

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: 140182	Period: From 01/01/2011 To 12/31/2011	Worksheet S Parts I-III Date/Time Prepared: 5/30/2012 10:22 am
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**PART I - COST REPORT STATUS**

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report	Date: 5/30/2012	Time: 10:22 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: 05 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 ADVOCATE NORTHSIDE HEALTH SYSTEM 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	550,286	406,392	1,693,907	0	1.00
2.00 Subprovider - IPF	0	197,022	0		0	2.00
3.00 Subprovider - IRF	0	-48,642	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	698,666	406,392	1,693,907	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: 140182		Period: From 01/01/2011 To 12/31/2011		Worksheet S-2 Part I Date/Time Prepared: 5/30/2012 9:32 am					
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 836 WELLINGTON			PO Box:						1.00	
2.00	City: CHICAGO			State: IL		Zip Code: 60640-		County: COOK		2.00	
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00	
Hospital and Hospital-Based Component Identification:											
3.00	Hospital		ADVOCATE NORTHSIDE HEALTH SYSTEM	140182	16974	1	07/01/1966	0	P	0	3.00
4.00	Subprovider - IPF		ADVOCATE NORTHSIDE HEALTH SYSTEM PSY	14S182	16974	4	01/11/1983	0	P	0	4.00
5.00	Subprovider - IRF		ADVOCATE NORTHSIDE HEALTH REHAB	14T182	16974	5	12/28/2003	0	P	0	5.00
6.00	Subprovider - (Other)										6.00
7.00	Swing Beds - SNF							N	N	N	7.00
8.00	Swing Beds - NF							N	N	N	8.00
9.00	Hospital-Based SNF							N	N	N	9.00
10.00	Hospital-Based NF										10.00
11.00	Hospital-Based OLTC										11.00
12.00	Hospital-Based HHA							N	N	N	12.00
13.00	Separately Certified ASC							N	N	N	13.00
14.00	Hospital-Based Hospice										14.00
15.00	Hospital-Based Health Clinic - RHC							N	N	N	15.00
16.00	Hospital-Based Health Clinic - FQHC							N	N	N	16.00
17.00	Hospital-Based (CMHC) 1										17.00
17.10	Hospital-Based (CORF) 1							N	N	N	17.10
18.00	Renal Dialysis										18.00
19.00	Other										19.00
							From:	To:			
							1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						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.			12,495	8,062	8	0	58	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.			352	383	0	0	0	0	25.00	
									1.00		
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter (1) for urban or (2) for rural.										1 26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period? Enter (1) for urban or (2) for rural.										1 27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.										0 35.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140182	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part I Date/Time Prepared: 5/30/2012 9:32 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
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
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
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.		N	N	N
<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		
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		
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		
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.		N		
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		
		Y/N	IME Average	Direct GME Average	
		1.00	2.00	3.00	
61.00	Did your facility receive additional FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. If "Y", effective for portions of cost reporting periods beginning on or after July 1, 2011 enter the average number of primary care FTE residents for IME in column 2 and direct GME in column 3, from the hospital's three most recent cost reports ending and submitted before March 23, 2010. (see instructions)	N	0.00	0.00	61.00
<b>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</b>					
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	0.00			62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00			62.01
<b>Teaching Hospitals that Claim Residents in Non-Provider Settings</b>					
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete lines 64-67. (see instructions)	Y			63.00
		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
		1.00	2.00	3.00	
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. 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.	0.00	92.04	0.000000	64.00
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Ratio (col. 3/ (col. 3 + col. 4))
		1.00	2.00	3.00	4.00
				5.00	

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	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 PRACTICE - UIC	1350	7.11	94.87	0.069720		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)		0.00	91.40	0.000000		66.00	
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))			
	1.00	2.00	3.00	4.00	5.00			
67.00	Enter in column 1 the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY PRACTICE - UIC	1350	5.49	90.31	0.057307		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.			Y			70.00	
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)			Y	N	0	71.00	

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				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	Respiratory
				1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	Y	Y	Y	Y		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: NATIONAL GOVT. SVCS.			Contractor's Number: 00131		
142.00	Street: 2025 WINDSOR DRIVE			PO Box:					
143.00	City: OAK BROOK			State: IL			Zip Code: 60523		
								1.00	
144.00	Are provider based physicians' costs included in Worksheet A?			Y				144.00	
145.00	If costs for renal services are claimed on Worksheet A, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.			Y				145.00	
				1.00	2.00				
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.			N				146.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.			N				147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.			N				148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.			N				149.00	
								Part A	Part B
								1.00	2.00
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)									
155.00	Hospital			N		N		155.00	
156.00	Subprovider - IPF			N		N		156.00	
157.00	Subprovider - IRF			N		N		157.00	
158.00	SUBPROVIDER			N		N		158.00	
159.00	SNF			N		N		159.00	
160.00	HOME HEALTH AGENCY			N		N		160.00	
161.00	CMHC					N		161.00	
161.10	CORF					N		161.10	
								1.00	
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	
								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.			Y				167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)							0	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)							1.00	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140182		Period: From 01/01/2011 To 12/31/2011		Worksheet S-2 Part II Date/Time Prepared: 5/30/2012 9:32 am	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date			V/I	
		1.00	2.00			3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y					3.00
		Y/N	Type			Date	
		1.00	2.00			3.00	
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A				4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	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.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
		Y/N					
		1.00					
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.					Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.					N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.					Y	14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.					Y	15.00
		Part A					
		Description	Y/N	Date			
		0	1.00	2.00			
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N					16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y		04/13/2012			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.	Y					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:	Y					20.00
		14-S182 INCLUDED IN 14-0182					

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 140182

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

Worksheet S-2  
Part II  
Date/Time Prepared:  
5/30/2012 9:32 am

		Part A			
		Description	Y/N	Date	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	0	N	2.00	21.00
					1.00
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>					
<b>Capital Related Cost</b>					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions		N		22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.		N		23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions		Y		24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.		N		25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.		N		26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.		N		27.00
<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.		Y		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		Y		29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		N		30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		N		31.00
<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.		N		32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
<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.		Y		34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.		Y		35.00
					Y/N
					Date
					1.00
					2.00
<b>Home Office Costs</b>					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		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.		Y		40.00

		Part B		
		Y/N	Date	
		3.00	4.00	
<b>PS&amp;R Data</b>				
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	04/13/2012	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
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: 140182

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/30/2012 9:32 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	143	52,055	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)		143	52,055	0.00		7.00
8.00 INTENSIVE CARE UNIT	31.00	78	28,470	0.00		8.00
9.00 CORONARY CARE UNIT	32.00	43	15,695	0.00		9.00
10.00 BURN INTENSIVE CARE UNIT	33.00	0	0	0.00		10.00
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00		11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00					13.00
14.00 Total (see instructions)		264	96,220	0.00		14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	40.00	34	12,410			16.00
17.00 SUBPROVIDER - IRF	41.00	22	8,030			17.00
18.00 SUBPROVIDER	42.00	0	0			18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0			19.00
20.00 NURSING FACILITY						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.)	115.00					23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10					25.10
26.00 RURAL HEALTH CLINIC	88.00					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00					26.25
27.00 Total (sum of lines 14-26)		320				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: 140182

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/30/2012 9:32 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	8,331	10,008	34,356		1.00
2.00 HMO		2,597	2,153			2.00
3.00 HMO IPF		0	0			3.00
4.00 HMO IRF		0	220			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		6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	0	8,331	10,008	34,356		7.00
8.00 INTENSIVE CARE UNIT	0	4,709	4,606	15,063		8.00
9.00 CORONARY CARE UNIT	0	4,518	1,151	9,511		9.00
10.00 BURN INTENSIVE CARE UNIT	0	0	0	0		10.00
11.00 SURGICAL INTENSIVE CARE UNIT	0	0	0	0		11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	0		1,882	3,983		13.00
14.00 Total (see instructions)	0	17,558	17,647	62,913		14.00
15.00 CAH visits	0	0	0	0		15.00
16.00 SUBPROVIDER - IPF	0	4,795	3,963	10,933		16.00
17.00 SUBPROVIDER - IRF	0	1,750	515	4,686		17.00
18.00 SUBPROVIDER	0	0	0	0		18.00
19.00 SKILLED NURSING FACILITY	0	0	0	0		19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0	0	0	0		22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0	0	0	0		25.10
26.00 RURAL HEALTH CLINIC	0	0	0	0		26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0		26.25
27.00 Total (sum of lines 14-26)						27.00
28.00 Observation Bed Days	0		0	4,763		28.00
28.01 SUBPROVIDER - IPF				0		28.01
28.02 SUBPROVIDER - IRF				0		28.02
28.03 SUBPROVIDER				0		28.03
29.00 Ambulance Trips		0				29.00
30.00 Employee discount days (see instruction)				0		30.00
31.00 Employee discount days - IRF				0		31.00
32.00 Labor & delivery days (see instructions)			823	1,169		32.00
33.00 LTCH non-covered days		0				33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140182

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/30/2012 9:32 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	4,228	1.00
2.00 HMO					0	2.00
3.00 HMO IPF						3.00
4.00 HMO IRF						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	179.64	2,047.00	0.00	0	4,228	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	1.11	48.00	0.00	0	525	16.00
17.00 SUBPROVIDER - IRF	0.96	24.00	0.00	0	125	17.00
18.00 SUBPROVIDER	0.00	0.00	0.00	0	0	18.00
19.00 SKILLED NURSING FACILITY	0.00	0.00	0.00			19.00
20.00 NURSING FACILITY						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.)	0.00	0.00	0.00			23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0.00	0.00	0.00			25.10
26.00 RURAL HEALTH CLINIC	0.00	0.00	0.00			26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00	0.00	0.00			26.25
27.00 Total (sum of lines 14-26)	181.71	2,119.00	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: 140182

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/30/2012 9:32 am

Cost Center Description	Discharges			
	Title XIX	Total All Patients		
	14.00	15.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	3,563	15,044		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)	3,563	15,044		14.00
15.00 CAH visits				15.00
16.00 SUBPROVIDER - IPF	573	1,480		16.00
17.00 SUBPROVIDER - IRF	42	375		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: 140182		Period: From 01/01/2011 To 12/31/2011		Worksheet S-3 Part II Date/Time Prepared: 5/30/2012 9:32 am	
	Worksheet A Line Number	Amount Reported	Reclassification 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	133,837,886	0	133,837,886	4,374,240.00	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	3.00
4.00	Physician-Part A		0	0	0	0.00	4.00
4.01	Physicians - Part A - direct teaching		0	0	0	0.00	4.01
5.00	Physician-Part B		2,037,239	0	2,037,239	21,254.00	5.00
6.00	Non-physician-Part B		0	0	0	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	12,855,028	0	12,855,028	416,000.00	7.00
7.01	Contracted interns and residents (in approved programs)		0	0	0	0.00	7.01
8.00	Home office personnel		0	0	0	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	9.00
10.00	Excluded area salaries (see instructions)		4,723,954	62,800	4,786,754	160,160.00	10.00
<b>OTHER WAGES &amp; RELATED COSTS</b>							
11.00	Contract labor (see instructions)		1,692,368	0	1,692,368	46,020.00	11.00
12.00	Management and administrative services		0	0	0	0.00	12.00
13.00	Contract labor: physician-Part A		0	0	0	0.00	13.00
14.00	Home office salaries & wage-related costs		18,340,601	0	18,340,601	388,351.00	14.00
15.00	Home office: physician Part A		0	0	0	0.00	15.00
16.00	Teaching physician salaries (see instructions)		0	0	0	0.00	16.00
<b>WAGE-RELATED COSTS</b>							
17.00	Wage-related costs (core) Wkst S-3, Part IV Line 24		25,102,034	0	25,102,034		17.00
18.00	Wage-related costs (other) Wkst S-3, Part IV Line 25		0	0	0		18.00
19.00	Excluded areas		1,272,091	0	1,272,091		19.00
20.00	Non-physician anesthetist Part A		0	0	0		20.00
21.00	Non-physician anesthetist Part B		548,598	0	548,598		21.00
22.00	Physician Part A		0	0	0		22.00
23.00	Physician Part B		0	0	0		23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0		24.00
25.00	Interns & residents (in an approved program)		3,461,668	0	3,461,668		25.00
<b>OVERHEAD COSTS - DIRECT SALARIES</b>							
26.00	Employee Benefits	4.00	2,277,659	0	2,277,659	10,400.00	26.00
27.00	Administrative & General	5.00	14,606,900	0	14,606,900	495,040.00	27.00
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	29.00
30.00	Operation of Plant	7.00	3,770,298	0	3,770,298	145,600.00	30.00
31.00	Laundry & Linen Service	8.00	246,437	0	246,437	14,560.00	31.00
32.00	Housekeeping	9.00	3,498,000	0	3,498,000	230,880.00	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	33.00
34.00	Dietary	10.00	2,453,507	-702,439	1,751,068	68,640.00	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	35.00
36.00	Cafeteria	11.00	0	702,439	702,439	83,200.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	37.00
38.00	Nursing Administration	13.00	2,659,903	0	2,659,903	64,480.00	38.00
39.00	Central Services and Supply	14.00	1,533,001	0	1,533,001	79,040.00	39.00
40.00	Pharmacy	15.00	3,960,536	-62,800	3,897,736	108,160.00	40.00
41.00	Medical Records & Medical Records Library	16.00	2,055,556	0	2,055,556	95,680.00	41.00
42.00	Social Service	17.00	1,894,631	0	1,894,631	54,080.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 140182	Period: From 01/01/2011 To 12/31/2011	Worksheet S-3 Part II Date/Time Prepared: 5/30/2012 9:32 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)	30.60	1.00
2.00	Non-physician anesthetist Part A	0.00	2.00
3.00	Non-physician anesthetist Part B	0.00	3.00
4.00	Physician-Part A	0.00	4.00
4.01	Physicians - Part A - direct teaching	0.00	4.01
5.00	Physician-Part B	95.85	5.00
6.00	Non-physician-Part B	0.00	6.00
7.00	Interns & residents (in an approved program)	30.90	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)	29.89	10.00
<b>OTHER WAGES &amp; RELATED COSTS</b>			
11.00	Contract labor (see instructions)	36.77	11.00
12.00	Management and administrative services	0.00	12.00
13.00	Contract labor: physician-Part A	0.00	13.00
14.00	Home office salaries & wage-related costs	47.23	14.00
15.00	Home office: physician Part A	0.00	15.00
16.00	Teaching physician salaries (see instructions)	0.00	16.00
<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	219.01	26.00
27.00	Administrative & General	29.51	27.00
28.00	Administrative & General under contract (see inst.)	0.00	28.00
29.00	Maintenance & Repairs	0.00	29.00
30.00	Operation of Plant	25.89	30.00
31.00	Laundry & Linen Service	16.93	31.00
32.00	Housekeeping	15.15	32.00
33.00	Housekeeping under contract (see instructions)	0.00	33.00
34.00	Dietary	25.51	34.00
35.00	Dietary under contract (see instructions)	0.00	35.00
36.00	Cafeteria	8.44	36.00
37.00	Maintenance of Personnel	0.00	37.00
38.00	Nursing Administration	41.25	38.00
39.00	Central Services and Supply	19.40	39.00
40.00	Pharmacy	36.04	40.00
41.00	Medical Records & Medical Records Library	21.48	41.00
42.00	Social Service	35.03	42.00
43.00	Other General Service	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 140182		Period: From 01/01/2011 To 12/31/2011		Worksheet S-3 Part III Date/Time Prepared: 5/30/2012 9:32 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)	118,945,619	0	118,945,619	3,936,986.00		1.00
2.00	Excluded area salaries (see instructions)	4,723,954	62,800	4,786,754	160,160.00		2.00
3.00	Subtotal salaries (line 1 minus line 2)	114,221,665	-62,800	114,158,865	3,776,826.00		3.00
4.00	Subtotal other wages & related costs (see inst.)	20,032,969	0	20,032,969	434,371.00		4.00
5.00	Subtotal wage-related costs (see inst.)	25,102,034	0	25,102,034	0.00		5.00
6.00	Total (sum of lines 3 thru 5)	159,356,668	-62,800	159,293,868	4,211,197.00		6.00
7.00	Total overhead cost (see instructions)	38,956,428	-62,800	38,893,628	1,449,760.00		7.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 140182	Period: From 01/01/2011 To 12/31/2011	Worksheet S-3 Part III Date/Time Prepared: 5/30/2012 9:32 am
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		Average Hourly Wage (col. 4 ÷ col. 5)	
		6.00	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>			
1.00	Net salaries (see instructions)	30.21	1.00
2.00	Excluded area salaries (see instructions)	29.89	2.00
3.00	Subtotal salaries (line 1 minus line 2)	30.23	3.00
4.00	Subtotal other wages & related costs (see inst.)	46.12	4.00
5.00	Subtotal wage-related costs (see inst.)	21.99	5.00
6.00	Total (sum of lines 3 thru 5)	37.83	6.00
7.00	Total overhead cost (see instructions)	26.83	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 140182	Period: From 01/01/2011 To 12/31/2011	Worksheet S-3 Part IV Date/Time Prepared: 5/30/2012 9:32 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	2,564,847	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Qualified and Non-Qualified Pension Plan Cost	2,032,915	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	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
<b>HEALTH AND INSURANCE COST</b>			
8.00	Health Insurance (Purchased or Self Funded)	12,146,992	8.00
9.00	Prescription Drug Plan	2,949,918	9.00
10.00	Dental, Hearing and Vision Plan	623,099	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	179,174	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)	1,159,545	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	0	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	7,275,659	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	265,577	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
<b>OTHER</b>			
21.00	Executive Deferred Compensation	532,014	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	654,651	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	30,384,391	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: 140182	Period: From 01/01/2011 To 12/31/2011	Worksheet S-3 Part V Date/Time Prepared: 5/30/2012 9:32 am
Cost Center Description			Contract Labor	Benefit Cost
PART V - Contract Labor and Benefit Cost			1.00	2.00
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost		0	0 1.00
2.00	Hospital		0	0 2.00
3.00	Subprovider - IPF		0	0 3.00
4.00	Subprovider - IRF		0	0 4.00
5.00	Subprovider - (Other)		0	0 5.00
6.00	Swing Beds - SNF		0	0 6.00
7.00	Swing Beds - NF		0	0 7.00
8.00	Hospital-Based SNF		0	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	0 12.00
13.00	Hospital-Based Hospice			0 13.00
14.00	Hospital-Based Health Clinic RHC		0	0 14.00
15.00	Hospital-Based Health Clinic FQHC		0	0 15.00
16.00	Hospital-Based-CMHC			0 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: 140182	Period: From 01/01/2011 To 12/31/2011	Worksheet S-10 Date/Time Prepared: 5/30/2012 9:32 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)		0.244959		1.00
<b>Medicaid (see instructions for each line)</b>					
2.00	Net revenue from Medicaid		39,871,343		2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y		3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?		Y		4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0		5.00
6.00	Medicaid charges		236,165,000		6.00
7.00	Medicaid cost (line 1 times line 6)		57,850,742		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)		17,979,399		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)		17,979,399		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	35,951,515	3,986,548	39,938,063	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	8,806,647	976,541	9,783,188	21.00
22.00	Partial payment by patients approved for charity care	40,865	161,375	202,240	22.00
23.00	Cost of charity care (line 21 minus line 22)	8,765,782	815,166	9,580,948	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)			20,256,472	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)			2,260,219	27.00
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)			17,996,253	28.00
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)			4,408,344	29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)			13,989,292	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			31,968,691	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140182

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

Worksheet A  
Date/Time Prepared:  
5/30/2012 9:32 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		0	0	7,171,627	7,171,627	1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP		0	0	9,549,482	9,549,482	2.00
3.00 OTHER CAPITAL RELATED COSTS		0	0	0	0	3.00
4.00 EMPLOYEE BENEFITS	2,277,659	24,619,470	26,897,129	-4,086	26,893,043	4.00
5.01 NONPATIENT PHONES	371,654	744,000	1,115,654	-115,918	999,736	5.01
5.02 DATA PROCESSING	177	3,751,625	3,751,802	-233,429	3,518,373	5.02
5.03 PURCHASING, RECEIVING AND STORES	254,175	587,573	841,748	-86,874	754,874	5.03
5.04 ADMINITTING	2,682,618	745,745	3,428,363	-462,419	2,965,944	5.04
5.05 CASHIERING, PATIENT ACCOUNTS	1,811,510	1,250,386	3,061,896	-44,045	3,017,851	5.05
5.06 ADMINISTRATIVE AND GENERAL	9,486,766	60,926,448	70,413,214	-6,550,781	63,862,433	5.06
6.00 MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00 OPERATION OF PLANT	3,770,298	5,806,607	9,576,905	-152,942	9,423,963	7.00
8.00 LAUNDRY & LINEN SERVICE	246,437	1,345,919	1,592,356	-12,111	1,580,245	8.00
9.00 HOUSEKEEPING	3,498,000	966,797	4,464,797	-34,563	4,430,234	9.00
10.00 DIETARY	2,453,507	2,032,289	4,485,796	-1,341,258	3,144,538	10.00
11.00 CAFETERIA	0	0	0	1,284,754	1,284,754	11.00
13.00 NURSING ADMINISTRATION	2,659,903	596,403	3,256,306	-18,775	3,237,531	13.00
14.00 CENTRAL SERVICES & SUPPLY	1,533,001	598,466	2,131,467	-275,227	1,856,240	14.00
15.00 PHARMACY	3,960,536	12,301,438	16,261,974	-12,775,107	3,486,867	15.00
16.00 MEDICAL RECORDS & LIBRARY	2,055,556	669,906	2,725,462	-19,943	2,705,519	16.00
17.00 SOCIAL SERVICE	1,894,631	1,045,273	2,939,904	-3,040	2,936,864	17.00
20.00 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	12,855,028	0	12,855,028	0	12,855,028	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	3,885,096	3,885,096	-52,112	3,832,984	22.00
23.00 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01 PARAMED ED ANESTH SCHOOL	0	0	0	0	0	23.01
23.02 PARAMED ED RADIOLOGY SCHOOL	0	0	0	0	0	23.02
23.03 PARAMED ED PHARMACY	0	0	0	69,195	69,195	23.03
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	24,476,173	6,224,129	30,700,302	-3,692,803	27,007,499	30.00
31.00 INTENSIVE CARE UNIT	13,125,984	4,371,321	17,497,305	-1,707,473	15,789,832	31.00
32.00 CORONARY CARE UNIT	4,942,245	926,873	5,869,118	-419,210	5,449,908	32.00
33.00 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 SUBPROVIDER - I/PF	3,407,929	453,484	3,861,413	-26,165	3,835,248	40.00
41.00 SUBPROVIDER - I/RF	1,316,025	1,267,190	2,583,215	-88,548	2,494,667	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	0	0	0	1,705,388	1,705,388	43.00
44.00 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	9,405,588	20,619,538	30,025,126	-17,740,042	12,285,084	50.00
51.00 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	83,304	1,327,421	1,410,725	-1,001,501	409,224	53.00
54.00 RADIOLOGY-DIAGNOSTIC	5,354,852	6,144,768	11,499,620	-3,585,142	7,914,478	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	465,029	598,652	1,063,681	-38,231	1,025,450	56.00
56.01 ULTRA SOUND	781,765	542,748	1,324,513	-393,817	930,696	56.01
57.00 CT SCAN	676,992	2,181,326	2,858,318	-1,568,431	1,289,887	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	1,969,267	5,848,071	7,817,338	-5,023,688	2,793,650	59.00
60.00 LABORATORY	56,033	10,766,217	10,822,250	-1,865,710	8,956,540	60.00
60.01 BLOOD LABORATORY	0	1,352,934	1,352,934	-231,946	1,120,988	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	2,806,946	891,202	3,698,148	-554,420	3,143,728	65.00
66.00 PHYSICAL THERAPY	2,371,360	715,976	3,087,336	-145,857	2,941,479	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.01 CARDIOLOGY	325,555	47,238	372,793	-11,690	361,103	68.01
69.00 ELECTROCARDIOLOGY	1,075,730	662,717	1,738,447	-270,964	1,467,483	69.00
70.00 ELECTROENCEPHALOGRAPHY	84,742	55,287	140,029	-19,207	120,822	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	19,659,109	19,659,109	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	11,004,414	11,004,414	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	12,190,192	12,190,192	73.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 RENAL DIALYSIS	485,312	180,240	665,552	-131,931	533,621	76.00
76.01 METABOLIC SUPPORT	0	0	0	0	0	76.01
76.02 CMHC	0	0	0	0	0	76.02

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140182

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

Worksheet A  
Date/Time Prepared:  
5/30/2012 9:32 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	
76.97 CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	177,757	473,163	650,920	-346,243	304,677	90.00
90.01 A. R. C. CLINIC	856,961	333,489	1,190,450	-201,614	988,836	90.01
90.02 CANCER CTR CLINIC	1,022,814	556,844	1,579,658	-134,604	1,445,054	90.02
90.03 UROLOGY CLINIC	205,451	80,247	285,698	-22,016	263,682	90.03
90.04 ORTHOPEDIC CLINIC	0	0	0	0	0	90.04
90.05 EYE CENTER	0	0	0	0	0	90.05
90.06 WOUND CARE CLINIC	5,509	25,106	30,615	-9,644	20,971	90.06
90.07 EENT CLINIC	0	0	0	0	0	90.07
90.08 O/P PHARMACY CLINIC	50,683	4,509	55,192	0	55,192	90.08
90.09 O/P DENTISTRY	707,332	547,135	1,254,467	-343,487	910,980	90.09
91.00 EMERGENCY	5,789,092	3,961,657	9,750,749	-877,147	8,873,602	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00 FAMILY HEALTH CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	133,837,886	193,032,923	326,870,809	0	326,870,809	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	779	779	0	779	190.00
190.01 SUBCORPS	0	0	0	0	0	190.01
190.02 GRANTS	0	0	0	0	0	190.02
191.00 RESEARCH	0	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 HOSPICE	0	0	0	0	0	192.01
192.02 OUTPATIENT PHARMACY	0	0	0	0	0	192.02
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
200.00 TOTAL (SUM OF LINES 118-199)	133,837,886	193,033,702	326,871,588	0	326,871,588	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140182

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

Worksheet A  
Date/Time Prepared:  
5/30/2012 9: 32 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	1,276,257	8,447,884	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	1,487,288	11,036,770	2.00
3.00	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	EMPLOYEE BENEFITS	3,616,021	30,509,064	4.00
5.01	NONPATIENT PHONES	0	999,736	5.01
5.02	DATA PROCESSING	3,931,922	7,450,295	5.02
5.03	PURCHASING, RECEIVING AND STORES	0	754,874	5.03
5.04	ADMINISTRATIVE	0	2,965,944	5.04
5.05	CASHIERING, PATIENT ACCOUNTS	-68,065	2,949,786	5.05
5.06	ADMINISTRATIVE AND GENERAL	-34,293,369	29,569,064	5.06
6.00	MAINTENANCE & REPAIRS	0	0	6.00
7.00	OPERATION OF PLANT	-443,732	8,980,231	7.00
8.00	LAUNDRY & LINEN SERVICE	0	1,580,245	8.00
9.00	HOUSEKEEPING	0	4,430,234	9.00
10.00	DIETARY	0	3,144,538	10.00
11.00	CAFETERIA	-1,208,616	76,138	11.00
13.00	NURSING ADMINISTRATION	-11,028	3,226,503	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	1,856,240	14.00
15.00	PHARMACY	0	3,486,867	15.00
16.00	MEDICAL RECORDS & LIBRARY	-50,770	2,654,749	16.00
17.00	SOCIAL SERVICE	0	2,936,864	17.00
20.00	NURSING SCHOOL	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	-588,958	12,266,070	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	-15,983	3,817,001	22.00
23.00	PARAMEDICAL PRGM-(SPECIFY)	0	0	23.00
23.01	PARAMEDICAL ANESTH SCHOOL	0	0	23.01
23.02	PARAMEDICAL RADIOLOGY SCHOOL	0	0	23.02
23.03	PARAMEDICAL PHARMACY	0	69,195	23.03
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	ADULTS & PEDIATRICS	-2,348,769	24,658,730	30.00
31.00	INTENSIVE CARE UNIT	0	15,789,832	31.00
32.00	CORONARY CARE UNIT	0	5,449,908	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	SUBPROVIDER - I/PF	0	3,835,248	40.00
41.00	SUBPROVIDER - I/RF	0	2,494,667	41.00
42.00	SUBPROVIDER	0	0	42.00
43.00	NURSERY	0	1,705,388	43.00
44.00	SKILLED NURSING FACILITY	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	OPERATING ROOM	-1,265,224	11,019,860	50.00
51.00	RECOVERY ROOM	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	ANESTHESIOLOGY	0	409,224	53.00
54.00	RADIOLOGY-DIAGNOSTIC	-121,670	7,792,808	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	RADIOISOTOPE	0	1,025,450	56.00
56.01	ULTRA SOUND	0	930,696	56.01
57.00	CT SCAN	0	1,289,887	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	CARDIAC CATHETERIZATION	-606,698	2,186,952	59.00
60.00	LABORATORY	-1,350	8,955,190	60.00
60.01	BLOOD LABORATORY	0	1,120,988	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	64.00
65.00	RESPIRATORY THERAPY	0	3,143,728	65.00
66.00	PHYSICAL THERAPY	-20,730	2,920,749	66.00
67.00	OCCUPATIONAL THERAPY	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	68.00
68.01	CARDIOLOGY	0	361,103	68.01
69.00	ELECTROCARDIOLOGY	0	1,467,483	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	120,822	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	19,659,109	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	11,004,414	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	12,190,192	73.00
75.00	ASC (NON-DISTINCT PART)	0	0	75.00
76.00	RENAL DIALYSIS	0	533,621	76.00
76.01	METABOLIC SUPPORT	0	0	76.01
76.02	CMHC	0	0	76.02
76.97	CARDIAC REHABILITATION	0	0	76.97

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140182

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

Worksheet A  
Date/Time Prepared:  
5/30/2012 9:32 am

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	RURAL HEALTH CLINIC	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	CLINIC	-15,590	289,087	90.00
90.01	A. R. C. CLINIC	0	988,836	90.01
90.02	CANCER CTR CLINIC	-25,385	1,419,669	90.02
90.03	UROLOGY CLINIC	-9,372	254,310	90.03
90.04	ORTHOPEDIC CLINIC	0	0	90.04
90.05	EYE CENTER	0	0	90.05
90.06	WOUND CARE CLINIC	0	20,971	90.06
90.07	EENT CLINIC	0	0	90.07
90.08	O/P PHARMACY CLINIC	0	55,192	90.08
90.09	O/P DENTISTRY	-134,765	776,215	90.09
91.00	EMERGENCY	-1,227,662	7,645,940	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
93.00	FAMILY HEALTH CENTER	0	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00	AMBULANCE SERVICES	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
99.10	CORF	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	HOME HEALTH AGENCY	0	0	101.00
<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	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	-32,146,248	294,724,561	118.00
<b>NONREIMBURSABLE COST CENTERS</b>				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	779	190.00
190.01	SUBCORPS	0	0	190.01
190.02	GRANTS	0	0	190.02
191.00	RESEARCH	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01	HOSPICE	0	0	192.01
192.02	OUTPATIENT PHARMACY	0	0	192.02
193.00	NONPAID WORKERS	0	0	193.00
200.00	TOTAL (SUM OF LINES 118-199)	-32,146,248	294,725,340	200.00

RECLASSIFICATIONS

Provider CCN: 140182

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

Worksheet A-6  
Date/Time Prepared:  
5/30/2012 9:32 am

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
<b>A - CAFETERIA COSTS</b>					
1.00	CAFETERIA	11.00	702,439	582,315	1.00
	TOTALS		702,439	582,315	
<b>B - CHARGEABLE DRUGS</b>					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	12,190,192	1.00
	TOTALS		0	12,190,192	
<b>C - DEPRECIATION</b>					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	6,119,080	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	5,572,956	2.00
	TOTALS		0	11,692,036	
<b>D - EQUIPMENT DEPRECIATION</b>					
1.00	ADMINISTRATIVE AND GENERAL	5.06	0	5,254,382	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
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
40.00		0.00	0	0	40.00
41.00		0.00	0	0	41.00
	TOTALS		0	5,254,382	
<b>E - NURSERY</b>					
1.00	NURSERY	43.00	1,257,200	448,188	1.00
	TOTALS		1,257,200	448,188	
<b>F - SUPPLIES</b>					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	30,663,523	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

RECLASSIFICATIONS

Provider CCN: 140182

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

Worksheet A-6

Date/Time Prepared:  
5/30/2012 9:32 am

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
40.00		0.00	0	0		40.00
41.00		0.00	0	0		41.00
42.00		0.00	0	0		42.00
43.00		0.00	0	0		43.00
<b>TOTALS</b>			0	30,663,523		
<b>G - RENT</b>						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1,052,547		1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	3,976,526		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
40.00		0.00	0	0		40.00
41.00		0.00	0	0		41.00

RECLASSIFICATIONS

Provider CCN: 140182

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

Worksheet A-6

Date/Time Prepared:  
5/30/2012 9:32 am

		Increases				
		Cost Center	Line #	Salary	Other	
		2.00	3.00	4.00	5.00	
42.00			0.00	0	0	42.00
	TOTALS			0	5,029,073	
H - IMPLANT COSTS						
1.00	IMPL. DEV. CHARGED TO		72.00	0	11,004,414	1.00
	PATIENT					
	TOTALS			0	11,004,414	
I - PHARMACY RESIDENT'S COST						
1.00	PARAMED ED PHARMACY		23.03	62,800	6,395	1.00
	TOTALS			62,800	6,395	
500.00	Grand Total: Increases			2,022,439	76,870,518	500.00

RECLASSIFICATIONS

Provider CCN: 140182

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

Worksheet A-6  
Date/Time Prepared:  
5/30/2012 9:32 am

Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
<b>A - CAFETERIA COSTS</b>						
1.00	DIETARY	10.00	702,439	582,315	0	1.00
	TOTALS		702,439	582,315		
<b>B - CHARGEABLE DRUGS</b>						
1.00	PHARMACY	15.00	0	12,190,192	0	1.00
	TOTALS		0	12,190,192		
<b>C - DEPRECIATION</b>						
1.00	ADMINISTRATIVE AND GENERAL	5.06	0	6,119,080	9	1.00
2.00	ADMINISTRATIVE AND GENERAL	5.06	0	5,572,956	9	2.00
	TOTALS		0	11,692,036		
<b>D - EQUIPMENT DEPRECIATION</b>						
1.00	EMPLOYEE BENEFITS	4.00	0	4,023	0	1.00
2.00	NONPATIENT PHONES	5.01	0	3,916	0	2.00
3.00	DATA PROCESSING	5.02	0	135,926	0	3.00
4.00	PURCHASING, RECEIVING AND STORES	5.03	0	5,734	0	4.00
5.00	ADMINISTRATIVE	5.04	0	30,170	0	5.00
6.00	CASHIERING, PATIENT ACCOUNTS	5.05	0	43,210	0	6.00
7.00	OPERATION OF PLANT	7.00	0	54,253	0	7.00
8.00	LAUNDRY & LINEN SERVICE	8.00	0	10,308	0	8.00
9.00	HOUSEKEEPING	9.00	0	29,208	0	9.00
10.00	DIETARY	10.00	0	52,422	0	10.00
11.00	NURSING ADMINISTRATION	13.00	0	14,834	0	11.00
12.00	CENTRAL SERVICES & SUPPLY	14.00	0	140,854	0	12.00
13.00	PHARMACY	15.00	0	15,299	0	13.00
14.00	MEDICAL RECORDS & LIBRARY	16.00	0	14,821	0	14.00
15.00	SOCIAL SERVICE	17.00	0	2,777	0	15.00
16.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	23,954	0	16.00
17.00	ADULTS & PEDIATRICS	30.00	0	369,470	0	17.00
18.00	INTENSIVE CARE UNIT	31.00	0	271,433	0	18.00
19.00	CORONARY CARE UNIT	32.00	0	99,928	0	19.00
20.00	SUBPROVIDER - IPF	40.00	0	2,614	0	20.00
21.00	SUBPROVIDER - IRF	41.00	0	9,801	0	21.00
22.00	OPERATING ROOM	50.00	0	1,221,179	0	22.00
23.00	ANESTHESIOLOGY	53.00	0	296,625	0	23.00
24.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,277,106	0	24.00
25.00	RADIOISOTOPE	56.00	0	14,845	0	25.00
26.00	ULTRA SOUND	56.01	0	166,337	0	26.00
27.00	CT SCAN	57.00	0	5,240	0	27.00
28.00	CARDIAC CATHETERIZATION	59.00	0	249,087	0	28.00
29.00	LABORATORY	60.00	0	2,513	0	29.00
30.00	RESPIRATORY THERAPY	65.00	0	149,925	0	30.00
31.00	PHYSICAL THERAPY	66.00	0	25,568	0	31.00
32.00	CARDIOLOGY	68.01	0	8,840	0	32.00
33.00	ELECTROCARDIOLOGY	69.00	0	179,295	0	33.00
34.00	ELECTROENCEPHALOGRAPHY	70.00	0	11,995	0	34.00
35.00	RENAL DIALYSIS	76.00	0	19,164	0	35.00
36.00	CLINIC	90.00	0	26,995	0	36.00
37.00	A. R. C. CLINIC	90.01	0	23,372	0	37.00
38.00	CANCER CTR CLINIC	90.02	0	46,673	0	38.00
39.00	CANCER CTR CLINIC	90.02	0	30,137	0	39.00
40.00	O/P DENTISTRY	90.09	0	22,540	0	40.00
41.00	EMERGENCY	91.00	0	141,991	0	41.00
	TOTALS		0	5,254,382		
<b>E - NURSERY</b>						
1.00	ADULTS & PEDIATRICS	30.00	1,257,200	448,188	0	1.00
	TOTALS		1,257,200	448,188		
<b>F - SUPPLIES</b>						
1.00	NONPATIENT PHONES	5.01	0	122	0	1.00
2.00	DATA PROCESSING	5.02	0	122	0	2.00
3.00	PURCHASING, RECEIVING AND STORES	5.03	0	879	0	3.00
4.00	ADMINISTRATIVE	5.04	0	2,000	0	4.00
5.00	ADMINISTRATIVE AND GENERAL	5.06	0	113,127	0	5.00
6.00	OPERATION OF PLANT	7.00	0	95,455	0	6.00
7.00	LAUNDRY & LINEN SERVICE	8.00	0	1,798	0	7.00
8.00	HOUSEKEEPING	9.00	0	5,236	0	8.00
9.00	DIETARY	10.00	0	3,171	0	9.00
10.00	NURSING ADMINISTRATION	13.00	0	2,198	0	10.00
11.00	CENTRAL SERVICES & SUPPLY	14.00	0	123,518	0	11.00
12.00	PHARMACY	15.00	0	30,894	0	12.00
13.00	MEDICAL RECORDS & LIBRARY	16.00	0	149	0	13.00
14.00	SOCIAL SERVICE	17.00	0	55	0	14.00

RECLASSIFICATIONS

Provider CCN: 140182

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

Worksheet A-6  
Date/Time Prepared:  
5/30/2012 9:32 am

		Decreases							
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.				
6.00		7.00	8.00	9.00	10.00				
15.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	26,190	0				15.00
16.00	ADULTS & PEDIATRICS	30.00	0	1,575,569	0				16.00
17.00	INTENSIVE CARE UNIT	31.00	0	1,363,592	0				17.00
18.00	CORONARY CARE UNIT	32.00	0	308,912	0				18.00
19.00	SUBPROVIDER - IPF	40.00	0	22,122	0				19.00
20.00	SUBPROVIDER - IRF	41.00	0	72,809	0				20.00
21.00	OPERATING ROOM	50.00	0	16,169,796	0				21.00
22.00	ANESTHESIOLOGY	53.00	0	693,882	0				22.00
23.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,190,710	0				23.00
24.00	RADIOISOTOPE	56.00	0	7,330	0				24.00
25.00	ULTRASOUND	56.01	0	113,633	0				25.00
26.00	CT SCAN	57.00	0	384,005	0				26.00
27.00	CARDIAC CATHETERIZATION	59.00	0	4,331,997	0				27.00
28.00	LABORATORY	60.00	0	1,841,626	0				28.00
29.00	BLOOD LABORATORY	60.01	0	231,946	0				29.00
30.00	RESPIRATORY THERAPY	65.00	0	356,291	0				30.00
31.00	PHYSICAL THERAPY	66.00	0	112,202	0				31.00
32.00	CARDIOLOGY	68.01	0	2,850	0				32.00
33.00	ELECTROCARDIOLOGY	69.00	0	53,370	0				33.00
34.00	ELECTROENCEPHALOGRAPHY	70.00	0	7,183	0				34.00
35.00	RENAL DIALYSIS	76.00	0	112,767	0				35.00
36.00	CLINIC	90.00	0	149,172	0				36.00
37.00	A. R. C. CLINIC	90.01	0	15,784	0				37.00
38.00	CANCER CTR CLINIC	90.02	0	56,088	0				38.00
39.00	UROLOGY CLINIC	90.03	0	21,955	0				39.00
40.00	PHYSICAL THERAPY	66.00	0	7,430	0				40.00
41.00	EMERGENCY	91.00	0	725,162	0				41.00
42.00	WOUND CARE CLINIC	90.06	0	9,644	0				42.00
43.00	O/P DENTISTRY	90.09	0	320,782	0				43.00
TOTALS			0	30,663,523					
G - RENT									
1.00	EMERGENCY	91.00	0	9,994	10				1.00
2.00	EMPLOYEE BENEFITS	4.00	0	63	10				2.00
3.00	NONPATIENT PHONES	5.01	0	111,880	10				3.00
4.00	DATA PROCESSING	5.02	0	97,381	10				4.00
5.00	PURCHASING, RECEIVING AND STORES	5.03	0	80,261	10				5.00
6.00	ADMINISTRATIVE	5.04	0	430,249	10				6.00
7.00	CASHIERING, PATIENT ACCOUNTS	5.05	0	835	10				7.00
8.00	OPERATION OF PLANT	7.00	0	3,234	10				8.00
9.00	LAUNDRY & LINEN SERVICE	8.00	0	5	10				9.00
10.00	HOUSEKEEPING	9.00	0	119	10				10.00
11.00	DIETARY	10.00	0	911	10				11.00
12.00	NURSING ADMINISTRATION	13.00	0	1,743	10				12.00
13.00	CENTRAL SERVICES & SUPPLY	14.00	0	10,855	10				13.00
14.00	PHARMACY	15.00	0	469,527	10				14.00
15.00	MEDICAL RECORDS & LIBRARY	16.00	0	4,973	10				15.00
16.00	SOCIAL SERVICE	17.00	0	208	10				16.00
17.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	1,968	10				17.00
18.00	ADULTS & PEDIATRICS	30.00	0	42,376	10				18.00
19.00	INTENSIVE CARE UNIT	31.00	0	72,448	10				19.00
20.00	CORONARY CARE UNIT	32.00	0	10,370	10				20.00
21.00	SUBPROVIDER - IPF	40.00	0	1,429	10				21.00
22.00	SUBPROVIDER - IRF	41.00	0	5,938	10				22.00
23.00	OPERATING ROOM	50.00	0	349,067	10				23.00
24.00	ANESTHESIOLOGY	53.00	0	10,994	10				24.00
25.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,117,326	10				25.00
26.00	RADIOISOTOPE	56.00	0	16,056	10				26.00
27.00	ULTRASOUND	56.01	0	113,847	10				27.00
28.00	CT SCAN	57.00	0	1,179,186	10				28.00
29.00	CARDIAC CATHETERIZATION	59.00	0	442,604	10				29.00
30.00	LABORATORY	60.00	0	21,571	10				30.00
31.00	RESPIRATORY THERAPY	65.00	0	48,204	10				31.00
32.00	PHYSICAL THERAPY	66.00	0	631	10				32.00
33.00	ELECTROCARDIOLOGY	69.00	0	38,299	10				33.00
34.00	ELECTROENCEPHALOGRAPHY	70.00	0	29	10				34.00
35.00	CLINIC	90.00	0	170,076	10				35.00
36.00	A. R. C. CLINIC	90.01	0	162,458	10				36.00
37.00	CANCER CTR CLINIC	90.02	0	1,706	10				37.00
38.00	UROLOGY CLINIC	90.03	0	61	10				38.00
39.00	PHYSICAL THERAPY	66.00	0	26	10				39.00
40.00	O/P DENTISTRY	90.09	0	165	10				40.00

Provider CCN: 140182

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

Worksheet A-6  
Date/Time Prepared:  
5/30/2012 9:32 am

Decreases								
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
41.00		0.00	0	0	10		41.00	
42.00		0.00	0	0	10		42.00	
	TOTALS		0	5,029,073				
H - IMPLANT COSTS								
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	11,004,414	0		1.00	
	TOTALS		0	11,004,414				
I - PHARMACY RESIDENT'S COST								
1.00	PHARMACY	15.00	62,800	6,395	0		1.00	
	TOTALS		62,800	6,395				
500.00	Grand Total: Decreases		2,022,439	76,870,518			500.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140182

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

Worksheet A-7  
Parts I-III  
Date/Time Prepared:  
5/30/2012 9:32 am

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	10,969,694	0	0	0	1.00
2.00	Land Improvements	1,568,933	0	0	0	2.00
3.00	Buildings and Fixtures	98,889,484	11,024,048	0	11,024,048	3.00
4.00	Building Improvements	1,240,758	306,251	0	306,251	4.00
5.00	Fixed Equipment	51,904,239	6,377,397	0	6,377,397	5.00
6.00	Movable Equipment	23,742	371,477	0	371,477	6.00
7.00	HIT designated Assets	1,230,748	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	165,827,598	18,079,173	0	18,079,173	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	165,827,598	18,079,173	0	18,079,173	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	0	0	0	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	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	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0.000000	2.00
3.00	Total (sum of lines 1-2)	0	0	0	1.000000	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140182

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

Worksheet A-7  
Parts I-III  
Date/Time Prepared:  
5/30/2012 9:32 am

		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	10,969,694	0		1.00		
2.00	Land Improvements	1,568,933	-478,818		2.00		
3.00	Buildings and Fixtures	104,643,565	-11,745,293		3.00		
4.00	Building Improvements	1,547,009	1,223,847		4.00		
5.00	Fixed Equipment	47,259,360	9,300,082		5.00		
6.00	Movable Equipment	395,219	23,742		6.00		
7.00	HIT designated Assets	1,230,748	0		7.00		
8.00	Subtotal (sum of lines 1-7)	167,614,528	-1,676,440		8.00		
9.00	Reconciling Items	0	0		9.00		
10.00	Total (line 8 minus line 9)	167,614,528	-1,676,440		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	0		1.00		
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0		2.00		
3.00	Total (sum of lines 1-2)	0	0		3.00		
<b>ALLOCATION OF OTHER CAPITAL</b>							
Cost Center Description		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	SUMMARY OF CAPITAL Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
<b>PART III - RECONCILIATION OF CAPITAL COSTS CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	6,119,080	1,052,547	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	5,572,956	3,976,526	2.00
3.00	Total (sum of lines 1-2)	0	0	0	11,692,036	5,029,073	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140182

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

Worksheet A-7  
Parts I-III  
Date/Time Prepared:  
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Cost Center Description	SUMMARY OF CAPITAL						
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)		
	11.00	12.00	13.00	14.00	15.00		
<b>PART III - RECONCILIATION OF CAPITAL COSTS CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT	707,677	0	0	568,580	8,447,884	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	324,650	0	0	1,162,638	11,036,770	2.00
3.00	Total (sum of lines 1-2)	1,032,327	0	0	1,731,218	19,484,654	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140182

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

Worksheet A-8  
Date/Time Prepared:  
5/30/2012 9:32 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	3.00
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			NEW CAP REL COSTS-BLDG & FIXT		1.00
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			NEW CAP REL COSTS-MVBLE EQUIP		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	A-8-2	-5,191,304			10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0			11.00
12.00 Related organization transactions (chapter 10)	A-8-1	-4,358,039			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)	A-8-3		RESPIRATORY THERAPY		65.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		PHYSICAL THERAPY		66.00
25.00 Utilization review - physicians' compensation (chapter 21)			UTILIZATION REVIEW-SNF		114.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT	A	21,165	NEW CAP REL COSTS-BLDG & FIXT		1.00
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP	A	-348,693	NEW CAP REL COSTS-MVBLE EQUIP		2.00
28.00 Non-physician Anesthetist			0*** Cost Center Deleted ***		19.00
29.00 Physicians' assistant					29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		OCCUPATIONAL THERAPY		67.00
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		SPEECH PATHOLOGY		68.00
32.00 CAH HIT Adjustment for Depreciation and Interest					32.00
33.00 REVENUE OFFSET	B	-768,723	ADMINISTRATIVE AND GENERAL		5.06
33.01 REVENUE OFFSET	B	-153,451	ADULTS & PEDIATRICS		30.00
34.00 REVENUE OFFSET	B	-10,000	EMPLOYEE BENEFITS		4.00
35.00 REVENUE OFFSET	B	-68,065	CASHIERING, PATIENT ACCOUNTS		5.05
36.00 REVENUE OFFSET	B	-1,208,616	CAFETERIA		11.00
37.00 REVENUE OFFSET	B	-129,720	CARDIAC CATHETERIZATION		59.00
38.00 REVENUE OFFSET	B	-725,367	EMERGENCY		91.00
39.00 REVENUE OFFSET	B	-15,983	I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
40.00 REVENUE OFFSET	B	-50,770	MEDICAL RECORDS & LIBRARY		16.00
41.00 REVENUE OFFSET	B	-1,350	LABORATORY		60.00
42.00 REVENUE OFFSET	B	-443,732	OPERATION OF PLANT		7.00
43.00 REVENUE OFFSET	B	-11,028	NURSING ADMINISTRATION		13.00
44.00 REVENUE OFFSET	B	-109,452	OPERATING ROOM		50.00
45.00 REVENUE OFFSET	B	-20,730	PHYSICAL THERAPY		66.00
45.01 REVENUE OFFSET	B	-8,824	RADIOLOGY-DIAGNOSTIC		54.00
45.02 REVENUE OFFSET	B	-590	CLINIC		90.00
45.03 REVENUE OFFSET	B	-25,385	CANCER CTR CLINIC		90.02
45.05		0			45.05
45.06		0			45.06

Provider CCN: 140182      Period: From 01/01/2011 To 12/31/2011      Worksheet A-8  
 Date/Time Prepared: 5/30/2012 9:32 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		3.00
45.08		0			0.00	45.08
45.09		0			0.00	45.09
45.10		0			0.00	45.10
45.21		0			0.00	45.21
45.25	A	-2,735,461	ADMINISTRATIVE AND GENERAL		5.06	45.25
45.26	A	707,677	NEW CAP REL COSTS-BLDG & FIXT		1.00	45.26
45.45	A	324,650	NEW CAP REL COSTS-MVBLE EQUIP		2.00	45.45
45.46	A	46,968	ADMINISTRATIVE AND GENERAL		5.06	45.46
45.50	A	-2,411,289	ADMINISTRATIVE AND GENERAL		5.06	45.50
45.51	A	-14,450,136	ADMINISTRATIVE AND GENERAL		5.06	45.51
50.00		-32,146,248				50.00
TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)						

ADJUSTMENTS TO EXPENSES

Provider CCN: 140182

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

Worksheet A-8  
Date/Time Prepared:  
5/30/2012 9:32 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	14	26.00
27.00	Depreciation - NEW CAP REL COSTS-MVBLE EQUIP	14	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	REVENUE OFFSET	0	33.00
33.01	REVENUE OFFSET	0	33.01
34.00	REVENUE OFFSET	0	34.00
35.00	REVENUE OFFSET	0	35.00
36.00	REVENUE OFFSET	0	36.00
37.00	REVENUE OFFSET	0	37.00
38.00	REVENUE OFFSET	0	38.00
39.00	REVENUE OFFSET	0	39.00
40.00	REVENUE OFFSET	0	40.00
41.00	REVENUE OFFSET	0	41.00
42.00	REVENUE OFFSET	0	42.00
43.00	REVENUE OFFSET	0	43.00
44.00	REVENUE OFFSET	0	44.00
45.00	REVENUE OFFSET	0	45.00
45.01	REVENUE OFFSET	0	45.01
45.02	REVENUE OFFSET	0	45.02
45.03	REVENUE OFFSET	0	45.03
45.05		0	45.05
45.06		0	45.06
45.08		0	45.08
45.09		0	45.09
45.10		0	45.10
45.21		0	45.21
45.25	NONALLOWABLE EXPENSES	0	45.25
45.26	INTEREST - BLDG	11	45.26
45.45	INTREST - EQUIP	11	45.45
45.46	INTEREST - A&G	0	45.46
45.50	INTEREST	0	45.50

ADJUSTMENTS TO EXPENSES		Provider CCN: 140182		Period: From 01/01/2011 To 12/31/2011	Worksheet A-8 Date/Time Prepared: 5/30/2012 9:32 am
Cost Center Description		Wkst.	A-7	Ref.	
		5.00			
45.51	PUBLIC AID ASSESSMENT			0	45.51
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: 140182

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

Worksheet A-8-1

Date/Time Prepared:  
5/30/2012 9:32 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	4.00	EMPLOYEE BENEFITS	HOME OFFICE COST	1.00
2.00	5.02	DATA PROCESSING	HOME OFFICE COST	2.00
3.00	5.06	ADMINISTRATIVE AND GENERAL	HOME OFFICE COST	3.00
4.00	1.00	NEW CAP REL COSTS-BLDG & FIXT	HOME OFFICE COST	4.00
4.01	2.00	NEW CAP REL COSTS-MVBLE EQUIP	HOME OFFICE COST	4.01
4.02	0.00		HOME OFFICE COST	4.02
4.03	0.00		HOME OFFICE COST	4.03
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	B		0.00	6.00
7.00			0.00	7.00
8.00			0.00	8.00
9.00			0.00	9.00
10.00			0.00	10.00
100.00	G. Other (financial or non-financial) specify:			100.00

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

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

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

Provider CCN: 140182

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

Worksheet A-8-1

Date/Time Prepared: 5/30/2012 9:32 am

	Amount of Allowable Cost	Amount Included in Wks. A, column 5	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.	
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>					
1.00	3,626,021	0	3,626,021	0	1.00
2.00	3,931,922	0	3,931,922	0	2.00
3.00	5,831,852	19,806,580	-13,974,728	0	3.00
4.00	547,415	0	547,415	14	4.00
4.01	1,511,331	0	1,511,331	14	4.01
4.02	0	0	0	0	4.02
4.03	0	0	0	0	4.03
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.	15,448,541	19,806,580	-4,358,039	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		ADVOCATE HEALTH	0.00	HEALTHCARE	6.00
7.00			0.00		7.00
8.00			0.00		8.00
9.00			0.00		9.00
10.00			0.00		10.00
100.00	G. Other (financial or non-financial) specify:				100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140182

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

Worksheet A-8-2

Date/Time Prepared:  
5/30/2012 9:32 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	
	1.00	2.00	3.00	4.00	
1.00	21.00	DR. A	588,958	588,958	1.00
2.00	30.00	DR. B	2,195,318	2,195,318	2.00
3.00	50.00	DR. C	1,155,772	1,155,772	3.00
4.00	59.00	DR. D	476,978	476,978	4.00
5.00	90.00	DR. E	15,000	15,000	5.00
6.00	90.03	DR. F	9,372	9,372	6.00
7.00	90.09	DR. G	134,765	134,765	7.00
8.00	91.00	DR. H	502,295	502,295	8.00
9.00	54.00	DR. I	112,846	112,846	9.00
10.00	0.00		0	0	10.00
200.00			5,191,304	5,191,304	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140182

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

Worksheet A-8-2

Date/Time Prepared:  
5/30/2012 9:32 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	0	0	0	0	0	1.00
2.00	0	0	0	0	0	2.00
3.00	0	0	0	0	0	3.00
4.00	0	0	0	0	0	4.00
5.00	0	0	0	0	0	5.00
6.00	0	0	0	0	0	6.00
7.00	0	0	0	0	0	7.00
8.00	0	0	0	0	0	8.00
9.00	0	0	0	0	0	9.00
10.00	0	0	0	0	0	10.00
200.00	0	0	0	0	0	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140182

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

Worksheet A-8-2

Date/Time Prepared:  
5/30/2012 9:32 am

	Cost of Memberships & Continuing Education 12.00	Provider Component Share of col. 12 13.00	Physician Cost of Malpractice Insurance 14.00	Provider Component Share of col. 14 15.00	Adjusted RCE Limit 16.00	
1.00	0	0	0	0	0	1.00
2.00	0	0	0	0	0	2.00
3.00	0	0	0	0	0	3.00
4.00	0	0	0	0	0	4.00
5.00	0	0	0	0	0	5.00
6.00	0	0	0	0	0	6.00
7.00	0	0	0	0	0	7.00
8.00	0	0	0	0	0	8.00
9.00	0	0	0	0	0	9.00
10.00	0	0	0	0	0	10.00
200.00	0	0	0	0	0	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140182

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

Worksheet A-8-2

Date/Time Prepared:  
5/30/2012 9:32 am

	RCE	Adjustment	
	Disallowance		
	17.00	18.00	
1.00	0	588,958	1.00
2.00	0	2,195,318	2.00
3.00	0	1,155,772	3.00
4.00	0	476,978	4.00
5.00	0	15,000	5.00
6.00	0	9,372	6.00
7.00	0	134,765	7.00
8.00	0	502,295	8.00
9.00	0	112,846	9.00
10.00	0	0	10.00
200.00	0	5,191,304	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140182

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/30/2012 9:32 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst Allocation 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	NONPATIENT PHONES	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT	8,447,884	8,447,884				1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP	11,036,770		11,036,770			2.00
4.00 EMPLOYEE BENEFITS	30,509,064	56,181	73,398	30,638,643		4.00
5.01 NONPATIENT PHONES	999,736	53,454	69,835	90,113	1,213,138	5.01
5.02 DATA PROCESSING	7,450,295	16,661	21,767	43	450	5.02
5.03 PURCHASING, RECEIVING AND STORES	754,874	65,875	86,063	61,629	3,604	5.03
5.04 ADMINISTRATION	2,965,944	49,660	64,879	650,444	53,156	5.04
5.05 CASHIERING, PATIENT ACCOUNTS	2,949,786	151,510	197,941	439,230	31,083	5.05
5.06 ADMINISTRATIVE AND GENERAL	29,569,064	292,235	381,791	2,300,218	99,105	5.06
6.00 MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00 OPERATION OF PLANT	8,980,231	88,164	115,182	914,169	63,067	7.00
8.00 LAUNDRY & LINEN SERVICE	1,580,245	36,892	48,198	59,753	901	8.00
9.00 HOUSEKEEPING	4,430,234	155,030	202,540	848,146	38,291	9.00
10.00 DIETARY	3,144,538	244,136	318,953	424,574	19,371	10.00
11.00 CAFETERIA	76,138	186,790	244,033	170,318	0	11.00
13.00 NURSING ADMINISTRATION	3,226,503	189,170	247,142	644,936	13,064	13.00
14.00 CENTRAL SERVICES & SUPPLY	1,856,240	179,947	235,093	371,701	13,965	14.00
15.00 PHARMACY	3,486,867	103,659	135,426	945,068	22,974	15.00
16.00 MEDICAL RECORDS & LIBRARY	2,654,749	127,609	166,716	498,402	37,840	16.00
17.00 SOCIAL SERVICE	2,936,864	50,503	65,980	459,384	10,811	17.00
20.00 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	12,266,070	0	0	2,974,105	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	3,817,001	26,752	34,950	0	35,137	22.00
23.00 PARAMEDICAL PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01 PARAMEDICAL ANESTH SCHOOL	0	0	0	0	0	23.01
23.02 PARAMEDICAL RADIOLOGY SCHOOL	0	0	0	0	0	23.02
23.03 PARAMEDICAL PHARMACY	69,195	1,983	2,591	15,227	901	23.03
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	24,658,730	2,017,652	2,635,968	5,097,569	166,229	30.00
31.00 INTENSIVE CARE UNIT	15,789,832	831,036	1,085,710	3,182,605	70,275	31.00
32.00 CORONARY CARE UNIT	5,449,908	392,002	512,132	1,198,326	20,722	32.00
33.00 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 SUBPROVIDER - 1PF	3,835,248	356,027	465,133	824,735	21,172	40.00
41.00 SUBPROVIDER - 1RF	2,494,667	32,752	42,788	319,091	8,559	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	1,705,388	173,377	226,509	304,828	0	43.00
44.00 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	11,019,860	386,076	504,391	2,000,300	88,294	50.00
51.00 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	409,224	116,329	151,978	20,198	21,623	53.00
54.00 RADIOLOGY-DIAGNOSTIC	7,792,808	324,416	423,835	1,271,008	75,680	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	1,025,450	59,454	77,673	112,754	6,307	56.00
56.01 ULTRA SOUND	930,696	6,446	8,422	189,551	5,856	56.01
57.00 CT SCAN	1,289,887	29,628	38,707	164,148	2,252	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	2,186,952	260,401	340,201	361,829	30,633	59.00
60.00 LABORATORY	8,955,190	0	0	13,586	32,885	60.00
60.01 BLOOD LABORATORY	1,120,988	0	0	0	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	3,143,728	109,387	142,909	680,589	22,974	65.00
66.00 PHYSICAL THERAPY	2,920,749	503,620	657,956	574,974	27,029	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.01 RADIOLOGY	361,103	0	0	78,936	3,153	68.01
69.00 ELECTROCARDIOLOGY	1,467,483	110,577	144,463	260,828	13,965	69.00
70.00 ELECTROENCEPHALOGRAPHY	120,822	0	0	20,547	9,911	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	19,659,109	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	11,004,414	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	12,190,192	0	0	0	0	73.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 RENAL DIALYSIS	533,621	14,330	18,722	117,672	2,252	76.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140182

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/30/2012 9:32 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	NONPATIENT PHONES	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
76.01 METABOLIC SUPPORT	0	0	0	0	0	76.01
76.02 CMHC	0	0	0	0	0	76.02
76.97 CARDIAC REHABILITATION	0	0	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	289,087	0	0	51,752	450	90.00
90.01 A. R. C. CLINIC	988,836	133,585	174,522	207,784	43,696	90.01
90.02 CANCER CTR CLINIC	1,419,669	0	0	247,998	37,390	90.02
90.03 UROLOGY CLINIC	254,310	0	0	47,542	3,153	90.03
90.04 ORTHOPEDIC CLINIC	0	0	0	0	0	90.04
90.05 EYE CENTER	0	0	0	0	0	90.05
90.06 WOUND CARE CLINIC	20,971	0	0	1,336	450	90.06
90.07 EENT CLINIC	0	0	0	0	0	90.07
90.08 O/P PHARMACY CLINIC	55,192	5,058	6,608	138,828	0	90.08
90.09 O/P DENTISTRY	776,215	0	0	0	0	90.09
91.00 EMERGENCY	7,645,940	434,249	567,326	1,281,869	53,607	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00 FAMILY HEALTH CENTER	0	0	0	0	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
<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
114.00 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	294,724,561	8,372,613	10,938,431	30,638,643	1,212,237	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	779	75,271	98,339	0	901	190.00
190.01 SUBCORPS	0	0	0	0	0	190.01
190.02 GRANTS	0	0	0	0	0	190.02
191.00 RESEARCH	0	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 HOSPICE	0	0	0	0	0	192.01
192.02 OUTPATIENT PHARMACY	0	0	0	0	0	192.02
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
200.00 Cross Foot Adjustments	0	0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	294,725,340	8,447,884	11,036,770	30,638,643	1,213,138	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140182

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/30/2012 9:32 am

Cost Center Description		DATA PROCESSING	PURCHASING, RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING, PATIENT ACCOUNTS	Subtotal	
		5.02	5.03	5.04	5.05	5A.05	
<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
5.01	NONPATIENT PHONES						5.01
5.02	DATA PROCESSING	7,489,216					5.02
5.03	PURCHASING, RECEIVING AND STORES	0	972,045				5.03
5.04	ADMINISTRATIVE	0	2,283	3,786,366			5.04
5.05	CASHIERING, PATIENT ACCOUNTS	0	706	0	3,770,256		5.05
5.06	ADMINISTRATIVE AND GENERAL	0	24,994	0	0	32,667,407	5.06
6.00	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	OPERATION OF PLANT	0	16,757	0	0	10,177,570	7.00
8.00	LAUNDRY & LINEN SERVICE	0	102	0	0	1,726,091	8.00
9.00	HOUSEKEEPING	0	11,718	0	0	5,685,959	9.00
10.00	DIETARY	0	62,639	0	0	4,214,211	10.00
11.00	CAFETERIA	0	0	0	0	677,279	11.00
13.00	NURSING ADMINISTRATION	0	1,833	0	0	4,322,648	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	4,504	0	0	2,661,450	14.00
15.00	PHARMACY	0	2,808	0	0	4,696,802	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	585	0	0	3,485,901	16.00
17.00	SOCIAL SERVICE	0	408	0	0	3,523,950	17.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	15,240,175	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	3,926	0	0	3,917,766	22.00
23.00	PARAMED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	PARAMED ANESTH SCHOOL	0	0	0	0	0	23.01
23.02	PARAMED RADIOLOGY SCHOOL	0	0	0	0	0	23.02
23.03	PARAMED PHARMACY	0	0	0	0	89,897	23.03
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	820,200	45,403	652,851	412,968	36,507,570	30.00
31.00	INTENSIVE CARE UNIT	530,784	39,501	422,255	267,248	22,219,246	31.00
32.00	CORONARY CARE UNIT	207,384	9,015	164,980	104,417	8,058,886	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	SUBPROVIDER - I PF	90,142	2,669	71,711	45,386	5,712,223	40.00
41.00	SUBPROVIDER - I RF	55,018	2,209	40,792	27,701	3,023,577	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	36,756	2,525	29,240	18,506	2,497,129	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	914,993	438,289	299,446	460,696	16,112,345	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	172,127	18,529	64,486	86,666	1,061,160	53.00
54.00	RADIOLOGY-DIAGNOSTIC	533,081	35,387	124,955	268,404	10,849,574	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	50,784	196	13,051	25,569	1,371,238	56.00
56.01	ULTRASOUND	70,519	3,562	11,631	35,506	1,262,189	56.01
57.00	CT SCAN	295,574	9,970	100,329	148,820	2,079,315	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	217,695	113,158	106,849	109,608	3,727,326	59.00
60.00	LABORATORY	610,922	47,669	329,899	307,597	10,297,748	60.00
60.01	BLOOD LABORATORY	85,904	6,004	57,291	43,252	1,313,439	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	195,481	10,205	142,093	98,424	4,545,790	65.00
66.00	PHYSICAL THERAPY	115,624	3,861	47,764	58,216	4,909,793	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.01	CARDIOLOGY	4,405	197	327	2,218	450,339	68.01
69.00	ELECTROCARDIOLOGY	128,371	2,313	52,027	64,634	2,244,661	69.00
70.00	ELECTROENCEPHALOGRAPHY	5,778	309	1,565	2,909	161,841	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	313,294	0	133,496	157,743	20,263,642	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	322,697	0	162,949	162,477	11,652,537	72.00
73.00	DRUGS CHARGED TO PATIENTS	946,120	0	534,359	475,832	14,146,503	73.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	RENAL DIALYSIS	33,757	2,959	25,488	16,997	765,798	76.00
76.01	METABOLIC SUPPORT	0	0	0	0	0	76.01
76.02	CMHC	0	0	0	0	0	76.02
76.97	CARDIAC REHABILITATION	0	0	0	0	0	76.97

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140182

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

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Cost Center Description	DATA PROCESSING	PURCHASING, RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING, PATIENT ACCOUNTS	Subtotal	
	5.02	5.03	5.04	5.05	5A.05	
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	33,935	4,148	18	17,086	396,476	90.00
90.01 A. R. C. CLINIC	80,189	787	2,701	40,375	1,672,475	90.01
90.02 CANCER CTR CLINIC	29,170	3,551	104	14,687	1,752,569	90.02
90.03 UROLOGY CLINIC	7,587	737	145	3,820	317,294	90.03
90.04 ORTHOPEDIC CLINIC	0	0	0	0	0	90.04
90.05 EYE CENTER	0	0	0	0	0	90.05
90.06 WOUND CARE CLINIC	1,614	292	11	813	25,487	90.06
90.07 DENT CLINIC	0	0	0	0	0	90.07
90.08 O/P PHARMACY CLINIC	3,349	15	0	1,686	210,736	90.08
90.09 O/P DENTISTRY	6,796	9,081	0	3,422	795,514	90.09
91.00 EMERGENCY	569,166	26,241	193,553	286,573	11,058,524	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
93.00 FAMILY HEALTH CENTER	0	0	0	0	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
<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
114.00 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 AMBULATORY SURGICAL CENTER (D. P.)	0	0	0	0	0	115.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	7,489,216	972,045	3,786,366	3,770,256	294,550,050	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	175,290	190.00
190.01 SUBCORPS	0	0	0	0	0	190.01
190.02 GRANTS	0	0	0	0	0	190.02
191.00 RESEARCH	0	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 HOSPICE	0	0	0	0	0	192.01
192.02 OUTPATIENT PHARMACY	0	0	0	0	0	192.02
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
200.00 Cross Foot Adjustments					0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	7,489,216	972,045	3,786,366	3,770,256	294,725,340	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140182

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

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Cost Center Description		ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.06	6.00	7.00	8.00	9.00	
<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
5.01	NONPATIENT PHONES						5.01
5.02	DATA PROCESSING						5.02
5.03	PURCHASING, RECEIVING AND STORES						5.03
5.04	ADMINISTRATIVE						5.04
5.05	CASHIERING, PATIENT ACCOUNTS						5.05
5.06	ADMINISTRATIVE AND GENERAL	32,667,407					5.06
6.00	MAINTENANCE & REPAIRS	0	0				6.00
7.00	OPERATION OF PLANT	1,268,705	0	11,446,275			7.00
8.00	LAUNDRY & LINEN SERVICE	215,169	0	49,289	1,990,549		8.00
9.00	HOUSEKEEPING	708,795	0	297,789	0	6,692,543	9.00
10.00	DIETARY	525,331	0	326,176	0	197,600	10.00
11.00	CAFETERIA	84,428	0	249,559	0	151,185	11.00
13.00	NURSING ADMINISTRATION	538,848	0	253,634	0	153,653	13.00
14.00	CENTRAL SERVICES & SUPPLY	331,768	0	256,880	0	155,620	14.00
15.00	PHARMACY	585,489	0	136,075	0	82,435	15.00
16.00	MEDICAL RECORDS & LIBRARY	434,542	0	150,683	0	91,285	16.00
17.00	SOCIAL SERVICE	439,285	0	67,474	0	40,877	17.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	1,899,794	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	488,377	0	295,039	0	178,737	22.00
23.00	PARAMED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	PARAMED ANESTH SCHOOL	0	0	0	0	0	23.01
23.02	PARAMED RADIOLOGY SCHOOL	0	0	0	0	0	23.02
23.03	PARAMED PHARMACY	11,206	0	2,650	0	1,605	23.03
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	4,550,975	0	2,389,497	509,297	1,447,580	30.00
31.00	INTENSIVE CARE UNIT	2,769,785	0	1,110,297	301,004	672,628	31.00
32.00	CORONARY CARE UNIT	1,004,597	0	523,730	164,383	317,280	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	SUBPROVIDER - 1PF	712,069	0	475,667	149,816	288,163	40.00
41.00	SUBPROVIDER - 1RF	376,910	0	241,543	64,213	146,329	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	311,285	0	218,157	27,262	132,162	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	2,008,517	0	554,933	352,176	336,183	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	132,281	0	363,309	0	220,095	53.00
54.00	RADIOLOGY-DIAGNOSTIC	1,352,475	0	566,096	170,312	342,946	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	170,934	0	79,002	5,363	47,860	56.00
56.01	ULTRA SOUND	157,341	0	8,612	33,950	5,217	56.01
57.00	CT SCAN	259,201	0	39,584	56,841	23,980	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	464,637	0	347,906	4,894	210,764	59.00
60.00	LABORATORY	1,283,686	0	0	0	0	60.00
60.01	BLOOD LABORATORY	163,729	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	566,665	0	146,145	0	88,536	65.00
66.00	PHYSICAL THERAPY	612,040	0	708,134	65,997	428,993	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.01	CARDIOLOGY	56,138	0	84,633	0	51,271	68.01
69.00	ELECTROCARDIOLOGY	279,813	0	147,735	0	89,499	69.00
70.00	ELECTROENCEPHALOGRAPHY	20,175	0	25,605	0	15,512	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,526,005	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	1,452,570	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	1,763,461	0	0	0	0	73.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	RENAL DIALYSIS	95,462	0	19,146	0	11,599	76.00
76.01	METABOLIC SUPPORT	0	0	0	0	0	76.01
76.02	CMHC	0	0	0	0	0	76.02
76.97	CARDIAC REHABILITATION	0	0	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140182

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

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Cost Center Description	ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
	5.06	6.00	7.00	8.00	9.00	
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	49,424	0	0	0	0	90.00
90.01 A. R. C. CLINIC	208,486	0	178,474	0	108,121	90.01
90.02 CANCER CTR CLINIC	218,470	0	423,330	0	255,012	90.02
90.03 UROLOGY CLINIC	39,553	0	0	0	0	90.03
90.04 ORTHOPEDIC CLINIC	0	0	0	0	0	90.04
90.05 EYE CENTER	0	0	0	0	0	90.05
90.06 WOUND CARE CLINIC	3,177	0	0	1,640	0	90.06
90.07 EENT CLINIC	0	0	0	0	0	90.07
90.08 O/P PHARMACY CLINIC	26,270	0	49,521	0	0	90.08
90.09 O/P DENTISTRY	99,166	0	0	0	0	90.09
91.00 EMERGENCY	1,378,522	0	659,971	83,401	399,816	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00 FAMILY HEALTH CENTER	0	0	0	0	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
<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
114.00 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	32,645,556	0	11,446,275	1,990,549	6,692,543	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	21,851	0	0	0	0	190.00
190.01 SUBCORPS	0	0	0	0	0	190.01
190.02 GRANTS	0	0	0	0	0	190.02
191.00 RESEARCH	0	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 HOSPICE	0	0	0	0	0	192.01
192.02 OUTPATIENT PHARMACY	0	0	0	0	0	192.02
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
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)	32,667,407	0	11,446,275	1,990,549	6,692,543	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140182

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Cost Center Description	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
	10.00	11.00	13.00	14.00	15.00	
<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
5.01 NONPATIENT PHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING, RECEIVING AND STORES						5.03
5.04 ADMINITTING						5.04
5.05 CASHIERING, PATIENT ACCOUNTS						5.05
5.06 ADMINISTRATIVE AND GENERAL						5.06
6.00 MAINTENANCE & REPAIRS						6.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY	5,263,318					10.00
11.00 CAFETERIA	0	1,162,451				11.00
13.00 NURSING ADMINISTRATION	0	17,151	5,285,934			13.00
14.00 CENTRAL SERVICES & SUPPLY	0	28,585	4,405	3,438,708		14.00
15.00 PHARMACY	0	35,255	2,203	3,504	5,541,763	15.00
16.00 MEDICAL RECORDS & LIBRARY	0	28,108	4,405	17	0	16.00
17.00 SOCIAL SERVICE	0	13,340	62,995	6	430,044	17.00
20.00 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	2,203	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	96,236	0	2,971	0	22.00
23.00 PARAMED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01 PARAMED ANESTH SCHOOL	0	0	0	0	0	23.01
23.02 PARAMED RADIOLOGY SCHOOL	0	0	0	0	0	23.02
23.03 PARAMED PHARMACY	0	476	0	0	0	23.03
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	2,168,685	274,891	2,191,373	169,772	697,891	30.00
31.00 INTENSIVE CARE UNIT	1,320,401	167,221	1,383,239	154,671	614,460	31.00
32.00 CORONARY CARE UNIT	671,497	69,080	421,139	35,040	220,233	32.00
33.00 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 SUBPROVIDER - I PF	771,893	45,259	203,081	2,509	0	40.00
41.00 SUBPROVIDER - I RF	330,842	20,962	128,192	8,259	11,966	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	0	19,057	70,704	8,943	12,102	43.00
44.00 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	0	87,660	323,784	1,834,132	305,491	50.00
51.00 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	1,906	4,405	78,706	527,625	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	56,217	35,242	135,061	299,703	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	0	4,288	0	831	1,244,969	56.00
56.01 ULTRA SOUND	0	7,623	2,203	12,889	1,002	56.01
57.00 CT SCAN	0	7,146	0	43,557	73,388	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	15,245	6,608	491,374	66,167	59.00
60.00 LABORATORY	0	476	0	208,894	0	60.00
60.01 BLOOD LABORATORY	0	0	0	26,309	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	0	37,160	14,317	40,414	239	65.00
66.00 PHYSICAL THERAPY	0	18,580	2,203	13,570	59	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.01 CARDIOLOGY	0	1,906	16,740	323	0	68.01
69.00 ELECTROCARDIOLOGY	0	10,481	2,203	6,054	14,939	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	953	0	815	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
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 RENAL DIALYSIS	0	4,764	10,132	12,791	10,776	76.00
76.01 METABOLIC SUPPORT	0	0	0	0	0	76.01
76.02 CMHC	0	0	0	0	0	76.02
76.97 CARDIAC REHABILITATION	0	0	0	0	0	76.97

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140182

Period:  
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Cost Center Description	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
	10.00	11.00	13.00	14.00	15.00	
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	1,906	2,203	16,920	1,735	90.00
90.01 A. R. C. CLINIC	0	5,717	46,145	1,790	0	90.01
90.02 CANCER CTR CLINIC	0	10,005	37,224	6,362	79,813	90.02
90.03 UROLOGY CLINIC	0	1,429	6,608	2,490	6,941	90.03
90.04 ORTHOPEDIC CLINIC	0	0	0	0	0	90.04
90.05 EYE CENTER	0	0	0	0	0	90.05
90.06 WOUND CARE CLINIC	0	0	0	1,094	99	90.06
90.07 DENT CLINIC	0	0	0	0	0	90.07
90.08 O/P PHARMACY CLINIC	0	0	0	0	0	90.08
90.09 O/P DENTISTRY	0	7,623	0	36,386	2,229	90.09
91.00 EMERGENCY	0	65,745	301,978	82,254	919,892	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00 FAMILY HEALTH CENTER	0	0	0	0	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
<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
114.00 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 AMBULATORY SURGICAL CENTER (D. P.)	0	0	0	0	0	115.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	5,263,318	1,162,451	5,285,934	3,438,708	5,541,763	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01 SUBCORPS	0	0	0	0	0	190.01
190.02 GRANTS	0	0	0	0	0	190.02
191.00 RESEARCH	0	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 HOSPICE	0	0	0	0	0	192.01
192.02 OUTPATIENT PHARMACY	0	0	0	0	0	192.02
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
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)	5,263,318	1,162,451	5,285,934	3,438,708	5,541,763	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NURSING SCHOOL	INTERNS & RESIDENTS		
				SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS	
				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
5.01 NONPATIENT PHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING, RECEIVING AND STORES						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING, PATIENT ACCOUNTS						5.05
5.06 ADMINISTRATIVE AND GENERAL						5.06
6.00 MAINTENANCE & REPAIRS						6.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY						10.00
11.00 CAFETERIA						11.00
13.00 NURSING ADMINISTRATION						13.00
14.00 CENTRAL SERVICES & SUPPLY						14.00
15.00 PHARMACY						15.00
16.00 MEDICAL RECORDS & LIBRARY	4,194,941					16.00
17.00 SOCIAL SERVICE	0	4,577,971				17.00
20.00 NURSING SCHOOL	0	0	0			20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	17,142,172		21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	4,979,126	22.00
23.00 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01 PARAMED ED ANESTH SCHOOL	0	0	0	0	0	23.01
23.02 PARAMED ED RADIOLOGY SCHOOL	0	0	0	0	0	23.02
23.03 PARAMED ED PHARMACY	0	0	0	0	0	23.03
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	459,476	1,886,297	0	16,944,686	4,921,764	30.00
31.00 INTENSIVE CARE UNIT	297,346	1,148,469	0	0	0	31.00
32.00 CORONARY CARE UNIT	116,177	584,060	0	0	0	32.00
33.00 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 SUBPROVIDER - I/PF	50,498	671,383	0	105,898	30,759	40.00
41.00 SUBPROVIDER - I/RF	30,821	287,762	0	91,588	26,603	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	20,591	0	0	0	0	43.00
44.00 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	512,579	0	0	0	0	50.00
51.00 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	96,426	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	298,632	0	0	0	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	28,449	0	0	0	0	56.00
56.01 ULTRA SOUND	39,505	0	0	0	0	56.01
57.00 CT SCAN	165,581	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	121,953	0	0	0	0	59.00
60.00 LABORATORY	342,239	0	0	0	0	60.00
60.01 BLOOD LABORATORY	48,123	0	0	0	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	109,508	0	0	0	0	65.00
66.00 PHYSICAL THERAPY	64,773	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
68.01 CARDIOLOGY	2,467	0	0	0	0	68.01
69.00 ELECTROCARDIOLOGY	71,913	0	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	3,237	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	175,508	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	180,775	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	529,496	0	0	0	0	73.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 RENAL DIALYSIS	18,911	0	0	0	0	76.00
76.01 METABOLIC SUPPORT	0	0	0	0	0	76.01
76.02 CMHC	0	0	0	0	0	76.02

COST ALLOCATION - GENERAL SERVICE COSTS

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To 12/31/2011

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Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NURSING SCHOOL	INTERNS & RESIDENTS		
				SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS	
				16.00	17.00	
76.97 CARDIAC REHABILITATION	0	0	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	19,010	0	0	0	0	90.00
90.01 A. R. C. CLINIC	44,922	0	0	0	0	90.01
90.02 CANCER CTR CLINIC	16,341	0	0	0	0	90.02
90.03 UROLOGY CLINIC	4,250	0	0	0	0	90.03
90.04 ORTHOPEDIC CLINIC	0	0	0	0	0	90.04
90.05 EYE CENTER	0	0	0	0	0	90.05
90.06 WOUND CARE CLINIC	904	0	0	0	0	90.06
90.07 DENT CLINIC	0	0	0	0	0	90.07
90.08 O/P PHARMACY CLINIC	1,876	0	0	0	0	90.08
90.09 O/P DENTISTRY	3,807	0	0	0	0	90.09
91.00 EMERGENCY	318,847	0	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00 FAMILY HEALTH CENTER	0	0	0	0	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
<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
114.00 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	4,194,941	4,577,971	0	17,142,172	4,979,126	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01 SUBCORPS	0	0	0	0	0	190.01
190.02 GRANTS	0	0	0	0	0	190.02
191.00 RESEARCH	0	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 HOSPICE	0	0	0	0	0	192.01
192.02 OUTPATIENT PHARMACY	0	0	0	0	0	192.02
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
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)	4,194,941	4,577,971	0	17,142,172	4,979,126	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		Subtotal	PARAMED ED PRGM	PARAMED ED ANESTH SCHOOL	PARAMED ED RADIOLOGY SCHOOL	PARAMED ED PHARMACY	
		22A	23.00	23.01	23.02	23.03	
<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
5.01	NONPATIENT PHONES						5.01
5.02	DATA PROCESSING						5.02
5.03	PURCHASING, RECEIVING AND STORES						5.03
5.04	ADMINISTRATIVE						5.04
5.05	CASHIERING, PATIENT ACCOUNTS						5.05
5.06	ADMINISTRATIVE AND GENERAL						5.06
6.00	MAINTENANCE & REPAIRS						6.00
7.00	OPERATION OF PLANT						7.00
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
10.00	DIETARY						10.00
11.00	CAFETERIA						11.00
13.00	NURSING ADMINISTRATION						13.00
14.00	CENTRAL SERVICES & SUPPLY						14.00
15.00	PHARMACY						15.00
16.00	MEDICAL RECORDS & LIBRARY						16.00
17.00	SOCIAL SERVICE						17.00
20.00	NURSING SCHOOL						20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD						22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0				23.00
23.01	PARAMED ED ANESTH SCHOOL	0	0	0			23.01
23.02	PARAMED ED RADIOLOGY SCHOOL	0	0	0	0		23.02
23.03	PARAMED ED PHARMACY	105,834	0	0	0	105,834	23.03
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	75,119,754	0	0	0	23,729	30.00
31.00	INTENSIVE CARE UNIT	32,158,767	0	0	0	0	31.00
32.00	CORONARY CARE UNIT	12,186,102	0	0	0	14,616	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	SUBPROVIDER - I PF	9,219,218	0	0	0	0	40.00
41.00	SUBPROVIDER - I RF	4,789,567	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	3,317,392	0	0	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	22,427,800	0	0	0	0	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	2,485,913	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	14,106,258	0	0	0	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	2,952,934	0	0	0	0	56.00
56.01	ULTRA SOUND	1,530,531	0	0	0	0	56.01
57.00	CT SCAN	2,748,593	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	5,456,874	0	0	0	9,113	59.00
60.00	LABORATORY	12,133,043	0	0	0	0	60.00
60.01	BLOOD LABORATORY	1,551,600	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	5,548,774	0	0	0	0	65.00
66.00	PHYSICAL THERAPY	6,824,142	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
68.01	CARDIOLOGY	663,817	0	0	0	0	68.01
69.00	ELECTROCARDIOLOGY	2,867,298	0	0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	228,138	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	22,965,155	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	13,285,882	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	16,439,460	0	0	0	40,151	73.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	RENAL DIALYSIS	949,379	0	0	0	0	76.00
76.01	METABOLIC SUPPORT	0	0	0	0	0	76.01
76.02	CMHC	0	0	0	0	0	76.02
76.97	CARDIAC REHABILITATION	0	0	0	0	0	76.97

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Provider CCN: 140182

Period:  
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To 12/31/2011

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Part I  
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Cost Center Description		Subtotal	PARAMED ED PRGM	PARAMED ED ANESTH SCHOOL	PARAMED ED RADIOLOGY SCHOOL	PARAMED ED PHARMACY	
		22A	23.00	23.01	23.02	23.03	
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	487,674	0	0	0	0	90.00
90.01	A. R. C. CLINIC	2,266,130	0	0	0	0	90.01
90.02	CANCER CTR CLINIC	2,799,126	0	0	0	0	90.02
90.03	UROLOGY CLINIC	378,565	0	0	0	0	90.03
90.04	ORTHOPEDIC CLINIC	0	0	0	0	0	90.04
90.05	EYE CENTER	0	0	0	0	0	90.05
90.06	WOUND CARE CLINIC	32,401	0	0	0	0	90.06
90.07	EENT CLINIC	0	0	0	0	0	90.07
90.08	O/P PHARMACY CLINIC	288,403	0	0	0	0	90.08
90.09	O/P DENTISTRY	944,725	0	0	0	0	90.09
91.00	EMERGENCY	15,268,950	0	0	0	18,225	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	FAMILY HEALTH CENTER	0	0	0	0	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
<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
114.00	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	294,528,199	0	0	0	105,834	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	197,141	0	0	0	0	190.00
190.01	SUBCORPS	0	0	0	0	0	190.01
190.02	GRANTS	0	0	0	0	0	190.02
191.00	RESEARCH	0	0	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	HOSPICE	0	0	0	0	0	192.01
192.02	OUTPATIENT PHARMACY	0	0	0	0	0	192.02
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
200.00	Cross Foot Adjustments	0	0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	294,725,340	0	0	0	105,834	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140182

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/30/2012 9:32 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
5.01	NONPATIENT PHONES				5.01
5.02	DATA PROCESSING				5.02
5.03	PURCHASING, RECEIVING AND STORES				5.03
5.04	ADMITTING				5.04
5.05	CASHIERING, PATIENT ACCOUNTS				5.05
5.06	ADMINISTRATIVE AND GENERAL				5.06
6.00	MAINTENANCE & REPAIRS				6.00
7.00	OPERATION OF PLANT				7.00
8.00	LAUNDRY & LINEN SERVICE				8.00
9.00	HOUSEKEEPING				9.00
10.00	DIETARY				10.00
11.00	CAFETERIA				11.00
13.00	NURSING ADMINISTRATION				13.00
14.00	CENTRAL SERVICES & SUPPLY				14.00
15.00	PHARMACY				15.00
16.00	MEDICAL RECORDS & LIBRARY				16.00
17.00	SOCIAL SERVICE				17.00
20.00	NURSING SCHOOL				20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD				21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD				22.00
23.00	PARAMED ED PRGM-(SPECIFY)				23.00
23.01	PARAMED ED ANESTH SCHOOL				23.01
23.02	PARAMED ED RADIOLOGY SCHOOL				23.02
23.03	PARAMED ED PHARMACY				23.03
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	ADULTS & PEDIATRICS	75,143,483	-21,866,450	53,277,033	30.00
31.00	INTENSIVE CARE UNIT	32,158,767	0	32,158,767	31.00
32.00	CORONARY CARE UNIT	12,200,718	0	12,200,718	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	34.00
40.00	SUBPROVIDER - I/PF	9,219,218	-136,657	9,082,561	40.00
41.00	SUBPROVIDER - I/RF	4,789,567	-118,191	4,671,376	41.00
42.00	SUBPROVIDER	0	0	0	42.00
43.00	NURSERY	3,317,392	0	3,317,392	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	OPERATING ROOM	22,427,800	0	22,427,800	50.00
51.00	RECOVERY ROOM	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	ANESTHESIOLOGY	2,485,913	0	2,485,913	53.00
54.00	RADIOLOGY-DIAGNOSTIC	14,106,258	0	14,106,258	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	RADIOISOTOPE	2,952,934	0	2,952,934	56.00
56.01	ULTRA SOUND	1,530,531	0	1,530,531	56.01
57.00	CT SCAN	2,748,593	0	2,748,593	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	5,465,987	0	5,465,987	59.00
60.00	LABORATORY	12,133,043	0	12,133,043	60.00
60.01	BLOOD LABORATORY	1,551,600	0	1,551,600	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	64.00
65.00	RESPIRATORY THERAPY	5,548,774	0	5,548,774	65.00
66.00	PHYSICAL THERAPY	6,824,142	0	6,824,142	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	68.00
68.01	CARDIOLOGY	663,817	0	663,817	68.01
69.00	ELECTROCARDIOLOGY	2,867,298	0	2,867,298	69.00
70.00	ELECTROENCEPHALOGRAPHY	228,138	0	228,138	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	22,965,155	0	22,965,155	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	13,285,882	0	13,285,882	72.00
73.00	DRUGS CHARGED TO PATIENTS	16,479,611	0	16,479,611	73.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	75.00
76.00	RENAL DIALYSIS	949,379	0	949,379	76.00
76.01	METABOLIC SUPPORT	0	0	0	76.01
76.02	CMHC	0	0	0	76.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140182

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

Worksheet B  
Part I  
Date/Time Prepared:  
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Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
76.97	CARDIAC REHABILITATION	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	CLINIC	487,674	0	487,674	90.00
90.01	A. R. C. CLINIC	2,266,130	0	2,266,130	90.01
90.02	CANCER CTR CLINIC	2,799,126	0	2,799,126	90.02
90.03	UROLOGY CLINIC	378,565	0	378,565	90.03
90.04	ORTHOPEDIC CLINIC	0	0	0	90.04
90.05	EYE CENTER	0	0	0	90.05
90.06	WOUND CARE CLINIC	32,401	0	32,401	90.06
90.07	EENT CLINIC	0	0	0	90.07
90.08	O/P PHARMACY CLINIC	288,403	0	288,403	90.08
90.09	O/P DENTISTRY	944,725	0	944,725	90.09
91.00	EMERGENCY	15,287,175	0	15,287,175	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
93.00	FAMILY HEALTH CENTER	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS					
95.00	AMBULANCE SERVICES	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
99.10	CORF	0	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	100.00
101.00	HOME HEALTH AGENCY	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
109.00	PANCREAS ACQUISITION	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	115.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	294,528,199	-22,121,298	272,406,901	118.00
NONREIMBURSABLE COST CENTERS					
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	197,141	0	197,141	190.00
190.01	SUBCORPS	0	0	0	190.01
190.02	GRANTS	0	0	0	190.02
191.00	RESEARCH	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	192.00
192.01	HOSPICE	0	0	0	192.01
192.02	OUTPATIENT PHARMACY	0	0	0	192.02
193.00	NONPAID WORKERS	0	0	0	193.00
200.00	Cross Foot Adjustments	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	294,725,340	-22,121,298	272,604,042	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140182

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/30/2012 9:32 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	0	56,181	73,398	129,579	129,579
5.01	NONPATIENT PHONES	0	53,454	69,835	123,289	381
5.02	DATA PROCESSING	0	16,661	21,767	38,428	0
5.03	PURCHASING, RECEIVING AND STORES	0	65,875	86,063	151,938	261
5.04	ADMINISTRATIVE	0	49,660	64,879	114,539	2,750
5.05	CASHIERING, PATIENT ACCOUNTS	0	151,510	197,941	349,451	1,857
5.06	ADMINISTRATIVE AND GENERAL	0	292,235	381,791	674,026	9,724
6.00	MAINTENANCE & REPAIRS	0	0	0	0	0
7.00	OPERATION OF PLANT	0	88,164	115,182	203,346	3,865
8.00	LAUNDRY & LINEN SERVICE	0	36,892	48,198	85,090	253
9.00	HOUSEKEEPING	0	155,030	202,540	357,570	3,585
10.00	DIETARY	0	244,136	318,953	563,089	1,795
11.00	CAFETERIA	0	186,790	244,033	430,823	720
13.00	NURSING ADMINISTRATION	0	189,170	247,142	436,312	2,726
14.00	CENTRAL SERVICES & SUPPLY	0	179,947	235,093	415,040	1,571
15.00	PHARMACY	0	103,659	135,426	239,085	3,995
16.00	MEDICAL RECORDS & LIBRARY	0	127,609	166,716	294,325	2,107
17.00	SOCIAL SERVICE	0	50,503	65,980	116,483	1,942
20.00	NURSING SCHOOL	0	0	0	0	0
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	12,573
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	26,752	34,950	61,702	0
23.00	PARAMEDICAL PRGM-(SPECIFY)	0	0	0	0	0
23.01	PARAMEDICAL ANESTH SCHOOL	0	0	0	0	0
23.02	PARAMEDICAL RADIOLOGY SCHOOL	0	0	0	0	0
23.03	PARAMEDICAL PHARMACY	0	1,983	2,591	4,574	64
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	ADULTS & PEDIATRICS	0	2,017,652	2,635,968	4,653,620	21,606
31.00	INTENSIVE CARE UNIT	0	831,036	1,085,710	1,916,746	13,454
32.00	CORONARY CARE UNIT	0	392,002	512,132	904,134	5,066
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00	SUBPROVIDER - IPF	0	356,027	465,133	821,160	3,486
41.00	SUBPROVIDER - IRF	0	32,752	42,788	75,540	1,349
42.00	SUBPROVIDER	0	0	0	0	0
43.00	NURSERY	0	173,377	226,509	399,886	1,289
44.00	SKILLED NURSING FACILITY	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	OPERATING ROOM	0	386,076	504,391	890,467	8,456
51.00	RECOVERY ROOM	0	0	0	0	0
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00	ANESTHESIOLOGY	0	116,329	151,978	268,307	85
54.00	RADIOLOGY-DIAGNOSTIC	0	324,416	423,835	748,251	5,373
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00	RADIOISOTOPE	0	59,454	77,673	137,127	477
56.01	ULTRASOUND	0	6,446	8,422	14,868	801
57.00	CT SCAN	0	29,628	38,707	68,335	694
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	CARDIAC CATHETERIZATION	0	260,401	340,201	600,602	1,530
60.00	LABORATORY	0	0	0	0	57
60.01	BLOOD LABORATORY	0	0	0	0	0
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
64.00	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	RESPIRATORY THERAPY	0	109,387	142,909	252,296	2,877
66.00	PHYSICAL THERAPY	0	503,620	657,956	1,161,576	2,431
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00	SPEECH PATHOLOGY	0	0	0	0	0
68.01	CARDIOLOGY	0	0	0	0	334
69.00	ELECTROCARDIOLOGY	0	110,577	144,463	255,040	1,103
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	87
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0
76.00	RENAL DIALYSIS	0	14,330	18,722	33,052	497
76.01	METABOLIC SUPPORT	0	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140182

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/30/2012 9:32 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		1.00	2.00			
76.02 CMHC	0	0	0	0	0	76.02
76.97 CARDIAC REHABILITATION	0	0	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	219	90.00
90.01 A. R. C. CLINIC	0	133,585	174,522	308,107	878	90.01
90.02 CANCER CTR CLINIC	0	0	0	0	1,048	90.02
90.03 UROLOGY CLINIC	0	0	0	0	201	90.03
90.04 ORTHOPEDIC CLINIC	0	0	0	0	0	90.04
90.05 EYE CENTER	0	0	0	0	0	90.05
90.06 WOUND CARE CLINIC	0	0	0	0	6	90.06
90.07 EENT CLINIC	0	0	0	0	0	90.07
90.08 O/P PHARMACY CLINIC	0	5,058	6,608	11,666	587	90.08
90.09 O/P DENTISTRY	0	0	0	0	0	90.09
91.00 EMERGENCY	0	434,249	567,326	1,001,575	5,419	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00 FAMILY HEALTH CENTER	0	0	0	0	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
<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
114.00 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	8,372,613	10,938,431	19,311,044	129,579	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	75,271	98,339	173,610	0	190.00
190.01 SUBCORPS	0	0	0	0	0	190.01
190.02 GRANTS	0	0	0	0	0	190.02
191.00 RESEARCH	0	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 HOSPICE	0	0	0	0	0	192.01
192.02 OUTPATIENT PHARMACY	0	0	0	0	0	192.02
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
200.00 Cross Foot Adjustments	0	0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	0	8,447,884	11,036,770	19,484,654	129,579	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140182		Period: From 01/01/2011 To 12/31/2011		Worksheet B Part II Date/Time Prepared: 5/30/2012 9:32 am	
Cost Center Description		NONPATIENT PHONES	DATA PROCESSING	PURCHASING, RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING, PATIENT ACCOUNTS	
		5.01	5.02	5.03	5.04	5.05	
<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
5.01	NONPATIENT PHONES	123,670					5.01
5.02	DATA PROCESSING	46	38,474				5.02
5.03	PURCHASING, RECEIVING AND STORES	367	0	152,566			5.03
5.04	ADMINISTRATIVE	5,419	0	358	123,066		5.04
5.05	CASHIERING, PATIENT ACCOUNTS	3,169	0	111	0	354,588	5.05
5.06	ADMINISTRATIVE AND GENERAL	10,103	0	3,923	0	0	5.06
6.00	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	OPERATION OF PLANT	6,429	0	2,630	0	0	7.00
8.00	LAUNDRY & LINEN SERVICE	92	0	16	0	0	8.00
9.00	HOUSEKEEPING	3,903	0	1,839	0	0	9.00
10.00	DIETARY	1,975	0	9,832	0	0	10.00
11.00	CAFETERIA	0	0	0	0	0	11.00
13.00	NURSING ADMINISTRATION	1,332	0	288	0	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	1,424	0	707	0	0	14.00
15.00	PHARMACY	2,342	0	441	0	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	3,858	0	92	0	0	16.00
17.00	SOCIAL SERVICE	1,102	0	64	0	0	17.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	3,582	0	616	0	0	22.00
23.00	PARAMED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	PARAMED ANESTH SCHOOL	0	0	0	0	0	23.01
23.02	PARAMED RADIOLOGY SCHOOL	0	0	0	0	0	23.02
23.03	PARAMED PHARMACY	92	0	0	0	0	23.03
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	16,944	4,239	7,127	21,269	38,778	30.00
31.00	INTENSIVE CARE UNIT	7,164	2,743	6,200	13,717	25,095	31.00
32.00	CORONARY CARE UNIT	2,112	1,072	1,415	5,360	9,805	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	SUBPROVIDER - I PF	2,158	466	419	2,330	4,262	40.00
41.00	SUBPROVIDER - I RF	873	284	347	1,325	2,601	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	190	396	950	1,738	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	9,001	4,729	68,785	9,728	43,260	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	2,204	890	2,908	2,095	8,138	53.00
54.00	RADIOLOGY-DIAGNOSTIC	7,715	2,755	5,555	4,059	25,203	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	643	262	31	424	2,401	56.00
56.01	ULTRASOUND	597	364	559	378	3,334	56.01
57.00	CT SCAN	230	1,528	1,565	3,259	13,974	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	3,123	1,125	17,762	3,471	10,292	59.00
60.00	LABORATORY	3,352	3,158	7,483	10,717	28,884	60.00
60.01	BLOOD LABORATORY	0	444	942	1,861	4,061	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	2,342	1,010	1,602	4,616	9,242	65.00
66.00	PHYSICAL THERAPY	2,755	598	606	1,552	5,467	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.01	CARDIOLOGY	321	23	31	11	208	68.01
69.00	ELECTROCARDIOLOGY	1,424	664	363	1,690	6,069	69.00
70.00	ELECTROENCEPHALOGRAPHY	1,010	30	49	51	273	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,619	0	4,337	14,812	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	1,668	0	5,294	15,257	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	4,658	0	17,359	45,240	73.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	RENAL DIALYSIS	230	174	464	828	1,596	76.00
76.01	METABOLIC SUPPORT	0	0	0	0	0	76.01
76.02	CMHC	0	0	0	0	0	76.02
76.97	CARDIAC REHABILITATION	0	0	0	0	0	76.97

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140182

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/30/2012 9:32 am

Cost Center Description	NONPATIENT PHONES	DATA PROCESSING	PURCHASING, RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING, PATIENT ACCOUNTS	
	5.01	5.02	5.03	5.04	5.05	
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	46	175	651	1	1,604	90.00
90.01 A. R. C. CLINIC	4,455	414	124	88	3,791	90.01
90.02 CANCER CTR CLINIC	3,812	151	557	3	1,379	90.02
90.03 UROLOGY CLINIC	321	39	116	5	359	90.03
90.04 ORTHOPEDIC CLINIC	0	0	0	0	0	90.04
90.05 EYE CENTER	0	0	0	0	0	90.05
90.06 WOUND CARE CLINIC	46	8	46	0	76	90.06
90.07 DENT CLINIC	0	0	0	0	0	90.07
90.08 O/P PHARMACY CLINIC	0	17	2	0	158	90.08
90.09 O/P DENTISTRY	0	35	1,425	0	321	90.09
91.00 EMERGENCY	5,465	2,942	4,119	6,288	26,910	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00 FAMILY HEALTH CENTER	0	0	0	0	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
<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
114.00 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 AMBULATORY SURGICAL CENTER (D. P.)	0	0	0	0	0	115.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	123,578	38,474	152,566	123,066	354,588	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	92	0	0	0	0	190.00
190.01 SUBCORPS	0	0	0	0	0	190.01
190.02 GRANTS	0	0	0	0	0	190.02
191.00 RESEARCH	0	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 HOSPICE	0	0	0	0	0	192.01
192.02 OUTPATIENT PHARMACY	0	0	0	0	0	192.02
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
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)	123,670	38,474	152,566	123,066	354,588	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140182		Period: From 01/01/2011 To 12/31/2011		Worksheet B Part II Date/Time Prepared: 5/30/2012 9:32 am	
Cost Center Description		ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.06	6.00	7.00	8.00	9.00	
<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
5.01	NONPATIENT PHONES						5.01
5.02	DATA PROCESSING						5.02
5.03	PURCHASING, RECEIVING AND STORES						5.03
5.04	ADMINISTRATIVE						5.04
5.05	CASHIERING, PATIENT ACCOUNTS						5.05
5.06	ADMINISTRATIVE AND GENERAL	697,776					5.06
6.00	MAINTENANCE & REPAIRS	0	0				6.00
7.00	OPERATION OF PLANT	27,103	0	243,373			7.00
8.00	LAUNDRY & LINEN SERVICE	4,597	0	1,048	91,096		8.00
9.00	HOUSEKEEPING	15,142	0	6,332	0	388,371	9.00
10.00	DIETARY	11,222	0	6,935	0	11,467	10.00
11.00	CAFETERIA	1,804	0	5,306	0	8,773	11.00
13.00	NURSING ADMINISTRATION	11,511	0	5,393	0	8,917	13.00
14.00	CENTRAL SERVICES & SUPPLY	7,087	0	5,462	0	9,031	14.00
15.00	PHARMACY	12,508	0	2,893	0	4,784	15.00
16.00	MEDICAL RECORDS & LIBRARY	9,283	0	3,204	0	5,297	16.00
17.00	SOCIAL SERVICE	9,384	0	1,435	0	2,372	17.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	40,585	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	10,433	0	6,273	0	10,372	22.00
23.00	PARAMED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	PARAMED ANESTH SCHOOL	0	0	0	0	0	23.01
23.02	PARAMED RADIOLOGY SCHOOL	0	0	0	0	0	23.02
23.03	PARAMED PHARMACY	239	0	56	0	93	23.03
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	97,134	0	50,807	23,308	84,004	30.00
31.00	INTENSIVE CARE UNIT	59,170	0	23,607	13,775	39,033	31.00
32.00	CORONARY CARE UNIT	21,461	0	11,136	7,523	18,412	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	SUBPROVIDER - 1 PF	15,212	0	10,114	6,856	16,722	40.00
41.00	SUBPROVIDER - 1 RF	8,052	0	5,136	2,939	8,492	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	6,650	0	4,639	1,248	7,669	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	42,907	0	11,799	16,117	19,509	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	2,826	0	7,725	0	12,772	53.00
54.00	RADIOLOGY-DIAGNOSTIC	28,892	0	12,036	7,794	19,901	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	3,652	0	1,680	245	2,777	56.00
56.01	ULTRA SOUND	3,361	0	183	1,554	303	56.01
57.00	CT SCAN	5,537	0	842	2,601	1,392	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	9,926	0	7,397	224	12,231	59.00
60.00	LABORATORY	27,423	0	0	0	0	60.00
60.01	BLOOD LABORATORY	3,498	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	12,105	0	3,107	0	5,138	65.00
66.00	PHYSICAL THERAPY	13,075	0	15,056	3,020	24,895	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.01	CARDIOLOGY	1,199	0	1,799	0	2,975	68.01
69.00	ELECTROCARDIOLOGY	5,978	0	3,141	0	5,194	69.00
70.00	ELECTROENCEPHALOGRAPHY	431	0	544	0	900	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	53,962	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	31,031	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	37,672	0	0	0	0	73.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	RENAL DIALYSIS	2,039	0	407	0	673	76.00
76.01	METABOLIC SUPPORT	0	0	0	0	0	76.01
76.02	CMHC	0	0	0	0	0	76.02
76.97	CARDIAC REHABILITATION	0	0	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140182

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

Worksheet B  
Part II  
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Cost Center Description	ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
	5.06	6.00	7.00	8.00	9.00	
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	1,056	0	0	0	0	90.00
90.01 A. R. C. CLINIC	4,454	0	3,795	0	6,274	90.01
90.02 CANCER CTR CLINIC	4,667	0	9,001	0	14,798	90.02
90.03 UROLOGY CLINIC	845	0	0	0	0	90.03
90.04 ORTHOPEDIC CLINIC	0	0	0	0	0	90.04
90.05 EYE CENTER	0	0	0	0	0	90.05
90.06 WOUND CARE CLINIC	68	0	0	75	0	90.06
90.07 EENT CLINIC	0	0	0	0	0	90.07
90.08 O/P PHARMACY CLINIC	561	0	1,053	0	0	90.08
90.09 O/P DENTISTRY	2,118	0	0	0	0	90.09
91.00 EMERGENCY	29,449	0	14,032	3,817	23,201	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00 FAMILY HEALTH CENTER	0	0	0	0	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
<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
114.00 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	697,309	0	243,373	91,096	388,371	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	467	0	0	0	0	190.00
190.01 SUBCORPS	0	0	0	0	0	190.01
190.02 GRANTS	0	0	0	0	0	190.02
191.00 RESEARCH	0	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 HOSPICE	0	0	0	0	0	192.01
192.02 OUTPATIENT PHARMACY	0	0	0	0	0	192.02
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
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)	697,776	0	243,373	91,096	388,371	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140182	Period: From 01/01/2011 To 12/31/2011	Worksheet B Part II Date/Time Prepared: 5/30/2012 9:32 am
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Cost Center Description	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
	10.00	11.00	13.00	14.00	15.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00						1.00
2.00						2.00
4.00						4.00
5.01						5.01
5.02						5.02
5.03						5.03
5.04						5.04
5.05						5.05
5.06						5.06
6.00						6.00
7.00						7.00
8.00						8.00
9.00						9.00
10.00	606,315					10.00
11.00	0	447,426				11.00
13.00	0	6,601	473,080			13.00
14.00	0	11,002	394	451,718		14.00
15.00	0	13,569	197	460	280,274	15.00
16.00	0	10,819	394	2	0	16.00
17.00	0	5,134	5,638	1	21,749	17.00
20.00	0	0	0	0	0	20.00
21.00	0	0	197	0	0	21.00
22.00	0	37,041	0	390	0	22.00
23.00	0	0	0	0	0	23.00
23.01	0	0	0	0	0	23.01
23.02	0	0	0	0	0	23.02
23.03	0	183	0	0	0	23.03
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	249,825	105,810	196,125	22,301	35,296	30.00
31.00	152,105	64,363	123,798	20,318	31,076	31.00
32.00	77,354	26,589	37,691	4,603	11,138	32.00
33.00	0	0	0	0	0	33.00
34.00	0	0	0	0	0	34.00
40.00	88,919	17,420	18,175	330	0	40.00
41.00	38,112	8,068	11,473	1,085	605	41.00
42.00	0	0	0	0	0	42.00
43.00	0	7,335	6,328	1,175	612	43.00
44.00	0	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	0	33,740	28,978	240,939	15,450	50.00
51.00	0	0	0	0	0	51.00
52.00	0	0	0	0	0	52.00
53.00	0	733	394	10,339	26,685	53.00
54.00	0	21,638	3,154	17,742	15,157	54.00
55.00	0	0	0	0	0	55.00
56.00	0	1,650	0	109	62,964	56.00
56.01	0	2,934	197	1,693	51	56.01
57.00	0	2,751	0	5,722	3,712	57.00
58.00	0	0	0	0	0	58.00
59.00	0	5,868	591	64,547	3,346	59.00
60.00	0	183	0	27,440	0	60.00
60.01	0	0	0	3,456	0	60.01
61.00	0	0	0	0	0	61.00
62.00	0	0	0	0	0	62.00
63.00	0	0	0	0	0	63.00
64.00	0	0	0	0	0	64.00
65.00	0	14,303	1,281	5,309	12	65.00
66.00	0	7,151	197	1,783	3	66.00
67.00	0	0	0	0	0	67.00
68.00	0	0	0	0	0	68.00
68.01	0	733	1,498	42	0	68.01
69.00	0	4,034	197	795	756	69.00
70.00	0	367	0	107	0	70.00
71.00	0	0	0	0	0	71.00
72.00	0	0	0	0	0	72.00
73.00	0	0	0	0	0	73.00
75.00	0	0	0	0	0	75.00
76.00	0	1,834	907	1,680	545	76.00
76.01	0	0	0	0	0	76.01
76.02	0	0	0	0	0	76.02
76.97	0	0	0	0	0	76.97

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140182

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Cost Center Description	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
	10.00	11.00	13.00	14.00	15.00	
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	733	197	2,223	88	90.00
90.01 A. R. C. CLINIC	0	2,200	4,130	235	0	90.01
90.02 CANCER CTR CLINIC	0	3,851	3,331	836	4,037	90.02
90.03 UROLOGY CLINIC	0	550	591	327	351	90.03
90.04 ORTHOPEDIC CLINIC	0	0	0	0	0	90.04
90.05 EYE CENTER	0	0	0	0	0	90.05
90.06 WOUND CARE CLINIC	0	0	0	144	5	90.06
90.07 DENT CLINIC	0	0	0	0	0	90.07
90.08 O/P PHARMACY CLINIC	0	0	0	0	0	90.08
90.09 O/P DENTISTRY	0	2,934	0	4,780	113	90.09
91.00 EMERGENCY	0	25,305	27,027	10,805	46,523	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00 FAMILY HEALTH CENTER	0	0	0	0	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
<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
114.00 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 AMBULATORY SURGICAL CENTER (D. P.)	0	0	0	0	0	115.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	606,315	447,426	473,080	451,718	280,274	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01 SUBCORPS	0	0	0	0	0	190.01
190.02 GRANTS	0	0	0	0	0	190.02
191.00 RESEARCH	0	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 HOSPICE	0	0	0	0	0	192.01
192.02 OUTPATIENT PHARMACY	0	0	0	0	0	192.02
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
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)	606,315	447,426	473,080	451,718	280,274	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140182

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/30/2012 9:32 am

Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NURSING SCHOOL	INTERNS & RESIDENTS		
				SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS	
				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
5.01 NONPATIENT PHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING, RECEIVING AND STORES						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING, PATIENT ACCOUNTS						5.05
5.06 ADMINISTRATIVE AND GENERAL						5.06
6.00 MAINTENANCE & REPAIRS						6.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY						10.00
11.00 CAFETERIA						11.00
13.00 NURSING ADMINISTRATION						13.00
14.00 CENTRAL SERVICES & SUPPLY						14.00
15.00 PHARMACY						15.00
16.00 MEDICAL RECORDS & LIBRARY	329,381					16.00
17.00 SOCIAL SERVICE	0	165,304				17.00
20.00 NURSING SCHOOL	0	0	0			20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0		53,355		21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0			130,409	22.00
23.00 PARAMED ED PRGM-(SPECIFY)	0	0				23.00
23.01 PARAMED ED ANESTH SCHOOL	0	0				23.01
23.02 PARAMED ED RADIOLOGY SCHOOL	0	0				23.02
23.03 PARAMED ED PHARMACY	0	0				23.03
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	36,035	68,110				30.00
31.00 INTENSIVE CARE UNIT	23,320	41,470				31.00
32.00 CORONARY CARE UNIT	9,111	21,090				32.00
33.00 BURN INTENSIVE CARE UNIT	0	0				33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0				34.00
40.00 SUBPROVIDER - I PF	3,960	24,243				40.00
41.00 SUBPROVIDER - IRF	2,417	10,391				41.00
42.00 SUBPROVIDER	0	0				42.00
43.00 NURSERY	1,615	0				43.00
44.00 SKILLED NURSING FACILITY	0	0				44.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	40,200	0				50.00
51.00 RECOVERY ROOM	0	0				51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0				52.00
53.00 ANESTHESIOLOGY	7,562	0				53.00
54.00 RADIOLOGY-DIAGNOSTIC	23,421	0				54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0				55.00
56.00 RADIOISOTOPE	2,231	0				56.00
56.01 ULTRA SOUND	3,098	0				56.01
57.00 CT SCAN	12,986	0				57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0				58.00
59.00 CARDIAC CATHETERIZATION	9,564	0				59.00
60.00 LABORATORY	26,840	0				60.00
60.01 BLOOD LABORATORY	3,774	0				60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0				61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0				62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0				63.00
64.00 INTRAVENOUS THERAPY	0	0				64.00
65.00 RESPIRATORY THERAPY	8,588	0				65.00
66.00 PHYSICAL THERAPY	5,080	0				66.00
67.00 OCCUPATIONAL THERAPY	0	0				67.00
68.00 SPEECH PATHOLOGY	0	0				68.00
68.01 CARDIOLOGY	194	0				68.01
69.00 ELECTROCARDIOLOGY	5,640	0				69.00
70.00 ELECTROENCEPHALOGRAPHY	254	0				70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	13,764	0				71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	14,177	0				72.00
73.00 DRUGS CHARGED TO PATIENTS	41,915	0				73.00
75.00 ASC (NON-DISTINCT PART)	0	0				75.00
76.00 RENAL DIALYSIS	1,483	0				76.00
76.01 METABOLIC SUPPORT	0	0				76.01
76.02 CMHC	0	0				76.02

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140182

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

Worksheet B  
Part II  
Date/Time Prepared:  
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Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NURSING SCHOOL	INTERNS & RESIDENTS		
				SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS	
				16.00	17.00	
76.97 CARDIAC REHABILITATION	0	0				76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	0	0				88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0				89.00
90.00 CLINIC	1,491	0				90.00
90.01 A. R. C. CLINIC	3,523	0				90.01
90.02 CANCER CTR CLINIC	1,282	0				90.02
90.03 UROLOGY CLINIC	333	0				90.03
90.04 ORTHOPEDIC CLINIC	0	0				90.04
90.05 EYE CENTER	0	0				90.05
90.06 WOUND CARE CLINIC	71	0				90.06
90.07 DENT CLINIC	0	0				90.07
90.08 O/P PHARMACY CLINIC	147	0				90.08
90.09 O/P DENTISTRY	299	0				90.09
91.00 EMERGENCY	25,006	0				91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00 FAMILY HEALTH CENTER	0	0				93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 AMBULANCE SERVICES	0	0				95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0				96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0				97.00
99.10 CORF	0	0				99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0				100.00
101.00 HOME HEALTH AGENCY	0	0				101.00
<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	0	0				113.00
114.00 UTILIZATION REVIEW-SNF	0	0				114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0				115.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	329,381	165,304	0	0	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0				190.00
190.01 SUBCORPS	0	0				190.01
190.02 GRANTS	0	0				190.02
191.00 RESEARCH	0	0				191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0				192.00
192.01 HOSPICE	0	0				192.01
192.02 OUTPATIENT PHARMACY	0	0				192.02
193.00 NONPAID WORKERS	0	0				193.00
200.00 Cross Foot Adjustments			0	53,355	130,409	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	329,381	165,304	0	53,355	130,409	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140182

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

Worksheet B  
Part II  
Date/Time Prepared:  
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Cost Center Description		PARAMED ED PRGM	PARAMED ED ANESTH SCHOOL	PARAMED ED RADIOLOGY SCHOOL	PARAMED ED PHARMACY	Subtotal	
		23.00	23.01	23.02	23.03	24.00	
<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
5.01	NONPATIENT PHONES						5.01
5.02	DATA PROCESSING						5.02
5.03	PURCHASING, RECEIVING AND STORES						5.03
5.04	ADMINISTRATIVE						5.04
5.05	CASHIERING, PATIENT ACCOUNTS						5.05
5.06	ADMINISTRATIVE AND GENERAL						5.06
6.00	MAINTENANCE & REPAIRS						6.00
7.00	OPERATION OF PLANT						7.00
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
10.00	DIETARY						10.00
11.00	CAFETERIA						11.00
13.00	NURSING ADMINISTRATION						13.00
14.00	CENTRAL SERVICES & SUPPLY						14.00
15.00	PHARMACY						15.00
16.00	MEDICAL RECORDS & LIBRARY						16.00
17.00	SOCIAL SERVICE						17.00
20.00	NURSING SCHOOL						20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD						22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0					23.00
23.01	PARAMED ED ANESTH SCHOOL		0				23.01
23.02	PARAMED ED RADIOLOGY SCHOOL			0			23.02
23.03	PARAMED ED PHARMACY				5,301		23.03
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS					5,732,338	30.00
31.00	INTENSIVE CARE UNIT					2,577,154	31.00
32.00	CORONARY CARE UNIT					1,175,072	32.00
33.00	BURN INTENSIVE CARE UNIT					0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT					0	34.00
40.00	SUBPROVIDER - I PF					1,036,232	40.00
41.00	SUBPROVIDER - I RF					179,089	41.00
42.00	SUBPROVIDER					0	42.00
43.00	NURSERY					441,720	43.00
44.00	SKILLED NURSING FACILITY					0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM					1,484,065	50.00
51.00	RECOVERY ROOM					0	51.00
52.00	DELIVERY ROOM & LABOR ROOM					0	52.00
53.00	ANESTHESIOLOGY					353,663	53.00
54.00	RADIOLOGY-DIAGNOSTIC					948,646	54.00
55.00	RADIOLOGY-THERAPEUTIC					0	55.00
56.00	RADIOISOTOPE					216,673	56.00
56.01	ULTRA SOUND					34,275	56.01
57.00	CT SCAN					125,128	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)					0	58.00
59.00	CARDIAC CATHETERIZATION					751,599	59.00
60.00	LABORATORY					135,537	60.00
60.01	BLOOD LABORATORY					18,036	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY					0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS					0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.					0	63.00
64.00	INTRAVENOUS THERAPY					0	64.00
65.00	RESPIRATORY THERAPY					323,828	65.00
66.00	PHYSICAL THERAPY					1,245,245	66.00
67.00	OCCUPATIONAL THERAPY					0	67.00
68.00	SPEECH PATHOLOGY					0	68.00
68.01	CARDIOLOGY					9,368	68.01
69.00	ELECTROCARDIOLOGY					292,088	69.00
70.00	ELECTROENCEPHALOGRAPHY					4,103	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS					88,494	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT					67,427	72.00
73.00	DRUGS CHARGED TO PATIENTS					146,844	73.00
75.00	ASC (NON-DISTINCT PART)					0	75.00
76.00	RENAL DIALYSIS					46,409	76.00
76.01	METABOLIC SUPPORT					0	76.01
76.02	CMHC					0	76.02
76.97	CARDIAC REHABILITATION					0	76.97

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140182

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

Worksheet B  
Part II  
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Cost Center Description		PARAMED ED PRGM	PARAMED ED ANESTH SCHOOL	PARAMED ED RADIOLOGY SCHOOL	PARAMED ED PHARMACY	Subtotal	
		23.00	23.01	23.02	23.03	24.00	
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC					0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER					0	89.00
90.00	CLINIC					8,484	90.00
90.01	A. R. C. CLINIC					342,468	90.01
90.02	CANCER CTR CLINIC					48,753	90.02
90.03	UROLOGY CLINIC					4,038	90.03
90.04	ORTHOPEDIC CLINIC					0	90.04
90.05	EYE CENTER					0	90.05
90.06	WOUND CARE CLINIC					545	90.06
90.07	EENT CLINIC					0	90.07
90.08	O/P PHARMACY CLINIC					14,191	90.08
90.09	O/P DENTISTRY					12,025	90.09
91.00	EMERGENCY					1,257,883	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
93.00	FAMILY HEALTH CENTER					0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	AMBULANCE SERVICES					0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED					0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD					0	97.00
99.10	CORF					0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM					0	100.00
101.00	HOME HEALTH AGENCY					0	101.00
<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
114.00	UTILIZATION REVIEW-SNF					0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)					0	115.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	19,121,420	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN					174,169	190.00
190.01	SUBCORPS					0	190.01
190.02	GRANTS					0	190.02
191.00	RESEARCH					0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES					0	192.00
192.01	HOSPICE					0	192.01
192.02	OUTPATIENT PHARMACY					0	192.02
193.00	NONPAID WORKERS					0	193.00
200.00	Cross Foot Adjustments	0	0	0	5,301	189,065	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	0	0	5,301	19,484,654	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140182	Period: From 01/01/2011 To 12/31/2011	Worksheet B Part II Date/Time Prepared: 5/30/2012 9:32 am
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Cost Center Description	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>			
1.00 NEW CAP REL COSTS-BLDG & FIXT			1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP			2.00
4.00 EMPLOYEE BENEFITS			4.00
5.01 NONPATIENT PHONES			5.01
5.02 DATA PROCESSING			5.02
5.03 PURCHASING, RECEIVING AND STORES			5.03
5.04 ADMITTING			5.04
5.05 CASHIERING, PATIENT ACCOUNTS			5.05
5.06 ADMINISTRATIVE AND GENERAL			5.06
6.00 MAINTENANCE & REPAIRS			6.00
7.00 OPERATION OF PLANT			7.00
8.00 LAUNDRY & LINEN SERVICE			8.00
9.00 HOUSEKEEPING			9.00
10.00 DIETARY			10.00
11.00 CAFETERIA			11.00
13.00 NURSING ADMINISTRATION			13.00
14.00 CENTRAL SERVICES & SUPPLY			14.00
15.00 PHARMACY			15.00
16.00 MEDICAL RECORDS & LIBRARY			16.00
17.00 SOCIAL SERVICE			17.00
20.00 NURSING SCHOOL			20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD			21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD			22.00
23.00 PARAMED ED PRGM-(SPECIFY)			23.00
23.01 PARAMED ED ANESTH SCHOOL			23.01
23.02 PARAMED ED RADIOLOGY SCHOOL			23.02
23.03 PARAMED ED PHARMACY			23.03
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>			
30.00 ADULTS & PEDIATRICS	0	5,732,338	30.00
31.00 INTENSIVE CARE UNIT	0	2,577,154	31.00
32.00 CORONARY CARE UNIT	0	1,175,072	32.00
33.00 BURN INTENSIVE CARE UNIT	0	0	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00 SUBPROVIDER - I/PF	0	1,036,232	40.00
41.00 SUBPROVIDER - IRF	0	179,089	41.00
42.00 SUBPROVIDER	0	0	42.00
43.00 NURSERY	0	441,720	43.00
44.00 SKILLED NURSING FACILITY	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00 OPERATING ROOM	0	1,484,065	50.00
51.00 RECOVERY ROOM	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 ANESTHESIOLOGY	0	353,663	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	948,646	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00 RADIOISOTOPE	0	216,673	56.00
56.01 ULTRA SOUND	0	34,275	56.01
57.00 CT SCAN	0	125,128	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	751,599	59.00
60.00 LABORATORY	0	135,537	60.00
60.01 BLOOD LABORATORY	0	18,036	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY			61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	64.00
65.00 RESPIRATORY THERAPY	0	323,828	65.00
66.00 PHYSICAL THERAPY	0	1,245,245	66.00
67.00 OCCUPATIONAL THERAPY	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	68.00
68.01 CARDIOLOGY	0	9,368	68.01
69.00 ELECTROCARDIOLOGY	0	292,088	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	4,103	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	88,494	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	67,427	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	146,844	73.00
75.00 ASC (NON-DISTINCT PART)	0	0	75.00
76.00 RENAL DIALYSIS	0	46,409	76.00
76.01 METABOLIC SUPPORT	0	0	76.01
76.02 CMHC	0	0	76.02

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140182

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/30/2012 9:32 am

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
76.97	CARDIAC REHABILITATION	0	0	76.97
OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	CLINIC	0	8,484	90.00
90.01	A. R. C. CLINIC	0	342,468	90.01
90.02	CANCER CTR CLINIC	0	48,753	90.02
90.03	UROLOGY CLINIC	0	4,038	90.03
90.04	ORTHOPEDIC CLINIC	0	0	90.04
90.05	EYE CENTER	0	0	90.05
90.06	WOUND CARE CLINIC	0	545	90.06
90.07	EENT CLINIC	0	0	90.07
90.08	O/P PHARMACY CLINIC	0	14,191	90.08
90.09	O/P DENTISTRY	0	12,025	90.09
91.00	EMERGENCY	0	1,257,883	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
93.00	FAMILY HEALTH CENTER	0	0	93.00
OTHER REIMBURSABLE COST CENTERS				
95.00	AMBULANCE SERVICES	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
99.10	CORF	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS				
109.00	PANCREAS ACQUISITION	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	110.00
111.00	ISLET ACQUISITION	0	0	111.00
113.00	INTEREST EXPENSE	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	19,121,420	118.00
NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	174,169	190.00
190.01	SUBCORPS	0	0	190.01
190.02	GRANTS	0	0	190.02
191.00	RESEARCH	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01	HOSPICE	0	0	192.01
192.02	OUTPATIENT PHARMACY	0	0	192.02
193.00	NONPAID WORKERS	0	0	193.00
200.00	Cross Foot Adjustments	0	189,065	200.00
201.00	Negative Cost Centers	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	19,484,654	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140182

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

Worksheet B-1  
Date/Time Prepared: 5/30/2012 9:32 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	NONPATIENT PHONES (NONPATIENT PHONES)	DATA PROCESSING (PATIENT REVENUE)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT	340,737					1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP		340,737				2.00
4.00 EMPLOYEE BENEFITS	2,266	2,266	126,362,439			4.00
5.01 NONPATIENT PHONES	2,156	2,156	371,654	2,693		5.01
5.02 DATA PROCESSING	672	672	177	1	1,138,532,138	5.02
5.03 PURCHASING, RECEIVING AND STORES	2,657	2,657	254,175	8		5.03
5.04 ADMINITTING	2,003	2,003	2,682,618	118		5.04
5.05 CASHIERING, PATIENT ACCOUNTS	6,111	6,111	1,811,510	69		5.05
5.06 ADMINISTRATIVE AND GENERAL	11,787	11,787	9,486,766	220		5.06
6.00 MAINTENANCE & REPAIRS	0	0	0	0		6.00
7.00 OPERATION OF PLANT	3,556	3,556	3,770,298	140		7.00
8.00 LAUNDRY & LINEN SERVICE	1,488	1,488	246,437	2		8.00
9.00 HOUSEKEEPING	6,253	6,253	3,498,000	85		9.00
10.00 DIETARY	9,847	9,847	1,751,068	43		10.00
11.00 CAFETERIA	7,534	7,534	702,439	0		11.00
13.00 NURSING ADMINISTRATION	7,630	7,630	2,659,903	29		13.00
14.00 CENTRAL SERVICES & SUPPLY	7,258	7,258	1,533,001	31		14.00
15.00 PHARMACY	4,181	4,181	3,897,736	51		15.00
16.00 MEDICAL RECORDS & LIBRARY	5,147	5,147	2,055,556	84		16.00
17.00 SOCIAL SERVICE	2,037	2,037	1,894,631	24		17.00
20.00 NURSING SCHOOL	0	0	0	0		20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	12,266,070	0		21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	1,079	1,079	0	78		22.00
23.00 PARAMED ED PRGM-(SPECIFY)	0	0	0	0		23.00
23.01 PARAMED ED ANESTH SCHOOL	0	0	0	0		23.01
23.02 PARAMED ED RADIOLOGY SCHOOL	0	0	0	0		23.02
23.03 PARAMED ED PHARMACY	80	80	62,800	2		23.03
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	81,380	81,380	21,023,655	369	124,688,303	30.00
31.00 INTENSIVE CARE UNIT	33,519	33,519	13,125,984	156	80,690,857	31.00
32.00 CORONARY CARE UNIT	15,811	15,811	4,942,245	46	31,526,881	32.00
33.00 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 SUBPROVIDER - I PF	14,360	14,360	3,401,445	47	13,703,534	40.00
41.00 SUBPROVIDER - I RF	1,321	1,321	1,316,025	19	8,363,951	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	6,993	6,993	1,257,200	0	5,587,687	43.00
44.00 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	15,572	15,572	8,249,816	196	139,098,892	50.00
51.00 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	4,692	4,692	83,304	48	26,167,146	53.00
54.00 RADIOLOGY-DIAGNOSTIC	13,085	13,085	5,242,006	168	81,039,988	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	2,398	2,398	465,029	14	7,720,233	56.00
56.01 ULTRASOUND	260	260	781,765	13	10,720,469	56.01
57.00 CT SCAN	1,195	1,195	676,992	5	44,933,696	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	10,503	10,503	1,492,289	68	33,094,350	59.00
60.00 LABORATORY	0	0	56,033	73	92,873,472	60.00
60.01 BLOOD LABORATORY	0	0	0	0	13,059,256	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	4,412	4,412	2,806,946	51	29,717,337	65.00
66.00 PHYSICAL THERAPY	20,313	20,313	2,371,360	60	17,577,438	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.01 CARDIOLOGY	0	0	325,555	7	669,602	68.01
69.00 ELECTROCARDIOLOGY	4,460	4,460	1,075,730	31	19,515,127	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	84,742	22	878,359	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	47,627,567	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	49,056,936	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	143,838,750	73.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 RENAL DIALYSIS	578	578	485,312	5	5,131,827	76.00
76.01 METABOLIC SUPPORT	0	0	0	0	0	76.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140182

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

Worksheet B-1  
Date/Time Prepared:  
5/30/2012 9:32 am

Cost Center Description	CAPITAL RELATED COSTS					DATA PROCESSING (PATIENT REVENUE)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)	EMPLOYEE BENEFITS (GROSS SALARIES)	NONPATIENT PHONES (NONPATIENT PHONES)			
	1.00	2.00	4.00	5.01	5.02		
76.02 CMHC	0	0	0	0	0	0	76.02
76.97 CARDIAC REHABILITATION	0	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00
90.00 CLINIC	0	0	213,440	1	5,158,792	0	90.00
90.01 A. R. C. CLINIC	5,388	5,388	856,961	97	12,190,436	0	90.01
90.02 CANCER CTR CLINIC	0	0	1,022,814	83	4,434,458	0	90.02
90.03 UROLOGY CLINIC	0	0	196,079	7	1,153,410	0	90.03
90.04 ORTHOPEDIC CLINIC	0	0	0	0	0	0	90.04
90.05 EYE CENTER	0	0	0	0	0	0	90.05
90.06 WOUND CARE CLINIC	0	0	5,509	1	245,421	0	90.06
90.07 EENT CLINIC	0	0	0	0	0	0	90.07
90.08 O/P PHARMACY CLINIC	204	204	572,567	0	509,067	0	90.08
90.09 O/P DENTISTRY	0	0	0	0	1,033,154	0	90.09
91.00 EMERGENCY	17,515	17,515	5,286,797	119	86,525,742	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)							92.00
93.00 FAMILY HEALTH CENTER	0	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00 AMBULANCE SERVICES	0	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	0	97.00
99.10 CORF	0	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	0	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00 PANCREAS ACQUISITION	0	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE	0	0	0	0	0	0	113.00
114.00 UTILIZATION REVIEW-SNF	0	0	0	0	0	0	114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	0	115.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	337,701	337,701	126,362,439	2,691	1,138,532,138	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,036	3,036	0	2	0	0	190.00
190.01 SUBCORPS	0	0	0	0	0	0	190.01
190.02 GRANTS	0	0	0	0	0	0	190.02
191.00 RESEARCH	0	0	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0	192.00
192.01 HOSPICE	0	0	0	0	0	0	192.01
192.02 OUTPATIENT PHARMACY	0	0	0	0	0	0	192.02
193.00 NONPAID WORKERS	0	0	0	0	0	0	193.00
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)	8,447,884	11,036,770	30,638,643	1,213,138	7,489,216	0	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	24.792975	32.390876	0.242466	450.478277	0.006578	0	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			129,579	123,670	38,474	0	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.001025	45.922763	0.000034	0	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140182

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

Worksheet B-1  
Date/Time Prepared:  
5/30/2012 9:32 am

Cost Center Description		PURCHASING, RECEIVING AND STORES (PURCHASE REQUISITION)	ADMITTING (INPATIENT REVENUE)	CASHIERING, PATIENT ACCOUNTS (PATIENT REVENUE)	Reconciliation	ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
		5.03	5.04	5.05	5A.06	5.06	
<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
5.01	NONPATIENT PHONES						5.01
5.02	DATA PROCESSING						5.02
5.03	PURCHASING, RECEIVING AND STORES	37,554,135					5.03
5.04	ADMITTING	88,192	723,487,696				5.04
5.05	CASHIERING, PATIENT ACCOUNTS	27,263	0	1,138,532,138			5.05
5.06	ADMINISTRATIVE AND GENERAL	965,634	0	0	-32,667,407	262,057,933	5.06
6.00	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	OPERATION OF PLANT	647,406	0	0	0	10,177,570	7.00
8.00	LAUNDRY & LINEN SERVICE	3,943	0	0	0	1,726,091	8.00
9.00	HOUSEKEEPING	452,713	0	0	0	5,685,959	9.00
10.00	DIETARY	2,419,970	0	0	0	4,214,211	10.00
11.00	CAFETERIA	0	0	0	0	677,279	11.00
13.00	NURSING ADMINISTRATION	70,818	0	0	0	4,322,648	13.00
14.00	CENTRAL SERVICES & SUPPLY	174,016	0	0	0	2,661,450	14.00
15.00	PHARMACY	108,473	0	0	0	4,696,802	15.00
16.00	MEDICAL RECORDS & LIBRARY	22,612	0	0	0	3,485,901	16.00
17.00	SOCIAL SERVICE	15,752	0	0	0	3,523,950	17.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	15,240,175	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	151,670	0	0	0	3,917,766	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	PARAMED ED ANESTH SCHOOL	0	0	0	0	0	23.01
23.02	PARAMED ED RADIOLOGY SCHOOL	0	0	0	0	0	23.02
23.03	PARAMED ED PHARMACY	0	0	0	0	89,897	23.03
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	1,754,083	124,688,303	124,688,303	0	36,507,570	30.00
31.00	INTENSIVE CARE UNIT	1,526,084	80,690,857	80,690,857	0	22,219,246	31.00
32.00	CORONARY CARE UNIT	348,277	31,526,881	31,526,881	0	8,058,886	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	SUBPROVIDER - I PF	103,117	13,703,534	13,703,534	0	5,712,223	40.00
41.00	SUBPROVIDER - I RF	85,327	7,795,116	8,363,951	0	3,023,577	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	97,560	5,587,687	5,587,687	0	2,497,129	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	16,933,124	57,222,693	139,098,892	0	16,112,345	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	715,844	12,322,967	26,167,146	0	1,061,160	53.00
54.00	RADIOLOGY-DIAGNOSTIC	1,367,155	23,878,202	81,039,988	0	10,849,574	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	7,564	2,494,041	7,720,233	0	1,371,238	56.00
56.01	ULTRA SOUND	137,613	2,222,616	10,720,469	0	1,262,189	56.01
57.00	CT SCAN	385,175	19,172,336	44,933,696	0	2,079,315	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	4,371,744	20,418,331	33,094,350	0	3,727,326	59.00
60.00	LABORATORY	1,841,626	63,041,947	92,873,472	0	10,297,748	60.00
60.01	BLOOD LABORATORY	231,946	10,948,057	13,059,256	0	1,313,439	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	394,257	27,153,328	29,717,337	0	4,545,790	65.00
66.00	PHYSICAL THERAPY	149,162	9,127,531	17,577,438	0	4,909,793	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.01	CARDIOLOGY	7,603	62,425	669,602	0	450,339	68.01
69.00	ELECTROCARDIOLOGY	89,362	9,942,123	19,515,127	0	2,244,661	69.00
70.00	ELECTROENCEPHALOGRAPHY	11,953	299,100	878,359	0	161,841	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	25,510,331	47,627,567	0	20,263,642	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	31,138,803	49,056,936	0	11,652,537	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	102,113,385	143,838,750	0	14,146,503	73.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	RENAL DIALYSIS	114,324	4,870,566	5,131,827	0	765,798	76.00
76.01	METABOLIC SUPPORT	0	0	0	0	0	76.01
76.02	CMHC	0	0	0	0	0	76.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140182

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

Worksheet B-1  
Date/Time Prepared:  
5/30/2012 9:32 am

Cost Center Description	PURCHASING, RECEIVING AND STORES (PURCHASE REQUISITION)	ADMITTING (INPATIENT REVENUE)	CASHIERING, PATIENT ACCOUNTS (PATIENT REVENUE)	Reconciliation	ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
	5.03	5.04	5.05	5A.06	5.06	
76.97 CARDIAC REHABILITATION	0	0	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER CLINIC	0	0	0	0	0	89.00
90.00 CLINIC	160,237	3,454	5,158,792	0	396,476	90.00
90.01 A. R. C. CLINIC	30,407	516,232	12,190,436	0	1,672,475	90.01
90.02 CANCER CTR CLINIC	137,183	19,962	4,434,458	0	1,752,569	90.02
90.03 UROLOGY CLINIC	28,470	27,754	1,153,410	0	317,294	90.03
90.04 ORTHOPEDIC CLINIC	0	0	0	0	0	90.04
90.05 EYE CENTER	0	0	0	0	0	90.05
90.06 WOUND CARE CLINIC	11,277	2,084	245,421	0	25,487	90.06
90.07 DENT CLINIC	0	0	0	0	0	90.07
90.08 O/P PHARMACY CLINIC	575	0	509,067	0	210,736	90.08
90.09 O/P DENTISTRY	350,824	0	1,033,154	0	795,514	90.09
91.00 EMERGENCY	1,013,800	36,987,050	86,525,742	0	11,058,524	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00 FAMILY HEALTH CENTER	0	0	0	0	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
<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
114.00 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	37,554,135	723,487,696	1,138,532,138	-32,667,407	261,882,643	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	175,290	190.00
190.01 SUBCORPS	0	0	0	0	0	190.01
190.02 GRANTS	0	0	0	0	0	190.02
191.00 RESEARCH	0	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 HOSPICE	0	0	0	0	0	192.01
192.02 OUTPATIENT PHARMACY	0	0	0	0	0	192.02
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
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)	972,045	3,786,366	3,770,256		32,667,407	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.025884	0.005233	0.003312		0.124657	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	152,566	123,066	354,588		697,776	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.004063	0.000170	0.000311		0.002663	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140182

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

Worksheet B-1  
Date/Time Prepared:  
5/30/2012 9:32 am

Cost Center Description	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	
	6.00	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
5.01 NONPATIENT PHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING, RECEIVING AND STORES						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING, PATIENT ACCOUNTS						5.05
5.06 ADMINISTRATIVE AND GENERAL						5.06
6.00 MAINTENANCE & REPAIRS	356,618					6.00
7.00 OPERATION OF PLANT	11,064	345,554				7.00
8.00 LAUNDRY & LINEN SERVICE	1,488	1,488	2,015,458			8.00
9.00 HOUSEKEEPING	8,990	8,990	0	333,509		9.00
10.00 DIETARY	9,847	9,847	0	9,847	74,549	10.00
11.00 CAFETERIA	7,534	7,534	0	7,534	0	11.00
13.00 NURSING ADMINISTRATION	7,657	7,657	0	7,657	0	13.00
14.00 CENTRAL SERVICES & SUPPLY	7,755	7,755	0	7,755	0	14.00
15.00 PHARMACY	4,108	4,108	0	4,108	0	15.00
16.00 MEDICAL RECORDS & LIBRARY	4,549	4,549	0	4,549	0	16.00
17.00 SOCIAL SERVICE	2,037	2,037	0	2,037	0	17.00
20.00 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	8,907	8,907	0	8,907	0	22.00
23.00 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01 PARAMED ED ANESTH SCHOOL	0	0	0	0	0	23.01
23.02 PARAMED ED RADIOLOGY SCHOOL	0	0	0	0	0	23.02
23.03 PARAMED ED PHARMACY	80	80	0	80	0	23.03
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	72,137	72,137	515,669	72,137	30,717	30.00
31.00 INTENSIVE CARE UNIT	33,519	33,519	304,771	33,519	18,702	31.00
32.00 CORONARY CARE UNIT	15,811	15,811	166,440	15,811	9,511	32.00
33.00 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 SUBPROVIDER - IPF	14,360	14,360	151,691	14,360	10,933	40.00
41.00 SUBPROVIDER - IRF	7,292	7,292	65,017	7,292	4,686	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	6,586	6,586	27,603	6,586	0	43.00
44.00 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	16,753	16,753	356,583	16,753	0	50.00
51.00 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	10,968	10,968	0	10,968	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	17,090	17,090	172,443	17,090	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	2,385	2,385	5,430	2,385	0	56.00
56.01 ULTRA SOUND	260	260	34,375	260	0	56.01
57.00 CT SCAN	1,195	1,195	57,552	1,195	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	10,503	10,503	4,955	10,503	0	59.00
60.00 LABORATORY	0	0	0	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	4,412	4,412	0	4,412	0	65.00
66.00 PHYSICAL THERAPY	21,378	21,378	66,823	21,378	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
68.01 CARDIOLOGY	2,555	2,555	0	2,555	0	68.01
69.00 ELECTROCARDIOLOGY	4,460	4,460	0	4,460	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	773	773	0	773	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
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 RENAL DIALYSIS	578	578	0	578	0	76.00
76.01 METABOLIC SUPPORT	0	0	0	0	0	76.01
76.02 CMHC	0	0	0	0	0	76.02
76.97 CARDIAC REHABILITATION	0	0	0	0	0	76.97

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140182

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

Worksheet B-1  
Date/Time Prepared:  
5/30/2012 9:32 am

Cost Center Description	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	
	6.00	7.00	8.00	9.00	10.00	
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER CLINIC	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
90.01 A. R. C. CLINIC	5,388	5,388	0	5,388	0	90.01
90.02 CANCER CTR CLINIC	12,780	12,780	0	12,708	0	90.02
90.03 UROLOGY CLINIC	0	0	0	0	0	90.03
90.04 ORTHOPEDIC CLINIC	0	0	0	0	0	90.04
90.05 EYE CENTER	0	0	0	0	0	90.05
90.06 WOUND CARE CLINIC	0	0	1,661	0	0	90.06
90.07 EENT CLINIC	0	0	0	0	0	90.07
90.08 O/P PHARMACY CLINIC	1,495	1,495	0	0	0	90.08
90.09 O/P DENTISTRY	0	0	0	0	0	90.09
91.00 EMERGENCY	19,924	19,924	84,445	19,924	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00 FAMILY HEALTH CENTER	0	0	0	0	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
<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
114.00 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	356,618	345,554	2,015,458	333,509	74,549	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01 SUBCORPS	0	0	0	0	0	190.01
190.02 GRANTS	0	0	0	0	0	190.02
191.00 RESEARCH	0	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 HOSPICE	0	0	0	0	0	192.01
192.02 OUTPATIENT PHARMACY	0	0	0	0	0	192.02
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	0	11,446,275	1,990,549	6,692,543	5,263,318	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.000000	33.124418	0.987641	20.067054	70.602127	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	0	243,373	91,096	388,371	606,315	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.000000	0.704298	0.045199	1.164499	8.133107	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140182

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

Worksheet B-1  
Date/Time Prepared:  
5/30/2012 9:32 am

Cost Center Description		CAFETERIA (TOTAL FTES)	NURSING ADMINISTRATION  (DIRECT NRS ING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIREMENT)	PHARMACY (COSTED REQUIREMENT)	MEDICAL RECORDS & LIBRARY (PATIENT REVENUE)	
		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
5.01	NONPATIENT PHONES						5.01
5.02	DATA PROCESSING						5.02
5.03	PURCHASING, RECEIVING AND STORES						5.03
5.04	ADMITTING						5.04
5.05	CASHIERING, PATIENT ACCOUNTS						5.05
5.06	ADMINISTRATIVE AND GENERAL						5.06
6.00	MAINTENANCE & REPAIRS						6.00
7.00	OPERATION OF PLANT						7.00
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
10.00	DIETARY						10.00
11.00	CAFETERIA	2,440					11.00
13.00	NURSING ADMINISTRATION	36	4,991,688				13.00
14.00	CENTRAL SERVICES & SUPPLY	60	4,160	30,315,897			14.00
15.00	PHARMACY	74	2,080	30,894	1,504,229		15.00
16.00	MEDICAL RECORDS & LIBRARY	59	4,160	149	0	1,138,532,138	16.00
17.00	SOCIAL SERVICE	28	59,488	55	116,729	0	17.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	2,080	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	202	0	26,190	0	0	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	PARAMED ED ANESTH SCHOOL	0	0	0	0	0	23.01
23.02	PARAMED ED RADIOLOGY SCHOOL	0	0	0	0	0	23.02
23.03	PARAMED ED PHARMACY	1	0	0	0	0	23.03
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	577	2,069,392	1,496,728	189,432	124,688,303	30.00
31.00	INTENSIVE CARE UNIT	351	1,306,240	1,363,592	166,786	80,690,857	31.00
32.00	CORONARY CARE UNIT	145	397,696	308,912	59,779	31,526,881	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	SUBPROVIDER - I/PF	95	191,776	22,122	0	13,703,534	40.00
41.00	SUBPROVIDER - I/RF	44	121,056	72,809	3,248	8,363,951	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	40	66,768	78,841	3,285	5,587,687	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	184	305,760	16,169,796	82,921	139,098,892	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	4	4,160	693,882	143,216	26,167,146	53.00
54.00	RADIOLOGY-DIAGNOSTIC	118	33,280	1,190,710	81,350	81,039,988	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	9	0	7,330	337,928	7,720,233	56.00
56.01	ULTRA SOUND	16	2,080	113,633	272	10,720,469	56.01
57.00	CT SCAN	15	0	384,005	19,920	44,933,696	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	32	6,240	4,331,997	17,960	33,094,350	59.00
60.00	LABORATORY	1	0	1,841,626	0	92,873,472	60.00
60.01	BLOOD LABORATORY	0	0	231,946	0	13,059,256	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	78	13,520	356,291	65	29,717,337	65.00
66.00	PHYSICAL THERAPY	39	2,080	119,632	16	17,577,438	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.01	CARDIOLOGY	4	15,808	2,850	0	669,602	68.01
69.00	ELECTROCARDIOLOGY	22	2,080	53,370	4,055	19,515,127	69.00
70.00	ELECTROENCEPHALOGRAPHY	2	0	7,183	0	878,359	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	47,627,567	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	49,056,936	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	143,838,750	73.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	RENAL DIALYSIS	10	9,568	112,767	2,925	5,131,827	76.00
76.01	METABOLIC SUPPORT	0	0	0	0	0	76.01
76.02	CMHC	0	0	0	0	0	76.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140182

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

Worksheet B-1  
Date/Time Prepared:  
5/30/2012 9:32 am

Cost Center Description	CAFETERIA (TOTAL FTES)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUISITION)	PHARMACY (COSTED REQUISITION)	MEDICAL RECORDS & LIBRARY (PATIENT REVENUE)	
	11.00	13.00	14.00	15.00	16.00	
76.97 CARDIAC REHABILITATION	0	0	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER CLINIC	0	0	0	0	0	89.00
90.00 CLINIC	4	2,080	149,172	471	5,158,792	90.00
90.01 A. R. C. CLINIC	12	43,576	15,784	0	12,190,436	90.01
90.02 CANCER CTR CLINIC	21	35,152	56,088	21,664	4,434,458	90.02
90.03 UROLOGY CLINIC	3	6,240	21,955	1,884	1,153,410	90.03
90.04 ORTHOPEDIC CLINIC	0	0	0	0	0	90.04
90.05 EYE CENTER	0	0	0	0	0	90.05
90.06 WOUND CARE CLINIC	0	0	9,644	27	245,421	90.06
90.07 EENT CLINIC	0	0	0	0	0	90.07
90.08 O/P PHARMACY CLINIC	0	0	0	0	509,067	90.08
90.09 O/P DENTISTRY	16	0	320,782	605	1,033,154	90.09
91.00 EMERGENCY	138	285,168	725,162	249,691	86,525,742	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00 FAMILY HEALTH CENTER	0	0	0	0	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
<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
114.00 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	2,440	4,991,688	30,315,897	1,504,229	1,138,532,138	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01 SUBCORPS	0	0	0	0	0	190.01
190.02 GRANTS	0	0	0	0	0	190.02
191.00 RESEARCH	0	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 HOSPICE	0	0	0	0	0	192.01
192.02 OUTPATIENT PHARMACY	0	0	0	0	0	192.02
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	1,162,451	5,285,934	3,438,708	5,541,763	4,194,941	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	476.414344	1.058947	0.113429	3.684122	0.003685	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	447,426	473,080	451,718	280,274	329,381	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	183.371311	0.094774	0.014900	0.186324	0.000289	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140182

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

Worksheet B-1  
Date/Time Prepared:  
5/30/2012 9:32 am

Cost Center Description	INTERNS & RESIDENTS				Reconciliation	
	SOCIAL SERVICE	NURSING SCHOOL	SERVICES-SALARY & FRINGES	SERVICES-OTHER		
	(TIME SPENT)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)		
	17.00	20.00	21.00	22.00	23A	
<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
5.01 NONPATIENT PHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING, RECEIVING AND STORES						5.03
5.04 ADMINITTING						5.04
5.05 CASHIERING, PATIENT ACCOUNTS						5.05
5.06 ADMINISTRATIVE AND GENERAL						5.06
6.00 MAINTENANCE & REPAIRS						6.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY						10.00
11.00 CAFETERIA						11.00
13.00 NURSING ADMINISTRATION						13.00
14.00 CENTRAL SERVICES & SUPPLY						14.00
15.00 PHARMACY						15.00
16.00 MEDICAL RECORDS & LIBRARY						16.00
17.00 SOCIAL SERVICE	74,549					17.00
20.00 NURSING SCHOOL	0	0				20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0		17,968			21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0			17,968		22.00
23.00 PARAMED ED PRGM-(SPECIFY)	0				0	23.00
23.01 PARAMED ED ANESTH SCHOOL	0				0	23.01
23.02 PARAMED ED RADIOLOGY SCHOOL	0				0	23.02
23.03 PARAMED ED PHARMACY	0				0	23.03
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	30,717	0	17,761	17,761	0	30.00
31.00 INTENSIVE CARE UNIT	18,702	0	0	0	0	31.00
32.00 CORONARY CARE UNIT	9,511	0	0	0	0	32.00
33.00 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 SUBPROVIDER - I PF	10,933	0	111	111	0	40.00
41.00 SUBPROVIDER - I RF	4,686	0	96	96	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	0	0	0	0	0	43.00
44.00 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	0	0	0	0	0	50.00
51.00 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
56.01 ULTRA SOUND	0	0	0	0	0	56.01
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	0	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.01 CARDIOLOGY	0	0	0	0	0	68.01
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 RENAL DIALYSIS	0	0	0	0	0	76.00
76.01 METABOLIC SUPPORT	0	0	0	0	0	76.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140182

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

Worksheet B-1

Date/Time Prepared:  
5/30/2012 9:32 am

Cost Center Description	SOCIAL SERVICE (TIME SPENT)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		Reconciliation 23A	
			SERVICES-SALAR Y & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)		
			17.00	20.00		
76.02 CMHC	0	0	0	0	0	76.02
76.97 CARDIAC REHABILITATION	0	0	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
90.01 A. R. C. CLINIC	0	0	0	0	0	90.01
90.02 CANCER CTR CLINIC	0	0	0	0	0	90.02
90.03 UROLOGY CLINIC	0	0	0	0	0	90.03
90.04 ORTHOPEDIC CLINIC	0	0	0	0	0	90.04
90.05 EYE CENTER	0	0	0	0	0	90.05
90.06 WOUND CARE CLINIC	0	0	0	0	0	90.06
90.07 EENT CLINIC	0	0	0	0	0	90.07
90.08 O/P PHARMACY CLINIC	0	0	0	0	0	90.08
90.09 O/P DENTISTRY	0	0	0	0	0	90.09
91.00 EMERGENCY	0	0	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00 FAMILY HEALTH CENTER	0	0	0	0	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
<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
114.00 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	74,549	0	17,968	17,968	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01 SUBCORPS	0	0	0	0	0	190.01
190.02 GRANTS	0	0	0	0	0	190.02
191.00 RESEARCH	0	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 HOSPICE	0	0	0	0	0	192.01
192.02 OUTPATIENT PHARMACY	0	0	0	0	0	192.02
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
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)	4,577,971	0	17,142,172	4,979,126		202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	61.408885	0.000000	954.038958	277.110752		203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	165,304	0	53,355	130,409		204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	2.217387	0.000000	2.969446	7.257847		205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140182

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

Worksheet B-1  
Date/Time Prepared:  
5/30/2012 9:32 am

Cost Center Description	PARAMED ED PRGM (ACCU. COST)	PARAMED ED ANESTH SCHOOL (ASSIGNED TIME)	PARAMED ED RADIOLOGY SCHOOL (ASSIGNED TIME)	PARAMED ED PHARMACY (ASSIGNED TIME)		
	23.00	23.01	23.02	23.03		
<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
5.01 NONPATIENT PHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING, RECEIVING AND STORES						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING, PATIENT ACCOUNTS						5.05
5.06 ADMINISTRATIVE AND GENERAL						5.06
6.00 MAINTENANCE & REPAIRS						6.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY						10.00
11.00 CAFETERIA						11.00
13.00 NURSING ADMINISTRATION						13.00
14.00 CENTRAL SERVICES & SUPPLY						14.00
15.00 PHARMACY						15.00
16.00 MEDICAL RECORDS & LIBRARY						16.00
17.00 SOCIAL SERVICE						17.00
20.00 NURSING SCHOOL						20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD						22.00
23.00 PARAMED ED PRGM-(SPECIFY)	294,725,340					23.00
23.01 PARAMED ED ANESTH SCHOOL	0	0				23.01
23.02 PARAMED ED RADIOLOGY SCHOOL	0	0	0			23.02
23.03 PARAMED ED PHARMACY	105,834	0	0	2,346		23.03
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	75,119,754	0	0	526		30.00
31.00 INTENSIVE CARE UNIT	32,158,767	0	0	0		31.00
32.00 CORONARY CARE UNIT	12,186,102	0	0	324		32.00
33.00 BURN INTENSIVE CARE UNIT	0	0	0	0		33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0	0	0		34.00
40.00 SUBPROVIDER - I/PF	9,219,218	0	0	0		40.00
41.00 SUBPROVIDER - I/RF	4,789,567	0	0	0		41.00
42.00 SUBPROVIDER	0	0	0	0		42.00
43.00 NURSERY	3,317,392	0	0	0		43.00
44.00 SKILLED NURSING FACILITY	0	0	0	0		44.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	22,427,800	0	0	0		50.00
51.00 RECOVERY ROOM	0	0	0	0		51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0		52.00
53.00 ANESTHESIOLOGY	2,485,913	0	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	14,106,258	0	0	0		54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0		55.00
56.00 RADIOISOTOPE	2,952,934	0	0	0		56.00
56.01 ULTRA SOUND	1,530,531	0	0	0		56.01
57.00 CT SCAN	2,748,593	0	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0		58.00
59.00 CARDIAC CATHETERIZATION	5,456,874	0	0	202		59.00
60.00 LABORATORY	12,133,043	0	0	0		60.00
60.01 BLOOD LABORATORY	1,551,600	0	0	0		60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0		61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0		62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0		63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0		64.00
65.00 RESPIRATORY THERAPY	5,548,774	0	0	0		65.00
66.00 PHYSICAL THERAPY	6,824,142	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
68.01 CARDIOLOGY	663,817	0	0	0		68.01
69.00 ELECTROCARDIOLOGY	2,867,298	0	0	0		69.00
70.00 ELECTROENCEPHALOGRAPHY	228,138	0	0	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	22,965,155	0	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	13,285,882	0	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	16,439,460	0	0	890		73.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0		75.00
76.00 RENAL DIALYSIS	949,379	0	0	0		76.00
76.01 METABOLIC SUPPORT	0	0	0	0		76.01
76.02 CMHC	0	0	0	0		76.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140182

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

Worksheet B-1

Date/Time Prepared:  
5/30/2012 9:32 am

Cost Center Description	PARAMED ED PRGM (ACCU. COST)	PARAMED ED ANESTH SCHOOL (ASSIGNED TIME)	PARAMED ED RADIOLOGY SCHOOL (ASSIGNED TIME)	PARAMED ED PHARMACY (ASSIGNED TIME)		
	23.00	23.01	23.02	23.03		
76.97 CARDIAC REHABILITATION	0	0	0	0		76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	0	0	0	0		88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0		89.00
90.00 CLINIC	487,674	0	0	0		90.00
90.01 A. R. C. CLINIC	2,266,130	0	0	0		90.01
90.02 CANCER CTR CLINIC	2,799,126	0	0	0		90.02
90.03 UROLOGY CLINIC	378,565	0	0	0		90.03
90.04 ORTHOPEDIC CLINIC	0	0	0	0		90.04
90.05 EYE CENTER	0	0	0	0		90.05
90.06 WOUND CARE CLINIC	32,401	0	0	0		90.06
90.07 DENT CLINIC	0	0	0	0		90.07
90.08 O/P PHARMACY CLINIC	288,403	0	0	0		90.08
90.09 O/P DENTISTRY	944,725	0	0	0		90.09
91.00 EMERGENCY	15,268,950	0	0	404		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00 FAMILY HEALTH CENTER	0	0	0	0		93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 AMBULANCE SERVICES	0	0	0	0		95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0		96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0		97.00
99.10 CORF	0	0	0	0		99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0		100.00
101.00 HOME HEALTH AGENCY	0	0	0	0		101.00
<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	0	0	0	0		113.00
114.00 UTILIZATION REVIEW-SNF	0	0	0	0		114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0		115.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	294,528,199	0	0	2,346		118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	197,141	0	0	0		190.00
190.01 SUBCORPS	0	0	0	0		190.01
190.02 GRANTS	0	0	0	0		190.02
191.00 RESEARCH	0	0	0	0		191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0		192.00
192.01 HOSPICE	0	0	0	0		192.01
192.02 OUTPATIENT PHARMACY	0	0	0	0		192.02
193.00 NONPAID WORKERS	0	0	0	0		193.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	0	0	0	105,834		202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	0.000000	45.112532		203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	0	0	0	5,301		204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	0.000000	2.259591		205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140182		Period: From 01/01/2011 To 12/31/2011		Worksheet C Part I Date/Time Prepared: 5/30/2012 9:32 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		53,277,033	0	53,277,033	30.00	
31.00	INTENSIVE CARE UNIT		32,158,767	0	32,158,767	31.00	
32.00	CORONARY CARE UNIT		12,200,718	0	12,200,718	32.00	
33.00	BURN INTENSIVE CARE UNIT		0	0	0	33.00	
34.00	SURGICAL INTENSIVE CARE UNIT		0	0	0	34.00	
40.00	SUBPROVIDER - I/PF		9,082,561	0	9,082,561	40.00	
41.00	SUBPROVIDER - I/RF		4,671,376	0	4,671,376	41.00	
42.00	SUBPROVIDER		0	0	0	42.00	
43.00	NURSERY		3,317,392	0	3,317,392	43.00	
44.00	SKILLED NURSING FACILITY		0	0	0	44.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM		22,427,800	0	22,427,800	50.00	
51.00	RECOVERY ROOM		0	0	0	51.00	
52.00	DELIVERY ROOM & LABOR ROOM		0	0	0	52.00	
53.00	ANESTHESIOLOGY		2,485,913	0	2,485,913	53.00	
54.00	RADIOLOGY-DIAGNOSTIC		14,106,258	0	14,106,258	54.00	
55.00	RADIOLOGY-THERAPEUTIC		0	0	0	55.00	
56.00	RADIOISOTOPE		2,952,934	0	2,952,934	56.00	
56.01	ULTRA SOUND		1,530,531	0	1,530,531	56.01	
57.00	CT SCAN		2,748,593	0	2,748,593	57.00	
58.00	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	58.00	
59.00	CARDIAC CATHETERIZATION		5,465,987	0	5,465,987	59.00	
60.00	LABORATORY		12,133,043	0	12,133,043	60.00	
60.01	BLOOD LABORATORY		1,551,600	0	1,551,600	60.01	
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY		0	0	0	61.00	
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS		0	0	0	62.00	
63.00	BLOOD STORING, PROCESSING & TRANS.		0	0	0	63.00	
64.00	INTRAVENOUS THERAPY		0	0	0	64.00	
65.00	RESPIRATORY THERAPY	0	5,548,774	0	5,548,774	65.00	
66.00	PHYSICAL THERAPY	0	6,824,142	0	6,824,142	66.00	
67.00	OCCUPATIONAL THERAPY	0	0	0	0	67.00	
68.00	SPEECH PATHOLOGY	0	0	0	0	68.00	
68.01	CARDIOLOGY	0	663,817	0	663,817	68.01	
69.00	ELECTROCARDIOLOGY		2,867,298	0	2,867,298	69.00	
70.00	ELECTROENCEPHALOGRAPHY		228,138	0	228,138	70.00	
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		22,965,155	0	22,965,155	71.00	
72.00	IMPL. DEV. CHARGED TO PATIENT		13,285,882	0	13,285,882	72.00	
73.00	DRUGS CHARGED TO PATIENTS		16,479,611	0	16,479,611	73.00	
75.00	ASC (NON-DISTINCT PART)		0	0	0	75.00	
76.00	RENAL DIALYSIS		949,379	0	949,379	76.00	
76.01	METABOLIC SUPPORT		0	0	0	76.01	
76.02	CMHC		0	0	0	76.02	
76.97	CARDIAC REHABILITATION		0	0	0	76.97	
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC		0	0	0	88.00	
89.00	FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	89.00	
90.00	CLINIC		487,674	0	487,674	90.00	
90.01	A. R. C. CLINIC		2,266,130	0	2,266,130	90.01	
90.02	CANCER CTR CLINIC		2,799,126	0	2,799,126	90.02	
90.03	UROLOGY CLINIC		378,565	0	378,565	90.03	
90.04	ORTHOPEDIC CLINIC		0	0	0	90.04	
90.05	EYE CENTER		0	0	0	90.05	
90.06	WOUND CARE CLINIC		32,401	0	32,401	90.06	
90.07	EENT CLINIC		0	0	0	90.07	
90.08	O/P PHARMACY CLINIC		288,403	0	288,403	90.08	
90.09	O/P DENTISTRY		944,725	0	944,725	90.09	
91.00	EMERGENCY		15,287,175	0	15,287,175	91.00	
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		6,486,825	0	6,486,825	92.00	
93.00	FAMILY HEALTH CENTER		0	0	0	93.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	AMBULANCE SERVICES		0	0	0	95.00	
96.00	DURABLE MEDICAL EQUIP-RENTED		0	0	0	96.00	
97.00	DURABLE MEDICAL EQUIP-SOLD		0	0	0	97.00	
99.10	CORF		0	0	0	99.10	
100.00	I&R SERVICES-NOT APPRVD PRGM		0	0	0	100.00	
101.00	HOME HEALTH AGENCY		0	0	0	101.00	
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	PANCREAS ACQUISITION		0	0	0	109.00	
110.00	INTESTINAL ACQUISITION		0	0	0	110.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140182

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/30/2012 9:32 am

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	
111.00 ISLET ACQUISITION	0		0		0	111.00
113.00 INTEREST EXPENSE						113.00
114.00 UTILIZATION REVIEW-SNF						114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0		0		0	115.00
200.00 Subtotal (see instructions)	278,893,726	0	278,893,726	0	278,893,726	200.00
201.00 Less Observation Beds	6,486,825		6,486,825		6,486,825	201.00
202.00 Total (see instructions)	272,406,901	0	272,406,901	0	272,406,901	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140182	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/30/2012 9:32 am	
			Title XVIIII	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	106,914,440		106,914,440		30.00
31.00	INTENSIVE CARE UNIT	68,121,285		68,121,285		31.00
32.00	CORONARY CARE UNIT	31,526,881		31,526,881		32.00
33.00	BURN INTENSIVE CARE UNIT	0		0		33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0		34.00
40.00	SUBPROVIDER - 1PF	13,703,534		13,703,534		40.00
41.00	SUBPROVIDER - 1RF	8,363,951		8,363,951		41.00
42.00	SUBPROVIDER	0		0		42.00
43.00	NURSERY	5,587,687		5,587,687		43.00
44.00	SKILLED NURSING FACILITY	0		0		44.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	OPERATING ROOM	57,222,693	81,876,199	139,098,892	0.161236	50.00
51.00	RECOVERY ROOM	0	0	0	0.000000	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	52.00
53.00	ANESTHESIOLOGY	12,322,967	13,844,179	26,167,146	0.095001	53.00
54.00	RADIOLOGY-DIAGNOSTIC	23,878,202	57,161,786	81,039,988	0.174065	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	55.00
56.00	RADIOISOTOPE	2,494,041	5,226,192	7,720,233	0.382493	56.00
56.01	ULTRA SOUND	2,222,616	8,497,853	10,720,469	0.142767	56.01
57.00	CT SCAN	19,172,336	25,761,360	44,933,696	0.061170	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	58.00
59.00	CARDIAC CATHETERIZATION	20,418,331	12,676,019	33,094,350	0.165164	59.00
60.00	LABORATORY	63,041,947	29,831,525	92,873,472	0.130641	60.00
60.01	BLOOD LABORATORY	10,948,057	2,111,199	13,059,256	0.118812	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0.000000	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0.000000	64.00
65.00	RESPIRATORY THERAPY	27,153,328	2,564,009	29,717,337	0.186718	65.00
66.00	PHYSICAL THERAPY	9,127,531	8,449,907	17,577,438	0.388233	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0.000000	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0.000000	68.00
68.01	CARDIOLOGY	62,425	607,177	669,602	0.991361	68.01
69.00	ELECTROCARDIOLOGY	9,942,123	9,573,004	19,515,127	0.146927	69.00
70.00	ELECTROENCEPHALOGRAPHY	299,100	579,259	878,359	0.259732	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	25,510,331	22,117,236	47,627,567	0.482182	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	31,138,803	17,918,133	49,056,936	0.270826	72.00
73.00	DRUGS CHARGED TO PATIENTS	102,113,385	41,725,365	143,838,750	0.114570	73.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00
76.00	RENAL DIALYSIS	4,870,566	261,261	5,131,827	0.184998	76.00
76.01	METABOLIC SUPPORT	0	0	0	0.000000	76.01
76.02	CMHC	0	0	0	0.000000	76.02
76.97	CARDIAC REHABILITATION	0	0	0	0.000000	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	CLINIC	3,454	5,155,338	5,158,792	0.094533	90.00
90.01	A. R. C. CLINIC	516,232	11,674,204	12,190,436	0.185894	90.01
90.02	CANCER CTR CLINIC	19,962	4,414,496	4,434,458	0.631222	90.02
90.03	UROLOGY CLINIC	27,754	1,125,656	1,153,410	0.328214	90.03
90.04	ORTHOPEDIC CLINIC	0	0	0	0.000000	90.04
90.05	EYE CENTER	0	0	0	0.000000	90.05
90.06	WOUND CARE CLINIC	2,084	243,337	245,421	0.132022	90.06
90.07	EENT CLINIC	0	0	0	0.000000	90.07
90.08	O/P PHARMACY CLINIC	408	508,659	509,067	0.566532	90.08
90.09	O/P DENTISTRY	0	1,033,154	1,033,154	0.914409	90.09
91.00	EMERGENCY	36,987,050	49,538,692	86,525,742	0.176678	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	30,343,435	30,343,435	0.213780	92.00
93.00	FAMILY HEALTH CENTER	0	0	0	0.000000	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00	AMBULANCE SERVICES	0	0	0	0.000000	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	97.00
99.10	CORF	0	0	0		99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0		100.00
101.00	HOME HEALTH AGENCY	0	0	0		101.00
<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

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140182	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/30/2012 9:32 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	
113.00 INTEREST EXPENSE						113.00
114.00 UTILIZATION REVIEW-SNF						114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)						115.00
200.00 Subtotal (see instructions)	693,713,504	444,818,634	1,138,532,138			200.00
201.00 Less Observation Beds						201.00
202.00 Total (see instructions)	693,713,504	444,818,634	1,138,532,138			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140182	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/30/2012 9:32 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
32.00	CORONARY CARE UNIT			32.00
33.00	BURN INTENSIVE CARE UNIT			33.00
34.00	SURGICAL INTENSIVE CARE UNIT			34.00
40.00	SUBPROVIDER - IPF			40.00
41.00	SUBPROVIDER - IRF			41.00
42.00	SUBPROVIDER			42.00
43.00	NURSERY			43.00
44.00	SKILLED NURSING FACILITY			44.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	OPERATING ROOM	0.161236		50.00
51.00	RECOVERY ROOM	0.000000		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	ANESTHESIOLOGY	0.095001		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.174065		54.00
55.00	RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	RADIOISOTOPE	0.382493		56.00
56.01	ULTRA SOUND	0.142767		56.01
57.00	CT SCAN	0.061170		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	CARDIAC CATHETERIZATION	0.165164		59.00
60.00	LABORATORY	0.130641		60.00
60.01	BLOOD LABORATORY	0.118812		60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000		62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
64.00	INTRAVENOUS THERAPY	0.000000		64.00
65.00	RESPIRATORY THERAPY	0.186718		65.00
66.00	PHYSICAL THERAPY	0.388233		66.00
67.00	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	SPEECH PATHOLOGY	0.000000		68.00
68.01	CARDIOLOGY	0.991361		68.01
69.00	ELECTROCARDIOLOGY	0.146927		69.00
70.00	ELECTROENCEPHALOGRAPHY	0.259732		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.482182		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.270826		72.00
73.00	DRUGS CHARGED TO PATIENTS	0.114570		73.00
75.00	ASC (NON-DISTINCT PART)	0.000000		75.00
76.00	RENAL DIALYSIS	0.184998		76.00
76.01	METABOLIC SUPPORT	0.000000		76.01
76.02	CMHC	0.000000		76.02
76.97	CARDIAC REHABILITATION	0.000000		76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	RURAL HEALTH CLINIC			88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	CLINIC	0.094533		90.00
90.01	A. R. C. CLINIC	0.185894		90.01
90.02	CANCER CTR CLINIC	0.631222		90.02
90.03	UROLOGY CLINIC	0.328214		90.03
90.04	ORTHOPEDIC CLINIC	0.000000		90.04
90.05	EYE CENTER	0.000000		90.05
90.06	WOUND CARE CLINIC	0.132022		90.06
90.07	EENT CLINIC	0.000000		90.07
90.08	O/P PHARMACY CLINIC	0.566532		90.08
90.09	O/P DENTISTRY	0.914409		90.09
91.00	EMERGENCY	0.176678		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.213780		92.00
93.00	FAMILY HEALTH CENTER	0.000000		93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00	AMBULANCE SERVICES	0.000000		95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0.000000		96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0.000000		97.00
99.10	CORF			99.10
100.00	I&R SERVICES-NOT APPRVD PRGM			100.00
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
114.00	UTILIZATION REVIEW-SNF			114.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140182	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/30/2012 9:32 am
		Title XVIII	Hospital	PPS
Cost Center Description	PPS Inpatient Ratio			
	11.00			
115.00 AMBULATORY SURGICAL CENTER (D.P.)				115.00
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: 140182

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/30/2012 9:32 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		53,277,033	0	0	30.00	
31.00	INTENSIVE CARE UNIT		32,158,767	0	0	31.00	
32.00	CORONARY CARE UNIT		12,200,718	0	0	32.00	
33.00	BURN INTENSIVE CARE UNIT		0	0	0	33.00	
34.00	SURGICAL INTENSIVE CARE UNIT		0	0	0	34.00	
40.00	SUBPROVIDER - 1PF		9,082,561	0	0	40.00	
41.00	SUBPROVIDER - 1RF		4,671,376	0	0	41.00	
42.00	SUBPROVIDER		0	0	0	42.00	
43.00	NURSERY		3,317,392	0	0	43.00	
44.00	SKILLED NURSING FACILITY		0	0	0	44.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM		22,427,800	0	0	50.00	
51.00	RECOVERY ROOM		0	0	0	51.00	
52.00	DELIVERY ROOM & LABOR ROOM		0	0	0	52.00	
53.00	ANESTHESIOLOGY		2,485,913	0	0	53.00	
54.00	RADIOLOGY-DIAGNOSTIC		14,106,258	0	0	54.00	
55.00	RADIOLOGY-THERAPEUTIC		0	0	0	55.00	
56.00	RADIOISOTOPE		2,952,934	0	0	56.00	
56.01	ULTRA SOUND		1,530,531	0	0	56.01	
57.00	CT SCAN		2,748,593	0	0	57.00	
58.00	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	58.00	
59.00	CARDIAC CATHETERIZATION		5,465,987	0	0	59.00	
60.00	LABORATORY		12,133,043	0	0	60.00	
60.01	BLOOD LABORATORY		1,551,600	0	0	60.01	
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY		0	0	0	61.00	
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS		0	0	0	62.00	
63.00	BLOOD STORING, PROCESSING & TRANS.		0	0	0	63.00	
64.00	INTRAVENOUS THERAPY		0	0	0	64.00	
65.00	RESPIRATORY THERAPY	0	5,548,774	0	0	65.00	
66.00	PHYSICAL THERAPY	0	6,824,142	0	0	66.00	
67.00	OCCUPATIONAL THERAPY	0	0	0	0	67.00	
68.00	SPEECH PATHOLOGY	0	0	0	0	68.00	
68.01	CARDIOLOGY	0	663,817	0	0	68.01	
69.00	ELECTROCARDIOLOGY		2,867,298	0	0	69.00	
70.00	ELECTROENCEPHALOGRAPHY		228,138	0	0	70.00	
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		22,965,155	0	0	71.00	
72.00	IMPL. DEV. CHARGED TO PATIENT		13,285,882	0	0	72.00	
73.00	DRUGS CHARGED TO PATIENTS		16,479,611	0	0	73.00	
75.00	ASC (NON-DISTINCT PART)		0	0	0	75.00	
76.00	RENAL DIALYSIS		949,379	0	0	76.00	
76.01	METABOLIC SUPPORT		0	0	0	76.01	
76.02	CMHC		0	0	0	76.02	
76.97	CARDIAC REHABILITATION		0	0	0	76.97	
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC	0	0	0	0	88.00	
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00	
90.00	CLINIC		487,674	0	0	90.00	
90.01	A. R. C. CLINIC		2,266,130	0	0	90.01	
90.02	CANCER CTR CLINIC		2,799,126	0	0	90.02	
90.03	UROLOGY CLINIC		378,565	0	0	90.03	
90.04	ORTHOPEDIC CLINIC		0	0	0	90.04	
90.05	EYE CENTER		0	0	0	90.05	
90.06	WOUND CARE CLINIC		32,401	0	0	90.06	
90.07	EENT CLINIC		0	0	0	90.07	
90.08	O/P PHARMACY CLINIC		288,403	0	0	90.08	
90.09	O/P DENTISTRY		944,725	0	0	90.09	
91.00	EMERGENCY		15,287,175	0	0	91.00	
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		6,486,825	0	0	92.00	
93.00	FAMILY HEALTH CENTER		0	0	0	93.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	AMBULANCE SERVICES	0	0	0	0	95.00	
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00	
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00	
99.10	CORF	0	0	0	0	99.10	
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00	
101.00	HOME HEALTH AGENCY	0	0	0	0	101.00	
<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	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140182

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/30/2012 9:32 am

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	
111.00 ISLET ACQUISITION	0		0		0	111.00
113.00 INTEREST EXPENSE						113.00
114.00 UTILIZATION REVIEW-SNF						114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0		0		0	115.00
200.00 Subtotal (see instructions)	278,893,726	0	278,893,726	0	0	200.00
201.00 Less Observation Beds	6,486,825		6,486,825			201.00
202.00 Total (see instructions)	272,406,901	0	272,406,901	0	0	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140182	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/30/2012 9:32 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	106,914,440		106,914,440		30.00
31.00	INTENSIVE CARE UNIT	68,121,285		68,121,285		31.00
32.00	CORONARY CARE UNIT	31,526,881		31,526,881		32.00
33.00	BURN INTENSIVE CARE UNIT	0		0		33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0		34.00
40.00	SUBPROVIDER - 1PF	13,703,534		13,703,534		40.00
41.00	SUBPROVIDER - 1RF	8,363,951		8,363,951		41.00
42.00	SUBPROVIDER	0		0		42.00
43.00	NURSERY	5,587,687		5,587,687		43.00
44.00	SKILLED NURSING FACILITY	0		0		44.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	OPERATING ROOM	57,222,693	81,876,199	139,098,892	0.161236	50.00
51.00	RECOVERY ROOM	0	0	0	0.000000	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	52.00
53.00	ANESTHESIOLOGY	12,322,967	13,844,179	26,167,146	0.095001	53.00
54.00	RADIOLOGY-DIAGNOSTIC	23,878,202	57,161,786	81,039,988	0.174065	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	55.00
56.00	RADIOISOTOPE	2,494,041	5,226,192	7,720,233	0.382493	56.00
56.01	ULTRA SOUND	2,222,616	8,497,853	10,720,469	0.142767	56.01
57.00	CT SCAN	19,172,336	25,761,360	44,933,696	0.061170	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	58.00
59.00	CARDIAC CATHETERIZATION	20,418,331	12,676,019	33,094,350	0.165164	59.00
60.00	LABORATORY	63,041,947	29,831,525	92,873,472	0.130641	60.00
60.01	BLOOD LABORATORY	10,948,057	2,111,199	13,059,256	0.118812	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0.000000	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0.000000	64.00
65.00	RESPIRATORY THERAPY	27,153,328	2,564,009	29,717,337	0.186718	65.00
66.00	PHYSICAL THERAPY	9,127,531	8,449,907	17,577,438	0.388233	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0.000000	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0.000000	68.00
68.01	CARDIOLOGY	62,425	607,177	669,602	0.991361	68.01
69.00	ELECTROCARDIOLOGY	9,942,123	9,573,004	19,515,127	0.146927	69.00
70.00	ELECTROENCEPHALOGRAPHY	299,100	579,259	878,359	0.259732	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	25,510,331	22,117,236	47,627,567	0.482182	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	31,138,803	17,918,133	49,056,936	0.270826	72.00
73.00	DRUGS CHARGED TO PATIENTS	102,113,385	41,725,365	143,838,750	0.114570	73.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00
76.00	RENAL DIALYSIS	4,870,566	261,261	5,131,827	0.184998	76.00
76.01	METABOLIC SUPPORT	0	0	0	0.000000	76.01
76.02	CMHC	0	0	0	0.000000	76.02
76.97	CARDIAC REHABILITATION	0	0	0	0.000000	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	RURAL HEALTH CLINIC	0	0	0	0.000000	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	89.00
90.00	CLINIC	3,454	5,155,338	5,158,792	0.094533	90.00
90.01	A. R. C. CLINIC	516,232	11,674,204	12,190,436	0.185894	90.01
90.02	CANCER CTR CLINIC	19,962	4,414,496	4,434,458	0.631222	90.02
90.03	UROLOGY CLINIC	27,754	1,125,656	1,153,410	0.328214	90.03
90.04	ORTHOPEDIC CLINIC	0	0	0	0.000000	90.04
90.05	EYE CENTER	0	0	0	0.000000	90.05
90.06	WOUND CARE CLINIC	2,084	243,337	245,421	0.132022	90.06
90.07	DENT CLINIC	0	0	0	0.000000	90.07
90.08	O/P PHARMACY CLINIC	408	508,659	509,067	0.566532	90.08
90.09	O/P DENTISTRY	0	1,033,154	1,033,154	0.914409	90.09
91.00	EMERGENCY	36,987,050	49,538,692	86,525,742	0.176678	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	30,343,435	30,343,435	0.213780	92.00
93.00	FAMILY HEALTH CENTER	0	0	0	0.000000	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00	AMBULANCE SERVICES	0	0	0	0.000000	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	97.00
99.10	CORF	0	0	0	0.000000	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0.000000	100.00
101.00	HOME HEALTH AGENCY	0	0	0	0.000000	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

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140182	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/30/2012 9:32 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	
113.00 INTEREST EXPENSE						113.00
114.00 UTILIZATION REVIEW-SNF						114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)						115.00
200.00 Subtotal (see instructions)	693,713,504	444,818,634	1,138,532,138			200.00
201.00 Less Observation Beds						201.00
202.00 Total (see instructions)	693,713,504	444,818,634	1,138,532,138			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140182	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/30/2012 9:32 am
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital
		11.00		Cost
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	ADULTS & PEDIATRICS			30.00
31.00	INTENSIVE CARE UNIT			31.00
32.00	CORONARY CARE UNIT			32.00
33.00	BURN INTENSIVE CARE UNIT			33.00
34.00	SURGICAL INTENSIVE CARE UNIT			34.00
40.00	SUBPROVIDER - IPF			40.00
41.00	SUBPROVIDER - IRF			41.00
42.00	SUBPROVIDER			42.00
43.00	NURSERY			43.00
44.00	SKILLED NURSING FACILITY			44.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	OPERATING ROOM	0.000000		50.00
51.00	RECOVERY ROOM	0.000000		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	ANESTHESIOLOGY	0.000000		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
55.00	RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	RADIOISOTOPE	0.000000		56.00
56.01	ULTRA SOUND	0.000000		56.01
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
60.01	BLOOD LABORATORY	0.000000		60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000		62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
64.00	INTRAVENOUS THERAPY	0.000000		64.00
65.00	RESPIRATORY THERAPY	0.000000		65.00
66.00	PHYSICAL THERAPY	0.000000		66.00
67.00	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	SPEECH PATHOLOGY	0.000000		68.00
68.01	CARDIOLOGY	0.000000		68.01
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
75.00	ASC (NON-DISTINCT PART)	0.000000		75.00
76.00	RENAL DIALYSIS	0.000000		76.00
76.01	METABOLIC SUPPORT	0.000000		76.01
76.02	CMHC	0.000000		76.02
76.97	CARDIAC REHABILITATION	0.000000		76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	RURAL HEALTH CLINIC	0.000000		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	CLINIC	0.000000		90.00
90.01	A. R. C. CLINIC	0.000000		90.01
90.02	CANCER CTR CLINIC	0.000000		90.02
90.03	UROLOGY CLINIC	0.000000		90.03
90.04	ORTHOPEDIC CLINIC	0.000000		90.04
90.05	EYE CENTER	0.000000		90.05
90.06	WOUND CARE CLINIC	0.000000		90.06
90.07	EENT CLINIC	0.000000		90.07
90.08	O/P PHARMACY CLINIC	0.000000		90.08
90.09	O/P DENTISTRY	0.000000		90.09
91.00	EMERGENCY	0.000000		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
93.00	FAMILY HEALTH CENTER	0.000000		93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00	AMBULANCE SERVICES	0.000000		95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0.000000		96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0.000000		97.00
99.10	CORF			99.10
100.00	I&R SERVICES-NOT APPRVD PRGM			100.00
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
114.00	UTILIZATION REVIEW-SNF			114.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140182	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/30/2012 9:32 am
		Title XIX	Hospital	Cost
Cost Center Description	PPS Inpatient Ratio			
	11.00			
115.00 AMBULATORY SURGICAL CENTER (D.P.)				115.00
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: 140182

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/30/2012 9:32 am

		Title V		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		53,277,033	0	0	30.00	
31.00	INTENSIVE CARE UNIT		32,158,767	0	0	31.00	
32.00	CORONARY CARE UNIT		12,200,718	0	0	32.00	
33.00	BURN INTENSIVE CARE UNIT		0	0	0	33.00	
34.00	SURGICAL INTENSIVE CARE UNIT		0	0	0	34.00	
40.00	SUBPROVIDER - 1PF		9,082,561	0	0	40.00	
41.00	SUBPROVIDER - 1RF		4,671,376	0	0	41.00	
42.00	SUBPROVIDER		0	0	0	42.00	
43.00	NURSERY		3,317,392	0	0	43.00	
44.00	SKILLED NURSING FACILITY		0	0	0	44.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM		22,427,800	0	0	50.00	
51.00	RECOVERY ROOM		0	0	0	51.00	
52.00	DELIVERY ROOM & LABOR ROOM		0	0	0	52.00	
53.00	ANESTHESIOLOGY		2,485,913	0	0	53.00	
54.00	RADIOLOGY-DIAGNOSTIC		14,106,258	0	0	54.00	
55.00	RADIOLOGY-THERAPEUTIC		0	0	0	55.00	
56.00	RADIOISOTOPE		2,952,934	0	0	56.00	
56.01	ULTRA SOUND		1,530,531	0	0	56.01	
57.00	CT SCAN		2,748,593	0	0	57.00	
58.00	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	58.00	
59.00	CARDIAC CATHETERIZATION		5,465,987	0	0	59.00	
60.00	LABORATORY		12,133,043	0	0	60.00	
60.01	BLOOD LABORATORY		1,551,600	0	0	60.01	
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY		0	0	0	61.00	
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS		0	0	0	62.00	
63.00	BLOOD STORING, PROCESSING & TRANS.		0	0	0	63.00	
64.00	INTRAVENOUS THERAPY		0	0	0	64.00	
65.00	RESPIRATORY THERAPY	0	5,548,774	0	0	65.00	
66.00	PHYSICAL THERAPY	0	6,824,142	0	0	66.00	
67.00	OCCUPATIONAL THERAPY	0	0	0	0	67.00	
68.00	SPEECH PATHOLOGY	0	0	0	0	68.00	
68.01	CARDIOLOGY	0	663,817	0	0	68.01	
69.00	ELECTROCARDIOLOGY		2,867,298	0	0	69.00	
70.00	ELECTROENCEPHALOGRAPHY		228,138	0	0	70.00	
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		22,965,155	0	0	71.00	
72.00	IMPL. DEV. CHARGED TO PATIENT		13,285,882	0	0	72.00	
73.00	DRUGS CHARGED TO PATIENTS		16,479,611	0	0	73.00	
75.00	ASC (NON-DISTINCT PART)		0	0	0	75.00	
76.00	RENAL DIALYSIS		949,379	0	0	76.00	
76.01	METABOLIC SUPPORT		0	0	0	76.01	
76.02	CMHC		0	0	0	76.02	
76.97	CARDIAC REHABILITATION		0	0	0	76.97	
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC		0	0	0	88.00	
89.00	FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	89.00	
90.00	CLINIC		487,674	0	0	90.00	
90.01	A. R. C. CLINIC		2,266,130	0	0	90.01	
90.02	CANCER CTR CLINIC		2,799,126	0	0	90.02	
90.03	UROLOGY CLINIC		378,565	0	0	90.03	
90.04	ORTHOPEDIC CLINIC		0	0	0	90.04	
90.05	EYE CENTER		0	0	0	90.05	
90.06	WOUND CARE CLINIC		32,401	0	0	90.06	
90.07	EENT CLINIC		0	0	0	90.07	
90.08	O/P PHARMACY CLINIC		288,403	0	0	90.08	
90.09	O/P DENTISTRY		944,725	0	0	90.09	
91.00	EMERGENCY		15,287,175	0	0	91.00	
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		6,486,825	0	0	92.00	
93.00	FAMILY HEALTH CENTER		0	0	0	93.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	AMBULANCE SERVICES		0	0	0	95.00	
96.00	DURABLE MEDICAL EQUIP-RENTED		0	0	0	96.00	
97.00	DURABLE MEDICAL EQUIP-SOLD		0	0	0	97.00	
99.10	CORF		0	0	0	99.10	
100.00	I&R SERVICES-NOT APPRVD PRGM		0	0	0	100.00	
101.00	HOME HEALTH AGENCY		0	0	0	101.00	
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	PANCREAS ACQUISITION		0	0	0	109.00	
110.00	INTESTINAL ACQUISITION		0	0	0	110.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140182

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/30/2012 9:32 am

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	
111.00 ISLET ACQUISITION	0		0		0	111.00
113.00 INTEREST EXPENSE						113.00
114.00 UTILIZATION REVIEW-SNF						114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0		0		0	115.00
200.00 Subtotal (see instructions)	278,893,726	0	278,893,726	0	0	200.00
201.00 Less Observation Beds	6,486,825		6,486,825			201.00
202.00 Total (see instructions)	272,406,901	0	272,406,901	0	0	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140182	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/30/2012 9:32 am	
			Title V	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	106,914,440		106,914,440		30.00
31.00	INTENSIVE CARE UNIT	68,121,285		68,121,285		31.00
32.00	CORONARY CARE UNIT	31,526,881		31,526,881		32.00
33.00	BURN INTENSIVE CARE UNIT	0		0		33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0		34.00
40.00	SUBPROVIDER - 1PF	13,703,534		13,703,534		40.00
41.00	SUBPROVIDER - 1RF	8,363,951		8,363,951		41.00
42.00	SUBPROVIDER	0		0		42.00
43.00	NURSERY	5,587,687		5,587,687		43.00
44.00	SKILLED NURSING FACILITY	0		0		44.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	OPERATING ROOM	57,222,693	81,876,199	139,098,892	0.161236	50.00
51.00	RECOVERY ROOM	0	0	0	0.000000	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	52.00
53.00	ANESTHESIOLOGY	12,322,967	13,844,179	26,167,146	0.095001	53.00
54.00	RADIOLOGY-DIAGNOSTIC	23,878,202	57,161,786	81,039,988	0.174065	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	55.00
56.00	RADIOISOTOPE	2,494,041	5,226,192	7,720,233	0.382493	56.00
56.01	ULTRA SOUND	2,222,616	8,497,853	10,720,469	0.142767	56.01
57.00	CT SCAN	19,172,336	25,761,360	44,933,696	0.061170	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	58.00
59.00	CARDIAC CATHETERIZATION	20,418,331	12,676,019	33,094,350	0.165164	59.00
60.00	LABORATORY	63,041,947	29,831,525	92,873,472	0.130641	60.00
60.01	BLOOD LABORATORY	10,948,057	2,111,199	13,059,256	0.118812	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0.000000	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0.000000	64.00
65.00	RESPIRATORY THERAPY	27,153,328	2,564,009	29,717,337	0.186718	65.00
66.00	PHYSICAL THERAPY	9,127,531	8,449,907	17,577,438	0.388233	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0.000000	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0.000000	68.00
68.01	CARDIOLOGY	62,425	607,177	669,602	0.991361	68.01
69.00	ELECTROCARDIOLOGY	9,942,123	9,573,004	19,515,127	0.146927	69.00
70.00	ELECTROENCEPHALOGRAPHY	299,100	579,259	878,359	0.259732	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	25,510,331	22,117,236	47,627,567	0.482182	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	31,138,803	17,918,133	49,056,936	0.270826	72.00
73.00	DRUGS CHARGED TO PATIENTS	102,113,385	41,725,365	143,838,750	0.114570	73.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00
76.00	RENAL DIALYSIS	4,870,566	261,261	5,131,827	0.184998	76.00
76.01	METABOLIC SUPPORT	0	0	0	0.000000	76.01
76.02	CMHC	0	0	0	0.000000	76.02
76.97	CARDIAC REHABILITATION	0	0	0	0.000000	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	RURAL HEALTH CLINIC	0	0	0	0.000000	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	89.00
90.00	CLINIC	3,454	5,155,338	5,158,792	0.094533	90.00
90.01	A. R. C. CLINIC	516,232	11,674,204	12,190,436	0.185894	90.01
90.02	CANCER CTR CLINIC	19,962	4,414,496	4,434,458	0.631222	90.02
90.03	UROLOGY CLINIC	27,754	1,125,656	1,153,410	0.328214	90.03
90.04	ORTHOPEDIC CLINIC	0	0	0	0.000000	90.04
90.05	EYE CENTER	0	0	0	0.000000	90.05
90.06	WOUND CARE CLINIC	2,084	243,337	245,421	0.132022	90.06
90.07	DENT CLINIC	0	0	0	0.000000	90.07
90.08	O/P PHARMACY CLINIC	408	508,659	509,067	0.566532	90.08
90.09	O/P DENTISTRY	0	1,033,154	1,033,154	0.914409	90.09
91.00	EMERGENCY	36,987,050	49,538,692	86,525,742	0.176678	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	30,343,435	30,343,435	0.213780	92.00
93.00	FAMILY HEALTH CENTER	0	0	0	0.000000	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00	AMBULANCE SERVICES	0	0	0	0.000000	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	97.00
99.10	CORF	0	0	0	0.000000	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0.000000	100.00
101.00	HOME HEALTH AGENCY	0	0	0	0.000000	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

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140182

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/30/2012 9:32 am

Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
113.00 INTEREST EXPENSE					10.00	113.00
114.00 UTILIZATION REVIEW-SNF						114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0			115.00
200.00 Subtotal (see instructions)	693,713,504	444,818,634	1,138,532,138			200.00
201.00 Less Observation Beds						201.00
202.00 Total (see instructions)	693,713,504	444,818,634	1,138,532,138			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140182	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/30/2012 9:32 am
Cost Center Description		PPS Inpatient Ratio	Title V	Hospital Cost
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>	11.00		
30.00	ADULTS & PEDIATRICS			30.00
31.00	INTENSIVE CARE UNIT			31.00
32.00	CORONARY CARE UNIT			32.00
33.00	BURN INTENSIVE CARE UNIT			33.00
34.00	SURGICAL INTENSIVE CARE UNIT			34.00
40.00	SUBPROVIDER - IPF			40.00
41.00	SUBPROVIDER - IRF			41.00
42.00	SUBPROVIDER			42.00
43.00	NURSERY			43.00
44.00	SKILLED NURSING FACILITY			44.00
	<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00	OPERATING ROOM	0.000000		50.00
51.00	RECOVERY ROOM	0.000000		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	ANESTHESIOLOGY	0.000000		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
55.00	RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	RADIOISOTOPE	0.000000		56.00
56.01	ULTRA SOUND	0.000000		56.01
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
60.01	BLOOD LABORATORY	0.000000		60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000		62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
64.00	INTRAVENOUS THERAPY	0.000000		64.00
65.00	RESPIRATORY THERAPY	0.000000		65.00
66.00	PHYSICAL THERAPY	0.000000		66.00
67.00	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	SPEECH PATHOLOGY	0.000000		68.00
68.01	CARDIOLOGY	0.000000		68.01
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
75.00	ASC (NON-DISTINCT PART)	0.000000		75.00
76.00	RENAL DIALYSIS	0.000000		76.00
76.01	METABOLIC SUPPORT	0.000000		76.01
76.02	CMHC	0.000000		76.02
76.97	CARDIAC REHABILITATION	0.000000		76.97
	<b>OUTPATIENT SERVICE COST CENTERS</b>			
88.00	RURAL HEALTH CLINIC	0.000000		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	CLINIC	0.000000		90.00
90.01	A. R. C. CLINIC	0.000000		90.01
90.02	CANCER CTR CLINIC	0.000000		90.02
90.03	UROLOGY CLINIC	0.000000		90.03
90.04	ORTHOPEDIC CLINIC	0.000000		90.04
90.05	EYE CENTER	0.000000		90.05
90.06	WOUND CARE CLINIC	0.000000		90.06
90.07	EENT CLINIC	0.000000		90.07
90.08	O/P PHARMACY CLINIC	0.000000		90.08
90.09	O/P DENTISTRY	0.000000		90.09
91.00	EMERGENCY	0.000000		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
93.00	FAMILY HEALTH CENTER	0.000000		93.00
	<b>OTHER REIMBURSABLE COST CENTERS</b>			
95.00	AMBULANCE SERVICES	0.000000		95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0.000000		96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0.000000		97.00
99.10	CORF			99.10
100.00	I&R SERVICES-NOT APPRVD PRGM			100.00
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
114.00	UTILIZATION REVIEW-SNF			114.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140182	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/30/2012 9:32 am
Cost Center Description		PPS Inpatient Ratio	Title V	Hospital
115.00	AMBULATORY SURGICAL CENTER (D.P.)	11.00		115.00
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: 140182		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part I Date/Time Prepared: 5/30/2012 9:32 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	5,732,338	0	5,732,338	39,119	146.54	30.00
31.00	INTENSIVE CARE UNIT	2,577,154		2,577,154	15,063	171.09	31.00
32.00	CORONARY CARE UNIT	1,175,072		1,175,072	9,511	123.55	32.00
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
40.00	SUBPROVIDER - IPF	1,036,232	0	1,036,232	10,933	94.78	40.00
41.00	SUBPROVIDER - IRF	179,089	0	179,089	4,686	38.22	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	441,720		441,720	3,983	110.90	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
200.00	Total (lines 30-199)	11,141,605		11,141,605	83,295		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140182	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part I Date/Time Prepared: 5/30/2012 9:32 am
		Title XVIII	Hospital	PPS

Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)	
	6.00	7.00	
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00 ADULTS & PEDIATRICS	8,331	1,220,825	30.00
31.00 INTENSIVE CARE UNIT	4,709	805,663	31.00
32.00 CORONARY CARE UNIT	4,518	558,199	32.00
33.00 BURN INTENSIVE CARE UNIT	0	0	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00 SUBPROVIDER - IPF	4,795	454,470	40.00
41.00 SUBPROVIDER - IRF	1,750	66,885	41.00
42.00 SUBPROVIDER	0	0	42.00
43.00 NURSERY	0	0	43.00
44.00 SKILLED NURSING FACILITY	0	0	44.00
200.00 Total (lines 30-199)	24,103	3,106,042	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140182		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part II Date/Time Prepared: 5/30/2012 9:32 am	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	PPS
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	1,484,065	139,098,892	0.010669	14,127,028	150,721	50.00
51.00	RECOVERY ROOM	0	0	0.000000	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
53.00	ANESTHESIOLOGY	353,663	26,167,146	0.013516	2,582,857	34,910	53.00
54.00	RADIOLOGY-DIAGNOSTIC	948,646	81,039,988	0.011706	8,685,684	101,675	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	RADIOISOTOPE	216,673	7,720,233	0.028066	1,063,049	29,836	56.00
56.01	ULTRA SOUND	34,275	10,720,469	0.003197	553,975	1,771	56.01
57.00	CT SCAN	125,128	44,933,696	0.002785	5,913,564	16,469	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	CARDIAC CATHETERIZATION	751,599	33,094,350	0.022711	8,503,099	193,114	59.00
60.00	LABORATORY	135,537	92,873,472	0.001459	18,073,165	26,369	60.00
60.01	BLOOD LABORATORY	18,036	13,059,256	0.001381	2,764,319	3,818	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	RESPIRATORY THERAPY	323,828	29,717,337	0.010897	7,576,598	82,562	65.00
66.00	PHYSICAL THERAPY	1,245,245	17,577,438	0.070843	1,504,836	106,607	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
68.01	CARDIOLOGY	9,368	669,602	0.013990	22,347	313	68.01
69.00	ELECTROCARDIOLOGY	292,088	19,515,127	0.014967	3,974,005	59,479	69.00
70.00	ELECTROENCEPHALOGRAPHY	4,103	878,359	0.004671	116,636	545	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	88,494	47,627,567	0.001858	7,243,782	13,459	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	67,427	49,056,936	0.001374	10,333,146	14,198	72.00
73.00	DRUGS CHARGED TO PATIENTS	146,844	143,838,750	0.001021	31,392,491	32,052	73.00
75.00	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
76.00	RENAL DIALYSIS	46,409	5,131,827	0.009043	2,397,021	21,676	76.00
76.01	METABOLIC SUPPORT	0	0	0.000000	0	0	76.01
76.02	CMHC	0	0	0.000000	0	0	76.02
76.97	CARDIAC REHABILITATION	0	0	0.000000	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	CLINIC	8,484	5,158,792	0.001645	181	0	90.00
90.01	A. R. C. CLINIC	342,468	12,190,436	0.028093	10,533	296	90.01
90.02	CANCER CTR CLINIC	48,753	4,434,458	0.010994	16,313	179	90.02
90.03	UROLOGY CLINIC	4,038	1,153,410	0.003501	17,532	61	90.03
90.04	ORTHOPEDIC CLINIC	0	0	0.000000	0	0	90.04
90.05	EYE CENTER	0	0	0.000000	0	0	90.05
90.06	WOUND CARE CLINIC	545	245,421	0.002221	2,043	5	90.06
90.07	EENT CLINIC	0	0	0.000000	0	0	90.07
90.08	O/P PHARMACY CLINIC	14,191	509,067	0.027876	215	6	90.08
90.09	O/P DENTISTRY	12,025	1,033,154	0.011639	0	0	90.09
91.00	EMERGENCY	1,257,883	86,525,742	0.014538	10,744,868	156,209	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	697,950	30,343,435	0.023002	0	0	92.00
93.00	FAMILY HEALTH CENTER	0	0	0.000000	0	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
200.00	Total (Lines 50-199)	8,677,765	904,314,360		137,619,287	1,046,330	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140182		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part III Date/Time Prepared: 5/30/2012 9:32 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	23,729	0	0	23,729	30.00
31.00	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.00	CORONARY CARE UNIT	0	14,616	0	0	14,616	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	0	0	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
200.00	Total (Lines 30-199)	0	38,345	0		38,345	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140182		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part III Date/Time Prepared: 5/30/2012 9:32 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	39,119	0.61	8,331	5,082		30.00
31.00	INTENSIVE CARE UNIT	15,063	0.00	4,709	0		31.00
32.00	CORONARY CARE UNIT	9,511	1.54	4,518	6,958		32.00
33.00	BURN INTENSIVE CARE UNIT	0	0.00	0	0		33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0.00	0	0		34.00
40.00	SUBPROVIDER - IPF	10,933	0.00	4,795	0		40.00
41.00	SUBPROVIDER - IRF	4,686	0.00	1,750	0		41.00
42.00	SUBPROVIDER	0	0.00	0	0		42.00
43.00	NURSERY	3,983	0.00	0	0		43.00
44.00	SKILLED NURSING FACILITY	0	0.00	0	0		44.00
200.00	Total (Lines 30-199)	83,295		24,103	12,040		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140182	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/30/2012 9:32 am
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Cost Center Description	Title XVIII					Total Cost (sum of col 1 through col 4)	PPS
	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Hospital		
	1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 OPERATING ROOM	0	0	0	0	0	0	50.00
51.00 RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	0	0	0	0	0	0	56.00
56.01 ULTRASOUND	0	0	0	0	0	0	56.01
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	9,113	0	0	9,113	59.00
60.00 LABORATORY	0	0	0	0	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
68.01 CARDIOLOGY	0	0	0	0	0	0	68.01
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	40,151	0	0	40,151	73.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.00
76.00 RENAL DIALYSIS	0	0	0	0	0	0	76.00
76.01 METABOLIC SUPPORT	0	0	0	0	0	0	76.01
76.02 CMHC	0	0	0	0	0	0	76.02
76.97 CARDIAC REHABILITATION	0	0	0	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	0	90.00
90.01 A.R.C. CLINIC	0	0	0	0	0	0	90.01
90.02 CANCER CTR CLINIC	0	0	0	0	0	0	90.02
90.03 UROLOGY CLINIC	0	0	0	0	0	0	90.03
90.04 ORTHOPEDIC CLINIC	0	0	0	0	0	0	90.04
90.05 EYE CENTER	0	0	0	0	0	0	90.05
90.06 WOUND CARE CLINIC	0	0	0	0	0	0	90.06
90.07 EENT CLINIC	0	0	0	0	0	0	90.07
90.08 O/P PHARMACY CLINIC	0	0	0	0	0	0	90.08
90.09 O/P DENTISTRY	0	0	0	0	0	0	90.09
91.00 EMERGENCY	0	0	18,225	0	0	18,225	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	2,887	0	0	2,887	92.00
93.00 FAMILY HEALTH CENTER	0	0	0	0	0	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00 AMBULANCE SERVICES	0	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	0	97.00
200.00 Total (Lines 50-199)	0	0	70,376	0	0	70,376	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140182	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/30/2012 9:32 am
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Cost Center Description	Title XVIII			Hospital		PPS
	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
	6.00	7.00	8.00	9.00	10.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	0	139,098,892	0.000000	0.000000	14,127,028	50.00
51.00 RECOVERY ROOM	0	0	0.000000	0.000000	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0.000000	0	52.00
53.00 ANESTHESIOLOGY	0	26,167,146	0.000000	0.000000	2,582,857	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	81,039,988	0.000000	0.000000	8,685,684	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
56.00 RADIOISOTOPE	0	7,720,233	0.000000	0.000000	1,063,049	56.00
56.01 ULTRA SOUND	0	10,720,469	0.000000	0.000000	553,975	56.01
57.00 CT SCAN	0	44,933,696	0.000000	0.000000	5,913,564	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00 CARDIAC CATHETERIZATION	9,113	33,094,350	0.000275	0.000275	8,503,099	59.00
60.00 LABORATORY	0	92,873,472	0.000000	0.000000	18,073,165	60.00
60.01 BLOOD LABORATORY	0	13,059,256	0.000000	0.000000	2,764,319	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0.000000	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0.000000	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00 RESPIRATORY THERAPY	0	29,717,337	0.000000	0.000000	7,576,598	65.00
66.00 PHYSICAL THERAPY	0	17,577,438	0.000000	0.000000	1,504,836	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0.000000	0.000000	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0.000000	0.000000	0	68.00
68.01 CARDIOLOGY	0	669,602	0.000000	0.000000	22,347	68.01
69.00 ELECTROCARDIOLOGY	0	19,515,127	0.000000	0.000000	3,974,005	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	878,359	0.000000	0.000000	116,636	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	47,627,567	0.000000	0.000000	7,243,782	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	49,056,936	0.000000	0.000000	10,333,146	72.00
73.00 DRUGS CHARGED TO PATIENTS	40,151	143,838,750	0.000279	0.000279	31,392,491	73.00
75.00 ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
76.00 RENAL DIALYSIS	0	5,131,827	0.000000	0.000000	2,397,021	76.00
76.01 METABOLIC SUPPORT	0	0	0.000000	0.000000	0	76.01
76.02 CMHC	0	0	0.000000	0.000000	0	76.02
76.97 CARDIAC REHABILITATION	0	0	0.000000	0.000000	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00 CLINIC	0	5,158,792	0.000000	0.000000	181	90.00
90.01 A. R. C. CLINIC	0	12,190,436	0.000000	0.000000	10,533	90.01
90.02 CANCER CTR CLINIC	0	4,434,458	0.000000	0.000000	16,313	90.02
90.03 UROLOGY CLINIC	0	1,153,410	0.000000	0.000000	17,532	90.03
90.04 ORTHOPEDIC CLINIC	0	0	0.000000	0.000000	0	90.04
90.05 EYE CENTER	0	0	0.000000	0.000000	0	90.05
90.06 WOUND CARE CLINIC	0	245,421	0.000000	0.000000	2,043	90.06
90.07 EENT CLINIC	0	0	0.000000	0.000000	0	90.07
90.08 O/P PHARMACY CLINIC	0	509,067	0.000000	0.000000	215	90.08
90.09 O/P DENTISTRY	0	1,033,154	0.000000	0.000000	0	90.09
91.00 EMERGENCY	18,225	86,525,742	0.000211	0.000211	10,744,868	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	2,887	30,343,435	0.000095	0.000095	0	92.00
93.00 FAMILY HEALTH CENTER	0	0	0.000000	0.000000	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
200.00 Total (Lines 50-199)	70,376	904,314,360			137,619,287	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140182	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/30/2012 9:32 am
	Title XVIII	Hospital	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	0	13,546,771	0	50.00
51.00 RECOVERY ROOM	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	2,530,680	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	11,559,585	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00 RADIOISOTOPE	0	1,163,639	0	56.00
56.01 ULTRASOUND	0	866,303	0	56.01
57.00 CT SCAN	0	4,963,089	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	2,338	5,467,691	1,504	59.00
60.00 LABORATORY	0	1,349,858	0	60.00
60.01 BLOOD LABORATORY	0	234,065	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY				61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	64.00
65.00 RESPIRATORY THERAPY	0	505,110	0	65.00
66.00 PHYSICAL THERAPY	0	123,773	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	68.00
68.01 CARDIOLOGY	0	237,490	0	68.01
69.00 ELECTROCARDIOLOGY	0	1,823,736	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	98,099	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	5,303,951	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	5,363,206	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	8,759	9,319,862	2,600	73.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	75.00
76.00 RENAL DIALYSIS	0	94,619	0	76.00
76.01 METABOLIC SUPPORT	0	0	0	76.01
76.02 CMHC	0	0	0	76.02
76.97 CARDIAC REHABILITATION	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00 RURAL HEALTH CLINIC	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00 CLINIC	0	1,201,109	0	90.00
90.01 A.R.C. CLINIC	0	104,087	0	90.01
90.02 CANCER CTR CLINIC	0	945,350	0	90.02
90.03 UROLOGY CLINIC	0	350,721	0	90.03
90.04 ORTHOPEDIC CLINIC	0	0	0	90.04
90.05 EYE CENTER	0	0	0	90.05
90.06 WOUND CARE CLINIC	0	126,726	0	90.06
90.07 EENT CLINIC	0	0	0	90.07
90.08 O/P PHARMACY CLINIC	0	187,797	0	90.08
90.09 O/P DENTISTRY	0	0	0	90.09
91.00 EMERGENCY	2,267	5,154,704	1,088	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	4,323,674	411	92.00
93.00 FAMILY HEALTH CENTER	0	0	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00 AMBULANCE SERVICES				95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
200.00 Total (Lines 50-199)	13,364	76,945,695	5,603	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140182	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/30/2012 9:32 am
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges				
		PPS Reimbursed Services (see instructions)	Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)		
	1.00	2.00	3.00	4.00		
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	OPERATING ROOM	0.161236	13,546,771	0	0	50.00
51.00	RECOVERY ROOM	0.000000	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	52.00
53.00	ANESTHESIOLOGY	0.095001	2,530,680	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.174065	11,559,585	0	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	55.00
56.00	RADIOISOTOPE	0.382493	1,163,639	0	0	56.00
56.01	ULTRA SOUND	0.142767	866,303	0	0	56.01
57.00	CT SCAN	0.061170	4,963,089	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.165164	5,467,691	0	0	59.00
60.00	LABORATORY	0.130641	1,349,858	0	0	60.00
60.01	BLOOD LABORATORY	0.118812	234,065	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0.000000	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0.186718	505,110	0	0	65.00
66.00	PHYSICAL THERAPY	0.388233	123,773	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0.000000	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0.000000	0	0	0	68.00
68.01	CARDIOLOGY	0.991361	237,490	0	0	68.01
69.00	ELECTROCARDIOLOGY	0.146927	1,823,736	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.259732	98,099	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.482182	5,303,951	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.270826	5,363,206	402,101	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.114570	9,319,862	762	99,902	73.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0	0	75.00
76.00	RENAL DIALYSIS	0.184998	94,619	0	0	76.00
76.01	METABOLIC SUPPORT	0.000000	0	0	0	76.01
76.02	CMHC	0.000000	0	0	0	76.02
76.97	CARDIAC REHABILITATION	0.000000	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	RURAL HEALTH CLINIC	0.000000	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	89.00
90.00	CLINIC	0.094533	1,201,109	0	0	90.00
90.01	A. R. C. CLINIC	0.185894	104,087	0	0	90.01
90.02	CANCER CTR CLINIC	0.631222	945,350	0	0	90.02
90.03	UROLOGY CLINIC	0.328214	350,721	0	0	90.03
90.04	ORTHOPEDIC CLINIC	0.000000	0	0	0	90.04
90.05	EYE CENTER	0.000000	0	0	0	90.05
90.06	WOUND CARE CLINIC	0.132022	126,726	0	0	90.06
90.07	EENT CLINIC	0.000000	0	0	0	90.07
90.08	O/P PHARMACY CLINIC	0.566532	187,797	0	0	90.08
90.09	O/P DENTISTRY	0.914409	0	0	0	90.09
91.00	EMERGENCY	0.176678	5,154,704	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.213780	4,323,674	0	0	92.00
93.00	FAMILY HEALTH CENTER	0.000000	0	0	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00	AMBULANCE SERVICES	0.000000	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	97.00
200.00	Subtotal (see instructions)		76,945,695	402,863	99,902	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		76,945,695	402,863	99,902	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140182	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/30/2012 9:32 am
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Cost Center Description	Costs			Hospital	PPS
	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	2,184,227	0	0		50.00
51.00 RECOVERY ROOM	0	0	0		51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00 ANESTHESIOLOGY	240,417	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	2,012,119	0	0		54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0		55.00
56.00 RADIOISOTOPE	445,084	0	0		56.00
56.01 ULTRA SOUND	123,679	0	0		56.01
57.00 CT SCAN	303,592	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00 CARDIAC CATHETERIZATION	903,066	0	0		59.00
60.00 LABORATORY	176,347	0	0		60.00
60.01 BLOOD LABORATORY	27,810	0	0		60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0		61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0		62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0		63.00
64.00 INTRAVENOUS THERAPY	0	0	0		64.00
65.00 RESPIRATORY THERAPY	94,313	0	0		65.00
66.00 PHYSICAL THERAPY	48,053	0	0		66.00
67.00 OCCUPATIONAL THERAPY	0	0	0		67.00
68.00 SPEECH PATHOLOGY	0	0	0		68.00
68.01 RADIOLOGY	235,438	0	0		68.01
69.00 ELECTROCARDIOLOGY	267,956	0	0		69.00
70.00 ELECTROENCEPHALOGRAPHY	25,479	0	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	2,557,470	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	1,452,496	108,899	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	1,067,777	87	11,446		73.00
75.00 ASC (NON-DISTINCT PART)	0	0	0		75.00
76.00 RENAL DIALYSIS	17,504	0	0		76.00
76.01 METABOLIC SUPPORT	0	0	0		76.01
76.02 CMHC	0	0	0		76.02
76.97 CARDIAC REHABILITATION	0	0	0		76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00 RURAL HEALTH CLINIC	0	0	0		88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00 CLINIC	113,544	0	0		90.00
90.01 A. R. C. CLINIC	19,349	0	0		90.01
90.02 CANCER CTR CLINIC	596,726	0	0		90.02
90.03 UROLOGY CLINIC	115,112	0	0		90.03
90.04 ORTHOPEDIC CLINIC	0	0	0		90.04
90.05 EYE CENTER	0	0	0		90.05
90.06 WOUND CARE CLINIC	16,731	0	0		90.06
90.07 EENT CLINIC	0	0	0		90.07
90.08 O/P PHARMACY CLINIC	106,393	0	0		90.08
90.09 O/P DENTISTRY	0	0	0		90.09
91.00 EMERGENCY	910,723	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	924,315	0	0		92.00
93.00 FAMILY HEALTH CENTER	0	0	0		93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00 AMBULANCE SERVICES	0	0	0		95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0		96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0		97.00
200.00 Subtotal (see instructions)	14,985,720	108,986	11,446		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges		0			201.00
202.00 Net Charges (line 200 +/- line 201)	14,985,720	108,986	11,446		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140182 Component CCN: 14S182		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part II Date/Time Prepared: 5/30/2012 9:32 am	
		Title XVIII		Subprovider - IPF		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	1,484,065	139,098,892	0.010669	0	0	50.00
51.00	RECOVERY ROOM	0	0	0.000000	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
53.00	ANESTHESIOLOGY	353,663	26,167,146	0.013516	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	948,646	81,039,988	0.011706	77,868	912	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	RADIOISOTOPE	216,673	7,720,233	0.028066	10,517	295	56.00
56.01	ULTRA SOUND	34,275	10,720,469	0.003197	17,534	56	56.01
57.00	CT SCAN	125,128	44,933,696	0.002785	59,422	165	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	CARDIAC CATHETERIZATION	751,599	33,094,350	0.022711	1,243	28	59.00
60.00	LABORATORY	135,537	92,873,472	0.001459	1,092,962	1,595	60.00
60.01	BLOOD LABORATORY	18,036	13,059,256	0.001381	84	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	RESPIRATORY THERAPY	323,828	29,717,337	0.010897	109,081	1,189	65.00
66.00	PHYSICAL THERAPY	1,245,245	17,577,438	0.070843	6,271	444	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
68.01	CARDIOLOGY	9,368	669,602	0.013990	0	0	68.01
69.00	ELECTROCARDIOLOGY	292,088	19,515,127	0.014967	72,623	1,087	69.00
70.00	ELECTROENCEPHALOGRAPHY	4,103	878,359	0.004671	4,511	21	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	88,494	47,627,567	0.001858	3,725	7	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	67,427	49,056,936	0.001374	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	146,844	143,838,750	0.001021	1,595,025	1,629	73.00
75.00	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
76.00	RENAL DIALYSIS	46,409	5,131,827	0.009043	22,958	208	76.00
76.01	METABOLIC SUPPORT	0	0	0.000000	0	0	76.01
76.02	CMHC	0	0	0.000000	0	0	76.02
76.97	CARDIAC REHABILITATION	0	0	0.000000	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	CLINIC	8,484	5,158,792	0.001645	0	0	90.00
90.01	A. R. C. CLINIC	342,468	12,190,436	0.028093	0	0	90.01
90.02	CANCER CTR CLINIC	48,753	4,434,458	0.010994	0	0	90.02
90.03	UROLOGY CLINIC	4,038	1,153,410	0.003501	0	0	90.03
90.04	ORTHOPEDIC CLINIC	0	0	0.000000	0	0	90.04
90.05	EYE CENTER	0	0	0.000000	0	0	90.05
90.06	WOUND CARE CLINIC	545	245,421	0.002221	0	0	90.06
90.07	EENT CLINIC	0	0	0.000000	0	0	90.07
90.08	O/P PHARMACY CLINIC	14,191	509,067	0.027876	0	0	90.08
90.09	O/P DENTISTRY	12,025	1,033,154	0.011639	0	0	90.09
91.00	EMERGENCY	1,257,883	86,525,742	0.014538	720,298	10,472	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	697,950	30,343,435	0.023002	0	0	92.00
93.00	FAMILY HEALTH CENTER	0	0	0.000000	0	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
200.00	Total (Lines 50-199)	8,677,765	904,314,360		3,794,122	18,108	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140182 Component CCN: 14S182		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part IV Date/Time Prepared: 5/30/2012 9:32 am	
				Title XVIII		Subprovider - IPF	PPS
Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	0	0	0	0	0	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	ULTRA SOUND	0	0	0	0	0	56.01
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	9,113	0	9,113	59.00
60.00	LABORATORY	0	0	0	0	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.01	CARDIOLOGY	0	0	0	0	0	68.01
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	40,151	0	40,151	73.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	RENAL DIALYSIS	0	0	0	0	0	76.00
76.01	METABOLIC SUPPORT	0	0	0	0	0	76.01
76.02	CMHC	0	0	0	0	0	76.02
76.97	CARDIAC REHABILITATION	0	0	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
90.01	A. R. C. CLINIC	0	0	0	0	0	90.01
90.02	CANCER CTR CLINIC	0	0	0	0	0	90.02
90.03	UROLOGY CLINIC	0	0	0	0	0	90.03
90.04	ORTHOPEDIC CLINIC	0	0	0	0	0	90.04
90.05	EYE CENTER	0	0	0	0	0	90.05
90.06	WOUND CARE CLINIC	0	0	0	0	0	90.06
90.07	EENT CLINIC	0	0	0	0	0	90.07
90.08	O/P PHARMACY CLINIC	0	0	0	0	0	90.08
90.09	O/P DENTISTRY	0	0	0	0	0	90.09
91.00	EMERGENCY	0	0	18,225	0	18,225	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	2,887	0	2,887	92.00
93.00	FAMILY HEALTH CENTER	0	0	0	0	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
200.00	Total (lines 50-199)	0	0	70,376	0	70,376	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140182 Component CCN: 14S182		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part IV Date/Time Prepared: 5/30/2012 9:32 am	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges		
	6.00	7.00	8.00	9.00			
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	0	139,098,892	0.000000	0.000000	0	50.00
51.00	RECOVERY ROOM	0	0	0.000000	0.000000	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0.000000	0	52.00
53.00	ANESTHESIOLOGY	0	26,167,146	0.000000	0.000000	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	81,039,988	0.000000	0.000000	77,868	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
56.00	RADIOISOTOPE	0	7,720,233	0.000000	0.000000	10,517	56.00
56.01	ULTRA SOUND	0	10,720,469	0.000000	0.000000	17,534	56.01
57.00	CT SCAN	0	44,933,696	0.000000	0.000000	59,422	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00	CARDIAC CATHETERIZATION	9,113	33,094,350	0.000275	0.000275	1,243	59.00
60.00	LABORATORY	0	92,873,472	0.000000	0.000000	1,092,962	60.00
60.01	BLOOD LABORATORY	0	13,059,256	0.000000	0.000000	84	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0.000000	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0.000000	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00	RESPIRATORY THERAPY	0	29,717,337	0.000000	0.000000	109,081	65.00
66.00	PHYSICAL THERAPY	0	17,577,438	0.000000	0.000000	6,271	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0.000000	0.000000	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0.000000	0.000000	0	68.00
68.01	CARDIOLOGY	0	669,602	0.000000	0.000000	0	68.01
69.00	ELECTROCARDIOLOGY	0	19,515,127	0.000000	0.000000	72,623	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	878,359	0.000000	0.000000	4,511	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	47,627,567	0.000000	0.000000	3,725	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	49,056,936	0.000000	0.000000	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	40,151	143,838,750	0.000279	0.000279	1,595,025	73.00
75.00	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
76.00	RENAL DIALYSIS	0	5,131,827	0.000000	0.000000	22,958	76.00
76.01	METABOLIC SUPPORT	0	0	0.000000	0.000000	0	76.01
76.02	CMHC	0	0	0.000000	0.000000	0	76.02
76.97	CARDIAC REHABILITATION	0	0	0.000000	0.000000	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	CLINIC	0	5,158,792	0.000000	0.000000	0	90.00
90.01	A. R. C. CLINIC	0	12,190,436	0.000000	0.000000	0	90.01
90.02	CANCER CTR CLINIC	0	4,434,458	0.000000	0.000000	0	90.02
90.03	UROLOGY CLINIC	0	1,153,410	0.000000	0.000000	0	90.03
90.04	ORTHOPEDIC CLINIC	0	0	0.000000	0.000000	0	90.04
90.05	EYE CENTER	0	0	0.000000	0.000000	0	90.05
90.06	WOUND CARE CLINIC	0	245,421	0.000000	0.000000	0	90.06
90.07	EENT CLINIC	0	0	0.000000	0.000000	0	90.07
90.08	O/P PHARMACY CLINIC	0	509,067	0.000000	0.000000	0	90.08
90.09	O/P DENTISTRY	0	1,033,154	0.000000	0.000000	0	90.09
91.00	EMERGENCY	18,225	86,525,742	0.000211	0.000211	720,298	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	2,887	30,343,435	0.000095	0.000095	0	92.00
93.00	FAMILY HEALTH CENTER	0	0	0.000000	0.000000	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
200.00	Total (Lines 50-199)	70,376	904,314,360			3,794,122	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140182 Component CCN: 14S182	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/30/2012 9:32 am
Title XVIII		Subprovider - IPF	PPS

Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
	11.00	12.00	13.00	
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 OPERATING ROOM	0	0	0	50.00
51.00 RECOVERY ROOM	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00 RADIOISOTOPE	0	0	0	56.00
56.01 ULTRASOUND	0	0	0	56.01
57.00 CT SCAN	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00 LABORATORY	0	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	64.00
65.00 RESPIRATORY THERAPY	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	68.00
68.01 CARDIOLOGY	0	0	0	68.01
69.00 ELECTROCARDIOLOGY	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	445	0	0	73.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	75.00
76.00 RENAL DIALYSIS	0	0	0	76.00
76.01 METABOLIC SUPPORT	0	0	0	76.01
76.02 CMHC	0	0	0	76.02
76.97 CARDIAC REHABILITATION	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00 RURAL HEALTH CLINIC	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00 CLINIC	0	0	0	90.00
90.01 A. R. C. CLINIC	0	0	0	90.01
90.02 CANCER CTR CLINIC	0	0	0	90.02
90.03 UROLOGY CLINIC	0	0	0	90.03
90.04 ORTHOPEDIC CLINIC	0	0	0	90.04
90.05 EYE CENTER	0	0	0	90.05
90.06 WOUND CARE CLINIC	0	0	0	90.06
90.07 EENT CLINIC	0	0	0	90.07
90.08 O/P PHARMACY CLINIC	0	0	0	90.08
90.09 O/P DENTISTRY	0	0	0	90.09
91.00 EMERGENCY	152	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
93.00 FAMILY HEALTH CENTER	0	0	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00 AMBULANCE SERVICES				95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
200.00 Total (Lines 50-199)	597	0	0	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140182		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part II Date/Time Prepared: 5/30/2012 9:32 am	
		Component CCN: 14T182		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	1,484,065	139,098,892	0.010669	1,643	18	50.00
51.00	RECOVERY ROOM	0	0	0.000000	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
53.00	ANESTHESIOLOGY	353,663	26,167,146	0.013516	187,263	2,531	53.00
54.00	RADIOLOGY-DIAGNOSTIC	948,646	81,039,988	0.011706	0	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	RADIOISOTOPE	216,673	7,720,233	0.028066	6,452	181	56.00
56.01	ULTRASOUND	34,275	10,720,469	0.003197	38,761	124	56.01
57.00	CT SCAN	125,128	44,933,696	0.002785	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	CARDIAC CATHETERIZATION	751,599	33,094,350	0.022711	261,044	5,929	59.00
60.00	LABORATORY	135,537	92,873,472	0.001459	28,472	42	60.00
60.01	BLOOD LABORATORY	18,036	13,059,256	0.001381	121,659	168	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	RESPIRATORY THERAPY	323,828	29,717,337	0.010897	0	0	65.00
66.00	PHYSICAL THERAPY	1,245,245	17,577,438	0.070843	2,012,340	142,560	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
68.01	CARDIOLOGY	9,368	669,602	0.013990	0	0	68.01
69.00	ELECTROCARDIOLOGY	292,088	19,515,127	0.014967	17,182	257	69.00
70.00	ELECTROENCEPHALOGRAPHY	4,103	878,359	0.004671	717	3	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	88,494	47,627,567	0.001858	110,115	205	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	67,427	49,056,936	0.001374	2,802	4	72.00
73.00	DRUGS CHARGED TO PATIENTS	146,844	143,838,750	0.001021	1,127,391	1,151	73.00
75.00	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
76.00	RENAL DIALYSIS	46,409	5,131,827	0.009043	121,457	1,098	76.00
76.01	METABOLIC SUPPORT	0	0	0.000000	0	0	76.01
76.02	CMHC	0	0	0.000000	0	0	76.02
76.97	CARDIAC REHABILITATION	0	0	0.000000	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	CLINIC	8,484	5,158,792	0.001645	0	0	90.00
90.01	A. R. C. CLINIC	342,468	12,190,436	0.028093	0	0	90.01
90.02	CANCER CTR CLINIC	48,753	4,434,458	0.010994	0	0	90.02
90.03	UROLOGY CLINIC	4,038	1,153,410	0.003501	0	0	90.03
90.04	ORTHOPEDIC CLINIC	0	0	0.000000	0	0	90.04
90.05	EYE CENTER	0	0	0.000000	0	0	90.05
90.06	WOUND CARE CLINIC	545	245,421	0.002221	0	0	90.06
90.07	EENT CLINIC	0	0	0.000000	0	0	90.07
90.08	O/P PHARMACY CLINIC	14,191	509,067	0.027876	0	0	90.08
90.09	O/P DENTISTRY	12,025	1,033,154	0.011639	0	0	90.09
91.00	EMERGENCY	1,257,883	86,525,742	0.014538	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	697,950	30,343,435	0.023002	0	0	92.00
93.00	FAMILY HEALTH CENTER	0	0	0.000000	0	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
200.00	Total (Lines 50-199)	8,677,765	904,314,360		4,037,298	154,271	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140182 Component CCN: 14T182		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part IV Date/Time Prepared: 5/30/2012 9:32 am	
				Title XVIII		Subprovider - IRF	
Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	0	0	0	0	0	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	ULTRA SOUND	0	0	0	0	0	56.01
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	9,113	0	9,113	59.00
60.00	LABORATORY	0	0	0	0	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.01	CARDIOLOGY	0	0	0	0	0	68.01
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	40,151	0	40,151	73.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	RENAL DIALYSIS	0	0	0	0	0	76.00
76.01	METABOLIC SUPPORT	0	0	0	0	0	76.01
76.02	CMHC	0	0	0	0	0	76.02
76.97	CARDIAC REHABILITATION	0	0	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
90.01	A. R. C. CLINIC	0	0	0	0	0	90.01
90.02	CANCER CTR CLINIC	0	0	0	0	0	90.02
90.03	UROLOGY CLINIC	0	0	0	0	0	90.03
90.04	ORTHOPEDIC CLINIC	0	0	0	0	0	90.04
90.05	EYE CENTER	0	0	0	0	0	90.05
90.06	WOUND CARE CLINIC	0	0	0	0	0	90.06
90.07	EENT CLINIC	0	0	0	0	0	90.07
90.08	O/P PHARMACY CLINIC	0	0	0	0	0	90.08
90.09	O/P DENTISTRY	0	0	0	0	0	90.09
91.00	EMERGENCY	0	0	18,225	0	18,225	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	2,887	0	2,887	92.00
93.00	FAMILY HEALTH CENTER	0	0	0	0	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
200.00	Total (lines 50-199)	0	0	70,376	0	70,376	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140182		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part IV Date/Time Prepared: 5/30/2012 9:32 am	
		Component CCN: 14T182		Title XVIII		Subprovider - IRF PPS	
Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	0	139,098,892	0.000000	0.000000	1,643	50.00
51.00	RECOVERY ROOM	0	0	0.000000	0.000000	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0.000000	0	52.00
53.00	ANESTHESIOLOGY	0	26,167,146	0.000000	0.000000	187,263	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	81,039,988	0.000000	0.000000	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
56.00	RADIOISOTOPE	0	7,720,233	0.000000	0.000000	6,452	56.00
56.01	ULTRA SOUND	0	10,720,469	0.000000	0.000000	38,761	56.01
57.00	CT SCAN	0	44,933,696	0.000000	0.000000	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00	CARDIAC CATHETERIZATION	9,113	33,094,350	0.000275	0.000275	261,044	59.00
60.00	LABORATORY	0	92,873,472	0.000000	0.000000	28,472	60.00
60.01	BLOOD LABORATORY	0	13,059,256	0.000000	0.000000	121,659	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0.000000	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0.000000	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00	RESPIRATORY THERAPY	0	29,717,337	0.000000	0.000000	0	65.00
66.00	PHYSICAL THERAPY	0	17,577,438	0.000000	0.000000	2,012,340	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0.000000	0.000000	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0.000000	0.000000	0	68.00
68.01	CARDIOLOGY	0	669,602	0.000000	0.000000	0	68.01
69.00	ELECTROCARDIOLOGY	0	19,515,127	0.000000	0.000000	17,182	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	878,359	0.000000	0.000000	717	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	47,627,567	0.000000	0.000000	110,115	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	49,056,936	0.000000	0.000000	2,802	72.00
73.00	DRUGS CHARGED TO PATIENTS	40,151	143,838,750	0.000279	0.000279	1,127,391	73.00
75.00	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
76.00	RENAL DIALYSIS	0	5,131,827	0.000000	0.000000	121,457	76.00
76.01	METABOLIC SUPPORT	0	0	0.000000	0.000000	0	76.01
76.02	CMHC	0	0	0.000000	0.000000	0	76.02
76.97	CARDIAC REHABILITATION	0	0	0.000000	0.000000	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	CLINIC	0	5,158,792	0.000000	0.000000	0	90.00
90.01	A. R. C. CLINIC	0	12,190,436	0.000000	0.000000	0	90.01
90.02	CANCER CTR CLINIC	0	4,434,458	0.000000	0.000000	0	90.02
90.03	UROLOGY CLINIC	0	1,153,410	0.000000	0.000000	0	90.03
90.04	ORTHOPEDIC CLINIC	0	0	0.000000	0.000000	0	90.04
90.05	EYE CENTER	0	0	0.000000	0.000000	0	90.05
90.06	WOUND CARE CLINIC	0	245,421	0.000000	0.000000	0	90.06
90.07	EENT CLINIC	0	0	0.000000	0.000000	0	90.07
90.08	O/P PHARMACY CLINIC	0	509,067	0.000000	0.000000	0	90.08
90.09	O/P DENTISTRY	0	1,033,154	0.000000	0.000000	0	90.09
91.00	EMERGENCY	18,225	86,525,742	0.000211	0.000211	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	2,887	30,343,435	0.000095	0.000095	0	92.00
93.00	FAMILY HEALTH CENTER	0	0	0.000000	0.000000	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
200.00	Total (Lines 50-199)	70,376	904,314,360			4,037,298	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140182 Component CCN: 14T182	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/30/2012 9:32 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	0	0	0	50.00
51.00 RECOVERY ROOM	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00 RADIOISOTOPE	0	0	0	56.00
56.01 ULTRASOUND	0	0	0	56.01
57.00 CT SCAN	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	72	0	0	59.00
60.00 LABORATORY	0	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	64.00
65.00 RESPIRATORY THERAPY	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	68.00
68.01 CARDIOLOGY	0	0	0	68.01
69.00 ELECTROCARDIOLOGY	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	315	0	0	73.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	75.00
76.00 RENAL DIALYSIS	0	0	0	76.00
76.01 METABOLIC SUPPORT	0	0	0	76.01
76.02 CMHC	0	0	0	76.02
76.97 CARDIAC REHABILITATION	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00 RURAL HEALTH CLINIC	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00 CLINIC	0	0	0	90.00
90.01 A. R. C. CLINIC	0	0	0	90.01
90.02 CANCER CTR CLINIC	0	0	0	90.02
90.03 UROLOGY CLINIC	0	0	0	90.03
90.04 ORTHOPEDIC CLINIC	0	0	0	90.04
90.05 EYE CENTER	0	0	0	90.05
90.06 WOUND CARE CLINIC	0	0	0	90.06
90.07 EENT CLINIC	0	0	0	90.07
90.08 O/P PHARMACY CLINIC	0	0	0	90.08
90.09 O/P DENTISTRY	0	0	0	90.09
91.00 EMERGENCY	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
93.00 FAMILY HEALTH CENTER	0	0	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00 AMBULANCE SERVICES				95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
200.00 Total (lines 50-199)	387	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140182	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/30/2012 9:32 am
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		Title XIX		Hospital		Cost	
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges					
		PPS Reimbursed Services (see instructions)	Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)			
		1.00	2.00	3.00	4.00		
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	0.161236	0	9,418,689	0		50.00
51.00	RECOVERY ROOM	0.000000	0	0	0		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0		52.00
53.00	ANESTHESIOLOGY	0.095001	0	1,744,839	0		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.174065	0	5,910,194	0		54.00
55.00	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0		55.00
56.00	RADIOISOTOPE	0.382493	0	553,016	0		56.00
56.01	ULTRA SOUND	0.142767	0	1,651,806	0		56.01
57.00	CT SCAN	0.061170	0	3,370,953	0		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0		58.00
59.00	CARDIAC CATHETERIZATION	0.165164	0	830,337	0		59.00
60.00	LABORATORY	0.130641	0	5,456,107	0		60.00
60.01	BLOOD LABORATORY	0.118812	0	511,395	0		60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0		61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0		62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0		63.00
64.00	INTRAVENOUS THERAPY	0.000000	0	0	0		64.00
65.00	RESPIRATORY THERAPY	0.186718	0	363,588	0		65.00
66.00	PHYSICAL THERAPY	0.388233	0	1,839,863	0		66.00
67.00	OCCUPATIONAL THERAPY	0.000000	0	0	0		67.00
68.00	SPEECH PATHOLOGY	0.000000	0	0	0		68.00
68.01	CARDIOLOGY	0.991361	0	0	0		68.01
69.00	ELECTROCARDIOLOGY	0.146927	0	1,437,682	0		69.00
70.00	ELECTROENCEPHALOGRAPHY	0.259732	0	58,746	0		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.482182	0	2,104,463	0		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.270826	0	1,266,904	0		72.00
73.00	DRUGS CHARGED TO PATIENTS	0.114570	0	5,453,152	0		73.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0	0		75.00
76.00	RENAL DIALYSIS	0.184998	0	68,738	0		76.00
76.01	METABOLIC SUPPORT	0.000000	0	0	0		76.01
76.02	CMHC	0.000000	0	0	0		76.02
76.97	CARDIAC REHABILITATION	0.000000	0	0	0		76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC	0.000000					88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000					89.00
90.00	CLINIC	0.094533	0	30,941	0		90.00
90.01	A. R. C. CLINIC	0.185894	0	6,472,786	0		90.01
90.02	CANCER CTR CLINIC	0.631222	0	622,126	0		90.02
90.03	UROLOGY CLINIC	0.328214	0	50,737	0		90.03
90.04	ORTHOPEDIC CLINIC	0.000000	0	0	0		90.04
90.05	EYE CENTER	0.000000	0	0	0		90.05
90.06	WOUND CARE CLINIC	0.132022	0	30,771	0		90.06
90.07	EENT CLINIC	0.000000	0	0	0		90.07
90.08	O/P PHARMACY CLINIC	0.566532	0	69,414	0		90.08
90.09	O/P DENTISTRY	0.914409	0	0	0		90.09
91.00	EMERGENCY	0.176678	0	10,262,547	0		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.213780	0	7,276,169	0		92.00
93.00	FAMILY HEALTH CENTER	0.000000	0	0	0		93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	AMBULANCE SERVICES	0.000000	0	0			95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0		96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0		97.00
200.00	Subtotal (see instructions)		0	66,855,963	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	66,855,963	0		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140182	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/30/2012 9:32 am
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Cost Center Description	Costs			Hospital	Cost
	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	1,518,632	0		50.00
51.00 RECOVERY ROOM	0	0	0		51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00 ANESTHESIOLOGY	0	165,761	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	1,028,758	0		54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0		55.00
56.00 RADIOISOTOPE	0	211,525	0		56.00
56.01 ULTRASOUND	0	235,823	0		56.01
57.00 CT SCAN	0	206,201	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00 CARDIAC CATHETERIZATION	0	137,142	0		59.00
60.00 LABORATORY	0	712,791	0		60.00
60.01 BLOOD LABORATORY	0	60,760	0		60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0		61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0		62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0		63.00
64.00 INTRAVENOUS THERAPY	0	0	0		64.00
65.00 RESPIRATORY THERAPY	0	67,888	0		65.00
66.00 PHYSICAL THERAPY	0	714,296	0		66.00
67.00 OCCUPATIONAL THERAPY	0	0	0		67.00
68.00 SPEECH PATHOLOGY	0	0	0		68.00
68.01 CARDIOLOGY	0	0	0		68.01
69.00 ELECTROCARDIOLOGY	0	211,234	0		69.00
70.00 ELECTROENCEPHALOGRAPHY	0	15,258	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,014,734	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	343,111	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	0	624,768	0		73.00
75.00 ASC (NON-DISTINCT PART)	0	0	0		75.00
76.00 RENAL DIALYSIS	0	12,716	0		76.00
76.01 METABOLIC SUPPORT	0	0	0		76.01
76.02 CMHC	0	0	0		76.02
76.97 CARDIAC REHABILITATION	0	0	0		76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00 RURAL HEALTH CLINIC	0	0	0		88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00 CLINIC	0	2,925	0		90.00
90.01 A. R. C. CLINIC	0	1,203,252	0		90.01
90.02 CANCER CTR CLINIC	0	392,700	0		90.02
90.03 UROLOGY CLINIC	0	16,653	0		90.03
90.04 ORTHOPEDIC CLINIC	0	0	0		90.04
90.05 EYE CENTER	0	0	0		90.05
90.06 WOUND CARE CLINIC	0	4,062	0		90.06
90.07 EENT CLINIC	0	0	0		90.07
90.08 O/P PHARMACY CLINIC	0	39,325	0		90.08
90.09 O/P DENTISTRY	0	0	0		90.09
91.00 EMERGENCY	0	1,813,166	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	1,555,499	0		92.00
93.00 FAMILY HEALTH CENTER	0	0	0		93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00 AMBULANCE SERVICES	0	0	0		95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0		96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0		97.00
200.00 Subtotal (see instructions)	0	12,308,980	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0	0	0		201.00
202.00 Net Charges (line 200 +/- line 201)	0	12,308,980	0		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140182	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/30/2012 9:32 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)		39,119	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		39,119	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)		39,119	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)		8,331	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)		53,277,033	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)		53,277,033	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed charges)		112,502,127	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		112,502,127	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.473565	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)		2,875.89	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)		53,277,033	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)		1,361.92	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		11,346,156	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		11,346,156	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140182		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1	
Title XVIII		Hospital		PPS		Date/Time Prepared: 5/30/2012 9:32 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)		
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	32,158,767	15,063	2,134.95	4,709	10,053,480		43.00
44.00 CORONARY CARE UNIT	12,200,718	9,511	1,282.80	4,518	5,795,690		44.00
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0		45.00
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0		46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					23,859,839		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					51,055,165		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)					2,596,727		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,059,694		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					3,656,421		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					47,398,744		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)					4,763		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,361.92		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					6,486,825		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140182		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1 Date/Time Prepared: 5/30/2012 9:32 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	5,732,338	53,277,033	0.107595	6,486,825	697,950	90.00
91.00	Nursing School cost	0	53,277,033	0.000000	6,486,825	0	91.00
92.00	Allied health cost	23,729	53,277,033	0.000445	6,486,825	2,887	92.00
93.00	All other Medical Education	0	53,277,033	0.000000	6,486,825	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140182	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1
		Component CCN: 14S182		Date/Time Prepared: 5/30/2012 9:32 am
		Title XVIII	Subprovider - IPF	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)		10,933	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		10,933	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)		10,933	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		4,795	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)		9,082,561	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)		9,082,561	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed charges)		13,703,534	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		13,703,534	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.662790	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)		1,253.41	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)		9,082,561	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)		830.75	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		3,983,446	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		3,983,446	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140182		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1		
		Component CCN: 14S182				Date/Time Prepared: 5/30/2012 9:32 am		
		Title XVIII		Subprovider - IPF		PPS		
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)			
	1.00	2.00	3.00	4.00	5.00			
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	0	0	0.00	0	0		44.00	
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0		45.00	
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0		46.00	
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00	
<b>Cost Center Description</b>								
					1.00			
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						517,406		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						4,500,852		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)						454,470		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						18,705		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)						473,175		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)						4,027,677		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: 140182		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1	
		Component CCN: 14S182				Date/Time Prepared: 5/30/2012 9:32 am	
		Title XVIII		Subprovider - IPF		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	1,036,232	9,082,561	0.114090	0	0	90.00
91.00	Nursing School cost	0	9,082,561	0.000000	0	0	91.00
92.00	Allied health cost	0	9,082,561	0.000000	0	0	92.00
93.00	All other Medical Education	0	9,082,561	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140182	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1
		Component CCN: 14T182		Date/Time Prepared: 5/30/2012 9:32 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)		4,686	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		4,686	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)		4,686	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)		1,750	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)		4,671,376	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)		4,671,376	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed charges)		8,363,951	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		8,363,951	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.558513	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)		1,784.88	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)		4,671,376	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)		996.88	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,744,540	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)		1,744,540	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140182		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1	
		Component CCN: 14T182				Date/Time Prepared: 5/30/2012 9:32 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	0	0	0.00	0	0		44.00
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0		45.00
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0		46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,076,802		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,821,342		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)					66,885		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					154,658		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					221,543		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					2,599,799		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: 140182		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1	
		Component CCN: 14T182				Date/Time Prepared: 5/30/2012 9:32 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	179,089	4,671,376	0.038338	0	0	90.00
91.00	Nursing School cost	0	4,671,376	0.000000	0	0	91.00
92.00	Allied health cost	0	4,671,376	0.000000	0	0	92.00
93.00	All other Medical Education	0	4,671,376	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140182	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3	
		Title XVIII		Hospital	
				PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	ADULTS & PEDIATRICS		18,014,102		30.00
31.00	INTENSIVE CARE UNIT		18,470,795		31.00
32.00	CORONARY CARE UNIT		14,169,912		32.00
33.00	BURN INTENSIVE CARE UNIT		0		33.00
34.00	SURGICAL INTENSIVE CARE UNIT		0		34.00
40.00	SUBPROVIDER - I PF		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	0.161236	14,127,028	2,277,785	50.00
51.00	RECOVERY ROOM	0.000000	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	52.00
53.00	ANESTHESIOLOGY	0.095001	2,582,857	245,374	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.174065	8,685,684	1,511,874	54.00
55.00	RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
56.00	RADIOISOTOPE	0.382493	1,063,049	406,609	56.00
56.01	ULTRA SOUND	0.142767	553,975	79,089	56.01
57.00	CT SCAN	0.061170	5,913,564	361,733	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.165164	8,503,099	1,404,406	59.00
60.00	LABORATORY	0.130641	18,073,165	2,361,096	60.00
60.01	BLOOD LABORATORY	0.118812	2,764,319	328,434	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	63.00
64.00	INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	RESPIRATORY THERAPY	0.186718	7,576,598	1,414,687	65.00
66.00	PHYSICAL THERAPY	0.388233	1,504,836	584,227	66.00
67.00	OCCUPATIONAL THERAPY	0.000000	0	0	67.00
68.00	SPEECH PATHOLOGY	0.000000	0	0	68.00
68.01	CARDIOLOGY	0.991361	22,347	22,154	68.01
69.00	ELECTROCARDIOLOGY	0.146927	3,974,005	583,889	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.259732	116,636	30,294	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.482182	7,243,782	3,492,821	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.270826	10,333,146	2,798,485	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.114570	31,392,491	3,596,638	73.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
76.00	RENAL DIALYSIS	0.184998	2,397,021	443,444	76.00
76.01	METABOLIC SUPPORT	0.000000	0	0	76.01
76.02	CMHC	0.000000	0	0	76.02
76.97	CARDIAC REHABILITATION	0.000000	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	CLINIC	0.094533	181	17	90.00
90.01	A. R. C. CLINIC	0.185894	10,533	1,958	90.01
90.02	CANCER CTR CLINIC	0.631222	16,313	10,297	90.02
90.03	UROLOGY CLINIC	0.328214	17,532	5,754	90.03
90.04	ORTHOPEDIC CLINIC	0.000000	0	0	90.04
90.05	EYE CENTER	0.000000	0	0	90.05
90.06	WOUND CARE CLINIC	0.132022	2,043	270	90.06
90.07	EENT CLINIC	0.000000	0	0	90.07
90.08	O/P PHARMACY CLINIC	0.566532	215	122	90.08
90.09	O/P DENTISTRY	0.914409	0	0	90.09
91.00	EMERGENCY	0.176678	10,744,868	1,898,382	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.213780	0	0	92.00
93.00	FAMILY HEALTH CENTER	0.000000	0	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	AMBULANCE SERVICES				95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
200.00	Total (sum of lines 50-94 and 96-98)		137,619,287	23,859,839	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)		137,619,287		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140182	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3	
		Component CCN: 14S182		Date/Time Prepared: 5/30/2012 9:32 am	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	ADULTS & PEDIATRICS		0		30.00
31.00	INTENSIVE CARE UNIT		0		31.00
32.00	CORONARY CARE UNIT		0		32.00
33.00	BURN INTENSIVE CARE UNIT		0		33.00
34.00	SURGICAL INTENSIVE CARE UNIT		0		34.00
40.00	SUBPROVIDER - IPF		5,733,290		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	0.161236	0	0	50.00
51.00	RECOVERY ROOM	0.000000	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	52.00
53.00	ANESTHESIOLOGY	0.095001	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.174065	77,868	13,554	54.00
55.00	RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
56.00	RADIOISOTOPE	0.382493	10,517	4,023	56.00
56.01	ULTRA SOUND	0.142767	17,534	2,503	56.01
57.00	CT SCAN	0.061170	59,422	3,635	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.165164	1,243	205	59.00
60.00	LABORATORY	0.130641	1,092,962	142,786	60.00
60.01	BLOOD LABORATORY	0.118812	84	10	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	63.00
64.00	INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	RESPIRATORY THERAPY	0.186718	109,081	20,367	65.00
66.00	PHYSICAL THERAPY	0.388233	6,271	2,435	66.00
67.00	OCCUPATIONAL THERAPY	0.000000	0	0	67.00
68.00	SPEECH PATHOLOGY	0.000000	0	0	68.00
68.01	CARDIOLOGY	0.991361	0	0	68.01
69.00	ELECTROCARDIOLOGY	0.146927	72,623	10,670	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.259732	4,511	1,172	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.482182	3,725	1,796	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.270826	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.114570	1,595,025	182,742	73.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
76.00	RENAL DIALYSIS	0.184998	22,958	4,247	76.00
76.01	METABOLIC SUPPORT	0.000000	0	0	76.01
76.02	CMHC	0.000000	0	0	76.02
76.97	CARDIAC REHABILITATION	0.000000	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	CLINIC	0.094533	0	0	90.00
90.01	A. R. C. CLINIC	0.185894	0	0	90.01
90.02	CANCER CTR CLINIC	0.631222	0	0	90.02
90.03	UROLOGY CLINIC	0.328214	0	0	90.03
90.04	ORTHOPEDIC CLINIC	0.000000	0	0	90.04
90.05	EYE CENTER	0.000000	0	0	90.05
90.06	WOUND CARE CLINIC	0.132022	0	0	90.06
90.07	EENT CLINIC	0.000000	0	0	90.07
90.08	O/P PHARMACY CLINIC	0.566532	0	0	90.08
90.09	O/P DENTISTRY	0.914409	0	0	90.09
91.00	EMERGENCY	0.176678	720,298	127,261	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.213780	0	0	92.00
93.00	FAMILY HEALTH CENTER	0.000000	0	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	AMBULANCE SERVICES				95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
200.00	Total (sum of lines 50-94 and 96-98)		3,794,122	517,406	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)		3,794,122		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140182	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3	
		Component CCN: 14T182		Date/Time Prepared: 5/30/2012 9:32 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
32.00	CORONARY CARE UNIT		0		32.00
33.00	BURN INTENSIVE CARE UNIT		0		33.00
34.00	SURGICAL INTENSIVE CARE UNIT		0		34.00
40.00	SUBPROVIDER - IPF		0		40.00
41.00	SUBPROVIDER - IRF		2,884,528		41.00
42.00	SUBPROVIDER		0		42.00
43.00	NURSERY		0		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	OPERATING ROOM	0.161236	1,643	265	50.00
51.00	RECOVERY ROOM	0.000000	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	52.00
53.00	ANESTHESIOLOGY	0.095001	187,263	17,790	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.174065	0	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
56.00	RADIOISOTOPE	0.382493	6,452	2,468	56.00
56.01	ULTRA SOUND	0.142767	38,761	5,534	56.01
57.00	CT SCAN	0.061170	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.165164	261,044	43,115	59.00
60.00	LABORATORY	0.130641	28,472	3,720	60.00
60.01	BLOOD LABORATORY	0.118812	121,659	14,455	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	63.00
64.00	INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	RESPIRATORY THERAPY	0.186718	0	0	65.00
66.00	PHYSICAL THERAPY	0.388233	2,012,340	781,257	66.00
67.00	OCCUPATIONAL THERAPY	0.000000	0	0	67.00
68.00	SPEECH PATHOLOGY	0.000000	0	0	68.00
68.01	CARDIOLOGY	0.991361	0	0	68.01
69.00	ELECTROCARDIOLOGY	0.146927	17,182	2,524	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.259732	717	186	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.482182	110,115	53,095	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.270826	2,802	759	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.114570	1,127,391	129,165	73.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
76.00	RENAL DIALYSIS	0.184998	121,457	22,469	76.00
76.01	METABOLIC SUPPORT	0.000000	0	0	76.01
76.02	CMHC	0.000000	0	0	76.02
76.97	CARDIAC REHABILITATION	0.000000	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	CLINIC	0.094533	0	0	90.00
90.01	A. R. C. CLINIC	0.185894	0	0	90.01
90.02	CANCER CTR CLINIC	0.631222	0	0	90.02
90.03	UROLOGY CLINIC	0.328214	0	0	90.03
90.04	ORTHOPEDIC CLINIC	0.000000	0	0	90.04
90.05	EYE CENTER	0.000000	0	0	90.05
90.06	WOUND CARE CLINIC	0.132022	0	0	90.06
90.07	EENT CLINIC	0.000000	0	0	90.07
90.08	O/P PHARMACY CLINIC	0.566532	0	0	90.08
90.09	O/P DENTISTRY	0.914409	0	0	90.09
91.00	EMERGENCY	0.176678	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.213780	0	0	92.00
93.00	FAMILY HEALTH CENTER	0.000000	0	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	AMBULANCE SERVICES				95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
200.00	Total (sum of lines 50-94 and 96-98)		4,037,298	1,076,802	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)			0	201.00
202.00	Net Charges (line 200 minus line 201)		4,037,298		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140182	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3 Date/Time Prepared: 5/30/2012 9:32 am	
Cost Center Description		Title XIX	Hospital	Cost	
		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		32,707,400		30.00
31.00	INTENSIVE CARE UNIT		31,863,472		31.00
32.00	CORONARY CARE UNIT		3,896,187		32.00
33.00	BURN INTENSIVE CARE UNIT		0		33.00
34.00	SURGICAL INTENSIVE CARE UNIT		0		34.00
40.00	SUBPROVIDER - I PF		0		40.00
41.00	SUBPROVIDER - IRF		0		41.00
42.00	SUBPROVIDER		0		42.00
43.00	NURSERY		3,262,262		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	OPERATING ROOM	0.161236	7,189,798	1,159,254	50.00
51.00	RECOVERY ROOM	0.000000	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	52.00
53.00	ANESTHESIOLOGY	0.095001	2,318,751	220,284	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.174065	3,979,720	692,730	54.00
55.00	RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
56.00	RADIOISOTOPE	0.382493	279,104	106,755	56.00
56.01	ULTRA SOUND	0.142767	735,467	105,000	56.01
57.00	CT SCAN	0.061170	2,706,142	165,535	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.165164	2,085,378	344,429	59.00
60.00	LABORATORY	0.130641	14,520,656	1,896,993	60.00
60.01	BLOOD LABORATORY	0.118812	2,588,105	307,498	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	63.00
64.00	INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	RESPIRATORY THERAPY	0.186718	10,590,757	1,977,485	65.00
66.00	PHYSICAL THERAPY	0.388233	507,983	197,216	66.00
67.00	OCCUPATIONAL THERAPY	0.000000	0	0	67.00
68.00	SPEECH PATHOLOGY	0.000000	0	0	68.00
68.01	CARDIOLOGY	0.991361	6,050	5,998	68.01
69.00	ELECTROCARDIOLOGY	0.146927	1,624,598	238,697	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.259732	56,239	14,607	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.482182	4,095,522	1,974,787	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.270826	3,046,967	825,198	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.114570	22,747,498	2,606,181	73.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
76.00	RENAL DIALYSIS	0.184998	682,872	126,330	76.00
76.01	METABOLIC SUPPORT	0.000000	0	0	76.01
76.02	CMHC	0.000000	0	0	76.02
76.97	CARDIAC REHABILITATION	0.000000	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	RURAL HEALTH CLINIC	0.000000	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	89.00
90.00	CLINIC	0.094533	0	0	90.00
90.01	A. R. C. CLINIC	0.185894	308,115	57,277	90.01
90.02	CANCER CTR CLINIC	0.631222	0	0	90.02
90.03	UROLOGY CLINIC	0.328214	1,767	580	90.03
90.04	ORTHOPEDIC CLINIC	0.000000	0	0	90.04
90.05	EYE CENTER	0.000000	0	0	90.05
90.06	WOUND CARE CLINIC	0.132022	0	0	90.06
90.07	EENT CLINIC	0.000000	0	0	90.07
90.08	O/P PHARMACY CLINIC	0.566532	0	0	90.08
90.09	O/P DENTISTRY	0.914409	0	0	90.09
91.00	EMERGENCY	0.176678	5,214,127	921,222	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.213780	0	0	92.00
93.00	FAMILY HEALTH CENTER	0.000000	0	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	AMBULANCE SERVICES				95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
200.00	Total (sum of lines 50-94 and 96-98)		85,285,616	13,944,056	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)		85,285,616		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140182	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3	
		Component CCN: 14S182		Date/Time Prepared: 5/30/2012 9:32 am	
		Title XIX	Subprovider - IPF	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
32.00	CORONARY CARE UNIT		0		32.00
33.00	BURN INTENSIVE CARE UNIT		0		33.00
34.00	SURGICAL INTENSIVE CARE UNIT		0		34.00
40.00	SUBPROVIDER - IPF		5,023,789		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	0.161236	1,489	240	50.00
51.00	RECOVERY ROOM	0.000000	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	52.00
53.00	ANESTHESIOLOGY	0.095001	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.174065	62,331	10,850	54.00
55.00	RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
56.00	RADIOISOTOPE	0.382493	3,870	1,480	56.00
56.01	ULTRA SOUND	0.142767	15,040	2,147	56.01
57.00	CT SCAN	0.061170	65,290	3,994	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.165164	0	0	59.00
60.00	LABORATORY	0.130641	1,219,809	159,357	60.00
60.01	BLOOD LABORATORY	0.118812	262	31	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	63.00
64.00	INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	RESPIRATORY THERAPY	0.186718	154,480	28,844	65.00
66.00	PHYSICAL THERAPY	0.388233	3,858	1,498	66.00
67.00	OCCUPATIONAL THERAPY	0.000000	0	0	67.00
68.00	SPEECH PATHOLOGY	0.000000	0	0	68.00
68.01	CARDIOLOGY	0.991361	0	0	68.01
69.00	ELECTROCARDIOLOGY	0.146927	51,780	7,608	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.259732	4,488	1,166	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.482182	3,345	1,613	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.270826	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.114570	1,288,961	147,676	73.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
76.00	RENAL DIALYSIS	0.184998	66,058	12,221	76.00
76.01	METABOLIC SUPPORT	0.000000	0	0	76.01
76.02	CMHC	0.000000	0	0	76.02
76.97	CARDIAC REHABILITATION	0.000000	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	RURAL HEALTH CLINIC	0.000000	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	89.00
90.00	CLINIC	0.094533	0	0	90.00
90.01	A. R. C. CLINIC	0.185894	0	0	90.01
90.02	CANCER CTR CLINIC	0.631222	0	0	90.02
90.03	UROLOGY CLINIC	0.328214	0	0	90.03
90.04	ORTHOPEDIC CLINIC	0.000000	0	0	90.04
90.05	EYE CENTER	0.000000	0	0	90.05
90.06	WOUND CARE CLINIC	0.132022	0	0	90.06
90.07	EENT CLINIC	0.000000	0	0	90.07
90.08	O/P PHARMACY CLINIC	0.566532	0	0	90.08
90.09	O/P DENTISTRY	0.914409	0	0	90.09
91.00	EMERGENCY	0.176678	909,730	160,729	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.213780	0	0	92.00
93.00	FAMILY HEALTH CENTER	0.000000	0	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	AMBULANCE SERVICES				95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
200.00	Total (sum of lines 50-94 and 96-98)		3,850,791	539,454	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)		3,850,791		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140182	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3	
		Component CCN: 14T182		Date/Time Prepared: 5/30/2012 9:32 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
32.00	CORONARY CARE UNIT		0		32.00
33.00	BURN INTENSIVE CARE UNIT		0		33.00
34.00	SURGICAL INTENSIVE CARE UNIT		0		34.00
40.00	SUBPROVIDER - IPF		0		40.00
41.00	SUBPROVIDER - IRF		872,767		41.00
42.00	SUBPROVIDER		0		42.00
43.00	NURSERY		0		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	OPERATING ROOM	0.161236	13,662	2,203	50.00
51.00	RECOVERY ROOM	0.000000	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	52.00
53.00	ANESTHESIOLOGY	0.095001	3,236	307	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.174065	12,560	2,186	54.00
55.00	RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
56.00	RADIOISOTOPE	0.382493	0	0	56.00
56.01	ULTRA SOUND	0.142767	0	0	56.01
57.00	CT SCAN	0.061170	11,296	691	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.165164	0	0	59.00
60.00	LABORATORY	0.130641	40,420	5,281	60.00
60.01	BLOOD LABORATORY	0.118812	3,208	381	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	63.00
64.00	INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	RESPIRATORY THERAPY	0.186718	27,564	5,147	65.00
66.00	PHYSICAL THERAPY	0.388233	590,816	229,374	66.00
67.00	OCCUPATIONAL THERAPY	0.000000	0	0	67.00
68.00	SPEECH PATHOLOGY	0.000000	0	0	68.00
68.01	CARDIOLOGY	0.991361	0	0	68.01
69.00	ELECTROCARDIOLOGY	0.146927	2,975	437	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.259732	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.482182	16,448	7,931	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.270826	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.114570	298,269	34,173	73.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
76.00	RENAL DIALYSIS	0.184998	34,815	6,441	76.00
76.01	METABOLIC SUPPORT	0.000000	0	0	76.01
76.02	CMHC	0.000000	0	0	76.02
76.97	CARDIAC REHABILITATION	0.000000	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	RURAL HEALTH CLINIC	0.000000	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	89.00
90.00	CLINIC	0.094533	0	0	90.00
90.01	A. R. C. CLINIC	0.185894	0	0	90.01
90.02	CANCER CTR CLINIC	0.631222	0	0	90.02
90.03	UROLOGY CLINIC	0.328214	0	0	90.03
90.04	ORTHOPEDIC CLINIC	0.000000	0	0	90.04
90.05	EYE CENTER	0.000000	0	0	90.05
90.06	WOUND CARE CLINIC	0.132022	0	0	90.06
90.07	EENT CLINIC	0.000000	0	0	90.07
90.08	O/P PHARMACY CLINIC	0.566532	0	0	90.08
90.09	O/P DENTISTRY	0.914409	0	0	90.09
91.00	EMERGENCY	0.176678	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.213780	0	0	92.00
93.00	FAMILY HEALTH CENTER	0.000000	0	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	AMBULANCE SERVICES				95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
200.00	Total (sum of lines 50-94 and 96-98)		1,055,269	294,552	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)		1,055,269		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140182	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part A Date/Time Prepared: 5/30/2012 9:32 am
		Title XVIIII	Hospital	PPS
		1.00		
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER PPS</b>				
1.00	DRG Amounts Other than Outlier Payments		29,129,000	1.00
2.00	Outlier payments for discharges. (see instructions)		1,116,285	2.00
3.00	Managed Care Simulated Payments		5,731,276	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		250.57	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)		222.34	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		14.84	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.		-40.98	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)		166.52	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		166.67	10.00
11.00	FTE count for residents in dental and podiatric programs.		12.30	11.00
12.00	Current year allowable FTE (see instructions)		178.82	12.00
13.00	Total allowable FTE count for the prior year.		184.82	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.		181.69	14.00
15.00	Sum of lines 12 through 14 divided by 3.		181.78	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		181.78	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.725466	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.728010	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.725466	21.00
22.00	IME payment adjustment (see instructions)		11,635,070	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)		0.15	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)		11,635,070	29.00
<b>Disproportionate Share Adjustment</b>				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		10.61	30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)		32.18	31.00
32.00	Sum of lines 30 and 31		42.79	32.00
33.00	Allowable disproportionate share percentage (see instructions)		24.52	33.00
34.00	Disproportionate share adjustment (see instructions)		7,142,431	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)		49,022,786	47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0	48.00
49.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)		49,022,786	49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		3,542,778	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).		5,684,264	52.00
53.00	Nursing and Allied Health Managed Care payment		11,290	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		12,040	57.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140182	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part A Date/Time Prepared: 5/30/2012 9:32 am
		Title XVIII	Hospital	PPS
				1.00
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)			13,364 58.00
59.00	Total (sum of amounts on lines 49 through 58)			58,286,522 59.00
60.00	Primary payer payments			29,948 60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			58,256,574 61.00
62.00	Deductibles billed to program beneficiaries			2,915,072 62.00
63.00	Coinsurance billed to program beneficiaries			209,028 63.00
64.00	Allowable bad debts (see instructions)			1,599,666 64.00
65.00	Adjusted reimbursable bad debts (see instructions)			1,119,766 65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			1,159,995 66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			56,252,240 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)			56,252,240 71.00
72.00	Interim payments			55,701,954 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)			550,286 74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2			0 75.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Operating outlier amount from Worksheet E, Part A line 2			0 90.00
91.00	Capital outlier from Worksheet L, Part I, line 2			0 91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0 92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0 93.00
94.00	The rate used to calculate the Time Value of Money			0.00 94.00
95.00	Time Value of Money for operating expenses(see instructions)			0 95.00
96.00	Time Value of Money for capital related expenses (see instructions)			0 96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140182	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/30/2012 9:32 am
		Title XVIII	Hospital	PPS
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		120,432	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		14,980,117	2.00
3.00	PPS payments		13,581,840	3.00
4.00	Outlier payment (see instructions)		278,531	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.859	5.00
6.00	Line 2 times line 5		12,867,921	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		5,603	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		120,432	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		502,765	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)		502,765	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)		502,765	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		382,333	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)		120,432	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)		13,865,974	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		107,943	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		3,019,566	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)		10,858,897	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		1,471,478	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		12,330,375	30.00
31.00	Primary payer payments		1,798	31.00
32.00	Subtotal (line 30 minus line 31)		12,328,577	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)		1,334,390	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		934,073	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)		13,262,650	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)		13,262,650	40.00
41.00	Interim payments		12,856,258	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)		406,392	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: 140182	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/30/2012 9:32 am
		Component CCN: 14S182	Title XVIII	Subprovider - IPF
		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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140182	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/30/2012 9:32 am
		Component CCN: 14T182	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: 140182

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/30/2012 9:32 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		55,590,574		13,037,946	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER	12/09/2011	2,770	12/02/2011	13,105	3.01	
3.02		12/02/2011	478,877		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	08/05/2011	370,267	08/05/2011	194,793	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)		111,380		-181,688	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)		55,701,954		12,856,258	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		550,286		406,392	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		56,252,240		13,262,650	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: 140182

Period: From 01/01/2011

Worksheet E-1

Component CCN: 14S182

To 12/31/2011

Part I  
Date/Time Prepared:  
5/30/2012 9:32 am

Title XVIII

Subprovider -  
IPF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
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		3,005,597		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	08/05/2011	7,236		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)		-7,236		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)		2,998,361		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		197,022		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		3,195,383		0	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: 140182

Period: From 01/01/2011

Worksheet E-1

Component CCN: 14T182

To 12/31/2011

Part I  
Date/Time Prepared:  
5/30/2012 9:32 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					0 1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		2,379,315			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)					0 3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER	08/05/2011	4,925			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)		4,925			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)		2,384,240			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)					0 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)					0 6.00
6.01	SETTLEMENT TO PROVIDER		0			0 6.01
6.02	SETTLEMENT TO PROGRAM		48,642			0 6.02
7.00	Total Medicare program liability (see instructions)		2,335,598			0 7.00
				Contractor Number	Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					0 8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 140182

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

Worksheet E-1  
Part II  
Date/Time Prepared:  
5/30/2012 9:32 am

		Title XVIII	Hospital	PPS
		1.00		
<b>DATA COLLECTION NEEDED FOR THE HIT CALCULATION</b>				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst S-3, Part I column 15 line 14			15,044 1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12			17,558 2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6. line 2			2,597 3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12			58,930 4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200			1,138,532,138 5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20			39,938,063 6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Worksheet S-2, Part I line 168			0 7.00
8.00	Calculation of the HIT incentive payment (see instructions)			1,693,907 8.00
<b>INPATIENT HOSPITAL SERVICES UNDER PPS &amp; CAH</b>				
30.00	Initial/interim HIT payment(s)			0 30.00
31.00	Other Adjustment (specify)			0 31.00
32.00	Balance due provider (line 8 minus line 30, plus or minus line 31)			1,693,907 32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140182	Period: From 01/01/2011 To 12/31/2011	Worksheet E-3 Part II Date/Time Prepared: 5/30/2012 9:32 am
		Component CCN: 14S182	Title XVII	Subprovider - IPF
				PPS
				1.00
<b>PART II - MEDICARE PART A SERVICES - IPF PPS</b>				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)		3,313,341	1.00
2.00	Net IPF PPS Outlier Payments		3,698	2.00
3.00	Net IPF PPS ECT Payments		0	3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)		0.50	4.00
5.00	New Teaching program adjustment. (see instructions)		0.00	5.00
6.00	Current year's unweighted FTE count of I&R other than FTEs in the first 3 years of a "new teaching program". (see inst.)		1.11	6.00
7.00	Current year's unweighted I&R FTE count for residents within the first 3 years of a "new teaching program". (see inst.)		0.00	7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)		0.50	8.00
9.00	Average Daily Census (see instructions)		29,953,425	9.00
10.00	Medical Education Adjustment Factor $\{((1 + (\text{line } 8/\text{line } 9))) \text{ raised to the power of } .5150 - 1\}$ .		0.008562	10.00
11.00	Medical Education Adjustment (line 1 multiplied by line 10).		28,369	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)		3,345,408	12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)		0	13.00
14.00	Organ acquisition		0	14.00
15.00	Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions)		0	15.00
16.00	Subtotal (see instructions)		3,345,408	16.00
17.00	Primary payer payments		0	17.00
18.00	Subtotal (line 16 less line 17).		3,345,408	18.00
19.00	Deductibles		248,976	19.00
20.00	Subtotal (line 18 minus line 19)		3,096,432	20.00
21.00	Coinurance		95,601	21.00
22.00	Subtotal (line 20 minus line 21)		3,000,831	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		277,079	23.00
24.00	Adjusted reimbursable bad debts (see instructions)		193,955	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		214,789	25.00
26.00	Subtotal (sum of lines 22 and 24)		3,194,786	26.00
27.00	Direct graduate medical education payments (from Worksheet E-4, line 49)		0	27.00
28.00	Other pass through costs (see instructions)		597	28.00
29.00	Outlier payments reconciliation		0	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	30.00
30.99	Recovery of Accelerated Depreciation		0	30.99
31.00	Total amount payable to the provider (see instructions)		3,195,383	31.00
32.00	Interim payments		2,998,361	32.00
33.00	Tentative settlement (for contractor use only)		0	33.00
34.00	Balance due provider/program (line 31 minus the sum lines 32 and 33)		197,022	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		0	35.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2		0	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)		0	51.00
52.00	The rate used to calculate the Time Value of Money		0.00	52.00
53.00	Time Value of Money (see instructions)		0	53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140182	Period: From 01/01/2011 To 12/31/2011	Worksheet E-3 Part III Date/Time Prepared: 5/30/2012 9:32 am
		Component CCN: 14T182	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)		2,093,787	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)		0.0696	2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)		206,736	3.00
4.00	Outlier Payments		44,871	4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)		0.96	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)		12.838356	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)		2,345,394	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)		2,345,394	17.00
18.00	Primary payer payments		0	18.00
19.00	Subtotal (line 17 less line 18).		2,345,394	19.00
20.00	Deductibles		7,892	20.00
21.00	Subtotal (line 19 minus line 20)		2,337,502	21.00
22.00	Coinsurance		14,716	22.00
23.00	Subtotal (line 21 minus line 22)		2,322,786	23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		17,750	24.00
25.00	Adjusted reimbursable bad debts (see instructions)		12,425	25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		13,066	26.00
27.00	Subtotal (sum of lines 23 and 25)		2,335,211	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)		387	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)		2,335,598	32.00
33.00	Interim payments		2,384,240	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)		-48,642	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: 140182	Period: From 01/01/2011 To 12/31/2011	Worksheet E-4 Date/Time Prepared: 5/30/2012 9:32 am	
		Title XVII	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.			217.60	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			11.62	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			-36.83	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)			169.15	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			181.71	6.00
7.00	Enter the lesser of line 5 or line 6			169.15	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.	101.44	61.15	162.59	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.	94.43	56.92	151.35	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		12.07		10.00
11.00	Total weighted FTE count	94.43	68.99		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	82.49	79.30		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	92.82	89.23		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	89.91	79.17		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	89.91	79.17		17.00
18.00	Per resident amount	122,838.66	116,376.23		18.00
19.00	Approved amount for resident costs	11,044,424	9,213,506	20,257,930	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)			12.56	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)			20,257,930	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
<b>COMPUTATION OF PROGRAM PATIENT LOAD</b>					
26.00	Inpatient Days	24,103	2,597		26.00
27.00	Total Inpatient Days	74,549	74,549		27.00
28.00	Ratio of inpatient days to total inpatient days	0.323318	0.034836		28.00
29.00	Program direct GME amount	6,549,753	705,705		29.00
30.00	Reduction for nursing/allied health		99,716		30.00
31.00	Net Program direct GME amount			7,155,742	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140182	Period: From 01/01/2011 To 12/31/2011	Worksheet E-4 Date/Time Prepared: 5/30/2012 9:32 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)		58,377,359	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)		29,948	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		58,347,411	41.00
<b>Part B Reasonable Cost</b>				
42.00	Reasonable cost (see instructions)		15,106,152	42.00
43.00	Primary payer payments (see instructions)		1,798	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		15,104,354	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		73,451,765	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.794364	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.205636	47.00
<b>ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B</b>				
48.00	Total program GME payment (line 31)		7,155,742	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (Title XVIII only) (see instructions)		5,684,264	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		1,471,478	50.00

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

Provider CCN: 140182

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

Worksheet G

Date/Time Prepared:  
5/30/2012 9:32 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	32,130,000	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	67,253,000	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	32,445,000	0	0	0	9.00
10.00	Due from other funds	12,872,000	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	144,700,000	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	14,806,000	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	119,526,000	0	0	0	15.00
16.00	Accumulated depreciation	-88,473,000	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	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	51,524,000	0	0	0	23.00
24.00	Accumulated depreciation	0	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	97,383,000	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	84,475,000	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	104,922,000	0	0	0	33.00
34.00	Other assets	0	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	189,397,000	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	431,480,000	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	16,921,000	0	0	0	37.00
38.00	Salaries, wages, and fees payable	19,210,000	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	15,073,000	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	52,513,000	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	103,717,000	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	8,115,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	8,115,000	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	111,832,000	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	319,648,000				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)	319,648,000	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	431,480,000	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140182

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

Worksheet G-1

Date/Time Prepared:  
5/30/2012 9:32 am

		General Fund		Special Purpose Fund		
		1.00	2.00	3.00	4.00	
		1.00	Fund balances at beginning of period		260,310,588	
2.00	Net income (loss) (From Wkst. G-3, line 29)		59,337,412			2.00
3.00	Total (sum of line 1 and line 2)		319,648,000		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		319,648,000		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)		319,648,000		0	19.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140182

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

Worksheet G-1

Date/Time Prepared:  
5/30/2012 9:32 am

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

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 140182

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

Worksheet G-2 Parts

Date/Time Prepared:  
5/30/2012 9:32 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	174,826,515		174,826,515	1.00
2.00	SUBPROVIDER - IPF	13,703,534		13,703,534	2.00
3.00	SUBPROVIDER - IRF	8,363,951		8,363,951	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	0		0	7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	196,894,000		196,894,000	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	0		0	11.00
12.00	CORONARY CARE UNIT	0		0	12.00
13.00	BURN INTENSIVE CARE UNIT	0		0	13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	0		0	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	196,894,000		196,894,000	17.00
18.00	Ancillary services	0	0	0	18.00
19.00	Outpatient services	496,088,000	445,648,000	941,736,000	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY	0	0	0	22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	25.00
26.00	HOSPICE				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)	692,982,000	445,648,000	1,138,630,000	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		326,871,588		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)		326,871,588		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140182

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

Worksheet G-3

Date/Time Prepared:  
5/30/2012 9:32 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,138,630,000	1.00
2.00	Less contractual allowances and discounts on patients' accounts	767,777,000	2.00
3.00	Net patient revenues (line 1 minus line 2)	370,853,000	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	326,871,588	4.00
5.00	Net income from service to patients (line 3 minus line 4)	43,981,412	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and telegraph service	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER (SPECIFY)	15,356,000	24.00
25.00	Total other income (sum of lines 6-24)	15,356,000	25.00
26.00	Total (line 5 plus line 25)	59,337,412	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)	59,337,412	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140182	Period: From 01/01/2011 To 12/31/2011	Worksheet L Parts I-III Date/Time Prepared: 5/30/2012 9:32 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		2,365,398	1.00
2.00	Capital DRG outlier payments		78,652	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		161.45	3.00
4.00	Number of interns & residents (see instructions)		181.78	4.00
5.00	Indirect medical education percentage (see instructions)		37.40	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)		884,659	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		10.61	7.00
8.00	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)		32.18	8.00
9.00	Sum of lines 7 and 8		42.79	9.00
10.00	Allowable disproportionate share percentage (see instructions)		9.05	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		214,069	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		3,542,778	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