

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: 140127	Period: From 01/01/2011 To 12/31/2011	Worksheet S Parts I-III Date/Time Prepared: 5/30/2012 6:57 am
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**PART I - COST REPORT STATUS**

Provider use only	1. <input type="checkbox"/> Electronically filed cost report	Date: 5/30/2012	Time: 6:57 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: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

**PART II - CERTIFICATION**

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by BROMENN REGIONAL MEDICAL CENTER for the cost reporting period beginning 01/01/2011 and ending 12/31/2011 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.

(Signed) \_\_\_\_\_  
Officer or Administrator of Provider(s)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00 Hospital	0	365,091	29,488	0	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	-20,346	0		0	3.00
4.00 SUBPROVIDER I	0	0	0		0	4.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	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	344,745	29,488	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: 140127		Period: From 01/01/2011 To 12/31/2011		Worksheet S-2 Part I Date/Time Prepared: 5/30/2012 6:55 am			
1.00		2.00		3.00		4.00						
Hospital and Hospital Health Care Complex Address:												
1.00	Street: 1304 VIRGINIA			PO Box:						1.00		
2.00	City: NORMAL			State: IL		Zip Code: 61761-		County: MCLEAN		2.00		
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
				1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
								V	XVIII	XIX		
Hospital and Hospital-Based Component Identification:												
3.00	Hospital		BROMENN REGIONAL MEDICAL CENTER		140127	14060	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF											4.00
5.00	Subprovider - IRF		BROMENN REHABILITATION		14T127	14060	5	07/01/1990	N	P	O	5.00
6.00	Subprovider - (Other)											6.00
7.00	Swing Beds - SNF								N	N	N	7.00
8.00	Swing Beds - NF								N			8.00
9.00	Hospital-Based SNF											9.00
10.00	Hospital-Based NF											10.00
11.00	Hospital-Based OLTC											11.00
12.00	Hospital-Based HHA								N	N	N	12.00
13.00	Separately Certified ASC											13.00
14.00	Hospital-Based Hospice											14.00
15.00	Hospital-Based Health Clinic - RHC											15.00
16.00	Hospital-Based Health Clinic - FQHC											16.00
17.00	Hospital-Based (CMHC) 1											17.00
17.10	Hospital-Based (CORF) 1								N	N	N	17.10
18.00	Renal Dialysis											18.00
19.00	Other											19.00
							From:		To:			
							1.00		2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2011		12/31/2011		20.00	
21.00	Type of Control (see instructions)								1		21.00	
Inpatient PPS Information												
22.00	Does this facility qualify for and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.						Y		N		22.00	
23.00	Indicate in column 1 the method used to capture Medicaid (title XIX) days reported on lines 24 and/or 25 of this worksheet during the cost reporting period by entering a "1" if days are based on the date of admission, "2" if days are based on census days (also referred to as the day count), or "3" if the days are based on the date of discharge. Is the method of identifying the days in the current cost reporting period different from the method used in the prior cost reporting period? Enter in column 2 "Y" for yes or "N" for no.								3		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.			3,611	2,602	0	0	0	0		24.00	
25.00	If this provider is an IRF, enter the in-State Medicaid paid days in column 1, the in State Medicaid eligible days in column 2, the out of State Medicaid paid days in column 3, the out of State Medicaid eligible days in column 4, Medicaid HMO days in column 5, and other Medicaid days in column 6. For all columns include in these days the labor and delivery days.			41	133	0	0	0	0		25.00	
							Urban/Rural S		Date of Geogr			
							1.00		2.00			
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	For the Standard Geographic classification (not wage), what is your status at the end of the cost reporting period. Enter (1) for urban or (2) for rural. If applicable, enter the effective date of the geographic reclassification (in column 2).								1		27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.								0		35.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140127	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part I Date/Time Prepared: 5/30/2012 6:55 am		
		Beginning: 1.00	Ending: 2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.				36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0			37.00	
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.				38.00	
		V 1.00	XVIII 2.00	XIX 3.00		
<b>Prospective Payment System (PPS)-Capital</b>						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N	45.00	
46.00	Is this facility eligible for the special exceptions payment pursuant to 42 CFR Section §412.348(g)? If yes, complete Worksheet L, Part III and L-1, Parts I through III	N	N	N	46.00	
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N	47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00	
<b>Teaching Hospitals</b>						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y			56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.	N			57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N			58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N			59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y			60.00	
		Y/N 1.00	IME Average 2.00	Direct GME Average 3.00		
61.00	Did your facility receive additional FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. If "Y", effective for portions of cost reporting periods beginning on or after July 1, 2011 enter the average number of primary care FTE residents for IME in column 2 and direct GME in column 3, from the hospital's three most recent cost reports ending and submitted before March 23, 2010. (see instructions)	N	0.00	0.00	61.00	
<b>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</b>						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	0.00			62.00	
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00			62.01	
<b>Teaching Hospitals that Claim Residents in Non-Provider Settings</b>						
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete lines 64-67. (see instructions)	Y			63.00	
		Unweighted FTEs Nonprovider Site 1.00	Unweighted FTEs in Hospital 2.00	Ratio (col. 1/ (col. 1 + col. 2)) 3.00		
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. If line 63 is yes or your facility trained residents in the base year period, enter in column 1, from your cost reporting period that begins on or after July 1, 2009, and before June 30, 2010 the number of unweighted nonprimary care FTE residents attributable to rotations that occurred in all nonprovider settings. Enter in column 2 the number of unweighted nonprimary care FTE residents that trained in your hospital. Include unweighted OB/GYN, dental and podiatry FTEs on this line. Enter in column 3, the ratio of column 1 divided by the sum of columns 1 and 2.	0.16	6.82	0.022923	64.00	
		Program Name 1.00	Program Code 2.00	Unweighted FTEs Nonprovider Site 3.00	Unweighted FTEs in Hospital 4.00	Ratio (col. 3/ (col. 3 + col. 4)) 5.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 140127

Period:  
From 01/01/2011  
To 12/31/2011

Worksheet S-2  
Part I  
Date/Time Prepared:  
5/30/2012 6:55 am

		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	If line 63 is yes or your facility trained residents in the base year period, enter from your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010, the number of unweighted primary care FTE residents for each primary care specialty program in which you train residents. Use subscripted lines 65.01 through 65.50 for each additional primary care program. 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 that occurred in nonprovider settings for each applicable program. Enter in column 4, the number of unweighted primary care FTE residents in your hospital for each applicable program. Enter in column 5 the ratio of column 3 divided by the sum of columns 3 and 4.	FAMILY MEDICINE	1350	1.50	3.67	0.290135	65.00	
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))		
				1.00	2.00	3.00		
66.00	Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010 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)			0.08	6.16	0.012821	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)	FAMILY MEDICINE	1350	2.92	3.66	0.443769	67.00	
						1.00	2.00	3.00
70.00	Inpatient Psychiatric Facility PPS Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			N			70.00	
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)					0	71.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140127	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part I Date/Time Prepared: 5/30/2012 6:55 am	
			1.00	2.00	3.00
<b>Inpatient Rehabilitation Facility PPS</b>					
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)		Y	N 0	76.00
			1.00		
<b>Long Term Care Hospital PPS</b>					
80.00	Is this a Long Term Care Hospital (LTCH)? Enter "Y" for yes or "N" for no.			N	80.00
<b>TEFRA Providers</b>					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(i)? Enter "Y" for yes and "N" for no.			N	86.00
			V	XIX	
			1.00	2.00	
<b>Title V or XIX Inpatient Services</b>					
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.		N	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N	92.00
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.		N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.		N	N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.		0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.		N	N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.		0.00	0.00	97.00
<b>Rural Providers</b>					
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?		N		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)		N		106.00
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)		N		107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.		N		108.00
			Physical	Occupational	Speech
			1.00	2.00	3.00
			Respiratory		4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.		N	N	109.00
			1.00		2.00
<b>Miscellaneous Cost Reporting Information</b>					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2.		N		115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.		N		116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.		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.		257,500,000	257,500,000	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
<b>Transplant Center Information</b>					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N		125.00

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			1.00	2.00					
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	14H036		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: ADVOCATE HEALTHCARE		Contractor's Name: NGS		Contractor's Number: 00130			141.00	
142.00	Street: 2025 WINDSOR DRIVE		PO Box:					142.00	
143.00	City: OAKBROOK		State: IL		Zip Code: 60523			143.00	
							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.						N	145.00	
			1.00	2.00					
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.						N	146.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.						N	147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.						N	148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.						N	149.00	
					Part A	Part B			
					1.00	2.00			
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)									
155.00	Hospital				N	N	155.00		
156.00	Subprovider - IPF				N	N	156.00		
157.00	Subprovider - IRF				N	N	157.00		
158.00	SUBPROVIDER				N	N	158.00		
159.00	SNF				N	N	159.00		
160.00	HOME HEALTH AGENCY				N	N	160.00		
161.00	CMHC					N	161.00		
161.10	CORF					N	161.10		
						1.00			
Multi campus									
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.						N	165.00	
		Name	County	State	Zip Code	CBSA	FTE/Campus		
		0	1.00	2.00	3.00	4.00	5.00		
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5							0.00	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)							0	168.00
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)							0.00	169.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140127	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part II Date/Time Prepared: 5/30/2012 6:55 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	03/09/2012	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
		Y/N	Legal Oper.		
		1.00	2.00		
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	Y			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	Y			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	Y			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)	N			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y		05/01/2012	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: 140127	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part II Date/Time Prepared: 5/30/2012 6:55 am
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		Part A		
		Description	Y/N	Date
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	0	N	21.00
				1.00
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>				
<b>Capital Related Cost</b>				
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			27.00
<b>Interest Expense</b>				
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			31.00
<b>Purchased Services</b>				
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.			33.00
<b>Provider-Based Physicians</b>				
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			35.00
			Y/N	Date
			1.00	2.00
<b>Home Office Costs</b>				
36.00	Were home office costs claimed on the cost report?		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.		N	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		Y	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: 140127

Period:  
From 01/01/2011  
To 12/31/2011

Worksheet S-2  
Part II  
Date/Time Prepared:  
5/30/2012 6:55 am

		Part B		
		Y/N	Date	
PS&R Data		3.00	4.00	
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	05/01/2015	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: 140127

Period:  
From 01/01/2011  
To 12/31/2011

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/30/2012 6:55 am

Cost Center Description	Worksheet A	No. of Beds	Bed Days Available	CAH Hours		
	Line Number					
	1.00	2.00	3.00	4.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	30.00	156	56,940	0.00		1.00
2.00 HMO						2.00
3.00 HMO IPF						3.00
4.00 HMO IRF						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		156	56,940	0.00		7.00
8.00 INTENSIVE CARE UNIT	31.00	29	10,585	0.00		8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00					13.00
14.00 Total (see instructions)		185	67,525	0.00		14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	40.00	0	0			16.00
17.00 SUBPROVIDER - IRF	41.00	15	5,475			17.00
18.00 SUBPROVIDER	42.00	0	0			18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	116.00	0	0			24.00
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10					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)		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: 140127

Period:  
From 01/01/2011  
To 12/31/2011

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/30/2012 6:55 am

Cost Center Description	I/P Days / O/P Visits / Trips					
	Title V	Title XVIII	Title XIX	Total All Patients		
	5.00	6.00	7.00	8.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	0	8,793	3,075	21,919		1.00
2.00 HMO		1,488	953			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	8,793	3,075	21,919		7.00
8.00 INTENSIVE CARE UNIT	0	5,742	724	10,343		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	0		1,335	3,850		13.00
14.00 Total (see instructions)	0	14,535	5,134	36,112		14.00
15.00 CAH visits	0	0	0	0		15.00
16.00 SUBPROVIDER - IPF	0	0	0	0		16.00
17.00 SUBPROVIDER - IRF	0	1,882	174	2,959		17.00
18.00 SUBPROVIDER	0	0	0	0		18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0	0	0	0		22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE		0	0	0		24.00
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0	0	0	0		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	0		185	1,493		28.00
28.01 SUBPROVIDER - IPF				0		28.01
28.02 SUBPROVIDER - IRF				0		28.02
28.03 SUBPROVIDER				0		28.03
29.00 Ambulance Trips		0				29.00
30.00 Employee discount days (see instruction)				368		30.00
31.00 Employee discount days - IRF				0		31.00
32.00 Labor & delivery days (see instructions)			126	266		32.00
33.00 LTCH non-covered days		0				33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140127

Period:  
From 01/01/2011  
To 12/31/2011

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/30/2012 6:55 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	3,301	1.00
2.00 HMO					381	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)	12.82	1,024.88	0.00	0	3,301	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0.00	0.00	0	0	16.00
17.00 SUBPROVIDER - IRF	0.00	16.30	0.00	0	167	17.00
18.00 SUBPROVIDER	0.00	0.00	0.00	0	0	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00	0.00	0.00			22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0.00	0.00	0.00			24.00
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0.00	0.00	0.00			25.10
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)	12.82	1,041.18	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: 140127

Period:  
From 01/01/2011  
To 12/31/2011

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/30/2012 6:55 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)	1,287	9,310		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)	1,287	9,310		14.00
15.00 CAH visits				15.00
16.00 SUBPROVIDER - IPF	0	0		16.00
17.00 SUBPROVIDER - IRF	13	273		17.00
18.00 SUBPROVIDER	0	0		18.00
19.00 SKILLED NURSING FACILITY				19.00
20.00 NURSING FACILITY				20.00
21.00 OTHER LONG TERM CARE				21.00
22.00 HOME HEALTH AGENCY				22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)				23.00
24.00 HOSPICE				24.00
25.00 CMHC - CMHC				25.00
25.10 CMHC - CORF				25.10
26.00 RURAL HEALTH CLINIC				26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER				26.25
27.00 Total (sum of lines 14-26)				27.00
28.00 Observation Bed Days				28.00
28.01 SUBPROVIDER - IPF				28.01
28.02 SUBPROVIDER - IRF				28.02
28.03 SUBPROVIDER				28.03
29.00 Ambulance Trips				29.00
30.00 Employee discount days (see instruction)				30.00
31.00 Employee discount days - IRF				31.00
32.00 Labor & delivery days (see instructions)				32.00
33.00 LTCH non-covered days				33.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 140127	Period: From 01/01/2011 To 12/31/2011	Worksheet S-3 Part II Date/Time Prepared: 5/30/2012 6:55 am
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	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	
	1.00	2.00	3.00	4.00	5.00	
<b>PART II - WAGE DATA</b>						
<b>SALARIES</b>						
1.00	Total salaries (see instructions)	200.00	56,634,266	0	56,634,266	2,179,387.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00
4.00	Physician-Part A		300,842	0	300,842	1,120.00
4.01	Physicians - Part A - direct teaching		0	0	0	0.00
5.00	Physician-Part B		4,360	0	4,360	1.00
6.00	Non-physician-Part B		0	0	0	0.00
7.00	Interns & residents (in an approved program)	21.00	913,234	0	913,234	43,264.00
7.01	Contracted interns and residents (in approved programs)		0	0	0	0.00
8.00	Home office personnel		0	0	0	0.00
9.00	SNF	44.00	0	0	0	0.00
10.00	Excluded area salaries (see instructions)		2,431,611	161,040	2,592,651	131,543.00
<b>OTHER WAGES &amp; RELATED COSTS</b>						
11.00	Contract labor (see instructions)		812,224	0	812,224	6,183.00
12.00	Management and administrative services		0	0	0	0.00
13.00	Contract labor: physician-Part A		1,694,789	0	1,694,789	26,367.00
14.00	Home office salaries & wage-related costs		6,339,993	0	6,339,993	108,283.00
15.00	Home office: physician Part A		0	0	0	0.00
16.00	Teaching physician salaries (see instructions)		0	0	0	0.00
<b>WAGE-RELATED COSTS</b>						
17.00	Wage-related costs (core) Wkst S-3, Part IV Line 24		14,513,872	0	14,513,872	
18.00	Wage-related costs (other)Wkst S-3, Part IV Line 25		0	0	0	
19.00	Excluded areas		692,512	0	692,512	
20.00	Non-physician anesthetist Part A		0	0	0	
21.00	Non-physician anesthetist Part B		0	0	0	
22.00	Physician Part A		82,553	0	82,553	
23.00	Physician Part B		1,196	0	1,196	
24.00	Wage-related costs (RHC/FQHC)		0	0	0	
25.00	Interns & residents (in an approved program)		250,596	0	250,596	
<b>OVERHEAD COSTS - DIRECT SALARIES</b>						
26.00	Employee Benefits	4.00	669,944	-16,530	653,414	6,899.00
27.00	Administrative & General	5.00	8,090,912	176,885	8,267,797	245,287.00
28.00	Administrative & General under contract (see inst.)		1,042,077	0	1,042,077	13,647.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00
30.00	Operation of Plant	7.00	1,393,014	-15,169	1,377,845	50,992.00
31.00	Laundry & Linen Service	8.00	286,670	-20,934	265,736	25,398.00
32.00	Housekeeping	9.00	1,339,982	-135,136	1,204,846	104,453.00
33.00	Housekeeping under contract (see instructions)		1,332	0	1,332	22.00
34.00	Dietary	10.00	999,792	-636,827	362,965	19,300.00
35.00	Dietary under contract (see instructions)		178	0	178	2.00
36.00	Cafeteria	11.00	0	549,738	549,738	29,232.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00
38.00	Nursing Administration	13.00	2,437,613	0	2,437,613	67,371.00
39.00	Central Services and Supply	14.00	371,005	0	371,005	22,298.00
40.00	Pharmacy	15.00	1,916,821	-12,934	1,903,887	50,224.00
41.00	Medical Records & Medical Records Library	16.00	2,070,411	0	2,070,411	85,821.00
42.00	Social Service	17.00	1,008,988	0	1,008,988	30,035.00
43.00	Other General Service	18.00	0	0	0	0.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 140127	Period: From 01/01/2011 To 12/31/2011	Worksheet S-3 Part II Date/Time Prepared: 5/30/2012 6:55 am
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		Average Hourly Wage (col. 4 ÷ col. 5)	
		6.00	
<b>PART II - WAGE DATA</b>			
<b>SALARIES</b>			
1.00	Total salaries (see instructions)	25.99	1.00
2.00	Non-physician anesthetist Part A	0.00	2.00
3.00	Non-physician anesthetist Part B	0.00	3.00
4.00	Physician-Part A	268.61	4.00
4.01	Physicians - Part A - direct teaching	0.00	4.01
5.00	Physician-Part B	4,360.00	5.00
6.00	Non-physician-Part B	0.00	6.00
7.00	Interns & residents (in an approved program)	21.11	7.00
7.01	Contracted interns and residents (in approved programs)	0.00	7.01
8.00	Home office personnel	0.00	8.00
9.00	SNF	0.00	9.00
10.00	Excluded area salaries (see instructions)	19.71	10.00
<b>OTHER WAGES &amp; RELATED COSTS</b>			
11.00	Contract labor (see instructions)	131.36	11.00
12.00	Management and administrative services	0.00	12.00
13.00	Contract labor: physician-Part A	64.28	13.00
14.00	Home office salaries & wage-related costs	58.55	14.00
15.00	Home office: physician Part A	0.00	15.00
16.00	Teaching physician salaries (see instructions)	0.00	16.00
<b>WAGE-RELATED COSTS</b>			
17.00	Wage-related costs (core) Wkst S-3, Part IV Line 24		17.00
18.00	Wage-related costs (other) Wkst S-3, Part IV Line 25		18.00
19.00	Excluded areas		19.00
20.00	Non-physician anesthetist Part A		20.00
21.00	Non-physician anesthetist Part B		21.00
22.00	Physician Part A		22.00
23.00	Physician Part B		23.00
24.00	Wage-related costs (RHC/FOHC)		24.00
25.00	Interns & residents (in an approved program)		25.00
<b>OVERHEAD COSTS - DIRECT SALARIES</b>			
26.00	Employee Benefits	94.71	26.00
27.00	Administrative & General	33.71	27.00
28.00	Administrative & General under contract (see inst.)	76.36	28.00
29.00	Maintenance & Repairs	0.00	29.00
30.00	Operation of Plant	27.02	30.00
31.00	Laundry & Linen Service	10.46	31.00
32.00	Housekeeping	11.53	32.00
33.00	Housekeeping under contract (see instructions)	60.55	33.00
34.00	Dietary	18.81	34.00
35.00	Dietary under contract (see instructions)	89.00	35.00
36.00	Cafeteria	18.81	36.00
37.00	Maintenance of Personnel	0.00	37.00
38.00	Nursing Administration	36.18	38.00
39.00	Central Services and Supply	16.64	39.00
40.00	Pharmacy	37.91	40.00
41.00	Medical Records & Medical Records Library	24.12	41.00
42.00	Social Service	33.59	42.00
43.00	Other General Service	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 140127		Period: From 01/01/2011 To 12/31/2011		Worksheet S-3 Part III Date/Time Prepared: 5/30/2012 6:55 am	
	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4		
	1.00	2.00	3.00	4.00	5.00		
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>							
1.00	Net salaries (see instructions)	56,760,259	0	56,760,259	2,149,793.00		1.00
2.00	Excluded area salaries (see instructions)	2,431,611	161,040	2,592,651	131,543.00		2.00
3.00	Subtotal salaries (line 1 minus line 2)	54,328,648	-161,040	54,167,608	2,018,250.00		3.00
4.00	Subtotal other wages & related costs (see inst.)	8,847,006	0	8,847,006	140,833.00		4.00
5.00	Subtotal wage-related costs (see inst.)	14,596,425	0	14,596,425	0.00		5.00
6.00	Total (sum of lines 3 thru 5)	77,772,079	-161,040	77,611,039	2,159,083.00		6.00
7.00	Total overhead cost (see instructions)	21,628,739	-110,907	21,517,832	750,981.00		7.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140127

Period:  
From 01/01/2011  
To 12/31/2011

Worksheet S-3  
Part III  
Date/Time Prepared:  
5/30/2012 6:55 am

		Average Hourly Wage (col. 4 ÷ col. 5)	
		6.00	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>			
1.00	Net salaries (see instructions)	26.40	1.00
2.00	Excluded area salaries (see instructions)	19.71	2.00
3.00	Subtotal salaries (line 1 minus line 2)	26.84	3.00
4.00	Subtotal other wages & related costs (see inst.)	62.82	4.00
5.00	Subtotal wage-related costs (see inst.)	26.95	5.00
6.00	Total (sum of lines 3 thru 5)	35.95	6.00
7.00	Total overhead cost (see instructions)	28.65	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 140127	Period: From 01/01/2011 To 12/31/2011	Worksheet S-3 Part IV Date/Time Prepared: 5/30/2012 6:55 am
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		Amount Reported	
		1.00	
<b>PART IV - WAGE RELATED COSTS</b>			
<b>Part A - Core List</b>			
<b>RETIREMENT COST</b>			
1.00	401K Employer Contributions	939,808	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Qualified and Non-Qualified Pension Plan Cost	1,705,339	3.00
4.00	Prior Year Pension Service Cost	0	4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>			
5.00	401K/TSA Plan Administration Fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	98,830	6.00
7.00	Employee Managed Care Program Administration Fees	828,760	7.00
<b>HEALTH AND INSURANCE COST</b>			
8.00	Health Insurance (Purchased or Self Funded)	3,632,528	8.00
9.00	Prescription Drug Plan	1,523,318	9.00
10.00	Dental, Hearing and Vision Plan	389,827	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	94,543	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)	486,504	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	1,295,645	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
<b>TAXES</b>			
17.00	FICA-Employers Portion Only	3,983,626	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	115,864	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
<b>OTHER</b>			
21.00	Executive Deferred Compensation	81,837	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	364,300	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	15,540,729	24.00
<b>Part B - Other than Core Related Cost</b>			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 140127	Period: From 01/01/2011 To 12/31/2011	Worksheet S-3 Part V Date/Time Prepared: 5/30/2012 6:55 am
Cost Center Description			Contract Labor	Benefit Cost
			1.00	2.00
<b>PART V - Contract Labor and Benefit Cost</b>				
<b>Hospital and Hospital-Based Component Identification:</b>				
1.00	Total facility's contract labor and benefit cost		812,224	15,540,729 1.00
2.00	Hospital		812,224	15,288,608 2.00
3.00	Subprovider - IPF		0	0 3.00
4.00	Subprovider - IRF		0	252,121 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 8.00
9.00	Hospital-Based NF			0 9.00
10.00	Hospital-Based OLTC			0 10.00
11.00	Hospital-Based HHA		0	0 11.00
12.00	Separately Certified ASC			0 12.00
13.00	Hospital-Based Hospice		0	0 13.00
14.00	Hospital-Based Health Clinic RHC			0 14.00
15.00	Hospital-Based Health Clinic FQHC			0 15.00
16.00	Hospital-Based-CMHC			0 16.00
16.10	Hospital-Based-CMHC 10		0	0 16.10
17.00	Renal Dialysis			0 17.00
18.00			0	0 18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 140127	Period: From 01/01/2011 To 12/31/2011	Worksheet S-10 Date/Time Prepared: 5/30/2012 6:55 am
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				1.00		
<b>Uncompensated and indigent care cost computation</b>						
1.00	Cost to charge ratio (Worksheet C, Part I line 200 column 3 divided by line 200 column 8)		0.338833		1.00	
<b>Medicaid (see instructions for each line)</b>						
2.00	Net revenue from Medicaid		11,649,063		2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		N		3.00	
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?				4.00	
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0		5.00	
6.00	Medicaid charges		45,402,957		6.00	
7.00	Medicaid cost (line 1 times line 6)		15,384,020		7.00	
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		3,734,957		8.00	
<b>State Children's Health Insurance Program (SCHIP) (see instructions for each line)</b>						
9.00	Net revenue from stand-alone SCHIP		0		9.00	
10.00	Stand-alone SCHIP charges		0		10.00	
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0		11.00	
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0		12.00	
<b>Other state or local government indigent care program (see instructions for each line)</b>						
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0		13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0		14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		0		15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0		16.00	
<b>Uncompensated care (see instructions for each line)</b>						
17.00	Private grants, donations, or endowment income restricted to funding charity care		0		17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		0		18.00	
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		3,734,957		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		14,077,276	8,874,564	22,951,840	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)		4,769,846	3,006,995	7,776,841	21.00
22.00	Partial payment by patients approved for charity care		0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)		4,769,846	3,006,995	7,776,841	23.00
				1.00		
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?					24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit				0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)				7,789,842	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)				595,919	27.00
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)				7,193,923	28.00
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)				2,437,539	29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)				10,214,380	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)				13,949,337	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140127

Period:  
From 01/01/2011  
To 12/31/2011

Worksheet A  
Date/Time Prepared:  
5/30/2012 6:55 am

Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
	1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT		3,410,815	3,410,815	0	3,410,815	1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP		0	0	7,162,811	7,162,811	2.00
3.00 OTHER CAPITAL RELATED COSTS		0	0	0	0	3.00
4.00 EMPLOYEE BENEFITS	669,944	11,484,936	12,154,880	-153,957	12,000,923	4.00
5.00 ADMINISTRATIVE & GENERAL	8,090,912	32,442,843	40,533,755	-2,565,296	37,968,459	5.00
7.00 OPERATION OF PLANT	1,393,014	4,507,417	5,900,431	-290,558	5,609,873	7.00
8.00 LAUNDRY & LINEN SERVICE	286,670	322,350	609,020	-96,870	512,150	8.00
9.00 HOUSEKEEPING	1,339,982	902,596	2,242,578	-242,512	2,000,066	9.00
10.00 DIETARY	999,792	1,352,952	2,352,744	-1,521,127	831,617	10.00
11.00 CAFETERIA	0	0	0	1,259,548	1,259,548	11.00
13.00 NURSING ADMINISTRATION	2,437,613	341,150	2,778,763	-18,960	2,759,803	13.00
14.00 CENTRAL SERVICES & SUPPLY	371,005	1,100,696	1,471,701	-611,826	859,875	14.00
15.00 PHARMACY	1,916,821	6,092,003	8,008,824	-289,742	7,719,082	15.00
16.00 MEDICAL RECORDS & LIBRARY	2,070,411	703,907	2,774,318	-50,372	2,723,946	16.00
17.00 SOCIAL SERVICE	1,008,988	411,838	1,420,826	-452	1,420,374	17.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	913,234	0	913,234	0	913,234	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	246,160	246,160	-5,956	240,204	22.00
23.00 CLINICAL PASTORAL EDUCATION	279,452	54,122	333,574	-63,098	270,476	23.00
23.01 EMS PROGRAM	0	0	0	0	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	10,634,326	6,355,177	16,989,503	-2,671,662	14,317,841	30.00
31.00 INTENSIVE CARE UNIT	4,172,788	1,048,908	5,221,696	-430,964	4,790,732	31.00
40.00 SUBPROVIDER - I/PF	0	0	0	0	0	40.00
41.00 SUBPROVIDER - I/RF	928,558	220,537	1,149,095	95,994	1,245,089	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	0	0	0	1,600,590	1,600,590	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	3,050,259	14,344,050	17,394,309	-12,233,644	5,160,665	50.00
51.00 RECOVERY ROOM	532,070	116,389	648,459	-65,983	582,476	51.00
53.00 ANESTHESIOLOGY	60,139	446,888	507,027	-348,723	158,304	53.00
54.00 RADIOLOGY-DIAGNOSTIC	2,825,884	2,333,006	5,158,890	-985,436	4,173,454	54.00
57.00 CT SCAN	408,560	375,782	784,342	-242,104	542,238	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	2,248,904	4,073,607	6,322,511	-2,391,292	3,931,219	60.00
65.00 RESPIRATORY THERAPY	829,827	280,765	1,110,592	-194,646	915,946	65.00
66.00 PHYSICAL THERAPY	1,166,467	163,433	1,329,900	-49,508	1,280,392	66.00
67.00 OCCUPATIONAL THERAPY	340,159	74,412	414,571	-6,166	408,405	67.00
68.00 SPEECH PATHOLOGY	254,240	30,531	284,771	-5,010	279,761	68.00
69.00 ELECTROCARDIOLOGY	1,664,417	4,322,624	5,987,041	-3,967,873	2,019,168	69.00
70.00 ELECTROENCEPHALOGRAPHY	98,782	25,881	124,663	-16,592	108,071	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	10,386,731	10,386,731	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	9,743,838	9,743,838	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.97 CARDIAC REHABILITATION	318,893	59,343	378,236	-25,956	352,280	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 CLINIC	338,965	83,144	422,109	-6,565	415,544	90.00
90.01 BASIC DIAGNOSTIC TESTING	353,276	24,813	378,089	-378,089	0	90.01
90.03 PSYCH OUTPATIENT	0	0	0	0	0	90.03
90.04 WOUND CARE CLINIC	487,565	573,740	1,061,305	-200,644	860,661	90.04
91.00 EMERGENCY	2,912,503	982,106	3,894,609	-382,949	3,511,660	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00 OTHER OUTPATIENT SERVICES	6,245	1,686,090	1,692,335	0	1,692,335	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 CORF	0	0	0	0	0	99.10
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE		4,889,660	4,889,660	0	4,889,660	113.00
116.00 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	55,410,665	105,884,671	161,295,336	-265,020	161,030,316	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	373,697	672,371	1,046,068	16,305	1,062,373	190.00
190.01 OTHER NONREIMBURSABLE	849,904	1,538,058	2,387,962	248,715	2,636,677	190.01
190.13 EUREKA	0	0	0	0	0	190.13
191.00 RESEARCH	0	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
200.00 TOTAL (SUM OF LINES 118-199)	56,634,266	108,095,100	164,729,366	0	164,729,366	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140127

Period:  
From 01/01/2011  
To 12/31/2011

Worksheet A  
Date/Time Prepared:  
5/30/2012 6:55 am

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	NEW CAP REL COSTS-BLDG & FIXT	1,152,672	4,563,487	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	-1,391,820	5,770,991	2.00
3.00	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	EMPLOYEE BENEFITS	1,396,245	13,397,168	4.00
5.00	ADMINISTRATIVE & GENERAL	-15,864,240	22,104,219	5.00
7.00	OPERATION OF PLANT	207,351	5,817,224	7.00
8.00	LAUNDRY & LINEN SERVICE	-158,551	353,599	8.00
9.00	HOUSEKEEPING	-24,782	1,975,284	9.00
10.00	DIETARY	-2,139	829,478	10.00
11.00	CAFETERIA	-623,012	636,536	11.00
13.00	NURSING ADMINISTRATION	-18,293	2,741,510	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	859,875	14.00
15.00	PHARMACY	-53,998	7,665,084	15.00
16.00	MEDICAL RECORDS & LIBRARY	-208	2,723,738	16.00
17.00	SOCIAL SERVICE	0	1,420,374	17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	913,234	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	-4,414	235,790	22.00
23.00	CLINICAL PASTORAL EDUCATION	-8,038	262,438	23.00
23.01	EMS PROGRAM	0	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	ADULTS & PEDIATRICS	-1,922,467	12,395,374	30.00
31.00	INTENSIVE CARE UNIT	-145,414	4,645,318	31.00
40.00	SUBPROVIDER - IPF	0	0	40.00
41.00	SUBPROVIDER - IRF	-19,059	1,226,030	41.00
42.00	SUBPROVIDER	0	0	42.00
43.00	NURSERY	-7,544	1,593,046	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	OPERATING ROOM	-147,200	5,013,465	50.00
51.00	RECOVERY ROOM	-23	582,453	51.00
53.00	ANESTHESIOLOGY	0	158,304	53.00
54.00	RADIOLOGY-DIAGNOSTIC	-63,071	4,110,383	54.00
57.00	CT SCAN	0	542,238	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	59.00
60.00	LABORATORY	-499,840	3,431,379	60.00
65.00	RESPIRATORY THERAPY	-31	915,915	65.00
66.00	PHYSICAL THERAPY	-58,548	1,221,844	66.00
67.00	OCCUPATIONAL THERAPY	0	408,405	67.00
68.00	SPEECH PATHOLOGY	0	279,761	68.00
69.00	ELECTROCARDIOLOGY	-300	2,018,868	69.00
70.00	ELECTROENCEPHALOGRAPHY	-2,445	105,626	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	10,386,731	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	9,743,838	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	73.00
76.97	CARDIAC REHABILITATION	0	352,280	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	CLINIC	-62,326	353,218	90.00
90.01	BASIC DIAGNOSTIC TESTING	0	0	90.01
90.03	PSYCH OUTPATIENT	0	0	90.03
90.04	WOUND CARE CLINIC	0	860,661	90.04
91.00	EMERGENCY	-239,932	3,271,728	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
93.00	OTHER OUTPATIENT SERVICES	0	1,692,335	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
99.10	CORF	0	0	99.10
101.00	HOME HEALTH AGENCY	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
109.00	PANCREAS ACQUISITION	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	110.00
111.00	ISLET ACQUISITION	0	0	111.00
113.00	INTEREST EXPENSE	-4,889,660	0	113.00
116.00	HOSPICE	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	-23,451,087	137,579,229	118.00
<b>NONREIMBURSABLE COST CENTERS</b>				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,062,373	190.00
190.01	OTHER NONREIMBURSABLE	0	2,636,677	190.01
190.13	EUREKA	0	0	190.13
191.00	RESEARCH	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
200.00	TOTAL (SUM OF LINES 118-199)	-23,451,087	141,278,279	200.00

RECLASSIFICATIONS

Provider CCN: 140127

Period:  
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To 12/31/2011

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		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
<b>A - NURSERY EXPENSE</b>					
1.00	NURSERY	43.00	1,719,931	175,579	1.00
	TOTALS		1,719,931	175,579	
<b>B - CAFETERIA EXPENSES</b>					
1.00	CAFETERIA	11.00	549,738	709,810	1.00
2.00	OTHER NONREIMBURSABLE	190.01	61,083	78,870	2.00
3.00	SUBPROVIDER - IRF	41.00	26,006	33,578	3.00
	TOTALS		636,827	822,258	
<b>C - MEDICAL SUPPLY RECLASS</b>					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	20,130,569	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
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
	TOTALS		0	20,130,569	
<b>D - HOUSEKEEPING RECLASS</b>					
1.00	CLINICAL PASTORAL EDUCATION	23.00	383	253	1.00
2.00	SUBPROVIDER - IRF	41.00	18,645	12,306	2.00
3.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	19,973	13,182	3.00
4.00	OTHER NONREIMBURSABLE	190.01	96,135	63,451	4.00
	TOTALS		135,136	89,192	
<b>E - IMPLANTS RECLASS</b>					
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	9,743,838	1.00
	TOTALS		0	9,743,838	
<b>F - DEPRECIATION RECLASS</b>					
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	7,162,811	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
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

RECLASSIFICATIONS

Provider CCN: 140127

Period:  
From 01/01/2011  
To 12/31/2011

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		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
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
	TOTALS		0	7,162,811	
G - BASIC DIAGNOSTIC TESTING					
1.00	OPERATING ROOM	50.00	57,905	4,067	1.00
2.00	LABORATORY	60.00	290,047	20,372	2.00
3.00	ELECTROCARDIOLOGY	69.00	5,324	374	3.00
	TOTALS		353,276	24,813	
H - RECLASS EUREKA ALLOCATED COSTS					
1.00	ADMINISTRATIVE & GENERAL	5.00	115,700	118,424	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
	TOTALS		115,700	118,424	
I - DEFAULT					
1.00	ADMINISTRATIVE & GENERAL	5.00	61,185	0	1.00
	TOTALS		61,185	0	
J - CONTRACTED MEDICAL DIRECTORS					
1.00	ELECTROCARDIOLOGY	69.00	0	2,500	1.00
2.00	RESPIRATORY THERAPY	65.00	0	10,000	2.00
3.00	INTENSIVE CARE UNIT	31.00	0	10,000	3.00
4.00	WOUND CARE CLINIC	90.04	0	12,000	4.00
5.00	ADULTS & PEDIATRICS	30.00	0	66,600	5.00
6.00	SUBPROVIDER - IRF	41.00	0	58,000	6.00
7.00		0.00	0	0	7.00
	TOTALS		0	159,100	
500.00	Grand Total: Increases		3,022,055	38,426,584	500.00

RECLASSIFICATIONS

Provider CCN: 140127

Period:  
From 01/01/2011  
To 12/31/2011

Worksheet A-6  
Date/Time Prepared:  
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Decreases						Wkst. A-7 Ref.	
Cost Center	Line #	Salary	Other				
6.00	7.00	8.00	9.00	10.00			
<b>A - NURSERY EXPENSE</b>							
1.00	ADULTS & PEDIATRICS	30.00	1,719,931	175,579	0		1.00
	TOTALS		1,719,931	175,579			
<b>B - CAFETERIA EXPENSES</b>							
1.00	DIETARY	10.00	636,827	822,258	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
	TOTALS		636,827	822,258			
<b>C - MEDICAL SUPPLY RECLASS</b>							
1.00	EMPLOYEE BENEFITS	4.00	0	39,636	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	11,360	0		2.00
3.00	OPERATION OF PLANT	7.00	0	117,652	0		3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	0	10,278	0		4.00
5.00	HOUSEKEEPING	9.00	0	16,440	0		5.00
6.00	DIETARY	10.00	0	8,249	0		6.00
7.00	NURSING ADMINISTRATION	13.00	0	1,119	0		7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	507,680	0		8.00
9.00	PHARMACY	15.00	0	110,588	0		9.00
10.00	MEDICAL RECORDS & LIBRARY	16.00	0	95	0		10.00
11.00	SOCIAL SERVICE	17.00	0	452	0		11.00
12.00	CLINICAL PASTORAL EDUCATION	23.00	0	49	0		12.00
13.00	ADULTS & PEDIATRICS	30.00	0	507,831	0		13.00
14.00	INTENSIVE CARE UNIT	31.00	0	328,687	0		14.00
15.00	SUBPROVIDER - IRF	41.00	0	34,445	0		15.00
16.00	NURSERY	43.00	0	217,207	0		16.00
17.00	OPERATING ROOM	50.00	0	11,070,126	0		17.00
18.00	RECOVERY ROOM	51.00	0	46,886	0		18.00
19.00	ANESTHESIOLOGY	53.00	0	265,555	0		19.00
20.00	RADIOLOGY-DIAGNOSTIC	54.00	0	98,479	0		20.00
21.00	CT SCAN	57.00	0	158,118	0		21.00
22.00	LABORATORY	60.00	0	2,475,277	0		22.00
23.00	RESPIRATORY THERAPY	65.00	0	124,076	0		23.00
24.00	PHYSICAL THERAPY	66.00	0	11,983	0		24.00
25.00	OCCUPATIONAL THERAPY	67.00	0	6,166	0		25.00
26.00	SPEECH PATHOLOGY	68.00	0	1,610	0		26.00
27.00	ELECTROCARDIOLOGY	69.00	0	3,459,661	0		27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0	1,782	0		28.00
29.00	CARDIAC REHABILITATION	76.97	0	4,139	0		29.00
30.00	CLINIC	90.00	0	3,555	0		30.00
31.00	WOUND CARE CLINIC	90.04	0	207,141	0		31.00
32.00	EMERGENCY	91.00	0	263,554	0		32.00
33.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	1,531	0		33.00
34.00	OTHER NONREIMBURSABLE	190.01	0	19,162	0		34.00
	TOTALS		0	20,130,569			
<b>D - HOUSEKEEPING RECLASS</b>							
1.00	HOUSEKEEPING	9.00	135,136	89,192	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
	TOTALS		135,136	89,192			
<b>E - IMPLANTS RECLASS</b>							
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	9,743,838	0		1.00
	TOTALS		0	9,743,838			
<b>F - DEPRECIATION RECLASS</b>							
1.00	EMPLOYEE BENEFITS	4.00	0	2,916	9		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	2,690,145	9		2.00
3.00	OPERATION OF PLANT	7.00	0	157,737	9		3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	0	42,109	9		4.00
5.00	HOUSEKEEPING	9.00	0	1,744	9		5.00
6.00	DIETARY	10.00	0	53,793	9		6.00
7.00	NURSING ADMINISTRATION	13.00	0	17,841	9		7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	104,146	9		8.00
9.00	PHARMACY	15.00	0	166,220	9		9.00
10.00	MEDICAL RECORDS & LIBRARY	16.00	0	50,277	9		10.00
12.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	5,956	9		12.00
13.00	CLINICAL PASTORAL EDUCATION	23.00	0	2,500	9		13.00
14.00	ADULTS & PEDIATRICS	30.00	0	334,921	9		14.00
15.00	INTENSIVE CARE UNIT	31.00	0	112,277	9		15.00
16.00	SUBPROVIDER - IRF	41.00	0	18,096	9		16.00
17.00	NURSERY	43.00	0	77,713	9		17.00
18.00	OPERATING ROOM	50.00	0	1,225,490	9		18.00

RECLASSIFICATIONS

Provider CCN: 140127

Period:  
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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
19.00	RECOVERY ROOM	51.00	0	19,097	9		19.00
20.00	ANESTHESIOLOGY	53.00	0	83,168	9		20.00
21.00	RADIOLOGY-DIAGNOSTIC	54.00	0	853,801	9		21.00
22.00	CT SCAN	57.00	0	83,986	9		22.00
23.00	LABORATORY	60.00	0	209,457	9		23.00
24.00	RESPIRATORY THERAPY	65.00	0	80,570	9		24.00
25.00	PHYSICAL THERAPY	66.00	0	37,525	9		25.00
26.00	SPEECH PATHOLOGY	68.00	0	3,400	9		26.00
27.00	ELECTROCARDIOLOGY	69.00	0	516,410	9		27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0	14,810	9		28.00
29.00	CARDIAC REHABILITATION	76.97	0	21,817	9		29.00
30.00	CLINIC	90.00	0	3,010	9		30.00
31.00	WOUND CARE CLINIC	90.04	0	5,503	9		31.00
32.00	EMERGENCY	91.00	0	119,395	9		32.00
33.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	15,319	9		33.00
34.00	OTHER NONREIMBURSABLE	190.01	0	31,662	9		34.00
	TOTALS		0	7,162,811			
<b>G - BASIC DIAGNOSTIC TESTING</b>							
1.00	BASIC DIAGNOSTIC TESTING	90.01	353,276	24,813	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
	TOTALS		353,276	24,813			
<b>H - RECLASS EUREKA ALLOCATED COSTS</b>							
1.00	LAUNDRY & LINEN SERVICE	8.00	20,934	23,549	0		1.00
2.00	OPERATION OF PLANT	7.00	15,169	0	0		2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	33,156	0	0		3.00
4.00	LABORATORY	60.00	16,977	0	0		4.00
5.00	PHARMACY	15.00	12,934	0	0		5.00
6.00	EMPLOYEE BENEFITS	4.00	16,530	94,875	0		6.00
	TOTALS		115,700	118,424			
<b>I - DEFAULT</b>							
1.00	CLINICAL PASTORAL EDUCATION	23.00	61,185	0	0		1.00
	TOTALS		61,185	0			
<b>J - CONTRACTED MEDICAL DIRECTORS</b>							
1.00		0.00	0	0	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00	ADMINISTRATIVE & GENERAL	5.00	0	159,100	0		7.00
	TOTALS		0	159,100			
500.00	Grand Total: Decreases		3,022,055	38,426,584			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140127

Period:  
From 01/01/2011  
To 12/31/2011

Worksheet A-7  
Parts I-III  
Date/Time Prepared:  
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		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	3.00	4.00		
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	8,004,000	0	0	0	160,000	1.00
2.00	Land Improvements	7,044,953	22,300	0	22,300	0	2.00
3.00	Buildings and Fixtures	185,197,209	422,377	0	422,377	0	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	81,189,286	3,231,809	0	3,231,809	363,340	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	281,435,448	3,676,486	0	3,676,486	523,340	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	281,435,448	3,676,486	0	3,676,486	523,340	10.00
<b>SUMMARY OF CAPITAL</b>							
Cost Center Description	Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)		
	9.00	10.00	11.00	12.00	13.00		
	<b>PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2</b>						
1.00	NEW CAP REL COSTS-BLDG & FIXT	3,410,815	0	0	0	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	3,410,815	0	0	0	0	3.00
<b>COMPUTATION OF RATIOS</b>							
Cost Center Description	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	ALLOCATION OF OTHER CAPITAL Ratio (see instructions)	Insurance		
	1.00	2.00	3.00	4.00	5.00		
	<b>PART III - RECONCILIATION OF CAPITAL COSTS CENTERS</b>						
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	1.000000	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0.000000	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	1.000000	0	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140127

Period:  
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Parts I-III  
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		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	7,844,000	0		1.00		
2.00	Land Improvements	7,067,253	4,320,774		2.00		
3.00	Buildings and Fixtures	185,619,586	96,329,855		3.00		
4.00	Building Improvements	0	0		4.00		
5.00	Fixed Equipment	0	0		5.00		
6.00	Movable Equipment	84,057,755	50,679,603		6.00		
7.00	HIT designated Assets	0	0		7.00		
8.00	Subtotal (sum of lines 1-7)	284,588,594	151,330,232		8.00		
9.00	Reconciling Items	0	0		9.00		
10.00	Total (line 8 minus line 9)	284,588,594	151,330,232		10.00		
<b>SUMMARY OF CAPITAL</b>							
Cost Center Description		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
<b>PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	3,410,815		1.00		
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0		2.00		
3.00	Total (sum of lines 1-2)	0	3,410,815		3.00		
<b>ALLOCATION OF OTHER CAPITAL</b>							
Cost Center Description		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	SUMMARY OF CAPITAL Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
<b>PART III - RECONCILIATION OF CAPITAL COSTS CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	4,563,487	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	5,770,991	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	10,334,478	0	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140127

Period:  
From 01/01/2011  
To 12/31/2011

Worksheet A-7  
Parts I-III  
Date/Time Prepared:  
5/30/2012 6:55 am

Cost Center Description	SUMMARY OF CAPITAL					Total (2) (sum of cols. 9 through 14)	
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)			
	11.00	12.00	13.00	14.00	15.00		
<b>PART III - RECONCILIATION OF CAPITAL COSTS CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	4,563,487	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	5,770,991	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	10,334,478	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140127

Period:  
From 01/01/2011  
To 12/31/2011

Worksheet A-8

Date/Time Prepared:  
5/30/2012 6:55 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted	
			Cost Center	Line #
			1.00	2.00
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			NEW CAP REL COSTS-BLDG & FIXT	1.00 1.00
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			NEW CAP REL COSTS-MVBLE EQUIP	2.00 2.00
3.00 Investment income - other (chapter 2)		0		0.00 3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0		0.00 4.00
5.00 Refunds and rebates of expenses (chapter 8)		0		0.00 5.00
6.00 Rental of provider space by suppliers (chapter 8)		0		0.00 6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		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	-2,243,711		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	-1,535,037		12.00
13.00 Laundry and linen service	B	-158,551	LAUNDRY & LINEN SERVICE	8.00 13.00
14.00 Cafeteria-employees and guests	B	-623,012	CAFETERIA	11.00 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	B	-53,870	PHARMACY	15.00 17.00
18.00 Sale of medical records and abstracts	B	-20	MEDICAL RECORDS & LIBRARY	16.00 18.00
19.00 Nursing school (tuition, fees, books, etc.)		0		0.00 19.00
20.00 Vending machines		0		0.00 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		RESPIRATORY THERAPY	65.00 23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		PHYSICAL THERAPY	66.00 24.00
25.00 Utilization review - physicians' compensation (chapter 21)			*** Cost Center Deleted ***	114.00 25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT			NEW CAP REL COSTS-BLDG & FIXT	1.00 26.00
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP			NEW CAP REL COSTS-MVBLE EQUIP	2.00 27.00
28.00 Non-physician Anesthetist			*** Cost Center Deleted ***	19.00 28.00
29.00 Physicians' assistant				0.00 29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		OCCUPATIONAL THERAPY	67.00 30.00
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		OSPEECH PATHOLOGY	68.00 31.00
32.00 CAH HIT Adjustment for Depreciation and Interest	A			0.00 32.00
33.00 MISCELLANEOUS INCOME	B	-133,511	EMPLOYEE BENEFITS	4.00 33.00
33.03 MISCELLANEOUS INCOME	B	-1,246,676	ADMINISTRATIVE & GENERAL	5.00 33.03
33.04 MISCELLANEOUS INCOME	B	-16,635	OPERATION OF PLANT	7.00 33.04
33.08 MISCELLANEOUS INCOME	B	-23,559	HOUSEKEEPING	9.00 33.08
33.09 MISCELLANEOUS INCOME	B	-15,771	NURSING ADMINISTRATION	13.00 33.09
33.10 MISCELLANEOUS INCOME		0		0.00 33.10
33.19 MISCELLANEOUS INCOME	B	-7,738	CLINICAL PASTORAL EDUCATION	23.00 33.19
33.20 MISCELLANEOUS INCOME	B	-233,510	EMERGENCY	91.00 33.20
33.21 MISCELLANEOUS INCOME	B	-7,544	NURSERY	43.00 33.21
33.22 MISCELLANEOUS INCOME		0		0.00 33.22
33.24 MISCELLANEOUS INCOME	B	-11,526	RADIOLOGY-DIAGNOSTIC	54.00 33.24
33.25 MISCELLANEOUS INCOME	B	-499,840	LABORATORY	60.00 33.25
33.28 MISCELLANEOUS INCOME	B	-58,454	PHYSICAL THERAPY	66.00 33.28
34.00 NONALLOWABLE EXPENSES		0		0.00 34.00
35.00 NONALLOWABLE EXPENSES	A	-797	CLINIC	90.00 35.00
35.01 MISCELLANEOUS INCOME	B	-50,169	CLINIC	90.00 35.01
35.02 MISCELLANEOUS INCOME		0		0.00 35.02
35.03 MISCELLANEOUS INCOME		0		0.00 35.03
35.04 MISCELLANEOUS INCOME		0		0.00 35.04
35.05 MISCELLANEOUS INCOME		0		0.00 35.05

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		
			Cost Center	Line #	
			1.00	2.00	3.00
35.06		0		0.00	35.06
35.07	A	-31	RESPIRATORY THERAPY	65.00	35.07
35.08	A	-1,131,451	ADMINISTRATIVE & GENERAL	5.00	35.08
35.09	A	-113	OPERATION OF PLANT	7.00	35.09
36.00	A	-2,139	DIETARY	10.00	36.00
36.01	A	-128	PHARMACY	15.00	36.01
36.02	A	-2,522	NURSING ADMINISTRATION	13.00	36.02
36.03	A	-23	RECOVERY ROOM	51.00	36.03
36.04	A	-188	MEDICAL RECORDS & LIBRARY	16.00	36.04
36.05	A	-4,414	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	36.05
36.06	A	-3,438	ADULTS & PEDIATRICS	30.00	36.06
36.07	A	-5,021	INTENSIVE CARE UNIT	31.00	36.07
36.09	A	-1,722	SUBPROVIDER - IRF	41.00	36.09
36.10	A	-83	RADIOLOGY-DIAGNOSTIC	54.00	36.10
36.11	A	-300	ELECTROCARDIOLOGY	69.00	36.11
36.13	A	-94	PHYSICAL THERAPY	66.00	36.13
36.14	A	-475	EMERGENCY	91.00	36.14
36.15	A	-158,780	ADMINISTRATIVE & GENERAL	5.00	36.15
36.16	A	-1,280,865	ADMINISTRATIVE & GENERAL	5.00	36.16
36.17	A	-50,000	ADMINISTRATIVE & GENERAL	5.00	36.17
36.18	A	-18,683	ADMINISTRATIVE & GENERAL	5.00	36.18
36.19	A	-5,588,340	ADMINISTRATIVE & GENERAL	5.00	36.19
37.00	A	-1,223	HOUSEKEEPING	9.00	37.00
38.00	A	-3,069,944	ADMINISTRATIVE & GENERAL	5.00	38.00
39.00	A	-32,721	ADMINISTRATIVE & GENERAL	5.00	39.00
40.00		0		0.00	40.00
41.00	A	-2,835	ADMINISTRATIVE & GENERAL	5.00	41.00
42.00	A	-300	CLINICAL PASTORAL EDUCATION	23.00	42.00
43.00	A	-4,889,660	INTEREST EXPENSE	113.00	43.00
44.00	A	224,099	OPERATION OF PLANT	7.00	44.00
44.01	A	259,207	NEW CAP REL COSTS-BLDG & FIXT	1.00	44.01
44.02	A	256,534	ADMINISTRATIVE & GENERAL	5.00	44.02
44.03	A	531,080	ADMINISTRATIVE & GENERAL	5.00	44.03
44.04	A	612,085	NEW CAP REL COSTS-BLDG & FIXT	1.00	44.04
44.05	A	-2,168,668	NEW CAP REL COSTS-MVBLE EQUIP	2.00	44.05
45.00		0		0.00	45.00
50.00		-23,451,087			50.00
TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)					

ADJUSTMENTS TO EXPENSES

Provider CCN: 140127

Period:  
From 01/01/2011  
To 12/31/2011

Worksheet A-8  
Date/Time Prepared:  
5/30/2012 6:55 am

Cost Center Description		Wkst. A-7 Ref.	
		5.00	
1.00	Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	0	1.00
2.00	Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)	0	2.00
3.00	Investment income - other (chapter 2)	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	0	7.00
8.00	Television and radio service (chapter 21)	0	8.00
9.00	Parking lot (chapter 21)	0	9.00
10.00	Provider-based physician adjustment	0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)	0	11.00
12.00	Related organization transactions (chapter 10)	0	12.00
13.00	Laundry and linen service	0	13.00
14.00	Cafeteria-employees and guests	0	14.00
15.00	Rental of quarters to employee and others	0	15.00
16.00	Sale of medical and surgical supplies to other than patients	0	16.00
17.00	Sale of drugs to other than patients	0	17.00
18.00	Sale of medical records and abstracts	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)	0	19.00
20.00	Vending machines	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		25.00
26.00	Depreciation - NEW CAP REL COSTS-BLDG & FIXT	0	26.00
27.00	Depreciation - NEW CAP REL COSTS-MVBLE EQUIP	0	27.00
28.00	Non-physician Anesthetist		28.00
29.00	Physicians' assistant	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)		30.00
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest	0	32.00
33.00	MI SCCELLANEOUS INCOME	0	33.00
33.03	MI SCCELLANEOUS INCOME	0	33.03
33.04	MI SCCELLANEOUS INCOME	0	33.04
33.08	MI SCCELLANEOUS INCOME	0	33.08
33.09	MI SCCELLANEOUS INCOME	0	33.09
33.10	MI SCCELLANEOUS INCOME	0	33.10
33.19	MI SCCELLANEOUS INCOME	0	33.19
33.20	MI SCCELLANEOUS INCOME	0	33.20
33.21	MI SCCELLANEOUS INCOME	0	33.21
33.22	MI SCCELLANEOUS INCOME	0	33.22
33.24	MI SCCELLANEOUS INCOME	0	33.24
33.25	MI SCCELLANEOUS INCOME	0	33.25
33.28	MI SCCELLANEOUS INCOME	0	33.28
34.00	NONALLOWABLE EXPENSES	0	34.00
35.00	MI SCCELLANEOUS INCOME	0	35.00
35.01	MI SCCELLANEOUS INCOME	0	35.01
35.02	MI SCCELLANEOUS INCOME	0	35.02
35.03	MI SCCELLANEOUS INCOME	0	35.03
35.04	MI SCCELLANEOUS INCOME	0	35.04
35.05	MI SCCELLANEOUS INCOME	0	35.05
35.06	MI SCCELLANEOUS INCOME	0	35.06
35.07	NON ALLOWABLE EXPENSES	0	35.07
35.08	NON ALLOWABLE EXPENSES	0	35.08
35.09	NON ALLOWABLE EXPENSES	0	35.09
36.00	NON ALLOWABLE EXPENSES	0	36.00
36.01	NON ALLOWABLE EXPENSES	0	36.01
36.02	NON ALLOWABLE EXPENSES	0	36.02
36.03	NON ALLOWABLE EXPENSES	0	36.03

ADJUSTMENTS TO EXPENSES

Provider CCN: 140127

Period:  
From 01/01/2011  
To 12/31/2011

Worksheet A-8

Date/Time Prepared:  
5/30/2012 6:55 am

Cost Center Description		Wkst. A-7 Ref.	
		5.00	
36.04	NON ALLOWABLE EXPENSES	0	36.04
36.05	NON ALLOWABLE EXPENSES	0	36.05
36.06	NON ALLOWABLE EXPENSES	0	36.06
36.07	NON ALLOWABLE EXPENSES	0	36.07
36.09	NON ALLOWABLE EXPENSES	0	36.09
36.10	NON ALLOWABLE EXPENSES	0	36.10
36.11	NON ALLOWABLE EXPENSES	0	36.11
36.13	NON ALLOWABLE EXPENSES	0	36.13
36.14	NON ALLOWABLE EXPENSES	0	36.14
36.15	MARKETING OFFSET	0	36.15
36.16	EMPLOYED PHYSICIAN	0	36.16
36.17	HOSPITAL SPONSORSHIPS	0	36.17
36.18	CONTRIBUTIONS	0	36.18
36.19	PA ASSESSMENT EXPENSE	0	36.19
37.00	NON ALLOWABLE EXPENSES	0	37.00
38.00	SELF INSURANCE EXPENSE	0	38.00
39.00	PHYSICIAN RECRUITMENT	0	39.00
40.00		0	40.00
41.00	IHA / AHA LOBBYING FEES	0	41.00
42.00	NON ALLOWABLE EXPENSES	0	42.00
43.00	INTEREST EXPENSE	11	43.00
44.00	MOB/POB ADD-ON	0	44.00
44.01	MOB/POB ADD-ON	9	44.01
44.02	MOB/POB ADD-ON	0	44.02
44.03	EUREKA OVERALLOCATION	0	44.03
44.04	ADJ BOOK TO MC DEPR	9	44.04
44.05	ADJ BOOK TO MC DEPR	9	44.05
45.00	OTHER ADJUSTMENTS (SPECIFY)	0	45.00
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		50.00

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

Provider CCN: 140127

Period:  
From 01/01/2011  
To 12/31/2011

Worksheet A-8-1

Date/Time Prepared:  
5/30/2012 6:55 am

	Line No.	Cost Center	Expense Items	
	1.00	2.00	3.00	
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>				
1.00	54.00	RADIOLOGY-DIAGNOSTIC	ADVANCED MRI	1.00
2.00	0.00			2.00
3.00	0.00			3.00
4.00	1.00	NEW CAP REL COSTS-BLDG & FIXT	HOME OFFICE	4.00
4.01	2.00	NEW CAP REL COSTS-MVBLE EQUIP	HOME OFFICE	4.01
4.02	4.00	EMPLOYEE BENEFITS	HOME OFFICE	4.02
4.03	5.00	ADMINISTRATIVE & GENERAL	HOME OFFICE	4.03
4.04	0.00			4.04
4.05	0.00			4.05
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			5.00

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

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

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	B		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: 140127

Period: From 01/01/2011 To 12/31/2011

Worksheet A-8-1

Date/Time Prepared: 5/30/2012 6:55 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	
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>					
1.00	172,538	224,000	-51,462	0	1.00
2.00	0	0	0	0	2.00
3.00	0	0	0	0	3.00
4.00	281,380	0	281,380	9	4.00
4.01	776,848	0	776,848	9	4.01
4.02	1,529,756	0	1,529,756	0	4.02
4.03	4,384,559	8,456,118	-4,071,559	0	4.03
4.04	0	0	0	0	4.04
4.05	0	0	0	0	4.05
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.	7,145,081	8,680,118	-1,535,037	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>B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:</b>			

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		ADVANCED MRI	0.00	MRI SERVICES	6.00
7.00			0.00		7.00
8.00			0.00		8.00
9.00		ADVOCATE HEALTH CARE	0.00	HOME OFFICE	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: 140127

Period:  
From 01/01/2011  
To 12/31/2011

Worksheet A-8-2

Date/Time Prepared:  
5/30/2012 6:55 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	
	1.00	2.00	3.00	4.00	
1.00	69.00	ELECTROCARDIOLOGY	2,500	0	1.00
2.00	65.00	RESPIRATORY THERAPY	10,000	0	2.00
3.00	31.00	INTENSIVE CARE UNIT	10,000	0	3.00
4.00	90.04	WOUND CARE CLINIC	12,000	0	4.00
5.00	30.00	ADULTS & PEDIATRICS	74,100	0	5.00
6.00	41.00	SUBPROVIDER - IRF	58,000	17,337	6.00
7.00	50.00	OPERATING ROOM	147,200	147,200	7.00
8.00	91.00	EMERGENCY	16,000	0	8.00
9.00	70.00	ELECTROENCEPHALOGRAPHY	2,445	2,445	9.00
10.00	30.00	ADULTS & PEDIATRICS	1,895,525	1,895,525	10.00
11.00	90.00	CLINIC	11,360	11,360	11.00
12.00	31.00	INTENSIVE CARE UNIT	137,150	137,150	12.00
200.00			2,376,280	2,211,017	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140127

Period:  
From 01/01/2011  
To 12/31/2011

Worksheet A-8-2

Date/Time Prepared:  
5/30/2012 6:55 am

	Provider Component	RCE Amount	Physician/Provider Component Hours	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	
	5.00	6.00	7.00	8.00	9.00	
1.00	2,500	171,400	84	6,922	346	1.00
2.00	10,000	171,400	209	17,222	861	2.00
3.00	10,000	171,400	82	6,757	338	3.00
4.00	12,000	171,400	161	13,267	663	4.00
5.00	74,100	171,400	614	50,596	2,530	5.00
6.00	40,663	171,400	903	74,411	3,721	6.00
7.00	0	171,400	0	0	0	7.00
8.00	16,000	171,400	122	10,053	503	8.00
9.00	0	171,400	0	0	0	9.00
10.00	0	171,400	0	0	0	10.00
11.00	0	171,400	0	0	0	11.00
12.00	0	171,400	0	0	0	12.00
200.00	165,263		2,175	179,228	8,962	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140127

Period:  
From 01/01/2011  
To 12/31/2011

Worksheet A-8-2

Date/Time Prepared:  
5/30/2012 6:55 am

	Cost of Memberships & Continuing Education 12.00	Provider Component Share of col. 12 13.00	Physician Cost of Malpractice Insurance 14.00	Provider Component Share of col. 14 15.00	Adjusted RCE Limit 16.00	
1.00	0	0	0	0	6,922	1.00
2.00	0	0	0	0	17,222	2.00
3.00	0	0	0	0	6,757	3.00
4.00	0	0	0	0	13,267	4.00
5.00	0	0	0	0	50,596	5.00
6.00	0	0	0	0	74,411	6.00
7.00	0	0	0	0	0	7.00
8.00	0	0	0	0	10,053	8.00
9.00	0	0	0	0	0	9.00
10.00	0	0	0	0	0	10.00
11.00	0	0	0	0	0	11.00
12.00	0	0	0	0	0	12.00
200.00	0	0	0	0	179,228	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140127

Period:  
From 01/01/2011  
To 12/31/2011

Worksheet A-8-2  
Date/Time Prepared:  
5/30/2012 6:55 am

	RCE	Adjustment	
	Disallowance		
	17.00	18.00	
1.00	0	0	1.00
2.00	0	0	2.00
3.00	3,243	3,243	3.00
4.00	0	0	4.00
5.00	23,504	23,504	5.00
6.00	0	17,337	6.00
7.00	0	147,200	7.00
8.00	5,947	5,947	8.00
9.00	0	2,445	9.00
10.00	0	1,895,525	10.00
11.00	0	11,360	11.00
12.00	0	137,150	12.00
200.00	32,694	2,243,711	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140127

Period:  
From 01/01/2011  
To 12/31/2011

Worksheet B  
Part I  
Date/Time Prepared:  
5/30/2012 6:55 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	Subtotal	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT	4,563,487	4,563,487				1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP	5,770,991		5,770,991			2.00
4.00 EMPLOYEE BENEFITS	13,397,168	40,557	2,349	13,440,074		4.00
5.00 ADMINISTRATIVE & GENERAL	22,104,219	419,338	2,167,423	1,966,881	26,657,861	5.00
7.00 OPERATION OF PLANT	5,817,224	866,410	127,086	330,895	7,141,615	7.00
8.00 LAUNDRY & LINEN SERVICE	353,599	86,525	33,927	63,818	537,869	8.00
9.00 HOUSEKEEPING	1,975,284	43,849	1,405	289,349	2,309,887	9.00
10.00 DIETARY	829,478	74,047	43,340	87,167	1,034,032	10.00
11.00 CAFETERIA	636,536	34,964	0	132,022	803,522	11.00
13.00 NURSING ADMINISTRATION	2,741,510	20,175	14,374	585,403	3,361,462	13.00
14.00 CENTRAL SERVICES & SUPPLY	859,875	63,334	83,909	89,098	1,096,216	14.00
15.00 PHARMACY	7,665,084	39,772	133,921	457,226	8,296,003	15.00
16.00 MEDICAL RECORDS & LIBRARY	2,723,738	56,104	40,507	497,217	3,317,566	16.00
17.00 SOCIAL SERVICE	1,420,374	33,662	0	242,313	1,696,349	17.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	913,234	0	0	219,317	1,132,551	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	235,790	26,337	4,799	0	266,926	22.00
23.00 CLINICAL PASTORAL EDUCATION	262,438	27,242	2,014	67,203	358,897	23.00
23.01 EMS PROGRAM	0	0	0	0	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	12,395,374	950,324	332,454	2,140,845	15,818,997	30.00
31.00 INTENSIVE CARE UNIT	4,645,318	209,057	90,459	1,002,112	5,946,946	31.00
40.00 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 SUBPROVIDER - IRF	1,226,030	119,679	14,580	233,720	1,594,009	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	1,593,046	19,537	0	413,048	2,025,631	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	5,013,465	347,455	987,363	746,438	7,094,721	50.00
51.00 RECOVERY ROOM	582,453	50,967	15,386	127,779	776,585	51.00
53.00 ANESTHESIOLOGY	158,304	0	67,007	14,443	239,754	53.00
54.00 RADIOLOGY-DIAGNOSTIC	4,110,383	204,352	687,897	670,685	5,673,317	54.00
57.00 CT SCAN	542,238	0	67,667	98,117	708,022	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	3,431,379	129,021	168,757	605,662	4,334,819	60.00
65.00 RESPIRATORY THERAPY	915,915	26,578	64,914	199,286	1,206,693	65.00
66.00 PHYSICAL THERAPY	1,221,844	95,152	30,233	280,132	1,627,361	66.00
67.00 OCCUPATIONAL THERAPY	408,405	4,843	0	81,691	494,939	67.00
68.00 SPEECH PATHOLOGY	279,761	3,947	2,739	61,057	347,504	68.00
69.00 ELECTROCARDIOLOGY	2,018,868	120,231	416,065	400,995	2,956,159	69.00
70.00 ELECTROENCEPHALOGRAPHY	105,626	22,890	11,932	23,723	164,171	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	10,386,731	0	0	0	10,386,731	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	9,743,838	0	0	0	9,743,838	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.97 CARDIAC REHABILITATION	352,280	29,698	17,578	76,583	476,139	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 CLINIC	353,218	27,923	2,425	81,404	464,970	90.00
90.01 BASIC DIAGNOSTIC TESTING	0	0	0	0	0	90.01
90.03 PSYCH OUTPATIENT	0	0	0	0	0	90.03
90.04 WOUND CARE CLINIC	860,661	33,033	4,434	117,091	1,015,219	90.04
91.00 EMERGENCY	3,271,728	172,327	96,195	699,449	4,239,699	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00 OTHER OUTPATIENT SERVICES	1,692,335	25,303	0	1,500	1,719,138	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 CORF	0	0	0	0	0	99.10
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
116.00 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	137,579,229	4,424,633	5,733,139	13,103,669	137,066,118	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,062,373	45,624	12,342	94,541	1,214,880	190.00
190.01 OTHER NONREIMBURSABLE	2,636,677	93,230	25,510	241,864	2,997,281	190.01
190.13 EUREKA	0	0	0	0	0	190.13
191.00 RESEARCH	0	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140127

Period:  
From 01/01/2011  
To 12/31/2011

Worksheet B  
Part I  
Date/Time Prepared:  
5/30/2012 6:55 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	Subtotal	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
200.00 Cross Foot Adjustments						0 200.00
201.00 Negative Cost Centers		0	0	0		0 201.00
202.00 TOTAL (sum lines 118-201)	141,278,279	4,563,487	5,770,991	13,440,074	141,278,279	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140127		Period: From 01/01/2011 To 12/31/2011		Worksheet B Part I Date/Time Prepared: 5/30/2012 6:55 am	
Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.00	7.00	8.00	9.00	10.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.00	ADMINISTRATIVE & GENERAL	26,657,861					5.00
7.00	OPERATION OF PLANT	1,660,961	8,802,576				7.00
8.00	LAUNDRY & LINEN SERVICE	125,095	235,281	898,245			8.00
9.00	HOUSEKEEPING	537,222	119,234	50,957	3,017,300		9.00
10.00	DIETARY	240,490	201,348	3,925	85,070	1,564,865	10.00
11.00	CAFETERIA	186,879	95,073	0	118,367	0	11.00
13.00	NURSING ADMINISTRATION	781,792	54,860	0	7,376	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	254,952	172,219	0	81,382	0	14.00
15.00	PHARMACY	1,929,443	108,150	0	33,297	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	771,583	152,558	0	14,787	0	16.00
17.00	SOCIAL SERVICE	394,528	91,535	0	1,844	0	17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	263,403	0	0	11,808	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	62,080	71,615	0	0	0	22.00
23.00	CLINICAL PASTORAL EDUCATION	83,470	74,076	0	0	0	23.00
23.01	EMS PROGRAM	0	0	0	0	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	3,679,120	2,584,127	313,337	1,172,325	1,068,743	30.00
31.00	INTENSIVE CARE UNIT	1,383,111	568,471	112,403	62,907	496,122	31.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	370,727	325,433	31,264	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	471,111	53,126	8,871	18,475	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	1,650,055	944,803	129,485	514,000	0	50.00
51.00	RECOVERY ROOM	180,614	138,591	13,226	33,297	0	51.00
53.00	ANESTHESIOLOGY	55,761	0	0	3,298	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	1,319,472	555,675	46,048	177,480	0	54.00
57.00	CT SCAN	164,668	0	7,006	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	1,008,171	350,836	1,790	99,857	0	60.00
65.00	RESPIRATORY THERAPY	280,647	72,272	0	14,787	0	65.00
66.00	PHYSICAL THERAPY	378,483	258,739	7,006	29,680	0	66.00
67.00	OCCUPATIONAL THERAPY	115,110	13,170	0	745	0	67.00
68.00	SPEECH PATHOLOGY	80,821	10,733	0	603	0	68.00
69.00	ELECTROCARDIOLOGY	687,529	326,933	28,747	29,645	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	38,182	62,242	1,297	7,376	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,415,694	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	2,266,173	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.97	CARDIAC REHABILITATION	110,738	80,755	662	7,340	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	CLINIC	108,140	75,927	1,431	12,518	0	90.00
90.01	BASIC DIAGNOSTIC TESTING	0	0	0	0	0	90.01
90.03	PSYCH OUTPATIENT	0	0	0	0	0	90.03
90.04	WOUND CARE CLINIC	236,115	89,824	6,560	5,071	0	90.04
91.00	EMERGENCY	986,048	468,593	134,230	473,965	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	OTHER OUTPATIENT SERVICES	399,829	68,803	0	0	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	CORF	0	0	0	0	0	99.10
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	25,678,217	8,425,002	898,245	3,017,300	1,564,865	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	282,551	124,061	0	0	0	190.00
190.01	OTHER NONREIMBURSABLE	697,093	253,513	0	0	0	190.01
190.13	EUREKA	0	0	0	0	0	190.13
191.00	RESEARCH	0	0	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	26,657,861	8,802,576	898,245	3,017,300	1,564,865	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140127

Period:  
From 01/01/2011  
To 12/31/2011

Worksheet B  
Part I  
Date/Time Prepared:  
5/30/2012 6:55 am

Cost Center Description	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
	11.00	13.00	14.00	15.00	16.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.00 ADMINISTRATIVE & GENERAL						5.00
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	1,203,841					11.00
13.00 NURSING ADMINISTRATION	50,060	4,255,550				13.00
14.00 CENTRAL SERVICES & SUPPLY	16,573	11,674	1,633,016			14.00
15.00 PHARMACY	37,476	6,972	9,063	10,420,404		15.00
16.00 MEDICAL RECORDS & LIBRARY	63,789	1,540	8	0	4,321,831	16.00
17.00 SOCIAL SERVICE	22,325	46,372	37	0	0	17.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	32,157	0	0	0	0	22.00
23.00 CLINICAL PASTORAL EDUCATION	11,873	0	4	0	0	23.00
23.01 EMS PROGRAM	0	0	0	0	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	250,890	1,634,300	41,619	26,550	153,351	30.00
31.00 INTENSIVE CARE UNIT	121,610	864,454	26,938	2,349	67,900	31.00
40.00 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 SUBPROVIDER - IRF	25,200	172,680	2,823	1,242	23,500	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	47,757	316,823	17,801	21,884	21,721	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	84,753	483,991	907,245	91,681	579,032	50.00
51.00 RECOVERY ROOM	11,873	78,719	3,843	7,505	34,767	51.00
53.00 ANESTHESIOLOGY	2,937	15,484	21,764	59,623	75,021	53.00
54.00 RADIOLOGY-DIAGNOSTIC	64,732	0	8,071	3,865	836,977	54.00
57.00 CT SCAN	11,502	0	12,959	16,371	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	83,315	78,557	202,861	1,592	491,735	60.00
65.00 RESPIRATORY THERAPY	26,638	1,784	10,169	2,082	39,864	65.00
66.00 PHYSICAL THERAPY	27,349	8,026	982	0	46,774	66.00
67.00 OCCUPATIONAL THERAPY	9,446	2,270	505	0	11,837	67.00
68.00 SPEECH PATHOLOGY	5,457	2,270	132	0	6,527	68.00
69.00 ELECTROCARDIOLOGY	39,903	7,864	283,537	41,647	441,194	69.00
70.00 ELECTROENCEPHALOGRAPHY	2,443	1,054	146	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	21,468	0	2,143	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	20,139	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	8,252,820	419,612	73.00
76.97 CARDIAC REHABILITATION	8,828	1,054	339	0	10,790	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 CLINIC	0	0	291	0	0	90.00
90.01 BASIC DIAGNOSTIC TESTING	0	0	0	0	0	90.01
90.03 PSYCH OUTPATIENT	0	0	0	0	0	90.03
90.04 WOUND CARE CLINIC	14,084	16,863	16,976	42	71,868	90.04
91.00 EMERGENCY	80,192	472,154	21,600	88,123	987,218	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00 OTHER OUTPATIENT SERVICES	155	0	0	0	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 CORF	0	0	0	0	0	99.10
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE						113.00
116.00 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	1,153,317	4,224,905	1,631,320	8,617,376	4,321,831	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	22,850	0	125	0	0	190.00
190.01 OTHER NONREIMBURSABLE	27,674	30,645	1,571	1,803,028	0	190.01
190.13 EUREKA	0	0	0	0	0	190.13
191.00 RESEARCH	0	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	1,203,841	4,255,550	1,633,016	10,420,404	4,321,831	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140127

Period:  
From 01/01/2011  
To 12/31/2011

Worksheet B  
Part I  
Date/Time Prepared:  
5/30/2012 6:55 am

Cost Center Description	INTERNS & RESIDENTS			CLINICAL PASTORAL EDUCATION	EMS PROGRAM	
	SOCIAL SERVICE	SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS			
		17.00	21.00			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.00 ADMINISTRATIVE & GENERAL						5.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY						10.00
11.00 CAFETERIA						11.00
13.00 NURSING ADMINISTRATION						13.00
14.00 CENTRAL SERVICES & SUPPLY						14.00
15.00 PHARMACY						15.00
16.00 MEDICAL RECORDS & LIBRARY						16.00
17.00 SOCIAL SERVICE	2,252,990					17.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	1,407,762				21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	432,778			22.00
23.00 CLINICAL PASTORAL EDUCATION	0	0	0	528,320		23.00
23.01 EMS PROGRAM	0	0	0	0	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	889,188	1,407,762	432,778	172,729	0	30.00
31.00 INTENSIVE CARE UNIT	854,878	0	0	111,187	0	31.00
40.00 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 SUBPROVIDER - IRF	250,650	0	0	23,996	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	12,390	0	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	0	0	0	84,295	0	50.00
51.00 RECOVERY ROOM	0	0	0	0	0	51.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	2,689	0	54.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	0	2,999	0	60.00
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	9,929	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	169,641	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.97 CARDIAC REHABILITATION	0	0	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 CLINIC	11,436	0	0	0	0	90.00
90.01 BASIC DIAGNOSTIC TESTING	0	0	0	0	0	90.01
90.03 PSYCH OUTPATIENT	0	0	0	0	0	90.03
90.04 WOUND CARE CLINIC	0	0	0	0	0	90.04
91.00 EMERGENCY	64,807	0	0	45,302	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00 OTHER OUTPATIENT SERVICES	0	0	0	0	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 CORF	0	0	0	0	0	99.10
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
116.00 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	2,252,990	1,407,762	432,778	453,126	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01 OTHER NONREIMBURSABLE	0	0	0	75,194	0	190.01
190.13 EUREKA	0	0	0	0	0	190.13
191.00 RESEARCH	0	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
200.00 Cross Foot Adjustments	0	0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description	INTERNS & RESIDENTS			CLINICAL PASTORAL EDUCATION	EMS PROGRAM	
	SOCIAL SERVICE	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS			
		17.00	21.00			
202.00 TOTAL (sum lines 118-201)	2,252,990	1,407,762	432,778	528,320	23.01	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140127

Period:  
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5/30/2012 6:55 am

Cost Center Description	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	24.00	25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00 NEW CAP REL COSTS-BLDG & FIXT				1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00 EMPLOYEE BENEFITS				4.00
5.00 ADMINISTRATIVE & GENERAL				5.00
7.00 OPERATION OF PLANT				7.00
8.00 LAUNDRY & LINEN SERVICE				8.00
9.00 HOUSEKEEPING				9.00
10.00 DIETARY				10.00
11.00 CAFETERIA				11.00
13.00 NURSING ADMINISTRATION				13.00
14.00 CENTRAL SERVICES & SUPPLY				14.00
15.00 PHARMACY				15.00
16.00 MEDICAL RECORDS & LIBRARY				16.00
17.00 SOCIAL SERVICE				17.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD				21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD				22.00
23.00 CLINICAL PASTORAL EDUCATION				23.00
23.01 EMS PROGRAM				23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00 ADULTS & PEDIATRICS	29,645,816	-1,840,540	27,805,276	30.00
31.00 INTENSIVE CARE UNIT	10,619,276	0	10,619,276	31.00
40.00 SUBPROVIDER - IPF	0	0	0	40.00
41.00 SUBPROVIDER - IRF	2,821,524	0	2,821,524	41.00
42.00 SUBPROVIDER	0	0	0	42.00
43.00 NURSERY	3,015,590	0	3,015,590	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 OPERATING ROOM	12,564,061	0	12,564,061	50.00
51.00 RECOVERY ROOM	1,279,020	0	1,279,020	51.00
53.00 ANESTHESIOLOGY	473,642	0	473,642	53.00
54.00 RADIOLOGY-DIAGNOSTIC	8,688,326	0	8,688,326	54.00
57.00 CT SCAN	920,528	0	920,528	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00 LABORATORY	6,656,532	0	6,656,532	60.00
65.00 RESPIRATORY THERAPY	1,654,936	0	1,654,936	65.00
66.00 PHYSICAL THERAPY	2,384,400	0	2,384,400	66.00
67.00 OCCUPATIONAL THERAPY	648,022	0	648,022	67.00
68.00 SPEECH PATHOLOGY	454,047	0	454,047	68.00
69.00 ELECTROCARDIOLOGY	4,853,087	0	4,853,087	69.00
70.00 ELECTROENCEPHALOGRAPHY	446,552	0	446,552	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	12,826,036	0	12,826,036	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	12,030,150	0	12,030,150	72.00
73.00 DRUGS CHARGED TO PATIENTS	8,672,432	0	8,672,432	73.00
76.97 CARDIAC REHABILITATION	696,645	0	696,645	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00 CLINIC	674,713	0	674,713	90.00
90.01 BASIC DIAGNOSTIC TESTING	0	0	0	90.01
90.03 PSYCH OUTPATIENT	0	0	0	90.03
90.04 WOUND CARE CLINIC	1,472,622	0	1,472,622	90.04
91.00 EMERGENCY	8,061,931	0	8,061,931	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)		0		92.00
93.00 OTHER OUTPATIENT SERVICES	2,187,925	0	2,187,925	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
99.10 CORF	0	0	0	99.10
101.00 HOME HEALTH AGENCY	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
109.00 PANCREAS ACQUISITION	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	111.00
113.00 INTEREST EXPENSE				113.00
116.00 HOSPICE	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	133,747,813	-1,840,540	131,907,273	118.00
<b>NONREIMBURSABLE COST CENTERS</b>				
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,644,467	0	1,644,467	190.00
190.01 OTHER NONREIMBURSABLE	5,885,999	0	5,885,999	190.01
190.13 EUREKA	0	0	0	190.13
191.00 RESEARCH	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	192.00
200.00 Cross Foot Adjustments	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	201.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
202.00 TOTAL (sum lines 118-201)	141,278,279	-1,840,540	139,437,739		202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140127

Period:  
From 01/01/2011  
To 12/31/2011

Worksheet B  
Part II  
Date/Time Prepared:  
5/30/2012 6:55 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	EMPLOYEE BENEFITS	5,346	40,557	2,349	48,252	48,252 4.00
5.00	ADMINISTRATIVE & GENERAL	91,396	419,338	2,167,423	2,678,157	7,060 5.00
7.00	OPERATION OF PLANT	11,821	866,410	127,086	1,005,317	1,188 7.00
8.00	LAUNDRY & LINEN SERVICE	315	86,525	33,927	120,767	229 8.00
9.00	HOUSEKEEPING	2,157	43,849	1,405	47,411	1,039 9.00
10.00	DIETARY	1,067	74,047	43,340	118,454	313 10.00
11.00	CAFETERIA	0	34,964	0	34,964	474 11.00
13.00	NURSING ADMINISTRATION	4,083	20,175	14,374	38,632	2,101 13.00
14.00	CENTRAL SERVICES & SUPPLY	1,572	63,334	83,909	148,815	320 14.00
15.00	PHARMACY	997	39,772	133,921	174,690	1,641 15.00
16.00	MEDICAL RECORDS & LIBRARY	2,067	56,104	40,507	98,678	1,785 16.00
17.00	SOCIAL SERVICE	0	33,662	0	33,662	870 17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	787 21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	946	26,337	4,799	32,082	0 22.00
23.00	CLINICAL PASTORAL EDUCATION	622	27,242	2,014	29,878	241 23.00
23.01	EMS PROGRAM	0	0	0	0	0 23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	ADULTS & PEDIATRICS	7,308	950,324	332,454	1,290,086	7,696 30.00
31.00	INTENSIVE CARE UNIT	1,743	209,057	90,459	301,259	3,597 31.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0 40.00
41.00	SUBPROVIDER - IRF	1,138	119,679	14,580	135,397	839 41.00
42.00	SUBPROVIDER	0	0	0	0	0 42.00
43.00	NURSERY	0	19,537	0	19,537	1,483 43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	OPERATING ROOM	3,517	347,455	987,363	1,338,335	2,679 50.00
51.00	RECOVERY ROOM	17	50,967	15,386	66,370	459 51.00
53.00	ANESTHESIOLOGY	11	0	67,007	67,018	52 53.00
54.00	RADIOLOGY-DIAGNOSTIC	400,511	204,352	687,897	1,292,760	2,407 54.00
57.00	CT SCAN	75,873	0	67,667	143,540	352 57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0 58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0 59.00
60.00	LABORATORY	44,908	129,021	168,757	342,686	2,174 60.00
65.00	RESPIRATORY THERAPY	7,334	26,578	64,914	98,826	715 65.00
66.00	PHYSICAL THERAPY	812	95,152	30,233	126,197	1,005 66.00
67.00	OCCUPATIONAL THERAPY	28	4,843	0	4,871	293 67.00
68.00	SPEECH PATHOLOGY	116	3,947	2,739	6,802	219 68.00
69.00	ELECTROCARDIOLOGY	174,962	120,231	416,065	711,258	1,439 69.00
70.00	ELECTROENCEPHALOGRAPHY	24	22,890	11,932	34,846	85 70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0 71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0 72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
76.97	CARDIAC REHABILITATION	612	29,698	17,578	47,888	275 76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	CLINIC	29	27,923	2,425	30,377	292 90.00
90.01	BASIC DIAGNOSTIC TESTING	0	0	0	0	0 90.01
90.03	PSYCH OUTPATIENT	0	0	0	0	0 90.03
90.04	WOUND CARE CLINIC	1,128	33,033	4,434	38,595	420 90.04
91.00	EMERGENCY	7,628	172,327	96,195	276,150	2,511 91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
93.00	OTHER OUTPATIENT SERVICES	0	25,303	0	25,303	5 93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10	CORF	0	0	0	0	0 99.10
101.00	HOME HEALTH AGENCY	0	0	0	0	0 101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00	PANCREAS ACQUISITION	0	0	0	0	0 109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0 110.00
111.00	ISLET ACQUISITION	0	0	0	0	0 111.00
113.00	INTEREST EXPENSE	0	0	0	0	0 113.00
116.00	HOSPICE	0	0	0	0	0 116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	850,088	4,424,633	5,733,139	11,007,860	47,045 118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	22	45,624	12,342	57,988	339 190.00
190.01	OTHER NONREIMBURSABLE	1,130	93,230	25,510	119,870	868 190.01
190.13	EUREKA	0	0	0	0	0 190.13
191.00	RESEARCH	0	0	0	0	0 191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0 192.00
200.00	Cross Foot Adjustments				0	200.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	2A	4.00	
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	851,240	4,563,487	5,770,991	11,185,718	48,252	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140127		Period: From 01/01/2011 To 12/31/2011		Worksheet B Part II Date/Time Prepared: 5/30/2012 6:55 am	
Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.00	7.00	8.00	9.00	10.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.00	ADMINISTRATIVE & GENERAL	2,685,217					5.00
7.00	OPERATION OF PLANT	167,307	1,173,812				7.00
8.00	LAUNDRY & LINEN SERVICE	12,601	31,374	164,971			8.00
9.00	HOUSEKEEPING	54,114	15,900	9,359	127,823		9.00
10.00	DIETARY	24,224	26,849	721	3,604	174,165	10.00
11.00	CAFETERIA	18,824	12,678	0	5,014	0	11.00
13.00	NURSING ADMINISTRATION	78,749	7,315	0	312	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	25,681	22,965	0	3,448	0	14.00
15.00	PHARMACY	194,350	14,422	0	1,411	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	77,721	20,343	0	626	0	16.00
17.00	SOCIAL SERVICE	39,740	12,206	0	78	0	17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	26,532	0	0	500	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	6,253	9,550	0	0	0	22.00
23.00	CLINICAL PASTORAL EDUCATION	8,408	9,878	0	0	0	23.00
23.01	EMS PROGRAM	0	0	0	0	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	370,596	344,592	57,545	49,663	118,948	30.00
31.00	INTENSIVE CARE UNIT	139,319	75,805	20,644	2,665	55,217	31.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	37,343	43,396	5,742	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	47,454	7,084	1,629	783	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	166,208	125,988	23,781	21,775	0	50.00
51.00	RECOVERY ROOM	18,193	18,481	2,429	1,411	0	51.00
53.00	ANESTHESIOLOGY	5,617	0	0	140	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	132,909	74,099	8,457	7,519	0	54.00
57.00	CT SCAN	16,587	0	1,287	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	101,552	46,783	329	4,230	0	60.00
65.00	RESPIRATORY THERAPY	28,269	9,637	0	626	0	65.00
66.00	PHYSICAL THERAPY	38,124	34,502	1,287	1,257	0	66.00
67.00	OCCUPATIONAL THERAPY	11,595	1,756	0	32	0	67.00
68.00	SPEECH PATHOLOGY	8,141	1,431	0	26	0	68.00
69.00	ELECTROCARDIOLOGY	69,254	43,596	5,280	1,256	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	3,846	8,300	238	312	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	243,330	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	228,269	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.97	CARDIAC REHABILITATION	11,155	10,769	122	311	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	CLINIC	10,893	10,125	263	530	0	90.00
90.01	BASIC DIAGNOSTIC TESTING	0	0	0	0	0	90.01
90.03	PSYCH OUTPATIENT	0	0	0	0	0	90.03
90.04	WOUND CARE CLINIC	23,784	11,978	1,205	215	0	90.04
91.00	EMERGENCY	99,323	62,486	24,653	20,079	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	OTHER OUTPATIENT SERVICES	40,274	9,175	0	0	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	CORF	0	0	0	0	0	99.10
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	2,586,539	1,123,463	164,971	127,823	174,165	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	28,461	16,543	0	0	0	190.00
190.01	OTHER NONREIMBURSABLE	70,217	33,806	0	0	0	190.01
190.13	EUREKA	0	0	0	0	0	190.13
191.00	RESEARCH	0	0	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	2,685,217	1,173,812	164,971	127,823	174,165	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140127		Period: From 01/01/2011 To 12/31/2011		Worksheet B Part II Date/Time Prepared: 5/30/2012 6:55 am	
Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.00	ADMINISTRATIVE & GENERAL						5.00
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	71,954					11.00
13.00	NURSING ADMINISTRATION	2,992	130,101				13.00
14.00	CENTRAL SERVICES & SUPPLY	991	357	202,577			14.00
15.00	PHARMACY	2,240	213	1,124	390,091		15.00
16.00	MEDICAL RECORDS & LIBRARY	3,813	47	1	0	203,014	16.00
17.00	SOCIAL SERVICE	1,334	1,418	5	0	0	17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,922	0	0	0	0	22.00
23.00	CLINICAL PASTORAL EDUCATION	710	0	0	0	0	23.00
23.01	EMS PROGRAM	0	0	0	0	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	14,993	49,964	5,163	994	7,204	30.00
31.00	INTENSIVE CARE UNIT	7,269	26,428	3,342	88	3,190	31.00
40.00	SUBPROVIDER - I/PF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - I/RP	1,506	5,279	350	47	1,104	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	2,854	9,686	2,208	819	1,020	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	5,066	14,797	112,542	3,432	27,200	50.00
51.00	RECOVERY ROOM	710	2,407	477	281	1,633	51.00
53.00	ANESTHESIOLOGY	176	473	2,700	2,232	3,524	53.00
54.00	RADIOLOGY-DIAGNOSTIC	3,869	0	1,001	145	39,317	54.00
57.00	CT SCAN	688	0	1,608	613	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	4,980	2,402	25,166	60	23,099	60.00
65.00	RESPIRATORY THERAPY	1,592	55	1,261	78	1,873	65.00
66.00	PHYSICAL THERAPY	1,635	245	122	0	2,197	66.00
67.00	OCCUPATIONAL THERAPY	565	69	63	0	556	67.00
68.00	SPEECH PATHOLOGY	326	69	16	0	307	68.00
69.00	ELECTROCARDIOLOGY	2,385	240	35,174	1,559	20,725	69.00
70.00	ELECTROENCEPHALOGRAPHY	146	32	18	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	2,663	0	101	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	2,498	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	308,945	19,711	73.00
76.97	CARDIAC REHABILITATION	528	32	42	0	507	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	CLINIC	0	0	36	0	0	90.00
90.01	BASIC DIAGNOSTIC TESTING	0	0	0	0	0	90.01
90.03	PSYCH OUTPATIENT	0	0	0	0	0	90.03
90.04	WOUND CARE CLINIC	842	516	2,106	2	3,376	90.04
91.00	EMERGENCY	4,793	14,435	2,680	3,299	46,370	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	OTHER OUTPATIENT SERVICES	9	0	0	0	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	CORF	0	0	0	0	0	99.10
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE						113.00
116.00	HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	68,934	129,164	202,366	322,594	203,014	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,366	0	16	0	0	190.00
190.01	OTHER NONREIMBURSABLE	1,654	937	195	67,497	0	190.01
190.13	EUREKA	0	0	0	0	0	190.13
191.00	RESEARCH	0	0	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	71,954	130,101	202,577	390,091	203,014	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140127

Period:  
From 01/01/2011  
To 12/31/2011

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Part II  
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Cost Center Description	INTERNS & RESIDENTS			CLINICAL PASTORAL EDUCATION	EMS PROGRAM	
	SOCIAL SERVICE	SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS			
		17.00	21.00			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.00 ADMINISTRATIVE & GENERAL						5.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY						10.00
11.00 CAFETERIA						11.00
13.00 NURSING ADMINISTRATION						13.00
14.00 CENTRAL SERVICES & SUPPLY						14.00
15.00 PHARMACY						15.00
16.00 MEDICAL RECORDS & LIBRARY						16.00
17.00 SOCIAL SERVICE	89,313					17.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	27,819				21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0		49,807			22.00
23.00 CLINICAL PASTORAL EDUCATION	0			49,115		23.00
23.01 EMS PROGRAM	0				0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	35,250					30.00
31.00 INTENSIVE CARE UNIT	33,889					31.00
40.00 SUBPROVIDER - IPF	0					40.00
41.00 SUBPROVIDER - IRF	9,936					41.00
42.00 SUBPROVIDER	0					42.00
43.00 NURSERY	491					43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	0					50.00
51.00 RECOVERY ROOM	0					51.00
53.00 ANESTHESIOLOGY	0					53.00
54.00 RADIOLOGY-DIAGNOSTIC	0					54.00
57.00 CT SCAN	0					57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0					58.00
59.00 CARDIAC CATHETERIZATION	0					59.00
60.00 LABORATORY	0					60.00
65.00 RESPIRATORY THERAPY	0					65.00
66.00 PHYSICAL THERAPY	0					66.00
67.00 OCCUPATIONAL THERAPY	0					67.00
68.00 SPEECH PATHOLOGY	0					68.00
69.00 ELECTROCARDIOLOGY	0					69.00
70.00 ELECTROENCEPHALOGRAPHY	6,725					70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0					71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0					72.00
73.00 DRUGS CHARGED TO PATIENTS	0					73.00
76.97 CARDIAC REHABILITATION	0					76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 CLINIC	453					90.00
90.01 BASIC DIAGNOSTIC TESTING	0					90.01
90.03 PSYCH OUTPATIENT	0					90.03
90.04 WOUND CARE CLINIC	0					90.04
91.00 EMERGENCY	2,569					91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0					92.00
93.00 OTHER OUTPATIENT SERVICES	0					93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 CORF	0					99.10
101.00 HOME HEALTH AGENCY	0					101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 PANCREAS ACQUISITION	0					109.00
110.00 INTESTINAL ACQUISITION	0					110.00
111.00 ISLET ACQUISITION	0					111.00
113.00 INTEREST EXPENSE	0					113.00
116.00 HOSPICE	0					116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	89,313	0	0	0	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0					190.00
190.01 OTHER NONREIMBURSABLE	0					190.01
190.13 EUREKA	0					190.13
191.00 RESEARCH	0					191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0					192.00
200.00 Cross Foot Adjustments	0	27,819	49,807	49,115	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140127

Period:  
From 01/01/2011  
To 12/31/2011

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Cost Center Description	INTERNS & RESIDENTS			CLINICAL PASTORAL EDUCATION	EMS PROGRAM	
	SOCIAL SERVICE	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS			
	17.00	21.00	22.00	23.00	23.01	
202.00 TOTAL (sum lines 118-201)	89,313	27,819	49,807	49,115	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140127		Period: From 01/01/2011 To 12/31/2011		Worksheet B Part II Date/Time Prepared: 5/30/2012 6:55 am	
Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total			
		24.00	25.00	26.00			
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.00	ADMINISTRATIVE & GENERAL						5.00
7.00	OPERATION OF PLANT						7.00
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
10.00	DIETARY						10.00
11.00	CAFETERIA						11.00
13.00	NURSING ADMINISTRATION						13.00
14.00	CENTRAL SERVICES & SUPPLY						14.00
15.00	PHARMACY						15.00
16.00	MEDICAL RECORDS & LIBRARY						16.00
17.00	SOCIAL SERVICE						17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD						22.00
23.00	CLINICAL PASTORAL EDUCATION						23.00
23.01	EMS PROGRAM						23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	2,352,694	0	2,352,694			30.00
31.00	INTENSIVE CARE UNIT	672,712	0	672,712			31.00
40.00	SUBPROVIDER - IPF	0	0	0			40.00
41.00	SUBPROVIDER - IRF	240,939	0	240,939			41.00
42.00	SUBPROVIDER	0	0	0			42.00
43.00	NURSERY	95,048	0	95,048			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	1,841,803	0	1,841,803			50.00
51.00	RECOVERY ROOM	112,851	0	112,851			51.00
53.00	ANESTHESIOLOGY	81,932	0	81,932			53.00
54.00	RADIOLOGY-DIAGNOSTIC	1,562,483	0	1,562,483			54.00
57.00	CT SCAN	164,675	0	164,675			57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0			58.00
59.00	CARDIAC CATHETERIZATION	0	0	0			59.00
60.00	LABORATORY	553,461	0	553,461			60.00
65.00	RESPIRATORY THERAPY	142,932	0	142,932			65.00
66.00	PHYSICAL THERAPY	206,571	0	206,571			66.00
67.00	OCCUPATIONAL THERAPY	19,800	0	19,800			67.00
68.00	SPEECH PATHOLOGY	17,337	0	17,337			68.00
69.00	ELECTROCARDIOLOGY	892,166	0	892,166			69.00
70.00	ELECTROENCEPHALOGRAPHY	54,548	0	54,548			70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	246,094	0	246,094			71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	230,767	0	230,767			72.00
73.00	DRUGS CHARGED TO PATIENTS	328,656	0	328,656			73.00
76.97	CARDIAC REHABILITATION	71,629	0	71,629			76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	CLINIC	52,969	0	52,969			90.00
90.01	BASIC DIAGNOSTIC TESTING	0	0	0			90.01
90.03	PSYCH OUTPATIENT	0	0	0			90.03
90.04	WOUND CARE CLINIC	83,039	0	83,039			90.04
91.00	EMERGENCY	559,348	0	559,348			91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		0				92.00
93.00	OTHER OUTPATIENT SERVICES	74,766	0	74,766			93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	CORF	0	0	0			99.10
101.00	HOME HEALTH AGENCY	0	0	0			101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	PANCREAS ACQUISITION	0	0	0			109.00
110.00	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	ISLET ACQUISITION	0	0	0			111.00
113.00	INTEREST EXPENSE						113.00
116.00	HOSPICE	0	0	0			116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	10,659,220	0	10,659,220			118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	104,713	0	104,713			190.00
190.01	OTHER NONREIMBURSABLE	295,044	0	295,044			190.01
190.13	EUREKA	0	0	0			190.13
191.00	RESEARCH	0	0	0			191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0			192.00
200.00	Cross Foot Adjustments	126,741	0	126,741			200.00
201.00	Negative Cost Centers	0	0	0			201.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140127

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Cost Center Description	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
202.00 TOTAL (sum lines 118-201)	11,185,718	0	11,185,718		202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140127

Period:  
From 01/01/2011  
To 12/31/2011

Worksheet B-1  
Date/Time Prepared:  
5/30/2012 6:55 am

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00	4.00				
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT	529,525					1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP		7,162,808				2.00
4.00	EMPLOYEE BENEFITS	4,706	2,916	55,964,324			4.00
5.00	ADMINISTRATIVE & GENERAL	48,658	2,690,145	8,190,081	-26,657,861	114,620,418	5.00
7.00	OPERATION OF PLANT	100,534	157,736	1,377,845	0	7,141,615	7.00
8.00	LAUNDRY & LINEN SERVICE	10,040	42,109	265,736	0	537,869	8.00
9.00	HOUSEKEEPING	5,088	1,744	1,204,846	0	2,309,887	9.00
10.00	DIETARY	8,592	53,793	362,965	0	1,034,032	10.00
11.00	CAFETERIA	4,057	0	549,738	0	803,522	11.00
13.00	NURSING ADMINISTRATION	2,341	17,841	2,437,613	0	3,361,462	13.00
14.00	CENTRAL SERVICES & SUPPLY	7,349	104,146	371,005	0	1,096,216	14.00
15.00	PHARMACY	4,615	166,220	1,903,888	0	8,296,003	15.00
16.00	MEDICAL RECORDS & LIBRARY	6,510	50,276	2,070,411	0	3,317,566	16.00
17.00	SOCIAL SERVICE	3,906	0	1,008,988	0	1,696,349	17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	913,234	0	1,132,551	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	3,056	5,956	0	0	266,926	22.00
23.00	CLINICAL PASTORAL EDUCATION	3,161	2,500	279,835	0	358,897	23.00
23.01	EMS PROGRAM	0	0	0	0	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	110,271	412,634	8,914,396	0	15,818,997	30.00
31.00	INTENSIVE CARE UNIT	24,258	112,276	4,172,788	0	5,946,946	31.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	13,887	18,096	973,209	0	1,594,009	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	2,267	0	1,719,931	0	2,025,631	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	40,317	1,225,490	3,108,164	0	7,094,721	50.00
51.00	RECOVERY ROOM	5,914	19,097	532,070	0	776,585	51.00
53.00	ANESTHESIOLOGY	0	83,168	60,139	0	239,754	53.00
54.00	RADIOLOGY-DIAGNOSTIC	23,712	853,801	2,792,728	0	5,673,317	54.00
57.00	CT SCAN	0	83,986	408,560	0	708,022	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	14,971	209,457	2,521,974	0	4,334,819	60.00
65.00	RESPIRATORY THERAPY	3,084	80,570	829,827	0	1,206,693	65.00
66.00	PHYSICAL THERAPY	11,041	37,525	1,166,467	0	1,627,361	66.00
67.00	OCCUPATIONAL THERAPY	562	0	340,159	0	494,939	67.00
68.00	SPEECH PATHOLOGY	458	3,400	254,240	0	347,504	68.00
69.00	ELECTROCARDIOLOGY	13,951	516,410	1,669,741	0	2,956,159	69.00
70.00	ELECTROENCEPHALOGRAPHY	2,656	14,810	98,782	0	164,171	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	10,386,731	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	9,743,838	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.97	CARDIAC REHABILITATION	3,446	21,817	318,893	0	476,139	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	CLINIC	3,240	3,010	338,965	0	464,970	90.00
90.01	BASIC DIAGNOSTIC TESTING	0	0	0	0	0	90.01
90.03	PSYCH OUTPATIENT	0	0	0	0	0	90.03
90.04	WOUND CARE CLINIC	3,833	5,503	487,565	0	1,015,219	90.04
91.00	EMERGENCY	19,996	119,395	2,912,504	0	4,239,699	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	OTHER OUTPATIENT SERVICES	2,936	0	6,245	0	1,719,138	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	CORF	0	0	0	0	0	99.10
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	513,413	7,115,827	54,563,532	-26,657,861	110,408,257	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	5,294	15,319	393,670	0	1,214,880	190.00
190.01	OTHER NONREIMBURSABLE	10,818	31,662	1,007,122	0	2,997,281	190.01
190.13	EUREKA	0	0	0	0	0	190.13
191.00	RESEARCH	0	0	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
200.00	Cross Foot Adjustments						200.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140127

Period:  
From 01/01/2011  
To 12/31/2011

Worksheet B-1  
Date/Time Prepared:  
5/30/2012 6:55 am

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00	4.00				
201.00 Negative Cost Centers					5A	5.00	201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	4,563,487	5,770,991	13,440,074			26,657,861	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	8.618077	0.805688	0.240154			0.232575	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			48,252			2,685,217	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.000862			0.023427	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140127

Period:  
From 01/01/2011  
To 12/31/2011

Worksheet B-1

Date/Time Prepared:  
5/30/2012 6:55 am

Cost Center Description	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	
	7.00	8.00	9.00	10.00	11.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.00 ADMINISTRATIVE & GENERAL						5.00
7.00 OPERATION OF PLANT	375,627					7.00
8.00 LAUNDRY & LINEN SERVICE	10,040	1,096,586				8.00
9.00 HOUSEKEEPING	5,088	62,209	85,089			9.00
10.00 DIETARY	8,592	4,792	2,399	117,951		10.00
11.00 CAFETERIA	4,057	0	3,338	0	77,867	11.00
13.00 NURSING ADMINISTRATION	2,341	0	208	0	3,238	13.00
14.00 CENTRAL SERVICES & SUPPLY	7,349	0	2,295	0	1,072	14.00
15.00 PHARMACY	4,615	0	939	0	2,424	15.00
16.00 MEDICAL RECORDS & LIBRARY	6,510	0	417	0	4,126	16.00
17.00 SOCIAL SERVICE	3,906	0	52	0	1,444	17.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	333	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	3,056	0	0	0	2,080	22.00
23.00 CLINICAL PASTORAL EDUCATION	3,161	0	0	0	768	23.00
23.01 EMS PROGRAM	0	0	0	0	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	110,271	382,527	33,060	80,556	16,228	30.00
31.00 INTENSIVE CARE UNIT	24,258	137,223	1,774	37,395	7,866	31.00
40.00 SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00 SUBPROVIDER - I RF	13,887	38,167	0	0	1,630	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	2,267	10,830	521	0	3,089	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	40,317	158,076	14,495	0	5,482	50.00
51.00 RECOVERY ROOM	5,914	16,146	939	0	768	51.00
53.00 ANESTHESIOLOGY	0	0	93	0	190	53.00
54.00 RADIOLOGY-DIAGNOSTIC	23,712	56,216	5,005	0	4,187	54.00
57.00 CT SCAN	0	8,553	0	0	744	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	14,971	2,185	2,816	0	5,389	60.00
65.00 RESPIRATORY THERAPY	3,084	0	417	0	1,723	65.00
66.00 PHYSICAL THERAPY	11,041	8,553	837	0	1,769	66.00
67.00 OCCUPATIONAL THERAPY	562	0	21	0	611	67.00
68.00 SPEECH PATHOLOGY	458	0	17	0	353	68.00
69.00 ELECTROCARDIOLOGY	13,951	35,094	836	0	2,581	69.00
70.00 ELECTROENCEPHALOGRAPHY	2,656	1,583	208	0	158	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.97 CARDIAC REHABILITATION	3,446	808	207	0	571	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 CLINIC	3,240	1,747	353	0	0	90.00
90.01 BASIC DIAGNOSTIC TESTING	0	0	0	0	0	90.01
90.03 PSYCH OUTPATIENT	0	0	0	0	0	90.03
90.04 WOUND CARE CLINIC	3,833	8,008	143	0	911	90.04
91.00 EMERGENCY	19,996	163,869	13,366	0	5,187	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00 OTHER OUTPATIENT SERVICES	2,936	0	0	0	10	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 CORF	0	0	0	0	0	99.10
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE						113.00
116.00 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	359,515	1,096,586	85,089	117,951	74,599	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	5,294	0	0	0	1,478	190.00
190.01 OTHER NONREIMBURSABLE	10,818	0	0	0	1,790	190.01
190.13 EUREKA	0	0	0	0	0	190.13
191.00 RESEARCH	0	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	8,802,576	898,245	3,017,300	1,564,865	1,203,841	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140127

Period:  
From 01/01/2011  
To 12/31/2011

Worksheet B-1

Date/Time Prepared:  
5/30/2012 6:55 am

Cost Center Description	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	
	7.00	8.00	9.00	10.00	11.00	
203.00 Unit cost multiplier (Wkst. B, Part I)	23.434354	0.819129	35.460518	13.267077	15.460221	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	1,173,812	164,971	127,823	174,165	71,954	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	3.124940	0.150441	1.502227	1.476588	0.924063	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140127

Period:  
From 01/01/2011  
To 12/31/2011

Worksheet B-1  
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Cost Center Description		NURSING ADMINISTRATION  (NURSING FTE'S)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUISITION)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE  (TIME SPENT)	
		13.00	14.00	15.00	16.00	17.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.00	ADMINISTRATIVE & GENERAL						5.00
7.00	OPERATION OF PLANT						7.00
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
10.00	DIETARY						10.00
11.00	CAFETERIA						11.00
13.00	NURSING ADMINISTRATION	52,492					13.00
14.00	CENTRAL SERVICES & SUPPLY	144	19,925,837				14.00
15.00	PHARMACY	86	110,588	7,381,074			15.00
16.00	MEDICAL RECORDS & LIBRARY	19	95	0	4,905,657		16.00
17.00	SOCIAL SERVICE	572	452	0	0	2,364	17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	CLINICAL PASTORAL EDUCATION	0	49	0	0	0	23.00
23.01	EMS PROGRAM	0	0	0	0	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	20,159	507,831	18,806	174,067	933	30.00
31.00	INTENSIVE CARE UNIT	10,663	328,687	1,664	77,073	897	31.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	2,130	34,445	880	26,675	263	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	3,908	217,207	15,501	24,655	13	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	5,970	11,070,126	64,940	657,252	0	50.00
51.00	RECOVERY ROOM	971	46,886	5,316	39,464	0	51.00
53.00	ANESTHESIOLOGY	191	265,555	42,233	85,155	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	98,480	2,738	950,043	0	54.00
57.00	CT SCAN	0	158,118	11,596	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	969	2,475,276	1,128	558,162	0	60.00
65.00	RESPIRATORY THERAPY	22	124,076	1,475	45,249	0	65.00
66.00	PHYSICAL THERAPY	99	11,983	0	53,093	0	66.00
67.00	OCCUPATIONAL THERAPY	28	6,166	0	13,436	0	67.00
68.00	SPEECH PATHOLOGY	28	1,610	0	7,409	0	68.00
69.00	ELECTROCARDIOLOGY	97	3,459,661	29,500	500,794	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	13	1,782	0	0	178	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	261,947	0	2,433	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	245,733	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	5,845,710	476,297	0	73.00
76.97	CARDIAC REHABILITATION	13	4,139	0	12,248	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	CLINIC	0	3,555	0	0	12	90.00
90.01	BASIC DIAGNOSTIC TESTING	0	0	0	0	0	90.01
90.03	PSYCH OUTPATIENT	0	0	0	0	0	90.03
90.04	WOUND CARE CLINIC	208	207,141	30	81,576	0	90.04
91.00	EMERGENCY	5,824	263,555	62,420	1,120,576	68	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	OTHER OUTPATIENT SERVICES	0	0	0	0	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	CORF	0	0	0	0	0	99.10
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE						113.00
116.00	HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	52,114	19,905,143	6,103,937	4,905,657	2,364	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,531	0	0	0	190.00
190.01	OTHER NONREIMBURSABLE	378	19,163	1,277,137	0	0	190.01
190.13	EUREKA	0	0	0	0	0	190.13
191.00	RESEARCH	0	0	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140127

Period:  
From 01/01/2011  
To 12/31/2011

Worksheet B-1

Date/Time Prepared:  
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Cost Center Description	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUISITION)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE  (TIME SPENT)	
	(NURSING FTE'S)			(TIME SPENT)		
	13.00	14.00	15.00	16.00	17.00	
202.00 Cost to be allocated (per Wkst. B, Part I)	4,255,550	1,633,016	10,420,404	4,321,831	2,252,990	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	81.070449	0.081955	1.411773	0.880989	953.041455	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	130,101	202,577	390,091	203,014	89,313	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	2.478492	0.010167	0.052850	0.041384	37.780457	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140127

Period:  
From 01/01/2011  
To 12/31/2011

Worksheet B-1  
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5/30/2012 6:55 am

Cost Center Description	INTERNS & RESIDENTS		CLINICAL PASTORAL EDUCATION (ASSIGNED TIME)	EMS PROGRAM (ASSIGNED TIME)		
	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)				
	21.00	22.00				
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.00 ADMINISTRATIVE & GENERAL						5.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY						10.00
11.00 CAFETERIA						11.00
13.00 NURSING ADMINISTRATION						13.00
14.00 CENTRAL SERVICES & SUPPLY						14.00
15.00 PHARMACY						15.00
16.00 MEDICAL RECORDS & LIBRARY						16.00
17.00 SOCIAL SERVICE						17.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	100					21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD		100				22.00
23.00 CLINICAL PASTORAL EDUCATION			5,108			23.00
23.01 EMS PROGRAM			0	0		23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	100	100	1,670	0		30.00
31.00 INTENSIVE CARE UNIT	0	0	1,075	0		31.00
40.00 SUBPROVIDER - I PF	0	0	0	0		40.00
41.00 SUBPROVIDER - IRF	0	0	232	0		41.00
42.00 SUBPROVIDER	0	0	0	0		42.00
43.00 NURSERY	0	0	0	0		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	0	0	815	0		50.00
51.00 RECOVERY ROOM	0	0	0	0		51.00
53.00 ANESTHESIOLOGY	0	0	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	26	0		54.00
57.00 CT SCAN	0	0	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0		58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0		59.00
60.00 LABORATORY	0	0	29	0		60.00
65.00 RESPIRATORY THERAPY	0	0	0	0		65.00
66.00 PHYSICAL THERAPY	0	0	0	0		66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0		67.00
68.00 SPEECH PATHOLOGY	0	0	0	0		68.00
69.00 ELECTROCARDIOLOGY	0	0	96	0		69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0		73.00
76.97 CARDIAC REHABILITATION	0	0	0	0		76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 CLINIC	0	0	0	0		90.00
90.01 BASIC DIAGNOSTIC TESTING	0	0	0	0		90.01
90.03 PSYCH OUTPATIENT	0	0	0	0		90.03
90.04 WOUND CARE CLINIC	0	0	0	0		90.04
91.00 EMERGENCY	0	0	438	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00 OTHER OUTPATIENT SERVICES	0	0	0	0		93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 CORF	0	0	0	0		99.10
101.00 HOME HEALTH AGENCY	0	0	0	0		101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 PANCREAS ACQUISITION	0	0	0	0		109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0		110.00
111.00 ISLET ACQUISITION	0	0	0	0		111.00
113.00 INTEREST EXPENSE						113.00
116.00 HOSPICE	0	0	0	0		116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	100	100	4,381	0		118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		190.00
190.01 OTHER NONREIMBURSABLE	0	0	727	0		190.01
190.13 EUREKA	0	0	0	0		190.13
191.00 RESEARCH	0	0	0	0		191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0		192.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140127

Period:  
From 01/01/2011  
To 12/31/2011

Worksheet B-1

Date/Time Prepared:  
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Cost Center Description	INTERNS & RESIDENTS		CLINICAL PASTORAL EDUCATION (ASSIGNED TIME)	EMS PROGRAM (ASSIGNED TIME)		
	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)				
	21.00	22.00				
200.00 Cross Foot Adjustments			23.00	23.01		200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	1,407,762	432,778	528,320	0		202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	14,077.620000	4,327.780000	103.429914	0.000000		203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	27,819	49,807	49,115	0		204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	278.190000	498.070000	9.615309	0.000000		205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140127		Period: From 01/01/2011 To 12/31/2011		Worksheet C Part I Date/Time Prepared: 5/30/2012 6:55 am	
		Title XVIII		Hospital		PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS		27,805,276	23,504	27,828,780	30.00	
31.00	INTENSIVE CARE UNIT		10,619,276	3,243	10,622,519	31.00	
40.00	SUBPROVIDER - IPF		0	0	0	40.00	
41.00	SUBPROVIDER - IRF		2,821,524	0	2,821,524	41.00	
42.00	SUBPROVIDER		0	0	0	42.00	
43.00	NURSERY		3,015,590	0	3,015,590	43.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM		12,564,061	0	12,564,061	50.00	
51.00	RECOVERY ROOM		1,279,020	0	1,279,020	51.00	
53.00	ANESTHESIOLOGY		473,642	0	473,642	53.00	
54.00	RADIOLOGY-DIAGNOSTIC		8,688,326	0	8,688,326	54.00	
57.00	CT SCAN		920,528	0	920,528	57.00	
58.00	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	58.00	
59.00	CARDIAC CATHETERIZATION		0	0	0	59.00	
60.00	LABORATORY		6,656,532	0	6,656,532	60.00	
65.00	RESPIRATORY THERAPY	0	1,654,936	0	1,654,936	65.00	
66.00	PHYSICAL THERAPY	0	2,384,400	0	2,384,400	66.00	
67.00	OCCUPATIONAL THERAPY	0	648,022	0	648,022	67.00	
68.00	SPEECH PATHOLOGY	0	454,047	0	454,047	68.00	
69.00	ELECTROCARDIOLOGY		4,853,087	0	4,853,087	69.00	
70.00	ELECTROENCEPHALOGRAPHY		446,552	0	446,552	70.00	
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		12,826,036	0	12,826,036	71.00	
72.00	IMPL. DEV. CHARGED TO PATIENT		12,030,150	0	12,030,150	72.00	
73.00	DRUGS CHARGED TO PATIENTS		8,672,432	0	8,672,432	73.00	
76.97	CARDIAC REHABILITATION		696,645	0	696,645	76.97	
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	CLINIC		674,713	0	674,713	90.00	
90.01	BASIC DIAGNOSTIC TESTING		0	0	0	90.01	
90.03	PSYCH OUTPATIENT		0	0	0	90.03	
90.04	WOUND CARE CLINIC		1,472,622	0	1,472,622	90.04	
91.00	EMERGENCY		8,061,931	5,947	8,067,878	91.00	
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		1,774,654	0	1,774,654	92.00	
93.00	OTHER OUTPATIENT SERVICES		2,187,925	0	2,187,925	93.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	CORF		0	0	0	99.10	
101.00	HOME HEALTH AGENCY		0	0	0	101.00	
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	PANCREAS ACQUISITION		0	0	0	109.00	
110.00	INTESTINAL ACQUISITION		0	0	0	110.00	
111.00	ISLET ACQUISITION		0	0	0	111.00	
113.00	INTEREST EXPENSE		0	0	0	113.00	
116.00	HOSPICE		0	0	0	116.00	
200.00	Subtotal (see instructions)	0	133,681,927	32,694	133,714,621	200.00	
201.00	Less Observation Beds		1,774,654	0	1,774,654	201.00	
202.00	Total (see instructions)	0	131,907,273	32,694	131,939,967	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140127	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/30/2012 6:55 am	
			Title XVIII	Hospital	PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00	9.00	10.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	ADULTS & PEDIATRICS	35,616,561		35,616,561		30.00
31.00	INTENSIVE CARE UNIT	12,505,893		12,505,893		31.00
40.00	SUBPROVIDER - IPF	0		0		40.00
41.00	SUBPROVIDER - IRF	2,395,175		2,395,175		41.00
42.00	SUBPROVIDER	0		0		42.00
43.00	NURSERY	3,623,837		3,623,837		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	OPERATING ROOM	22,368,416	14,821,931	37,190,347	0.337831	50.00
51.00	RECOVERY ROOM	1,830,992	1,403,304	3,234,296	0.395455	51.00
53.00	ANESTHESIOLOGY	4,708,404	3,032,001	7,740,405	0.061191	53.00
54.00	RADIOLOGY-DIAGNOSTIC	8,795,858	26,556,986	35,352,844	0.245760	54.00
57.00	CT SCAN	8,059,175	22,183,835	30,243,010	0.030438	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	LABORATORY	18,458,399	23,122,244	41,580,643	0.160087	60.00
65.00	RESPIRATORY THERAPY	4,557,827	765,155	5,322,982	0.310904	65.00
66.00	PHYSICAL THERAPY	2,346,682	2,205,520	4,552,202	0.523790	66.00
67.00	OCCUPATIONAL THERAPY	1,855,624	240,054	2,095,678	0.309218	67.00
68.00	SPEECH PATHOLOGY	719,160	206,110	925,270	0.490718	68.00
69.00	ELECTROCARDIOLOGY	13,252,049	15,606,724	28,858,773	0.168167	69.00
70.00	ELECTROENCEPHALOGRAPHY	248,385	236,719	485,104	0.920528	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	8,673,250	4,221,201	12,894,451	0.994694	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	22,488,967	7,611,848	30,100,815	0.399662	72.00
73.00	DRUGS CHARGED TO PATIENTS	43,605,073	16,977,384	60,582,457	0.143151	73.00
76.97	CARDIAC REHABILITATION	40,080	571,103	611,183	1.139830	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	CLINIC	0	547,723	547,723	1.231851	90.00
90.01	BASIC DIAGNOSTIC TESTING	0	0	0	0.000000	90.01
90.03	PSYCH OUTPATIENT	0	0	0	0.000000	90.03
90.04	WOUND CARE CLINIC	300,543	3,860,251	4,160,794	0.353928	90.04
91.00	EMERGENCY	6,607,541	22,202,491	28,810,032	0.279831	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	200,114	1,235,732	1,435,846	1.235964	92.00
93.00	OTHER OUTPATIENT SERVICES	634	3,669,630	3,670,264	0.596122	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10	CORF	0	0	0		99.10
101.00	HOME HEALTH AGENCY	0	0	0		101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00	PANCREAS ACQUISITION	0	0	0		109.00
110.00	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	ISLET ACQUISITION	0	0	0		111.00
113.00	INTEREST EXPENSE					113.00
116.00	HOSPICE	0	0	0		116.00
200.00	Subtotal (see instructions)	223,258,639	171,277,946	394,536,585		200.00
201.00	Less Observation Beds					201.00
202.00	Total (see instructions)	223,258,639	171,277,946	394,536,585		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140127	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/30/2012 6:55 am
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital
		11.00		PPS
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	ADULTS & PEDIATRICS			30.00
31.00	INTENSIVE CARE UNIT			31.00
40.00	SUBPROVIDER - IPF			40.00
41.00	SUBPROVIDER - IRF			41.00
42.00	SUBPROVIDER			42.00
43.00	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	OPERATING ROOM	0.337831		50.00
51.00	RECOVERY ROOM	0.395455		51.00
53.00	ANESTHESIOLOGY	0.061191		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.245760		54.00
57.00	CT SCAN	0.030438		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	LABORATORY	0.160087		60.00
65.00	RESPIRATORY THERAPY	0.310904		65.00
66.00	PHYSICAL THERAPY	0.523790		66.00
67.00	OCCUPATIONAL THERAPY	0.309218		67.00
68.00	SPEECH PATHOLOGY	0.490718		68.00
69.00	ELECTROCARDIOLOGY	0.168167		69.00
70.00	ELECTROENCEPHALOGRAPHY	0.920528		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.994694		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.399662		72.00
73.00	DRUGS CHARGED TO PATIENTS	0.143151		73.00
76.97	CARDIAC REHABILITATION	1.139830		76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	CLINIC	1.231851		90.00
90.01	BASIC DIAGNOSTIC TESTING	0.000000		90.01
90.03	PSYCH OUTPATIENT	0.000000		90.03
90.04	WOUND CARE CLINIC	0.353928		90.04
91.00	EMERGENCY	0.280037		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	1.235964		92.00
93.00	OTHER OUTPATIENT SERVICES	0.596122		93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
99.10	CORF			99.10
101.00	HOME HEALTH AGENCY			101.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
109.00	PANCREAS ACQUISITION			109.00
110.00	INTESTINAL ACQUISITION			110.00
111.00	ISLET ACQUISITION			111.00
113.00	INTEREST EXPENSE			113.00
116.00	HOSPICE			116.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140127

Period:  
From 01/01/2011  
To 12/31/2011

Worksheet C  
Part I  
Date/Time Prepared:  
5/30/2012 6:55 am

		Title XIX		Hospital		Cost	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS		27,805,276	0	0	30.00	
31.00	INTENSIVE CARE UNIT		10,619,276	0	0	31.00	
40.00	SUBPROVIDER - IPF		0	0	0	40.00	
41.00	SUBPROVIDER - IRF		2,821,524	0	0	41.00	
42.00	SUBPROVIDER		0	0	0	42.00	
43.00	NURSERY		3,015,590	0	0	43.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM		12,564,061	0	0	50.00	
51.00	RECOVERY ROOM		1,279,020	0	0	51.00	
53.00	ANESTHESIOLOGY		473,642	0	0	53.00	
54.00	RADIOLOGY-DIAGNOSTIC		8,688,326	0	0	54.00	
57.00	CT SCAN		920,528	0	0	57.00	
58.00	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	58.00	
59.00	CARDIAC CATHETERIZATION		0	0	0	59.00	
60.00	LABORATORY		6,656,532	0	0	60.00	
65.00	RESPIRATORY THERAPY	0	1,654,936	0	0	65.00	
66.00	PHYSICAL THERAPY	0	2,384,400	0	0	66.00	
67.00	OCCUPATIONAL THERAPY	0	648,022	0	0	67.00	
68.00	SPEECH PATHOLOGY	0	454,047	0	0	68.00	
69.00	ELECTROCARDIOLOGY		4,853,087	0	0	69.00	
70.00	ELECTROENCEPHALOGRAPHY		446,552	0	0	70.00	
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		12,826,036	0	0	71.00	
72.00	IMPL. DEV. CHARGED TO PATIENT		12,030,150	0	0	72.00	
73.00	DRUGS CHARGED TO PATIENTS		8,672,432	0	0	73.00	
76.97	CARDIAC REHABILITATION		696,645	0	0	76.97	
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	CLINIC		674,713	0	0	90.00	
90.01	BASIC DIAGNOSTIC TESTING		0	0	0	90.01	
90.03	PSYCH OUTPATIENT		0	0	0	90.03	
90.04	WOUND CARE CLINIC		1,472,622	0	0	90.04	
91.00	EMERGENCY		8,061,931	0	0	91.00	
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		1,774,654	0	0	92.00	
93.00	OTHER OUTPATIENT SERVICES		2,187,925	0	0	93.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	CORF		0	0	0	99.10	
101.00	HOME HEALTH AGENCY		0	0	0	101.00	
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	PANCREAS ACQUISITION		0	0	0	109.00	
110.00	INTESTINAL ACQUISITION		0	0	0	110.00	
111.00	ISLET ACQUISITION		0	0	0	111.00	
113.00	INTEREST EXPENSE		0	0	0	113.00	
116.00	HOSPICE		0	0	0	116.00	
200.00	Subtotal (see instructions)	0	133,681,927	0	0	200.00	
201.00	Less Observation Beds		1,774,654			201.00	
202.00	Total (see instructions)	0	131,907,273	0	0	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140127	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/30/2012 6:55 am	
			Title XIX	Hospital	Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00	9.00	10.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	ADULTS & PEDIATRICS	35,616,561		35,616,561		30.00
31.00	INTENSIVE CARE UNIT	12,505,893		12,505,893		31.00
40.00	SUBPROVIDER - IPF	0		0		40.00
41.00	SUBPROVIDER - IRF	2,395,175		2,395,175		41.00
42.00	SUBPROVIDER	0		0		42.00
43.00	NURSERY	3,623,837		3,623,837		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	OPERATING ROOM	22,368,416	14,821,931	37,190,347	0.337831	50.00
51.00	RECOVERY ROOM	1,830,992	1,403,304	3,234,296	0.395455	51.00
53.00	ANESTHESIOLOGY	4,708,404	3,032,001	7,740,405	0.061191	53.00
54.00	RADIOLOGY-DIAGNOSTIC	8,795,858	26,556,986	35,352,844	0.245760	54.00
57.00	CT SCAN	8,059,175	22,183,835	30,243,010	0.030438	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	LABORATORY	18,458,399	23,122,244	41,580,643	0.160087	60.00
65.00	RESPIRATORY THERAPY	4,557,827	765,155	5,322,982	0.310904	65.00
66.00	PHYSICAL THERAPY	2,346,682	2,205,520	4,552,202	0.523790	66.00
67.00	OCCUPATIONAL THERAPY	1,855,624	240,054	2,095,678	0.309218	67.00
68.00	SPEECH PATHOLOGY	719,160	206,110	925,270	0.490718	68.00
69.00	ELECTROCARDIOLOGY	13,252,049	15,606,724	28,858,773	0.168167	69.00
70.00	ELECTROENCEPHALOGRAPHY	248,385	236,719	485,104	0.920528	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	8,673,250	4,221,201	12,894,451	0.994694	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	22,488,967	7,611,848	30,100,815	0.399662	72.00
73.00	DRUGS CHARGED TO PATIENTS	43,605,073	16,977,384	60,582,457	0.143151	73.00
76.97	CARDIAC REHABILITATION	40,080	571,103	611,183	1.139830	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	CLINIC	0	547,723	547,723	1.231851	90.00
90.01	BASIC DIAGNOSTIC TESTING	0	0	0	0.000000	90.01
90.03	PSYCH OUTPATIENT	0	0	0	0.000000	90.03
90.04	WOUND CARE CLINIC	300,543	3,860,251	4,160,794	0.353928	90.04
91.00	EMERGENCY	6,607,541	22,202,491	28,810,032	0.279831	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	200,114	1,235,732	1,435,846	1.235964	92.00
93.00	OTHER OUTPATIENT SERVICES	634	3,669,630	3,670,264	0.596122	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10	CORF	0	0	0		99.10
101.00	HOME HEALTH AGENCY	0	0	0		101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00	PANCREAS ACQUISITION	0	0	0		109.00
110.00	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	ISLET ACQUISITION	0	0	0		111.00
113.00	INTEREST EXPENSE					113.00
116.00	HOSPICE	0	0	0		116.00
200.00	Subtotal (see instructions)	223,258,639	171,277,946	394,536,585		200.00
201.00	Less Observation Beds					201.00
202.00	Total (see instructions)	223,258,639	171,277,946	394,536,585		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140127	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/30/2012 6:55 am
Cost Center Description		PPS Inpatient Ratio 11.00	Title XIX	Hospital
				Cost
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	ADULTS & PEDIATRICS			30.00
31.00	INTENSIVE CARE UNIT			31.00
40.00	SUBPROVIDER - IPF			40.00
41.00	SUBPROVIDER - IRF			41.00
42.00	SUBPROVIDER			42.00
43.00	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	OPERATING ROOM	0.000000		50.00
51.00	RECOVERY ROOM	0.000000		51.00
53.00	ANESTHESIOLOGY	0.000000		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
57.00	CT SCAN	0.000000		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	LABORATORY	0.000000		60.00
65.00	RESPIRATORY THERAPY	0.000000		65.00
66.00	PHYSICAL THERAPY	0.000000		66.00
67.00	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	SPEECH PATHOLOGY	0.000000		68.00
69.00	ELECTROCARDIOLOGY	0.000000		69.00
70.00	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.000000		72.00
73.00	DRUGS CHARGED TO PATIENTS	0.000000		73.00
76.97	CARDIAC REHABILITATION	0.000000		76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	CLINIC	0.000000		90.00
90.01	BASIC DIAGNOSTIC TESTING	0.000000		90.01
90.03	PSYCH OUTPATIENT	0.000000		90.03
90.04	WOUND CARE CLINIC	0.000000		90.04
91.00	EMERGENCY	0.000000		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
93.00	OTHER OUTPATIENT SERVICES	0.000000		93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
99.10	CORF			99.10
101.00	HOME HEALTH AGENCY			101.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
109.00	PANCREAS ACQUISITION			109.00
110.00	INTESTINAL ACQUISITION			110.00
111.00	ISLET ACQUISITION			111.00
113.00	INTEREST EXPENSE			113.00
116.00	HOSPICE			116.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140127		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part I Date/Time Prepared: 5/30/2012 6:55 am	
Cost Center Description		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)	PPS
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	2,352,694	0	2,352,694	23,412	100.49	30.00
31.00	INTENSIVE CARE UNIT	672,712	0	672,712	10,343	65.04	31.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
41.00	SUBPROVIDER - IRF	240,939	0	240,939	2,959	81.43	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	95,048	0	95,048	3,850	24.69	43.00
200.00	Total (lines 30-199)	3,361,393		3,361,393	40,564		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140127	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part I Date/Time Prepared: 5/30/2012 6:55 am
		Title XVIII	Hospital	PPS

Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)		
	6.00	7.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00 ADULTS & PEDIATRICS	8,793	883,609		30.00
31.00 INTENSIVE CARE UNIT	5,742	373,460		31.00
40.00 SUBPROVIDER - IPF	0	0		40.00
41.00 SUBPROVIDER - IRF	1,882	153,251		41.00
42.00 SUBPROVIDER	0	0		42.00
43.00 NURSERY	0	0		43.00
200.00 Total (lines 30-199)	16,417	1,410,320		200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140127	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part II Date/Time Prepared: 5/30/2012 6:55 am
		Title XVIII	Hospital	PPS

Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
	1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	OPERATING ROOM	1,841,803	37,190,347	0.049524	8,943,162	50.00
51.00	RECOVERY ROOM	112,851	3,234,296	0.034892	715,395	51.00
53.00	ANESTHESIOLOGY	81,932	7,740,405	0.010585	1,800,518	53.00
54.00	RADIOLOGY-DIAGNOSTIC	1,562,483	35,352,844	0.044197	4,647,095	54.00
57.00	CT SCAN	164,675	30,243,010	0.005445	4,149,123	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0.000000	0	59.00
60.00	LABORATORY	553,461	41,580,643	0.013311	9,322,897	60.00
65.00	RESPIRATORY THERAPY	142,932	5,322,982	0.026852	2,501,354	65.00
66.00	PHYSICAL THERAPY	206,571	4,552,202	0.045378	841,377	66.00
67.00	OCCUPATIONAL THERAPY	19,800	2,095,678	0.009448	498,578	67.00
68.00	SPEECH PATHOLOGY	17,337	925,270	0.018737	173,510	68.00
69.00	ELECTROCARDIOLOGY	892,166	28,858,773	0.030915	7,418,485	69.00
70.00	ELECTROENCEPHALOGRAPHY	54,548	485,104	0.112446	104,014	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	246,094	12,894,451	0.019085	3,805,547	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	230,767	30,100,815	0.007666	10,330,510	72.00
73.00	DRUGS CHARGED TO PATIENTS	328,656	60,582,457	0.005425	20,144,608	73.00
76.97	CARDIAC REHABILITATION	71,629	611,183	0.117197	20,667	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	CLINIC	52,969	547,723	0.096708	0	90.00
90.01	BASIC DIAGNOSTIC TESTING	0	0	0.000000	0	90.01
90.03	PSYCH OUTPATIENT	0	0	0.000000	0	90.03
90.04	WOUND CARE CLINIC	83,039	4,160,794	0.019957	195,482	90.04
91.00	EMERGENCY	559,348	28,810,032	0.019415	3,074,306	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	150,033	1,435,846	0.104491	110,981	92.00
93.00	OTHER OUTPATIENT SERVICES	74,766	3,670,264	0.020371	0	93.00
200.00	Total (Lines 50-199)	7,447,860	340,395,119		78,797,609	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140127		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part III Date/Time Prepared: 5/30/2012 6:55 am	
Cost Center Description		Nursing School	Allied Health Cost	All Other Medical Education Cost	Hospital Swing-Bed Adjustment Amount (see instructions)	PPS Total Costs (sum of cols. 1 through 3, minus col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	0	172,729	0	0	172,729	30.00
31.00	INTENSIVE CARE UNIT	0	111,187	0	0	111,187	31.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	0	23,996	0	0	23,996	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	0	0	0	0	43.00
200.00	Total (lines 30-199)	0	307,912	0	0	307,912	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140127		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part III Date/Time Prepared: 5/30/2012 6:55 am	
Cost Center Description		Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PPS	
		6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	23,412	7.38	8,793	64,892		30.00
31.00	INTENSIVE CARE UNIT	10,343	10.75	5,742	61,727		31.00
40.00	SUBPROVIDER - IPF	0	0.00	0	0		40.00
41.00	SUBPROVIDER - IRF	2,959	8.11	1,882	15,263		41.00
42.00	SUBPROVIDER	0	0.00	0	0		42.00
43.00	NURSERY	3,850	0.00	0	0		43.00
200.00	Total (lines 30-199)	40,564		16,417	141,882		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140127	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/30/2012 6:55 am
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Cost Center Description	Title XVIII				Hospital	PPS	Total Cost (sum of col 1 through col . 4)	
	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost				
	1.00	2.00	3.00	4.00		5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00 OPERATING ROOM	0	0	84,295	0	0	84,295	50.00	
51.00 RECOVERY ROOM	0	0	0	0	0	0	51.00	
53.00 ANESTHESIOLOGY	0	0	0	0	0	0	53.00	
54.00 RADIOLOGY-DIAGNOSTIC	0	0	2,689	0	0	2,689	54.00	
57.00 CT SCAN	0	0	0	0	0	0	57.00	
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00	
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00	
60.00 LABORATORY	0	0	2,999	0	0	2,999	60.00	
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	9,929	0	0	9,929	69.00	
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00	
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	71.00	
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	0	72.00	
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00	
76.97 CARDIAC REHABILITATION	0	0	0	0	0	0	76.97	
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00 CLINIC	0	0	0	0	0	0	90.00	
90.01 BASIC DIAGNOSTIC TESTING	0	0	0	0	0	0	90.01	
90.03 PSYCH OUTPATIENT	0	0	0	0	0	0	90.03	
90.04 WOUND CARE CLINIC	0	0	0	0	0	0	90.04	
91.00 EMERGENCY	0	0	45,302	0	0	45,302	91.00	
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	11,015	0	0	11,015	92.00	
93.00 OTHER OUTPATIENT SERVICES	0	0	0	0	0	0	93.00	
200.00 Total (Lines 50-199)	0	0	156,229	0	0	156,229	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140127

Period:  
From 01/01/2011  
To 12/31/2011

Worksheet D  
Part IV  
Date/Time Prepared:  
5/30/2012 6:55 am

Cost Center Description		Title XVIII			Hospital		PPS
		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	84,295	37,190,347	0.002267	0.002267	8,943,162	50.00
51.00	RECOVERY ROOM	0	3,234,296	0.000000	0.000000	715,395	51.00
53.00	ANESTHESIOLOGY	0	7,740,405	0.000000	0.000000	1,800,518	53.00
54.00	RADIOLOGY-DIAGNOSTIC	2,689	35,352,844	0.000076	0.000076	4,647,095	54.00
57.00	CT SCAN	0	30,243,010	0.000000	0.000000	4,149,123	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00	LABORATORY	2,999	41,580,643	0.000072	0.000072	9,322,897	60.00
65.00	RESPIRATORY THERAPY	0	5,322,982	0.000000	0.000000	2,501,354	65.00
66.00	PHYSICAL THERAPY	0	4,552,202	0.000000	0.000000	841,377	66.00
67.00	OCCUPATIONAL THERAPY	0	2,095,678	0.000000	0.000000	498,578	67.00
68.00	SPEECH PATHOLOGY	0	925,270	0.000000	0.000000	173,510	68.00
69.00	ELECTROCARDIOLOGY	9,929	28,858,773	0.000344	0.000344	7,418,485	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	485,104	0.000000	0.000000	104,014	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	12,894,451	0.000000	0.000000	3,805,547	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	30,100,815	0.000000	0.000000	10,330,510	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	60,582,457	0.000000	0.000000	20,144,608	73.00
76.97	CARDIAC REHABILITATION	0	611,183	0.000000	0.000000	20,667	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	CLINIC	0	547,723	0.000000	0.000000	0	90.00
90.01	BASIC DIAGNOSTIC TESTING	0	0	0.000000	0.000000	0	90.01
90.03	PSYCH OUTPATIENT	0	0	0.000000	0.000000	0	90.03
90.04	WOUND CARE CLINIC	0	4,160,794	0.000000	0.000000	195,482	90.04
91.00	EMERGENCY	45,302	28,810,032	0.001572	0.001572	3,074,306	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	11,015	1,435,846	0.007671	0.007671	110,981	92.00
93.00	OTHER OUTPATIENT SERVICES	0	3,670,264	0.000000	0.000000	0	93.00
200.00	Total (Lines 50-199)	156,229	340,395,119			78,797,609	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140127	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/30/2012 6:55 am
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
Title XVIII Hospital PPS					
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	20,274	3,038,930	6,889	50.00
51.00	RECOVERY ROOM	0	214,641	0	51.00
53.00	ANESTHESIOLOGY	0	506,866	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	353	6,171,670	469	54.00
57.00	CT SCAN	0	5,581,273	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	LABORATORY	671	1,305,765	94	60.00
65.00	RESPIRATORY THERAPY	0	184,398	0	65.00
66.00	PHYSICAL THERAPY	0	3,587	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	3,950	0	68.00
69.00	ELECTROCARDIOLOGY	2,552	6,829,159	2,349	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	51,628	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,091,043	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	3,918,679	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	4,209,098	0	73.00
76.97	CARDIAC REHABILITATION	0	256,152	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	CLINIC	0	0	0	90.00
90.01	BASIC DIAGNOSTIC TESTING	0	0	0	90.01
90.03	PSYCH OUTPATIENT	0	0	0	90.03
90.04	WOUND CARE CLINIC	0	1,896,183	0	90.04
91.00	EMERGENCY	4,833	3,872,726	6,088	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	851	329,072	2,524	92.00
93.00	OTHER OUTPATIENT SERVICES	0	2,124,768	0	93.00
200.00	Total (Lines 50-199)	29,534	41,589,588	18,413	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140127	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/30/2012 6:55 am
		Title XVIII	Hospital	PPS

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	2.00	3.00	4.00		
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	OPERATING ROOM	0.337831	3,038,930	0	0	50.00
51.00	RECOVERY ROOM	0.395455	214,641	0	0	51.00
53.00	ANESTHESIOLOGY	0.061191	506,866	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.245760	6,171,670	0	0	54.00
57.00	CT SCAN	0.030438	5,581,273	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.000000	0	0	0	59.00
60.00	LABORATORY	0.160087	1,305,765	0	0	60.00
65.00	RESPIRATORY THERAPY	0.310904	184,398	791	0	65.00
66.00	PHYSICAL THERAPY	0.523790	3,587	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0.309218	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0.490718	3,950	0	0	68.00
69.00	ELECTROCARDIOLOGY	0.168167	6,829,159	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.920528	51,628	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.994694	1,091,043	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.399662	3,918,679	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.143151	4,209,098	0	11,485	73.00
76.97	CARDIAC REHABILITATION	1.139830	256,152	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	CLINIC	1.231851	0	0	0	90.00
90.01	BASIC DIAGNOSTIC TESTING	0.000000	0	0	0	90.01
90.03	PSYCH OUTPATIENT	0.000000	0	0	0	90.03
90.04	WOUND CARE CLINIC	0.353928	1,896,183	0	0	90.04
91.00	EMERGENCY	0.279831	3,872,726	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	1.235964	329,072	0	0	92.00
93.00	OTHER OUTPATIENT SERVICES	0.596122	2,124,768	0	0	93.00
200.00	Subtotal (see instructions)		41,589,588	791	11,485	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		41,589,588	791	11,485	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140127	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/30/2012 6:55 am
	Title XVIII	Hospital	PPS

Cost Center Description	Costs				
	PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)		
	5.00	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 OPERATING ROOM	1,026,645	0	0		50.00
51.00 RECOVERY ROOM	84,881	0	0		51.00
53.00 ANESTHESIOLOGY	31,016	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	1,516,750	0	0		54.00
57.00 CT SCAN	169,883	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00 CARDIAC CATHETERIZATION	0	0	0		59.00
60.00 LABORATORY	209,036	0	0		60.00
65.00 RESPIRATORY THERAPY	57,330	246	0		65.00
66.00 PHYSICAL THERAPY	1,879	0	0		66.00
67.00 OCCUPATIONAL THERAPY	0	0	0		67.00
68.00 SPEECH PATHOLOGY	1,938	0	0		68.00
69.00 ELECTROCARDIOLOGY	1,148,439	0	0		69.00
70.00 ELECTROENCEPHALOGRAPHY	47,525	0	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,085,254	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	1,566,147	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	602,537	0	1,644		73.00
76.97 CARDIAC REHABILITATION	291,970	0	0		76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00 CLINIC	0	0	0		90.00
90.01 BASIC DIAGNOSTIC TESTING	0	0	0		90.01
90.03 PSYCH OUTPATIENT	0	0	0		90.03
90.04 WOUND CARE CLINIC	671,112	0	0		90.04
91.00 EMERGENCY	1,083,709	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	406,721	0	0		92.00
93.00 OTHER OUTPATIENT SERVICES	1,266,621	0	0		93.00
200.00 Subtotal (see instructions)	11,269,393	246	1,644		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges		0			201.00
202.00 Net Charges (line 200 +/- line 201)	11,269,393	246	1,644		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140127 Component CCN: 14T127		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part II Date/Time Prepared: 5/30/2012 6:55 am	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
	1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	1,841,803	37,190,347	0.049524	8,264	409	50.00
51.00	RECOVERY ROOM	112,851	3,234,296	0.034892	988	34	51.00
53.00	ANESTHESIOLOGY	81,932	7,740,405	0.010585	644	7	53.00
54.00	RADIOLOGY-DIAGNOSTIC	1,562,483	35,352,844	0.044197	59,985	2,651	54.00
57.00	CT SCAN	164,675	30,243,010	0.005445	86,538	471	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	LABORATORY	553,461	41,580,643	0.013311	337,811	4,497	60.00
65.00	RESPIRATORY THERAPY	142,932	5,322,982	0.026852	62,509	1,678	65.00
66.00	PHYSICAL THERAPY	206,571	4,552,202	0.045378	603,618	27,391	66.00
67.00	OCCUPATIONAL THERAPY	19,800	2,095,678	0.009448	648,843	6,130	67.00
68.00	SPEECH PATHOLOGY	17,337	925,270	0.018737	284,480	5,330	68.00
69.00	ELECTROCARDIOLOGY	892,166	28,858,773	0.030915	13,536	418	69.00
70.00	ELECTROENCEPHALOGRAPHY	54,548	485,104	0.112446	1,632	184	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	246,094	12,894,451	0.019085	66,575	1,271	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	230,767	30,100,815	0.007666	3,462	27	72.00
73.00	DRUGS CHARGED TO PATIENTS	328,656	60,582,457	0.005425	895,757	4,859	73.00
76.97	CARDIAC REHABILITATION	71,629	611,183	0.117197	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	CLINIC	52,969	547,723	0.096708	0	0	90.00
90.01	BASIC DIAGNOSTIC TESTING	0	0	0.000000	0	0	90.01
90.03	PSYCH OUTPATIENT	0	0	0.000000	0	0	90.03
90.04	WOUND CARE CLINIC	83,039	4,160,794	0.019957	16,635	332	90.04
91.00	EMERGENCY	559,348	28,810,032	0.019415	3,949	77	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	150,033	1,435,846	0.104491	0	0	92.00
93.00	OTHER OUTPATIENT SERVICES	74,766	3,670,264	0.020371	0	0	93.00
200.00	Total (lines 50-199)	7,447,860	340,395,119		3,095,226	55,766	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140127 Component CCN: 14T127	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/30/2012 6:55 am
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
	1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	0	0	84,295	0	84,295	50.00
51.00 RECOVERY ROOM	0	0	0	0	0	51.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	2,689	0	2,689	54.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	2,999	0	2,999	60.00
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	9,929	0	9,929	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.97 CARDIAC REHABILITATION	0	0	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 CLINIC	0	0	0	0	0	90.00
90.01 BASIC DIAGNOSTIC TESTING	0	0	0	0	0	90.01
90.03 PSYCH OUTPATIENT	0	0	0	0	0	90.03
90.04 WOUND CARE CLINIC	0	0	0	0	0	90.04
91.00 EMERGENCY	0	0	45,302	0	45,302	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	11,015	0	11,015	92.00
93.00 OTHER OUTPATIENT SERVICES	0	0	0	0	0	93.00
200.00 Total (Lines 50-199)	0	0	156,229	0	156,229	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140127 Component CCN: 14T127	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/30/2012 6:55 am
Title XVIII		Subprovider - IRF	PPS

Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
	6.00	7.00	8.00	9.00	10.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	84,295	37,190,347	0.002267	0.002267	8,264	50.00
51.00 RECOVERY ROOM	0	3,234,296	0.000000	0.000000	988	51.00
53.00 ANESTHESIOLOGY	0	7,740,405	0.000000	0.000000	644	53.00
54.00 RADIOLOGY-DIAGNOSTIC	2,689	35,352,844	0.000076	0.000076	59,985	54.00
57.00 CT SCAN	0	30,243,010	0.000000	0.000000	86,538	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00 LABORATORY	2,999	41,580,643	0.000072	0.000072	337,811	60.00
65.00 RESPIRATORY THERAPY	0	5,322,982	0.000000	0.000000	62,509	65.00
66.00 PHYSICAL THERAPY	0	4,552,202	0.000000	0.000000	603,618	66.00
67.00 OCCUPATIONAL THERAPY	0	2,095,678	0.000000	0.000000	648,843	67.00
68.00 SPEECH PATHOLOGY	0	925,270	0.000000	0.000000	284,480	68.00
69.00 ELECTROCARDIOLOGY	9,929	28,858,773	0.000344	0.000344	13,536	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	485,104	0.000000	0.000000	1,632	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	12,894,451	0.000000	0.000000	66,575	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	30,100,815	0.000000	0.000000	3,462	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	60,582,457	0.000000	0.000000	895,757	73.00
76.97 CARDIAC REHABILITATION	0	611,183	0.000000	0.000000	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 CLINIC	0	547,723	0.000000	0.000000	0	90.00
90.01 BASIC DIAGNOSTIC TESTING	0	0	0.000000	0.000000	0	90.01
90.03 PSYCH OUTPATIENT	0	0	0.000000	0.000000	0	90.03
90.04 WOUND CARE CLINIC	0	4,160,794	0.000000	0.000000	16,635	90.04
91.00 EMERGENCY	45,302	28,810,032	0.001572	0.001572	3,949	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	11,015	1,435,846	0.007671	0.007671	0	92.00
93.00 OTHER OUTPATIENT SERVICES	0	3,670,264	0.000000	0.000000	0	93.00
200.00 Total (lines 50-199)	156,229	340,395,119			3,095,226	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140127 Component CCN: 14T127	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/30/2012 6:55 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)	
	11.00	12.00	13.00	
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 OPERATING ROOM	19	0	0	50.00
51.00 RECOVERY ROOM	0	0	0	51.00
53.00 ANESTHESIOLOGY	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	5	0	0	54.00
57.00 CT SCAN	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00 LABORATORY	24	0	0	60.00
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	5	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
76.97 CARDIAC REHABILITATION	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00 CLINIC	0	0	0	90.00
90.01 BASIC DIAGNOSTIC TESTING	0	0	0	90.01
90.03 PSYCH OUTPATIENT	0	0	0	90.03
90.04 WOUND CARE CLINIC	0	0	0	90.04
91.00 EMERGENCY	6	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
93.00 OTHER OUTPATIENT SERVICES	0	0	0	93.00
200.00 Total (lines 50-199)	59	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140127	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/30/2012 6:55 am
		Title XIX	Hospital	Cost

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	PPS Reimbursed Services (see instructions)	Charges		Cost	
			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
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	OPERATING ROOM	0.337831	0	2,119,461	0	50.00
51.00	RECOVERY ROOM	0.395455	0	265,565	0	51.00
53.00	ANESTHESIOLOGY	0.061191	0	471,266	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.245760	0	3,292,452	0	54.00
57.00	CT SCAN	0.030438	0	2,490,865	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.000000	0	0	0	59.00
60.00	LABORATORY	0.160087	0	3,570,679	0	60.00
65.00	RESPIRATORY THERAPY	0.310904	0	112,226	0	65.00
66.00	PHYSICAL THERAPY	0.523790	0	317,127	0	66.00
67.00	OCCUPATIONAL THERAPY	0.309218	0	57,744	0	67.00
68.00	SPEECH PATHOLOGY	0.490718	0	47,344	0	68.00
69.00	ELECTROCARDIOLOGY	0.168167	0	964,761	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.920528	0	50,152	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.994694	0	485,598	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.399662	0	624,192	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.143151	0	2,246,843	0	73.00
76.97	CARDIAC REHABILITATION	1.139830	0	8,521	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	CLINIC	1.231851	0	0	0	90.00
90.01	BASIC DIAGNOSTIC TESTING	0.000000	0	0	0	90.01
90.03	PSYCH OUTPATIENT	0.000000	0	0	0	90.03
90.04	WOUND CARE CLINIC	0.353928	0	304,489	0	90.04
91.00	EMERGENCY	0.279831	0	6,012,321	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	1.235964	0	158,493	0	92.00
93.00	OTHER OUTPATIENT SERVICES	0.596122	0	0	0	93.00
200.00	Subtotal (see instructions)		0	23,600,099	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)		0	23,600,099	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140127	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/30/2012 6:55 am
	Title XIX	Hospital	Cost

Cost Center Description	Costs				
	PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)		
	5.00	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 OPERATING ROOM	0	716,020	0		50.00
51.00 RECOVERY ROOM	0	105,019	0		51.00
53.00 ANESTHESIOLOGY	0	28,837	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	809,153	0		54.00
57.00 CT SCAN	0	75,817	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00 CARDIAC CATHETERIZATION	0	0	0		59.00
60.00 LABORATORY	0	571,619	0		60.00
65.00 RESPIRATORY THERAPY	0	34,892	0		65.00
66.00 PHYSICAL THERAPY	0	166,108	0		66.00
67.00 OCCUPATIONAL THERAPY	0	17,855	0		67.00
68.00 SPEECH PATHOLOGY	0	23,233	0		68.00
69.00 ELECTROCARDIOLOGY	0	162,241	0		69.00
70.00 ELECTROENCEPHALOGRAPHY	0	46,166	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	483,021	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	249,466	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	0	321,638	0		73.00
76.97 CARDIAC REHABILITATION	0	9,712	0		76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00 CLINIC	0	0	0		90.00
90.01 BASIC DIAGNOSTIC TESTING	0	0	0		90.01
90.03 PSYCH OUTPATIENT	0	0	0		90.03
90.04 WOUND CARE CLINIC	0	107,767	0		90.04
91.00 EMERGENCY	0	1,682,434	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	195,892	0		92.00
93.00 OTHER OUTPATIENT SERVICES	0	0	0		93.00
200.00 Subtotal (see instructions)	0	5,806,890	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges		0			201.00
202.00 Net Charges (line 200 +/- line 201)	0	5,806,890	0		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140127	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/30/2012 6:55 am
Cost Center Description				PPS
				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		23,412	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		23,412	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)		23,412	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		8,793	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		27,828,780	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)		27,828,780	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed charges)		39,240,399	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		39,240,399	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.709187	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		1,676.08	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)		27,828,780	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,188.65	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		10,451,799	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)		10,451,799	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140127		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1 Date/Time Prepared: 5/30/2012 6:55 am	
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)	PPS
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	10,622,519	10,343	1,027.02	5,742	5,897,149	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					20,864,806	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					37,213,754	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)					1,383,688	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,561,593	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					2,945,281	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					34,268,473	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					1,493	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,188.65	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					1,774,654	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140127		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1 Date/Time Prepared: 5/30/2012 6:55 am	
Title XVIII		Hospital		PPS			
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	2,352,694	27,828,780	0.084542	1,774,654	150,033	90.00
91.00	Nursing School cost	0	27,828,780	0.000000	1,774,654	0	91.00
92.00	Allied health cost	172,729	27,828,780	0.006207	1,774,654	11,015	92.00
93.00	All other Medical Education	0	27,828,780	0.000000	1,774,654	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140127	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1
		Component CCN: 14T127		Date/Time Prepared: 5/30/2012 6:55 am
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		2,959	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		2,959	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)		2,959	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		1,882	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		2,821,524	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)		2,821,524	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed charges)		2,395,175	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		2,395,175	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		1.178003	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)		809.45	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)		2,821,524	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		953.54	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,794,562	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)		1,794,562	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140127		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1	
		Component CCN: 14T127				Date/Time Prepared: 5/30/2012 6:55 am	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
<b>Intensive Care Type Inpatient Hospital Units</b>							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					957,120		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,751,682		49.00
<b>PASS THROUGH COST ADJUSTMENTS</b>							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					168,514		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					55,825		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					224,339		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					2,527,343		53.00
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY</b>							
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>							
87.00 Total observation bed days (see instructions)					0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140127 Component CCN: 14T127		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1 Date/Time Prepared: 5/30/2012 6:55 am	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	240,939	2,821,524	0.085393	0	0	90.00
91.00	Nursing School cost	0	2,821,524	0.000000	0	0	91.00
92.00	Allied health cost	23,996	2,821,524	0.008505	0	0	92.00
93.00	All other Medical Education	0	2,821,524	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140127	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3 Date/Time Prepared: 5/30/2012 6:55 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	ADULTS & PEDIATRICS		10,124,542		30.00
31.00	INTENSIVE CARE UNIT		6,500,998		31.00
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
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	OPERATING ROOM	0.337831	8,943,162	3,021,277	50.00
51.00	RECOVERY ROOM	0.395455	715,395	282,907	51.00
53.00	ANESTHESIOLOGY	0.061191	1,800,518	110,175	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.245760	4,647,095	1,142,070	54.00
57.00	CT SCAN	0.030438	4,149,123	126,291	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	LABORATORY	0.160087	9,322,897	1,492,475	60.00
65.00	RESPIRATORY THERAPY	0.310904	2,501,354	777,681	65.00
66.00	PHYSICAL THERAPY	0.523790	841,377	440,705	66.00
67.00	OCCUPATIONAL THERAPY	0.309218	498,578	154,169	67.00
68.00	SPEECH PATHOLOGY	0.490718	173,510	85,144	68.00
69.00	ELECTROCARDIOLOGY	0.168167	7,418,485	1,247,544	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.920528	104,014	95,748	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.994694	3,805,547	3,785,355	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.399662	10,330,510	4,128,712	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.143151	20,144,608	2,883,721	73.00
76.97	CARDIAC REHABILITATION	1.139830	20,667	23,557	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	CLINIC	1.231851	0	0	90.00
90.01	BASIC DIAGNOSTIC TESTING	0.000000	0	0	90.01
90.03	PSYCH OUTPATIENT	0.000000	0	0	90.03
90.04	WOUND CARE CLINIC	0.353928	195,482	69,187	90.04
91.00	EMERGENCY	0.280037	3,074,306	860,919	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	1.235964	110,981	137,169	92.00
93.00	OTHER OUTPATIENT SERVICES	0.596122	0	0	93.00
200.00	Total (sum of lines 50-94 and 96-98)		78,797,609	20,864,806	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)		78,797,609		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140127 Component CCN: 14T127	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3 Date/Time Prepared: 5/30/2012 6:55 am	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	ADULTS & PEDIATRICS		0		30.00
31.00	INTENSIVE CARE UNIT		0		31.00
40.00	SUBPROVIDER - IPF		0		40.00
41.00	SUBPROVIDER - IRF		1,494,071		41.00
42.00	SUBPROVIDER		0		42.00
43.00	NURSERY				43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	OPERATING ROOM	0.337831	8,264	2,792	50.00
51.00	RECOVERY ROOM	0.395455	988	391	51.00
53.00	ANESTHESIOLOGY	0.061191	644	39	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.245760	59,985	14,742	54.00
57.00	CT SCAN	0.030438	86,538	2,634	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	LABORATORY	0.160087	337,811	54,079	60.00
65.00	RESPIRATORY THERAPY	0.310904	62,509	19,434	65.00
66.00	PHYSICAL THERAPY	0.523790	603,618	316,169	66.00
67.00	OCCUPATIONAL THERAPY	0.309218	648,843	200,634	67.00
68.00	SPEECH PATHOLOGY	0.490718	284,480	139,599	68.00
69.00	ELECTROCARDIOLOGY	0.168167	13,536	2,276	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.920528	1,632	1,502	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.994694	66,575	66,222	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.399662	3,462	1,384	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.143151	895,757	128,229	73.00
76.97	CARDIAC REHABILITATION	1.139830	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	CLINIC	1.231851	0	0	90.00
90.01	BASIC DIAGNOSTIC TESTING	0.000000	0	0	90.01
90.03	PSYCH OUTPATIENT	0.000000	0	0	90.03
90.04	WOUND CARE CLINIC	0.353928	16,635	5,888	90.04
91.00	EMERGENCY	0.280037	3,949	1,106	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	1.235964	0	0	92.00
93.00	OTHER OUTPATIENT SERVICES	0.596122	0	0	93.00
200.00	Total (sum of lines 50-94 and 96-98)		3,095,226	957,120	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)		3,095,226		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140127	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3	
		Title XIX		Hospital	
				Date/Time Prepared: 5/30/2012 6:55 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	ADULTS & PEDIATRICS		4,914,570		30.00
31.00	INTENSIVE CARE UNIT		1,151,513		31.00
40.00	SUBPROVIDER - IPF		0		40.00
41.00	SUBPROVIDER - IRF		0		41.00
42.00	SUBPROVIDER		0		42.00
43.00	NURSERY		1,226,527		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	OPERATING ROOM	0.337831	1,440,541	486,659	50.00
51.00	RECOVERY ROOM	0.395455	128,791	50,931	51.00
53.00	ANESTHESIOLOGY	0.061191	310,683	19,011	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.245760	723,851	177,894	54.00
57.00	CT SCAN	0.030438	746,647	22,726	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	LABORATORY	0.160087	1,851,105	296,338	60.00
65.00	RESPIRATORY THERAPY	0.310904	480,837	149,494	65.00
66.00	PHYSICAL THERAPY	0.523790	60,725	31,807	66.00
67.00	OCCUPATIONAL THERAPY	0.309218	35,615	11,013	67.00
68.00	SPEECH PATHOLOGY	0.490718	10,122	4,967	68.00
69.00	ELECTROCARDIOLOGY	0.168167	897,009	150,847	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.920528	29,997	27,613	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.994694	663,759	660,237	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.399662	619,845	247,728	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.143151	4,431,735	634,407	73.00
76.97	CARDIAC REHABILITATION	1.139830	3,120	3,556	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	CLINIC	1.231851	0	0	90.00
90.01	BASIC DIAGNOSTIC TESTING	0.000000	0	0	90.01
90.03	PSYCH OUTPATIENT	0.000000	0	0	90.03
90.04	WOUND CARE CLINIC	0.353928	17,463	6,181	90.04
91.00	EMERGENCY	0.279831	622,708	174,253	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	1.235964	24,348	30,093	92.00
93.00	OTHER OUTPATIENT SERVICES	0.596122	0	0	93.00
200.00	Total (sum of lines 50-94 and 96-98)		13,098,901	3,185,755	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)		13,098,901		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140127	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3	
		Component CCN:		Date/Time Prepared: 5/30/2012 6:55 am	
		Title XIX	Subprovider - IPF		
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	ADULTS & PEDIATRICS		0		30.00
31.00	INTENSIVE CARE UNIT		0		31.00
40.00	SUBPROVIDER - IPF		0		40.00
41.00	SUBPROVIDER - IRF		0		41.00
42.00	SUBPROVIDER		0		42.00
43.00	NURSERY		0		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	OPERATING ROOM	0.000000	0	0	50.00
51.00	RECOVERY ROOM	0.000000	0	0	51.00
53.00	ANESTHESIOLOGY	0.000000	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.000000	0	0	54.00
57.00	CT SCAN	0.000000	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	LABORATORY	0.000000	0	0	60.00
65.00	RESPIRATORY THERAPY	0.000000	0	0	65.00
66.00	PHYSICAL THERAPY	0.000000	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0.000000	0	0	67.00
68.00	SPEECH PATHOLOGY	0.000000	0	0	68.00
69.00	ELECTROCARDIOLOGY	0.000000	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.000000	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.000000	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.000000	0	0	73.00
76.97	CARDIAC REHABILITATION	0.000000	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	CLINIC	0.000000	0	0	90.00
90.01	BASIC DIAGNOSTIC TESTING	0.000000	0	0	90.01
90.03	PSYCH OUTPATIENT	0.000000	0	0	90.03
90.04	WOUND CARE CLINIC	0.000000	0	0	90.04
91.00	EMERGENCY	0.000000	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	92.00
93.00	OTHER OUTPATIENT SERVICES	0.000000	0	0	93.00
200.00	Total (sum of lines 50-94 and 96-98)		0	0	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)		0	0	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140127	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3	
		Component CCN: 14T127		Date/Time Prepared: 5/30/2012 6:55 am	
		Title XIX	Subprovider - IRF	Cost	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	ADULTS & PEDIATRICS		0		30.00
31.00	INTENSIVE CARE UNIT		0		31.00
40.00	SUBPROVIDER - IPF		0		40.00
41.00	SUBPROVIDER - IRF		130,635		41.00
42.00	SUBPROVIDER		0		42.00
43.00	NURSERY		0		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	OPERATING ROOM	0.337831	1,697	573	50.00
51.00	RECOVERY ROOM	0.395455	0	0	51.00
53.00	ANESTHESIOLOGY	0.061191	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.245760	11,319	2,782	54.00
57.00	CT SCAN	0.030438	1,403	43	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	LABORATORY	0.160087	33,755	5,404	60.00
65.00	RESPIRATORY THERAPY	0.310904	1,023	318	65.00
66.00	PHYSICAL THERAPY	0.523790	50,627	26,518	66.00
67.00	OCCUPATIONAL THERAPY	0.309218	58,635	18,131	67.00
68.00	SPEECH PATHOLOGY	0.490718	22,522	11,052	68.00
69.00	ELECTROCARDIOLOGY	0.168167	119	20	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.920528	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.994694	3,088	3,072	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.399662	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.143151	92,703	13,271	73.00
76.97	CARDIAC REHABILITATION	1.139830	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	CLINIC	1.231851	0	0	90.00
90.01	BASIC DIAGNOSTIC TESTING	0.000000	0	0	90.01
90.03	PSYCH OUTPATIENT	0.000000	0	0	90.03
90.04	WOUND CARE CLINIC	0.353928	3,665	1,297	90.04
91.00	EMERGENCY	0.279831	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	1.235964	0	0	92.00
93.00	OTHER OUTPATIENT SERVICES	0.596122	0	0	93.00
200.00	Total (sum of lines 50-94 and 96-98)		280,556	82,481	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)		280,556		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140127	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part A Date/Time Prepared: 5/30/2012 6:55 am
		Title XVII I	Hospital	PPS
		1.00		
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER PPS</b>				
1.00	DRG Amounts Other than Outlier Payments		24,236,302	1.00
2.00	Outlier payments for discharges. (see instructions)		942,675	2.00
3.00	Managed Care Simulated Payments		2,816,508	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		180.91	4.00
<b>Indirect Medical Education Adjustment</b>				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		13.60	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.		0.52	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		13.08	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		12.82	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		12.82	12.00
13.00	Total allowable FTE count for the prior year.		11.98	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.		12.16	14.00
15.00	Sum of lines 12 through 14 divided by 3.		12.32	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		12.32	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.068100	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.067016	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.067016	21.00
22.00	IME payment adjustment (see instructions)		972,170	22.00
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	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)		972,170	29.00
<b>Disproportionate Share Adjustment</b>				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		3.10	30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)		16.91	31.00
32.00	Sum of lines 30 and 31		20.01	32.00
33.00	Allowable disproportionate share percentage (see instructions)		5.75	33.00
34.00	Disproportionate share adjustment (see instructions)		1,393,587	34.00
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.00
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00	42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000	44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41)		0	46.00
47.00	Subtotal (see instructions)		27,544,734	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)		27,544,734	49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		2,300,898	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).		437,812	52.00
53.00	Nursing and Allied Health Managed Care payment		62,695	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		126,619	57.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140127	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part A Date/Time Prepared: 5/30/2012 6:55 am
		Title XVIII	Hospital	PPS
				1.00
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)			29,534 58.00
59.00	Total (sum of amounts on lines 49 through 58)			30,502,292 59.00
60.00	Primary payer payments			24,690 60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			30,477,602 61.00
62.00	Deductibles billed to program beneficiaries			2,816,588 62.00
63.00	Coinsurance billed to program beneficiaries			20,659 63.00
64.00	Allowable bad debts (see instructions)			498,816 64.00
65.00	Adjusted reimbursable bad debts (see instructions)			349,171 65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			410,927 66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			27,989,526 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)			27,989,526 71.00
72.00	Interim payments			27,624,435 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)			365,091 74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2			219,467 75.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Operating outlier amount from Worksheet E, Part A line 2			0 90.00
91.00	Capital outlier from Worksheet L, Part I, line 2			0 91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0 92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0 93.00
94.00	The rate used to calculate the Time Value of Money			0.00 94.00
95.00	Time Value of Money for operating expenses(see instructions)			0 95.00
96.00	Time Value of Money for capital related expenses (see instructions)			0 96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140127	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/30/2012 6:55 am
		Title XVIII	Hospital	PPS
				1.00
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		1,890	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		11,250,980	2.00
3.00	PPS payments		9,265,740	3.00
4.00	Outlier payment (see instructions)		0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		18,413	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		1,890	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		12,276	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)		12,276	14.00
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		12,276	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		10,386	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)		1,890	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)		9,284,153	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		1,961,936	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		158	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)		7,323,949	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		123,551	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)		7,447,500	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		7,447,500	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		352,497	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		246,748	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		317,680	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		7,694,248	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)		7,694,248	40.00
41.00	Interim payments		7,664,760	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)		29,488	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140127	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/30/2012 6:55 am
		Component CCN: 14T127	Title XVIII	Subprovider - IRF
		PPS		
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		0	2.00
3.00	PPS payments		0	3.00
4.00	Outlier payment (see instructions)		0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
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
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		0	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		0	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		0	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		0	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		0	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		0	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (line 37 plus or minus lines 39 minus 38)		0	40.00
41.00	Interim payments		0	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (line 40 minus the sum of lines 41, and 42)		0	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140127

Period:  
From 01/01/2011  
To 12/31/2011

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/30/2012 6:55 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		27,624,435		7,664,760	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)		27,624,435		7,664,760	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		365,091		29,488	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		27,989,526		7,694,248	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: 140127

Period: From 01/01/2011

Worksheet E-1

Component CCN: 14T127

To 12/31/2011

Part I  
Date/Time Prepared:  
5/30/2012 6:55 am

Title XVIII

Subprovider -  
IRF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		2,556,094		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		2,556,094		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		20,346		0	6.02
7.00	Total Medicare program liability (see instructions)		2,535,748		0	7.00
				Contractor Number	Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140127	Period: From 01/01/2011 To 12/31/2011	Worksheet E-3 Part III Date/Time Prepared: 5/30/2012 6:55 am
		Component CCN: 14T127	Title XVIII	Subprovider - IRF
		PPS		
		1.00		
<b>PART III - MEDICARE PART A SERVICES - IRF PPS</b>				
1.00	Net Federal PPS Payment (see instructions)		2,376,848	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)		0.0087	2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)		72,713	3.00
4.00	Outlier Payments		85,864	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)		12.82	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)		8.106849	10.00
11.00	Medical Education Adjustment Factor $\{((1 + (\text{line } 9/\text{line } 10)) \text{ raised to the power of } .6876 - 1)\}$ .		0.000000	11.00
12.00	Medical Education Adjustment (line 1 multiplied by line 11).		0	12.00
13.00	Total PPS Payment (sum of lines 1, 3, 4 and 12)		2,535,425	13.00
14.00	Nursing and Allied Health Managed Care payment (see instruction)		0	14.00
15.00	Organ acquisition		0	15.00
16.00	Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions)		0	16.00
17.00	Subtotal (see instructions)		2,535,425	17.00
18.00	Primary payer payments		0	18.00
19.00	Subtotal (line 17 less line 18).		2,535,425	19.00
20.00	Deductibles		12,452	20.00
21.00	Subtotal (line 19 minus line 20)		2,522,973	21.00
22.00	Coinsurance		2,547	22.00
23.00	Subtotal (line 21 minus line 22)		2,520,426	23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		0	24.00
25.00	Adjusted reimbursable bad debts (see instructions)		0	25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	26.00
27.00	Subtotal (sum of lines 23 and 25)		2,520,426	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)		15,322	29.00
30.00	Outlier payments reconciliation		0	30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	31.00
31.99	Recovery of Accelerated Depreciation		0	31.99
32.00	Total amount payable to the provider (see instructions)		2,535,748	32.00
33.00	Interim payments		2,556,094	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)		-20,346	35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		0	36.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
50.00	Original outlier amount from Worksheet E-3, Part III, line 4		0	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)		0	51.00
52.00	The rate used to calculate the Time Value of Money		0.00	52.00
53.00	Time Value of Money (see instructions)		0	53.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140127	Period: From 01/01/2011 To 12/31/2011	Worksheet E-4 Date/Time Prepared: 5/30/2012 6:55 am	
		Title XVIII	Hospital	PPS	
				1.00	
<b>COMPUTATION OF TOTAL DIRECT GME AMOUNT</b>					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			13.60	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.52	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)			13.08	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			12.82	6.00
7.00	Enter the lesser of line 5 or line 6			12.82	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.	6.57	6.25	12.82	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.	6.57	6.25	12.82	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
11.00	Total weighted FTE count	6.57	6.25		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	5.17	6.98		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	4.13	7.53		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	5.29	6.92		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	5.29	6.92		17.00
18.00	Per resident amount	91,513.48	91,513.48		18.00
19.00	Approved amount for resident costs	484,106	633,273	1,117,379	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	GME FTE weighted Resident count over Cap (see instructions)			0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			1,117,379	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
<b>COMPUTATION OF PROGRAM PATIENT LOAD</b>					
26.00	Inpatient Days	16,417	1,488		26.00
27.00	Total Inpatient Days	35,221	35,221		27.00
28.00	Ratio of inpatient days to total inpatient days	0.466114	0.042248		28.00
29.00	Program direct GME amount	520,826	47,207		29.00
30.00	Reduction for nursing/allied health		6,670		30.00
31.00	Net Program direct GME amount			561,363	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140127	Period: From 01/01/2011 To 12/31/2011	Worksheet E-4 Date/Time Prepared: 5/30/2012 6:55 am
		Title XVIII	Hospital	PPS
				1.00
<b>DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)</b>				
32.00	Renal dialysis direct medical education costs (from Worksheet B, Part I, sum of columns 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Worksheet C, Part I, column 8, sum of lines 74 and 94)		0	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
<b>APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY</b>				
<b>Part A Reasonable Cost</b>				
37.00	Reasonable cost (see instructions)		39,965,436	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)		24,690	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		39,940,746	41.00
<b>Part B Reasonable Cost</b>				
42.00	Reasonable cost (see instructions)		11,271,283	42.00
43.00	Primary payer payments (see instructions)		0	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		11,271,283	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		51,212,029	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.779909	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.220091	47.00
<b>ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B</b>				
48.00	Total program GME payment (line 31)		561,363	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (Title XVIII only) (see instructions)		437,812	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		123,551	50.00

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

Provider CCN: 140127

Period:  
From 01/01/2011  
To 12/31/2011

Worksheet G  
Date/Time Prepared:  
5/30/2012 6:55 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	163,733,000	0	0	0	1.00
2.00	Temporary investments	64,573,000	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	373,497,000	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	0	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	169,155,000	0	0	0	9.00
10.00	Due from other funds	36,896,000	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	807,854,000	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	97,005,000	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	1,771,448,000	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	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	1,013,835,000	0	0	0	23.00
24.00	Accumulated depreciation	-1,668,349,000	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	1,213,939,000	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	3,266,326,000	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	132,449,000	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	3,398,775,000	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	5,420,568,000	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	157,906,000	0	0	0	37.00
38.00	Salaries, wages, and fees payable	270,822,000	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	301,284,000	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	290,972,000	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	1,020,984,000	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	966,446,000	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	826,415,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	1,792,861,000	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	2,813,845,000	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	2,606,723,000				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	2,606,723,000	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	5,420,568,000	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140127

Period:  
From 01/01/2011  
To 12/31/2011

Worksheet G-1

Date/Time Prepared:  
5/30/2012 6:55 am

		General Fund		Special Purpose Fund		
		1.00	2.00	3.00	4.00	
		1.00	Fund balances at beginning of period		2,562,289,000	
2.00	Net income (loss) (From Wkst. G-3, line 29)		-2,601,593			2.00
3.00	Total (sum of line 1 and line 2)		2,559,687,407		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00		0		0		5.00
6.00	ADJ TO AHC FUND BALANCE	47,035,593		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)		47,035,593		0	10.00
11.00	Subtotal (line 3 plus line 10)		2,606,723,000		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)		2,606,723,000		0	19.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140127

Period:  
From 01/01/2011  
To 12/31/2011

Worksheet G-1

Date/Time Prepared:  
5/30/2012 6:55 am

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

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 140127

Period:  
From 01/01/2011  
To 12/31/2011

Worksheet G-2 Parts

Date/Time Prepared:  
5/30/2012 6:55 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Services					
1.00	Hospital	39,240,399		39,240,399	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	2,395,175		2,395,175	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	41,635,574		41,635,574	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	12,505,893		12,505,893	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	12,505,893		12,505,893	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	54,141,467		54,141,467	17.00
18.00	Ancillary services	158,316,970	150,542,573	308,859,543	18.00
19.00	Outpatient services	7,108,832	31,515,826	38,624,658	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		0	0	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	0	0	26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	219,567,269	182,058,399	401,625,668	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		164,729,366		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		164,729,366		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140127

Period:  
From 01/01/2011  
To 12/31/2011

Worksheet G-3

Date/Time Prepared:  
5/30/2012 6:55 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	401,625,668	1.00
2.00	Less contractual allowances and discounts on patients' accounts	246,155,528	2.00
3.00	Net patient revenues (line 1 minus line 2)	155,470,140	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	164,729,366	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-9,259,226	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	506,391	6.00
7.00	Income from investments	739,117	7.00
8.00	Revenues from telephone and telegraph service	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	143,851	13.00
14.00	Revenue from meals sold to employees and guests	1,402,778	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	1,606,886	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	330,653	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	203,287	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER (SPECIFY)	1,724,670	24.00
25.00	Total other income (sum of lines 6-24)	6,657,633	25.00
26.00	Total (line 5 plus line 25)	-2,601,593	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)	-2,601,593	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140127	Period: From 01/01/2011 To 12/31/2011	Worksheet L Parts I-III Date/Time Prepared: 5/30/2012 6:55 am
		Title XVII	Hospital	PPS
				1.00
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		1,961,785	1.00
2.00	Capital DRG outlier payments		180,012	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		89.40	3.00
4.00	Number of interns & residents (see instructions)		12.32	4.00
5.00	Indirect medical education percentage (see instructions)		3.97	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)		77,883	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		3.10	7.00
8.00	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)		16.91	8.00
9.00	Sum of lines 7 and 8		20.01	9.00
10.00	Allowable disproportionate share percentage (see instructions)		4.14	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		81,218	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		2,300,898	12.00
				1.00
<b>PART II - PAYMENT UNDER REASONABLE COST</b>				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
<b>PART III - COMPUTATION OF EXCEPTION PAYMENTS</b>				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00