	Subtotal	
	5.02	5.03	5.04	5.05	5A.05	
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	2	0	0	4,243	190.00
190.01 ADC	0	350	0	0	9,263	190.01
192.00 PHYSICIANS' PRIVATE OFFICES	0	6,822	0	0	7,988,432	192.00
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)	1,339,621	399,981	1,189,275	2,447,307	93,297,073	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 140063	Period: From 07/01/2010 To 06/30/2011	Worksheet B Part I Date/Time Prepared: 1/20/2012 2:37 pm
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Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL 5.06	MAINTENANCE & REPAIRS 6.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	NONPATIENT TELEPHONES						5.01
5.02	DATA PROCESSING						5.02
5.03	PURCHASING						5.03
5.04	ADMINISTRATIVE						5.04
5.05	CASHIERING						5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL	12,910,932					5.06
6.00	MAINTENANCE & REPAIRS	0	0				6.00
7.00	OPERATION OF PLANT	894,104	0	6,460,994			7.00
8.00	LAUNDRY & LINEN SERVICE	17,714	0	54,276	182,283		8.00
9.00	HOUSEKEEPING	219,588	0	100,345	0	1,687,138	9.00
10.00	DIETARY	153,696	0	478,823	0	52,354	10.00
11.00	CAFETERIA	131,944	0	0	0	0	11.00
13.00	NURSING ADMINISTRATION	273,156	0	113,943	0	15,249	13.00
14.00	CENTRAL SERVICES & SUPPLY	76,339	0	243,737	0	25,415	14.00
15.00	PHARMACY	320,913	0	71,311	0	13,294	15.00
16.00	MEDICAL RECORDS & LIBRARY	207,923	0	192,542	0	35,776	16.00
17.00	SOCIAL SERVICE	95,999	0	18,783	0	3,597	17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	31,049	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	1,245,221	0	806,430	38,262	343,527	30.00
31.00	INTENSIVE CARE UNIT	481,885	0	221,843	11,017	85,628	31.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	238,945	0	335,490	11,671	90,124	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
44.00	SKILLED NURSING FACILITY	293,601	0	465,431	14,630	121,990	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	1,318,321	0	589,003	34,440	205,350	50.00
50.01	ENDOSCOPY	173,198	0	120,580	0	15,249	50.01
51.00	RECOVERY ROOM	180,184	0	47,847	4,005	10,166	51.00
53.00	ANESTHESIOLOGY	124,868	0	11,347	0	25,415	53.00
54.00	RADIOLOGY-DIAGNOSTIC	716,675	0	427,747	16,515	121,364	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	207,591	0	416,548	2,450	38,708	56.00
56.01	ULTRASOUND/VASC LAB	109,631	0	17,657	0	5,083	56.01
57.00	CT SCAN	187,301	0	14,724	0	10,166	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	665,358	0	287,851	0	101,658	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	110,523	0	16,176	0	5,083	62.00
64.00	INTRAVENOUS THERAPY	190	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	165,907	0	49,476	0	13,763	65.00
66.00	PHYSICAL THERAPY	335,959	0	290,576	9,450	60,995	66.00
67.00	OCCUPATIONAL THERAPY	133,161	0	38,218	4,150	16,617	67.00
68.00	SPEECH PATHOLOGY	43,245	0	6,933	0	3,597	68.00
69.00	ELECTROCARDIOLOGY	94,730	0	35,641	650	60,995	69.00
70.00	ELECTROENCEPHALOGRAPHY	12,485	0	7,199	542	0	70.00
70.01	SLEEP LAB	0	0	0	0	0	70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	127,719	0	0	286	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	641,282	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	381,715	0	0	112	0	73.00
74.00	RENAL DIALYSIS	76,641	0	0	0	0	74.00
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	191,717	0	540,831	1,579	68,189	90.00
90.01	WOUND CARE	188,318	0	124,757	0	60,995	90.01
90.02	PULMONARY REHAB	15,897	0	0	0	0	90.02
90.03	SPINE CENTER	0	0	0	0	0	90.03
90.04	RUSH HEART CENTER	0	0	0	0	0	90.04
91.00	EMERGENCY	741,040	0	274,252	31,950	71,708	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140063

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

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Cost Center Description		OTHER	MAINTENANCE &	OPERATION OF	LAUNDRY &	HOUSEKEEPING	
		ADMINISTRATIVE AND GENERAL	REPAIRS	PLANT	LINEN SERVICE		
		5.06	6.00	7.00	8.00	9.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)	11,625,733	0	6,420,317	181,709	1,682,055	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	681	0	31,197	0	5,083	190.00
190.01	ADC	1,488	0	0	0	0	190.01
192.00	PHYSICIANS' PRIVATE OFFICES	1,283,030	0	9,480	574	0	192.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	12,910,932	0	6,460,994	182,283	1,687,138	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140063

Period:
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To 06/30/2011

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Cost Center Description	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
	10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 NONPATIENT TELEPHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING						5.03
5.04 ADMINISTRATION						5.04
5.05 CASHIERING						5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00 MAINTENANCE & REPAIRS						6.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY	1,641,819					10.00
11.00 CAFETERIA	0	953,458				11.00
13.00 NURSING ADMINISTRATION	0	28,818	2,131,897			13.00
14.00 CENTRAL SERVICES & SUPPLY	0	13,886	0	834,682		14.00
15.00 PHARMACY	0	24,932	0	0	2,428,529	15.00
16.00 MEDICAL RECORDS & LIBRARY	0	23,453	0	0	0	16.00
17.00 SOCIAL SERVICE	0	6,213	0	0	0	17.00
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
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	929,782	164,999	635,601	23,369	0	30.00
31.00 INTENSIVE CARE UNIT	170,287	52,803	203,469	11,462	0	31.00
40.00 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 SUBPROVIDER - IRF	153,786	20,928	80,344	3,596	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
44.00 SKILLED NURSING FACILITY	387,964	46,866	180,849	3,477	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	62,883	243,011	243,037	0	50.00
50.01 ENDOSCOPY	0	15,701	0	25,680	0	50.01
51.00 RECOVERY ROOM	0	17,456	68,039	548	0	51.00
53.00 ANESTHESIOLOGY	0	4,754	19,056	49,687	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	62,468	0	115,955	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	0	12,190	0	4,911	0	56.00
56.01 ULTRASOUND/VASC LAB	0	8,679	0	2,735	0	56.01
57.00 CT SCAN	0	10,632	0	5,089	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	0	57,340	0	29,776	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	4,458	0	1,461	0	62.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	0	16,095	0	13,453	0	65.00
66.00 PHYSICAL THERAPY	0	37,023	143,900	4,784	0	66.00
67.00 OCCUPATIONAL THERAPY	0	14,261	54,837	3,878	0	67.00
68.00 SPEECH PATHOLOGY	0	4,320	16,144	149	0	68.00
69.00 ELECTROCARDIOLOGY	0	9,251	35,929	3,423	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	947	0	199	0	70.00
70.01 SLEEP LAB	0	0	0	0	0	70.01
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	75,632	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	136,635	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	20,593	2,428,529	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
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	21,658	84,905	2,430	0	90.00
90.01 WOUND CARE	0	11,618	44,678	11,700	0	90.01
90.02 PULMONARY REHAB	0	2,170	8,732	148	0	90.02
90.03 SPINE CENTER	0	0	0	0	0	90.03
90.04 RUSH HEART CENTER	0	0	0	0	0	90.04
91.00 EMERGENCY	0	81,049	312,403	34,257	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140063

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Cost Center Description	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
	10.00	11.00	13.00	14.00	15.00	
118.00 SUBTOTALS (SUM OF LINES 1-117)	1,641,819	837,851	2,131,897	828,064	2,428,529	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01 ADC	0	0	0	69	0	190.01
192.00 PHYSICIANS' PRIVATE OFFICES	0	115,607	0	6,549	0	192.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	1,641,819	953,458	2,131,897	834,682	2,428,529	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		Subtotal	
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS		
			16.00	17.00		
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 NONPATIENT TELEPHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING						5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00 MAINTENANCE & REPAIRS						6.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY						10.00
11.00 CAFETERIA						11.00
13.00 NURSING ADMINISTRATION						13.00
14.00 CENTRAL SERVICES & SUPPLY						14.00
15.00 PHARMACY						15.00
16.00 MEDICAL RECORDS & LIBRARY	1,754,272					16.00
17.00 SOCIAL SERVICE	0	722,302				17.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0		21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	224,369		22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	103,944	619,789	0	224,369	12,888,317	30.00
31.00 INTENSIVE CARE UNIT	38,429	0	0	0	4,277,147	31.00
40.00 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 SUBPROVIDER - IRF	13,846	102,513	0	0	2,538,967	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
44.00 SKILLED NURSING FACILITY	19,409	0	0	0	3,362,241	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	282,221	0	0	0	11,186,199	50.00
50.01 ENDOSCOPY	52,487	0	0	0	1,481,262	50.01
51.00 RECOVERY ROOM	42,287	0	0	0	1,492,400	51.00
53.00 ANESTHESIOLOGY	52,805	0	0	0	1,065,391	53.00
54.00 RADIOLOGY-DIAGNOSTIC	108,484	0	0	0	6,031,389	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	22,133	0	0	0	1,997,037	56.00
56.01 ULTRASOUND/VASC LAB	29,292	0	0	0	855,663	56.01
57.00 CT SCAN	113,217	0	0	0	1,507,306	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	304,777	0	0	0	5,589,427	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	13,424	0	0	0	839,268	62.00
64.00 INTRAVENOUS THERAPY	569	0	0	0	1,939	64.00
65.00 RESPIRATORY THERAPY	34,138	0	0	0	1,325,809	65.00
66.00 PHYSICAL THERAPY	63,256	0	0	0	3,037,696	66.00
67.00 OCCUPATIONAL THERAPY	26,911	0	0	0	1,121,122	67.00
68.00 SPEECH PATHOLOGY	6,831	0	0	0	350,473	68.00
69.00 ELECTROCARDIOLOGY	29,545	0	0	0	859,975	69.00
70.00 ELECTROENCEPHALOGRAPHY	750	0	0	0	99,854	70.00
70.01 SLEEP LAB	0	0	0	0	0	70.01
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	9,289	0	0	0	1,008,133	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	78,001	0	0	0	4,848,686	72.00
73.00 DRUGS CHARGED TO PATIENTS	139,804	0	0	0	5,347,397	73.00
74.00 RENAL DIALYSIS	16,868	0	0	0	570,695	74.00
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	21,131	0	0	0	2,126,113	90.00
90.01 WOUND CARE	24,291	0	0	0	1,638,868	90.01
90.02 PULMONARY REHAB	1,971	0	0	0	127,899	90.02
90.03 SPINE CENTER	0	0	0	0	0	90.03
90.04 RUSH HEART CENTER	0	0	0	0	0	90.04
91.00 EMERGENCY	104,162	0	0	0	6,264,704	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		Subtotal	
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS		
	16.00	17.00	21.00	22.00	24.00	
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	1,754,272	722,302	0	224,369	83,841,377	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	41,204	190.00
190.01 ADC	0	0	0	0	10,820	190.01
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	9,403,672	192.00
200.00 Cross Foot Adjustments			0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	1,754,272	722,302	0	224,369	93,297,073	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140063	Period: From 07/01/2010 To 06/30/2011	Worksheet B Part I Date/Time Prepared: 1/20/2012 2:37 pm
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	NEW CAP REL COSTS-BLDG & FIXT			1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP			2.00
4.00	EMPLOYEE BENEFITS			4.00
5.01	NONPATIENT TELEPHONES			5.01
5.02	DATA PROCESSING			5.02
5.03	PURCHASING			5.03
5.04	ADMITTING			5.04
5.05	CASHIERING			5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL			5.06
6.00	MAINTENANCE & REPAIRS			6.00
7.00	OPERATION OF PLANT			7.00
8.00	LAUNDRY & LINEN SERVICE			8.00
9.00	HOUSEKEEPING			9.00
10.00	DIETARY			10.00
11.00	CAFETERIA			11.00
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
21.00	I&R SERVICES-SALARY & FRINGES APPRVD			21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD			22.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	-224,369	12,663,948	30.00
31.00	INTENSIVE CARE UNIT	0	4,277,147	31.00
40.00	SUBPROVIDER - IPF	0	0	40.00
41.00	SUBPROVIDER - IRF	0	2,538,967	41.00
42.00	SUBPROVIDER	0	0	42.00
44.00	SKILLED NURSING FACILITY	0	3,362,241	44.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0	11,186,199	50.00
50.01	ENDOSCOPY	0	1,481,262	50.01
51.00	RECOVERY ROOM	0	1,492,400	51.00
53.00	ANESTHESIOLOGY	0	1,065,391	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	6,031,389	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	RADIOISOTOPE	0	1,997,037	56.00
56.01	ULTRASOUND/VASC LAB	0	855,663	56.01
57.00	CT SCAN	0	1,507,306	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	59.00
60.00	LABORATORY	0	5,589,427	60.00
60.01	BLOOD LABORATORY	0	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	839,268	62.00
64.00	INTRAVENOUS THERAPY	0	1,939	64.00
65.00	RESPIRATORY THERAPY	0	1,325,809	65.00
66.00	PHYSICAL THERAPY	0	3,037,696	66.00
67.00	OCCUPATIONAL THERAPY	0	1,121,122	67.00
68.00	SPEECH PATHOLOGY	0	350,473	68.00
69.00	ELECTROCARDIOLOGY	0	859,975	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	99,854	70.00
70.01	SLEEP LAB	0	0	70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,008,133	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	4,848,686	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	5,347,397	73.00
74.00	RENAL DIALYSIS	0	570,695	74.00
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	2,126,113	90.00
90.01	WOUND CARE	0	1,638,868	90.01
90.02	PULMONARY REHAB	0	127,899	90.02
90.03	SPINE CENTER	0	0	90.03
90.04	RUSH HEART CENTER	0	0	90.04
91.00	EMERGENCY	0	6,264,704	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS				
99.10	CORF	0	0	99.10
SPECIAL PURPOSE COST CENTERS				
109.00	PANCREAS ACQUISITION	0	0	109.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140063

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

Worksheet B
Part I
Date/Time Prepared:
1/20/2012 2:37 pm

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
110.00	INTESTINAL ACQUISITION	0	0	110.00
111.00	ISLET ACQUISITION	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	-224,369	83,617,008	118.00
NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	41,204	190.00
190.01	ADC	0	10,820	190.01
192.00	PHYSICIANS' PRIVATE OFFICES	0	9,403,672	192.00
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)	-224,369	93,072,704	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140063

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

Worksheet B
Part II
Date/Time Prepared:
1/20/2012 2:37 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	EMPLOYEE BENEFITS	0	21,613	3,104	24,717	24,717
5.01	NONPATIENT TELEPHONES	0	1,865	1,739	3,604	0
5.02	DATA PROCESSING	0	17,210	162,165	179,375	328
5.03	PURCHASING	0	50,890	8,592	59,482	147
5.04	ADMINISTRATIVE	0	12,986	9,102	22,088	442
5.05	CASHIERING	0	19,253	42,099	61,352	509
5.06	OTHER ADMINISTRATIVE AND GENERAL	0	74,387	63,368	137,755	1,642
6.00	MAINTENANCE & REPAIRS	0	0	0	0	0
7.00	OPERATION OF PLANT	0	621,437	52,584	674,021	587
8.00	LAUNDRY & LINEN SERVICE	0	7,253	390	7,643	35
9.00	HOUSEKEEPING	0	13,409	7,952	21,361	361
10.00	DIETARY	0	63,986	13,555	77,541	200
11.00	CAFETERIA	0	0	0	0	259
13.00	NURSING ADMINISTRATION	0	15,227	36,770	51,997	699
14.00	CENTRAL SERVICES & SUPPLY	0	32,571	33,701	66,272	138
15.00	PHARMACY	0	9,529	12,787	22,316	641
16.00	MEDICAL RECORDS & LIBRARY	0	25,730	49,196	74,926	323
17.00	SOCIAL SERVICE	0	2,510	223	2,733	167
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	0	107,766	80,277	188,043	3,063
31.00	INTENSIVE CARE UNIT	0	29,645	93,583	123,228	1,144
40.00	SUBPROVIDER - IPF	0	0	0	0	0
41.00	SUBPROVIDER - IRF	0	44,832	13,021	57,853	387
42.00	SUBPROVIDER	0	0	0	0	0
44.00	SKILLED NURSING FACILITY	0	62,197	13,608	75,805	704
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	78,710	172,868	251,578	1,379
50.01	ENDOSCOPY	0	16,113	64,450	80,563	323
51.00	RECOVERY ROOM	0	6,394	7,568	13,962	451
53.00	ANESTHESIOLOGY	0	1,516	38,820	40,336	141
54.00	RADIOLOGY-DIAGNOSTIC	0	57,161	367,857	425,018	1,087
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00	RADIOISOTOPE	0	55,664	303,536	359,200	248
56.01	ULTRASOUND/VASC LAB	0	2,360	67,050	69,410	231
57.00	CT SCAN	0	1,968	154,089	156,057	238
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	LABORATORY	0	38,466	61,950	100,416	902
60.01	BLOOD LABORATORY	0	0	0	0	0
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	2,162	63	2,225	85
64.00	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	RESPIRATORY THERAPY	0	6,612	57,552	64,164	330
66.00	PHYSICAL THERAPY	0	38,830	9,783	48,613	760
67.00	OCCUPATIONAL THERAPY	0	5,107	1,354	6,461	340
68.00	SPEECH PATHOLOGY	0	926	158	1,084	110
69.00	ELECTROCARDIOLOGY	0	4,763	39,076	43,839	176
70.00	ELECTROENCEPHALOGRAPHY	0	962	1,843	2,805	33
70.01	SLEEP LAB	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	111	111	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	72,273	21,891	94,164	419
90.01	WOUND CARE	0	16,672	6,657	23,329	244
90.02	PULMONARY REHAB	0	0	5,327	5,327	42
90.03	SPINE CENTER	0	0	0	0	0
90.04	RUSH HEART CENTER	0	0	0	0	0
91.00	EMERGENCY	0	36,649	41,629	78,278	2,555
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS						
99.10	CORF	0	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140063

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

Worksheet B
Part II
Date/Time Prepared:
1/20/2012 2:37 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	2A	4.00	
SPECIAL PURPOSE COST CENTERS						
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
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	1,677,604	2,121,448	3,799,052	21,870
NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	4,169	56	4,225	190.00
190.01	ADC	0	0	8,913	8,913	190.01
192.00	PHYSICIANS' PRIVATE OFFICES	0	1,267	31,769	33,036	192.00
200.00	Cross Foot Adjustments				0	200.00
201.00	Negative Cost Centers		0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	1,683,040	2,162,186	3,845,226	24,717

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140063

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

Worksheet B
Part II
Date/Time Prepared:
1/20/2012 2:37 pm

Cost Center Description		NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING	ADMINISTRATIVE	CASHIERING	
		5.01	5.02	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	NONPATIENT TELEPHONES	3,604					5.01
5.02	DATA PROCESSING	72	179,775				5.02
5.03	PURCHASING	96	5,249	64,974			5.03
5.04	ADMINISTRATIVE	78	6,561	226	29,395		5.04
5.05	CASHIERING	144	20,340	291	0	82,636	5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL	425	29,526	553	0	0	5.06
6.00	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	OPERATION OF PLANT	192	3,937	83	0	0	7.00
8.00	LAUNDRY & LINEN SERVICE	0	0	5	0	0	8.00
9.00	HOUSEKEEPING	24	1,968	5	0	0	9.00
10.00	DIETARY	150	3,937	175	0	0	10.00
11.00	CAFETERIA	0	0	0	0	0	11.00
13.00	NURSING ADMINISTRATION	78	6,561	81	0	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	42	1,968	5,430	0	0	14.00
15.00	PHARMACY	60	7,873	1,638	0	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	216	19,027	165	0	0	16.00
17.00	SOCIAL SERVICE	18	1,312	10	0	0	17.00
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	6	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	305	8,529	2,154	1,747	4,903	30.00
31.00	INTENSIVE CARE UNIT	114	3,281	931	646	1,813	31.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	192	1,312	324	233	653	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
44.00	SKILLED NURSING FACILITY	108	3,281	324	326	916	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	180	3,281	17,446	4,744	13,313	50.00
50.01	ENDOSCOPY	108	2,624	1,886	882	2,476	50.01
51.00	RECOVERY ROOM	0	1,312	43	711	1,995	51.00
53.00	ANESTHESIOLOGY	0	0	3,609	888	2,491	53.00
54.00	RADIOLOGY-DIAGNOSTIC	180	15,091	8,624	1,823	5,117	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	144	4,593	476	372	1,044	56.00
56.01	ULTRASOUND/VASC LAB	24	656	205	492	1,382	56.01
57.00	CT SCAN	18	656	395	1,903	5,341	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	222	10,498	2,554	5,030	14,261	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	104	226	633	62.00
64.00	INTRAVENOUS THERAPY	0	0	0	10	27	64.00
65.00	RESPIRATORY THERAPY	60	4,593	985	574	1,610	65.00
66.00	PHYSICAL THERAPY	48	1,312	407	1,063	2,984	66.00
67.00	OCCUPATIONAL THERAPY	12	0	293	452	1,269	67.00
68.00	SPEECH PATHOLOGY	18	0	15	115	322	68.00
69.00	ELECTROCARDIOLOGY	0	0	282	497	1,394	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	20	13	35	70.00
70.01	SLEEP LAB	0	0	0	0	0	70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	156	438	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	9,923	1,311	3,679	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	2,350	6,595	73.00
74.00	RENAL DIALYSIS	0	0	0	284	796	74.00
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	138	1,968	368	355	997	90.00
90.01	WOUND CARE	12	0	890	408	1,146	90.01
90.02	PULMONARY REHAB	0	0	12	33	93	90.02
90.03	SPIRE CENTER	0	0	0	0	0	90.03
90.04	RUSH HEART CENTER	0	0	0	0	0	90.04
91.00	EMERGENCY	114	8,529	2,871	1,751	4,913	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
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
118.00	SUBTOTALS (SUM OF LINES 1-117)	3,592	179,775	63,809	29,395	82,636	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140063

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

Worksheet B
Part II
Date/Time Prepared:
1/20/2012 2:37 pm

Cost Center Description	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING	ADMINISTRATIVE	CASHIERING	
	5.01	5.02	5.03	5.04	5.05	
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	12	0	0	0	0	190.00
190.01 ADC	0	0	57	0	0	190.01
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	1,108	0	0	192.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	3,604	179,775	64,974	29,395	82,636	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140063	Period: From 07/01/2010 To 06/30/2011	Worksheet B Part II Date/Time Prepared: 1/20/2012 2:37 pm
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Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL 5.06	MAINTENANCE & REPAIRS 6.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	NONPATIENT TELEPHONES						5.01
5.02	DATA PROCESSING						5.02
5.03	PURCHASING						5.03
5.04	ADMINISTRATIVE						5.04
5.05	CASHIERING						5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL	169,901					5.06
6.00	MAINTENANCE & REPAIRS	0	0				6.00
7.00	OPERATION OF PLANT	11,768	0	690,588			7.00
8.00	LAUNDRY & LINEN SERVICE	233	0	5,801	13,717		8.00
9.00	HOUSEKEEPING	2,890	0	10,725	0	37,334	9.00
10.00	DIETARY	2,023	0	51,179	0	1,159	10.00
11.00	CAFETERIA	1,737	0	0	0	0	11.00
13.00	NURSING ADMINISTRATION	3,595	0	12,179	0	337	13.00
14.00	CENTRAL SERVICES & SUPPLY	1,005	0	26,052	0	562	14.00
15.00	PHARMACY	4,224	0	7,622	0	294	15.00
16.00	MEDICAL RECORDS & LIBRARY	2,737	0	20,580	0	792	16.00
17.00	SOCIAL SERVICE	1,264	0	2,008	0	80	17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	409	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	16,390	0	86,199	2,881	7,601	30.00
31.00	INTENSIVE CARE UNIT	6,343	0	23,712	829	1,895	31.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	3,145	0	35,859	878	1,994	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
44.00	SKILLED NURSING FACILITY	3,864	0	49,748	1,101	2,699	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	17,314	0	62,956	2,592	4,544	50.00
50.01	ENDOSCOPY	2,280	0	12,888	0	337	50.01
51.00	RECOVERY ROOM	2,372	0	5,114	301	225	51.00
53.00	ANESTHESIOLOGY	1,644	0	1,213	0	562	53.00
54.00	RADIOLOGY-DIAGNOSTIC	9,433	0	45,720	1,243	2,686	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	2,732	0	44,523	184	857	56.00
56.01	ULTRASOUND/VASC LAB	1,443	0	1,887	0	112	56.01
57.00	CT SCAN	2,465	0	1,574	0	225	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	8,758	0	30,767	0	2,250	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,455	0	1,729	0	112	62.00
64.00	INTRAVENOUS THERAPY	2	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	2,184	0	5,288	0	305	65.00
66.00	PHYSICAL THERAPY	4,422	0	31,058	711	1,350	66.00
67.00	OCCUPATIONAL THERAPY	1,753	0	4,085	312	368	67.00
68.00	SPEECH PATHOLOGY	569	0	741	0	80	68.00
69.00	ELECTROCARDIOLOGY	1,247	0	3,809	49	1,350	69.00
70.00	ELECTROENCEPHALOGRAPHY	164	0	769	41	0	70.00
70.01	SLEEP LAB	0	0	0	0	0	70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,681	0	0	21	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	8,441	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	5,024	0	0	8	0	73.00
74.00	RENAL DIALYSIS	1,009	0	0	0	0	74.00
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	2,523	0	57,807	119	1,509	90.00
90.01	WOUND CARE	2,479	0	13,335	0	1,350	90.01
90.02	PULMONARY REHAB	209	0	0	0	0	90.02
90.03	SPINE CENTER	0	0	0	0	0	90.03
90.04	RUSH HEART CENTER	0	0	0	0	0	90.04
91.00	EMERGENCY	9,754	0	29,314	2,404	1,587	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140063

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description		OTHER	MAINTENANCE &	OPERATION OF	LAUNDRY &	HOUSEKEEPING	
		ADMINISTRATIVE AND GENERAL	REPAIRS	PLANT	LINEN SERVICE		
		5.06	6.00	7.00	8.00	9.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)	152,984	0	686,241	13,674	37,222	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9	0	3,334	0	112	190.00
190.01	ADC	20	0	0	0	0	190.01
192.00	PHYSICIANS' PRIVATE OFFICES	16,888	0	1,013	43	0	192.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	169,901	0	690,588	13,717	37,334	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140063

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

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Cost Center Description	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
	10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 NONPATIENT TELEPHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING						5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00 MAINTENANCE & REPAIRS						6.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY	136,364					10.00
11.00 CAFETERIA	0	1,996				11.00
13.00 NURSING ADMINISTRATION	0	60	75,587			13.00
14.00 CENTRAL SERVICES & SUPPLY	0	29	0	101,498		14.00
15.00 PHARMACY	0	52	0	0	44,720	15.00
16.00 MEDICAL RECORDS & LIBRARY	0	49	0	0	0	16.00
17.00 SOCIAL SERVICE	0	13	0	0	0	17.00
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
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	77,225	344	22,536	2,842	0	30.00
31.00 INTENSIVE CARE UNIT	14,143	111	7,214	1,394	0	31.00
40.00 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 SUBPROVIDER - IRF	12,773	44	2,849	437	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
44.00 SKILLED NURSING FACILITY	32,223	98	6,412	423	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	132	8,616	29,551	0	50.00
50.01 ENDOSCOPY	0	33	0	3,123	0	50.01
51.00 RECOVERY ROOM	0	37	2,412	67	0	51.00
53.00 ANESTHESIOLOGY	0	10	676	6,042	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	131	0	14,100	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	0	26	0	597	0	56.00
56.01 ULTRASOUND/VASC LAB	0	18	0	333	0	56.01
57.00 CT SCAN	0	22	0	619	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	0	120	0	3,621	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	9	0	178	0	62.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	0	34	0	1,636	0	65.00
66.00 PHYSICAL THERAPY	0	78	5,102	582	0	66.00
67.00 OCCUPATIONAL THERAPY	0	30	1,944	472	0	67.00
68.00 SPEECH PATHOLOGY	0	9	572	18	0	68.00
69.00 ELECTROCARDIOLOGY	0	19	1,274	416	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	2	0	24	0	70.00
70.01 SLEEP LAB	0	0	0	0	0	70.01
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	9,197	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	16,615	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	2,504	44,720	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
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	45	3,010	296	0	90.00
90.01 WOUND CARE	0	24	1,584	1,423	0	90.01
90.02 PULMONARY REHAB	0	5	310	18	0	90.02
90.03 SPINE CENTER	0	0	0	0	0	90.03
90.04 RUSH HEART CENTER	0	0	0	0	0	90.04
91.00 EMERGENCY	0	170	11,076	4,166	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140063			Period: From 07/01/2010 To 06/30/2011		Worksheet B Part II Date/Time Prepared: 1/20/2012 2:37 pm	
Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY		
		10.00	11.00	13.00	14.00	15.00		
118.00	SUBTOTALS (SUM OF LINES 1-117)	136,364	1,754	75,587	100,694	44,720		118.00
NONREIMBURSABLE COST CENTERS								
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0		190.00
190.01	ADC	0	0	0	8	0		190.01
192.00	PHYSICIANS' PRIVATE OFFICES	0	242	0	796	0		192.00
200.00	Cross Foot Adjustments							200.00
201.00	Negative Cost Centers	0	0	0	0	0		201.00
202.00	TOTAL (sum lines 118-201)	136,364	1,996	75,587	101,498	44,720		202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140063

Period:
From 07/01/2010
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Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		Subtotal	
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS		
			16.00	17.00		
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 NONPATIENT TELEPHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING						5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00 MAINTENANCE & REPAIRS						6.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY						10.00
11.00 CAFETERIA						11.00
13.00 NURSING ADMINISTRATION						13.00
14.00 CENTRAL SERVICES & SUPPLY						14.00
15.00 PHARMACY						15.00
16.00 MEDICAL RECORDS & LIBRARY	118,815					16.00
17.00 SOCIAL SERVICE	0	7,605				17.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0			21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0		415		22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	7,045	6,526			438,333	30.00
31.00 INTENSIVE CARE UNIT	2,605	0			189,403	31.00
40.00 SUBPROVIDER - IPF	0	0			0	40.00
41.00 SUBPROVIDER - IRF	938	1,079			120,950	41.00
42.00 SUBPROVIDER	0	0			0	42.00
44.00 SKILLED NURSING FACILITY	1,315	0			179,347	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	19,128	0			436,754	50.00
50.01 ENDOSCOPY	3,557	0			111,080	50.01
51.00 RECOVERY ROOM	2,866	0			31,868	51.00
53.00 ANESTHESIOLOGY	3,579	0			61,191	53.00
54.00 RADIOLOGY-DIAGNOSTIC	7,352	0			537,605	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0			0	55.00
56.00 RADIOISOTOPE	1,500	0			416,496	56.00
56.01 ULTRASOUND/VASC LAB	1,985	0			78,178	56.01
57.00 CT SCAN	7,673	0			177,186	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0			0	58.00
59.00 CARDIAC CATHETERIZATION	0	0			0	59.00
60.00 LABORATORY	20,575	0			199,974	60.00
60.01 BLOOD LABORATORY	0	0			0	60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	910	0			7,666	62.00
64.00 INTRAVENOUS THERAPY	39	0			78	64.00
65.00 RESPIRATORY THERAPY	2,314	0			84,077	65.00
66.00 PHYSICAL THERAPY	4,287	0			102,777	66.00
67.00 OCCUPATIONAL THERAPY	1,824	0			19,615	67.00
68.00 SPEECH PATHOLOGY	463	0			4,116	68.00
69.00 ELECTROCARDIOLOGY	2,002	0			56,354	69.00
70.00 ELECTROENCEPHALOGRAPHY	51	0			3,957	70.00
70.01 SLEEP LAB	0	0			0	70.01
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	630	0			12,123	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	5,287	0			45,256	72.00
73.00 DRUGS CHARGED TO PATIENTS	9,475	0			70,676	73.00
74.00 RENAL DIALYSIS	1,143	0			3,343	74.00
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	1,432	0			165,150	90.00
90.01 WOUND CARE	1,646	0			47,870	90.01
90.02 PULMONARY REHAB	134	0			6,183	90.02
90.03 SPINE CENTER	0	0			0	90.03
90.04 RUSH HEART CENTER	0	0			0	90.04
91.00 EMERGENCY	7,060	0			164,542	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF	0	0			0	99.10
SPECIAL PURPOSE COST CENTERS						
109.00 PANCREAS ACQUISITION	0	0			0	109.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140063

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Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		Subtotal	
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS		
	16.00	17.00	21.00	22.00	24.00	
110.00 INTESTINAL ACQUISITION	0	0			0	110.00
111.00 ISLET ACQUISITION	0	0			0	111.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	118,815	7,605	0	0	3,772,148	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0			7,692	190.00
190.01 ADC	0	0			8,998	190.01
192.00 PHYSICIANS' PRIVATE OFFICES	0	0			55,973	192.00
200.00 Cross Foot Adjustments			0	415	415	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	118,815	7,605	0	415	3,845,226	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140063	Period: From 07/01/2010 To 06/30/2011	Worksheet B Part II Date/Time Prepared: 1/20/2012 2:37 pm
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	NEW CAP REL COSTS-BLDG & FIXT			1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP			2.00
4.00	EMPLOYEE BENEFITS			4.00
5.01	NONPATIENT TELEPHONES			5.01
5.02	DATA PROCESSING			5.02
5.03	PURCHASING			5.03
5.04	ADMITTING			5.04
5.05	CASHIERING			5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL			5.06
6.00	MAINTENANCE & REPAIRS			6.00
7.00	OPERATION OF PLANT			7.00
8.00	LAUNDRY & LINEN SERVICE			8.00
9.00	HOUSEKEEPING			9.00
10.00	DIETARY			10.00
11.00	CAFETERIA			11.00
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
21.00	I&R SERVICES-SALARY & FRINGES APPRVD			21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD			22.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	0	438,333	30.00
31.00	INTENSIVE CARE UNIT	0	189,403	31.00
40.00	SUBPROVIDER - I PF	0	0	40.00
41.00	SUBPROVIDER - I RF	0	120,950	41.00
42.00	SUBPROVIDER	0	0	42.00
44.00	SKILLED NURSING FACILITY	0	179,347	44.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0	436,754	50.00
50.01	ENDOSCOPY	0	111,080	50.01
51.00	RECOVERY ROOM	0	31,868	51.00
53.00	ANESTHESIOLOGY	0	61,191	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	537,605	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	RADIOISOTOPE	0	416,496	56.00
56.01	ULTRASOUND/VASC LAB	0	78,178	56.01
57.00	CT SCAN	0	177,186	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	59.00
60.00	LABORATORY	0	199,974	60.00
60.01	BLOOD LABORATORY	0	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	7,666	62.00
64.00	INTRAVENOUS THERAPY	0	78	64.00
65.00	RESPIRATORY THERAPY	0	84,077	65.00
66.00	PHYSICAL THERAPY	0	102,777	66.00
67.00	OCCUPATIONAL THERAPY	0	19,615	67.00
68.00	SPEECH PATHOLOGY	0	4,116	68.00
69.00	ELECTROCARDIOLOGY	0	56,354	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	3,957	70.00
70.01	SLEEP LAB	0	0	70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	12,123	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	45,256	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	70,676	73.00
74.00	RENAL DIALYSIS	0	3,343	74.00
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	165,150	90.00
90.01	WOUND CARE	0	47,870	90.01
90.02	PULMONARY REHAB	0	6,183	90.02
90.03	SPINE CENTER	0	0	90.03
90.04	RUSH HEART CENTER	0	0	90.04
91.00	EMERGENCY	0	164,542	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS				
99.10	CORF	0	0	99.10
SPECIAL PURPOSE COST CENTERS				
109.00	PANCREAS ACQUISITION	0	0	109.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140063

Period:
From 07/01/2010
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
110.00	INTESTINAL ACQUISITION	0	0	110.00
111.00	ISLET ACQUISITION	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	3,772,148	118.00
NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	7,692	190.00
190.01	ADC	0	8,998	190.01
192.00	PHYSICIANS' PRIVATE OFFICES	0	55,973	192.00
200.00	Cross Foot Adjustments	0	415	200.00
201.00	Negative Cost Centers	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	3,845,226	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140063

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

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Cost Center Description	CAPITAL RELATED COSTS					EMPLOYEE BENEFITS (GROSS SALARIES)	NONPATIENT TELEPHONES (NBR OF PHONES)	DATA PROCESSING (# OF TERM)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)							
	1.00	2.00	4.00	5.01	5.02				
GENERAL SERVICE COST CENTERS									
1.00	NEW CAP REL COSTS-BLDG & FIXT	425,111							1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP		1,902,083						2.00
4.00	EMPLOYEE BENEFITS	5,459	2,731	43,337,610					4.00
5.01	NONPATIENT TELEPHONES	471	1,530	0	602				5.01
5.02	DATA PROCESSING	4,347	142,657	575,382	12		274		5.02
5.03	PURCHASING	12,854	7,558	257,661	16		8		5.03
5.04	ADMINISTRATIVE	3,280	8,007	775,793	13		10		5.04
5.05	CASHIERING	4,863	37,035	893,107	24		31		5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL	18,789	55,745	2,880,198	72		45		5.06
6.00	MAINTENANCE & REPAIRS	0	0	0	0		0		6.00
7.00	OPERATION OF PLANT	156,966	46,258	1,029,310	32		6		7.00
8.00	LAUNDRY & LINEN SERVICE	1,832	343	60,937	0		0		8.00
9.00	HOUSEKEEPING	3,387	6,995	632,569	4		3		9.00
10.00	DIETARY	16,162	11,924	350,641	25		6		10.00
11.00	CAFETERIA	0	0	453,525	0		0		11.00
13.00	NURSING ADMINISTRATION	3,846	32,347	1,226,164	13		10		13.00
14.00	CENTRAL SERVICES & SUPPLY	8,227	29,647	242,254	7		3		14.00
15.00	PHARMACY	2,407	11,249	1,124,988	10		12		15.00
16.00	MEDICAL RECORDS & LIBRARY	6,499	43,278	567,212	36		29		16.00
17.00	SOCIAL SERVICE	634	196	292,602	3		2		17.00
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
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	ADULTS & PEDIATRICS	27,220	70,620	5,350,959	51		13		30.00
31.00	INTENSIVE CARE UNIT	7,488	82,325	2,007,141	19		5		31.00
40.00	SUBPROVIDER - I/PF	0	0	0	0		0		40.00
41.00	SUBPROVIDER - I/RP	11,324	11,455	678,439	32		2		41.00
42.00	SUBPROVIDER	0	0	0	0		0		42.00
44.00	SKILLED NURSING FACILITY	15,710	11,971	1,235,952	18		5		44.00
ANCILLARY SERVICE COST CENTERS									
50.00	OPERATING ROOM	19,881	152,073	2,419,471	30		5		50.00
50.01	ENDOSCOPY	4,070	56,697	566,660	18		4		50.01
51.00	RECOVERY ROOM	1,615	6,658	790,466	0		2		51.00
53.00	ANESTHESIOLOGY	383	34,150	248,162	0		0		53.00
54.00	RADIOLOGY-DIAGNOSTIC	14,438	323,605	1,906,539	30		23		54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0		0		55.00
56.00	RADIOISOTOPE	14,060	267,022	434,947	24		7		56.00
56.01	ULTRASOUND/VASC LAB	596	58,984	404,883	4		1		56.01
57.00	CT SCAN	497	135,553	418,022	3		1		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0		0		58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0		0		59.00
60.00	LABORATORY	9,716	54,498	1,582,894	37		16		60.00
60.01	BLOOD LABORATORY	0	0	0	0		0		60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	546	55	149,592	0		0		62.00
64.00	INTRAVENOUS THERAPY	0	0	0	0		0		64.00
65.00	RESPIRATORY THERAPY	1,670	50,629	579,073	10		7		65.00
66.00	PHYSICAL THERAPY	9,808	8,606	1,332,735	8		2		66.00
67.00	OCCUPATIONAL THERAPY	1,290	1,191	595,696	2		0		67.00
68.00	SPEECH PATHOLOGY	234	139	193,822	3		0		68.00
69.00	ELECTROCARDIOLOGY	1,203	34,375	308,353	0		0		69.00
70.00	ELECTROENCEPHALOGRAPHY	243	1,621	57,460	0		0		70.00
70.01	SLEEP LAB	0	0	0	0		0		70.01
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	98	0	0		0		74.00
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	18,255	19,258	734,903	23		3		90.00
90.01	WOUND CARE	4,211	5,856	428,271	2		0		90.01
90.02	PULMONARY REHAB	0	4,686	74,130	0		0		90.02
90.03	SPINE CENTER	0	0	0	0		0		90.03
90.04	RUSH HEART CENTER	0	0	0	0		0		90.04
91.00	EMERGENCY	9,257	36,621	4,481,711	19		13		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0		0		92.00
OTHER REIMBURSABLE COST CENTERS									
99.10	CORF	0	0	0	0		0		99.10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140063

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	NONPATIENT TELEPHONES (NBR OF PHONES)	DATA PROCESSING (# OF TERM)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
SPECIAL PURPOSE COST CENTERS						
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
118.00 SUBTOTALS (SUM OF LINES 1-117)	423,738	1,866,246	38,342,624	600	274	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,053	49	0	2	0	190.00
190.01 ADC	0	7,841	0	0	0	190.01
192.00 PHYSICIANS' PRIVATE OFFICES	320	27,947	4,994,986	0	0	192.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	1,683,040	2,162,186	10,193,608	4,859	1,339,621	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	3.959060	1.136746	0.235214	8.071429	4,889.127737	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			24,717	3,604	179,775	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.000570	5.986711	656.113139	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140063

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description	PURCHASING (SUPPLIES EXPENSE)	ADMINING (GROSS CHARGES)	CASHIERING (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
	5.03	5.04	5.05	5A.06	5.06	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 NONPATIENT TELEPHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING	4,351,639					5.03
5.04 ADMINING	15,115	317,050,584				5.04
5.05 CASHIERING	19,491	0	317,050,584			5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL	37,006	0	0	-12,910,932	80,386,141	5.06
6.00 MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00 OPERATION OF PLANT	5,579	0	0	0	5,566,890	7.00
8.00 LAUNDRY & LINEN SERVICE	338	0	0	0	110,293	8.00
9.00 HOUSEKEEPING	330	0	0	0	1,367,205	9.00
10.00 DIETARY	11,690	0	0	0	956,946	10.00
11.00 CAFETERIA	0	0	0	0	821,514	11.00
13.00 NURSING ADMINISTRATION	5,396	0	0	0	1,700,731	13.00
14.00 CENTRAL SERVICES & SUPPLY	363,706	0	0	0	475,305	14.00
15.00 PHARMACY	109,723	0	0	0	1,998,079	15.00
16.00 MEDICAL RECORDS & LIBRARY	11,080	0	0	0	1,294,578	16.00
17.00 SOCIAL SERVICE	652	0	0	0	597,710	17.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	402	0	0	0	193,320	22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	144,260	18,786,107	18,786,107	0	7,753,024	30.00
31.00 INTENSIVE CARE UNIT	62,380	6,945,356	6,945,356	0	3,000,324	31.00
40.00 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 SUBPROVIDER - IRF	21,717	2,502,407	2,502,407	0	1,487,724	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
44.00 SKILLED NURSING FACILITY	21,726	3,507,870	3,507,870	0	1,828,024	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	1,168,505	51,006,925	51,006,925	0	8,207,933	50.00
50.01 ENDOSCOPY	126,302	9,486,124	9,486,124	0	1,078,367	50.01
51.00 RECOVERY ROOM	2,852	7,642,613	7,642,613	0	1,121,868	51.00
53.00 ANESTHESIOLOGY	241,735	9,543,684	9,543,684	0	777,459	53.00
54.00 RADIOLOGY-DIAGNOSTIC	577,581	19,606,637	19,606,637	0	4,462,181	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	31,892	4,000,181	4,000,181	0	1,292,506	56.00
56.01 ULTRASOUND/VASC LAB	13,715	5,294,086	5,294,086	0	682,586	56.01
57.00 CT SCAN	26,435	20,462,166	20,462,166	0	1,166,177	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	171,045	55,078,151	55,078,151	0	4,142,667	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	6,973	2,426,260	2,426,260	0	688,143	62.00
64.00 INTRAVENOUS THERAPY	0	102,832	102,832	0	1,180	64.00
65.00 RESPIRATORY THERAPY	65,959	6,169,960	6,169,960	0	1,032,977	65.00
66.00 PHYSICAL THERAPY	27,292	11,432,436	11,432,436	0	2,091,753	66.00
67.00 OCCUPATIONAL THERAPY	19,641	4,863,639	4,863,639	0	829,089	67.00
68.00 SPEECH PATHOLOGY	999	1,234,558	1,234,558	0	269,254	68.00
69.00 ELECTROCARDIOLOGY	18,854	5,339,779	5,339,779	0	589,811	69.00
70.00 ELECTROENCEPHALOGRAPHY	1,322	135,573	135,573	0	77,732	70.00
70.01 SLEEP LAB	0	0	0	0	0	70.01
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,678,782	1,678,782	0	795,207	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	664,570	14,097,384	14,097,384	0	3,992,768	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	25,267,389	25,267,389	0	2,376,644	73.00
74.00 RENAL DIALYSIS	0	3,048,597	3,048,597	0	477,186	74.00
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	24,619	3,819,058	3,819,058	0	1,193,673	90.00
90.01 WOUND CARE	59,627	4,390,185	4,390,185	0	1,172,511	90.01
90.02 PULMONARY REHAB	774	356,258	356,258	0	98,981	90.02
90.03 SPINE CENTER	0	0	0	0	0	90.03
90.04 RUSH HEART CENTER	0	0	0	0	0	90.04
91.00 EMERGENCY	192,301	18,825,587	18,825,587	0	4,613,883	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140063

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description	PURCHASING (SUPPLIES EXPENSE)	ADMINISTRATIVE (GROSS CHARGES)	CASHIERING (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
	5.03	5.04	5.05	5A.06	5.06	
110.00	0	0	0	0	0	110.00
111.00	0	0	0	0	0	111.00
118.00	4,273,584	317,050,584	317,050,584	-12,910,932	72,384,203	118.00
NONREIMBURSABLE COST CENTERS						
190.00	18	0	0	0	4,243	190.00
190.01	3,813	0	0	0	9,263	190.01
192.00	74,224	0	0	0	7,988,432	192.00
200.00						200.00
201.00						201.00
202.00	399,981	1,189,275	2,447,307		12,910,932	202.00
203.00	0.091915	0.003751	0.007719		0.160611	203.00
204.00	64,974	29,395	82,636		169,901	204.00
205.00	0.014931	0.000093	0.000261		0.002114	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140063

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
	6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 NONPATIENT TELEPHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING						5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00 MAINTENANCE & REPAIRS	375,048					6.00
7.00 OPERATION OF PLANT	156,966	218,082				7.00
8.00 LAUNDRY & LINEN SERVICE	1,832	1,832	489,354			8.00
9.00 HOUSEKEEPING	3,387	3,387	0	43,150		9.00
10.00 DIETARY	16,162	16,162	0	1,339	74,625	10.00
11.00 CAFETERIA	0	0	0	0	0	11.00
13.00 NURSING ADMINISTRATION	3,846	3,846	0	390	0	13.00
14.00 CENTRAL SERVICES & SUPPLY	8,227	8,227	0	650	0	14.00
15.00 PHARMACY	2,407	2,407	0	340	0	15.00
16.00 MEDICAL RECORDS & LIBRARY	6,499	6,499	0	915	0	16.00
17.00 SOCIAL SERVICE	634	634	0	92	0	17.00
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
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	27,220	27,220	102,715	8,786	42,261	30.00
31.00 INTENSIVE CARE UNIT	7,488	7,488	29,575	2,190	7,740	31.00
40.00 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 SUBPROVIDER - IRF	11,324	11,324	31,332	2,305	6,990	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
44.00 SKILLED NURSING FACILITY	15,710	15,710	39,276	3,120	17,634	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	19,881	19,881	92,458	5,252	0	50.00
50.01 ENDOSCOPY	4,070	4,070	0	390	0	50.01
51.00 RECOVERY ROOM	1,615	1,615	10,753	260	0	51.00
53.00 ANESTHESIOLOGY	383	383	0	650	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	14,438	14,438	44,337	3,104	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	14,060	14,060	6,577	990	0	56.00
56.01 ULTRASOUND/VASC LAB	596	596	0	130	0	56.01
57.00 CT SCAN	497	497	0	260	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	9,716	9,716	0	2,600	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	546	546	0	130	0	62.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	1,670	1,670	0	352	0	65.00
66.00 PHYSICAL THERAPY	9,808	9,808	25,369	1,560	0	66.00
67.00 OCCUPATIONAL THERAPY	1,290	1,290	11,140	425	0	67.00
68.00 SPEECH PATHOLOGY	234	234	0	92	0	68.00
69.00 ELECTROCARDIOLOGY	1,203	1,203	1,746	1,560	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	243	243	1,454	0	0	70.00
70.01 SLEEP LAB	0	0	0	0	0	70.01
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	767	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	300	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
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	18,255	18,255	4,240	1,744	0	90.00
90.01 WOUND CARE	4,211	4,211	0	1,560	0	90.01
90.02 PULMONARY REHAB	0	0	0	0	0	90.02
90.03 SPINE CENTER	0	0	0	0	0	90.03
90.04 RUSH HEART CENTER	0	0	0	0	0	90.04
91.00 EMERGENCY	9,257	9,257	85,773	1,834	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140063

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	373,675	216,709	487,812	43,020	74,625	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,053	1,053	0	130	0	190.00
190.01	ADC	0	0	0	0	0	190.01
192.00	PHYSICIANS' PRIVATE OFFICES	320	320	1,542	0	0	192.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	0	6,460,994	182,283	1,687,138	1,641,819	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	29.626443	0.372497	39.099374	22.000925	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	690,588	13,717	37,334	136,364	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	3.166644	0.028031	0.865214	1.827323	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140063

Period:
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To 06/30/2011

Worksheet B-1

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Cost Center Description		CAFETERIA (PROD FTE'S)	NURSING ADMINISTRATION (FTE)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
		11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	NONPATIENT TELEPHONES						5.01
5.02	DATA PROCESSING						5.02
5.03	PURCHASING						5.03
5.04	ADMITTING						5.04
5.05	CASHIERING						5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	MAINTENANCE & REPAIRS						6.00
7.00	OPERATION OF PLANT						7.00
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
10.00	DIETARY						10.00
11.00	CAFETERIA	48,338					11.00
13.00	NURSING ADMINISTRATION	1,461	634,785				13.00
14.00	CENTRAL SERVICES & SUPPLY	704	0	3,983,910			14.00
15.00	PHARMACY	1,264	0	0	100		15.00
16.00	MEDICAL RECORDS & LIBRARY	1,189	0	0	0	317,050,584	16.00
17.00	SOCIAL SERVICE	315	0	0	0	0	17.00
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
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	8,365	189,254	111,539	0	18,786,107	30.00
31.00	INTENSIVE CARE UNIT	2,677	60,584	54,708	0	6,945,356	31.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	1,061	23,923	17,162	0	2,502,407	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
44.00	SKILLED NURSING FACILITY	2,376	53,849	16,595	0	3,507,870	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	3,188	72,358	1,160,014	0	51,006,925	50.00
50.01	ENDOSCOPY	796	0	122,569	0	9,486,124	50.01
51.00	RECOVERY ROOM	885	20,259	2,614	0	7,642,613	51.00
53.00	ANESTHESIOLOGY	241	5,674	237,153	0	9,543,684	53.00
54.00	RADIOLOGY-DIAGNOSTIC	3,167	0	553,448	0	19,606,637	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	618	0	23,441	0	4,000,181	56.00
56.01	ULTRASOUND/VASC LAB	440	0	13,054	0	5,294,086	56.01
57.00	CT SCAN	539	0	24,288	0	20,462,166	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	2,907	0	142,121	0	55,078,151	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	226	0	6,973	0	2,426,260	62.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	102,832	64.00
65.00	RESPIRATORY THERAPY	816	0	64,211	0	6,169,960	65.00
66.00	PHYSICAL THERAPY	1,877	42,847	22,835	0	11,432,436	66.00
67.00	OCCUPATIONAL THERAPY	723	16,328	18,511	0	4,863,639	67.00
68.00	SPEECH PATHOLOGY	219	4,807	710	0	1,234,558	68.00
69.00	ELECTROCARDIOLOGY	469	10,698	16,337	0	5,339,779	69.00
70.00	ELECTROENCEPHALOGRAPHY	48	0	952	0	135,573	70.00
70.01	SLEEP LAB	0	0	0	0	0	70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	360,988	0	1,678,782	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	652,153	0	14,097,384	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	98,288	100	25,267,389	73.00
74.00	RENAL DIALYSIS	0	0	0	0	3,048,597	74.00
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	1,098	25,281	11,599	0	3,819,058	90.00
90.01	WOUND CARE	589	13,303	55,844	0	4,390,185	90.01
90.02	PULMONARY REHAB	110	2,600	708	0	356,258	90.02
90.03	SPINE CENTER	0	0	0	0	0	90.03
90.04	RUSH HEART CENTER	0	0	0	0	0	90.04
91.00	EMERGENCY	4,109	93,020	163,507	0	18,825,587	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140063

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

Worksheet B-1

Date/Time Prepared:
1/20/2012 2:37 pm

Cost Center Description		CAFETERIA (PROD FTE'S)	NURSING ADMINISTRATION (FTE)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
		11.00	13.00	14.00	15.00	16.00	
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	42,477	634,785	3,952,322	100	317,050,584	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	ADC	0	0	330	0	0	190.01
192.00	PHYSICIANS' PRIVATE OFFICES	5,861	0	31,258	0	0	192.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	953,458	2,131,897	834,682	2,428,529	1,754,272	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	19.724813	3.358455	0.209513	24,285.290000	0.005533	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	1,996	75,587	101,498	44,720	118,815	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.041293	0.119075	0.025477	447.200000	0.000375	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140063

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

Worksheet B-1
Date/Time Prepared:
1/20/2012 2:37 pm

Cost Center Description	INTERNS & RESIDENTS				
	SOCIAL SERVICE	SERVICES-SALARY & FRINGES	SERVICES-OTHER		
	(TIME SPENT)	(ASSIGNED TIME)	PRGM COSTS (ASSIGNED TIME)		
	17.00	21.00	22.00		
GENERAL SERVICE COST CENTERS					
1.00 NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 EMPLOYEE BENEFITS					4.00
5.01 NONPATIENT TELEPHONES					5.01
5.02 DATA PROCESSING					5.02
5.03 PURCHASING					5.03
5.04 ADMITTING					5.04
5.05 CASHIERING					5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL					5.06
6.00 MAINTENANCE & REPAIRS					6.00
7.00 OPERATION OF PLANT					7.00
8.00 LAUNDRY & LINEN SERVICE					8.00
9.00 HOUSEKEEPING					9.00
10.00 DIETARY					10.00
11.00 CAFETERIA					11.00
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	16,417				17.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	100			21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0		100		22.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 ADULTS & PEDIATRICS	14,087	100	100		30.00
31.00 INTENSIVE CARE UNIT	0	0	0		31.00
40.00 SUBPROVIDER - I PF	0	0	0		40.00
41.00 SUBPROVIDER - I RF	2,330	0	0		41.00
42.00 SUBPROVIDER	0	0	0		42.00
44.00 SKILLED NURSING FACILITY	0	0	0		44.00
ANCILLARY SERVICE COST CENTERS					
50.00 OPERATING ROOM	0	0	0		50.00
50.01 ENDOSCOPY	0	0	0		50.01
51.00 RECOVERY ROOM	0	0	0		51.00
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 ULTRASOUND/VASC LAB	0	0	0		56.01
57.00 CT SCAN	0	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00 CARDIAC CATHETERIZATION	0	0	0		59.00
60.00 LABORATORY	0	0	0		60.00
60.01 BLOOD LABORATORY	0	0	0		60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0		62.00
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
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
70.00 ELECTROENCEPHALOGRAPHY	0	0	0		70.00
70.01 SLEEP LAB	0	0	0		70.01
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
OUTPATIENT SERVICE COST CENTERS					
88.00 RURAL HEALTH CLINIC	0	0	0		88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00 CLINIC	0	0	0		90.00
90.01 WOUND CARE	0	0	0		90.01
90.02 PULMONARY REHAB	0	0	0		90.02
90.03 SPINE CENTER	0	0	0		90.03
90.04 RUSH HEART CENTER	0	0	0		90.04
91.00 EMERGENCY	0	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
OTHER REIMBURSABLE COST CENTERS					
99.10 CORF	0	0	0		99.10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140063

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

Worksheet B-1
Date/Time Prepared:
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Cost Center Description	SOCIAL SERVICE (TIME SPENT)	INTERNS & RESIDENTS			
		SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)		
		17.00	21.00		
SPECIAL PURPOSE COST CENTERS					
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
118.00	SUBTOTALS (SUM OF LINES 1-117)	16,417	100	100	118.00
NONREIMBURSABLE COST CENTERS					
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	190.00
190.01	ADC	0	0	0	190.01
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	192.00
200.00	Cross Foot Adjustments				200.00
201.00	Negative Cost Centers				201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	722,302	0	224,369	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	43.997198	0.000000	2,243.690000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	7,605	0	415	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.463239	0.000000	4.150000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140063	Period: From 07/01/2010 To 06/30/2011	Worksheet C Part I Date/Time Prepared: 1/20/2012 2:37 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS		12,663,948	0	12,663,948	30.00
31.00	INTENSIVE CARE UNIT		4,277,147	1,202	4,278,349	31.00
40.00	SUBPROVIDER - IPF		0	0	0	40.00
41.00	SUBPROVIDER - IRF		2,538,967	33,224	2,572,191	41.00
42.00	SUBPROVIDER		0	0	0	42.00
44.00	SKILLED NURSING FACILITY		3,362,241	0	3,362,241	44.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM		11,186,199	0	11,186,199	50.00
50.01	ENDOSCOPY		1,481,262	0	1,481,262	50.01
51.00	RECOVERY ROOM		1,492,400	0	1,492,400	51.00
53.00	ANESTHESIOLOGY		1,065,391	0	1,065,391	53.00
54.00	RADIOLOGY-DIAGNOSTIC		6,031,389	0	6,031,389	54.00
55.00	RADIOLOGY-THERAPEUTIC		0	0	0	55.00
56.00	RADIOISOTOPE		1,997,037	0	1,997,037	56.00
56.01	ULTRASOUND/VASC LAB		855,663	0	855,663	56.01
57.00	CT SCAN		1,507,306	0	1,507,306	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	58.00
59.00	CARDIAC CATHETERIZATION		0	0	0	59.00
60.00	LABORATORY		5,589,427	0	5,589,427	60.00
60.01	BLOOD LABORATORY		0	0	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS		839,268	0	839,268	62.00
64.00	INTRAVENOUS THERAPY		1,939	0	1,939	64.00
65.00	RESPIRATORY THERAPY	0	1,325,809	1,202	1,327,011	65.00
66.00	PHYSICAL THERAPY	0	3,037,696	0	3,037,696	66.00
67.00	OCCUPATIONAL THERAPY	0	1,121,122	0	1,121,122	67.00
68.00	SPEECH PATHOLOGY	0	350,473	0	350,473	68.00
69.00	ELECTROCARDIOLOGY		859,975	0	859,975	69.00
70.00	ELECTROENCEPHALOGRAPHY		99,854	0	99,854	70.00
70.01	SLEEP LAB		0	0	0	70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		1,008,133	0	1,008,133	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS		4,848,686	0	4,848,686	72.00
73.00	DRUGS CHARGED TO PATIENTS		5,347,397	0	5,347,397	73.00
74.00	RENAL DIALYSIS		570,695	0	570,695	74.00
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		2,126,113	0	2,126,113	90.00
90.01	WOUND CARE		1,638,868	0	1,638,868	90.01
90.02	PULMONARY REHAB		127,899	0	127,899	90.02
90.03	SPINE CENTER		0	0	0	90.03
90.04	RUSH HEART CENTER		0	0	0	90.04
91.00	EMERGENCY		6,264,704	73,422	6,338,126	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		519,834	0	519,834	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10	CORF		0	0	0	99.10
SPECIAL PURPOSE COST CENTERS						
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
200.00	Subtotal (see instructions)		84,136,842	109,050	84,245,892	200.00
201.00	Less Observation Beds		519,834	0	519,834	201.00
202.00	Total (see instructions)		83,617,008	109,050	83,726,058	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140063	Period: From 07/01/2010 To 06/30/2011	Worksheet C Part I Date/Time Prepared: 1/20/2012 2:37 pm
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Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
Title VIII Hospital PPS						
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	17,991,308		17,991,308			30.00
31.00 INTENSIVE CARE UNIT	6,945,356		6,945,356			31.00
40.00 SUBPROVIDER - IPF	0		0			40.00
41.00 SUBPROVIDER - IRF	2,502,407		2,502,407			41.00
42.00 SUBPROVIDER	0		0			42.00
44.00 SKILLED NURSING FACILITY	3,507,870		3,507,870			44.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	12,911,645	38,095,280	51,006,925	0.219307	0.000000	50.00
50.01 ENDOSCOPY	1,677,834	7,808,290	9,486,124	0.156150	0.000000	50.01
51.00 RECOVERY ROOM	1,858,759	5,783,854	7,642,613	0.195274	0.000000	51.00
53.00 ANESTHESIOLOGY	2,661,533	6,882,151	9,543,684	0.111633	0.000000	53.00
54.00 RADIOLOGY-DIAGNOSTIC	8,580,901	11,025,736	19,606,637	0.307620	0.000000	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000	55.00
56.00 RADIOISOTOPE	775,830	3,224,351	4,000,181	0.499237	0.000000	56.00
56.01 ULTRASOUND/VASC LAB	1,467,252	3,826,834	5,294,086	0.161626	0.000000	56.01
57.00 CT SCAN	5,878,725	14,583,441	20,462,166	0.073663	0.000000	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	0.000000	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000	59.00
60.00 LABORATORY	18,065,053	37,013,098	55,078,151	0.101482	0.000000	60.00
60.01 BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	1,850,068	576,192	2,426,260	0.345910	0.000000	62.00
64.00 INTRAVENOUS THERAPY	83,296	19,536	102,832	0.018856	0.000000	64.00
65.00 RESPIRATORY THERAPY	5,010,858	1,159,102	6,169,960	0.214881	0.000000	65.00
66.00 PHYSICAL THERAPY	4,495,951	6,936,485	11,432,436	0.265709	0.000000	66.00
67.00 OCCUPATIONAL THERAPY	3,132,105	1,731,534	4,863,639	0.230511	0.000000	67.00
68.00 SPEECH PATHOLOGY	763,802	470,756	1,234,558	0.283885	0.000000	68.00
69.00 ELECTROCARDIOLOGY	2,295,752	3,044,027	5,339,779	0.161051	0.000000	69.00
70.00 ELECTROENCEPHALOGRAPHY	90,837	44,736	135,573	0.736533	0.000000	70.00
70.01 SLEEP LAB	0	0	0	0.000000	0.000000	70.01
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	915,284	763,498	1,678,782	0.600515	0.000000	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	8,312,053	5,785,331	14,097,384	0.343942	0.000000	72.00
73.00 DRUGS CHARGED TO PATIENTS	15,727,535	9,539,854	25,267,389	0.211632	0.000000	73.00
74.00 RENAL DIALYSIS	2,796,442	252,155	3,048,597	0.187199	0.000000	74.00
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	4,088	3,814,970	3,819,058	0.556711	0.000000	90.00
90.01 WOUND CARE	27,192	4,362,993	4,390,185	0.373303	0.000000	90.01
90.02 PULMONARY REHAB	130	356,128	356,258	0.359007	0.000000	90.02
90.03 SPINE CENTER	0	0	0	0.000000	0.000000	90.03
90.04 RUSH HEART CENTER	0	0	0	0.000000	0.000000	90.04
91.00 EMERGENCY	4,624,948	14,200,639	18,825,587	0.332776	0.000000	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	27,435	767,364	794,799	0.654045	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF	0	0	0			99.10
SPECIAL PURPOSE COST CENTERS						
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
200.00 Subtotal (see instructions)	134,982,249	182,068,335	317,050,584			200.00
201.00 Less Observation Beds						201.00
202.00 Total (see instructions)	134,982,249	182,068,335	317,050,584			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140063	Period: From 07/01/2010 To 06/30/2011	Worksheet C Part I Date/Time Prepared: 1/20/2012 2:37 pm
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital
		11.00		PPS
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS			30.00
31.00	INTENSIVE CARE UNIT			31.00
40.00	SUBPROVIDER - IPF			40.00
41.00	SUBPROVIDER - IRF			41.00
42.00	SUBPROVIDER			42.00
44.00	SKILLED NURSING FACILITY			44.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0.219307		50.00
50.01	ENDOSCOPY	0.156150		50.01
51.00	RECOVERY ROOM	0.195274		51.00
53.00	ANESTHESIOLOGY	0.111633		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.307620		54.00
55.00	RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	RADIOISOTOPE	0.499237		56.00
56.01	ULTRASOUND/VASC LAB	0.161626		56.01
57.00	CT SCAN	0.073663		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	LABORATORY	0.101482		60.00
60.01	BLOOD LABORATORY	0.000000		60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.345910		62.00
64.00	INTRAVENOUS THERAPY	0.018856		64.00
65.00	RESPIRATORY THERAPY	0.215076		65.00
66.00	PHYSICAL THERAPY	0.265709		66.00
67.00	OCCUPATIONAL THERAPY	0.230511		67.00
68.00	SPEECH PATHOLOGY	0.283885		68.00
69.00	ELECTROCARDIOLOGY	0.161051		69.00
70.00	ELECTROENCEPHALOGRAPHY	0.736533		70.00
70.01	SLEEP LAB	0.000000		70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.600515		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.343942		72.00
73.00	DRUGS CHARGED TO PATIENTS	0.211632		73.00
74.00	RENAL DIALYSIS	0.187199		74.00
OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC			88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	CLINIC	0.556711		90.00
90.01	WOUND CARE	0.373303		90.01
90.02	PULMONARY REHAB	0.359007		90.02
90.03	SPINE CENTER	0.000000		90.03
90.04	RUSH HEART CENTER	0.000000		90.04
91.00	EMERGENCY	0.336676		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.654045		92.00
OTHER REIMBURSABLE COST CENTERS				
99.10	CORF			99.10
SPECIAL PURPOSE COST CENTERS				
109.00	PANCREAS ACQUISITION			109.00
110.00	INTESTINAL ACQUISITION			110.00
111.00	ISLET ACQUISITION			111.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140063		Period: From 07/01/2010 To 06/30/2011		Worksheet D Part I Date/Time Prepared: 1/20/2012 2:37 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	438,333	0	438,333	14,690	29.84	30.00
31.00	INTENSIVE CARE UNIT	189,403		189,403	2,580	73.41	31.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
41.00	SUBPROVIDER - IRF	120,950	0	120,950	2,330	51.91	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
44.00	SKILLED NURSING FACILITY	179,347		179,347	5,878	30.51	44.00
200.00	Total (lines 30-199)	928,033		928,033	25,478		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140063		Period: From 07/01/2010 To 06/30/2011		Worksheet D Part I Date/Time Prepared: 1/20/2012 2:37 pm	
		Title XVIII		Hospital		PPS	
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	8,183	244,181				30.00
31.00	INTENSIVE CARE UNIT	1,615	118,557				31.00
40.00	SUBPROVIDER - IPF	0	0				40.00
41.00	SUBPROVIDER - IRF	1,661	86,223				41.00
42.00	SUBPROVIDER	0	0				42.00
44.00	SKILLED NURSING FACILITY	4,704	143,519				44.00
200.00	Total (lines 30-199)	16,163	592,480				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140063	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part II Date/Time Prepared: 1/20/2012 2:37 pm
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Cost Center Description		Title XVIII			Hospital		PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	OPERATING ROOM	436,754	51,006,925	0.008563	6,041,009	51,729	50.00	
50.01	ENDOSCOPY	111,080	9,486,124	0.011710	1,007,945	11,803	50.01	
51.00	RECOVERY ROOM	31,868	7,642,613	0.004170	876,541	3,655	51.00	
53.00	ANESTHESIOLOGY	61,191	9,543,684	0.006412	1,223,680	7,846	53.00	
54.00	RADIOLOGY-DIAGNOSTIC	537,605	19,606,637	0.027420	4,897,601	134,292	54.00	
55.00	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00	
56.00	RADIOISOTOPE	416,496	4,000,181	0.104119	428,564	44,622	56.00	
56.01	ULTRASOUND/VASC LAB	78,178	5,294,086	0.014767	833,516	12,309	56.01	
57.00	CT SCAN	177,186	20,462,166	0.008659	3,011,445	26,076	57.00	
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00	
59.00	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00	
60.00	LABORATORY	199,974	55,078,151	0.003631	10,158,833	36,887	60.00	
60.01	BLOOD LABORATORY	0	0	0.000000	0	0	60.01	
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	7,666	2,426,260	0.003160	1,145,281	3,619	62.00	
64.00	INTRAVENOUS THERAPY	78	102,832	0.000759	0	0	64.00	
65.00	RESPIRATORY THERAPY	84,077	6,169,960	0.013627	3,163,259	43,106	65.00	
66.00	PHYSICAL THERAPY	102,777	11,432,436	0.008990	942,793	8,476	66.00	
67.00	OCCUPATIONAL THERAPY	19,615	4,863,639	0.004033	149,705	604	67.00	
68.00	SPEECH PATHOLOGY	4,116	1,234,558	0.003334	216,202	721	68.00	
69.00	ELECTROCARDIOLOGY	56,354	5,339,779	0.010554	1,390,573	14,676	69.00	
70.00	ELECTROENCEPHALOGRAPHY	3,957	135,573	0.029187	53,056	1,549	70.00	
70.01	SLEEP LAB	0	0	0.000000	0	0	70.01	
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	12,123	1,678,782	0.007221	478,258	3,454	71.00	
72.00	IMPL. DEV. CHARGED TO PATIENTS	45,256	14,097,384	0.003210	4,147,508	13,314	72.00	
73.00	DRUGS CHARGED TO PATIENTS	70,676	25,267,389	0.002797	8,880,073	24,838	73.00	
74.00	RENAL DIALYSIS	3,343	3,048,597	0.001097	2,090,691	2,293	74.00	
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	165,150	3,819,058	0.043244	3,364	145	90.00	
90.01	WOUND CARE	47,870	4,390,185	0.010904	25,481	278	90.01	
90.02	PULMONARY REHAB	6,183	356,258	0.017355	129	2	90.02	
90.03	SPINE CENTER	0	0	0.000000	0	0	90.03	
90.04	RUSH HEART CENTER	0	0	0.000000	0	0	90.04	
91.00	EMERGENCY	164,542	18,825,587	0.008740	2,310,033	20,190	91.00	
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	17,993	794,799	0.022638	0	0	92.00	
200.00	Total (lines 50-199)	2,862,108	286,103,643		53,475,540	466,484	200.00	

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140063		Period: From 07/01/2010 To 06/30/2011		Worksheet D Part III Date/Time Prepared: 1/20/2012 2:37 pm	
Cost Center Description		Nursing School	Allied Health Cost	All Other Medical Education Cost	Hospital Swing-Bed Adjustment Amount (see instructions)	PPS Total Costs (sum of cols. 1 through 3, minus col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
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
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
200.00	Total (lines 30-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140063	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part III Date/Time Prepared: 1/20/2012 2:37 pm
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Cost Center Description	Title XVIII					Hospital		PPS	
	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. Nursing School				
	6.00	7.00	8.00	9.00	11.00				
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	ADULTS & PEDIATRICS	14,690	0.00	8,183	0	0	0	30.00	
31.00	INTENSIVE CARE UNIT	2,580	0.00	1,615	0	0	0	31.00	
40.00	SUBPROVIDER - IPF	0	0.00	0	0	0	0	40.00	
41.00	SUBPROVIDER - IRF	2,330	0.00	1,661	0	0	0	41.00	
42.00	SUBPROVIDER	0	0.00	0	0	0	0	42.00	
44.00	SKILLED NURSING FACILITY	5,878	0.00	4,704	0	0	0	44.00	
200.00	Total (lines 30-199)	25,478		16,163	0	0	0	200.00	

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140063	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part III Date/Time Prepared: 1/20/2012 2:37 pm
Title XVIII		Hospital	PPS

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

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140063	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 1/20/2012 2:37 pm
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Cost Center Description	Title XVIII				Hospital	PPS	Total Cost (sum of col 1 through col. 4)	
	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost				
	1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS								
50.00 OPERATING ROOM	0	0	0	0	0	0	0	50.00
50.01 ENDOSCOPY	0	0	0	0	0	0	0	50.01
51.00 RECOVERY ROOM	0	0	0	0	0	0	0	51.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	0	0	0	0	0	0	0	56.00
56.01 ULTRASOUND/VASC LAB	0	0	0	0	0	0	0	56.01
57.00 CT SCAN	0	0	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	0	0	0	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	0	0	60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	0	0	62.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	0	0	0	0	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	0	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	0	70.00
70.01 SLEEP LAB	0	0	0	0	0	0	0	70.01
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	0	0	90.00
90.01 WOUND CARE	0	0	0	0	0	0	0	90.01
90.02 PULMONARY REHAB	0	0	0	0	0	0	0	90.02
90.03 SPINE CENTER	0	0	0	0	0	0	0	90.03
90.04 RUSH HEART CENTER	0	0	0	0	0	0	0	90.04
91.00 EMERGENCY	0	0	0	0	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	0	92.00
200.00 Total (Lines 50-199)	0	0	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140063	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 1/20/2012 2:37 pm
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Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital		Inpatient Program Charges	
				PPS			
				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)			
	6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS							
50.00 OPERATING ROOM	0	51,006,925	0.000000	0.000000		6,041,009	50.00
50.01 ENDOSCOPY	0	9,486,124	0.000000	0.000000		1,007,945	50.01
51.00 RECOVERY ROOM	0	7,642,613	0.000000	0.000000		876,541	51.00
53.00 ANESTHESIOLOGY	0	9,543,684	0.000000	0.000000		1,223,680	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	19,606,637	0.000000	0.000000		4,897,601	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000		0	55.00
56.00 RADIOISOTOPE	0	4,000,181	0.000000	0.000000		428,564	56.00
56.01 ULTRASOUND/VASC LAB	0	5,294,086	0.000000	0.000000		833,516	56.01
57.00 CT SCAN	0	20,462,166	0.000000	0.000000		3,011,445	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000		0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0.000000	0.000000		0	59.00
60.00 LABORATORY	0	55,078,151	0.000000	0.000000		10,158,833	60.00
60.01 BLOOD LABORATORY	0	0	0.000000	0.000000		0	60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	2,426,260	0.000000	0.000000		1,145,281	62.00
64.00 INTRAVENOUS THERAPY	0	102,832	0.000000	0.000000		0	64.00
65.00 RESPIRATORY THERAPY	0	6,169,960	0.000000	0.000000		3,163,259	65.00
66.00 PHYSICAL THERAPY	0	11,432,436	0.000000	0.000000		942,793	66.00
67.00 OCCUPATIONAL THERAPY	0	4,863,639	0.000000	0.000000		149,705	67.00
68.00 SPEECH PATHOLOGY	0	1,234,558	0.000000	0.000000		216,202	68.00
69.00 ELECTROCARDIOLOGY	0	5,339,779	0.000000	0.000000		1,390,573	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	135,573	0.000000	0.000000		53,056	70.00
70.01 SLEEP LAB	0	0	0.000000	0.000000		0	70.01
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,678,782	0.000000	0.000000		478,258	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	14,097,384	0.000000	0.000000		4,147,508	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	25,267,389	0.000000	0.000000		8,880,073	73.00
74.00 RENAL DIALYSIS	0	3,048,597	0.000000	0.000000		2,090,691	74.00
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	3,819,058	0.000000	0.000000		3,364	90.00
90.01 WOUND CARE	0	4,390,185	0.000000	0.000000		25,481	90.01
90.02 PULMONARY REHAB	0	356,258	0.000000	0.000000		129	90.02
90.03 SPINE CENTER	0	0	0.000000	0.000000		0	90.03
90.04 RUSH HEART CENTER	0	0	0.000000	0.000000		0	90.04
91.00 EMERGENCY	0	18,825,587	0.000000	0.000000		2,310,033	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	794,799	0.000000	0.000000		0	92.00
200.00 Total (lines 50-199)	0	286,103,643				53,475,540	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140063	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 1/20/2012 2:37 pm
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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	7,895,117	0	0	0	50.00
50.01	ENDOSCOPY	0	2,157,323	0	0	0	50.01
51.00	RECOVERY ROOM	0	1,249,553	0	0	0	51.00
53.00	ANESTHESIOLOGY	0	1,442,838	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	4,764,814	0	0	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	0	1,317,054	0	0	0	56.00
56.01	ULTRASOUND/VASC LAB	0	1,034,261	0	0	0	56.01
57.00	CT SCAN	0	4,612,771	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	0	416,338	0	0	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	252,263	0	0	0	62.00
64.00	INTRAVENOUS THERAPY	0	8,620	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0	169,660	0	0	0	65.00
66.00	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	1,276,856	0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	15,141	0	0	0	70.00
70.01	SLEEP LAB	0	0	0	0	0	70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	100,604	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	1,798,938	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	1,648,322	0	0	0	73.00
74.00	RENAL DIALYSIS	0	20,840	0	0	0	74.00
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	782,583	0	0	0	90.00
90.01	WOUND CARE	0	2,717,758	0	0	0	90.01
90.02	PULMONARY REHAB	0	237,672	0	0	0	90.02
90.03	SPINE CENTER	0	0	0	0	0	90.03
90.04	RUSH HEART CENTER	0	0	0	0	0	90.04
91.00	EMERGENCY	0	1,428,338	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	309,991	0	0	0	92.00
200.00	Total (lines 50-199)	0	35,657,655	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140063	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 1/20/2012 2:37 pm
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Cost Center Description		PSA Adj . Allied Health	PSA Adj . All Other Medical Education Cost	Title XVIII	Hospital	PPS
		23.00	24.00			
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	0			50.00
50.01	ENDOSCOPY	0	0			50.01
51.00	RECOVERY ROOM	0	0			51.00
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	ULTRASOUND/VASC LAB	0	0			56.01
57.00	CT SCAN	0	0			57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0			58.00
59.00	CARDIAC CATHETERIZATION	0	0			59.00
60.00	LABORATORY	0	0			60.00
60.01	BLOOD LABORATORY	0	0			60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0			62.00
64.00	INTRAVENOUS THERAPY	0	0			64.00
65.00	RESPIRATORY THERAPY	0	0			65.00
66.00	PHYSICAL THERAPY	0	0			66.00
67.00	OCCUPATIONAL THERAPY	0	0			67.00
68.00	SPEECH PATHOLOGY	0	0			68.00
69.00	ELECTROCARDIOLOGY	0	0			69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0			70.00
70.01	SLEEP LAB	0	0			70.01
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
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0			88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0			89.00
90.00	CLINIC	0	0			90.00
90.01	WOUND CARE	0	0			90.01
90.02	PULMONARY REHAB	0	0			90.02
90.03	SPINE CENTER	0	0			90.03
90.04	RUSH HEART CENTER	0	0			90.04
91.00	EMERGENCY	0	0			91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0			92.00
200.00	Total (Lines 50-199)	0	0			200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140063	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part V Date/Time Prepared: 1/20/2012 2:37 pm
	Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges				
		PPS Reimbursed Services (see instructions)	Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)		
	1.00	2.00	3.00	4.00		
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0.219307	7,895,117	0	0		50.00
50.01 ENDOSCOPY	0.156150	2,157,323	0	0		50.01
51.00 RECOVERY ROOM	0.195274	1,249,553	0	0		51.00
53.00 ANESTHESIOLOGY	0.111633	1,442,838	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	0.307620	4,764,814	0	0		54.00
55.00 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0		55.00
56.00 RADIOISOTOPE	0.499237	1,317,054	0	0		56.00
56.01 ULTRASOUND/VASC LAB	0.161626	1,034,261	0	0		56.01
57.00 CT SCAN	0.073663	4,612,771	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0		58.00
59.00 CARDIAC CATHETERIZATION	0.000000	0	0	0		59.00
60.00 LABORATORY	0.101482	416,338	0	0		60.00
60.01 BLOOD LABORATORY	0.000000	0	0	0		60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.345910	252,263	0	0		62.00
64.00 INTRAVENOUS THERAPY	0.018856	8,620	0	0		64.00
65.00 RESPIRATORY THERAPY	0.214881	169,660	0	0		65.00
66.00 PHYSICAL THERAPY	0.265709	0	0	0		66.00
67.00 OCCUPATIONAL THERAPY	0.230511	0	0	0		67.00
68.00 SPEECH PATHOLOGY	0.283885	0	0	0		68.00
69.00 ELECTROCARDIOLOGY	0.161051	1,276,856	0	0		69.00
70.00 ELECTROENCEPHALOGRAPHY	0.736533	15,141	0	0		70.00
70.01 SLEEP LAB	0.000000	0	0	0		70.01
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.600515	100,604	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0.343942	1,798,938	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	0.211632	1,648,322	0	13,423		73.00
74.00 RENAL DIALYSIS	0.187199	20,840	0	0		74.00
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	0.556711	782,583	0	0		90.00
90.01 WOUND CARE	0.373303	2,717,758	0	0		90.01
90.02 PULMONARY REHAB	0.359007	237,672	0	0		90.02
90.03 SPINE CENTER	0.000000	0	0	0		90.03
90.04 RUSH HEART CENTER	0.000000	0	0	0		90.04
91.00 EMERGENCY	0.332776	1,428,338	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0.654045	309,991	0	0		92.00
200.00 Subtotal (see instructions)		35,657,655	0	13,423		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00 Net Charges (line 200 +/- line 201)		35,657,655	0	13,423		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140063	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part V Date/Time Prepared: 1/20/2012 2:37 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	1,731,454	0	0		50.00
50.01 ENDOSCOPY	336,866	0	0		50.01
51.00 RECOVERY ROOM	244,005	0	0		51.00
53.00 ANESTHESIOLOGY	161,068	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	1,465,752	0	0		54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0		55.00
56.00 RADIOISOTOPE	657,522	0	0		56.00
56.01 ULTRASOUND/VASC LAB	167,163	0	0		56.01
57.00 CT SCAN	339,791	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00 CARDIAC CATHETERIZATION	0	0	0		59.00
60.00 LABORATORY	42,251	0	0		60.00
60.01 BLOOD LABORATORY	0	0	0		60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	87,260	0	0		62.00
64.00 INTRAVENOUS THERAPY	163	0	0		64.00
65.00 RESPIRATORY THERAPY	36,457	0	0		65.00
66.00 PHYSICAL THERAPY	0	0	0		66.00
67.00 OCCUPATIONAL THERAPY	0	0	0		67.00
68.00 SPEECH PATHOLOGY	0	0	0		68.00
69.00 ELECTROCARDIOLOGY	205,639	0	0		69.00
70.00 ELECTROENCEPHALOGRAPHY	11,152	0	0		70.00
70.01 SLEEP LAB	0	0	0		70.01
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	60,414	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	618,730	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	348,838	0	2,841		73.00
74.00 RENAL DIALYSIS	3,901	0	0		74.00
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	435,673	0	0		90.00
90.01 WOUND CARE	1,014,547	0	0		90.01
90.02 PULMONARY REHAB	85,326	0	0		90.02
90.03 SPINE CENTER	0	0	0		90.03
90.04 RUSH HEART CENTER	0	0	0		90.04
91.00 EMERGENCY	475,317	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	202,748	0	0		92.00
200.00 Subtotal (see instructions)	8,732,037	0	2,841		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges		0			201.00
202.00 Net Charges (line 200 +/- line 201)	8,732,037	0	2,841		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS	Provider CCN: 140063 Component CCN: 14T063	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part II Date/Time Prepared: 1/20/2012 2:37 pm
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	436,754	51,006,925	0.008563	13,932	119	50.00
50.01 ENDOSCOPY	111,080	9,486,124	0.011710	0	0	50.01
51.00 RECOVERY ROOM	31,868	7,642,613	0.004170	4,467	19	51.00
53.00 ANESTHESIOLOGY	61,191	9,543,684	0.006412	4,371	28	53.00
54.00 RADIOLOGY-DIAGNOSTIC	537,605	19,606,637	0.027420	41,225	1,130	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00 RADIOISOTOPE	416,496	4,000,181	0.104119	4,643	483	56.00
56.01 ULTRASOUND/VASC LAB	78,178	5,294,086	0.014767	27,902	412	56.01
57.00 CT SCAN	177,186	20,462,166	0.008659	34,524	299	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00 LABORATORY	199,974	55,078,151	0.003631	375,286	1,363	60.00
60.01 BLOOD LABORATORY	0	0	0.000000	0	0	60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	7,666	2,426,260	0.003160	15,345	48	62.00
64.00 INTRAVENOUS THERAPY	78	102,832	0.000759	1,691	1	64.00
65.00 RESPIRATORY THERAPY	84,077	6,169,960	0.013627	129,534	1,765	65.00
66.00 PHYSICAL THERAPY	102,777	11,432,436	0.008990	1,071,430	9,632	66.00
67.00 OCCUPATIONAL THERAPY	19,615	4,863,639	0.004033	1,044,013	4,211	67.00
68.00 SPEECH PATHOLOGY	4,116	1,234,558	0.003334	288,669	962	68.00
69.00 ELECTROCARDIOLOGY	56,354	5,339,779	0.010554	4,416	47	69.00
70.00 ELECTROENCEPHALOGRAPHY	3,957	135,573	0.029187	1,350	39	70.00
70.01 SLEEP LAB	0	0	0.000000	0	0	70.01
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	12,123	1,678,782	0.007221	51,583	372	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	45,256	14,097,384	0.003210	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	70,676	25,267,389	0.002797	766,939	2,145	73.00
74.00 RENAL DIALYSIS	3,343	3,048,597	0.001097	167,743	184	74.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER CLINIC	0	0	0.000000	0	0	89.00
90.00 CLINIC	165,150	3,819,058	0.043244	0	0	90.00
90.01 WOUND CARE	47,870	4,390,185	0.010904	0	0	90.01
90.02 PULMONARY REHAB	6,183	356,258	0.017355	0	0	90.02
90.03 SPINE CENTER	0	0	0.000000	0	0	90.03
90.04 RUSH HEART CENTER	0	0	0.000000	0	0	90.04
91.00 EMERGENCY	164,542	18,825,587	0.008740	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	17,993	794,799	0.022638	0	0	92.00
200.00 Total (lines 50-199)	2,862,108	286,103,643		4,049,063	23,259	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140063 Component CCN: 14T063	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 1/20/2012 2:37 pm
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	0	0	0	0	50.00
50.01 ENDOSCOPY	0	0	0	0	0	50.01
51.00 RECOVERY ROOM	0	0	0	0	0	51.00
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 ULTRASOUND/VASC LAB	0	0	0	0	0	56.01
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	0	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
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
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01 SLEEP LAB	0	0	0	0	0	70.01
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
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
90.01 WOUND CARE	0	0	0	0	0	90.01
90.02 PULMONARY REHAB	0	0	0	0	0	90.02
90.03 SPINE CENTER	0	0	0	0	0	90.03
90.04 RUSH HEART CENTER	0	0	0	0	0	90.04
91.00 EMERGENCY	0	0	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00 Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140063	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 1/20/2012 2:37 pm
	Component CCN: 14T063	Title XVIII	Subprovider - IRF PPS

Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
	6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	51,006,925	0.000000	0.000000	13,932	50.00
50.01 ENDOSCOPY	0	9,486,124	0.000000	0.000000	0	50.01
51.00 RECOVERY ROOM	0	7,642,613	0.000000	0.000000	4,467	51.00
53.00 ANESTHESIOLOGY	0	9,543,684	0.000000	0.000000	4,371	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	19,606,637	0.000000	0.000000	41,225	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
56.00 RADIOISOTOPE	0	4,000,181	0.000000	0.000000	4,643	56.00
56.01 ULTRASOUND/VASC LAB	0	5,294,086	0.000000	0.000000	27,902	56.01
57.00 CT SCAN	0	20,462,166	0.000000	0.000000	34,524	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00 LABORATORY	0	55,078,151	0.000000	0.000000	375,286	60.00
60.01 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	2,426,260	0.000000	0.000000	15,345	62.00
64.00 INTRAVENOUS THERAPY	0	102,832	0.000000	0.000000	1,691	64.00
65.00 RESPIRATORY THERAPY	0	6,169,960	0.000000	0.000000	129,534	65.00
66.00 PHYSICAL THERAPY	0	11,432,436	0.000000	0.000000	1,071,430	66.00
67.00 OCCUPATIONAL THERAPY	0	4,863,639	0.000000	0.000000	1,044,013	67.00
68.00 SPEECH PATHOLOGY	0	1,234,558	0.000000	0.000000	288,669	68.00
69.00 ELECTROCARDIOLOGY	0	5,339,779	0.000000	0.000000	4,416	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	135,573	0.000000	0.000000	1,350	70.00
70.01 SLEEP LAB	0	0	0.000000	0.000000	0	70.01
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,678,782	0.000000	0.000000	51,583	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	14,097,384	0.000000	0.000000	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	25,267,389	0.000000	0.000000	766,939	73.00
74.00 RENAL DIALYSIS	0	3,048,597	0.000000	0.000000	167,743	74.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER CLINIC	0	0	0.000000	0.000000	0	89.00
90.00 CLINIC	0	3,819,058	0.000000	0.000000	0	90.00
90.01 WOUND CARE	0	4,390,185	0.000000	0.000000	0	90.01
90.02 PULMONARY REHAB	0	356,258	0.000000	0.000000	0	90.02
90.03 SPINE CENTER	0	0	0.000000	0.000000	0	90.03
90.04 RUSH HEART CENTER	0	0	0.000000	0.000000	0	90.04
91.00 EMERGENCY	0	18,825,587	0.000000	0.000000	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	794,799	0.000000	0.000000	0	92.00
200.00 Total (lines 50-199)	0	286,103,643			4,049,063	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140063 Component CCN: 14T063	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 1/20/2012 2:37 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
	11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	0	0	0	0	50.00
50.01 ENDOSCOPY	0	0	0	0	0	50.01
51.00 RECOVERY ROOM	0	0	0	0	0	51.00
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 ULTRASOUND/VASC LAB	0	0	0	0	0	56.01
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	0	704	0	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
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
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	1,331	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01 SLEEP LAB	0	0	0	0	0	70.01
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	2,292	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
90.01 WOUND CARE	0	0	0	0	0	90.01
90.02 PULMONARY REHAB	0	1,128	0	0	0	90.02
90.03 SPINE CENTER	0	0	0	0	0	90.03
90.04 RUSH HEART CENTER	0	0	0	0	0	90.04
91.00 EMERGENCY	0	0	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00 Total (lines 50-199)	0	5,455	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140063 Component CCN: 14T063	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 1/20/2012 2:37 pm PPS
Title XVIII		Subprovider - IRF	

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
50.01 ENDOSCOPY	0	0	50.01
51.00 RECOVERY ROOM	0	0	51.00
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 ULTRASOUND/VASC LAB	0	0	56.01
57.00 CT SCAN	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	59.00
60.00 LABORATORY	0	0	60.00
60.01 BLOOD LABORATORY	0	0	60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
64.00 INTRAVENOUS THERAPY	0	0	64.00
65.00 RESPIRATORY THERAPY	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	70.00
70.01 SLEEP LAB	0	0	70.01
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
OUTPATIENT SERVICE COST CENTERS			
88.00 RURAL HEALTH CLINIC	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00 CLINIC	0	0	90.00
90.01 WOUND CARE	0	0	90.01
90.02 PULMONARY REHAB	0	0	90.02
90.03 SPINE CENTER	0	0	90.03
90.04 RUSH HEART CENTER	0	0	90.04
91.00 EMERGENCY	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00 Total (Lines 50-199)	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140063 Component CCN: 14T063	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part V Date/Time Prepared: 1/20/2012 2:37 pm
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges				
		PPS Reimbursed Services (see instructions)	Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)		
	1.00	2.00	3.00	4.00		
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0.219307	0	0	0		50.00
50.01 ENDOSCOPY	0.156150	0	0	0		50.01
51.00 RECOVERY ROOM	0.195274	0	0	0		51.00
53.00 ANESTHESIOLOGY	0.111633	0	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	0.307620	0	0	0		54.00
55.00 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0		55.00
56.00 RADIOISOTOPE	0.499237	0	0	0		56.00
56.01 ULTRASOUND/VASC LAB	0.161626	0	0	0		56.01
57.00 CT SCAN	0.073663	0	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0		58.00
59.00 CARDIAC CATHETERIZATION	0.000000	0	0	0		59.00
60.00 LABORATORY	0.101482	704	0	0		60.00
60.01 BLOOD LABORATORY	0.000000	0	0	0		60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.345910	0	0	0		62.00
64.00 INTRAVENOUS THERAPY	0.018856	0	0	0		64.00
65.00 RESPIRATORY THERAPY	0.214881	0	0	0		65.00
66.00 PHYSICAL THERAPY	0.265709	0	0	0		66.00
67.00 OCCUPATIONAL THERAPY	0.230511	0	0	0		67.00
68.00 SPEECH PATHOLOGY	0.283885	0	0	0		68.00
69.00 ELECTROCARDIOLOGY	0.161051	1,331	0	0		69.00
70.00 ELECTROENCEPHALOGRAPHY	0.736533	0	0	0		70.00
70.01 SLEEP LAB	0.000000	0	0	0		70.01
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.600515	0	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0.343942	0	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	0.211632	2,292	0	0		73.00
74.00 RENAL DIALYSIS	0.187199	0	0	0		74.00
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	0.556711	0	0	0		90.00
90.01 WOUND CARE	0.373303	0	0	0		90.01
90.02 PULMONARY REHAB	0.359007	1,128	0	0		90.02
90.03 SPINE CENTER	0.000000	0	0	0		90.03
90.04 RUSH HEART CENTER	0.000000	0	0	0		90.04
91.00 EMERGENCY	0.332776	0	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0.654045	0	0	0		92.00
200.00 Subtotal (see instructions)		5,455	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)		5,455	0	0		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140063 Component CCN: 14T063	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part V Date/Time Prepared: 1/20/2012 2:37 pm
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Costs				
	PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)		
	5.00	6.00	7.00		
ANCILLARY SERVICE COST CENTERS					
50.00 OPERATING ROOM	0	0	0		50.00
50.01 ENDOSCOPY	0	0	0		50.01
51.00 RECOVERY ROOM	0	0	0		51.00
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 ULTRASOUND/VASC LAB	0	0	0		56.01
57.00 CT SCAN	0	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00 CARDIAC CATHETERIZATION	0	0	0		59.00
60.00 LABORATORY	71	0	0		60.00
60.01 BLOOD LABORATORY	0	0	0		60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0		62.00
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
67.00 OCCUPATIONAL THERAPY	0	0	0		67.00
68.00 SPEECH PATHOLOGY	0	0	0		68.00
69.00 ELECTROCARDIOLOGY	214	0	0		69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0		70.00
70.01 SLEEP LAB	0	0	0		70.01
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	485	0	0		73.00
74.00 RENAL DIALYSIS	0	0	0		74.00
OUTPATIENT SERVICE COST CENTERS					
88.00 RURAL HEALTH CLINIC	0	0	0		88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00 CLINIC	0	0	0		90.00
90.01 WOUND CARE	0	0	0		90.01
90.02 PULMONARY REHAB	405	0	0		90.02
90.03 SPINE CENTER	0	0	0		90.03
90.04 RUSH HEART CENTER	0	0	0		90.04
91.00 EMERGENCY	0	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
200.00 Subtotal (see instructions)	1,175	0	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges		0			201.00
202.00 Net Charges (line 200 +/- line 201)	1,175	0	0		202.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140063 Component CCN: 145583	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 1/20/2012 2:37 pm PPS
		Title XVIII	Skilled Nursing Facility

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
50.01 ENDOSCOPY	0	0	0	0	0	50.01
51.00 RECOVERY ROOM	0	0	0	0	0	51.00
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 ULTRASOUND/VASC LAB	0	0	0	0	0	56.01
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	0	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
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
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01 SLEEP LAB	0	0	0	0	0	70.01
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
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
90.01 WOUND CARE	0	0	0	0	0	90.01
90.02 PULMONARY REHAB	0	0	0	0	0	90.02
90.03 SPINE CENTER	0	0	0	0	0	90.03
90.04 RUSH HEART CENTER	0	0	0	0	0	90.04
91.00 EMERGENCY	0	0	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00 Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140063 Component CCN: 145583	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 1/20/2012 2:37 pm
	Title XVIII	Skilled Nursing Facility	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	51,006,925	0.000000	0.000000	37,847	50.00
50.01 ENDOSCOPY	0	9,486,124	0.000000	0.000000	0	50.01
51.00 RECOVERY ROOM	0	7,642,613	0.000000	0.000000	4,280	51.00
53.00 ANESTHESIOLOGY	0	9,543,684	0.000000	0.000000	11,420	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	19,606,637	0.000000	0.000000	102,438	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
56.00 RADIOISOTOPE	0	4,000,181	0.000000	0.000000	8,038	56.00
56.01 ULTRASOUND/VASC LAB	0	5,294,086	0.000000	0.000000	63,535	56.01
57.00 CT SCAN	0	20,462,166	0.000000	0.000000	84,311	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00 LABORATORY	0	55,078,151	0.000000	0.000000	877,403	60.00
60.01 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	2,426,260	0.000000	0.000000	58,498	62.00
64.00 INTRAVENOUS THERAPY	0	102,832	0.000000	0.000000	5,199	64.00
65.00 RESPIRATORY THERAPY	0	6,169,960	0.000000	0.000000	435,295	65.00
66.00 PHYSICAL THERAPY	0	11,432,436	0.000000	0.000000	2,477,895	66.00
67.00 OCCUPATIONAL THERAPY	0	4,863,639	0.000000	0.000000	1,915,509	67.00
68.00 SPEECH PATHOLOGY	0	1,234,558	0.000000	0.000000	250,272	68.00
69.00 ELECTROCARDIOLOGY	0	5,339,779	0.000000	0.000000	20,052	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	135,573	0.000000	0.000000	1,315	70.00
70.01 SLEEP LAB	0	0	0.000000	0.000000	0	70.01
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,678,782	0.000000	0.000000	87,436	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	14,097,384	0.000000	0.000000	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	25,267,389	0.000000	0.000000	1,998,864	73.00
74.00 RENAL DIALYSIS	0	3,048,597	0.000000	0.000000	0	74.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER CLINIC	0	0	0.000000	0.000000	0	89.00
90.00 CLINIC	0	3,819,058	0.000000	0.000000	0	90.00
90.01 WOUND CARE	0	4,390,185	0.000000	0.000000	0	90.01
90.02 PULMONARY REHAB	0	356,258	0.000000	0.000000	0	90.02
90.03 SPINE CENTER	0	0	0.000000	0.000000	0	90.03
90.04 RUSH HEART CENTER	0	0	0.000000	0.000000	0	90.04
91.00 EMERGENCY	0	18,825,587	0.000000	0.000000	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	794,799	0.000000	0.000000	0	92.00
200.00 Total (lines 50-199)	0	286,103,643			8,439,607	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140063 Component CCN: 145583	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 1/20/2012 2:37 pm
Title XVIII		Skilled Nursing Facility	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
50.01 ENDOSCOPY	0	0	0	0	0	50.01
51.00 RECOVERY ROOM	0	0	0	0	0	51.00
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 ULTRASOUND/VASC LAB	0	0	0	0	0	56.01
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	0	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
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
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01 SLEEP LAB	0	0	0	0	0	70.01
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
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
90.01 WOUND CARE	0	0	0	0	0	90.01
90.02 PULMONARY REHAB	0	0	0	0	0	90.02
90.03 SPINE CENTER	0	0	0	0	0	90.03
90.04 RUSH HEART CENTER	0	0	0	0	0	90.04
91.00 EMERGENCY	0	0	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00 Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140063 Component CCN: 145583	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 1/20/2012 2:37 pm PPS
		Title XVIII	Skilled Nursing Facility

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
50.01 ENDOSCOPY	0	0	50.01
51.00 RECOVERY ROOM	0	0	51.00
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 ULTRASOUND/VASC LAB	0	0	56.01
57.00 CT SCAN	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	59.00
60.00 LABORATORY	0	0	60.00
60.01 BLOOD LABORATORY	0	0	60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
64.00 INTRAVENOUS THERAPY	0	0	64.00
65.00 RESPIRATORY THERAPY	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	70.00
70.01 SLEEP LAB	0	0	70.01
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
OUTPATIENT SERVICE COST CENTERS			
88.00 RURAL HEALTH CLINIC	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00 CLINIC	0	0	90.00
90.01 WOUND CARE	0	0	90.01
90.02 PULMONARY REHAB	0	0	90.02
90.03 SPINE CENTER	0	0	90.03
90.04 RUSH HEART CENTER	0	0	90.04
91.00 EMERGENCY	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00 Total (Lines 50-199)	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140063	Period: From 07/01/2010 To 06/30/2011	Worksheet D-1 Date/Time Prepared: 1/20/2012 2:37 pm
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		14,690	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		14,690	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)		14,690	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)		8,183	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)		12,663,948	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)		12,663,948	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		17,991,308	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		17,991,308	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.703893	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)		1,224.73	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)		12,663,948	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)		862.08	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		7,054,401	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)		7,054,401	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 140063	Period: From 07/01/2010 To 06/30/2011	Worksheet D-1 Date/Time Prepared: 1/20/2012 2:37 pm	
Cost Center Description			Title XVIII		Hospital	PPS
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
	1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)					42.00
Intensive Care Type Inpatient Hospital Units						
43.00	4,278,349	2,580	1,658.27	1,615	2,678,106	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)				11,357,520	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				21,090,027	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)				362,738	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				466,484	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)				829,222	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)				20,260,805	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)				603	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				862.08	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)				519,834	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140063		Period: From 07/01/2010 To 06/30/2011		Worksheet D-1 Date/Time Prepared: 1/20/2012 2:37 pm	
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	438,333	12,663,948	0.034613	519,834	17,993	90.00
91.00	Nursing School cost	0	12,663,948	0.000000	519,834	0	91.00
92.00	Allied health cost	0	12,663,948	0.000000	519,834	0	92.00
93.00	All other Medical Education	0	12,663,948	0.000000	519,834	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140063 Component CCN: 14T063	Period: From 07/01/2010 To 06/30/2011	Worksheet D-1 Date/Time Prepared: 1/20/2012 2:37 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			2,330 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			2,330 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)			2,330 4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period			0 5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period			0 7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)			1,661 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)			2,572,191 21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)			0 22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)			0 23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)			0 24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)			0 25.00
26.00	Total swing-bed cost (see instructions)			0 26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)			2,572,191 27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)			2,502,407 28.00
29.00	Private room charges (excluding swing-bed charges)			0 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			2,502,407 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			1.027887 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)			1,073.99 33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			0.00 34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			0.00 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			0 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			2,572,191 37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			1,103.94 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			1,833,644 39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			0 40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			1,833,644 41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140063		Period: From 07/01/2010 To 06/30/2011		Worksheet D-1	
		Component CCN: 14T063				Date/Time Prepared: 1/20/2012 2:37 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)						42.00
Intensive Care Type Inpatient Hospital Units							
43.00	0	0	0.00	0	0	43.00	
44.00	INTENSIVE CARE UNIT						44.00
45.00	CORONARY CARE UNIT						45.00
46.00	BURN INTENSIVE CARE UNIT						46.00
47.00	SURGICAL INTENSIVE CARE UNIT						47.00
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)				931,438	48.00	
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				2,765,082	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)				86,223	50.00	
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				23,259	51.00	
52.00	Total Program excludable cost (sum of lines 50 and 51)				109,482	52.00	
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)				2,655,600	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: 140063 Component CCN: 14T063		Period: From 07/01/2010 To 06/30/2011		Worksheet D-1 Date/Time Prepared: 1/20/2012 2:37 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	120,950	2,572,191	0.047022	0	0	90.00
91.00	Nursing School cost	0	2,572,191	0.000000	0	0	91.00
92.00	Allied health cost	0	2,572,191	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,572,191	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140063 Component CCN: 145583	Period: From 07/01/2010 To 06/30/2011	Worksheet D-1 Date/Time Prepared: 1/20/2012 2:37 pm
Cost Center Description		Title XVIII	Skilled Nursing Facility	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		5,878	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		5,878	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)		5,878	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		4,704	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		3,362,241	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		3,362,241	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)		3,362,241	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: 140063	Period: From 07/01/2010 To 06/30/2011	Worksheet D-1
				Component CCN: 145583		Date/Time Prepared: 1/20/2012 2:37 pm
				Title XVIII	Skilled Nursing Facility	PPS
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
	1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)					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)				3,362,241	70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)				572.00	71.00
72.00	Program routine service cost (line 9 x line 71)				2,690,688	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)				2,690,688	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)				2,690,688	83.00
84.00	Program inpatient ancillary services (see instructions)				1,916,049	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)				4,606,737	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: 140063 Component CCN: 145583	Period: From 07/01/2010 To 06/30/2011	Worksheet D-1 Date/Time Prepared: 1/20/2012 2:37 pm PPS
		Title XVIII	Skilled Nursing Facility	

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: 140063	Period: From 07/01/2010 To 06/30/2011	Worksheet D-3 Date/Time Prepared: 1/20/2012 2:37 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		10,737,747		30.00
31.00	INTENSIVE CARE UNIT		4,144,123		31.00
40.00	SUBPROVIDER - IPF		0		40.00
41.00	SUBPROVIDER - IRF		0		41.00
42.00	SUBPROVIDER		0		42.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.219307	6,041,009	1,324,836	50.00
50.01	ENDOSCOPY	0.156150	1,007,945	157,391	50.01
51.00	RECOVERY ROOM	0.195274	876,541	171,166	51.00
53.00	ANESTHESIOLOGY	0.111633	1,223,680	136,603	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.307620	4,897,601	1,506,600	54.00
55.00	RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
56.00	RADIOISOTOPE	0.499237	428,564	213,955	56.00
56.01	ULTRASOUND/VASC LAB	0.161626	833,516	134,718	56.01
57.00	CT SCAN	0.073663	3,011,445	221,832	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	LABORATORY	0.101482	10,158,833	1,030,939	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.345910	1,145,281	396,164	62.00
64.00	INTRAVENOUS THERAPY	0.018856	0	0	64.00
65.00	RESPIRATORY THERAPY	0.215076	3,163,259	680,341	65.00
66.00	PHYSICAL THERAPY	0.265709	942,793	250,509	66.00
67.00	OCCUPATIONAL THERAPY	0.230511	149,705	34,509	67.00
68.00	SPEECH PATHOLOGY	0.283885	216,202	61,377	68.00
69.00	ELECTROCARDIOLOGY	0.161051	1,390,573	223,953	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.736533	53,056	39,077	70.00
70.01	SLEEP LAB	0.000000	0	0	70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.600515	478,258	287,201	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.343942	4,147,508	1,426,502	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.211632	8,880,073	1,879,308	73.00
74.00	RENAL DIALYSIS	0.187199	2,090,691	391,375	74.00
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	0.556711	3,364	1,873	90.00
90.01	WOUND CARE	0.373303	25,481	9,512	90.01
90.02	PULMONARY REHAB	0.359007	129	46	90.02
90.03	SPINE CENTER	0.000000	0	0	90.03
90.04	RUSH HEART CENTER	0.000000	0	0	90.04
91.00	EMERGENCY	0.336676	2,310,033	777,733	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.654045	0	0	92.00
200.00	Total (sum of lines 50-94 and 96-98)		53,475,540	11,357,520	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)			0	201.00
202.00	Net Charges (line 200 minus line 201)		53,475,540		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140063	Period: From 07/01/2010 To 06/30/2011	Worksheet D-3	
		Component CCN: 14T063		Date/Time Prepared: 1/20/2012 2:37 pm	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS		0		30.00
31.00	INTENSIVE CARE UNIT		0		31.00
40.00	SUBPROVIDER - IPF		0		40.00
41.00	SUBPROVIDER - IRF		1,786,084		41.00
42.00	SUBPROVIDER		0		42.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.219307	13,932	3,055	50.00
50.01	ENDOSCOPY	0.156150	0	0	50.01
51.00	RECOVERY ROOM	0.195274	4,467	872	51.00
53.00	ANESTHESIOLOGY	0.111633	4,371	488	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.307620	41,225	12,682	54.00
55.00	RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
56.00	RADIOISOTOPE	0.499237	4,643	2,318	56.00
56.01	ULTRASOUND/VASC LAB	0.161626	27,902	4,510	56.01
57.00	CT SCAN	0.073663	34,524	2,543	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	LABORATORY	0.101482	375,286	38,085	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.345910	15,345	5,308	62.00
64.00	INTRAVENOUS THERAPY	0.018856	1,691	32	64.00
65.00	RESPIRATORY THERAPY	0.215076	129,534	27,860	65.00
66.00	PHYSICAL THERAPY	0.265709	1,071,430	284,689	66.00
67.00	OCCUPATIONAL THERAPY	0.230511	1,044,013	240,656	67.00
68.00	SPEECH PATHOLOGY	0.283885	288,669	81,949	68.00
69.00	ELECTROCARDIOLOGY	0.161051	4,416	711	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.736533	1,350	994	70.00
70.01	SLEEP LAB	0.000000	0	0	70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.600515	51,583	30,976	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.343942	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.211632	766,939	162,309	73.00
74.00	RENAL DIALYSIS	0.187199	167,743	31,401	74.00
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	0.556711	0	0	90.00
90.01	WOUND CARE	0.373303	0	0	90.01
90.02	PULMONARY REHAB	0.359007	0	0	90.02
90.03	SPINE CENTER	0.000000	0	0	90.03
90.04	RUSH HEART CENTER	0.000000	0	0	90.04
91.00	EMERGENCY	0.336676	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.654045	0	0	92.00
200.00	Total (sum of lines 50-94 and 96-98)		4,049,063	931,438	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00	Net Charges (line 200 minus line 201)		4,049,063		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140063	Period: From 07/01/2010 To 06/30/2011	Worksheet D-3	
		Component CCN: 145583		Date/Time Prepared: 1/20/2012 2:37 pm	
		Title XVIII	Skilled Nursing Facility	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		2,809,283		30.00
31.00	INTENSIVE CARE UNIT		0		31.00
40.00	SUBPROVIDER - IPF		0		40.00
41.00	SUBPROVIDER - IRF		0		41.00
42.00	SUBPROVIDER		0		42.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.219307	37,847	8,300	50.00
50.01	ENDOSCOPY	0.156150	0	0	50.01
51.00	RECOVERY ROOM	0.195274	4,280	836	51.00
53.00	ANESTHESIOLOGY	0.111633	11,420	1,275	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.307620	102,438	31,512	54.00
55.00	RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
56.00	RADIOISOTOPE	0.499237	8,038	4,013	56.00
56.01	ULTRASOUND/VASC LAB	0.161626	63,535	10,269	56.01
57.00	CT SCAN	0.073663	84,311	6,211	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	LABORATORY	0.101482	877,403	89,041	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.345910	58,498	20,235	62.00
64.00	INTRAVENOUS THERAPY	0.018856	5,199	98	64.00
65.00	RESPIRATORY THERAPY	0.214881	435,295	93,537	65.00
66.00	PHYSICAL THERAPY	0.265709	2,477,895	658,399	66.00
67.00	OCCUPATIONAL THERAPY	0.230511	1,915,509	441,546	67.00
68.00	SPEECH PATHOLOGY	0.283885	250,272	71,048	68.00
69.00	ELECTROCARDIOLOGY	0.161051	20,052	3,229	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.736533	1,315	969	70.00
70.01	SLEEP LAB	0.000000	0	0	70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.600515	87,436	52,507	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.343942	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.211632	1,998,864	423,024	73.00
74.00	RENAL DIALYSIS	0.187199	0	0	74.00
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	0.556711	0	0	90.00
90.01	WOUND CARE	0.373303	0	0	90.01
90.02	PULMONARY REHAB	0.359007	0	0	90.02
90.03	SPINE CENTER	0.000000	0	0	90.03
90.04	RUSH HEART CENTER	0.000000	0	0	90.04
91.00	EMERGENCY	0.332776	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.654045	0	0	92.00
200.00	Total (sum of lines 50-94 and 96-98)		8,439,607	1,916,049	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)		8,439,607		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140063	Period: From 07/01/2010 To 06/30/2011	Worksheet E Part A Date/Time Prepared: 1/20/2012 2:37 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		14,612,206		1.00
2.00	Outlier payments for discharges. (see instructions)		316,040		2.00
3.00	Managed Care Simulated Payments		107,488		3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		163.35		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)		1.23		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)		1.23		9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		2.68		10.00
11.00	FTE count for residents in dental and podiatric programs.		2.00		11.00
12.00	Current year allowable FTE (see instructions)		3.23		12.00
13.00	Total allowable FTE count for the prior year.		3.23		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.		2.04		14.00
15.00	Sum of lines 12 through 14 divided by 3.		2.83		15.00
16.00	Adjustment for residents in initial years of the program		0.00		16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00		17.00
18.00	Adjusted rolling average FTE count		2.83		18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.017325		19.00
20.00	Prior year resident to bed ratio (see instructions)		0.031611		20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.017325		21.00
22.00	IME payment adjustment (see instructions)		138,718		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)		1.45		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)		138,718		29.00
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		6.67		30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)		14.21		31.00
32.00	Sum of lines 30 and 31		20.88		32.00
33.00	Allowable disproportionate share percentage (see instructions)		6.44		33.00
34.00	Disproportionate share adjustment (see instructions)		941,026		34.00
Additional payment for high percentage of ESRD beneficiary discharges					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.00
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41)		0		46.00
47.00	Subtotal (see instructions)		16,007,990		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)		16,007,990		49.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140063	Period: From 07/01/2010 To 06/30/2011	Worksheet E Part A Date/Time Prepared: 1/20/2012 2:37 pm	
		Title XVIII	Hospital	PPS	
			before 1/1	on/after 1/1	
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		1,268,632	1.01	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).		100,605		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)		17,377,227		59.00
60.00	Primary payer payments		0		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		17,377,227		61.00
62.00	Deductibles billed to program beneficiaries		1,467,940		62.00
63.00	Coinsurance billed to program beneficiaries		58,750		63.00
64.00	Allowable bad debts (see instructions)		341,626		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		239,138		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		314,412		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		16,089,675		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)		16,089,675		71.00
72.00	Interim payments		15,905,493		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)		184,182		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: 140063	Period: From 07/01/2010 To 06/30/2011	Worksheet E Part B Date/Time Prepared: 1/20/2012 2:37 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		2,841	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		8,732,037	2.00
3.00	PPS payments		6,401,260	3.00
4.00	Outlier payment (see instructions)		84,010	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.768	5.00
6.00	Line 2 times line 5		6,706,204	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		96.71	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)		2,841	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		13,423	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)		13,423	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)		13,423	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		10,582	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)		2,841	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)		6,485,270	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		1,498,699	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		4,989,412	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		30,229	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)		5,019,641	30.00
31.00	Primary payer payments		479	31.00
32.00	Subtotal (line 30 minus line 31)		5,019,162	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)		283,915	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		198,741	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		268,139	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		5,217,903	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)		5,217,903	40.00
41.00	Interim payments		5,284,758	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)		-66,855	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: 140063	Period: From 07/01/2010 To 06/30/2011	Worksheet E Part B Date/Time Prepared: 1/20/2012 2:37 pm
Title XVIII		Hospital	PPS
WORKSHEET OVERRIDE VALUES			Overrides
			1.00
112.00 Override of Ancillary service charges (line 12)			0 112.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140063 Component CCN: 14T063	Period: From 07/01/2010 To 06/30/2011	Worksheet E Part B Date/Time Prepared: 1/20/2012 2:37 pm
		Title VIII	Subprovider - IRF	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)			1,175 2.00
3.00	PPS payments			305 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)			305 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)			95 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)			210 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)			210 30.00
31.00	Primary payer payments			0 31.00
32.00	Subtotal (line 30 minus line 31)			210 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)			210 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)			210 40.00
41.00	Interim payments			210 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: 140063 Component CCN: 14T063	Period: From 07/01/2010 To 06/30/2011	Worksheet E Part B Date/Time Prepared: 1/20/2012 2:37 pm
	Title XVIII	Subprovider - IRF	PPS
			Overrides
			1.00
WORKSHEET OVERRIDE VALUES			
112.00	Override of Ancillary service charges (line 12)		0112.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140063 Component CCN: 145583	Period: From 07/01/2010 To 06/30/2011	Worksheet E Part B Date/Time Prepared: 1/20/2012 2:37 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 OPPS (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: 140063 Component CCN: 145583	Period: From 07/01/2010 To 06/30/2011	Worksheet E Part B Date/Time Prepared: 1/20/2012 2:37 pm
	Title XVIII	Skilled Nursing Facility	PPS
			Overrides
WORKSHEET OVERRIDE VALUES			1.00
112.00 Override of Ancillary service charges (line 12)			0 112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN: 140063		Period: From 07/01/2010 To 06/30/2011		Worksheet E-1 Part I Date/Time Prepared: 1/20/2012 2:37 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		15,842,806		5,245,406	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	01/21/2011	5,683	01/21/2011	33,193	3.01	
3.02		06/03/2011	57,004	06/03/2011	6,159	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)		62,687		39,352	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)		15,905,493		5,284,758	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		184,182		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		66,855	6.02	
7.00	Total Medicare program liability (see instructions)		16,089,675		5,217,903	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: 140063 Component CCN: 14T063	Period: From 07/01/2010 To 06/30/2011	Worksheet E-1 Part I Date/Time Prepared: 1/20/2012 2:37 pm		
		Title XVIII	Subprovider - IRF	PPS		
		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider				210	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		2,109,146		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	01/21/2011	5,826		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)		-5,826		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		2,103,320		210	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		30,077		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		2,133,397		210	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: 140063 Component CCN: 145583		Period: From 07/01/2010 To 06/30/2011		Worksheet E-1 Part I Date/Time Prepared: 1/20/2012 2:37 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		2,374,071		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)		2,374,071		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		3,658		0		6.01
6.02	SETTLEMENT TO PROGRAM		0		0		6.02
7.00	Total Medicare program liability (see instructions)		2,377,729		0		7.00
		0		Contractor Number	Date (Mo/Day/Yr)		
				1.00	2.00		
8.00	Name of Contractor					8.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140063 Component CCN: 14T063	Period: From 07/01/2010 To 06/30/2011	Worksheet E-3 Part III Date/Time Prepared: 1/20/2012 2:37 pm
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			1,891,116 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0452 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			116,824 3.00
4.00	Outlier Payments			135,315 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R other than FTEs in the first 3 years of a "new teaching program". (see inst.)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the first 3 years of a "new teaching program". (see inst.)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			6.383562 10.00
11.00	Medical Education Adjustment Factor $\{((1 + (\text{line 9}/\text{line 10})) \text{ raised to the power of } .6876 - 1)\}$.			0.000000 11.00
12.00	Medical Education Adjustment (line 1 multiplied by line 11).			0 12.00
13.00	Total PPS Payment (sum of lines 1, 3, 4 and 12)			2,143,255 13.00
14.00	Nursing and Allied Health Managed Care payment (see instruction)			0 14.00
15.00	Organ acquisition			0 15.00
16.00	Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions)			0 16.00
17.00	Subtotal (see instructions)			2,143,255 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			2,143,255 19.00
20.00	Deductibles			4,496 20.00
21.00	Subtotal (line 19 minus line 20)			2,138,759 21.00
22.00	Coinsurance			6,325 22.00
23.00	Subtotal (line 21 minus line 22)			2,132,434 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			1,375 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			963 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			1,375 26.00
27.00	Subtotal (sum of lines 23 and 25)			2,133,397 27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			0 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.99	Recovery of Accelerated Depreciation			0 31.99
32.00	Total amount payable to the provider (see instructions)			2,133,397 32.00
33.00	Interim payments			2,103,320 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus the sum lines 33 and 34)			30,077 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2			0 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part III, line 4			0 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 140063	Period: From 07/01/2010	Worksheet E-3
	Component CCN: 145583	To 06/30/2011	Part VI Date/Time Prepared: 1/20/2012 2:37 pm
	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)	2,527,219	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)	2,527,219	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	153,148	7.00
8.00	Allowable bad debts (see instructions)	5,225	8.00
9.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	0	9.00
10.00	Allowable reimbursable bad debts (see instructions)	3,658	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)	2,377,729	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)	2,377,729	15.00
16.00	Interim payments	2,374,071	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)	3,658	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: 140063	Period: From 07/01/2010 To 06/30/2011	Worksheet E-4 Date/Time Prepared: 1/20/2012 2:37 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.			1.42	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			0.36	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)			1.06	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			2.68	6.00
7.00	Enter the lesser of line 5 or line 6			1.06	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	0.00	1.35	1.35	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	0.00	0.53	0.53	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		2.00		10.00
11.00	Total weighted FTE count	0.00	2.53		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.03	2.52		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.00	1.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	0.01	2.02		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
17.00	Adjusted rolling average FTE count	0.01	2.02		17.00
18.00	Per resident amount	106,258.00	106,258.00		18.00
19.00	Approved amount for resident costs	1,063	214,641	215,704	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)			1.62	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)			215,704	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days	11,459	74		26.00
27.00	Total Inpatient Days	18,997	18,997		27.00
28.00	Ratio of inpatient days to total inpatient days	0.603201	0.003895		28.00
29.00	Program direct GME amount	130,113	840		29.00
30.00	Reduction for nursing/allied health		119		30.00
31.00	Net Program direct GME amount			130,834	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140063	Period: From 07/01/2010 To 06/30/2011	Worksheet E-4 Date/Time Prepared: 1/20/2012 2:37 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)		3,048,597	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)		29,073,016	37.00
38.00	Organ acquisition costs (Worksheet D-4, Part III, column 1, line 69)		0	38.00
39.00	Cost of teaching physicians (Worksheet D-5, Part II, column 3, line 20)		0	39.00
40.00	Primary payer payments (see instructions)		0	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		29,073,016	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		8,736,053	42.00
43.00	Primary payer payments (see instructions)		479	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		8,735,574	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		37,808,590	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.768953	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.231047	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		130,834	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (Title XVIII only) (see instructions)		100,605	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		30,229	50.00

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only) Provider CCN: 140063 Period: From 07/01/2010 To 06/30/2011 Worksheet G
 Date/Time Prepared: 1/20/2012 2:37 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	852,425	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	12,005,232	0	0	0	4.00
5.00	Other receivable	307,044	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	2,211,581	0	0	0	7.00
8.00	Prepaid expenses	459,732	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)	15,836,014	0	0	0	11.00
FIXED ASSETS						
12.00	Land	2,478,706	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	54,413,705	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	41,588,804	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	0	0	0	0	23.00
24.00	Accumulated depreciation	-74,688,764	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	23,792,451	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	43,909,581	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	43,909,581	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	83,538,046	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	6,198,855	0	0	0	37.00
38.00	Salaries, wages, and fees payable	5,174,481	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	10,203,350	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	21,576,686	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	31,269,400	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	31,269,400	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	52,846,086	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	30,691,960				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	30,691,960	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	83,538,046	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140063

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

Worksheet G-1

Date/Time Prepared:
1/20/2012 2:37 pm

		General Fund		Special Purpose Fund		
		1.00	2.00	3.00	4.00	
1.00	Fund balances at beginning of period		29,499,000		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		-3,639,941			2.00
3.00	Total (sum of line 1 and line 2)		25,859,059		0	3.00
4.00	INCREASE/DECREASE IN RESTRICTED ASSE	4,756,000		0		4.00
5.00	INCREASE IN TEMPORARILY RESTRICTED	77,000		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		4,833,000		0	10.00
11.00	Subtotal (line 3 plus line 10)		30,692,059		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)		30,692,059		0	19.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140063

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

Worksheet G-1

Date/Time Prepared:
1/20/2012 2:37 pm

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

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 140063

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

Worksheet G-2 Parts

Date/Time Prepared:
1/20/2012 2:37 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	17,991,308		17,991,308	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	2,502,407		2,502,407	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	3,507,870		3,507,870	7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	24,001,585		24,001,585	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	6,945,356		6,945,356	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	6,945,356		6,945,356	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	30,946,941		30,946,941	17.00
18.00	Ancillary services	104,035,308	158,566,241	262,601,549	18.00
19.00	Outpatient services	0	23,502,094	23,502,094	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	NON REIM/PROFESSIONAL FEES	0	18,883,407	18,883,407	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	134,982,249	200,951,742	335,933,991	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		99,140,075		29.00
30.00	BAD DEBTS	7,439,650			30.00
31.00	ADJ	4			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)		7,439,654		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)		106,579,729		43.00

STATEMENT OF REVENUES AND EXPENSES	Provider CCN: 140063	Period: From 07/01/2010 To 06/30/2011	Worksheet G-3 Date/Time Prepared: 1/20/2012 2:37 pm
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		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	335,933,991	1.00
2.00	Less contractual allowances and discounts on patients' accounts	233,437,227	2.00
3.00	Net patient revenues (line 1 minus line 2)	102,496,764	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	106,579,729	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-4,082,965	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	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER INCOME	673,307	24.00
25.00	Total other income (sum of lines 6-24)	673,307	25.00
26.00	Total (line 5 plus line 25)	-3,409,658	26.00
27.00	NON-OPERATING EXPENSE	230,283	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	230,283	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-3,639,941	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140063	Period: From 07/01/2010 To 06/30/2011	Worksheet L Parts I-III Date/Time Prepared: 1/20/2012 2:37 pm
		Title XVII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,191,574	1.00
2.00	Capital DRG outlier payments		4,491	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		45.66	3.00
4.00	Number of interns & residents (see instructions)		2.83	4.00
5.00	Indirect medical education percentage (see instructions)		1.77	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)		21,091	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		6.67	7.00
8.00	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)		14.21	8.00
9.00	Sum of lines 7 and 8		20.88	9.00
10.00	Allowable disproportionate share percentage (see instructions)		4.32	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		51,476	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		1,268,632	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