

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: 140082	Period: From 06/01/2010 To 05/31/2011	Worksheet S Parts I-III Date/Time Prepared: 11/28/2011 10:43 am
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PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report	Date: 11/28/2011	Time: 10:43 am
	2. <input type="checkbox"/> Manually submitted cost report		
	3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 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 LOUIS A. WEISS MEMORIAL HOSPITAL for the cost reporting period beginning 06/01/2010 and ending 05/31/2011 and to the best of my knowledge and belief, it is a true, correct and complete statement prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services identified in this cost report were provided in compliance with such laws and regulations.

Encryption Information

ECR: Date: 11/28/2011 Time: 10:43 am
rmtMQjB:A3lLMW.OQjXqLU8osEm1I0
5e.Fp0RS50.rwsopUrZF6DAUDpJ5uw
9f2016q8ih0k9oua
PI: Date: 11/28/2011 Time: 10:43 am
8YcyWRiVBJSu03PwccsGjVR3gIMYz1
VZICCOhPG1Hvhvxr9.nawt1:wy.te3
4kdGnieA2Z0i17i8

(Signed) _____
Officer or Administrator of Provider(s)
Title _____
Date 11/28/11

	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	1,632,184	-134,383	0	0	1.00
2.00 Subprovider - IPF	0	0	1		0	2.00
3.00 Subprovider - IRF	0	170,988	141		0	3.00
4.00 SUBPROVIDER I	0	0	0		0	4.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
7.00 Skilled Nursing Facility	0	0	0		0	7.00
8.00 Nursing Facility	0				0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00 RURAL HEALTH CLINIC I	0				0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0				0	11.00
12.00 CMHC I	0				0	12.00
200.00 Total	0	1,803,172	-134,241	0	0	200.00

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated.

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

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1. Electronically filed cost report
 2. Manually submitted cost report
 3. If this is an amended report enter the number of times the provider resubmitted this cost report
 4. Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only

5. Cost Report Status
 (1) As Submitted
 (2) Settled without Audit
 (3) Settled with Audit
 (4) Reopened
 (5) Amended

6. Date Received:
 7. Contractor No.
 8. Initial Report for this Provider CCN
 9. Final Report for this Provider CCN

10. NPR Date:
 11. Contractor's Vendor Code:
 12. If line 5, column 1 is 4: Enter number of times reopened = 0-9.

Date: 11/28/2011 Time: 10:43 am

PART II - CERTIFICATION

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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 LOUIS A. WEISS MEMORIAL HOSPITAL for the cost reporting period beginning 06/01/2010 and ending 05/31/2011 and to the best of my knowledge and belief, it is a true, correct and complete statement prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services identified in this cost report were provided in compliance with such laws and regulations.

Encryption Information

ECR: Date: 11/28/2011 Time: 10:43 am
 rmtMQjB:A3lLMW.OqjXqLU8osEmlI0
 5e.Fp0RS5O.rwsopUrZF6DAUDpJ5uw
 9f2016q8ih0k9oua
 PI: Date: 11/28/2011 Time: 10:43 am
 8YcyWRiVBJSu03PwccsGjVR3gIMYz1
 VZICCOhPG1Hvhvxr9.nAwT1:wy.tE3
 4kdGnieA2Z0i17i8

(Signed) _____
 Officer or Administrator of Provider(s)
 Title _____
 Date 11/28/11

	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	1,632,184	-134,383	0	0 1.00
2.00	Subprovider - IPF	0	0	1	0	0 2.00
3.00	Subprovider - IRF	0	170,988	141	0	0 3.00
4.00	SUBPROVIDER I	0	0	0	0	0 4.00
5.00	Swing bed - SNF	0	0	0	0	0 5.00
6.00	Swing bed - NF	0	0	0	0	0 6.00
7.00	Skilled Nursing Facility	0	0	0	0	0 7.00
8.00	Nursing Facility	0	0	0	0	0 8.00
9.00	HOME HEALTH AGENCY I	0	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	1,803,172	-134,241	0	0 200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 140082		Period: From 06/01/2010 To 05/31/2011		Worksheet S-2 Part I Date/Time Prepared: 11/28/2011 8:51 am				
1.00		2.00		3.00		4.00						
Hospital and Hospital Health Care Complex Address:												
1.00	Street: 4646 NORTH MARINE DRIVE			PO Box:				1.00				
2.00	City: CHICAGO			State: IL		Zip Code: 60640		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	V	XVIII	XIX	
Hospital and Hospital-Based Component Identification:												
3.00	Hospital			LOUIS A. WEISS MEMORIAL HOSPITAL	140082	16974	1	07/01/1966	N	P	N	3.00
4.00	Subprovider - IPF			PSYCH UNIT	14S082	16974	4	06/01/2003	N	P	N	4.00
5.00	Subprovider - IRF			REHABILITATION UNIT	14T082	16974	5	07/01/1996	N	P	N	5.00
6.00	Subprovider - (Other)											6.00
7.00	Swing Beds - SNF								N	N	N	7.00
8.00	Swing Beds - NF								N	N	N	8.00
9.00	Hospital-Based SNF								N	N	N	9.00
10.00	Hospital-Based NF								N	N	N	10.00
11.00	Hospital-Based OLTC								N	N	N	11.00
12.00	Hospital-Based HHA								N	N	N	12.00
13.00	Separately Certified ASC								N	N	N	13.00
14.00	Hospital-Based Hospice								N	N	N	14.00
15.00	Hospital-Based Health Clinic - RHC								N	N	N	15.00
16.00	Hospital-Based Health Clinic - FQHC								N	N	N	16.00
17.00	Hospital-Based (CMHC) 1								N	N	N	17.00
17.10	Hospital-Based (CORF) 1								N	N	N	17.10
18.00	Renal Dialysis								N	N	N	18.00
19.00	Other								N	N	N	19.00
								From:	To:			
								1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)							06/01/2010	05/31/2011		20.00	
21.00	Type of Control (see instructions)							4		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.							2		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.			8,598	678	0	5	54	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 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.			466	603	0	0	0	0		25.00	
								1.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter (1) for urban or (2) for rural.									1		26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period? Enter (1) for urban or (2) for rural.									1		27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.									0		35.00
								Beginning:	Ending:			
								1.00	2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.											36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.									0		37.00
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.											38.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140082	Period: From 06/01/2010 To 05/31/2011	Worksheet S-2 Part I Date/Time Prepared: 11/28/2011 8:51 am		
		V	XVIII	XIX		
		1.00	2.00	3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N	45.00	
46.00	Is this facility eligible for the special exceptions payment pursuant to 42 CFR Section §412.348(g)? If yes, complete worksheet L, Part III and L-1, Parts I through III	N	N	N	46.00	
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N	47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00	
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y			56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete worksheet E-4. If column 2 is "N", complete worksheet D, Part III & IV and D-2, Part II, if applicable.	Y	Y		57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete worksheet D-5.	N			58.00	
59.00	Are costs claimed on line 100 of worksheet A? If yes, complete worksheet D-2, Part I.	N			59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y			60.00	
		Y/N	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)	Y			63.00	
		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
		1.00	2.00	3.00		
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. 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)	0.92	36.47	0.024606	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)	INTERNAL MEDICINE	1400	2.62	35.90	0.068017
				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)		0.92	36.47	0.024606		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)	INTERNAL MEDICINE	1400	2.62	35.90	0.068017		
						1.00	2.00	3.00
Inpatient Psychiatric Facility PPS								
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.				Y		70.00	
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)				N	0	71.00	
Inpatient Rehabilitation Facility PPS								
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.				Y		75.00	
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)				N	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	80.00	
TEFRA Providers								
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.					N	85.00	
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.					N	86.00	
					V	XIX		
					1.00	2.00		
Title V or XIX Inpatient Services								
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.				Y	Y	90.00	
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.				Y	Y	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	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	
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	

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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)				106.00
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&RS in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)				107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N			108.00
		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.				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.			1	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)	Y		44H108	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: VANGUARD HEALTH SYSTEMS	Contractor's Name: CAHABA GBA		Contractor's Number: 00011	
142.00	Street: 20 BURTON BLVD. SUITE 100	PO Box:			
143.00	City: NASHVILLE	State: AL		Zip Code: 37215	
				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: 140082	Period: From 06/01/2010 To 05/31/2011	Worksheet S-2 Part I Date/Time Prepared: 11/28/2011 8:51 am
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		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 the 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	
	Multicampus			
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.		N	165.00

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

			1.00	
	Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act			
167.00	Is this provider a meaningful user under section §1886(n)? Enter "Y" for yes or "N" for no.		N	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)			0168.00
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)			0.00169.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140082	Period: From 06/01/2010 To 05/31/2011	Worksheet S-2 Part II Date/Time Prepared: 11/28/2011 8:51 am
		Y/N	Date	
		1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.				
COMPLETED BY ALL HOSPITALS				
Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00
		Y/N	Date	V/I
		1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y		3.00
		Y/N	Type	Date
		1.00	2.00	3.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y		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.			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.		N	15.00
			Part A	
	Description	Y/N	Date	
	0	1.00	2.00	
PS&R Data				
16.00	was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	08/31/2011	16.00
17.00	was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for other? Describe the other adjustments:	N		20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider CCN: 140082	Period: From 06/01/2010 To 05/31/2011	Worksheet S-2 Part II Date/Time Prepared: 11/28/2011 8:51 am
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		Part A		
Description		Y/N	Date	
	0	1.00	2.00	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		21.00
				1.00
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)				
Capital Related Cost				
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions	N		22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.	N		23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			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.	N		26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.	N		27.00
Interest Expense				
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.	N		28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions	N		29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.	N		30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.	N		31.00
Purchased Services				
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			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.	Y		34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.	Y		35.00
		Y/N	Date	
		1.00	2.00	
Home Office Costs				
36.00	were home office costs claimed on the cost report?	Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.	Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.	Y	06/30/2011	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.	N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.	N		40.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 140082

Period:
From 06/01/2010
To 05/31/2011

Worksheet S-2
Part II
Date/Time Prepared:
11/28/2011 8:51 am

		Part B		
		Y/N	Date	
		3.00	4.00	
	PS&R Data			
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see instructions)	Y	08/31/2011	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		20.00
21.00	was the cost report prepared only using the provider's records? If yes, see instructions.	N		21.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA	Provider CCN: 140082	Period: From 06/01/2010 To 05/31/2011	Worksheet S-3 Part I Date/Time Prepared: 11/28/2011 8:51 am
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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	148	54,020	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)		148	54,020	0.00	7.00
8.00 INTENSIVE CARE UNIT	31.00	16	5,840	0.00	8.00
9.00 CORONARY CARE UNIT	32.00	0	0	0.00	9.00
10.00 BURN INTENSIVE CARE UNIT	33.00	0	0	0.00	10.00
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	11.00
12.00 OTHER SPECIAL CARE (SPECIFY)					12.00
13.00 NURSERY	43.00				13.00
14.00 Total (see instructions)		164	59,860	0.00	14.00
15.00 CAH visits					15.00
16.00 SUBPROVIDER - IPF	40.00	10	3,650		16.00
17.00 SUBPROVIDER - IRF	41.00	26	9,490		17.00
18.00 SUBPROVIDER	42.00	0	0		18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0		19.00
20.00 NURSING FACILITY	45.00	0	0		20.00
21.00 OTHER LONG TERM CARE	46.00	0	0		21.00
22.00 HOME HEALTH AGENCY	101.00				22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	115.00				23.00
24.00 HOSPICE	116.00	0	0		24.00
25.00 CMHC - CMHC	99.00				25.00
25.10 CMHC - CORF	99.10				25.10
26.00 RURAL HEALTH CLINIC	88.00				26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				26.25
27.00 Total (sum of lines 14-26)		200			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: 140082

Period:
From 06/01/2010
To 05/31/2011

Worksheet S-3
Part I
Date/Time Prepared:
11/28/2011 8:51 am

Cost Center Description	I/P Days / O/P Visits / Trips				Total All Patients	
	Title V	Title XVIII	Title XIX			
	5.00	6.00	7.00	8.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	0	16,973	9,335	31,190		1.00
2.00 HMO		1,234	0			2.00
3.00 HMO IPF		0	0			3.00
4.00 HMO IRF		0	0			4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0	0		5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0	0		6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	0	16,973	9,335	31,190		7.00
8.00 INTENSIVE CARE UNIT	0	2,594	0	4,755		8.00
9.00 CORONARY CARE UNIT	0	0	0	0		9.00
10.00 BURN INTENSIVE CARE UNIT	0	0	0	0		10.00
11.00 SURGICAL INTENSIVE CARE UNIT	0	0	0	0		11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	0		0	0		13.00
14.00 Total (see instructions)	0	19,567	9,335	35,945		14.00
15.00 CAH visits	0	0	0	0		15.00
16.00 SUBPROVIDER - IPF	0	2,376	0	2,995		16.00
17.00 SUBPROVIDER - IRF	0	2,317	0	3,674		17.00
18.00 SUBPROVIDER	0	0	0	0		18.00
19.00 SKILLED NURSING FACILITY	0	0	0	0		19.00
20.00 NURSING FACILITY	0		0	0		20.00
21.00 OTHER LONG TERM CARE				0		21.00
22.00 HOME HEALTH AGENCY	0	0	0	0		22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)				0		23.00
24.00 HOSPICE		0	0	0		24.00
25.00 CMHC - CMHC	0	0	0	0		25.00
25.10 CMHC - CORF	0	0	0	0		25.10
26.00 RURAL HEALTH CLINIC	0	0	0	0		26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0		26.25
27.00 Total (sum of lines 14-26)						27.00
28.00 Observation Bed Days	0		0	910		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: 140082

Period:
From 06/01/2010
To 05/31/2011

Worksheet S-3
Part I
Date/Time Prepared:
11/28/2011 8:51 am

Cost Center Description	Full Time Equivalents			Discharges		
	Total Interns & Residents	Employees On Payroll	Nonpaid workers	Title V	Title XVIII	
	9.00	10.00	11.00	12.00	13.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)				0	3,653	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)	72.37	894.85	0.00	0	3,653	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	14.45	0.00	0	275	16.00
17.00 SUBPROVIDER - IRF	0.00	18.87	0.00	0	234	17.00
18.00 SUBPROVIDER	0.00	0.00	0.00	0	0	18.00
19.00 SKILLED NURSING FACILITY	0.00	0.00	0.00			19.00
20.00 NURSING FACILITY	0.00	0.00	0.00			20.00
21.00 OTHER LONG TERM CARE	0.00	0.00	0.00			21.00
22.00 HOME HEALTH AGENCY	0.00	0.00	0.00			22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	0.00	0.00	0.00			23.00
24.00 HOSPICE	0.00	0.00	0.00			24.00
25.00 CMHC - CMHC	0.00	0.00	0.00			25.00
25.10 CMHC - CORF	0.00	0.00	0.00			25.10
26.00 RURAL HEALTH CLINIC	0.00	0.00	0.00			26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00	0.00	0.00			26.25
27.00 Total (sum of lines 14-26)	72.37	928.17	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: 140082

Period:
From 06/01/2010
To 05/31/2011

Worksheet S-3
Part I
Date/Time Prepared:
11/28/2011 8:51 am

Cost Center Description	Discharges			
	Title XIX	Total All Patients		
	14.00	15.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	1,895	7,232		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)	1,895	7,232		14.00
15.00 CAH visits				15.00
16.00 SUBPROVIDER - IPF	36	339		16.00
17.00 SUBPROVIDER - IRF	57	371		17.00
18.00 SUBPROVIDER	0	0		18.00
19.00 SKILLED NURSING FACILITY				19.00
20.00 NURSING FACILITY				20.00
21.00 OTHER LONG TERM CARE		0		21.00
22.00 HOME HEALTH AGENCY				22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)				23.00
24.00 HOSPICE				24.00
25.00 CMHC - CMHC				25.00
25.10 CMHC - CORF				25.10
26.00 RURAL HEALTH CLINIC				26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER				26.25
27.00 Total (sum of lines 14-26)				27.00
28.00 Observation Bed Days				28.00
28.01 SUBPROVIDER - IPF				28.01
28.02 SUBPROVIDER - IRF				28.02
28.03 SUBPROVIDER				28.03
29.00 Ambulance Trips				29.00
30.00 Employee discount days (see instruction)				30.00
31.00 Employee discount days - IRF				31.00
32.00 Labor & delivery days (see instructions)				32.00
33.00 LTCH non-covered days				33.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 140082	Period: From 06/01/2010 To 05/31/2011	Worksheet S-3 Part II Date/Time Prepared: 11/28/2011 8:51 am
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Worksheet A Line Number	Amount Reported	Salary Adjustments for Vacation, Holiday, Sick, Other Paid Time Off, Severance, and Bonus, Paid to Employees and Not Reflected in Column 2	Reclassificati on of Salaries (from Worksheet A-6)	Adjusted Salaries (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	57,058,813	0	0	57,058,813	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		0	0	0	0	4.00
5.00	Physician-Part B		0	0	0	0	5.00
6.00	Non-physician-Part B		0	0	0	0	6.00
7.00	Interns & residents (in an approved program)	21.00	3,196,504	0	0	3,196,504	7.00
8.00	Home office personnel		0	0	0	0	8.00
9.00	SNF	44.00	0	0	0	0	9.00
10.00	Excluded area salaries (see instructions)		4,267,937	0	0	4,267,937	10.00
OTHER WAGES & RELATED COSTS							
11.00	Contract labor (see instructions)		458,881	0	0	458,881	11.00
12.00	Management and administrative services		0	0	0	0	12.00
13.00	Contract labor: physician-Part A		2,208,942	0	0	2,208,942	13.00
14.00	Home office salaries & wage-related costs		2,235,932	0	0	2,235,932	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		9,108,544	0	0	9,108,544	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		424,084	0	0	424,084	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		0	0	0	0	22.00
23.00	Physician Part B		0	0	0	0	23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0	0	24.00
25.00	Interns & residents (in an approved program)		173,006	0	0	173,006	25.00
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits	4.00	531,696	0	0	531,696	26.00
27.00	Administrative & General	5.00	8,454,766	0	0	8,454,766	27.00
28.00	Administrative & General under contract (see inst.)		0	0	0	0	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0	29.00
30.00	Operation of Plant	7.00	1,478,444	0	0	1,478,444	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0	31.00
32.00	Housekeeping	9.00	989,833	0	0	989,833	32.00
33.00	Housekeeping under contract (see instructions)		181,022	0	0	181,022	33.00
34.00	Dietary	10.00	1,037,367	0	0	1,037,367	34.00
35.00	Dietary under contract (see instructions)		71,335	0	0	71,335	35.00
36.00	Cafeteria	11.00	0	0	0	0	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0	37.00
38.00	Nursing Administration	13.00	1,085,860	0	0	1,085,860	38.00
39.00	Central Services and Supply	14.00	355,889	0	0	355,889	39.00
40.00	Pharmacy	15.00	1,582,714	0	0	1,582,714	40.00
41.00	Medical Records & Medical Records Library	16.00	1,177,788	0	0	1,177,788	41.00
42.00	Social Service	17.00	241,562	0	0	241,562	42.00
43.00	Other General Service	18.00	0	0	0	0	43.00

Provider CCN: 140082

Period:
From 06/01/2010
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Worksheet S-3
Part II
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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)	1,930,587.00	29.56
2.00	Non-physician anesthetist Part A	0.00	0.00
3.00	Non-physician anesthetist Part B	0.00	0.00
4.00	Physician-Part A	0.00	0.00
5.00	Physician-Part B	0.00	0.00
6.00	Non-physician-Part B	0.00	0.00
7.00	Interns & residents (in an approved program)	127,696.00	25.03
8.00	Home office personnel	0.00	0.00
9.00	SNF	0.00	0.00
10.00	Excluded area salaries (see instructions)	124,689.00	34.23
OTHER WAGES & RELATED COSTS			
11.00	Contract labor (see instructions)	8,350.00	54.96
12.00	Management and administrative services	0.00	0.00
13.00	Contract labor: physician-Part A	14,626.00	151.03
14.00	Home office salaries & wage-related costs	38,399.00	58.23
15.00	Home office: physician Part A	0.00	0.00
16.00	Teaching physician salaries (see instructions)	0.00	0.00
WAGE-RELATED COSTS			
17.00	Wage-related costs (core) wkst S-3, Part IV line 24		
18.00	Wage-related costs (other)wkst S-3, Part IV line 25		
19.00	Excluded areas		
20.00	Non-physician anesthetist Part A		
21.00	Non-physician anesthetist Part B		
22.00	Physician Part A		
23.00	Physician Part B		
24.00	Wage-related costs (RHC/FQHC)		
25.00	Interns & residents (in an approved program)		
OVERHEAD COSTS - DIRECT SALARIES			
26.00	Employee Benefits	15,599.00	34.09
27.00	Administrative & General	257,054.00	32.89
28.00	Administrative & General under contract (see inst.)	0.00	0.00
29.00	Maintenance & Repairs	0.00	0.00
30.00	Operation of Plant	62,567.00	23.63
31.00	Laundry & Linen Service	0.00	0.00
32.00	Housekeeping	70,467.00	14.05
33.00	Housekeeping under contract (see instructions)	8,986.00	20.14
34.00	Dietary	60,800.00	17.06
35.00	Dietary under contract (see instructions)	4,061.00	17.57
36.00	Cafeteria	0.00	0.00
37.00	Maintenance of Personnel	0.00	0.00
38.00	Nursing Administration	27,127.00	40.03
39.00	Central Services and Supply	17,354.00	20.51
40.00	Pharmacy	46,898.00	33.75
41.00	Medical Records & Medical Records Library	46,964.00	25.08
42.00	Social Service	8,475.00	28.50
43.00	Other General Service	0.00	0.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140082

Period:
From 06/01/2010
To 05/31/2011

Worksheet S-3
Part III
Date/Time Prepared:
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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	Reclassificati on of Salaries (from worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	
	1.00	2.00	2.50	3.00	4.00	
PART III - HOSPITAL WAGE INDEX SUMMARY						
1.00	Net salaries (see instructions)	54,114,666	0	0	54,114,666	1.00
2.00	Excluded area salaries (see instructions)	4,267,937	0	0	4,267,937	2.00
3.00	Subtotal salaries (line 1 minus line 2)	49,846,729	0	0	49,846,729	3.00
4.00	Subtotal other wages & related costs (see inst.)	4,903,755	0	0	4,903,755	4.00
5.00	Subtotal wage-related costs (see inst.)	9,108,544	0	0	9,108,544	5.00
6.00	Total (sum of lines 3 thru 5)	63,859,028	0	0	63,859,028	6.00
7.00	Total overhead cost (see instructions)	17,188,276	0	0	17,188,276	7.00

HOSPITAL WAGE INDEX INFORMATION

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Worksheet S-3
Part III
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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)	1,815,938.00	29.80	1.00
2.00	Excluded area salaries (see instructions)	124,689.00	34.23	2.00
3.00	Subtotal salaries (line 1 minus line 2)	1,691,249.00	29.47	3.00
4.00	Subtotal other wages & related costs (see inst.)	61,375.00	79.90	4.00
5.00	Subtotal wage-related costs (see inst.)	0.00	18.27	5.00
6.00	Total (sum of lines 3 thru 5)	1,752,624.00	36.44	6.00
7.00	Total overhead cost (see instructions)	626,352.00	27.44	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 140082	Period: From 06/01/2010 To 05/31/2011	Worksheet S-3 Part IV Date/Time Prepared: 11/28/2011 8:51 am
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		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Qualified and Non-Qualified Pension Plan Cost	364,571	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)	3,933,224	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	134,546	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	212,929	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)	0	14.00
15.00	'workers' Compensation Insurance	811,459	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	3,327,565	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	0	19.00
20.00	State or Federal Unemployment Taxes	324,250	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	0	23.00
24.00	Total wage Related cost (Sum of lines 1 -23)	9,108,544	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: 140082

Period:
From 06/01/2010
To 05/31/2011

Worksheet S-3
Part V
Date/Time Prepared:
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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	1,282,581	9,705,635	1.00
2.00	Hospital	1,277,555	9,523,447	2.00
3.00	Subprovider - IPF	0	81,057	3.00
4.00	Subprovider - IRF	5,026	101,131	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	0	8.00
9.00	Hospital-Based NF	0	0	9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC	0	0	12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC	0	0	16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis	0	0	17.00
18.00	OTHER (SPECIFY)	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 140082	Period: From 06/01/2010 To 05/31/2011	Worksheet S-10 Date/Time Prepared: 11/28/2011 8:51 am
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			1.00	
Uncompensated and indigent care cost computation				
1.00	Cost to charge ratio (worksheet C, Part I line 200 column 3 divided by line 200 column 8)		0.226955	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		16,595,411	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		8,465,206	5.00
6.00	Medicaid charges		114,015,897	6.00
7.00	Medicaid cost (line 1 times line 6)		25,876,478	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)		815,861	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)		815,861	19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)
		1.00	2.00	3.00
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	17,440,773	0	17,440,773
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	3,958,271	0	3,958,271
22.00	Partial payment by patients approved for charity care	1,250	0	1,250
23.00	Cost of charity care (line 21 minus line 22)	3,957,021	0	3,957,021
				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)		7,569,734	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		2,238,782	27.00
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)		5,330,952	28.00
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)		1,209,886	29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)		5,166,907	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		5,982,768	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 140082	Period: From 06/01/2010 To 05/31/2011	Worksheet A Date/Time Prepared: 11/28/2011 8:51 am
Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)
	1.00	2.00	3.00	4.00	5.00
GENERAL SERVICE COST CENTERS					
1.00 CAP REL COSTS-BLDG & FIXT		0	0	1,310,115	1,310,115
2.00 CAP REL COSTS-MVBLE EQUIP		0	0	879,245	879,245
3.00 OTHER CAP REL COSTS		0	0	0	0
4.00 EMPLOYEE BENEFITS	531,696	5,595,946	6,127,642	-16,829	6,110,813
5.00 ADMINISTRATIVE & GENERAL	8,454,766	37,923,570	46,378,336	-1,120,311	45,258,025
6.00 MAINTENANCE & REPAIRS	0	0	0	0	0
7.00 OPERATION OF PLANT	1,478,444	4,309,995	5,788,439	-7,809	5,780,630
8.00 LAUNDRY & LINEN SERVICE	0	513,933	513,933	26,178	540,111
9.00 HOUSEKEEPING	989,833	682,853	1,672,686	-2,667	1,670,019
10.00 DIETARY	1,037,367	1,474,792	2,512,159	-505	2,511,654
11.00 CAFETERIA	0	0	0	0	0
12.00 MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00 NURSING ADMINISTRATION	1,085,860	222,298	1,308,158	-5,092	1,303,066
14.00 CENTRAL SERVICES & SUPPLY	355,889	602,238	958,127	325,371	1,283,498
15.00 PHARMACY	1,582,714	3,288,944	4,871,658	-1,510,149	3,361,509
16.00 MEDICAL RECORDS & LIBRARY	1,177,788	249,497	1,427,285	-2,255	1,425,030
17.00 SOCIAL SERVICE	241,562	21,646	263,208	0	263,208
18.00 OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00 NURSING SCHOOL	0	0	0	0	0
21.00 I&R SERVICES-SALARY & FRINGES APPRV	3,196,504	0	3,196,504	0	3,196,504
22.00 I&R SERVICES-OTHER PRGM COSTS APPRV	0	2,884,056	2,884,056	-11,504	2,872,552
23.00 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 ADULTS & PEDIATRICS	10,381,456	2,429,540	12,810,996	-657,220	12,153,776
31.00 INTENSIVE CARE UNIT	2,839,357	1,229,172	4,068,529	-416,179	3,652,350
32.00 CORONARY CARE UNIT	0	0	0	0	0
33.00 BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00 SUBPROVIDER - IPF	1,017,536	149,685	1,167,221	-14,287	1,152,934
41.00 SUBPROVIDER - IRF	1,164,145	646,123	1,810,268	-38,277	1,771,991
42.00 SUBPROVIDER	0	0	0	0	0
43.00 NURSERY	0	0	0	0	0
44.00 SKILLED NURSING FACILITY	0	0	0	0	0
45.00 NURSING FACILITY	0	0	0	0	0
46.00 OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS					
50.00 OPERATING ROOM	4,135,967	15,329,685	19,465,652	-9,601,027	9,864,625
50.01 GASTRO INTESTINAL SERVICES	602,286	360,862	963,148	-177,111	786,037
51.00 RECOVERY ROOM	792,251	123,061	915,312	-45,438	869,874
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00 ANESTHESIOLOGY	198,983	452,434	651,417	-387,189	264,228
54.00 RADIOLOGY-DIAGNOSTIC	1,771,434	1,444,981	3,216,415	-346,735	2,869,680
54.01 ULTRA SOUND	220,758	20,503	241,261	-3,334	237,927
55.00 RADIOLOGY-THERAPEUTIC	290,553	284,631	575,184	-9,886	565,298
56.00 RADIOISOTOPE	259,289	363,816	623,105	-4,655	618,450
56.01 VASCULAR LAB	255,955	27,301	283,256	-786	282,470
56.02 STRAUSS ONCOLOGY	523,174	4,419,409	4,942,583	-616,532	4,326,051
57.00 CT SCAN	490,375	404,358	894,733	-75,853	818,880
58.00 MRI	161,959	108,457	270,416	-27,106	243,310
59.00 CARDIAC CATHETERIZATION	496,591	1,131,277	1,627,868	-861,706	766,162
60.00 LABORATORY	1,344,932	1,918,563	3,263,495	-63,266	3,200,229
60.01 BLOOD LABORATORY	0	0	0	0	0
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0
63.00 BLOOD STORING, PROCESSING & TRANS.	0	1,029,380	1,029,380	0	1,029,380
64.00 INTRAVENOUS THERAPY	0	0	0	0	0
65.00 RESPIRATORY THERAPY	1,201,896	403,654	1,605,550	-189,407	1,416,143
66.00 PHYSICAL THERAPY	2,096,150	237,508	2,333,658	-8,468	2,325,190
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0
68.00 SPEECH PATHOLOGY	1,886	5,947	7,833	-4,441	3,392
69.00 ELECTROCARDIOLOGY	549,267	234,253	783,520	-15,941	767,579
70.00 ELECTROENCEPHALOGRAPHY	55,803	6,797	62,600	-1,128	61,472
71.00 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	4,723,985	4,723,985
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	7,375,749	7,375,749
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	2,226,083	2,226,083
74.00 RENAL DIALYSIS	0	478,572	478,572	-3,060	475,512
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0
76.00 WOUND CARE	292,063	195,176	487,239	-118,812	368,427
OUTPATIENT SERVICE COST CENTERS					
88.00 RURAL HEALTH CLINIC	0	0	0	0	0

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140082

Period:
From 06/01/2010
To 05/31/2011

Worksheet A

Date/Time Prepared:
11/28/2011 8:51 am

Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
	1.00	2.00	3.00	4.00	5.00	
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	1,164,433	458,264	1,622,697	-136,188	1,486,509	90.00
91.00 EMERGENCY	2,531,635	1,821,713	4,353,348	-310,830	4,042,518	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE (SPECIFY)	0	0	0	0	0	98.00
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	54,972,557	93,484,890	148,457,447	54,743	148,512,190	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 RESEARCH	0	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	1,481,589	1,327,573	2,809,162	-27,949	2,781,213	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 MARKETING	604,667	1,789,162	2,393,829	0	2,393,829	194.00
194.01 HOSPICE	0	35,883	35,883	-26,794	9,089	194.01
194.02 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.02
194.03 VACANT AREA	0	0	0	0	0	194.03
194.04 LAKEFRONT	0	0	0	0	0	194.04
200.00 TOTAL (SUM OF LINES 118-199)	57,058,813	96,637,508	153,696,321	0	153,696,321	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES	Provider CCN: 140082	Period: From 06/01/2010 To 05/31/2011	Worksheet A Date/Time Prepared: 11/28/2011 8:51 am
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Cost Center Description	Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
GENERAL SERVICE COST CENTERS			
1.00 CAP REL COSTS-BLDG & FIXT	2,469,158	3,779,273	1.00
2.00 CAP REL COSTS-MVBLE EQUIP	5,297,603	6,176,848	2.00
3.00 OTHER CAP REL COSTS	0	0	3.00
4.00 EMPLOYEE BENEFITS	-423,165	5,687,648	4.00
5.00 ADMINISTRATIVE & GENERAL	-24,243,540	21,014,485	5.00
6.00 MAINTENANCE & REPAIRS	0	0	6.00
7.00 OPERATION OF PLANT	1,610	5,782,240	7.00
8.00 LAUNDRY & LINEN SERVICE	0	540,111	8.00
9.00 HOUSEKEEPING	-75	1,669,944	9.00
10.00 DIETARY	-427,940	2,083,714	10.00
11.00 CAFETERIA	0	0	11.00
12.00 MAINTENANCE OF PERSONNEL	0	0	12.00
13.00 NURSING ADMINISTRATION	-1,445	1,301,621	13.00
14.00 CENTRAL SERVICES & SUPPLY	-15,777	1,267,721	14.00
15.00 PHARMACY	-506,085	2,855,424	15.00
16.00 MEDICAL RECORDS & LIBRARY	-9,531	1,415,499	16.00
17.00 SOCIAL SERVICE	0	263,208	17.00
18.00 OTHER GENERAL SERVICE (SPECIFY)	0	0	18.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00 NURSING SCHOOL	0	0	20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRV	0	3,196,504	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRV	-131,165	2,741,387	22.00
23.00 PARAMED ED PRGM-(SPECIFY)	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00 ADULTS & PEDIATRICS	-303,820	11,849,956	30.00
31.00 INTENSIVE CARE UNIT	-371,792	3,280,558	31.00
32.00 CORONARY CARE UNIT	0	0	32.00
33.00 BURN INTENSIVE CARE UNIT	0	0	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00 SUBPROVIDER - IPF	-18,235	1,134,699	40.00
41.00 SUBPROVIDER - IRF	-61,962	1,710,029	41.00
42.00 SUBPROVIDER	0	0	42.00
43.00 NURSERY	0	0	43.00
44.00 SKILLED NURSING FACILITY	0	0	44.00
45.00 NURSING FACILITY	0	0	45.00
46.00 OTHER LONG TERM CARE	0	0	46.00
ANCILLARY SERVICE COST CENTERS			
50.00 OPERATING ROOM	-1,433,658	8,430,967	50.00
50.01 GASTRO INTESTINAL SERVICES	-3,161	782,876	50.01
51.00 RECOVERY ROOM	-26	869,848	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 ANESTHESIOLOGY	0	264,228	53.00
54.00 RADIOLOGY-DIAGNOSTIC	-660,585	2,209,095	54.00
54.01 ULTRA SOUND	-1,869	236,058	54.01
55.00 RADIOLOGY-THERAPEUTIC	-67,047	498,251	55.00
56.00 RADIOISOTOPE	0	618,450	56.00
56.01 VASCULAR LAB	-880	281,590	56.01
56.02 STRAUSS ONCOLOGY	-58,983	4,267,068	56.02
57.00 CT SCAN	-9,169	809,711	57.00
58.00 MRI	-38	243,272	58.00
59.00 CARDIAC CATHETERIZATION	-82,918	683,244	59.00
60.00 LABORATORY	-26,716	3,173,513	60.00
60.01 BLOOD LABORATORY	0	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	-8,775	1,020,605	63.00
64.00 INTRAVENOUS THERAPY	0	0	64.00
65.00 RESPIRATORY THERAPY	-91,712	1,324,431	65.00
66.00 PHYSICAL THERAPY	-6,660	2,318,530	66.00
67.00 OCCUPATIONAL THERAPY	0	0	67.00
68.00 SPEECH PATHOLOGY	0	3,392	68.00
69.00 ELECTROCARDIOLOGY	-1,694	765,885	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	61,472	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENT	0	4,723,985	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	7,375,749	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	2,226,083	73.00
74.00 RENAL DIALYSIS	0	475,512	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	75.00
76.00 WOUND CARE	-12,922	355,505	76.00
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	-67,591	1,418,918	90.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140082

Period:
From 06/01/2010
To 05/31/2011

Worksheet A
Date/Time Prepared:
11/28/2011 8:51 am

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
91.00	EMERGENCY	6.00	7.00	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	-1,054,693	2,987,825	92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	OTHER REIMBURSABLE (SPECIFY)	0	0	98.00
99.00	CMHC	0	0	99.00
99.10	CORF	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS				
105.00	KIDNEY ACQUISITION	0	0	105.00
106.00	HEART ACQUISITION	0	0	106.00
107.00	LIVER ACQUISITION	0	0	107.00
108.00	LUNG ACQUISITION	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	110.00
111.00	ISLET ACQUISITION	0	0	111.00
113.00	INTEREST EXPENSE	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	HOSPICE	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	-22,335,258	126,176,932	118.00
NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
191.00	RESEARCH	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	-20,305	2,760,908	192.00
193.00	NONPAID WORKERS	0	0	193.00
194.00	MARKETING	0	2,393,829	194.00
194.01	HOSPICE	0	9,089	194.01
194.02	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.02
194.03	VACANT AREA	0	0	194.03
194.04	LAKEFRONT	0	0	194.04
200.00	TOTAL (SUM OF LINES 118-199)	-22,355,563	131,340,758	200.00

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - LEASES					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	234,352	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	879,245	2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	8,284	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
TOTALS			0	1,121,881	
B - PROPERTY TAXES					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,075,763	1.00
TOTALS			0	1,075,763	
C - BILLABLE DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	2,226,083	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
28.00		0.00	0	0	28.00
TOTALS			0	2,226,083	
D - LAUNDRY					
1.00	LAUNDRY & LINEN SERVICE	8.00	0	55,886	1.00
TOTALS			0	55,886	
E - BILLABLE MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	4,723,985	1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	391,387	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

Provider CCN: 140082

Period:
From 06/01/2010
To 05/31/2011

worksheet A-6

Date/Time Prepared:
11/28/2011 8:51 am

	Increases					
	Cost Center 2.00	Line # 3.00	Salary 4.00	Other 5.00		
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
	TOTALS		0	5,115,372		
	F - IMPLANTABLE DEVICES					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	7,375,749		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
	TOTALS		0	7,375,749		
500.00	Grand Total: Increases		0	16,970,734		500.00

RECLASSIFICATIONS

Provider CCN: 140082

Period:
From 06/01/2010
To 05/31/2011

Worksheet A-6

Date/Time Prepared:
11/28/2011 8:51 am

		Decreases					
	Cost Center	Line #	Salary	Other	wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
A - LEASES							
1.00	EMPLOYEE BENEFITS	4.00	0	8,545	10		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	42,232	10		2.00
3.00	OPERATION OF PLANT	7.00	0	7,269	0		3.00
4.00	DIETARY	10.00	0	491	0		4.00
5.00	NURSING ADMINISTRATION	13.00	0	4,715	0		5.00
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	66,016	0		6.00
7.00	PHARMACY	15.00	0	1,317	0		7.00
8.00	MEDICAL RECORDS & LIBRARY	16.00	0	2,255	0		8.00
9.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	11,475	0		9.00
10.00	ADULTS & PEDIATRICS	30.00	0	6,039	0		10.00
11.00	INTENSIVE CARE UNIT	31.00	0	21,502	0		11.00
12.00	SUBPROVIDER - IPF	40.00	0	663	0		12.00
13.00	SUBPROVIDER - IRF	41.00	0	1,314	0		13.00
14.00	OPERATING ROOM	50.00	0	623,377	0		14.00
15.00	GASTRO INTESTINAL SERVICES	50.01	0	12,705	0		15.00
16.00	RADIOISOTOPE	56.00	0	288	0		16.00
17.00	RADIOLOGY-THERAPEUTIC	55.00	0	1,941	0		17.00
18.00	STRAUSS ONCOLOGY	56.02	0	143,378	0		18.00
19.00	MRI	58.00	0	2,500	0		19.00
20.00	CARDIAC CATHETERIZATION	59.00	0	288	0		20.00
21.00	LABORATORY	60.00	0	1,029	0		21.00
22.00	RESPIRATORY THERAPY	65.00	0	95,203	0		22.00
23.00	PHYSICAL THERAPY	66.00	0	1,518	0		23.00
24.00	ELECTROCARDIOLOGY	69.00	0	2,054	0		24.00
25.00	ELECTROENCEPHALOGRAPHY	70.00	0	375	0		25.00
26.00	WOUND CARE	76.00	0	1,497	0		26.00
27.00	CLINIC	90.00	0	36,842	0		27.00
28.00	EMERGENCY	91.00	0	2,190	0		28.00
29.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	22,863	0		29.00
	TOTALS		0	1,121,881			
B - PROPERTY TAXES							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	1,075,763	13		1.00
	TOTALS		0	1,075,763			
C - BILLABLE DRUGS							
1.00	EMPLOYEE BENEFITS	4.00	0	5,584	0		1.00
2.00	OPERATION OF PLANT	7.00	0	266	0		2.00
3.00	PHARMACY	15.00	0	1,503,731	0		3.00
4.00	ADULTS & PEDIATRICS	30.00	0	5,492	0		4.00
5.00	INTENSIVE CARE UNIT	31.00	0	946	0		5.00
6.00	SUBPROVIDER - IRF	41.00	0	237	0		6.00
7.00	SUBPROVIDER - IPF	40.00	0	20	0		7.00
8.00	OPERATING ROOM	50.00	0	69,317	0		8.00
9.00	GASTRO INTESTINAL SERVICES	50.01	0	3,997	0		9.00
10.00	ANESTHESIOLOGY	53.00	0	145,290	0		10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	3,451	0		11.00
12.00	ULTRA SOUND	54.01	0	17	0		12.00
13.00	RADIOISOTOPE	56.00	0	167	0		13.00
14.00	RADIOLOGY-THERAPEUTIC	55.00	0	52	0		14.00
15.00	STRAUSS ONCOLOGY	56.02	0	398,753	0		15.00
16.00	CT SCAN	57.00	0	49	0		16.00
17.00	MRI	58.00	0	37	0		17.00
18.00	CARDIAC CATHETERIZATION	59.00	0	91	0		18.00
19.00	LABORATORY	60.00	0	24	0		19.00
20.00	RESPIRATORY THERAPY	65.00	0	43	0		20.00
21.00	PHYSICAL THERAPY	66.00	0	21	0		21.00
22.00	ELECTROCARDIOLOGY	69.00	0	2,071	0		22.00
23.00	RENAL DIALYSIS	74.00	0	1,061	0		23.00
24.00	WOUND CARE	76.00	0	10,412	0		24.00
25.00	CLINIC	90.00	0	71,795	0		25.00
26.00	EMERGENCY	91.00	0	2,636	0		26.00
27.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	272	0		27.00
28.00	HOSPICE	194.01	0	251	0		28.00
	TOTALS		0	2,226,083			
D - LAUNDRY							
1.00	OPERATING ROOM	50.00	0	55,886	0		1.00
	TOTALS		0	55,886			
E - BILLABLE MEDICAL SUPPLIES							
1.00	EMPLOYEE BENEFITS	4.00	0	2,700	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	2,316	0		2.00
3.00	OPERATION OF PLANT	7.00	0	274	0		3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	0	29,708	0		4.00
5.00	HOUSEKEEPING	9.00	0	2,667	0		5.00

Provider CCN: 140082

Period:
From 06/01/2010
To 05/31/2011

Worksheet A-6
Date/Time Prepared:
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		Decreases					
	Cost Center	Line #	Salary	Other	wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
6.00	DIETARY	10.00	0	14	0		6.00
7.00	NURSING ADMINISTRATION	13.00	0	377	0		7.00
8.00	PHARMACY	15.00	0	5,101	0		8.00
9.00	I&R SERVICES-OTHER PRGM	22.00	0	29	0		9.00
	COSTS APPRV						
10.00	ADULTS & PEDIATRICS	30.00	0	645,689	0		10.00
11.00	INTENSIVE CARE UNIT	31.00	0	393,731	0		11.00
12.00	SUBPROVIDER - IRF	41.00	0	36,726	0		12.00
13.00	SUBPROVIDER - IPF	40.00	0	13,604	0		13.00
14.00	OPERATING ROOM	50.00	0	2,156,541	0		14.00
15.00	GASTRO INTESTINAL SERVICES	50.01	0	149,885	0		15.00
16.00	RECOVERY ROOM	51.00	0	45,438	0		16.00
17.00	ANESTHESIOLOGY	53.00	0	241,899	0		17.00
18.00	RADIOLOGY-DIAGNOSTIC	54.00	0	321,951	0		18.00
19.00	ULTRA SOUND	54.01	0	3,317	0		19.00
20.00	RADIOLOGY-THERAPEUTIC	55.00	0	7,893	0		20.00
21.00	RADIOISOTOPE	56.00	0	4,200	0		21.00
22.00	VASCULAR LAB	56.01	0	786	0		22.00
23.00	STRAUSS ONCOLOGY	56.02	0	74,401	0		23.00
24.00	CT SCAN	57.00	0	75,804	0		24.00
25.00	MRI	58.00	0	24,569	0		25.00
26.00	CARDIAC CATHETERIZATION	59.00	0	221,625	0		26.00
27.00	LABORATORY	60.00	0	62,213	0		27.00
28.00	RESPIRATORY THERAPY	65.00	0	94,161	0		28.00
29.00	PHYSICAL THERAPY	66.00	0	6,929	0		29.00
30.00	SPEECH PATHOLOGY	68.00	0	4,441	0		30.00
31.00	ELECTROCARDIOLOGY	69.00	0	11,816	0		31.00
32.00	ELECTROENCEPHALOGRAPHY	70.00	0	753	0		32.00
33.00	RENAL DIALYSIS	74.00	0	1,999	0		33.00
34.00	WOUND CARE	76.00	0	106,903	0		34.00
35.00	CLINIC	90.00	0	27,551	0		35.00
36.00	EMERGENCY	91.00	0	306,004	0		36.00
37.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	4,814	0		37.00
38.00	HOSPICE	194.01	0	26,543	0		38.00
	TOTALS		0	5,115,372			
	F - IMPLANTABLE DEVICES						
1.00	OPERATING ROOM	50.00	0	6,695,906	0		1.00
2.00	GASTRO INTESTINAL SERVICES	50.01	0	10,524	0		2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	29,617	0		3.00
4.00	CARDIAC CATHETERIZATION	59.00	0	639,702	0		4.00
	TOTALS		0	7,375,749			
500.00	Grand Total: Decreases		0	16,970,734			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140082

Period:
From 06/01/2010
To 05/31/2011

Worksheet A-7
Parts I-III
Date/Time Prepared:
11/28/2011 8:51 am

	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	2,829,328	0	0	0	1.00
2.00	Land Improvements	5,683,152	0	0	0	2.00
3.00	Buildings and Fixtures	52,850,400	321,015	0	321,015	3.00
4.00	Building Improvements	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	5.00
6.00	Movable Equipment	136,186,257	2,810,308	0	2,810,308	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	197,549,137	3,131,323	0	3,131,323	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	197,549,137	3,131,323	0	3,131,323	10.00
SUMMARY OF CAPITAL						
Cost Center Description	Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
	9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	3.00
COMPUTATION OF RATIOS						
Cost Center Description	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	ALLOCATION OF OTHER CAPITAL Ratio (see instructions)	Insurance	
	1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	58,854,566	0	58,854,566	0.297469	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	138,996,565	0	138,996,565	0.702531	2.00
3.00	Total (sum of lines 1-2)	197,851,131	0	197,851,131	1.000000	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140082

Period:
From 06/01/2010
To 05/31/2011

Worksheet A-7
Parts I-III
Date/Time Prepared:
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		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	2,829,328	0		1.00		
2.00	Land Improvements	5,683,152	0		2.00		
3.00	Buildings and Fixtures	53,171,415	0		3.00		
4.00	Building Improvements	0	0		4.00		
5.00	Fixed Equipment	0	0		5.00		
6.00	Movable Equipment	138,996,565	0		6.00		
7.00	HIT designated Assets	0	0		7.00		
8.00	Subtotal (sum of lines 1-7)	200,680,460	0		8.00		
9.00	Reconciling Items	0	0		9.00		
10.00	Total (line 8 minus line 9)	200,680,460	0		10.00		
SUMMARY OF CAPITAL							
Cost Center Description		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	0		1.00		
2.00	CAP REL COSTS-MVBLE EQUIP	0	0		2.00		
3.00	Total (sum of lines 1-2)	0	0		3.00		
ALLOCATION OF OTHER CAPITAL							
Cost Center Description		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	SUMMARY OF CAPITAL Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	1,671,397	234,352	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	4,943,246	879,245	2.00
3.00	Total (sum of lines 1-2)	0	0	0	6,614,643	1,113,597	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140082

Period:
From 06/01/2010
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Worksheet A-7
Parts I-III
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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	CAP REL COSTS-BLDG & FIXT	835,292	15,588	1,022,644	0	3,779,273	1.00	
2.00	CAP REL COSTS-MVBLE EQUIP	342,930	11,427	0	0	6,176,848	2.00	
3.00	Total (sum of lines 1-2)	1,178,222	27,015	1,022,644	0	9,956,121	3.00	

		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)			0CAP REL COSTS-BLDG & FIXT	1.00 1.00
2.00	Investment income - movable equipment (chapter 2)			0CAP REL COSTS-MVBLE EQUIP	2.00 2.00
3.00	Investment income - other (chapter 2)			0	0.00 3.00
4.00	Trade, quantity, and time discounts (chapter 8)			0	0.00 4.00
5.00	Refunds and rebates of expenses (chapter 8)			0	0.00 5.00
6.00	Rental of provider space by suppliers (chapter 8)			0	0.00 6.00
7.00	Telephone services (pay stations excluded) (chapter 21)			0	0.00 7.00
8.00	Television and radio service (chapter 21)			0	0.00 8.00
9.00	Parking lot (chapter 21)			0	0.00 9.00
10.00	Provider-based physician adjustment	A-8-2	-4,028,235		10.00
11.00	Sale of scrap, waste, etc. (chapter 23)			0	0.00 11.00
12.00	Related organization transactions (chapter 10)	A-8-1	-4,580,959		12.00
13.00	Laundry and linen service			0	0.00 13.00
14.00	Cafeteria-employees and guests	B	-422,075	DIETARY	10.00 14.00
15.00	Rental of quarters to employee and others			0	0.00 15.00
16.00	Sale of medical and surgical supplies to other than patients			0	0.00 16.00
17.00	Sale of drugs to other than patients			0	0.00 17.00
18.00	Sale of medical records and abstracts	B	-9,530	MEDICAL RECORDS & LIBRARY	16.00 18.00
19.00	Nursing school (tuition, fees, books, etc.)			0	0.00 19.00
20.00	Vending machines	B	-8,462	ADMINISTRATIVE & GENERAL	5.00 20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)			0	0.00 21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0	0.00 22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0RESPIRATORY THERAPY	65.00 23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0PHYSICAL THERAPY	66.00 24.00
25.00	Utilization review - physicians' compensation (chapter 21)			0UTILIZATION REVIEW-SNF	114.00 25.00
26.00	Depreciation - buildings and fixtures	A	1,671,397	CAP REL COSTS-BLDG & FIXT	1.00 26.00
27.00	Depreciation - movable equipment	A	4,973,685	CAP REL COSTS-MVBLE EQUIP	2.00 27.00
28.00	Non-physician Anesthetist			0NONPHYSICIAN ANESTHETISTS	19.00 28.00
29.00	Physicians' assistant			0	0.00 29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0OCCUPATIONAL THERAPY	67.00 30.00
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0SPEECH PATHOLOGY	68.00 31.00
32.00	CAH HIT Adjustment for Depreciation and Interest			0	0.00 32.00
33.00	DEPRECIATION	A	-5,961,128	ADMINISTRATIVE & GENERAL	5.00 33.00
33.01	TELEPHONE SERVICES - DIRECT PHONE CO	A	-46,587	ADMINISTRATIVE & GENERAL	5.00 33.01
33.02	TELEPHONE SERVICES - PBX SALARY	A	-41,816	ADMINISTRATIVE & GENERAL	5.00 33.02
33.03	TELEPHONE SERVICES - PBX BENEFITS	A	-3,674	EMPLOYEE BENEFITS	4.00 33.03
33.04	TELEPHONE SERVICES - DEPRECIATION	A	-24,265	CAP REL COSTS-MVBLE EQUIP	2.00 33.04
33.05	TELEVISION SERVICES	A	-6,174	CAP REL COSTS-MVBLE EQUIP	2.00 33.05
33.06	SATELITE TV	A	-5,412	DIETARY	10.00 33.06
33.07	WATER TOWER RENT	B	1,856	OPERATION OF PLANT	7.00 33.07
33.08	HOSPICE REVENUE	B	-8	DIETARY	10.00 33.08
33.09	MEDICAL STAFF APPLICATION	B	-10,400	ADMINISTRATIVE & GENERAL	5.00 33.09
33.10	TRANSPORT REVENUE	B	-6,655	ADMINISTRATIVE & GENERAL	5.00 33.10
33.11	PARKING REVENUE	B	-125,098	ADMINISTRATIVE & GENERAL	5.00 33.11
33.12	HOSPICE REVENUE	B	-15,777	CENTRAL SERVICES & SUPPLY	14.00 33.12
33.13	HOSPICE REVENUE	B	-506,085	PHARMACY	15.00 33.13
33.14	HOSPICE REVENUE	B	-2,891	GASTRO INTESTINAL SERVICES	50.01 33.14
33.15	HOSPICE REVENUE	B	-46,957	RADIOLOGY-DIAGNOSTIC	54.00 33.15
33.16	HOSPICE REVENUE	B	-1,869	ULTRA SOUND	54.01 33.16
33.17	HOSPICE REVENUE	B	-9,169	CT SCAN	57.00 33.17
33.18	HOSPICE REVENUE	B	-59,480	RADIOLOGY-THERAPEUTIC	55.00 33.18
33.19	HOSPICE REVENUE	B	-880	VASCULAR LAB	56.01 33.19
33.20	RESEARCH/CONTRIBUTIONS	B	-25,757	STRAUSS ONCOLOGY	56.02 33.20
33.21	HOSPICE REVENUE	B	-26,716	LABORATORY	60.00 33.21

		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
33.22	HOSPICE REVENUE	B	-8,775	BLOOD STORING, PROCESSING & TRANS.	63.00 33.22
33.23	HOSPICE REVENUE	B	-91,712	RESPIRATORY THERAPY	65.00 33.23
33.24	HOSPICE REVENUE	B	-6,336	PHYSICAL THERAPY	66.00 33.24
33.25	HOSPICE REVENUE	B	-1,694	ELECTROCARDIOLOGY	69.00 33.25
33.26	MISC RENTAL INCOME	B	-15,717	CLINIC	90.00 33.26
33.27	HOSPICE REVENUE	B	-2,941	EMERGENCY	91.00 33.27
33.28	ADVERTISING	A	-9,289	ADMINISTRATIVE & GENERAL	5.00 33.28
33.29	OTHER EXPENSE	A	-18,776	EMPLOYEE BENEFITS	4.00 33.29
33.30	OTHER EXPENSE	A	-675	ADMINISTRATIVE & GENERAL	5.00 33.30
33.31	OTHER EXPENSE	A	-795	OPERATION OF PLANT	7.00 33.31
33.32	OTHER EXPENSE	A	-7,247	ADULTS & PEDIATRICS	30.00 33.32
33.33	OTHER EXPENSE	A	-1,500	INTENSIVE CARE UNIT	31.00 33.33
33.34	PURCHASED SVCS	A	-655	EMPLOYEE BENEFITS	4.00 33.34
33.35	PURCHASED SVCS	A	-53,855	ADMINISTRATIVE & GENERAL	5.00 33.35
33.36	PURCHASED SVCS	A	550	OPERATION OF PLANT	7.00 33.36
33.37	PURCHASED SVCS	A	-75	HOUSEKEEPING	9.00 33.37
33.38	PURCHASED SVCS	A	-85	DIETARY	10.00 33.38
33.39	PURCHASED SVCS	A	-820	NURSING ADMINISTRATION	13.00 33.39
33.40	PURCHASED SVCS	A	-50	ADULTS & PEDIATRICS	30.00 33.40
33.41	PURCHASED SVCS	A	-1,087	OPERATING ROOM	50.00 33.41
33.42	PURCHASED SVCS	A	-239	GASTRO INTESTINAL SERVICES	50.01 33.42
33.43	PURCHASED SVCS	A	-3,060	CLINIC	90.00 33.43
33.44	PHYSICIAN GUARANTEE	A	-308,521	ADMINISTRATIVE & GENERAL	5.00 33.44
33.45	PHYSICIAN INCENTIVES	A	-5,053	ADMINISTRATIVE & GENERAL	5.00 33.45
33.46	PHYSICIAN RECRUITMENT	A	-1,259	ADMINISTRATIVE & GENERAL	5.00 33.46
33.47	PHYSICIAN CME	A	-2,235	ADMINISTRATIVE & GENERAL	5.00 33.47
33.48	PHYSICIAN INCENTIVES	A	-10,000	CLINIC	90.00 33.48
33.49	PHYSICIAN CME	A	-625	CLINIC	90.00 33.49
33.50	PHYSICIAN INCENTIVES	A	-101,471	EMERGENCY	91.00 33.50
33.51	TRAVEL	A	-403	EMPLOYEE BENEFITS	4.00 33.51
33.52	TRAVEL	A	-15,166	ADMINISTRATIVE & GENERAL	5.00 33.52
33.53	TRAVEL	A	-813	STRAUSS ONCOLOGY	56.02 33.53
33.54	TRAVEL	A	-1,718	CLINIC	90.00 33.54
33.55	ALCOHOL	A	-1,622	ADMINISTRATIVE & GENERAL	5.00 33.55
33.56	ALCOHOL	A	-220	DIETARY	10.00 33.56
33.57	MEALS	A	-2,242	ADMINISTRATIVE & GENERAL	5.00 33.57
33.58	PROPERTY TAX	A	-53,119	CAP REL COSTS-BLDG & FIXT	1.00 33.58
33.59	START UP COSTS	A	-134,747	ADMINISTRATIVE & GENERAL	5.00 33.59
33.60	DONATION & CONTRIBUTION	A	-99,712	ADMINISTRATIVE & GENERAL	5.00 33.60
33.61	LOBBYING DUES	A	-17	EMPLOYEE BENEFITS	4.00 33.61
33.62	LOBBYING DUES	A	-36,618	ADMINISTRATIVE & GENERAL	5.00 33.62
33.63	LOBBYING DUES	A	-1	OPERATION OF PLANT	7.00 33.63
33.64	LOBBYING DUES	A	-140	DIETARY	10.00 33.64
33.65	LOBBYING DUES	A	-1	MEDICAL RECORDS & LIBRARY	16.00 33.65
33.66	LOBBYING DUES	A	-20	OPERATING ROOM	50.00 33.66
33.67	LOBBYING DUES	A	-29	PHYSICAL THERAPY	66.00 33.67
33.68	DUES & SUBSCRIPTION	A	-19,509	ADMINISTRATIVE & GENERAL	5.00 33.68
33.69	PATIENT TRANSPORTATION	A	-34,409	ADMINISTRATIVE & GENERAL	5.00 33.69
33.70	PATIENT TRANSPORTATION	A	-625	NURSING ADMINISTRATION	13.00 33.70
33.71	PATIENT TRANSPORTATION	A	-2,638	ADULTS & PEDIATRICS	30.00 33.71
33.72	PATIENT TRANSPORTATION	A	-5	INTENSIVE CARE UNIT	31.00 33.72
33.73	PATIENT TRANSPORTATION	A	-16	SUBPROVIDER - IPF	40.00 33.73
33.74	PATIENT TRANSPORTATION	A	-33	SUBPROVIDER - IRF	41.00 33.74
33.75	PATIENT TRANSPORTATION	A	-134	OPERATING ROOM	50.00 33.75
33.76	PATIENT TRANSPORTATION	A	-31	GASTRO INTESTINAL SERVICES	50.01 33.76
33.77	PATIENT TRANSPORTATION	A	-26	RECOVERY ROOM	51.00 33.77
33.78	PATIENT TRANSPORTATION	A	-38	MRI	58.00 33.78
33.79	PATIENT TRANSPORTATION	A	-25	CARDIAC CATHETERIZATION	59.00 33.79
33.80	PATIENT TRANSPORTATION	A	-295	PHYSICAL THERAPY	66.00 33.80
33.81	PATIENT TRANSPORTATION	A	-1,019	EMERGENCY	91.00 33.81
33.82	PENALTIES & FINES	A	-1,209	ADMINISTRATIVE & GENERAL	5.00 33.82
33.83	BAD DEBTS	A	-7,564,530	ADMINISTRATIVE & GENERAL	5.00 33.83
33.84	BAD DEBTS	A	-746	STRAUSS ONCOLOGY	56.02 33.84
33.85	BAD DEBTS	A	25,779	CLINIC	90.00 33.85
33.86	LEGAL	A	-28,838	ADMINISTRATIVE & GENERAL	5.00 33.86
33.87	SENIOR SERVICES	A	-92,589	ADULTS & PEDIATRICS	30.00 33.87
33.88	IDPA TAX ASSESSMENT	A	-4,304,921	ADMINISTRATIVE & GENERAL	5.00 33.88

Provider CCN: 140082

Period:
 From 06/01/2010
 To 05/31/2011

Worksheet A-8

Date/Time Prepared:
 11/28/2011 8:51 am

		Expense Classification on Worksheet A To/From which the Amount is to be Adjusted			
		Basis/Code (2)	Amount	Cost Center	Line #
		1.00	2.00	3.00	4.00
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200.)		-22,355,563		50.00

		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)	0	23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	0	24.00
25.00	Utilization review - physicians' compensation (chapter 21)	0	25.00
26.00	Depreciation - buildings and fixtures	9	26.00
27.00	Depreciation - movable equipment	9	27.00
28.00	Non-physician Anesthetist	0	28.00
29.00	Physicians' assistant	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	0	30.00
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	0	31.00
32.00	CAH HIT Adjustment for Depreciation and Interest	0	32.00
33.00	DEPRECIATION	0	33.00
33.01	TELEPHONE SERVICES - DIRECT PHONE CO	0	33.01
33.02	TELEPHONE SERVICES - PBX SALARY	0	33.02
33.03	TELEPHONE SERVICES - PBX BENEFITS	0	33.03
33.04	TELEPHONE SERVICES - DEPRECIATION	9	33.04
33.05	TELEVISION SERVICES	9	33.05
33.06	SATELITE TV	0	33.06
33.07	WATER TOWER RENT	0	33.07
33.08	HOSPICE REVENUE	0	33.08
33.09	MEDICAL STAFF APPLICATION	0	33.09
33.10	TRANSPORT REVENUE	0	33.10
33.11	PARKING REVENUE	0	33.11
33.12	HOSPICE REVENUE	0	33.12
33.13	HOSPICE REVENUE	0	33.13
33.14	HOSPICE REVENUE	0	33.14
33.15	HOSPICE REVENUE	0	33.15
33.16	HOSPICE REVENUE	0	33.16
33.17	HOSPICE REVENUE	0	33.17
33.18	HOSPICE REVENUE	0	33.18
33.19	HOSPICE REVENUE	0	33.19
33.20	RESEARCH/CONTRIBUTIONS	0	33.20
33.21	HOSPICE REVENUE	0	33.21
33.22	HOSPICE REVENUE	0	33.22
33.23	HOSPICE REVENUE	0	33.23
33.24	HOSPICE REVENUE	0	33.24
33.25	HOSPICE REVENUE	0	33.25
33.26	MISC RENTAL INCOME	0	33.26
33.27	HOSPICE REVENUE	0	33.27

		Wkst. A-7 Ref.	
		5.00	
33.28	ADVERTISING	0	33.28
33.29	OTHER EXPENSE	0	33.29
33.30	OTHER EXPENSE	0	33.30
33.31	OTHER EXPENSE	0	33.31
33.32	OTHER EXPENSE	0	33.32
33.33	OTHER EXPENSE	0	33.33
33.34	PURCHASED SVCS	0	33.34
33.35	PURCHASED SVCS	0	33.35
33.36	PURCHASED SVCS	0	33.36
33.37	PURCHASED SVCS	0	33.37
33.38	PURCHASED SVCS	0	33.38
33.39	PURCHASED SVCS	0	33.39
33.40	PURCHASED SVCS	0	33.40
33.41	PURCHASED SVCS	0	33.41
33.42	PURCHASED SVCS	0	33.42
33.43	PURCHASED SVCS	0	33.43
33.44	PHYSICIAN GUARANTEE	0	33.44
33.45	PHYSICIAN INCENTIVES	0	33.45
33.46	PHYSICIAN RECRUITMENT	0	33.46
33.47	PHYSICIAN CME	0	33.47
33.48	PHYSICIAN INCENTIVES	0	33.48
33.49	PHYSICIAN CME	0	33.49
33.50	PHYSICIAN INCENTIVES	0	33.50
33.51	TRAVEL	0	33.51
33.52	TRAVEL	0	33.52
33.53	TRAVEL	0	33.53
33.54	TRAVEL	0	33.54
33.55	ALCOHOL	0	33.55
33.56	ALCOHOL	0	33.56
33.57	MEALS	0	33.57
33.58	PROPERTY TAX	13	33.58
33.59	START UP COSTS	0	33.59
33.60	DONATION & CONTRIBUTION	0	33.60
33.61	LOBBYING DUES	0	33.61
33.62	LOBBYING DUES	0	33.62
33.63	LOBBYING DUES	0	33.63
33.64	LOBBYING DUES	0	33.64
33.65	LOBBYING DUES	0	33.65
33.66	LOBBYING DUES	0	33.66
33.67	LOBBYING DUES	0	33.67
33.68	DUES & SUBSCRIPTION	0	33.68
33.69	PATIENT TRANSPORTATION	0	33.69
33.70	PATIENT TRANSPORTATION	0	33.70
33.71	PATIENT TRANSPORTATION	0	33.71
33.72	PATIENT TRANSPORTATION	0	33.72
33.73	PATIENT TRANSPORTATION	0	33.73
33.74	PATIENT TRANSPORTATION	0	33.74
33.75	PATIENT TRANSPORTATION	0	33.75
33.76	PATIENT TRANSPORTATION	0	33.76
33.77	PATIENT TRANSPORTATION	0	33.77
33.78	PATIENT TRANSPORTATION	0	33.78
33.79	PATIENT TRANSPORTATION	0	33.79
33.80	PATIENT TRANSPORTATION	0	33.80
33.81	PATIENT TRANSPORTATION	0	33.81
33.82	PENALTIES & FINES	0	33.82
33.83	BAD DEBTS	0	33.83
33.84	BAD DEBTS	0	33.84
33.85	BAD DEBTS	0	33.85
33.86	LEGAL	0	33.86
33.87	SENIOR SERVICES	0	33.87
33.88	IDPA TAX ASSESSMENT	0	33.88
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: 140082	Period: From 06/01/2010 To 05/31/2011	Worksheet A-8-1 Date/Time Prepared: 11/28/2011 8:51 am
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Line No.	Cost Center	Expense Items	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:			
1.00	5.00	ADMINISTRATIVE & GENERAL	AUTO INSURANCE 1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	PROPERTY INSURANCE 2.00
3.00	5.00	ADMINISTRATIVE & GENERAL	PROPERTY INSURANCE 3.00
4.00	5.00	ADMINISTRATIVE & GENERAL	MALPRACTICE INSURANCE 4.00
4.01	192.00	PHYSICIANS' PRIVATE OFFICES	MALPRACTICE INSURANCE 4.01
4.02	4.00	EMPLOYEE BENEFITS	WORKERS COMP 4.02
4.03	90.00	CLINIC	WORKERS COMP 4.03
4.04	192.00	PHYSICIANS' PRIVATE OFFICES	WORKERS COMP 4.04
4.05	5.00	ADMINISTRATIVE & GENERAL	INTEREST EXPENSE 4.05
4.06	5.00	ADMINISTRATIVE & GENERAL	MANAGEMENT FEE 4.06
4.07	1.00	CAP REL COSTS-BLDG & FIXT	DIRECT ALLOC.-INSURANCE 4.07
4.08	2.00	CAP REL COSTS-MVBLE EQUIP	DIRECT ALLOC.-INSURANCE 4.08
4.09	5.00	ADMINISTRATIVE & GENERAL	DIRECT ALLOC.-PROF. LIABILITY 4.09
4.10	4.00	EMPLOYEE BENEFITS	DIRECT ALLOC.-WORKERS COMP 4.10
4.11	1.00	CAP REL COSTS-BLDG & FIXT	DIRECT ALLOC.-INTEREST EXP. 4.11
4.12	2.00	CAP REL COSTS-MVBLE EQUIP	DIRECT ALLOC.-INTEREST EXP. 4.12
4.13	5.00	ADMINISTRATIVE & GENERAL	DIRECT ALLOC.-INTEREST EXP. 4.13
4.15	5.00	ADMINISTRATIVE & GENERAL	FUNCTIONAL ALLOCATION 4.15
4.16	5.00	ADMINISTRATIVE & GENERAL	POOLED ALLOC.-MGMT FEES 4.16
4.17	60.00	LABORATORY	GENESIS LAB 4.17
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	
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	C	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: 140082

Period:
From 06/01/2010
To 05/31/2011

worksheet A-8-1

Date/Time Prepared:
11/28/2011 8:51 am

	Amount of Allowable Cost	Amount Included in wks. A, column 5	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.	
	4.00	5.00	6.00	7.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	0	15,239	-15,239	0	1.00
2.00	0	28,544	-28,544	0	2.00
3.00	0	10,060	-10,060	0	3.00
4.00	0	4,293,080	-4,293,080	0	4.00
4.01	0	19,837	-19,837	0	4.01
4.02	0	796,613	-796,613	0	4.02
4.03	0	12,250	-12,250	0	4.03
4.04	0	468	-468	0	4.04
4.05	0	6,226,208	-6,226,208	0	4.05
4.06	0	2,792,423	-2,792,423	0	4.06
4.07	15,588	0	15,588	12	4.07
4.08	11,427	0	11,427	12	4.08
4.09	860,975	0	860,975	0	4.09
4.10	396,973	0	396,973	0	4.10
4.11	835,292	0	835,292	11	4.11
4.12	342,930	0	342,930	11	4.12
4.13	96,602	0	96,602	0	4.13
4.15	170,608	0	170,608	0	4.15
4.16	6,883,368	0	6,883,368	0	4.16
4.17	1,192,125	1,192,125	0	0	4.17
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to worksheet A-8, column 2, line 12.	10,805,888	15,386,847	-4,580,959	5.00

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

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

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

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

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140082

Period:
From 06/01/2010
To 05/31/2011

Worksheet A-8-2

Date/Time Prepared:
11/28/2011 8:51 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	
1.00	5.00	ADMINISTRATIVE & GENERAL	105,449	4,259	1.00
2.00	22.00	I&R SERVICES-OTHER PRGRM COSTS APPRV	810,659	0	2.00
3.00	30.00	ADULTS & PEDIATRICS	225,746	182,690	3.00
4.00	31.00	INTENSIVE CARE UNIT	372,417	368,667	4.00
5.00	41.00	REHABILITATION UNIT	189,547	61,929	5.00
6.00	40.00	PSYCH UNIT	36,000	0	6.00
7.00	50.00	OPERATING ROOM	1,731,117	881,917	7.00
8.00	54.00	RADIOLOGY - DIAGNOSTIC	655,980	583,061	8.00
9.00	55.00	RADIOLOGY - THERAPEUTIC	17,875	0	9.00
10.00	56.02	STRAUSS ONCOLOGY	31,667	31,667	10.00
11.00	59.00	CARDIAC CATHETERIZATION	116,800	0	11.00
12.00	76.00	WOUND CARE	29,875	0	12.00
13.00	90.00	CLINIC	50,000	50,000	13.00
14.00	91.00	EMERGENCY	949,262	949,262	14.00
200.00		TOTAL (lines 1.00 through 199.00)	5,322,394	3,113,452	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140082

Period:
From 06/01/2010
To 05/31/2011

Worksheet A-8-2

Date/Time Prepared:
11/28/2011 8:51 am

	Provider Component	RCE Amount	Physician/Provider Component Hours	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	
	5.00	6.00	7.00	8.00	9.00	
1.00	101,190	177,200	475	40,466	2,023	1.00
2.00	810,659	177,200	7,976	679,494	33,975	2.00
3.00	43,056	177,200	287	24,450	1,223	3.00
4.00	3,750	177,200	25	2,130	107	4.00
5.00	127,618	177,200	1,527	130,089	6,504	5.00
6.00	36,000	154,100	240	17,781	889	6.00
7.00	849,200	208,000	2,987	298,700	14,935	7.00
8.00	72,919	225,300	391	42,352	2,118	8.00
9.00	17,875	177,200	121	10,308	515	9.00
10.00	0	0	0	0	0	10.00
11.00	116,800	177,200	398	33,907	1,695	11.00
12.00	29,875	177,200	199	16,953	848	12.00
13.00	0	0	0	0	0	13.00
14.00	0	0	0	0	0	14.00
200.00	2,208,942		14,626	1,296,630	64,832	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140082

Period:
From 06/01/2010
To 05/31/2011

Worksheet A-8-2

Date/Time Prepared:
11/28/2011 8:51 am

	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	40,466	1.00
2.00	0	0	0	0	679,494	2.00
3.00	0	0	0	0	24,450	3.00
4.00	0	0	0	0	2,130	4.00
5.00	0	0	0	0	130,089	5.00
6.00	0	0	0	0	17,781	6.00
7.00	0	0	0	0	298,700	7.00
8.00	0	0	0	0	42,352	8.00
9.00	0	0	0	0	10,308	9.00
10.00	0	0	0	0	0	10.00
11.00	0	0	0	0	33,907	11.00
12.00	0	0	0	0	16,953	12.00
13.00	0	0	0	0	0	13.00
14.00	0	0	0	0	0	14.00
200.00	0	0	0	0	1,296,630	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140082

Period:
From 06/01/2010
To 05/31/2011

Worksheet A-8-2
Date/Time Prepared:
11/28/2011 8:51 am

	RCE Disallowance	Adjustment	
	17.00	18.00	
1.00	60,724	64,983	1.00
2.00	131,165	131,165	2.00
3.00	18,606	201,296	3.00
4.00	1,620	370,287	4.00
5.00	0	61,929	5.00
6.00	18,219	18,219	6.00
7.00	550,500	1,432,417	7.00
8.00	30,567	613,628	8.00
9.00	7,567	7,567	9.00
10.00	0	31,667	10.00
11.00	82,893	82,893	11.00
12.00	12,922	12,922	12.00
13.00	0	50,000	13.00
14.00	0	949,262	14.00
200.00	914,783	4,028,235	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140082

Period:
From 06/01/2010
To 05/31/2011

Worksheet B
Part I
Date/Time Prepared:
11/28/2011 8:51 am

Cost Center Description	Net Expenses for Cost Allocation (from wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	3,779,273	3,779,273			1.00
2.00	CAP REL COSTS-MVBLE EQUIP	6,176,848		6,176,848		2.00
4.00	EMPLOYEE BENEFITS	5,687,648	30,599	50,011	5,768,258	4.00
5.00	ADMINISTRATIVE & GENERAL	21,014,485	419,871	686,238	862,758	22,983,352
6.00	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	OPERATION OF PLANT	5,782,240	522,168	853,432	150,866	7,308,706
8.00	LAUNDRY & LINEN SERVICE	540,111	30,491	49,835	0	620,437
9.00	HOUSEKEEPING	1,669,944	32,807	53,620	101,007	1,857,378
10.00	DIETARY	2,083,714	69,360	113,362	105,857	2,372,293
11.00	CAFETERIA	0	34,918	57,070	0	91,988
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	NURSING ADMINISTRATION	1,301,621	3,788	6,192	110,805	1,422,406
14.00	CENTRAL SERVICES & SUPPLY	1,267,721	36,574	59,777	36,316	1,400,388
15.00	PHARMACY	2,855,424	13,151	21,494	161,506	3,051,575
16.00	MEDICAL RECORDS & LIBRARY	1,415,499	28,770	47,022	120,186	1,611,477
17.00	SOCIAL SERVICE	263,208	0	0	24,650	287,858
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	18.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRV	3,196,504	0	0	326,184	3,522,688
22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	2,741,387	109,701	179,295	0	3,030,383
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	11,849,956	602,506	984,730	1,059,374	14,496,566
31.00	INTENSIVE CARE UNIT	3,280,558	127,127	207,777	289,739	3,905,201
32.00	CORONARY CARE UNIT	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	SUBPROVIDER - IPF	1,134,699	54,834	89,621	103,833	1,382,987
41.00	SUBPROVIDER - IRF	1,710,029	106,248	173,651	118,794	2,108,722
42.00	SUBPROVIDER	0	0	0	0	42.00
43.00	NURSERY	0	0	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00	NURSING FACILITY	0	0	0	0	45.00
46.00	OTHER LONG TERM CARE	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	8,430,967	299,011	488,704	422,051	9,640,733
50.01	GASTRO INTESTINAL SERVICES	782,876	38,825	63,456	61,460	946,617
51.00	RECOVERY ROOM	869,848	36,368	59,441	80,844	1,046,501
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	264,228	4,275	6,988	20,305	295,796
54.00	RADIOLOGY-DIAGNOSTIC	2,209,095	128,339	209,758	180,764	2,727,956
54.01	ULTRA SOUND	236,058	1,851	3,025	22,527	263,461
55.00	RADIOLOGY-THERAPEUTIC	498,251	39,843	65,119	29,649	632,862
56.00	RADIOISOTOPE	618,450	32,223	52,665	26,459	729,797
56.01	VASCULAR LAB	281,590	0	0	26,119	307,709
56.02	STRAUSS ONCOLOGY	4,267,068	0	0	53,387	4,320,455
57.00	CT SCAN	809,711	9,731	15,904	50,040	885,386
58.00	MRI	243,272	11,105	18,151	16,527	289,055
59.00	CARDIAC CATHETERIZATION	683,244	16,626	27,173	50,674	777,717
60.00	LABORATORY	3,173,513	49,595	81,059	137,242	3,441,409
60.01	BLOOD LABORATORY	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	1,020,605	2,370	3,874	0	1,026,849
64.00	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	1,324,431	11,300	18,469	122,646	1,476,846
66.00	PHYSICAL THERAPY	2,318,530	36,596	59,812	213,900	2,628,838
67.00	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	3,392	2,165	3,538	192	9,287
69.00	ELECTROCARDIOLOGY	765,885	77,673	126,948	56,049	1,026,555
70.00	ELECTROENCEPHALOGRAPHY	61,472	1,082	1,769	5,694	70,017
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	4,723,985	0	0	0	4,723,985
72.00	IMPL. DEV. CHARGED TO PATIENTS	7,375,749	0	0	0	7,375,749
73.00	DRUGS CHARGED TO PATIENTS	2,226,083	0	0	0	2,226,083
74.00	RENAL DIALYSIS	475,512	0	0	0	475,512
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00	WOUND CARE	355,505	28,727	46,951	29,803	460,986

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140082

Period:
From 06/01/2010
To 05/31/2011

Worksheet B
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Cost Center Description	Net Expenses for Cost Allocation (from wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	CLINIC	1,418,918	73,992	120,933	118,823	1,732,666
91.00	EMERGENCY	2,987,825	128,274	209,652	258,338	3,584,089
92.00	OBSERVATION BEDS (NON-DISTINCT PART					0
OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE (SPECIFY)	0	0	0	0	98.00
99.00	CMHC	0	0	0	0	99.00
99.10	CORF	0	0	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	0	0	0	0	105.00
106.00	HEART ACQUISITION	0	0	0	0	106.00
107.00	LIVER ACQUISITION	0	0	0	0	107.00
108.00	LUNG ACQUISITION	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	115.00
116.00	HOSPICE	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	126,176,932	3,252,884	5,316,516	5,555,368	124,577,321
NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
191.00	RESEARCH	0	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	2,760,908	391,783	640,331	151,187	3,944,209
193.00	NONPAID WORKERS	0	0	0	0	193.00
194.00	MARKETING	2,393,829	3,355	5,484	61,703	2,464,371
194.01	HOSPICE	9,089	22,665	37,044	0	68,798
194.02	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.02
194.03	VACANT AREA	0	88,464	144,586	0	233,050
194.04	LAKEFRONT	0	20,122	32,887	0	53,009
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers					201.00
202.00	TOTAL (sum lines 118-201)	131,340,758	3,779,273	6,176,848	5,768,258	131,340,758

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140082

Period:
From 06/01/2010
To 05/31/2011

Worksheet B
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Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.00	ADMINISTRATIVE & GENERAL	22,983,352					5.00
6.00	MAINTENANCE & REPAIRS	0	0				6.00
7.00	OPERATION OF PLANT	1,550,228	0	8,858,934			7.00
8.00	LAUNDRY & LINEN SERVICE	131,599	0	96,243	848,279		8.00
9.00	HOUSEKEEPING	393,963	0	103,554	0	2,354,895	9.00
10.00	DIETARY	503,180	0	218,929	0	59,539	10.00
11.00	CAFETERIA	19,511	0	110,216	0	29,974	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	NURSING ADMINISTRATION	301,702	0	11,958	0	3,252	13.00
14.00	CENTRAL SERVICES & SUPPLY	297,032	0	115,443	0	31,395	14.00
15.00	PHARMACY	647,260	0	41,510	0	11,289	15.00
16.00	MEDICAL RECORDS & LIBRARY	341,806	0	90,810	0	24,696	16.00
17.00	SOCIAL SERVICE	61,057	0	0	0	0	17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRV	747,187	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	642,765	0	346,262	0	94,168	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	3,074,811	0	1,901,757	328,539	517,192	30.00
31.00	INTENSIVE CARE UNIT	828,320	0	401,267	107,326	109,127	31.00
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	SUBPROVIDER - IPF	293,341	0	173,080	24,044	47,070	40.00
41.00	SUBPROVIDER - IRF	447,275	0	335,363	71,814	91,204	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	0	0	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
46.00	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	2,044,867	0	943,806	90,796	256,673	50.00
50.01	GASTRO INTESTINAL SERVICES	200,784	0	122,550	12,891	33,328	50.01
51.00	RECOVERY ROOM	221,970	0	114,794	0	31,219	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	62,740	0	13,495	0	3,670	53.00
54.00	RADIOLOGY-DIAGNOSTIC	578,619	0	405,094	64,697	110,167	54.00
54.01	ULTRA SOUND	55,882	0	5,842	0	1,589	54.01
55.00	RADIOLOGY-THERAPEUTIC	134,234	0	125,761	6,486	34,201	55.00
56.00	RADIOISOTOPE	154,795	0	101,709	6,486	27,660	56.00
56.01	VASCULAR LAB	65,267	0	0	0	0	56.01
56.02	STRAUSS ONCOLOGY	916,399	0	0	6,486	0	56.02
57.00	CT SCAN	187,797	0	30,714	0	8,353	57.00
58.00	MRI	61,311	0	35,053	0	9,533	58.00
59.00	CARDIAC CATHETERIZATION	164,959	0	52,477	0	14,271	59.00
60.00	LABORATORY	729,947	0	156,544	0	42,573	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	217,802	0	7,482	0	2,035	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	313,249	0	35,668	0	9,700	65.00
66.00	PHYSICAL THERAPY	557,595	0	115,512	0	31,414	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	1,970	0	6,833	0	1,858	68.00
69.00	ELECTROCARDIOLOGY	217,740	0	245,168	6,486	66,675	69.00
70.00	ELECTROENCEPHALOGRAPHY	14,851	0	3,416	6,486	929	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	1,001,990	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	1,564,448	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	472,168	0	0	0	0	73.00
74.00	RENAL DIALYSIS	100,859	0	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	WOUND CARE	97,778	0	90,674	0	24,659	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	367,511	0	233,552	13,129	63,515	90.00
91.00	EMERGENCY	760,210	0	404,889	42,076	110,111	91.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140082

Period:
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Cost Center Description	ADMINISTRATIVE	MAINTENANCE &	OPERATION OF	LAUNDRY &	HOUSEKEEPING	
	& GENERAL	REPAIRS	PLANT	LINEN SERVICE		
	5.00	6.00	7.00	8.00	9.00	
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE (SPECIFY)	0	0	0	0	0	98.00
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	21,548,779	0	7,197,425	787,742	1,903,039	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 RESEARCH	0	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	836,594	0	1,236,634	3,165	336,309	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 MARKETING	522,710	0	10,591	0	2,880	194.00
194.01 HOSPICE	14,593	0	71,541	57,372	19,456	194.01
194.02 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.02
194.03 VACANT AREA	49,432	0	279,230	0	75,938	194.03
194.04 LAKEFRONT	11,244	0	63,513	0	17,273	194.04
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	22,983,352	0	8,858,934	848,279	2,354,895	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140082

Period:
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Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.00	ADMINISTRATIVE & GENERAL						5.00
6.00	MAINTENANCE & REPAIRS						6.00
7.00	OPERATION OF PLANT						7.00
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
10.00	DIETARY	3,153,941					10.00
11.00	CAFETERIA	1,477,092	1,728,781				11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	NURSING ADMINISTRATION	0	31,831	0	1,771,149		13.00
14.00	CENTRAL SERVICES & SUPPLY	0	21,018	0	0	1,865,276	14.00
15.00	PHARMACY	0	55,046	0	0	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	55,119	0	0	0	16.00
17.00	SOCIAL SERVICE	0	9,935	0	0	0	17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRV	0	149,856	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	905,638	449,353	0	711,172	0	30.00
31.00	INTENSIVE CARE UNIT	138,063	94,811	0	150,046	0	31.00
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	SUBPROVIDER - IPF	86,963	35,273	0	55,826	0	40.00
41.00	SUBPROVIDER - IRF	106,676	46,185	0	73,114	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	0	0	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
46.00	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	141,459	0	223,890	0	50.00
50.01	GASTRO INTESTINAL SERVICES	0	21,237	0	33,630	0	50.01
51.00	RECOVERY ROOM	0	26,974	0	42,672	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	10,814	0	17,127	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	65,005	0	0	0	54.00
54.01	ULTRA SOUND	0	5,907	0	0	0	54.01
55.00	RADIOLOGY-THERAPEUTIC	0	9,618	0	15,221	0	55.00
56.00	RADIOISOTOPE	0	8,519	0	13,487	0	56.00
56.01	VASCULAR LAB	0	7,811	0	12,344	0	56.01
56.02	STRAUSS ONCOLOGY	0	19,382	0	30,666	0	56.02
57.00	CT SCAN	0	14,109	0	0	0	57.00
58.00	MRI	0	4,467	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	12,449	0	19,694	0	59.00
60.00	LABORATORY	0	64,688	0	0	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0	48,992	0	77,535	0	65.00
66.00	PHYSICAL THERAPY	0	73,476	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	195	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	21,579	0	34,163	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	2,465	0	3,919	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	1,865,276	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	87,108	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	WOUND CARE	0	11,082	0	17,556	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	49,090	0	0	0	90.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140082

Period:
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Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
91.00	EMERGENCY	0	96,031	0	151,979	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE (SPECIFY)	0	0	0	0	0	98.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	2,714,432	1,663,776	0	1,771,149	1,865,276	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	RESEARCH	0	0	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	369,912	47,576	0	0	0	192.00
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	MARKETING	0	17,429	0	0	0	194.00
194.01	HOSPICE	58,609	0	0	0	0	194.01
194.02	OTHER NONREIMBURSABLE COST CENTERS	10,988	0	0	0	0	194.02
194.03	VACANT AREA	0	0	0	0	0	194.03
194.04	LAKEFRONT	0	0	0	0	0	194.04
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	3,153,941	1,728,781	0	1,771,149	1,865,276	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140082

Period:
From 06/01/2010
To 05/31/2011

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Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	NONPHYSICIAN ANESTHETISTS	
	15.00	16.00	17.00	18.00	19.00	
GENERAL SERVICE COST CENTERS						
1.00 CAP REL COSTS-BLDG & FIXT						1.00
2.00 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.00 ADMINISTRATIVE & GENERAL						5.00
6.00 MAINTENANCE & REPAIRS						6.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY						10.00
11.00 CAFETERIA						11.00
12.00 MAINTENANCE OF PERSONNEL						12.00
13.00 NURSING ADMINISTRATION						13.00
14.00 CENTRAL SERVICES & SUPPLY						14.00
15.00 PHARMACY	3,806,680					15.00
16.00 MEDICAL RECORDS & LIBRARY	0	2,123,908				16.00
17.00 SOCIAL SERVICE	0	0	358,850			17.00
18.00 OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0		18.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	0	255,228	262,648	0	0	30.00
31.00 INTENSIVE CARE UNIT	0	61,856	40,042	0	0	31.00
32.00 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 SUBPROVIDER - IPF	0	18,958	25,221	0	0	40.00
41.00 SUBPROVIDER - IRF	0	18,960	30,939	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	0	0	0	0	0	43.00
44.00 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 NURSING FACILITY	0	0	0	0	0	45.00
46.00 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	301,086	0	0	0	50.00
50.01 GASTRO INTESTINAL SERVICES	0	23,717	0	0	0	50.01
51.00 RECOVERY ROOM	0	54,651	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	44,271	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	57,778	0	0	0	54.00
54.01 ULTRA SOUND	0	13,892	0	0	0	54.01
55.00 RADIOLOGY-THERAPEUTIC	0	16,054	0	0	0	55.00
56.00 RADIOISOTOPE	0	24,164	0	0	0	56.00
56.01 VASCULAR LAB	0	15,569	0	0	0	56.01
56.02 STRAUSS ONCOLOGY	0	114,233	0	0	0	56.02
57.00 CT SCAN	0	101,269	0	0	0	57.00
58.00 MRI	0	39,431	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	38,786	0	0	0	59.00
60.00 LABORATORY	0	217,008	0	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	21,132	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	0	40,274	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	50,594	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	77	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	60,937	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	1,413	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENT	0	118,900	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	82,072	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	3,806,680	176,809	0	0	0	73.00
74.00 RENAL DIALYSIS	0	6,358	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 WOUND CARE	0	8,379	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140082

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Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	NONPHYSICIAN ANESTHETISTS	
	15.00	16.00	17.00	18.00	19.00	
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	124	0	0	0	90.00
91.00 EMERGENCY	0	139,928	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE (SPECIFY)	0	0	0	0	0	98.00
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	3,806,680	2,123,908	358,850	0	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 RESEARCH	0	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 MARKETING	0	0	0	0	0	194.00
194.01 HOSPICE	0	0	0	0	0	194.01
194.02 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.02
194.03 VACANT AREA	0	0	0	0	0	194.03
194.04 LAKEFRONT	0	0	0	0	0	194.04
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	3,806,680	2,123,908	358,850	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description	INTERNS & RESIDENTS				PARAMED ED PRGM	Subtotal
	NURSING SCHOOL	SERVICES-SALAR	SERVICES-OTHER			
		Y & FRINGES	PRGM COSTS			
	20.00	21.00	22.00	23.00	24.00	
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT					1.00
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	EMPLOYEE BENEFITS					4.00
5.00	ADMINISTRATIVE & GENERAL					5.00
6.00	MAINTENANCE & REPAIRS					6.00
7.00	OPERATION OF PLANT					7.00
8.00	LAUNDRY & LINEN SERVICE					8.00
9.00	HOUSEKEEPING					9.00
10.00	DIETARY					10.00
11.00	CAFETERIA					11.00
12.00	MAINTENANCE OF PERSONNEL					12.00
13.00	NURSING ADMINISTRATION					13.00
14.00	CENTRAL SERVICES & SUPPLY					14.00
15.00	PHARMACY					15.00
16.00	MEDICAL RECORDS & LIBRARY					16.00
17.00	SOCIAL SERVICE					17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)					18.00
19.00	NONPHYSICIAN ANESTHETISTS					19.00
20.00	NURSING SCHOOL	0				20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRV	0	4,419,731			21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	0		4,113,578		22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0		0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	0	2,908,034	2,706,596	0	28,517,534
31.00	INTENSIVE CARE UNIT	0	0	0	0	5,836,059
32.00	CORONARY CARE UNIT	0	0	0	0	0
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00	SUBPROVIDER - IPF	0	0	0	0	2,142,763
41.00	SUBPROVIDER - IRF	0	0	0	0	3,330,252
42.00	SUBPROVIDER	0	0	0	0	0
43.00	NURSERY	0	0	0	0	0
44.00	SKILLED NURSING FACILITY	0	0	0	0	0
45.00	NURSING FACILITY	0	0	0	0	0
46.00	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	1,240,918	1,154,960	0	16,039,188
50.01	GASTRO INTESTINAL SERVICES	0	0	0	0	1,394,754
51.00	RECOVERY ROOM	0	0	0	0	1,538,781
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00	ANESTHESIOLOGY	0	0	0	0	447,913
54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	4,009,316
54.01	ULTRA SOUND	0	0	0	0	346,573
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	974,437
56.00	RADIOISOTOPE	0	0	0	0	1,066,617
56.01	VASCULAR LAB	0	0	0	0	408,700
56.02	STRAUSS ONCOLOGY	0	0	0	0	5,407,621
57.00	CT SCAN	0	0	0	0	1,227,628
58.00	MRI	0	0	0	0	438,850
59.00	CARDIAC CATHETERIZATION	0	0	0	0	1,080,353
60.00	LABORATORY	0	0	0	0	4,652,169
60.01	BLOOD LABORATORY	0	0	0	0	0
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	1,275,300
64.00	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	RESPIRATORY THERAPY	0	0	0	0	2,002,264
66.00	PHYSICAL THERAPY	0	5,191	4,831	0	3,467,451
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00	SPEECH PATHOLOGY	0	0	0	0	20,220
69.00	ELECTROCARDIOLOGY	0	0	0	0	1,679,303
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	103,496
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	7,710,151
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	9,022,269
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	6,768,848
74.00	RENAL DIALYSIS	0	0	0	0	582,729
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0
76.00	WOUND CARE	0	0	0	0	711,114
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140082

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Cost Center Description	INTERNS & RESIDENTS				PARAMED PRGM	Subtotal	
	NURSING SCHOOL	SERVICES-SALAR	SERVICES-OTHER				
		Y & FRINGES	PRGM COSTS				
20.00	APPRV	APPRV		23.00	24.00		
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	2,459,587	90.00
91.00	EMERGENCY	0	265,588	247,191	0	5,802,092	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE (SPECIFY)	0	0	0	0	0	98.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	4,419,731	4,113,578	0	120,464,332	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	RESEARCH	0	0	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	6,774,399	192.00
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	MARKETING	0	0	0	0	3,017,981	194.00
194.01	HOSPICE	0	0	0	0	290,369	194.01
194.02	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	10,988	194.02
194.03	VACANT AREA	0	0	0	0	637,650	194.03
194.04	LAKEFRONT	0	0	0	0	145,039	194.04
200.00	Cross Foot Adjustments	0	0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	4,419,731	4,113,578	0	131,340,758	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	25.00	26.00	
GENERAL SERVICE COST CENTERS			
1.00 CAP REL COSTS-BLDG & FIXT			1.00
2.00 CAP REL COSTS-MVBLE EQUIP			2.00
4.00 EMPLOYEE BENEFITS			4.00
5.00 ADMINISTRATIVE & GENERAL			5.00
6.00 MAINTENANCE & REPAIRS			6.00
7.00 OPERATION OF PLANT			7.00
8.00 LAUNDRY & LINEN SERVICE			8.00
9.00 HOUSEKEEPING			9.00
10.00 DIETARY			10.00
11.00 CAFETERIA			11.00
12.00 MAINTENANCE OF PERSONNEL			12.00
13.00 NURSING ADMINISTRATION			13.00
14.00 CENTRAL SERVICES & SUPPLY			14.00
15.00 PHARMACY			15.00
16.00 MEDICAL RECORDS & LIBRARY			16.00
17.00 SOCIAL SERVICE			17.00
18.00 OTHER GENERAL SERVICE (SPECIFY)			18.00
19.00 NONPHYSICIAN ANESTHETISTS			19.00
20.00 NURSING SCHOOL			20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRV			21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRV			22.00
23.00 PARAMED ED PRGM-(SPECIFY)			23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00 ADULTS & PEDIATRICS	-5,614,630	22,902,904	30.00
31.00 INTENSIVE CARE UNIT	0	5,836,059	31.00
32.00 CORONARY CARE UNIT	0	0	32.00
33.00 BURN INTENSIVE CARE UNIT	0	0	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00 SUBPROVIDER - IPF	0	2,142,763	40.00
41.00 SUBPROVIDER - IRF	0	3,330,252	41.00
42.00 SUBPROVIDER	0	0	42.00
43.00 NURSERY	0	0	43.00
44.00 SKILLED NURSING FACILITY	0	0	44.00
45.00 NURSING FACILITY	0	0	45.00
46.00 OTHER LONG TERM CARE	0	0	46.00
ANCILLARY SERVICE COST CENTERS			
50.00 OPERATING ROOM	-2,395,878	13,643,310	50.00
50.01 GASTRO INTESTINAL SERVICES	0	1,394,754	50.01
51.00 RECOVERY ROOM	0	1,538,781	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 ANESTHESIOLOGY	0	447,913	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	4,009,316	54.00
54.01 ULTRA SOUND	0	346,573	54.01
55.00 RADIOLOGY-THERAPEUTIC	0	974,437	55.00
56.00 RADIOISOTOPE	0	1,066,617	56.00
56.01 VASCULAR LAB	0	408,700	56.01
56.02 STRAUSS ONCOLOGY	0	5,407,621	56.02
57.00 CT SCAN	0	1,227,628	57.00
58.00 MRI	0	438,850	58.00
59.00 CARDIAC CATHETERIZATION	0	1,080,353	59.00
60.00 LABORATORY	0	4,652,169	60.00
60.01 BLOOD LABORATORY	0	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	1,275,300	63.00
64.00 INTRAVENOUS THERAPY	0	0	64.00
65.00 RESPIRATORY THERAPY	0	2,002,264	65.00
66.00 PHYSICAL THERAPY	-10,022	3,457,429	66.00
67.00 OCCUPATIONAL THERAPY	0	0	67.00
68.00 SPEECH PATHOLOGY	0	20,220	68.00
69.00 ELECTROCARDIOLOGY	0	1,679,303	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	103,496	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENT	0	7,710,151	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	9,022,269	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	6,768,848	73.00
74.00 RENAL DIALYSIS	0	582,729	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	75.00
76.00 WOUND CARE	0	711,114	76.00
OUTPATIENT SERVICE COST CENTERS			
88.00 RURAL HEALTH CLINIC	0	0	88.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140082

Period:
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	CLINIC	0	2,459,587	90.00
91.00	EMERGENCY	-512,779	5,289,313	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0		92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	OTHER REIMBURSABLE (SPECIFY)	0	0	98.00
99.00	CMHC	0	0	99.00
99.10	CORF	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS				
105.00	KIDNEY ACQUISITION	0	0	105.00
106.00	HEART ACQUISITION	0	0	106.00
107.00	LIVER ACQUISITION	0	0	107.00
108.00	LUNG ACQUISITION	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	110.00
111.00	ISLET ACQUISITION	0	0	111.00
113.00	INTEREST EXPENSE	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	HOSPICE	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	-8,533,309	111,931,023	118.00
NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
191.00	RESEARCH	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	6,774,399	192.00
193.00	NONPAID WORKERS	0	0	193.00
194.00	MARKETING	0	3,017,981	194.00
194.01	HOSPICE	0	290,369	194.01
194.02	OTHER NONREIMBURSABLE COST CENTERS	0	10,988	194.02
194.03	VACANT AREA	0	637,650	194.03
194.04	LAKEFRONT	0	145,039	194.04
200.00	Cross Foot Adjustments	0	0	200.00
201.00	Negative Cost Centers	0	0	201.00
202.00	TOTAL (sum lines 118-201)	-8,533,309	122,807,449	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140082

Period:
From 06/01/2010
To 05/31/2011

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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT					1.00
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	EMPLOYEE BENEFITS	0	30,599	50,011	80,610	80,610
5.00	ADMINISTRATIVE & GENERAL	0	419,871	686,238	1,106,109	12,056
6.00	MAINTENANCE & REPAIRS	0	0	0	0	0
7.00	OPERATION OF PLANT	0	522,168	853,432	1,375,600	2,108
8.00	LAUNDRY & LINEN SERVICE	0	30,491	49,835	80,326	0
9.00	HOUSEKEEPING	0	32,807	53,620	86,427	1,412
10.00	DIETARY	0	69,360	113,362	182,722	1,479
11.00	CAFETERIA	0	34,918	57,070	91,988	0
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	NURSING ADMINISTRATION	0	3,788	6,192	9,980	1,548
14.00	CENTRAL SERVICES & SUPPLY	0	36,574	59,777	96,351	507
15.00	PHARMACY	0	13,151	21,494	34,645	2,257
16.00	MEDICAL RECORDS & LIBRARY	0	28,770	47,022	75,792	1,680
17.00	SOCIAL SERVICE	0	0	0	0	344
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	NURSING SCHOOL	0	0	0	0	0
21.00	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	4,558
22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	0	109,701	179,295	288,996	0
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	0	602,506	984,730	1,587,236	14,808
31.00	INTENSIVE CARE UNIT	0	127,127	207,777	334,904	4,049
32.00	CORONARY CARE UNIT	0	0	0	0	0
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00	SUBPROVIDER - IPF	0	54,834	89,621	144,455	1,451
41.00	SUBPROVIDER - IRF	0	106,248	173,651	279,899	1,660
42.00	SUBPROVIDER	0	0	0	0	0
43.00	NURSERY	0	0	0	0	0
44.00	SKILLED NURSING FACILITY	0	0	0	0	0
45.00	NURSING FACILITY	0	0	0	0	0
46.00	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	299,011	488,704	787,715	5,898
50.01	GASTRO INTESTINAL SERVICES	0	38,825	63,456	102,281	859
51.00	RECOVERY ROOM	0	36,368	59,441	95,809	1,130
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00	ANESTHESIOLOGY	0	4,275	6,988	11,263	284
54.00	RADIOLOGY-DIAGNOSTIC	0	128,339	209,758	338,097	2,526
54.01	ULTRA SOUND	0	1,851	3,025	4,876	315
55.00	RADIOLOGY-THERAPEUTIC	0	39,843	65,119	104,962	414
56.00	RADIOISOTOPE	0	32,223	52,665	84,888	370
56.01	VASCULAR LAB	0	0	0	0	365
56.02	STRAUSS ONCOLOGY	0	0	0	0	746
57.00	CT SCAN	0	9,731	15,904	25,635	699
58.00	MRI	0	11,105	18,151	29,256	231
59.00	CARDIAC CATHETERIZATION	0	16,626	27,173	43,799	708
60.00	LABORATORY	0	49,595	81,059	130,654	1,918
60.01	BLOOD LABORATORY	0	0	0	0	0
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0
63.00	BLOOD STORING, PROCESSING & TRANS.	0	2,370	3,874	6,244	0
64.00	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	RESPIRATORY THERAPY	0	11,300	18,469	29,769	1,714
66.00	PHYSICAL THERAPY	0	36,596	59,812	96,408	2,989
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00	SPEECH PATHOLOGY	0	2,165	3,538	5,703	3
69.00	ELECTROCARDIOLOGY	0	77,673	126,948	204,621	783
70.00	ELECTROENCEPHALOGRAPHY	0	1,082	1,769	2,851	80
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00	RENAL DIALYSIS	0	0	0	0	0
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0
76.00	WOUND CARE	0	28,727	46,951	75,678	416

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
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	73,992	120,933	194,925	1,660	90.00
91.00 EMERGENCY	0	128,274	209,652	337,926	3,610	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE (SPECIFY)	0	0	0	0	0	98.00
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	3,252,884	5,316,516	8,569,400	77,635	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 RESEARCH	0	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	391,783	640,331	1,032,114	2,113	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 MARKETING	0	3,355	5,484	8,839	862	194.00
194.01 HOSPICE	0	22,665	37,044	59,709	0	194.01
194.02 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.02
194.03 VACANT AREA	0	88,464	144,586	233,050	0	194.03
194.04 LAKEFRONT	0	20,122	32,887	53,009	0	194.04
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers				0		201.00
202.00 TOTAL (sum lines 118-201)	0	3,779,273	6,176,848	9,956,121	80,610	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140082

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Cost Center Description		ADMINISTRATIVE	MAINTENANCE &	OPERATION OF	LAUNDRY &	HOUSEKEEPING	
		& GENERAL	REPAIRS	PLANT	LINEN SERVICE		
		5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.00	ADMINISTRATIVE & GENERAL	1,118,165					5.00
6.00	MAINTENANCE & REPAIRS	0	0				6.00
7.00	OPERATION OF PLANT	75,419	0	1,453,127			7.00
8.00	LAUNDRY & LINEN SERVICE	6,402	0	15,787	102,515		8.00
9.00	HOUSEKEEPING	19,166	0	16,986	0	123,991	9.00
10.00	DIETARY	24,480	0	35,911	0	3,135	10.00
11.00	CAFETERIA	949	0	18,079	0	1,578	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	NURSING ADMINISTRATION	14,678	0	1,961	0	171	13.00
14.00	CENTRAL SERVICES & SUPPLY	14,451	0	18,936	0	1,653	14.00
15.00	PHARMACY	31,489	0	6,809	0	594	15.00
16.00	MEDICAL RECORDS & LIBRARY	16,629	0	14,896	0	1,300	16.00
17.00	SOCIAL SERVICE	2,970	0	0	0	0	17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRV	36,351	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	31,271	0	56,797	0	4,958	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	149,612	0	311,943	39,703	27,233	30.00
31.00	INTENSIVE CARE UNIT	40,298	0	65,820	12,970	5,746	31.00
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	SUBPROVIDER - IPF	14,271	0	28,390	2,906	2,478	40.00
41.00	SUBPROVIDER - IRF	21,760	0	55,009	8,679	4,802	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	0	0	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
46.00	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	99,483	0	154,812	10,973	13,514	50.00
50.01	GASTRO INTESTINAL SERVICES	9,768	0	20,102	1,558	1,755	50.01
51.00	RECOVERY ROOM	10,799	0	18,830	0	1,644	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	3,052	0	2,214	0	193	53.00
54.00	RADIOLOGY-DIAGNOSTIC	28,150	0	66,447	7,819	5,801	54.00
54.01	ULTRA SOUND	2,719	0	958	0	84	54.01
55.00	RADIOLOGY-THERAPEUTIC	6,531	0	20,629	784	1,801	55.00
56.00	RADIOISOTOPE	7,531	0	16,683	784	1,456	56.00
56.01	VASCULAR LAB	3,175	0	0	0	0	56.01
56.02	STRAUSS ONCOLOGY	44,583	0	0	784	0	56.02
57.00	CT SCAN	9,136	0	5,038	0	440	57.00
58.00	MRI	2,983	0	5,750	0	502	58.00
59.00	CARDIAC CATHETERIZATION	8,025	0	8,608	0	751	59.00
60.00	LABORATORY	35,512	0	25,678	0	2,242	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	10,596	0	1,227	0	107	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	15,240	0	5,851	0	511	65.00
66.00	PHYSICAL THERAPY	27,127	0	18,947	0	1,654	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	96	0	1,121	0	98	68.00
69.00	ELECTROCARDIOLOGY	10,593	0	40,215	784	3,511	69.00
70.00	ELECTROENCEPHALOGRAPHY	723	0	560	784	49	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	48,747	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	76,110	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	22,971	0	0	0	0	73.00
74.00	RENAL DIALYSIS	4,907	0	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	WOUND CARE	4,757	0	14,873	0	1,298	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	17,879	0	38,309	1,587	3,344	90.00
91.00	EMERGENCY	36,984	0	66,414	5,085	5,798	91.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140082

Period:
From 06/01/2010
To 05/31/2011

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Cost Center Description	ADMINISTRATIVE	MAINTENANCE &	OPERATION OF	LAUNDRY &	HOUSEKEEPING	
	& GENERAL	REPAIRS	PLANT	LINEN SERVICE		
	5.00	6.00	7.00	8.00	9.00	
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE (SPECIFY)	0	0	0	0	0	98.00
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	1,048,373	0	1,180,590	95,200	100,201	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 RESEARCH	0	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	40,700	0	202,845	382	17,707	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 MARKETING	25,430	0	1,737	0	152	194.00
194.01 HOSPICE	710	0	11,735	6,933	1,024	194.01
194.02 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.02
194.03 VACANT AREA	2,405	0	45,802	0	3,998	194.03
194.04 LAKEFRONT	547	0	10,418	0	909	194.04
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	1,118,165	0	1,453,127	102,515	123,991	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140082

Period:
From 06/01/2010
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Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.00	ADMINISTRATIVE & GENERAL						5.00
6.00	MAINTENANCE & REPAIRS						6.00
7.00	OPERATION OF PLANT						7.00
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
10.00	DIETARY	247,727					10.00
11.00	CAFETERIA	116,018	228,612				11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	NURSING ADMINISTRATION	0	4,209	0	32,547		13.00
14.00	CENTRAL SERVICES & SUPPLY	0	2,779	0	0	134,677	14.00
15.00	PHARMACY	0	7,279	0	0	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	7,289	0	0	0	16.00
17.00	SOCIAL SERVICE	0	1,314	0	0	0	17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRV	0	19,817	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	71,134	59,422	0	13,066	0	30.00
31.00	INTENSIVE CARE UNIT	10,844	12,538	0	2,757	0	31.00
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	SUBPROVIDER - IPF	6,831	4,664	0	1,026	0	40.00
41.00	SUBPROVIDER - IRF	8,379	6,107	0	1,344	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	0	0	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
46.00	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	18,706	0	4,114	0	50.00
50.01	GASTRO INTESTINAL SERVICES	0	2,808	0	618	0	50.01
51.00	RECOVERY ROOM	0	3,567	0	784	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	1,430	0	315	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	8,596	0	0	0	54.00
54.01	ULTRA SOUND	0	781	0	0	0	54.01
55.00	RADIOLOGY-THERAPEUTIC	0	1,272	0	280	0	55.00
56.00	RADIOISOTOPE	0	1,127	0	248	0	56.00
56.01	VASCULAR LAB	0	1,033	0	227	0	56.01
56.02	STRAUSS ONCOLOGY	0	2,563	0	564	0	56.02
57.00	CT SCAN	0	1,866	0	0	0	57.00
58.00	MRI	0	591	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	1,646	0	362	0	59.00
60.00	LABORATORY	0	8,554	0	0	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0	6,479	0	1,425	0	65.00
66.00	PHYSICAL THERAPY	0	9,716	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	26	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	2,854	0	628	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	326	0	72	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	134,677	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	1,601	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	WOUND CARE	0	1,466	0	323	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	6,492	0	0	0	90.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
91.00	EMERGENCY	0	12,699	0	2,793	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE (SPECIFY)	0	0	0	0	0	98.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	213,206	220,016	0	32,547	134,677	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	RESEARCH	0	0	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	29,055	6,291	0	0	0	192.00
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	MARKETING	0	2,305	0	0	0	194.00
194.01	HOSPICE	4,603	0	0	0	0	194.01
194.02	OTHER NONREIMBURSABLE COST CENTERS	863	0	0	0	0	194.02
194.03	VACANT AREA	0	0	0	0	0	194.03
194.04	LAKEFRONT	0	0	0	0	0	194.04
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	247,727	228,612	0	32,547	134,677	202.00

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Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	NONPHYSICIAN ANESTHETISTS	
	15.00	16.00	17.00	18.00	19.00	
GENERAL SERVICE COST CENTERS						
1.00 CAP REL COSTS-BLDG & FIXT						1.00
2.00 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.00 ADMINISTRATIVE & GENERAL						5.00
6.00 MAINTENANCE & REPAIRS						6.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY						10.00
11.00 CAFETERIA						11.00
12.00 MAINTENANCE OF PERSONNEL						12.00
13.00 NURSING ADMINISTRATION						13.00
14.00 CENTRAL SERVICES & SUPPLY						14.00
15.00 PHARMACY	83,073					15.00
16.00 MEDICAL RECORDS & LIBRARY	0	117,586				16.00
17.00 SOCIAL SERVICE	0	0	4,628			17.00
18.00 OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0		18.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	0	14,126	3,388	0		30.00
31.00 INTENSIVE CARE UNIT	0	3,424	516	0		31.00
32.00 CORONARY CARE UNIT	0	0	0	0		32.00
33.00 BURN INTENSIVE CARE UNIT	0	0	0	0		33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0	0	0		34.00
40.00 SUBPROVIDER - IPF	0	1,049	325	0		40.00
41.00 SUBPROVIDER - IRF	0	1,049	399	0		41.00
42.00 SUBPROVIDER	0	0	0	0		42.00
43.00 NURSERY	0	0	0	0		43.00
44.00 SKILLED NURSING FACILITY	0	0	0	0		44.00
45.00 NURSING FACILITY	0	0	0	0		45.00
46.00 OTHER LONG TERM CARE	0	0	0	0		46.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	16,696	0	0		50.00
50.01 GASTRO INTESTINAL SERVICES	0	1,313	0	0		50.01
51.00 RECOVERY ROOM	0	3,025	0	0		51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0		52.00
53.00 ANESTHESIOLOGY	0	2,450	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	3,198	0	0		54.00
54.01 ULTRA SOUND	0	769	0	0		54.01
55.00 RADIOLOGY-THERAPEUTIC	0	889	0	0		55.00
56.00 RADIOISOTOPE	0	1,337	0	0		56.00
56.01 VASCULAR LAB	0	862	0	0		56.01
56.02 STRAUSS ONCOLOGY	0	6,323	0	0		56.02
57.00 CT SCAN	0	5,605	0	0		57.00
58.00 MRI	0	2,182	0	0		58.00
59.00 CARDIAC CATHETERIZATION	0	2,147	0	0		59.00
60.00 LABORATORY	0	12,011	0	0		60.00
60.01 BLOOD LABORATORY	0	0	0	0		60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0		61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0		62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	1,170	0	0		63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0		64.00
65.00 RESPIRATORY THERAPY	0	2,229	0	0		65.00
66.00 PHYSICAL THERAPY	0	2,800	0	0		66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0		67.00
68.00 SPEECH PATHOLOGY	0	4	0	0		68.00
69.00 ELECTROCARDIOLOGY	0	3,373	0	0		69.00
70.00 ELECTROENCEPHALOGRAPHY	0	78	0	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENT	0	6,581	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	4,542	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	83,073	9,786	0	0		73.00
74.00 RENAL DIALYSIS	0	352	0	0		74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0		75.00
76.00 WOUND CARE	0	464	0	0		76.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0		88.00

ALLOCATION OF CAPITAL RELATED COSTS

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	Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	NONPHYSICIAN ANESTHETISTS	
		15.00	16.00	17.00	18.00	19.00	
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0		89.00
90.00	CLINIC	0	7	0	0		90.00
91.00	EMERGENCY	0	7,745	0	0		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	0	0	0	0		94.00
95.00	AMBULANCE SERVICES	0	0	0	0		95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0		96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0		97.00
98.00	OTHER REIMBURSABLE (SPECIFY)	0	0	0	0		98.00
99.00	CMHC	0	0	0	0		99.00
99.10	CORF	0	0	0	0		99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0		100.00
101.00	HOME HEALTH AGENCY	0	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS							
105.00	KIDNEY ACQUISITION	0	0	0	0		105.00
106.00	HEART ACQUISITION	0	0	0	0		106.00
107.00	LIVER ACQUISITION	0	0	0	0		107.00
108.00	LUNG ACQUISITION	0	0	0	0		108.00
109.00	PANCREAS ACQUISITION	0	0	0	0		109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0		110.00
111.00	ISLET ACQUISITION	0	0	0	0		111.00
113.00	INTEREST EXPENSE	0	0	0	0		113.00
114.00	UTILIZATION REVIEW-SNF	0	0	0	0		114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0		115.00
116.00	HOSPICE	0	0	0	0		116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	83,073	117,586	4,628	0	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		190.00
191.00	RESEARCH	0	0	0	0		191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0		192.00
193.00	NONPAID WORKERS	0	0	0	0		193.00
194.00	MARKETING	0	0	0	0		194.00
194.01	HOSPICE	0	0	0	0		194.01
194.02	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0		194.02
194.03	VACANT AREA	0	0	0	0		194.03
194.04	LAKEFRONT	0	0	0	0		194.04
200.00	Cross Foot Adjustments						0 200.00
201.00	Negative Cost Centers	0	0	0	0		0 201.00
202.00	TOTAL (sum lines 118-201)	83,073	117,586	4,628	0	0	0 202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140082		Period: From 06/01/2010 To 05/31/2011		Worksheet B Part II Date/Time Prepared: 11/28/2011 8:51 am	
Cost Center Description	INTERNS & RESIDENTS				PARAMED ED PRGM	Subtotal	
	NURSING SCHOOL	SERVICES-SALAR	SERVICES-OTHER				
		Y & FRINGES APPRV	PRGM COSTS APPRV				
	20.00	21.00	22.00	23.00	24.00		
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.00	ADMINISTRATIVE & GENERAL						5.00
6.00	MAINTENANCE & REPAIRS						6.00
7.00	OPERATION OF PLANT						7.00
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
10.00	DIETARY						10.00
11.00	CAFETERIA						11.00
12.00	MAINTENANCE OF PERSONNEL						12.00
13.00	NURSING ADMINISTRATION						13.00
14.00	CENTRAL SERVICES & SUPPLY						14.00
15.00	PHARMACY						15.00
16.00	MEDICAL RECORDS & LIBRARY						16.00
17.00	SOCIAL SERVICE						17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)						18.00
19.00	NONPHYSICIAN ANESTHETISTS						19.00
20.00	NURSING SCHOOL	0					20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRV		60,726				21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRV			382,022			22.00
23.00	PARAMED ED PRGM-(SPECIFY)				0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS					2,291,671	30.00
31.00	INTENSIVE CARE UNIT					493,866	31.00
32.00	CORONARY CARE UNIT					0	32.00
33.00	BURN INTENSIVE CARE UNIT					0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT					0	34.00
40.00	SUBPROVIDER - IPF					207,846	40.00
41.00	SUBPROVIDER - IRF					389,087	41.00
42.00	SUBPROVIDER					0	42.00
43.00	NURSERY					0	43.00
44.00	SKILLED NURSING FACILITY					0	44.00
45.00	NURSING FACILITY					0	45.00
46.00	OTHER LONG TERM CARE					0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM					1,111,911	50.00
50.01	GASTRO INTESTINAL SERVICES					141,062	50.01
51.00	RECOVERY ROOM					135,588	51.00
52.00	DELIVERY ROOM & LABOR ROOM					0	52.00
53.00	ANESTHESIOLOGY					21,201	53.00
54.00	RADIOLOGY-DIAGNOSTIC					460,634	54.00
54.01	ULTRA SOUND					10,502	54.01
55.00	RADIOLOGY-THERAPEUTIC					137,562	55.00
56.00	RADIOISOTOPE					114,424	56.00
56.01	VASCULAR LAB					5,662	56.01
56.02	STRAUSS ONCOLOGY					55,563	56.02
57.00	CT SCAN					48,419	57.00
58.00	MRI					41,495	58.00
59.00	CARDIAC CATHETERIZATION					66,046	59.00
60.00	LABORATORY					216,569	60.00
60.01	BLOOD LABORATORY					0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY					0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELL					0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.					19,344	63.00
64.00	INTRAVENOUS THERAPY					0	64.00
65.00	RESPIRATORY THERAPY					63,218	65.00
66.00	PHYSICAL THERAPY					159,641	66.00
67.00	OCCUPATIONAL THERAPY					0	67.00
68.00	SPEECH PATHOLOGY					7,051	68.00
69.00	ELECTROCARDIOLOGY					267,362	69.00
70.00	ELECTROENCEPHALOGRAPHY					5,523	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT					190,005	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS					80,652	72.00
73.00	DRUGS CHARGED TO PATIENTS					117,431	73.00
74.00	RENAL DIALYSIS					5,259	74.00
75.00	ASC (NON-DISTINCT PART)					0	75.00
76.00	WOUND CARE					99,275	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC					0	88.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description	INTERNS & RESIDENTS				Subtotal	
	NURSING SCHOOL	SERVICES-SALAR	SERVICES-OTHER	PARAMED ED PRGM		
		Y & FRINGES APPRV	PRGM COSTS APPRV			
	20.00	21.00	22.00	23.00	24.00	
89.00 FEDERALLY QUALIFIED HEALTH CENTER					0	89.00
90.00 CLINIC					264,203	90.00
91.00 EMERGENCY					479,054	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS					0	94.00
95.00 AMBULANCE SERVICES					0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED					0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD					0	97.00
98.00 OTHER REIMBURSABLE (SPECIFY)					0	98.00
99.00 CMHC					0	99.00
99.10 CORF					0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM					0	100.00
101.00 HOME HEALTH AGENCY					0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION					0	105.00
106.00 HEART ACQUISITION					0	106.00
107.00 LIVER ACQUISITION					0	107.00
108.00 LUNG ACQUISITION					0	108.00
109.00 PANCREAS ACQUISITION					0	109.00
110.00 INTESTINAL ACQUISITION					0	110.00
111.00 ISLET ACQUISITION					0	111.00
113.00 INTEREST EXPENSE					0	113.00
114.00 UTILIZATION REVIEW-SNF					0	114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)					0	115.00
116.00 HOSPICE					0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	7,707,126	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN					0	190.00
191.00 RESEARCH					0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES					1,331,207	192.00
193.00 NONPAID WORKERS					0	193.00
194.00 MARKETING					39,325	194.00
194.01 HOSPICE					84,714	194.01
194.02 OTHER NONREIMBURSABLE COST CENTERS					863	194.02
194.03 VACANT AREA					285,255	194.03
194.04 LAKEFRONT					64,883	194.04
200.00 Cross Foot Adjustments	0	60,726	382,022	0	442,748	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	0	60,726	382,022	0	9,956,121	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140082

Period:
From 06/01/2010
To 05/31/2011

Worksheet B
Part II
Date/Time Prepared:
11/28/2011 8:51 am

Cost Center Description	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	25.00	26.00	
GENERAL SERVICE COST CENTERS			
1.00 CAP REL COSTS-BLDG & FIXT			1.00
2.00 CAP REL COSTS-MVBLE EQUIP			2.00
4.00 EMPLOYEE BENEFITS			4.00
5.00 ADMINISTRATIVE & GENERAL			5.00
6.00 MAINTENANCE & REPAIRS			6.00
7.00 OPERATION OF PLANT			7.00
8.00 LAUNDRY & LINEN SERVICE			8.00
9.00 HOUSEKEEPING			9.00
10.00 DIETARY			10.00
11.00 CAFETERIA			11.00
12.00 MAINTENANCE OF PERSONNEL			12.00
13.00 NURSING ADMINISTRATION			13.00
14.00 CENTRAL SERVICES & SUPPLY			14.00
15.00 PHARMACY			15.00
16.00 MEDICAL RECORDS & LIBRARY			16.00
17.00 SOCIAL SERVICE			17.00
18.00 OTHER GENERAL SERVICE (SPECIFY)			18.00
19.00 NONPHYSICIAN ANESTHETISTS			19.00
20.00 NURSING SCHOOL			20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRV			21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRV			22.00
23.00 PARAMED ED PRGM-(SPECIFY)			23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00 ADULTS & PEDIATRICS	0	2,291,671	30.00
31.00 INTENSIVE CARE UNIT	0	493,866	31.00
32.00 CORONARY CARE UNIT	0	0	32.00
33.00 BURN INTENSIVE CARE UNIT	0	0	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00 SUBPROVIDER - IPF	0	207,846	40.00
41.00 SUBPROVIDER - IRF	0	389,087	41.00
42.00 SUBPROVIDER	0	0	42.00
43.00 NURSERY	0	0	43.00
44.00 SKILLED NURSING FACILITY	0	0	44.00
45.00 NURSING FACILITY	0	0	45.00
46.00 OTHER LONG TERM CARE	0	0	46.00
ANCILLARY SERVICE COST CENTERS			
50.00 OPERATING ROOM	0	1,111,911	50.00
50.01 GASTRO INTESTINAL SERVICES	0	141,062	50.01
51.00 RECOVERY ROOM	0	135,588	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 ANESTHESIOLOGY	0	21,201	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	460,634	54.00
54.01 ULTRA SOUND	0	10,502	54.01
55.00 RADIOLOGY-THERAPEUTIC	0	137,562	55.00
56.00 RADIOISOTOPE	0	114,424	56.00
56.01 VASCULAR LAB	0	5,662	56.01
56.02 STRAUSS ONCOLOGY	0	55,563	56.02
57.00 CT SCAN	0	48,419	57.00
58.00 MRI	0	41,495	58.00
59.00 CARDIAC CATHETERIZATION	0	66,046	59.00
60.00 LABORATORY	0	216,569	60.00
60.01 BLOOD LABORATORY	0	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	19,344	63.00
64.00 INTRAVENOUS THERAPY	0	0	64.00
65.00 RESPIRATORY THERAPY	0	63,218	65.00
66.00 PHYSICAL THERAPY	0	159,641	66.00
67.00 OCCUPATIONAL THERAPY	0	0	67.00
68.00 SPEECH PATHOLOGY	0	7,051	68.00
69.00 ELECTROCARDIOLOGY	0	267,362	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	5,523	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENT	0	190,005	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	80,652	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	117,431	73.00
74.00 RENAL DIALYSIS	0	5,259	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	75.00
76.00 WOUND CARE	0	99,275	76.00
OUTPATIENT SERVICE COST CENTERS			
88.00 RURAL HEALTH CLINIC	0	0	88.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140082

Period:
From 06/01/2010
To 05/31/2011

Worksheet B
Part II
Date/Time Prepared:
11/28/2011 8:51 am

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	CLINIC	0	264,203	90.00
91.00	EMERGENCY	0	479,054	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0		92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	OTHER REIMBURSABLE (SPECIFY)	0	0	98.00
99.00	CMHC	0	0	99.00
99.10	CORF	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS				
105.00	KIDNEY ACQUISITION	0	0	105.00
106.00	HEART ACQUISITION	0	0	106.00
107.00	LIVER ACQUISITION	0	0	107.00
108.00	LUNG ACQUISITION	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	110.00
111.00	ISLET ACQUISITION	0	0	111.00
113.00	INTEREST EXPENSE	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	HOSPICE	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	7,707,126	118.00
NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
191.00	RESEARCH	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	1,331,207	192.00
193.00	NONPAID WORKERS	0	0	193.00
194.00	MARKETING	0	39,325	194.00
194.01	HOSPICE	0	84,714	194.01
194.02	OTHER NONREIMBURSABLE COST CENTERS	0	863	194.02
194.03	VACANT AREA	0	285,255	194.03
194.04	LAKEFRONT	0	64,883	194.04
200.00	Cross Foot Adjustments	0	442,748	200.00
201.00	Negative Cost Centers	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	9,956,121	202.00

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQARE FEET)	MVBLE EQUIP (SQARE FEET)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	349,159				1.00
2.00	CAP REL COSTS-MVBLE EQUIP		349,159			2.00
4.00	EMPLOYEE BENEFITS	2,827	2,827	56,527,117		4.00
5.00	ADMINISTRATIVE & GENERAL	38,791	38,791	8,454,766	-22,983,352	108,357,406
6.00	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	OPERATION OF PLANT	48,242	48,242	1,478,444	0	7,308,706
8.00	LAUNDRY & LINEN SERVICE	2,817	2,817	0	0	620,437
9.00	HOUSEKEEPING	3,031	3,031	989,833	0	1,857,378
10.00	DIETARY	6,408	6,408	1,037,367	0	2,372,293
11.00	CAFETERIA	3,226	3,226	0	0	91,988
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	NURSING ADMINISTRATION	350	350	1,085,860	0	1,422,406
14.00	CENTRAL SERVICES & SUPPLY	3,379	3,379	355,889	0	1,400,388
15.00	PHARMACY	1,215	1,215	1,582,714	0	3,051,575
16.00	MEDICAL RECORDS & LIBRARY	2,658	2,658	1,177,788	0	1,611,477
17.00	SOCIAL SERVICE	0	0	241,562	0	287,858
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	18.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRV	0	0	3,196,504	0	3,522,688
22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	10,135	10,135	0	0	3,030,383
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	55,664	55,664	10,381,456	0	14,496,566
31.00	INTENSIVE CARE UNIT	11,745	11,745	2,839,357	0	3,905,201
32.00	CORONARY CARE UNIT	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	SUBPROVIDER - IPF	5,066	5,066	1,017,536	0	1,382,987
41.00	SUBPROVIDER - IRF	9,816	9,816	1,164,145	0	2,108,722
42.00	SUBPROVIDER	0	0	0	0	42.00
43.00	NURSERY	0	0	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00	NURSING FACILITY	0	0	0	0	45.00
46.00	OTHER LONG TERM CARE	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	27,625	27,625	4,135,967	0	9,640,733
50.01	GASTRO INTESTINAL SERVICES	3,587	3,587	602,286	0	946,617
51.00	RECOVERY ROOM	3,360	3,360	792,251	0	1,046,501
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	395	395	198,983	0	295,796
54.00	RADIOLOGY-DIAGNOSTIC	11,857	11,857	1,771,434	0	2,727,956
54.01	ULTRA SOUND	171	171	220,758	0	263,461
55.00	RADIOLOGY-THERAPEUTIC	3,681	3,681	290,553	0	632,862
56.00	RADIOISOTOPE	2,977	2,977	259,289	0	729,797
56.01	VASCULAR LAB	0	0	255,955	0	307,709
56.02	STRAUSS ONCOLOGY	0	0	523,174	0	4,320,455
57.00	CT SCAN	899	899	490,375	0	885,386
58.00	MRI	1,026	1,026	161,959	0	289,055
59.00	CARDIAC CATHETERIZATION	1,536	1,536	496,591	0	777,717
60.00	LABORATORY	4,582	4,582	1,344,932	0	3,441,409
60.01	BLOOD LABORATORY	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	219	219	0	0	1,026,849
64.00	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	1,044	1,044	1,201,896	0	1,476,846
66.00	PHYSICAL THERAPY	3,381	3,381	2,096,150	0	2,628,838
67.00	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	200	200	1,886	0	9,287
69.00	ELECTROCARDIOLOGY	7,176	7,176	549,267	0	1,026,555
70.00	ELECTROENCEPHALOGRAPHY	100	100	55,803	0	70,017
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	4,723,985
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	7,375,749
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	2,226,083
74.00	RENAL DIALYSIS	0	0	0	0	475,512
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00	WOUND CARE	2,654	2,654	292,063	0	460,986

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140082

Period:
From 06/01/2010
To 05/31/2011

Worksheet B-1

Date/Time Prepared:
11/28/2011 8:51 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQARE FEET)	MVBLE EQUIP (SQARE FEET)				
	1.00	2.00				
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER CLINIC	0	0	0	0	0	89.00
90.00 CLINIC	6,836	6,836	1,164,433	0	1,732,666	90.00
91.00 EMERGENCY	11,851	11,851	2,531,635	0	3,584,089	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE (SPECIFY)	0	0	0	0	0	98.00
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	300,527	300,527	54,440,861	-22,983,352	101,593,969	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 RESEARCH	0	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	36,196	36,196	1,481,589	0	3,944,209	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 MARKETING	310	310	604,667	0	2,464,371	194.00
194.01 HOSPICE	2,094	2,094	0	0	68,798	194.01
194.02 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.02
194.03 VACANT AREA	8,173	8,173	0	0	233,050	194.03
194.04 LAKEFRONT	1,859	1,859	0	0	53,009	194.04
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	3,779,273	6,176,848	5,768,258		22,983,352	202.00
203.00 Unit cost multiplier (wkst. B, Part I)	10.823931	17.690645	0.102044		0.212107	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			80,610		1,118,165	204.00
205.00 Unit cost multiplier (wkst. B, Part II)			0.001426		0.010319	205.00

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.00	ADMINISTRATIVE & GENERAL						5.00
6.00	MAINTENANCE & REPAIRS	307,541					6.00
7.00	OPERATION OF PLANT	48,242	259,299				7.00
8.00	LAUNDRY & LINEN SERVICE	2,817	2,817	780,300			8.00
9.00	HOUSEKEEPING	3,031	3,031		253,451		9.00
10.00	DIETARY	6,408	6,408		6,408	417,911	10.00
11.00	CAFETERIA	3,226	3,226		3,226	195,721	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0		0	0	12.00
13.00	NURSING ADMINISTRATION	350	350		350	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	3,379	3,379		3,379	0	14.00
15.00	PHARMACY	1,215	1,215		1,215	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	2,658	2,658		2,658	0	16.00
17.00	SOCIAL SERVICE	0	0		0	0	17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0		0	0	18.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0		0	0	19.00
20.00	NURSING SCHOOL	0	0		0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRV	0	0		0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	10,135	10,135		10,135	0	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0		0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	55,664	55,664	302,213	55,664	120,001	30.00
31.00	INTENSIVE CARE UNIT	11,745	11,745	98,725	11,745	18,294	31.00
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	SUBPROVIDER - IPF	5,066	5,066	22,117	5,066	11,523	40.00
41.00	SUBPROVIDER - IRF	9,816	9,816	66,059	9,816	14,135	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	0	0	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
46.00	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	27,625	27,625	83,520	27,625	0	50.00
50.01	GASTRO INTESTINAL SERVICES	3,587	3,587	11,858	3,587	0	50.01
51.00	RECOVERY ROOM	3,360	3,360	0	3,360	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	395	395	0	395	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	11,857	11,857	59,512	11,857	0	54.00
54.01	ULTRA SOUND	171	171	0	171	0	54.01
55.00	RADIOLOGY-THERAPEUTIC	3,681	3,681	5,966	3,681	0	55.00
56.00	RADIOISOTOPE	2,977	2,977	5,966	2,977	0	56.00
56.01	VASCULAR LAB	0	0	0	0	0	56.01
56.02	STRAUSS ONCOLOGY	0	0	5,966	0	0	56.02
57.00	CT SCAN	899	899	0	899	0	57.00
58.00	MRI	1,026	1,026	0	1,026	0	58.00
59.00	CARDIAC CATHETERIZATION	1,536	1,536	0	1,536	0	59.00
60.00	LABORATORY	4,582	4,582	0	4,582	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	219	219	0	219	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	1,044	1,044	0	1,044	0	65.00
66.00	PHYSICAL THERAPY	3,381	3,381	0	3,381	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	200	200	0	200	0	68.00
69.00	ELECTROCARDIOLOGY	7,176	7,176	5,966	7,176	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	100	100	5,966	100	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	WOUND CARE	2,654	2,654	0	2,654	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00

COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 140082			Period: From 06/01/2010 To 05/31/2011		Worksheet B-1 Date/Time Prepared: 11/28/2011 8:51 am	
Cost Center Description	MAINTENANCE & REPAIRS (SQ. FEET)	OPERATION OF PLANT (SQ. FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQ. FEET)	DIETARY (MEALS SERVED)			
	6.00	7.00	8.00	9.00	10.00			
90.00 CLINIC	6,836	6,836	12,077	6,836	0			90.00
91.00 EMERGENCY	11,851	11,851	38,704	11,851	0			91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)								92.00
OTHER REIMBURSABLE COST CENTERS								
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0			94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0			95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0			96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0			97.00
98.00 OTHER REIMBURSABLE (SPECIFY)	0	0	0	0	0			98.00
99.00 CMHC	0	0	0	0	0			99.00
99.10 CORF	0	0	0	0	0			99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0			100.00
101.00 HOME HEALTH AGENCY	0	0	0	0	0			101.00
SPECIAL PURPOSE COST CENTERS								
105.00 KIDNEY ACQUISITION	0	0	0	0	0			105.00
106.00 HEART ACQUISITION	0	0	0	0	0			106.00
107.00 LIVER ACQUISITION	0	0	0	0	0			107.00
108.00 LUNG ACQUISITION	0	0	0	0	0			108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0			109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0			110.00
111.00 ISLET ACQUISITION	0	0	0	0	0			111.00
113.00 INTEREST EXPENSE	0	0	0	0	0			113.00
114.00 UTILIZATION REVIEW-SNF	0	0	0	0	0			114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0			115.00
116.00 HOSPICE	0	0	0	0	0			116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	258,909	210,667	724,615	204,819	359,674			118.00
NONREIMBURSABLE COST CENTERS								
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0			190.00
191.00 RESEARCH	0	0	0	0	0			191.00
192.00 PHYSICIANS' PRIVATE OFFICES	36,196	36,196	2,911	36,196	49,015			192.00
193.00 NONPAID WORKERS	0	0	0	0	0			193.00
194.00 MARKETING	310	310	0	310	0			194.00
194.01 HOSPICE	2,094	2,094	52,774	2,094	7,766			194.01
194.02 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	1,456			194.02
194.03 VACANT AREA	8,173	8,173	0	8,173	0			194.03
194.04 LAKEFRONT	1,859	1,859	0	1,859	0			194.04
200.00 Cross Foot Adjustments								200.00
201.00 Negative Cost Centers								201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	0	8,858,934	848,279	2,354,895	3,153,941			202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.000000	34.164937	1.087119	9.291323	7.546920			203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	0	1,453,127	102,515	123,991	247,727			204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.000000	5.604059	0.131379	0.489211	0.592775			205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140082

Period:
From 06/01/2010
To 05/31/2011

Worksheet B-1

Date/Time Prepared:
11/28/2011 8:51 am

Cost Center Description	CAFETERIA (FTES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
	11.00	12.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS						
1.00 CAP REL COSTS-BLDG & FIXT						1.00
2.00 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.00 ADMINISTRATIVE & GENERAL						5.00
6.00 MAINTENANCE & REPAIRS						6.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY						10.00
11.00 CAFETERIA	70,821					11.00
12.00 MAINTENANCE OF PERSONNEL	0	0				12.00
13.00 NURSING ADMINISTRATION	1,304	0	953,568			13.00
14.00 CENTRAL SERVICES & SUPPLY	861	0	0	4,723,987		14.00
15.00 PHARMACY	2,255	0	0	0	2,226,084	15.00
16.00 MEDICAL RECORDS & LIBRARY	2,258	0	0	0	0	16.00
17.00 SOCIAL SERVICE	407	0	0	0	0	17.00
18.00 OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRV	6,139	0	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	18,408	0	382,888	0	0	30.00
31.00 INTENSIVE CARE UNIT	3,884	0	80,783	0	0	31.00
32.00 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 SUBPROVIDER - IPF	1,445	0	30,056	0	0	40.00
41.00 SUBPROVIDER - IRF	1,892	0	39,364	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	0	0	0	0	0	43.00
44.00 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 NURSING FACILITY	0	0	0	0	0	45.00
46.00 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	5,795	0	120,540	0	0	50.00
50.01 GASTRO INTESTINAL SERVICES	870	0	18,106	0	0	50.01
51.00 RECOVERY ROOM	1,105	0	22,974	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	443	0	9,221	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	2,663	0	0	0	0	54.00
54.01 ULTRA SOUND	242	0	0	0	0	54.01
55.00 RADIOLOGY-THERAPEUTIC	394	0	8,195	0	0	55.00
56.00 RADIOISOTOPE	349	0	7,261	0	0	56.00
56.01 VASCULAR LAB	320	0	6,646	0	0	56.01
56.02 STRAUSS ONCOLOGY	794	0	16,510	0	0	56.02
57.00 CT SCAN	578	0	0	0	0	57.00
58.00 MRI	183	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	510	0	10,603	0	0	59.00
60.00 LABORATORY	2,650	0	0	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	2,007	0	41,744	0	0	65.00
66.00 PHYSICAL THERAPY	3,010	0	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	8	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	884	0	18,393	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	101	0	2,110	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	4,723,987	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	46,898	0	2,226,084	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 WOUND CARE	454	0	9,452	0	0	76.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140082

Period:
From 06/01/2010
To 05/31/2011

Worksheet B-1

Date/Time Prepared:
11/28/2011 8:51 am

Cost Center Description		CAFETERIA (FTES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
		11.00	12.00	13.00	14.00	15.00	
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	2,011	0	0	0	0	90.00
91.00	EMERGENCY	3,934	0	81,824	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE (SPECIFY)	0	0	0	0	0	98.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	68,158	0	953,568	4,723,987	2,226,084	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	RESEARCH	0	0	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	1,949	0	0	0	0	192.00
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	MARKETING	714	0	0	0	0	194.00
194.01	HOSPICE	0	0	0	0	0	194.01
194.02	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.02
194.03	VACANT AREA	0	0	0	0	0	194.03
194.04	LAKEFRONT	0	0	0	0	0	194.04
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	1,728,781	0	1,771,149	1,865,276	3,806,680	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	24.410570	0.000000	1.857391	0.394852	1.710034	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	228,612	0	32,547	134,677	83,073	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	3.228026	0.000000	0.034132	0.028509	0.037318	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140082

Period:
From 06/01/2010
To 05/31/2011

Worksheet B-1

Date/Time Prepared:
11/28/2011 8:51 am

Cost Center Description	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	OTHER GENERAL SERVICE (SPECIFY)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	
			(SPECIFY)			
	16.00	17.00	18.00	19.00	20.00	
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT					1.00
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	EMPLOYEE BENEFITS					4.00
5.00	ADMINISTRATIVE & GENERAL					5.00
6.00	MAINTENANCE & REPAIRS					6.00
7.00	OPERATION OF PLANT					7.00
8.00	LAUNDRY & LINEN SERVICE					8.00
9.00	HOUSEKEEPING					9.00
10.00	DIETARY					10.00
11.00	CAFETERIA					11.00
12.00	MAINTENANCE OF PERSONNEL					12.00
13.00	NURSING ADMINISTRATION					13.00
14.00	CENTRAL SERVICES & SUPPLY					14.00
15.00	PHARMACY					15.00
16.00	MEDICAL RECORDS & LIBRARY	496,049,748				16.00
17.00	SOCIAL SERVICE	0	42,614			17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	0		18.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0		21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0		22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	59,604,781	31,190	0		30.00
31.00	INTENSIVE CARE UNIT	14,445,639	4,755	0		31.00
32.00	CORONARY CARE UNIT	0	0	0		32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0		33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0		34.00
40.00	SUBPROVIDER - IPF	4,427,459	2,995	0		40.00
41.00	SUBPROVIDER - IRF	4,427,938	3,674	0		41.00
42.00	SUBPROVIDER	0	0	0		42.00
43.00	NURSERY	0	0	0		43.00
44.00	SKILLED NURSING FACILITY	0	0	0		44.00
45.00	NURSING FACILITY	0	0	0		45.00
46.00	OTHER LONG TERM CARE	0	0	0		46.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	70,355,720	0	0	0	50.00
50.01	GASTRO INTESTINAL SERVICES	5,538,803	0	0	0	50.01
51.00	RECOVERY ROOM	12,763,036	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	10,338,820	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	13,493,250	0	0	0	54.00
54.01	ULTRA SOUND	3,244,206	0	0	0	54.01
55.00	RADIOLOGY-THERAPEUTIC	3,749,069	0	0	0	55.00
56.00	RADIOISOTOPE	5,643,045	0	0	0	56.00
56.01	VASCULAR LAB	3,635,890	0	0	0	56.01
56.02	STRAUSS ONCOLOGY	26,677,464	0	0	0	56.02
57.00	CT SCAN	23,649,872	0	0	0	57.00
58.00	MRI	9,208,556	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	9,058,032	0	0	0	59.00
60.00	LABORATORY	50,679,140	0	0	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	4,935,002	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	9,405,351	0	0	0	65.00
66.00	PHYSICAL THERAPY	11,815,418	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	18,058	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	14,230,962	0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	330,087	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	27,767,471	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	19,166,642	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	41,291,210	0	0	0	73.00
74.00	RENAL DIALYSIS	1,484,928	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00	WOUND CARE	1,956,756	0	0	0	76.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140082

Period:
From 06/01/2010
To 05/31/2011

Worksheet B-1

Date/Time Prepared:
11/28/2011 8:51 am

Cost Center Description	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	OTHER GENERAL SERVICE (SPECIFY)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	
			(SPECIFY)			
	16.00	17.00	18.00	19.00	20.00	
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0 88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
90.00	CLINIC	28,925	0	0	0	0 90.00
91.00	EMERGENCY	32,678,218	0	0	0	0 91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)					0 92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0 94.00
95.00	AMBULANCE SERVICES	0	0	0	0	0 95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0 96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0 97.00
98.00	OTHER REIMBURSABLE (SPECIFY)	0	0	0	0	0 98.00
99.00	CMHC	0	0	0	0	0 99.00
99.10	CORF	0	0	0	0	0 99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0 100.00
101.00	HOME HEALTH AGENCY	0	0	0	0	0 101.00
SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	0	0	0	0	0 105.00
106.00	HEART ACQUISITION	0	0	0	0	0 106.00
107.00	LIVER ACQUISITION	0	0	0	0	0 107.00
108.00	LUNG ACQUISITION	0	0	0	0	0 108.00
109.00	PANCREAS ACQUISITION	0	0	0	0	0 109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0 110.00
111.00	ISLET ACQUISITION	0	0	0	0	0 111.00
113.00	INTEREST EXPENSE	0	0	0	0	0 113.00
114.00	UTILIZATION REVIEW-SNF	0	0	0	0	0 114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0 115.00
116.00	HOSPICE	0	0	0	0	0 116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	496,049,748	42,614	0	0	0 118.00
NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0 190.00
191.00	RESEARCH	0	0	0	0	0 191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0 192.00
193.00	NONPAID WORKERS	0	0	0	0	0 193.00
194.00	MARKETING	0	0	0	0	0 194.00
194.01	HOSPICE	0	0	0	0	0 194.01
194.02	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0 194.02
194.03	VACANT AREA	0	0	0	0	0 194.03
194.04	LAKEFRONT	0	0	0	0	0 194.04
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers					201.00
202.00	Cost to be allocated (per wkst. B, Part I)	2,123,908	358,850	0	0	0 202.00
203.00	Unit cost multiplier (wkst. B, Part I)	0.004282	8.420941	0.000000	0.000000	0.000000 203.00
204.00	Cost to be allocated (per wkst. B, Part II)	117,586	4,628	0	0	0 204.00
205.00	Unit cost multiplier (wkst. B, Part II)	0.000237	0.108603	0.000000	0.000000	0.000000 205.00

Cost Center Description	INTERNS & RESIDENTS			PARAMED ED PRGM (ASSIGNED TIME)	
	SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)			
	21.00	22.00	23.00		
GENERAL SERVICE COST CENTERS					
1.00	CAP REL COSTS-BLDG & FIXT				1.00
2.00	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	EMPLOYEE BENEFITS				4.00
5.00	ADMINISTRATIVE & GENERAL				5.00
6.00	MAINTENANCE & REPAIRS				6.00
7.00	OPERATION OF PLANT				7.00
8.00	LAUNDRY & LINEN SERVICE				8.00
9.00	HOUSEKEEPING				9.00
10.00	DIETARY				10.00
11.00	CAFETERIA				11.00
12.00	MAINTENANCE OF PERSONNEL				12.00
13.00	NURSING ADMINISTRATION				13.00
14.00	CENTRAL SERVICES & SUPPLY				14.00
15.00	PHARMACY				15.00
16.00	MEDICAL RECORDS & LIBRARY				16.00
17.00	SOCIAL SERVICE				17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)				18.00
19.00	NONPHYSICIAN ANESTHETISTS				19.00
20.00	NURSING SCHOOL				20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRV	72,373			21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRV		72,373		22.00
23.00	PARAMED ED PRGM-(SPECIFY)			0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS	47,619	47,619	0	30.00
31.00	INTENSIVE CARE UNIT	0	0	0	31.00
32.00	CORONARY CARE UNIT	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	34.00
40.00	SUBPROVIDER - IPF	0	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	42.00
43.00	NURSERY	0	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	44.00
45.00	NURSING FACILITY	0	0	0	45.00
46.00	OTHER LONG TERM CARE	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	20,320	20,320	0	50.00
50.01	GASTRO INTESTINAL SERVICES	0	0	0	50.01
51.00	RECOVERY ROOM	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
54.01	ULTRA SOUND	0	0	0	54.01
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	RADIOISOTOPE	0	0	0	56.00
56.01	VASCULAR LAB	0	0	0	56.01
56.02	STRAUSS ONCOLOGY	0	0	0	56.02
57.00	CT SCAN	0	0	0	57.00
58.00	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
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0	0	0	65.00
66.00	PHYSICAL THERAPY	85	85	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
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	75.00
76.00	WOUND CARE	0	0	0	76.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140082

Period:
From 06/01/2010
To 05/31/2011

Worksheet B-1
Date/Time Prepared:
11/28/2011 8:51 am

Cost Center Description	INTERNS & RESIDENTS			PARAMED ED PRGM (ASSIGNED TIME)	
	SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)			
	21.00	22.00	23.00		
OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	CLINIC	0	0	0	90.00
91.00	EMERGENCY	4,349	4,349	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)				92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	HOME PROGRAM DIALYSIS	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
98.00	OTHER REIMBURSABLE (SPECIFY)	0	0	0	98.00
99.00	CMHC	0	0	0	99.00
99.10	CORF	0	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	100.00
101.00	HOME HEALTH AGENCY	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
105.00	KIDNEY ACQUISITION	0	0	0	105.00
106.00	HEART ACQUISITION	0	0	0	106.00
107.00	LIVER ACQUISITION	0	0	0	107.00
108.00	LUNG ACQUISITION	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	115.00
116.00	HOSPICE	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	72,373	72,373	0	118.00
NONREIMBURSABLE COST CENTERS					
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	190.00
191.00	RESEARCH	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	192.00
193.00	NONPAID WORKERS	0	0	0	193.00
194.00	MARKETING	0	0	0	194.00
194.01	HOSPICE	0	0	0	194.01
194.02	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	194.02
194.03	VACANT AREA	0	0	0	194.03
194.04	LAKEFRONT	0	0	0	194.04
200.00	Cross Foot Adjustments				200.00
201.00	Negative Cost Centers				201.00
202.00	Cost to be allocated (per wkst. B, Part I)	4,419,731	4,113,578	0	202.00
203.00	Unit cost multiplier (wkst. B, Part I)	61.068783	56.838572	0.000000	203.00
204.00	Cost to be allocated (per wkst. B, Part II)	60,726	382,022	0	204.00
205.00	Unit cost multiplier (wkst. B, Part II)	0.839070	5.278515	0.000000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140082

Period:
From 06/01/2010
To 05/31/2011

Worksheet C
Part I
Date/Time Prepared:
11/28/2011 8:51 am

		Title XVIII		Hospital		PPS
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	Costs		
				RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS		22,902,904	18,606	22,921,510	30.00
31.00	INTENSIVE CARE UNIT		5,836,059	1,620	5,837,679	31.00
32.00	CORONARY CARE UNIT		0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT		0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT		0	0	0	34.00
40.00	SUBPROVIDER - IPF		2,142,763	18,219	2,160,982	40.00
41.00	SUBPROVIDER - IRF		3,330,252	0	3,330,252	41.00
42.00	SUBPROVIDER		0	0	0	42.00
43.00	NURSERY		0	0	0	43.00
44.00	SKILLED NURSING FACILITY		0	0	0	44.00
45.00	NURSING FACILITY		0	0	0	45.00
46.00	OTHER LONG TERM CARE		0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM		13,643,310	550,500	14,193,810	50.00
50.01	GASTRO INTESTINAL SERVICES		1,394,754	0	1,394,754	50.01
51.00	RECOVERY ROOM		1,538,781	0	1,538,781	51.00
52.00	DELIVERY ROOM & LABOR ROOM		0	0	0	52.00
53.00	ANESTHESIOLOGY		447,913	0	447,913	53.00
54.00	RADIOLOGY-DIAGNOSTIC		4,009,316	30,567	4,039,883	54.00
54.01	ULTRA SOUND		346,573	0	346,573	54.01
55.00	RADIOLOGY-THERAPEUTIC		974,437	7,567	982,004	55.00
56.00	RADIOISOTOPE		1,066,617	0	1,066,617	56.00
56.01	VASCULAR LAB		408,700	0	408,700	56.01
56.02	STRAUSS ONCOLOGY		5,407,621	0	5,407,621	56.02
57.00	CT SCAN		1,227,628	0	1,227,628	57.00
58.00	MRI		438,850	0	438,850	58.00
59.00	CARDIAC CATHETERIZATION		1,080,353	82,893	1,163,246	59.00
60.00	LABORATORY		4,652,169	0	4,652,169	60.00
60.01	BLOOD LABORATORY		0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY		0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELL		0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.		1,275,300	0	1,275,300	63.00
64.00	INTRAVENOUS THERAPY		0	0	0	64.00
65.00	RESPIRATORY THERAPY	0	2,002,264	0	2,002,264	65.00
66.00	PHYSICAL THERAPY	0	3,457,429	0	3,457,429	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	20,220	0	20,220	68.00
69.00	ELECTROCARDIOLOGY		1,679,303	0	1,679,303	69.00
70.00	ELECTROENCEPHALOGRAPHY		103,496	0	103,496	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT		7,710,151	0	7,710,151	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS		9,022,269	0	9,022,269	72.00
73.00	DRUGS CHARGED TO PATIENTS		6,768,848	0	6,768,848	73.00
74.00	RENAL DIALYSIS		582,729	0	582,729	74.00
75.00	ASC (NON-DISTINCT PART)		0	0	0	75.00
76.00	WOUND CARE		711,114	12,922	724,036	76.00
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		2,459,587	0	2,459,587	90.00
91.00	EMERGENCY		5,289,313	0	5,289,313	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		649,804	0	649,804	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS		0	0	0	94.00
95.00	AMBULANCE SERVICES		0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED		0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD		0	0	0	97.00
98.00	OTHER REIMBURSABLE (SPECIFY)		0	0	0	98.00
99.00	CMHC		0	0	0	99.00
99.10	CORF		0	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM		0	0	0	100.00
101.00	HOME HEALTH AGENCY		0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION		0	0	0	105.00
106.00	HEART ACQUISITION		0	0	0	106.00
107.00	LIVER ACQUISITION		0	0	0	107.00
108.00	LUNG ACQUISITION		0	0	0	108.00
109.00	PANCREAS ACQUISITION		0	0	0	109.00
110.00	INTESTINAL ACQUISITION		0	0	0	110.00
111.00	ISLET ACQUISITION		0	0	0	111.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140082

Period:
From 06/01/2010
To 05/31/2011

Worksheet C
Part I
Date/Time Prepared:
11/28/2011 8:51 am

Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
				Total Costs	RCE	Total Costs	
					Disallowance		
		1.00	2.00	3.00	4.00	5.00	
113.00	INTEREST EXPENSE						113.00
114.00	UTILIZATION REVIEW-SNF						114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0		0		0	115.00
116.00	HOSPICE	0		0		0	116.00
200.00	Subtotal (see instructions)	112,580,827	0	112,580,827	722,894	113,303,721	200.00
201.00	Less Observation Beds	649,804		649,804		649,804	201.00
202.00	Total (see instructions)	111,931,023	0	111,931,023	722,894	112,653,917	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140082	Period: From 06/01/2010 To 05/31/2011	Worksheet C Part I Date/Time Prepared: 11/28/2011 8:51 am	
			Title XVIII	Hospital	PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
	9.00	10.00				
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	58,625,546		58,625,546		30.00
31.00	INTENSIVE CARE UNIT	14,445,639		14,445,639		31.00
32.00	CORONARY CARE UNIT	0		0		32.00
33.00	BURN INTENSIVE CARE UNIT	0		0		33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0		34.00
40.00	SUBPROVIDER - IPF	4,427,459		4,427,459		40.00
41.00	SUBPROVIDER - IRF	4,427,938		4,427,938		41.00
42.00	SUBPROVIDER	0		0		42.00
43.00	NURSERY	0		0		43.00
44.00	SKILLED NURSING FACILITY	0		0		44.00
45.00	NURSING FACILITY	0		0		45.00
46.00	OTHER LONG TERM CARE	0		0		46.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	30,301,154	40,054,566	70,355,720	0.193919	50.00
50.01	GASTRO INTESTINAL SERVICES	1,968,002	3,570,801	5,538,803	0.251815	50.01
51.00	RECOVERY ROOM	5,629,832	7,133,204	12,763,036	0.120565	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	52.00
53.00	ANESTHESIOLOGY	4,664,214	5,674,606	10,338,820	0.043323	53.00
54.00	RADIOLOGY-DIAGNOSTIC	5,722,414	7,770,836	13,493,250	0.297135	54.00
54.01	ULTRA SOUND	1,226,087	2,018,119	3,244,206	0.106828	54.01
55.00	RADIOLOGY-THERAPEUTIC	300,903	3,448,166	3,749,069	0.259914	55.00
56.00	RADIOISOTOPE	2,459,286	3,183,759	5,643,045	0.189014	56.00
56.01	VASCULAR LAB	2,312,916	1,322,974	3,635,890	0.112407	56.01
56.02	STRAUSS ONCOLOGY	1,132,637	25,544,827	26,677,464	0.202704	56.02
57.00	CT SCAN	11,600,591	12,049,281	23,649,872	0.051908	57.00
58.00	MRI	2,334,224	6,874,332	9,208,556	0.047657	58.00
59.00	CARDIAC CATHETERIZATION	6,224,907	2,833,125	9,058,032	0.119270	59.00
60.00	LABORATORY	36,070,526	14,608,614	50,679,140	0.091797	60.00
60.01	BLOOD LABORATORY	0	0	0	0.000000	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0.000000	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	4,509,570	425,432	4,935,002	0.258419	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0.000000	64.00
65.00	RESPIRATORY THERAPY	8,858,234	547,117	9,405,351	0.212886	65.00
66.00	PHYSICAL THERAPY	8,665,571	3,149,847	11,815,418	0.292620	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0.000000	67.00
68.00	SPEECH PATHOLOGY	1,930	16,128	18,058	1.119725	68.00
69.00	ELECTROCARDIOLOGY	9,177,436	5,053,526	14,230,962	0.118003	69.00
70.00	ELECTROENCEPHALOGRAPHY	262,336	67,751	330,087	0.313542	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	16,015,395	11,752,076	27,767,471	0.277668	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	15,460,301	3,706,341	19,166,642	0.470728	72.00
73.00	DRUGS CHARGED TO PATIENTS	33,085,317	8,205,893	41,291,210	0.163930	73.00
74.00	RENAL DIALYSIS	1,474,638	10,290	1,484,928	0.392429	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00
76.00	WOUND CARE	23,951	1,932,805	1,956,756	0.363415	76.00
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	87	28,838	28,925	85.033258	90.00
91.00	EMERGENCY	12,668,486	20,009,732	32,678,218	0.161861	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	22,633	956,602	979,235	0.663583	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0.000000	94.00
95.00	AMBULANCE SERVICES	0	0	0	0.000000	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	97.00
98.00	OTHER REIMBURSABLE (SPECIFY)	0	0	0	0.000000	98.00
99.00	CMHC	0	0	0		99.00
99.10	CORF	0	0	0		99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0		100.00
101.00	HOME HEALTH AGENCY	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	0	0	0		105.00
106.00	HEART ACQUISITION	0	0	0		106.00
107.00	LIVER ACQUISITION	0	0	0		107.00
108.00	LUNG ACQUISITION	0	0	0		108.00
109.00	PANCREAS ACQUISITION	0	0	0		109.00
110.00	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	ISLET ACQUISITION	0	0	0		111.00
113.00	INTEREST EXPENSE					113.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140082

Period:
From 06/01/2010
To 05/31/2011

Worksheet C
Part I
Date/Time Prepared:
11/28/2011 8:51 am

Cost Center Description	Title XVIII			Hospital	PPS	
	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00	9.00	10.00	
114.00 UTILIZATION REVIEW-SNF						114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0			115.00
116.00 HOSPICE	0	0	0			116.00
200.00 Subtotal (see instructions)	304,100,160	191,949,588	496,049,748			200.00
201.00 Less Observation Beds						201.00
202.00 Total (see instructions)	304,100,160	191,949,588	496,049,748			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140082	Period: From 06/01/2010 To 05/31/2011	Worksheet C Part I Date/Time Prepared: 11/28/2011 8:51 am
Title XVIII		Hospital	PPS	
Cost Center Description	PPS Inpatient Ratio			
	11.00			
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00				30.00
31.00				31.00
32.00				32.00
33.00				33.00
34.00				34.00
40.00				40.00
41.00				41.00
42.00				42.00
43.00				43.00
44.00				44.00
45.00				45.00
46.00				46.00
ANCILLARY SERVICE COST CENTERS				
50.00	0.201744			50.00
50.01	0.251815			50.01
51.00	0.120565			51.00
52.00	0.000000			52.00
53.00	0.043323			53.00
54.00	0.299400			54.00
54.01	0.106828			54.01
55.00	0.261933			55.00
56.00	0.189014			56.00
56.01	0.112407			56.01
56.02	0.202704			56.02
57.00	0.051908			57.00
58.00	0.047657			58.00
59.00	0.128421			59.00
60.00	0.091797			60.00
60.01	0.000000			60.01
61.00	0.000000			61.00
62.00	0.000000			62.00
63.00	0.258419			63.00
64.00	0.000000			64.00
65.00	0.212886			65.00
66.00	0.292620			66.00
67.00	0.000000			67.00
68.00	1.119725			68.00
69.00	0.118003			69.00
70.00	0.313542			70.00
71.00	0.277668			71.00
72.00	0.470728			72.00
73.00	0.163930			73.00
74.00	0.392429			74.00
75.00	0.000000			75.00
76.00	0.370019			76.00
OUTPATIENT SERVICE COST CENTERS				
88.00				88.00
89.00				89.00
90.00	85.033258			90.00
91.00	0.161861			91.00
92.00	0.663583			92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	0.000000			94.00
95.00	0.000000			95.00
96.00	0.000000			96.00
97.00	0.000000			97.00
98.00	0.000000			98.00
99.00				99.00
99.10				99.10
100.00				100.00
101.00				101.00
SPECIAL PURPOSE COST CENTERS				
105.00				105.00
106.00				106.00
107.00				107.00
108.00				108.00
109.00				109.00
110.00				110.00
111.00				111.00
113.00				113.00
114.00				114.00
115.00				115.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140082	Period: From 06/01/2010 To 05/31/2011	Worksheet C Part I Date/Time Prepared: 11/28/2011 8:51 am
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital
116.00	HOSPICE	11.00		
200.00	Subtotal (see instructions)			116.00
201.00	Less Observation Beds			200.00
202.00	Total (see instructions)			201.00
				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS			Provider CCN: 140082	Period: From 06/01/2010 To 05/31/2011	Worksheet D Part I Date/Time Prepared: 11/28/2011 8:51 am		
Cost Center Description	Title XVIII			Hospital	PPS		
	Capital Related Cost (from wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	2,291,671	0	2,291,671	32,100	71.39	30.00
31.00	INTENSIVE CARE UNIT	493,866		493,866	4,755	103.86	31.00
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
40.00	SUBPROVIDER - IPF	207,846	0	207,846	2,995	69.40	40.00
41.00	SUBPROVIDER - IRF	389,087	0	389,087	3,674	105.90	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	0		0	0	0.00	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
45.00	NURSING FACILITY	0		0	0	0.00	45.00
200.00	Total (lines 30-199)	3,382,470		3,382,470	43,524		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 140082	Period: From 06/01/2010 To 05/31/2011	Worksheet D Part I Date/Time Prepared: 11/28/2011 8:51 am
Title XVIII		Hospital	PPS

Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)	
	6.00	7.00	
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00 ADULTS & PEDIATRICS	16,973	1,211,702	30.00
31.00 INTENSIVE CARE UNIT	2,594	269,413	31.00
32.00 CORONARY CARE UNIT	0	0	32.00
33.00 BURN INTENSIVE CARE UNIT	0	0	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00 SUBPROVIDER - IPF	2,376	164,894	40.00
41.00 SUBPROVIDER - IRF	2,317	245,370	41.00
42.00 SUBPROVIDER	0	0	42.00
43.00 NURSERY	0	0	43.00
44.00 SKILLED NURSING FACILITY	0	0	44.00
45.00 NURSING FACILITY	0	0	45.00
200.00 Total (lines 30-199)	24,260	1,891,379	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS Provider CCN: 140082 Period: From 06/01/2010 To 05/31/2011 Worksheet D Part II Date/Time Prepared: 11/28/2011 8:51 am

Cost Center Description		Title XVIII			Hospital	PPS	
		Capital Related Cost (from wkst. B, Part II, col. 26)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	1,111,911	70,355,720	0.015804	13,539,158	213,973	50.00
50.01	GASTRO INTESTINAL SERVICES	141,062	5,538,803	0.025468	792,131	20,174	50.01
51.00	RECOVERY ROOM	135,588	12,763,036	0.010623	2,750,673	29,220	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
53.00	ANESTHESIOLOGY	21,201	10,338,820	0.002051	1,968,585	4,038	53.00
54.00	RADIOLOGY-DIAGNOSTIC	460,634	13,493,250	0.034138	2,370,936	80,939	54.00
54.01	ULTRA SOUND	10,502	3,244,206	0.003237	770,788	2,495	54.01
55.00	RADIOLOGY-THERAPEUTIC	137,562	3,749,069	0.036692	148,624	5,453	55.00
56.00	RADIOISOTOPE	114,424	5,643,045	0.020277	1,393,328	28,253	56.00
56.01	VASCULAR LAB	5,662	3,635,890	0.001557	1,317,415	2,051	56.01
56.02	STRAUSS ONCOLOGY	55,563	26,677,464	0.002083	0	0	56.02
57.00	CT SCAN	48,419	23,649,872	0.002047	5,943,313	12,166	57.00
58.00	MRI	41,495	9,208,556	0.004506	1,212,219	5,462	58.00
59.00	CARDIAC CATHETERIZATION	66,046	9,058,032	0.007291	3,318,375	24,194	59.00
60.00	LABORATORY	216,569	50,679,140	0.004273	20,420,653	87,257	60.00
60.01	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0.000000	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	19,344	4,935,002	0.003920	1,288,976	5,053	63.00
64.00	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	RESPIRATORY THERAPY	63,218	9,405,351	0.006721	4,205,367	28,264	65.00
66.00	PHYSICAL THERAPY	159,641	11,815,418	0.013511	2,626,814	35,491	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	SPEECH PATHOLOGY	7,051	18,058	0.390464	0	0	68.00
69.00	ELECTROCARDIOLOGY	267,362	14,230,962	0.018787	5,065,219	95,160	69.00
70.00	ELECTROENCEPHALOGRAPHY	5,523	330,087	0.016732	141,843	2,373	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	190,005	27,767,471	0.006843	7,603,426	52,030	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	80,652	19,166,642	0.004208	7,164,295	30,147	72.00
73.00	DRUGS CHARGED TO PATIENTS	117,431	41,291,210	0.002844	17,228,362	48,997	73.00
74.00	RENAL DIALYSIS	5,259	1,484,928	0.003542	849,155	3,008	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
76.00	WOUND CARE	99,275	1,956,756	0.050734	4,134	210	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	CLINIC	264,203	28,925	9.134071	0	0	90.00
91.00	EMERGENCY	479,054	32,678,218	0.014660	4,050,671	59,383	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	64,967	979,235	0.066345	10,143	673	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
98.00	OTHER REIMBURSABLE (SPECIFY)	0	0	0.000000	0	0	98.00
200.00	Total (lines 50-199)	4,389,623	414,123,166		106,184,603	876,464	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140082		Period: From 06/01/2010 To 05/31/2011		Worksheet D Part III Date/Time Prepared: 11/28/2011 8:51 am	
Cost Center Description		Title XVIII			Hospital		PPS
		Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	0	0	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
200.00	Total (lines 30-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140082	Period: From 06/01/2010 To 05/31/2011	Worksheet D Part III Date/Time Prepared: 11/28/2011 8:51 am
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Cost Center Description	Title XVIII		Hospital		PPS	
	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. Nursing School	
	6.00	7.00	8.00	9.00	11.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	32,100	0.00	16,973	0	0 30.00
31.00	INTENSIVE CARE UNIT	4,755	0.00	2,594	0	0 31.00
32.00	CORONARY CARE UNIT	0	0.00	0	0	0 32.00
33.00	BURN INTENSIVE CARE UNIT	0	0.00	0	0	0 33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0.00	0	0	0 34.00
40.00	SUBPROVIDER - IPF	2,995	0.00	2,376	0	0 40.00
41.00	SUBPROVIDER - IRF	3,674	0.00	2,317	0	0 41.00
42.00	SUBPROVIDER	0	0.00	0	0	0 42.00
43.00	NURSERY	0	0.00	0	0	0 43.00
44.00	SKILLED NURSING FACILITY	0	0.00	0	0	0 44.00
45.00	NURSING FACILITY	0	0.00	0	0	0 45.00
200.00	Total (lines 30-199)	43,524		24,260	0	0 200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140082

Period:
From 06/01/2010
To 05/31/2011

Worksheet D
Part III
Date/Time Prepared:
11/28/2011 8:51 am

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

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140082

Period:
From 06/01/2010
To 05/31/2011

Worksheet D
Part IV
Date/Time Prepared:
11/28/2011 8:51 am

Cost Center Description	Title XVIII			Hospital	PPS	Total Cost (sum of col 1 through col. 4)	
	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost			
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00 OPERATING ROOM	0	0	0	0	0	0	50.00
50.01 GASTRO INTESTINAL SERVICES	0	0	0	0	0	0	50.01
51.00 RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
54.01 ULTRA SOUND	0	0	0	0	0	0	54.01
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	0	0	0	0	0	0	56.00
56.01 VASCULAR LAB	0	0	0	0	0	0	56.01
56.02 STRAUSS ONCOLOGY	0	0	0	0	0	0	56.02
57.00 CT SCAN	0	0	0	0	0	0	57.00
58.00 MRI	0	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	0	0	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.00
76.00 WOUND CARE	0	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	0	90.00
91.00 EMERGENCY	0	0	0	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE (SPECIFY)	0	0	0	0	0	0	98.00
200.00 Total (lines 50-199)	0	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140082

Period:
From 06/01/2010
To 05/31/2011

Worksheet D
Part IV
Date/Time Prepared:
11/28/2011 8:51 am

Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Title XVIII		Hospital		Inpatient Program Charges	PPS
		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)			
	6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	70,355,720	0.000000	0.000000	13,539,158	50.00
50.01	GASTRO INTESTINAL SERVICES	0	5,538,803	0.000000	0.000000	792,131	50.01
51.00	RECOVERY ROOM	0	12,763,036	0.000000	0.000000	2,750,673	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0.000000	0	52.00
53.00	ANESTHESIOLOGY	0	10,338,820	0.000000	0.000000	1,968,585	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	13,493,250	0.000000	0.000000	2,370,936	54.00
54.01	ULTRA SOUND	0	3,244,206	0.000000	0.000000	770,788	54.01
55.00	RADIOLOGY-THERAPEUTIC	0	3,749,069	0.000000	0.000000	148,624	55.00
56.00	RADIOISOTOPE	0	5,643,045	0.000000	0.000000	1,393,328	56.00
56.01	VASCULAR LAB	0	3,635,890	0.000000	0.000000	1,317,415	56.01
56.02	STRAUSS ONCOLOGY	0	26,677,464	0.000000	0.000000	0	56.02
57.00	CT SCAN	0	23,649,872	0.000000	0.000000	5,943,313	57.00
58.00	MRI	0	9,208,556	0.000000	0.000000	1,212,219	58.00
59.00	CARDIAC CATHETERIZATION	0	9,058,032	0.000000	0.000000	3,318,375	59.00
60.00	LABORATORY	0	50,679,140	0.000000	0.000000	20,420,653	60.00
60.01	BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0.000000	0.000000	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	4,935,002	0.000000	0.000000	1,288,976	63.00
64.00	INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00	RESPIRATORY THERAPY	0	9,405,351	0.000000	0.000000	4,205,367	65.00
66.00	PHYSICAL THERAPY	0	11,815,418	0.000000	0.000000	2,626,814	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0.000000	0.000000	0	67.00
68.00	SPEECH PATHOLOGY	0	18,058	0.000000	0.000000	0	68.00
69.00	ELECTROCARDIOLOGY	0	14,230,962	0.000000	0.000000	5,065,219	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	330,087	0.000000	0.000000	141,843	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0	27,767,471	0.000000	0.000000	7,603,426	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	19,166,642	0.000000	0.000000	7,164,295	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	41,291,210	0.000000	0.000000	17,228,362	73.00
74.00	RENAL DIALYSIS	0	1,484,928	0.000000	0.000000	849,155	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
76.00	WOUND CARE	0	1,956,756	0.000000	0.000000	4,134	76.00
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	28,925	0.000000	0.000000	0	90.00
91.00	EMERGENCY	0	32,678,218	0.000000	0.000000	4,050,671	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	979,235	0.000000	0.000000	10,143	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
95.00	AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
98.00	OTHER REIMBURSABLE (SPECIFY)	0	0	0.000000	0.000000	0	98.00
200.00	Total (lines 50-199)	0	414,123,166			106,184,603	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS
 Provider CCN: 140082
 Period: From 06/01/2010 To 05/31/2011
 Worksheet D Part IV
 Date/Time Prepared: 11/28/2011 8:51 am

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	10,781,961	0	0	0	50.00
50.01 GASTRO INTESTINAL SERVICES	0	955,908	0	0	0	50.01
51.00 RECOVERY ROOM	0	2,761,996	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	1,547,217	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	4,692,327	0	0	0	54.00
54.01 ULTRA SOUND	0	801,655	0	0	0	54.01
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	0	1,496,324	0	0	0	56.00
56.01 VASCULAR LAB	0	815,278	0	0	0	56.01
56.02 STRAUSS ONCOLOGY	0	13,016,978	0	0	0	56.02
57.00 CT SCAN	0	5,557,314	0	0	0	57.00
58.00 MRI	0	2,429,624	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	1,384,636	0	0	0	59.00
60.00 LABORATORY	0	1,036,496	0	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	99,475	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	0	231,300	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	3,417	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	2,704,714	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	29,367	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENT	0	3,753,417	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	1,256,266	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	2,078,229	0	0	0	73.00
74.00 RENAL DIALYSIS	0	9,193	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 WOUND CARE	0	154,883	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
91.00 EMERGENCY	0	4,898,318	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	279,184	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE (SPECIFY)	0	0	0	0	0	98.00
200.00 Total (lines 50-199)	0	62,775,477	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140082

Period:
From 06/01/2010
To 05/31/2011

Worksheet D
Part IV
Date/Time Prepared:
11/28/2011 8:51 am

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	GASTRO INTESTINAL SERVICES	0	0			50.01
51.00	RECOVERY ROOM	0	0			51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0			52.00
53.00	ANESTHESIOLOGY	0	0			53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0			54.00
54.01	ULTRA SOUND	0	0			54.01
55.00	RADIOLOGY-THERAPEUTIC	0	0			55.00
56.00	RADIOISOTOPE	0	0			56.00
56.01	VASCULAR LAB	0	0			56.01
56.02	STRAUSS ONCOLOGY	0	0			56.02
57.00	CT SCAN	0	0			57.00
58.00	MRI	0	0			58.00
59.00	CARDIAC CATHETERIZATION	0	0			59.00
60.00	LABORATORY	0	0			60.00
60.01	BLOOD LABORATORY	0	0			60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0			61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0			62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0			63.00
64.00	INTRAVENOUS THERAPY	0	0			64.00
65.00	RESPIRATORY THERAPY	0	0			65.00
66.00	PHYSICAL THERAPY	0	0			66.00
67.00	OCCUPATIONAL THERAPY	0	0			67.00
68.00	SPEECH PATHOLOGY	0	0			68.00
69.00	ELECTROCARDIOLOGY	0	0			69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0			70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0			71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0			72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0			73.00
74.00	RENAL DIALYSIS	0	0			74.00
75.00	ASC (NON-DISTINCT PART)	0	0			75.00
76.00	WOUND CARE	0	0			76.00
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0			88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0			89.00
90.00	CLINIC	0	0			90.00
91.00	EMERGENCY	0	0			91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0			92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0			94.00
95.00	AMBULANCE SERVICES	0	0			95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0			96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0			97.00
98.00	OTHER REIMBURSABLE (SPECIFY)	0	0			98.00
200.00	Total (lines 50-199)	0	0			200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140082	Period: From 06/01/2010 To 05/31/2011	Worksheet D Part V Date/Time Prepared: 11/28/2011 8:51 am
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Cost Center Description	Cost to Charge Ratio From worksheet C, Part I, col. 9	Charges			PPS	
		PPS Reimbursed Services (see instructions)	Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)		
						1.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0.193919	10,781,961	0	0	50.00
50.01	GASTRO INTESTINAL SERVICES	0.251815	955,908	0	0	50.01
51.00	RECOVERY ROOM	0.120565	2,761,996	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	52.00
53.00	ANESTHESIOLOGY	0.043323	1,547,217	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.297135	4,692,327	0	0	54.00
54.01	ULTRA SOUND	0.106828	801,655	0	0	54.01
55.00	RADIOLOGY-THERAPEUTIC	0.259914	0	0	0	55.00
56.00	RADIOISOTOPE	0.189014	1,496,324	0	0	56.00
56.01	VASCULAR LAB	0.112407	815,278	0	0	56.01
56.02	STRAUSS ONCOLOGY	0.202704	13,016,978	0	0	56.02
57.00	CT SCAN	0.051908	5,557,314	0	0	57.00
58.00	MRI	0.047657	2,429,624	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.119270	1,384,636	0	0	59.00
60.00	LABORATORY	0.091797	1,036,496	0	0	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.258419	99,475	0	0	63.00
64.00	INTRAVENOUS THERAPY	0.000000	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0.212886	231,300	0	0	65.00
66.00	PHYSICAL THERAPY	0.292620	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0.000000	0	0	0	67.00
68.00	SPEECH PATHOLOGY	1.119725	3,417	0	0	68.00
69.00	ELECTROCARDIOLOGY	0.118003	2,704,714	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.313542	29,367	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0.277668	3,753,417	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.470728	1,256,266	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.163930	2,078,229	0	0	73.00
74.00	RENAL DIALYSIS	0.392429	9,193	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0	0	75.00
76.00	WOUND CARE	0.363415	154,883	0	0	76.00
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	85.033258	0	0	0	90.00
91.00	EMERGENCY	0.161861	4,898,318	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.663583	279,184	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0.000000		0		94.00
95.00	AMBULANCE SERVICES	0.000000		0		95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	97.00
98.00	OTHER REIMBURSABLE (SPECIFY)	0.000000	0	0	0	98.00
200.00	Subtotal (see instructions)		62,775,477	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)		62,775,477	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140082	Period: From 06/01/2010 To 05/31/2011	Worksheet D Part V Date/Time Prepared: 11/28/2011 8:51 am
Title XVIII		Hospital	PPS

Cost Center Description	Costs				
	PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)		
	5.00	6.00	7.00		
ANCILLARY SERVICE COST CENTERS					
50.00 OPERATING ROOM	2,090,827	0	0		50.00
50.01 GASTRO INTESTINAL SERVICES	240,712	0	0		50.01
51.00 RECOVERY ROOM	333,000	0	0		51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00 ANESTHESIOLOGY	67,030	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	1,394,255	0	0		54.00
54.01 ULTRA SOUND	85,639	0	0		54.01
55.00 RADIOLOGY-THERAPEUTIC	0	0	0		55.00
56.00 RADIOISOTOPE	282,826	0	0		56.00
56.01 VASCULAR LAB	91,643	0	0		56.01
56.02 STRAUSS ONCOLOGY	2,638,594	0	0		56.02
57.00 CT SCAN	288,469	0	0		57.00
58.00 MRI	115,789	0	0		58.00
59.00 CARDIAC CATHETERIZATION	165,146	0	0		59.00
60.00 LABORATORY	95,147	0	0		60.00
60.01 BLOOD LABORATORY	0	0	0		60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0		61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0		62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	25,706	0	0		63.00
64.00 INTRAVENOUS THERAPY	0	0	0		64.00
65.00 RESPIRATORY THERAPY	49,241	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	3,826	0	0		68.00
69.00 ELECTROCARDIOLOGY	319,164	0	0		69.00
70.00 ELECTROENCEPHALOGRAPHY	9,208	0	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENT	1,042,204	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	591,360	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	340,684	0	0		73.00
74.00 RENAL DIALYSIS	3,608	0	0		74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0		75.00
76.00 WOUND CARE	56,287	0	0		76.00
OUTPATIENT SERVICE COST CENTERS					
88.00 RURAL HEALTH CLINIC	0	0	0		88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00 CLINIC	0	0	0		90.00
91.00 EMERGENCY	792,847	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	185,262	0	0		92.00
OTHER REIMBURSABLE COST CENTERS					
94.00 HOME PROGRAM DIALYSIS		0	0		94.00
95.00 AMBULANCE SERVICES		0	0		95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0		96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0		97.00
98.00 OTHER REIMBURSABLE (SPECIFY)	0	0	0		98.00
200.00 Subtotal (see instructions)	11,308,474	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)	11,308,474	0	0		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 140082

Period: From 06/01/2010

Worksheet D

Component CCN: 14S082

To 05/31/2011

Part II

Date/Time Prepared: 11/28/2011 8:51 am

Title XVIII		Subprovider - IPF		PPS		
Cost Center Description	Capital Related Cost (from wkst. B, Part II, col. 26) 1.00	Total Charges (from wkst. C, Part I, col. 8) 2.00	Ratio of Cost to Charges (col. 1 ÷ col. 2) 3.00	Inpatient Program Charges 4.00	Capital Costs (column 3 x column 4) 5.00	
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	1,111,911	70,355,720	0.015804	0	0 50.00
50.01	GASTRO INTESTINAL SERVICES	141,062	5,538,803	0.025468	0	0 50.01
51.00	RECOVERY ROOM	135,588	12,763,036	0.010623	499	5 51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0 52.00
53.00	ANESTHESIOLOGY	21,201	10,338,820	0.002051	0	0 53.00
54.00	RADIOLOGY-DIAGNOSTIC	460,634	13,493,250	0.034138	35,638	1,217 54.00
54.01	ULTRA SOUND	10,502	3,244,206	0.003237	8,205	27 54.01
55.00	RADIOLOGY-THERAPEUTIC	137,562	3,749,069	0.036692	0	0 55.00
56.00	RADIOISOTOPE	114,424	5,643,045	0.020277	6,362	129 56.00
56.01	VASCULAR LAB	5,662	3,635,890	0.001557	11,729	18 56.01
56.02	STRAUSS ONCOLOGY	55,563	26,677,464	0.002083	0	0 56.02
57.00	CT SCAN	48,419	23,649,872	0.002047	105,032	215 57.00
58.00	MRI	41,495	9,208,556	0.004506	18,881	85 58.00
59.00	CARDIAC CATHETERIZATION	66,046	9,058,032	0.007291	0	0 59.00
60.00	LABORATORY	216,569	50,679,140	0.004273	441,389	1,886 60.00
60.01	BLOOD LABORATORY	0	0	0.000000	0	0 60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0 61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0.000000	0	0 62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	19,344	4,935,002	0.003920	154	1 63.00
64.00	INTRAVENOUS THERAPY	0	0	0.000000	0	0 64.00
65.00	RESPIRATORY THERAPY	63,218	9,405,351	0.006721	42,046	283 65.00
66.00	PHYSICAL THERAPY	159,641	11,815,418	0.013511	119,116	1,609 66.00
67.00	OCCUPATIONAL THERAPY	0	0	0.000000	0	0 67.00
68.00	SPEECH PATHOLOGY	7,051	18,058	0.390464	0	0 68.00
69.00	ELECTROCARDIOLOGY	267,362	14,230,962	0.018787	64,604	1,214 69.00
70.00	ELECTROENCEPHALOGRAPHY	5,523	330,087	0.016732	3,926	66 70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	190,005	27,767,471	0.006843	11,093	76 71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	80,652	19,166,642	0.004208	54	0 72.00
73.00	DRUGS CHARGED TO PATIENTS	117,431	41,291,210	0.002844	375,565	1,068 73.00
74.00	RENAL DIALYSIS	5,259	1,484,928	0.003542	11,603	41 74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0 75.00
76.00	WOUND CARE	99,275	1,956,756	0.050734	0	0 76.00
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0	0 88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0 89.00
90.00	CLINIC	264,203	28,925	9.134071	0	0 90.00
91.00	EMERGENCY	479,054	32,678,218	0.014660	160,701	2,356 91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	64,967	979,235	0.066345	0	0 92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0 94.00
95.00	AMBULANCE SERVICES	0	0	0.000000	0	0 95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0 96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0 97.00
98.00	OTHER REIMBURSABLE (SPECIFY)	0	0	0.000000	0	0 98.00
200.00	Total (lines 50-199)	4,389,623	414,123,166		1,416,597	10,296 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140082 Component CCN: 145082	Period: From 06/01/2010 To 05/31/2011	Worksheet D Part IV Date/Time Prepared: 11/28/2011 8:51 am
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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	GASTRO INTESTINAL SERVICES	0	0	0	0	0	50.01
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	ULTRA SOUND	0	0	0	0	0	54.01
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	VASCULAR LAB	0	0	0	0	0	56.01
56.02	STRAUSS ONCOLOGY	0	0	0	0	0	56.02
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MRI	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	0	0	0	0	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	WOUND CARE	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
91.00	EMERGENCY	0	0	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE (SPECIFY)	0	0	0	0	0	98.00
200.00	Total (Lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140082 Component CCN: 145082		Period: From 06/01/2010 To 05/31/2011		Worksheet D Part IV Date/Time Prepared: 11/28/2011 8:51 am	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges		
	6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	70,355,720	0.000000	0.000000	0	50.00
50.01	GASTRO INTESTINAL SERVICES	0	5,538,803	0.000000	0.000000	0	50.01
51.00	RECOVERY ROOM	0	12,763,036	0.000000	0.000000	499	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0.000000	0	52.00
53.00	ANESTHESIOLOGY	0	10,338,820	0.000000	0.000000	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	13,493,250	0.000000	0.000000	35,638	54.00
54.01	ULTRA SOUND	0	3,244,206	0.000000	0.000000	8,205	54.01
55.00	RADIOLOGY-THERAPEUTIC	0	3,749,069	0.000000	0.000000	0	55.00
56.00	RADIOISOTOPE	0	5,643,045	0.000000	0.000000	6,362	56.00
56.01	VASCULAR LAB	0	3,635,890	0.000000	0.000000	11,729	56.01
56.02	STRAUSS ONCOLOGY	0	26,677,464	0.000000	0.000000	0	56.02
57.00	CT SCAN	0	23,649,872	0.000000	0.000000	105,032	57.00
58.00	MRI	0	9,208,556	0.000000	0.000000	18,881	58.00
59.00	CARDIAC CATHETERIZATION	0	9,058,032	0.000000	0.000000	0	59.00
60.00	LABORATORY	0	50,679,140	0.000000	0.000000	441,389	60.00
60.01	BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0.000000	0.000000	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	4,935,002	0.000000	0.000000	154	63.00
64.00	INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00	RESPIRATORY THERAPY	0	9,405,351	0.000000	0.000000	42,046	65.00
66.00	PHYSICAL THERAPY	0	11,815,418	0.000000	0.000000	119,116	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0.000000	0.000000	0	67.00
68.00	SPEECH PATHOLOGY	0	18,058	0.000000	0.000000	0	68.00
69.00	ELECTROCARDIOLOGY	0	14,230,962	0.000000	0.000000	64,604	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	330,087	0.000000	0.000000	3,926	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0	27,767,471	0.000000	0.000000	11,093	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	19,166,642	0.000000	0.000000	54	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	41,291,210	0.000000	0.000000	375,565	73.00
74.00	RENAL DIALYSIS	0	1,484,928	0.000000	0.000000	11,603	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
76.00	WOUND CARE	0	1,956,756	0.000000	0.000000	0	76.00
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	28,925	0.000000	0.000000	0	90.00
91.00	EMERGENCY	0	32,678,218	0.000000	0.000000	160,701	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	979,235	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
95.00	AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
98.00	OTHER REIMBURSABLE (SPECIFY)	0	0	0.000000	0.000000	0	98.00
200.00	Total (lines 50-199)	0	414,123,166			1,416,597	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140082 Component CCN: 14S082	Period: From 06/01/2010 To 05/31/2011	Worksheet D Part IV Date/Time Prepared: 11/28/2011 8:51 am
Title XVIII		Subprovider - IPF	PPS

Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
	11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	0	0	0	0	50.00
50.01 GASTRO INTESTINAL SERVICES	0	0	0	0	0	50.01
51.00 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	3,174	0	0	0	54.00
54.01 ULTRA SOUND	0	1,453	0	0	0	54.01
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
56.01 VASCULAR LAB	0	0	0	0	0	56.01
56.02 STRAUSS ONCOLOGY	0	0	0	0	0	56.02
57.00 CT SCAN	0	7,609	0	0	0	57.00
58.00 MRI	0	3,082	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	0	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	0	0	66.00
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	11,482	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	812	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENT	0	228	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	224	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 WOUND CARE	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
91.00 EMERGENCY	0	4,623	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE (SPECIFY)	0	0	0	0	0	98.00
200.00 Total (lines 50-199)	0	32,687	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140082

Period:
From 06/01/2010
To 05/31/2011

Worksheet D
Part IV
Date/Time Prepared:
11/28/2011 8:51 am

Component CCN:14S082

Title XVIII

Subprovider -
IPF

PPS

Cost Center Description	PSA Adj.	PSA Adj. All		
	Allied Health	Other Medical		
	23.00	24.00		
ANCILLARY SERVICE COST CENTERS				
50.00 OPERATING ROOM	0	0		50.00
50.01 GASTRO INTESTINAL SERVICES	0	0		50.01
51.00 RECOVERY ROOM	0	0		51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 ANESTHESIOLOGY	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01 ULTRA SOUND	0	0		54.01
55.00 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 RADIOISOTOPE	0	0		56.00
56.01 VASCULAR LAB	0	0		56.01
56.02 STRAUSS ONCOLOGY	0	0		56.02
57.00 CT SCAN	0	0		57.00
58.00 MRI	0	0		58.00
59.00 CARDIAC CATHETERIZATION	0	0		59.00
60.00 LABORATORY	0	0		60.00
60.01 BLOOD LABORATORY	0	0		60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0		61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0		62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00 INTRAVENOUS THERAPY	0	0		64.00
65.00 RESPIRATORY THERAPY	0	0		65.00
66.00 PHYSICAL THERAPY	0	0		66.00
67.00 OCCUPATIONAL THERAPY	0	0		67.00
68.00 SPEECH PATHOLOGY	0	0		68.00
69.00 ELECTROCARDIOLOGY	0	0		69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00 RENAL DIALYSIS	0	0		74.00
75.00 ASC (NON-DISTINCT PART)	0	0		75.00
76.00 WOUND CARE	0	0		76.00
OUTPATIENT SERVICE COST CENTERS				
88.00 RURAL HEALTH CLINIC	0	0		88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 CLINIC	0	0		90.00
91.00 EMERGENCY	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
OTHER REIMBURSABLE COST CENTERS				
94.00 HOME PROGRAM DIALYSIS	0	0		94.00
95.00 AMBULANCE SERVICES	0	0		95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
98.00 OTHER REIMBURSABLE (SPECIFY)	0	0		98.00
200.00 Total (lines 50-199)	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140082 Component CCN:14S082	Period: From 06/01/2010 To 05/31/2011	Worksheet D Part V Date/Time Prepared: 11/28/2011 8:51 am
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges				
		PPS Reimbursed Services (see instructions)	Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)		
	1.00	2.00	3.00	4.00		
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0.193919	0	0	0		50.00
50.01 GASTRO INTESTINAL SERVICES	0.251815	0	0	0		50.01
51.00 RECOVERY ROOM	0.120565	0	0	0		51.00
52.00 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0		52.00
53.00 ANESTHESIOLOGY	0.043323	0	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	0.297135	3,174	0	0		54.00
54.01 ULTRA SOUND	0.106828	1,453	0	0		54.01
55.00 RADIOLOGY-THERAPEUTIC	0.259914	0	0	0		55.00
56.00 RADIOISOTOPE	0.189014	0	0	0		56.00
56.01 VASCULAR LAB	0.112407	0	0	0		56.01
56.02 STRAUSS ONCOLOGY	0.202704	0	0	0		56.02
57.00 CT SCAN	0.051908	7,609	0	0		57.00
58.00 MRI	0.047657	3,082	0	0		58.00
59.00 CARDIAC CATHETERIZATION	0.119270	0	0	0		59.00
60.00 LABORATORY	0.091797	0	0	0		60.00
60.01 BLOOD LABORATORY	0.000000	0	0	0		60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0		61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	0		62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0.258419	0	0	0		63.00
64.00 INTRAVENOUS THERAPY	0.000000	0	0	0		64.00
65.00 RESPIRATORY THERAPY	0.212886	0	0	0		65.00
66.00 PHYSICAL THERAPY	0.292620	0	0	0		66.00
67.00 OCCUPATIONAL THERAPY	0.000000	0	0	0		67.00
68.00 SPEECH PATHOLOGY	1.119725	0	0	0		68.00
69.00 ELECTROCARDIOLOGY	0.118003	11,482	0	0		69.00
70.00 ELECTROENCEPHALOGRAPHY	0.313542	812	0	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENT	0.277668	228	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0.470728	0	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	0.163930	224	0	0		73.00
74.00 RENAL DIALYSIS	0.392429	0	0	0		74.00
75.00 ASC (NON-DISTINCT PART)	0.000000	0	0	0		75.00
76.00 WOUND CARE	0.363415	0	0	0		76.00
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	85.033258	0	0	0		90.00
91.00 EMERGENCY	0.161861	4,623	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0.663583	0	0	0		92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0.000000		0			94.00
95.00 AMBULANCE SERVICES	0.000000		0			95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0		96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0		97.00
98.00 OTHER REIMBURSABLE (SPECIFY)	0.000000	0	0	0		98.00
200.00 Subtotal (see instructions)		32,687	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)		32,687	0	0		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140082 Component CCN: 14S082	Period: From 06/01/2010 To 05/31/2011	Worksheet D Part V Date/Time Prepared: 11/28/2011 8:51 am
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description	Costs				
	PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)		
	5.00	6.00	7.00		
ANCILLARY SERVICE COST CENTERS					
50.00 OPERATING ROOM	0	0	0		50.00
50.01 GASTRO INTESTINAL SERVICES	0	0	0		50.01
51.00 RECOVERY ROOM	0	0	0		51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00 ANESTHESIOLOGY	0	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	943	0	0		54.00
54.01 ULTRA SOUND	155	0	0		54.01
55.00 RADIOLOGY-THERAPEUTIC	0	0	0		55.00
56.00 RADIOISOTOPE	0	0	0		56.00
56.01 VASCULAR LAB	0	0	0		56.01
56.02 STRAUSS ONCOLOGY	0	0	0		56.02
57.00 CT SCAN	395	0	0		57.00
58.00 MRI	147	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
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0		61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0		62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0		63.00
64.00 INTRAVENOUS THERAPY	0	0	0		64.00
65.00 RESPIRATORY THERAPY	0	0	0		65.00
66.00 PHYSICAL THERAPY	0	0	0		66.00
67.00 OCCUPATIONAL THERAPY	0	0	0		67.00
68.00 SPEECH PATHOLOGY	0	0	0		68.00
69.00 ELECTROCARDIOLOGY	1,355	0	0		69.00
70.00 ELECTROENCEPHALOGRAPHY	255	0	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENT	63	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	37	0	0		73.00
74.00 RENAL DIALYSIS	0	0	0		74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0		75.00
76.00 WOUND CARE	0	0	0		76.00
OUTPATIENT SERVICE COST CENTERS					
88.00 RURAL HEALTH CLINIC	0	0	0		88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00 CLINIC	0	0	0		90.00
91.00 EMERGENCY	748	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
OTHER REIMBURSABLE COST CENTERS					
94.00 HOME PROGRAM DIALYSIS		0	0		94.00
95.00 AMBULANCE SERVICES		0	0		95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0		96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0		97.00
98.00 OTHER REIMBURSABLE (SPECIFY)	0	0	0		98.00
200.00 Subtotal (see instructions)	4,098	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)	4,098	0	0		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 140082	Period: From 06/01/2010 To 05/31/2011	Worksheet D Part II Date/Time Prepared: 11/28/2011 8:51 am		
				Component CCN: 14T082	Title XVIII	Subprovider - IRF		
Cost Center Description				Capital Related Cost (from wkst. B, Part II, col. 26)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)
				1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS								
50.00	OPERATING ROOM	1,111,911	70,355,720	0.015804	18,124	286	50.00	
50.01	GASTRO INTESTINAL SERVICES	141,062	5,538,803	0.025468	0	0	50.01	
51.00	RECOVERY ROOM	135,588	12,763,036	0.010623	352	4	51.00	
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00	
53.00	ANESTHESIOLOGY	21,201	10,338,820	0.002051	0	0	53.00	
54.00	RADIOLOGY-DIAGNOSTIC	460,634	13,493,250	0.034138	51,611	1,762	54.00	
54.01	ULTRA SOUND	10,502	3,244,206	0.003237	6,019	19	54.01	
55.00	RADIOLOGY-THERAPEUTIC	137,562	3,749,069	0.036692	0	0	55.00	
56.00	RADIOISOTOPE	114,424	5,643,045	0.020277	6,162	125	56.00	
56.01	VASCULAR LAB	5,662	3,635,890	0.001557	28,035	44	56.01	
56.02	STRAUSS ONCOLOGY	55,563	26,677,464	0.002083	7,774	16	56.02	
57.00	CT SCAN	48,419	23,649,872	0.002047	47,200	97	57.00	
58.00	MRI	41,495	9,208,556	0.004506	21,932	99	58.00	
59.00	CARDIAC CATHETERIZATION	66,046	9,058,032	0.007291	0	0	59.00	
60.00	LABORATORY	216,569	50,679,140	0.004273	451,915	1,931	60.00	
60.01	BLOOD LABORATORY	0	0	0.000000	0	0	60.01	
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0	61.00	
62.00	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0.000000	0	0	62.00	
63.00	BLOOD STORING, PROCESSING & TRANS.	19,344	4,935,002	0.003920	17,574	69	63.00	
64.00	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00	
65.00	RESPIRATORY THERAPY	63,218	9,405,351	0.006721	108,724	731	65.00	
66.00	PHYSICAL THERAPY	159,641	11,815,418	0.013511	2,473,565	33,420	66.00	
67.00	OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00	
68.00	SPEECH PATHOLOGY	7,051	18,058	0.390464	0	0	68.00	
69.00	ELECTROCARDIOLOGY	267,362	14,230,962	0.018787	42,390	796	69.00	
70.00	ELECTROENCEPHALOGRAPHY	5,523	330,087	0.016732	745	12	70.00	
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	190,005	27,767,471	0.006843	121,228	830	71.00	
72.00	IMPL. DEV. CHARGED TO PATIENTS	80,652	19,166,642	0.004208	441	2	72.00	
73.00	DRUGS CHARGED TO PATIENTS	117,431	41,291,210	0.002844	511,891	1,456	73.00	
74.00	RENAL DIALYSIS	5,259	1,484,928	0.003542	77,718	275	74.00	
75.00	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00	
76.00	WOUND CARE	99,275	1,956,756	0.050734	0	0	76.00	
OUTPATIENT SERVICE COST CENTERS								
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00	
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00	
90.00	CLINIC	264,203	28,925	9.134071	0	0	90.00	
91.00	EMERGENCY	479,054	32,678,218	0.014660	1,907	28	91.00	
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	64,967	979,235	0.066345	0	0	92.00	
OTHER REIMBURSABLE COST CENTERS								
94.00	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00	
95.00	AMBULANCE SERVICES	0	0	0.000000	0	0	95.00	
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00	
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00	
98.00	OTHER REIMBURSABLE (SPECIFY)	0	0	0.000000	0	0	98.00	
200.00	Total (lines 50-199)	4,389,623	414,123,166		3,995,307	42,002	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140082

Period: From 06/01/2010

Worksheet D

Component CCN: 14T082

To 05/31/2011

Part IV

Date/Time Prepared: 11/28/2011 8:51 am

Title XVIII

Subprovider - IRF

PPS

Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	0	0	0	0	50.00
50.01 GASTRO INTESTINAL SERVICES	0	0	0	0	0	50.01
51.00 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01 ULTRA SOUND	0	0	0	0	0	54.01
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
56.01 VASCULAR LAB	0	0	0	0	0	56.01
56.02 STRAUSS ONCOLOGY	0	0	0	0	0	56.02
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MRI	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	0	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 WOUND CARE	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
91.00 EMERGENCY	0	0	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE (SPECIFY)	0	0	0	0	0	98.00
200.00 Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140082 Component CCN: 14T082	Period: From 06/01/2010 To 05/31/2011	Worksheet D Part IV Date/Time Prepared: 11/28/2011 8:51 am
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
	6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	70,355,720	0.000000	0.000000	18,124	50.00
50.01 GASTRO INTESTINAL SERVICES	0	5,538,803	0.000000	0.000000	0	50.01
51.00 RECOVERY ROOM	0	12,763,036	0.000000	0.000000	352	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0.000000	0	52.00
53.00 ANESTHESIOLOGY	0	10,338,820	0.000000	0.000000	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	13,493,250	0.000000	0.000000	51,611	54.00
54.01 ULTRA SOUND	0	3,244,206	0.000000	0.000000	6,019	54.01
55.00 RADIOLOGY-THERAPEUTIC	0	3,749,069	0.000000	0.000000	0	55.00
56.00 RADIOISOTOPE	0	5,643,045	0.000000	0.000000	6,162	56.00
56.01 VASCULAR LAB	0	3,635,890	0.000000	0.000000	28,035	56.01
56.02 STRAUSS ONCOLOGY	0	26,677,464	0.000000	0.000000	7,774	56.02
57.00 CT SCAN	0	23,649,872	0.000000	0.000000	47,200	57.00
58.00 MRI	0	9,208,556	0.000000	0.000000	21,932	58.00
59.00 CARDIAC CATHETERIZATION	0	9,058,032	0.000000	0.000000	0	59.00
60.00 LABORATORY	0	50,679,140	0.000000	0.000000	451,915	60.00
60.01 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0.000000	0.000000	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	4,935,002	0.000000	0.000000	17,574	63.00
64.00 INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00 RESPIRATORY THERAPY	0	9,405,351	0.000000	0.000000	108,724	65.00
66.00 PHYSICAL THERAPY	0	11,815,418	0.000000	0.000000	2,473,565	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0.000000	0.000000	0	67.00
68.00 SPEECH PATHOLOGY	0	18,058	0.000000	0.000000	0	68.00
69.00 ELECTROCARDIOLOGY	0	14,230,962	0.000000	0.000000	42,390	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	330,087	0.000000	0.000000	745	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENT	0	27,767,471	0.000000	0.000000	121,228	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	19,166,642	0.000000	0.000000	441	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	41,291,210	0.000000	0.000000	511,891	73.00
74.00 RENAL DIALYSIS	0	1,484,928	0.000000	0.000000	77,718	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
76.00 WOUND CARE	0	1,956,756	0.000000	0.000000	0	76.00
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	28,925	0.000000	0.000000	0	90.00
91.00 EMERGENCY	0	32,678,218	0.000000	0.000000	1,907	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	979,235	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
95.00 AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
98.00 OTHER REIMBURSABLE (SPECIFY)	0	0	0.000000	0.000000	0	98.00
200.00 Total (lines 50-199)	0	414,123,166			3,995,307	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140082 Component CCN: 14T082	Period: From 06/01/2010 To 05/31/2011	Worksheet D Part IV Date/Time Prepared: 11/28/2011 8:51 am
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
	11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	0	0	0	0	50.00
50.01 GASTRO INTESTINAL SERVICES	0	0	0	0	0	50.01
51.00 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	5,101	0	0	0	54.00
54.01 ULTRA SOUND	0	1,688	0	0	0	54.01
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
56.01 VASCULAR LAB	0	0	0	0	0	56.01
56.02 STRAUSS ONCOLOGY	0	15,501	0	0	0	56.02
57.00 CT SCAN	0	3,157	0	0	0	57.00
58.00 MRI	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	0	2,166	0	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	0	0	66.00
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	1,674	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENT	0	230	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 WOUND CARE	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
91.00 EMERGENCY	0	5,041	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE (SPECIFY)	0	0	0	0	0	98.00
200.00 Total (lines 50-199)	0	34,558	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140082 Component CCN: 14T082	Period: From 06/01/2010 To 05/31/2011	Worksheet D Part IV Date/Time Prepared: 11/28/2011 8:51 am
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	PSA Adj.	PSA Adj. All		
	Allied Health	Other Medical Education Cost		
	23.00	24.00		
ANCILLARY SERVICE COST CENTERS				
50.00 OPERATING ROOM	0	0		50.00
50.01 GASTRO INTESTINAL SERVICES	0	0		50.01
51.00 RECOVERY ROOM	0	0		51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 ANESTHESIOLOGY	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01 ULTRA SOUND	0	0		54.01
55.00 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 RADIOISOTOPE	0	0		56.00
56.01 VASCULAR LAB	0	0		56.01
56.02 STRAUSS ONCOLOGY	0	0		56.02
57.00 CT SCAN	0	0		57.00
58.00 MRI	0	0		58.00
59.00 CARDIAC CATHETERIZATION	0	0		59.00
60.00 LABORATORY	0	0		60.00
60.01 BLOOD LABORATORY	0	0		60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0		61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0		62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00 INTRAVENOUS THERAPY	0	0		64.00
65.00 RESPIRATORY THERAPY	0	0		65.00
66.00 PHYSICAL THERAPY	0	0		66.00
67.00 OCCUPATIONAL THERAPY	0	0		67.00
68.00 SPEECH PATHOLOGY	0	0		68.00
69.00 ELECTROCARDIOLOGY	0	0		69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00 RENAL DIALYSIS	0	0		74.00
75.00 ASC (NON-DISTINCT PART)	0	0		75.00
76.00 WOUND CARE	0	0		76.00
OUTPATIENT SERVICE COST CENTERS				
88.00 RURAL HEALTH CLINIC	0	0		88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 CLINIC	0	0		90.00
91.00 EMERGENCY	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
OTHER REIMBURSABLE COST CENTERS				
94.00 HOME PROGRAM DIALYSIS	0	0		94.00
95.00 AMBULANCE SERVICES	0	0		95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
98.00 OTHER REIMBURSABLE (SPECIFY)	0	0		98.00
200.00 Total (lines 50-199)	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140082 Component CCN: 14T082	Period: From 06/01/2010 To 05/31/2011	Worksheet D Part V Date/Time Prepared: 11/28/2011 8:51 am
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			
		PPS Reimbursed Services (see instructions)	Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)	
	1.00	2.00	3.00	4.00	
ANCILLARY SERVICE COST CENTERS					
50.00 OPERATING ROOM	0.193919	0	0	0	50.00
50.01 GASTRO INTESTINAL SERVICES	0.251815	0	0	0	50.01
51.00 RECOVERY ROOM	0.120565	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	52.00
53.00 ANESTHESIOLOGY	0.043323	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0.297135	5,101	0	0	54.00
54.01 ULTRA SOUND	0.106828	1,688	0	0	54.01
55.00 RADIOLOGY-THERAPEUTIC	0.259914	0	0	0	55.00
56.00 RADIOISOTOPE	0.189014	0	0	0	56.00
56.01 VASCULAR LAB	0.112407	0	0	0	56.01
56.02 STRAUSS ONCOLOGY	0.202704	15,501	0	0	56.02
57.00 CT SCAN	0.051908	3,157	0	0	57.00
58.00 MRI	0.047657	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0.119270	0	0	0	59.00
60.00 LABORATORY	0.091797	2,166	0	0	60.00
60.01 BLOOD LABORATORY	0.000000	0	0	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0.258419	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0.000000	0	0	0	64.00
65.00 RESPIRATORY THERAPY	0.212886	0	0	0	65.00
66.00 PHYSICAL THERAPY	0.292620	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0.000000	0	0	0	67.00
68.00 SPEECH PATHOLOGY	1.119725	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0.118003	1,674	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0.313542	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENT	0.277668	230	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0.470728	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0.163930	0	0	0	73.00
74.00 RENAL DIALYSIS	0.392429	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0.000000	0	0	0	75.00
76.00 WOUND CARE	0.363415	0	0	0	76.00
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	85.033258	0	0	0	90.00
91.00 EMERGENCY	0.161861	5,041	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0.663583	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00 HOME PROGRAM DIALYSIS	0.000000		0		94.00
95.00 AMBULANCE SERVICES	0.000000		0		95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	97.00
98.00 OTHER REIMBURSABLE (SPECIFY)	0.000000	0	0	0	98.00
200.00 Subtotal (see instructions)		34,558	0	0	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00 Net Charges (line 200 +/- line 201)		34,558	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140082 Component CCN: 14T082	Period: From 06/01/2010 To 05/31/2011	Worksheet D Part V Date/Time Prepared: 11/28/2011 8:51 am
	Title XVIII	subprovider - IRF	PPS

Cost Center Description	Costs				
	PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)		
	5.00	6.00	7.00		
ANCILLARY SERVICE COST CENTERS					
50.00 OPERATING ROOM	0	0	0		50.00
50.01 GASTRO INTESTINAL SERVICES	0	0	0		50.01
51.00 RECOVERY ROOM	0	0	0		51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00 ANESTHESIOLOGY	0	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	1,516	0	0		54.00
54.01 ULTRA SOUND	180	0	0		54.01
55.00 RADIOLOGY-THERAPEUTIC	0	0	0		55.00
56.00 RADIOISOTOPE	0	0	0		56.00
56.01 VASCULAR LAB	0	0	0		56.01
56.02 STRAUSS ONCOLOGY	3,142	0	0		56.02
57.00 CT SCAN	164	0	0		57.00
58.00 MRI	0	0	0		58.00
59.00 CARDIAC CATHETERIZATION	0	0	0		59.00
60.00 LABORATORY	199	0	0		60.00
60.01 BLOOD LABORATORY	0	0	0		60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0		61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0		62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0		63.00
64.00 INTRAVENOUS THERAPY	0	0	0		64.00
65.00 RESPIRATORY THERAPY	0	0	0		65.00
66.00 PHYSICAL THERAPY	0	0	0		66.00
67.00 OCCUPATIONAL THERAPY	0	0	0		67.00
68.00 SPEECH PATHOLOGY	0	0	0		68.00
69.00 ELECTROCARDIOLOGY	198	0	0		69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENT	64	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0		73.00
74.00 RENAL DIALYSIS	0	0	0		74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0		75.00
76.00 WOUND CARE	0	0	0		76.00
OUTPATIENT SERVICE COST CENTERS					
88.00 RURAL HEALTH CLINIC	0	0	0		88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00 CLINIC	0	0	0		90.00
91.00 EMERGENCY	816	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
OTHER REIMBURSABLE COST CENTERS					
94.00 HOME PROGRAM DIALYSIS		0	0		94.00
95.00 AMBULANCE SERVICES		0	0		95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0		96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0		97.00
98.00 OTHER REIMBURSABLE (SPECIFY)	0	0	0		98.00
200.00 Subtotal (see instructions)	6,279	0	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges		0	0		201.00
202.00 Net charges (line 200 +/- line 201)	6,279	0	0		202.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 140082	Period: From 06/01/2010 To 05/31/2011	Worksheet D-1 Date/Time Prepared: 11/28/2011 8:51 am
	Title XVIII	Hospital	PPS

Cost Center Description		1.00	
PART I - ALL PROVIDER COMPONENTS			
INPATIENT DAYS			
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	32,100	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	32,100	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)	32,100	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)	16,973	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)	22,921,510	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)	22,921,510	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28.00	General inpatient routine service charges (excluding swing-bed charges)	58,625,546	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)	0.390982	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)	22,921,510	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)	714.07	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	12,119,910	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)	12,119,910	41.00
	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)	
42.00	NURSERY (title V & XIX only)	0	0
Intensive Care Type Inpatient Hospital Units			
43.00	INTENSIVE CARE UNIT	5,837,679	4,755
44.00	CORONARY CARE UNIT	0	0
45.00	BURN INTENSIVE CARE UNIT	0	0
46.00	SURGICAL INTENSIVE CARE UNIT	0	0

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 140082	Period: From 06/01/2010 To 05/31/2011	Worksheet D-1 Date/Time Prepared: 11/28/2011 8:51 am
Title XVIII			Hospital		PPS
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
	1.00	2.00	3.00	4.00	5.00
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)					19,201,639 48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					34,506,177 49.00
PASS THROUGH COST ADJUSTMENTS					
50.00 Pass through costs applicable to Program inpatient routine services (from wkst. D, sum of Parts I and III)					1,481,115 50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from wkst. D, sum of Parts II and IV)					876,464 51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					2,357,579 52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					32,148,598 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)					910 87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					714.07 88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					649,804 89.00
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	2,291,671	22,921,510	0.099979	649,804	64,967 90.00
91.00 Nursing School cost	0	22,921,510	0.000000	649,804	0 91.00
92.00 Allied health cost	0	22,921,510	0.000000	649,804	0 92.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140082

Period:
From 06/01/2010
To 05/31/2011

Worksheet D-1
Date/Time Prepared:
11/28/2011 8:51 am

Cost Center Description	Cost	Title XVIII		Hospital		
		Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
	1.00	2.00	3.00	4.00	5.00	
93.00 All other Medical Education	0	22,921,510	0.000000	649,804	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 140082 Component CCN: 14S082	Period: From 06/01/2010 To 05/31/2011	Worksheet D-1 Date/Time Prepared: 11/28/2011 8:51 am
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description						1.00	
PART I - ALL PROVIDER COMPONENTS							
INPATIENT DAYS							
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)				2,995		1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)				2,995		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)				2,995		4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period				0		5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)				0		6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period				0		7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)				0		8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)				2,376		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)				2,160,982		21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)				0		22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)				0		23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)				0		24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)				0		25.00
26.00	Total swing-bed cost (see instructions)				0		26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)				2,160,982		27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28.00	General inpatient routine service charges (excluding swing-bed charges)				4,427,459		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)				0.488086		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)				2,160,982		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)				721.53		38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)				1,714,355		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)				1,714,355		41.00
	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140082 Component CCN: 14S082		Period: From 06/01/2010 To 05/31/2011		Worksheet D-1 Date/Time Prepared: 11/28/2011 8:51 am	
Title XVIII		Subprovider - IPF		PPS			
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (wkst. D-3, col. 3, line 200)					208,934	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,923,289	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)					164,894	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from wkst. D, sum of Parts II and IV)					10,296	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					175,190	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,748,099	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
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	207,846	2,160,982	0.096181	0	0	90.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140082		Period: From 06/01/2010 To 05/31/2011		Worksheet D-1	
		Component CCN: 14S082		Date/Time Prepared: 11/28/2011 8:51 am		PPS	
		Title XVIII		Subprovider - IPF			
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		
91.00 Nursing School cost	0	2,160,982	0.000000	0	0	0	91.00
92.00 Allied health cost	0	2,160,982	0.000000	0	0	0	92.00
93.00 All other Medical Education	0	2,160,982	0.000000	0	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 140082 Component CCN: 14T082	Period: From 06/01/2010 To 05/31/2011	Worksheet D-1 Date/Time Prepared: 11/28/2011 8:51 am
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description						
		1.00				
PART I - ALL PROVIDER COMPONENTS						
INPATIENT DAYS						
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)				3,674	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)				3,674	2.00
3.00	Private room days (excluding swing-bed and observation bed days)				0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)				3,674	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period				0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)				0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period				0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)				0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)				2,317	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)				3,330,252	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)				3,330,252	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT						
28.00	General inpatient routine service charges (excluding swing-bed charges)				4,427,938	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)				0.752100	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)				3,330,252	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)				906.44	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)				2,100,221	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)				0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)				2,100,221	41.00
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
		1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0
Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0
44.00	CORONARY CARE UNIT	0	0	0.00	0	0
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0

COMPUTATION OF INPATIENT OPERATING COST					Provider CCN: 140082	Period: From 06/01/2010 To 05/31/2011	Worksheet D-1
					Component CCN: 14T082		Date/Time Prepared: 11/28/2011 8:51 am
					Title XVIII	Subprovider - IRF	PPS
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							1.00
48.00	Program inpatient ancillary service cost (wkst. D-3, col. 3, line 200)				975,993	48.00	
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				3,076,214	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)				245,370	50.00	
51.00	Pass through costs applicable to Program inpatient ancillary services (from wkst. D, sum of Parts II and IV)				42,002	51.00	
52.00	Total Program excludable cost (sum of lines 50 and 51)				287,372	52.00	
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)				2,788,842	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	
Cost Center Description							1.00
							2.00
							3.00
							4.00
							5.00
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	389,087	3,330,252	0.116834	0	0	90.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140082		Period: From 06/01/2010 To 05/31/2011		Worksheet D-1	
		Component CCN: 14T082		Date/Time Prepared: 11/28/2011 8:51 am		PPS	
		Title XVIII		Subprovider - IRF			
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		
91.00 Nursing School cost	0	3,330,252	0.000000	0	0	0	91.00
92.00 Allied health cost	0	3,330,252	0.000000	0	0	0	92.00
93.00 All other Medical Education	0	3,330,252	0.000000	0	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140082	Period: From 06/01/2010 To 05/31/2011	Worksheet D-3	
		Title XVIII	Hospital	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		32,026,185		30.00
31.00	INTENSIVE CARE UNIT		7,851,901		31.00
32.00	CORONARY CARE UNIT		0		32.00
33.00	BURN INTENSIVE CARE UNIT		0		33.00
34.00	SURGICAL INTENSIVE CARE UNIT		0		34.00
40.00	SUBPROVIDER - IPF		0		40.00
41.00	SUBPROVIDER - IRF		0		41.00
42.00	SUBPROVIDER		0		42.00
43.00	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.201744	13,539,158	2,731,444	50.00
50.01	GASTRO INTESTINAL SERVICES	0.251815	792,131	199,470	50.01
51.00	RECOVERY ROOM	0.120565	2,750,673	331,635	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	52.00
53.00	ANESTHESIOLOGY	0.043323	1,968,585	85,285	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.299400	2,370,936	709,858	54.00
54.01	ULTRA SOUND	0.106828	770,788	82,342	54.01
55.00	RADIOLOGY-THERAPEUTIC	0.261933	148,624	38,930	55.00
56.00	RADIOISOTOPE	0.189014	1,393,328	263,358	56.00
56.01	VASCULAR LAB	0.112407	1,317,415	148,087	56.01
56.02	STRAUSS ONCOLOGY	0.202704	0	0	56.02
57.00	CT SCAN	0.051908	5,943,313	308,505	57.00
58.00	MRI	0.047657	1,212,219	57,771	58.00
59.00	CARDIAC CATHETERIZATION	0.128421	3,318,375	426,149	59.00
60.00	LABORATORY	0.091797	20,420,653	1,874,555	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.258419	1,288,976	333,096	63.00
64.00	INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	RESPIRATORY THERAPY	0.212886	4,205,367	895,264	65.00
66.00	PHYSICAL THERAPY	0.292620	2,626,814	768,658	66.00
67.00	OCCUPATIONAL THERAPY	0.000000	0	0	67.00
68.00	SPEECH PATHOLOGY	1.119725	0	0	68.00
69.00	ELECTROCARDIOLOGY	0.118003	5,065,219	597,711	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.313542	141,843	44,474	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0.277668	7,603,426	2,111,228	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.470728	7,164,295	3,372,434	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.163930	17,228,362	2,824,245	73.00
74.00	RENAL DIALYSIS	0.392429	849,155	333,233	74.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
76.00	WOUND CARE	0.370019	4,134	1,530	76.00
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	85.033258	0	0	90.00
91.00	EMERGENCY	0.161861	4,050,671	655,646	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.663583	10,143	6,731	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	AMBULANCE SERVICES				95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
98.00	OTHER REIMBURSABLE (SPECIFY)	0.000000	0	0	98.00
200.00	Total (sum of lines 50-94 and 96-98)		106,184,603	19,201,639	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)		106,184,603		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140082 Component CCN: 14S082	Period: From 06/01/2010 To 05/31/2011	worksheet D-3 Date/Time Prepared: 11/28/2011 8:51 am
Title XVIII		Subprovider - IPF		PPS
Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
	1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS		0	30.00
31.00	INTENSIVE CARE UNIT		0	31.00
32.00	CORONARY CARE UNIT		0	32.00
33.00	BURN INTENSIVE CARE UNIT		0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	SUBPROVIDER - IPF	3,503,460	0	40.00
41.00	SUBPROVIDER - IRF		0	41.00
42.00	SUBPROVIDER		0	42.00
43.00	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0.201744	0	50.00
50.01	GASTRO INTESTINAL SERVICES	0.251815	0	50.01
51.00	RECOVERY ROOM	0.120565	499	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.000000	0	52.00
53.00	ANESTHESIOLOGY	0.043323	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.299400	35,638	54.00
54.01	ULTRA SOUND	0.106828	8,205	54.01
55.00	RADIOLOGY-THERAPEUTIC	0.261933	0	55.00
56.00	RADIOISOTOPE	0.189014	6,362	56.00
56.01	VASCULAR LAB	0.112407	11,729	56.01
56.02	STRAUSS ONCOLOGY	0.202704	0	56.02
57.00	CT SCAN	0.051908	105,032	57.00
58.00	MRI	0.047657	18,881	58.00
59.00	CARDIAC CATHETERIZATION	0.128421	0	59.00
60.00	LABORATORY	0.091797	441,389	60.00
60.01	BLOOD LABORATORY	0.000000	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.258419	154	63.00
64.00	INTRAVENOUS THERAPY	0.000000	0	64.00
65.00	RESPIRATORY THERAPY	0.212886	42,046	65.00
66.00	PHYSICAL THERAPY	0.292620	119,116	66.00
67.00	OCCUPATIONAL THERAPY	0.000000	0	67.00
68.00	SPEECH PATHOLOGY	1.119725	0	68.00
69.00	ELECTROCARDIOLOGY	0.118003	64,604	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.313542	3,926	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0.277668	11,093	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.470728	54	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.163930	375,565	73.00
74.00	RENAL DIALYSIS	0.392429	11,603	74.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	75.00
76.00	WOUND CARE	0.370019	0	76.00
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	85.033258	0	90.00
91.00	EMERGENCY	0.161861	160,701	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.663583	0	92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	HOME PROGRAM DIALYSIS	0.000000	0	94.00
95.00	AMBULANCE SERVICES			95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	97.00
98.00	OTHER REIMBURSABLE (SPECIFY)	0.000000	0	98.00
200.00	Total (sum of lines 50-94 and 96-98)		1,416,597	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)		1,416,597	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140082	Period: From 06/01/2010 To 05/31/2011	Worksheet D-3	
		Component CCN: 14T082		Date/Time Prepared: 11/28/2011 8:51 am	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS		0		30.00
31.00	INTENSIVE CARE UNIT		0		31.00
32.00	CORONARY CARE UNIT		0		32.00
33.00	BURN INTENSIVE CARE UNIT		0		33.00
34.00	SURGICAL INTENSIVE CARE UNIT		0		34.00
40.00	SUBPROVIDER - IPF		0		40.00
41.00	SUBPROVIDER - IRF		2,791,567		41.00
42.00	SUBPROVIDER		0		42.00
43.00	NURSERY		0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.201744	18,124	3,656	50.00
50.01	GASTRO INTESTINAL SERVICES	0.251815	0	0	50.01
51.00	RECOVERY ROOM	0.120565	352	42	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	52.00
53.00	ANESTHESIOLOGY	0.043323	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.299400	51,611	15,452	54.00
54.01	ULTRA SOUND	0.106828	6,019	643	54.01
55.00	RADIOLOGY-THERAPEUTIC	0.261933	0	0	55.00
56.00	RADIOISOTOPE	0.189014	6,162	1,165	56.00
56.01	VASCULAR LAB	0.112407	28,035	3,151	56.01
56.02	STRAUSS ONCOLOGY	0.202704	7,774	1,576	56.02
57.00	CT SCAN	0.051908	47,200	2,450	57.00
58.00	MRI	0.047657	21,932	1,045	58.00
59.00	CARDIAC CATHETERIZATION	0.128421	0	0	59.00
60.00	LABORATORY	0.091797	451,915	41,484	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.258419	17,574	4,541	63.00
64.00	INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	RESPIRATORY THERAPY	0.212886	108,724	23,146	65.00
66.00	PHYSICAL THERAPY	0.292620	2,473,565	723,815	66.00
67.00	OCCUPATIONAL THERAPY	0.000000	0	0	67.00
68.00	SPEECH PATHOLOGY	1.119725	0	0	68.00
69.00	ELECTROCARDIOLOGY	0.118003	42,390	5,002	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.313542	745	234	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0.277668	121,228	33,661	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.470728	441	208	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.163930	511,891	83,914	73.00
74.00	RENAL DIALYSIS	0.392429	77,718	30,499	74.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
76.00	WOUND CARE	0.370019	0	0	76.00
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	85.033258	0	0	90.00
91.00	EMERGENCY	0.161861	1,907	309	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.663583	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	AMBULANCE SERVICES				95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
98.00	OTHER REIMBURSABLE (SPECIFY)	0.000000	0	0	98.00
200.00	Total (sum of lines 50-94 and 96-98)		3,995,307	975,993	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)		3,995,307		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140082	Period: From 06/01/2010 To 05/31/2011	Worksheet E Part A Date/Time Prepared: 11/28/2011 8:51 am
		Title XVIII	Hospital	PPS
			before 1/1	on/after 1/1
			1.00	1.01
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS				
1.00	DRG Amounts Other than Outlier Payments		30,495,733	1.00
2.00	Outlier payments for discharges. (see instructions)		111,584	2.00
3.00	Managed Care Simulated Payments		1,832,043	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		161.51	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)		62.84	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.		-1.41	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)		61.43	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		66.46	10.00
11.00	FTE count for residents in dental and podiatric programs.		5.92	11.00
12.00	Current year allowable FTE (see instructions)		67.35	12.00
13.00	Total allowable FTE count for the prior year.		66.43	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.		50.11	14.00
15.00	Sum of lines 12 through 14 divided by 3.		61.30	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		61.30	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.379543	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.408423	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.379543	21.00
22.00	IME payment adjustment (see instructions)		6,074,195	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)		5.03	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment. (see instructions)		0.000000	27.00
28.00	IME Adjustment (see instructions)		0	28.00
29.00	Total IME payment (sum of lines 22 and 28)		6,074,195	29.00
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		12.28	30.00
31.00	Percentage of Medicaid patient days to total days reported on worksheet S-2, Part I, line 24. (see instructions)		25.97	31.00
32.00	Sum of lines 30 and 31		38.25	32.00
33.00	Allowable disproportionate share percentage (see instructions)		20.77	33.00
34.00	Disproportionate share adjustment (see instructions)		6,333,964	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 an 685. (see instructions)		0	41.00
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00	42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)		0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000	44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41)		0	46.00
47.00	Subtotal (see instructions)		43,015,476	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)		43,015,476	49.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140082	Period: From 06/01/2010 To 05/31/2011	Worksheet E Part A Date/Time Prepared: 11/28/2011 8:51 am
		Title XVIII	Hospital	PPS
			before 1/1	on/after 1/1
			1.00	1.01
50.00	Payment for inpatient program capital (from worksheet L, Parts I, II, as applicable)		3,192,839	50.00
51.00	Exception payment for inpatient program capital (Worksheet L, Part III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from worksheet E-4, line 49 see instructions).		3,010,737	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)		49,219,052	59.00
60.00	Primary payer payments		38,203	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		49,180,849	61.00
62.00	Deductibles billed to program beneficiaries		2,282,404	62.00
63.00	Coinsurance billed to program beneficiaries		535,727	63.00
64.00	Allowable bad debts (see instructions)		1,843,408	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		1,290,386	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		1,626,162	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		47,653,104	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)		47,653,104	71.00
72.00	Interim payments		46,020,920	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)		1,632,184	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: 140082	Period: From 06/01/2010 To 05/31/2011	Worksheet E Part B Date/Time Prepared: 11/28/2011 8:51 am
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPI (see instructions)		11,308,474	2.00
3.00	PPS payments		10,911,655	3.00
4.00	Outlier payment (see instructions)		54,001	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.792	5.00
6.00	Line 2 times line 5		8,956,311	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)		10,965,656	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		2,623,527	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		0	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		8,342,129	27.00
28.00	Direct graduate medical education payments (from worksheet E-4, line 50)		863,243	28.00
29.00	ESRD direct medical education costs (from worksheet E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		9,205,372	30.00
31.00	Primary payer payments		2,704	31.00
32.00	Subtotal (line 30 minus line 31)		9,202,668	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)		1,354,852	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		948,396	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		1,225,118	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		10,151,064	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (line 37 plus or minus lines 39 minus 38)		10,151,064	40.00
41.00	Interim payments		10,285,447	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (line 40 minus the sum of lines 41, and 42)		-134,383	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
				Overrides
				1.00
WORKSHEET OVERRIDE VALUES				
112.00	Override of Ancillary service charges (line 12)		0	112.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140082 Component CCN: 14S082	Period: From 06/01/2010 To 05/31/2011	Worksheet E Part B Date/Time Prepared: 11/28/2011 8:51 am
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)			0 1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)			4,098 2.00
3.00	PPS payments			5,221 3.00
4.00	Outlier payment (see instructions)			0 4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)			0.792 5.00
6.00	Line 2 times line 5			3,246 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)			5,221 24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)			1,336 25.00
26.00	Deductibles and coinsurance relating to amount on line 24 (for CAH, see instructions)			0 26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)			3,885 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)			3,885 30.00
31.00	Primary payer payments			0 31.00
32.00	Subtotal (line 30 minus line 31)			3,885 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)			3,885 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)			3,885 40.00
41.00	Interim payments			3,884 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)			1 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
				Overrides
				1.00
WORKSHEET OVERRIDE VALUES				
112.00	Override of Ancillary service charges (line 12)			0 112.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140082 Component CCN: 14T082	Period: From 06/01/2010 To 05/31/2011	Worksheet E Part B Date/Time Prepared: 11/28/2011 8:51 am
		Title XVIII	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)			6,279 2.00
3.00	PPS payments			5,497 3.00
4.00	Outlier payment (see instructions)			0 4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)			0.792 5.00
6.00	Line 2 times line 5			4,973 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)			5,497 24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)			1,383 25.00
26.00	Deductibles and coinsurance relating to amount on line 24 (for CAH, see instructions)			0 26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)			4,114 27.00
28.00	Direct graduate medical education payments (from worksheet E-4, line 50)			0 28.00
29.00	ESRD direct medical education costs (from worksheet E-4, line 36)			0 29.00
30.00	Subtotal (sum of lines 27 through 29)			4,114 30.00
31.00	Primary payer payments			0 31.00
32.00	Subtotal (line 30 minus line 31)			4,114 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)			4,114 37.00
38.00	MSP-LCC reconciliation amount from PS&R			0 38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 39.00
39.99	RECOVERY OF ACCELERATED DEPRECIATION			0 39.99
40.00	Subtotal (line 37 plus or minus lines 39 minus 38)			4,114 40.00
41.00	Interim payments			3,973 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)			141 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
				Overrides
				1.00
WORKSHEET OVERRIDE VALUES				
112.00	Override of Ancillary service charges (line 12)			0 112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140082

Period:
From 06/01/2010
To 05/31/2011

Worksheet E-1
Part I
Date/Time Prepared:
11/28/2011 8:51 am

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		45,107,320		10,292,926	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	12/10/2010	306,948	12/10/2010	143,023	3.01	
3.02		05/20/2011	606,652		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	05/20/2011	150,502	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)		913,600		-7,479	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)		46,020,920		10,285,447	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00	
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00	
6.01	SETTLEMENT TO PROVIDER		1,632,184		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		134,383	6.02	
7.00	Total Medicare program liability (see instructions)		47,653,104		10,151,064	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: 140082 Component CCN: 14S082		Period: From 06/01/2010 To 05/31/2011		Worksheet E-1 Part I Date/Time Prepared: 11/28/2011 8:51 am	
		Title XVIII		Subprovider - IPF		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		1,893,532		3,884		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)		1,893,532		3,884		4.00
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						5.00
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0		5.01
5.02			0		0		5.02
5.03			0		0		5.03
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0		5.50
5.51			0		0		5.51
5.52			0		0		5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0		5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)						6.00
6.01	SETTLEMENT TO PROVIDER		0		1		6.01
6.02	SETTLEMENT TO PROGRAM		0		0		6.02
7.00	Total Medicare program liability (see instructions)		1,893,532		3,885		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: 140082 Component CCN: 14T082	Period: From 06/01/2010 To 05/31/2011	Worksheet E-1 Part I Date/Time Prepared: 11/28/2011 8:51 am	
		Title XVIII	Subprovider - IRF		PPS
		Inpatient Part A		Part B	
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount
		1.00	2.00	3.00	4.00
1.00	Total interim payments paid to provider		3,681,251		3,973
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
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)				
Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER	12/10/2010	3,612		0
3.02			0		0
3.03			0		0
3.04			0		0
3.05			0		0
Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0
3.51			0		0
3.52			0		0
3.53			0		0
3.54			0		0
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		3,612		0
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		3,684,863		3,973
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)				
Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0
5.02			0		0
5.03			0		0
Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0
5.51			0		0
5.52			0		0
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0
6.00	Determined net settlement amount (balance due) based on the cost report. (1)				
6.01	SETTLEMENT TO PROVIDER		170,988		141
6.02	SETTLEMENT TO PROGRAM		0		0
7.00	Total Medicare program liability (see instructions)		3,855,851		4,114
				Contractor Number	Date (Mo/Day/Yr)
			0	1.00	2.00
8.00	Name of Contractor				

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 140082	Period: From 06/01/2010	Worksheet E-3
	Component CCN: 145082	To 05/31/2011	Part II Date/Time Prepared: 11/28/2011 8:51 am
	Title XVIII	Subprovider - IPF	PPS

			1.00	
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)		2,051,676	1.00
2.00	Net IPF PPS Outlier Payments		267	2.00
3.00	Net IPF PPS ECT Payments		0	3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)		0.00	4.00
5.00	New Teaching program adjustment. (see instructions)		0.00	5.00
6.00	Current year's unweighted FTE count of I&R other than FTEs in the first 3 years of a "new teaching program". (see inst.)		0.00	6.00
7.00	Current year's unweighted I&R FTE count for residents within the first 3 years of a "new teaching program". (see inst.)		0.00	7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)		0.00	8.00
9.00	Average Daily Census (see instructions)		8,205479	9.00
10.00	Medical Education Adjustment Factor $\{(1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1\}$.		0.000000	10.00
11.00	Medical Education Adjustment (line 1 multiplied by line 10).		0	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)		2,051,943	12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)		0	13.00
14.00	Organ acquisition		0	14.00
15.00	Cost of teaching physicians (from worksheet D-5, Part II, column 3, line 20) (see instructions)		0	15.00
16.00	Subtotal (see instructions)		2,051,943	16.00
17.00	Primary payer payments		0	17.00
18.00	Subtotal (line 16 less line 17).		2,051,943	18.00
19.00	Deductibles		132,500	19.00
20.00	Subtotal (line 18 minus line 19)		1,919,443	20.00
21.00	Coinsurance		25,911	21.00
22.00	Subtotal (line 20 minus line 21)		1,893,532	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		0	23.00
24.00	Adjusted reimbursable bad debts (see instructions)		0	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	25.00
26.00	Subtotal (sum of lines 22 and 24)		1,893,532	26.00
27.00	Direct graduate medical education payments (from worksheet E-4, line 49)		0	27.00
28.00	Other pass through costs (see instructions)		0	28.00
29.00	Outlier payments reconciliation		0	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	30.00
30.99	Recovery of Accelerated Depreciation		0	30.99
31.00	Total amount payable to the provider (see instructions)		1,893,532	31.00
32.00	Interim payments		1,893,532	32.00
33.00	Tentative settlement (for contractor use only)		0	33.00
34.00	Balance due provider/program (line 31 minus the sum lines 32 and 33)		0	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		0	35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from worksheet E-3, Part II, line 2		0	50.00
51.00	outlier reconciliation adjustment amount (see instructions)		0	51.00
52.00	The rate used to calculate the Time Value of Money		0.00	52.00
53.00	Time Value of Money (see instructions)		0	53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140082	Period: From 06/01/2010	Worksheet E-3
		Component CCN: 14T082	To 05/31/2011	Part III
				Date/Time Prepared: 11/28/2011 8:51 am
		Title XVIII	Subprovider - IRF	PPS

			1.00	
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)		3,350,389	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)		0.0983	2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)		548,690	3.00
4.00	Outlier Payments		0	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)		10.065753	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)		3,899,079	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)		3,899,079	17.00
18.00	Primary payer payments		0	18.00
19.00	Subtotal (line 17 less line 18).		3,899,079	19.00
20.00	Deductibles		13,328	20.00
21.00	Subtotal (line 19 minus line 20)		3,885,751	21.00
22.00	Coinsurance		29,900	22.00
23.00	Subtotal (line 21 minus line 22)		3,855,851	23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		0	24.00
25.00	Adjusted reimbursable bad debts (see instructions)		0	25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	26.00
27.00	Subtotal (sum of lines 23 and 25)		3,855,851	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)		3,855,851	32.00
33.00	Interim payments		3,684,863	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)		170,988	35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		0	36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from worksheet E-3, Part III, line 4		0	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)		0	51.00
52.00	The rate used to calculate the Time Value of Money		0.00	52.00
53.00	Time Value of Money (see instructions)		0	53.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140082	Period: From 06/01/2010 To 05/31/2011	Worksheet E-4	
		Title XVIII	Hospital	PPS	
				Date/Time Prepared: 11/28/2011 8:51 am	
				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.			60.66	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			-0.28	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus line 4.01 plus line 4.02 plus applicable subscripts)			60.38	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			66.46	6.00
7.00	Enter the lesser of line 5 or line 6			60.38	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.	32.06	28.13	60.19	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.	29.13	25.56	54.69	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		4.54		10.00
11.00	Total weighted FTE count	29.13	30.10		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	30.81	32.46		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	23.23	27.82		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	27.72	30.13		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	27.72	30.13		17.00
18.00	Per resident amount	115,911.44	109,757.94		18.00
19.00	Approved amount for resident costs	3,213,065	3,307,007	6,520,072	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)			6.08	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)			6,520,072	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days	24,260	1,234		26.00
27.00	Total Inpatient Days	42,614	42,614		27.00
28.00	Ratio of inpatient days to total inpatient days	0.569296	0.028958		28.00
29.00	Program direct GME amount	3,711,851	188,808		29.00
30.00	Reduction for nursing/allied health		26,679		30.00
31.00	Net Program direct GME amount			3,873,980	31.00
				1.00	
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)					
32.00	Renal dialysis direct medical education costs (from worksheet B, Part I, sum of columns 20 and 23, lines 74 and 94)			0	32.00
33.00	Renal dialysis and home dialysis total charges (worksheet C, Part I, column 8, sum of lines 74 and 94)			1,484,928	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)			39,505,680	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)			38,203	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			39,467,477	41.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140082	Period: From 06/01/2010 To 05/31/2011	Worksheet E-4 Date/Time Prepared: 11/28/2011 8:51 am
		Title XVIII	Hospital	PPS
				1.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)			11,318,851 42.00
43.00	Primary payer payments (see instructions)			2,704 43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)			11,316,147 44.00
45.00	Total reasonable cost (sum of lines 41 and 44)			50,783,624 45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.777169 46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.222831 47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)			3,873,980 48.00
49.00	Part A Medicare GME payment (line 46 x 48)(Title XVIII only)(see instructions)			3,010,737 49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)			863,243 50.00

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only)		Provider CCN: 140082	Period: From 06/01/2010 To 05/31/2011	Worksheet G		
		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	-381,470	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	17,769,174	0	0	0	4.00
5.00	Other receivable	158,327	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-3,652,743	0	0	0	6.00
7.00	Inventory	3,351,531	0	0	0	7.00
8.00	Prepaid expenses	598,325	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)	17,843,144	0	0	0	11.00
FIXED ASSETS						
12.00	Land	13,168,721	0	0	0	12.00
13.00	Land improvements	31,363	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	43,299,936	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	1,374,511	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	34,583,146	0	0	0	23.00
24.00	Accumulated depreciation	-46,149,626	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	721,232	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	47,029,283	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	69,892	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	-89	0	0	0	33.00
34.00	Other assets	1,128,314	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	1,198,117	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	66,070,544	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	8,868,961	0	0	0	37.00
38.00	Salaries, wages, and fees payable	7,762,269	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	-211,475	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	0	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	16,419,755	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	117,541,712	0	0	0	46.00
47.00	Notes payable	-144,177	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	2,850,431	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	120,247,966	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	136,667,721	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	-70,597,177	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	-70,597,177	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	66,070,544	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140082

Period:
From 06/01/2010
To 05/31/2011

Worksheet G-1

Date/Time Prepared:
11/28/2011 8:51 am

	General Fund		Special Purpose Fund			
	1.00	2.00	3.00	4.00		
	1.00	Fund balances at beginning of period		-62,386,266		
2.00	Net income (loss) (from wkst. G-3, line 29)		-11,147,007			2.00
3.00	Total (sum of line 1 and line 2)		-73,533,273		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		-73,533,273		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)		-73,533,273		0	19.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140082

Period:
From 06/01/2010
To 05/31/2011

Worksheet G-1

Date/Time Prepared:
11/28/2011 8:51 am

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

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 140082

Period:
From 06/01/2010
To 05/31/2011

Worksheet G-2 Parts

Date/Time Prepared:
11/28/2011 8:51 am

Cost Center Description	Inpatient	Outpatient	Total	
	1.00	2.00	3.00	
PART I - PATIENT REVENUES				
General Inpatient Routine Services				
1.00 Hospital	58,625,546		58,625,546	1.00
2.00 SUBPROVIDER - IPF	4,427,459		4,427,459	2.00
3.00 SUBPROVIDER - IRF	4,427,938		4,427,938	3.00
4.00 SUBPROVIDER	0		0	4.00
5.00 Swing bed - SNF	0		0	5.00
6.00 Swing bed - NF	0		0	6.00
7.00 SKILLED NURSING FACILITY	0		0	7.00
8.00 NURSING FACILITY	0		0	8.00
9.00 OTHER LONG TERM CARE	0		0	9.00
10.00 Total general inpatient care services (sum of lines 1-9)	67,480,943		67,480,943	10.00
Intensive Care Type Inpatient Hospital Services				
11.00 INTENSIVE CARE UNIT	14,445,639		14,445,639	11.00
12.00 CORONARY CARE UNIT	0		0	12.00
13.00 BURN INTENSIVE CARE UNIT	0		0	13.00
14.00 SURGICAL INTENSIVE CARE UNIT	0		0	14.00
15.00 OTHER SPECIAL CARE (SPECIFY)				15.00
16.00 Total intensive care type inpatient hospital services (sum of lines 11-15)	14,445,639		14,445,639	16.00
17.00 Total inpatient routine care services (sum of lines 10 and 16)	81,926,582		81,926,582	17.00
18.00 Ancillary services	209,482,372	170,954,416	380,436,788	18.00
19.00 Outpatient services	12,691,206	20,995,172	33,686,378	19.00
20.00 RURAL HEALTH CLINIC	0	0	0	20.00
21.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00 HOME HEALTH AGENCY	0	0	0	22.00
23.00 AMBULANCE SERVICES	0	0	0	23.00
24.00 CMHC	0	0	0	24.00
24.10 CORF	0	0	0	24.10
25.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	25.00
26.00 HOSPICE	0	0	0	26.00
27.00 PHYSICIAN PRIVATE OFFICE	0	1,707,776	1,707,776	27.00
28.00 Total patient revenues (sum of lines 17-27)(transfer column 3 to wkst. G-3, line 1)	304,100,160	193,657,364	497,757,524	28.00
PART II - OPERATING EXPENSES				
29.00 Operating expenses (per wkst. A, column 3, line 200)		153,696,321		29.00
30.00 ADD (SPECIFY)	0			30.00
31.00	0			31.00
32.00	0			32.00
33.00	0			33.00
34.00	0			34.00
35.00	0			35.00
36.00 Total additions (sum of lines 30-35)		0		36.00
37.00 ROUNDING	335			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)		335		42.00
43.00 Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to wkst. G-3, line 4)		153,695,986		43.00

STATEMENT OF REVENUES AND EXPENSES		Provider CCN: 140082	Period: From 06/01/2010 To 05/31/2011	Worksheet G-3 Date/Time Prepared: 11/28/2011 8:51 am
				1.00
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)		497,757,524	1.00
2.00	Less contractual allowances and discounts on patients' accounts		357,087,230	2.00
3.00	Net patient revenues (line 1 minus line 2)		140,670,294	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)		153,695,986	4.00
5.00	Net income from service to patients (line 3 minus line 4)		-13,025,692	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		125,098	12.00
13.00	Revenue from laundry and linen service		0	13.00
14.00	Revenue from meals sold to employees and guests		422,075	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		9,530	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		8,462	21.00
22.00	Rental of hospital space		919,480	22.00
23.00	Governmental appropriations		0	23.00
24.00	OTHER OPERATING REVENUE		394,040	24.00
25.00	Total other income (sum of lines 6-24)		1,878,685	25.00
26.00	Total (line 5 plus line 25)		-11,147,007	26.00
27.00	OTHER EXPENSES (SPECIFY)		0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)		0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)		-11,147,007	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140082	Period: From 06/01/2010 To 05/31/2011	Worksheet L Parts I-III Date/Time Prepared: 11/28/2011 8:51 am
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		2,489,982	1.00
2.00	Capital DRG outlier payments		23,838	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		98.48	3.00
4.00	Number of interns & residents (see instructions)		61.30	4.00
5.00	Indirect medical education percentage (see instructions)		19.21	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)		478,326	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (worksheet E, part A line 30) (see instructions)		12.28	7.00
8.00	Percentage of Medicaid patient days to total days reported on worksheet S-3, Part I (see instructions)		25.97	8.00
9.00	Sum of lines 7 and 8		38.25	9.00
10.00	Allowable disproportionate share percentage (see instructions)		8.06	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		200,693	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		3,192,839	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