

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: 140202	Period: From 01/01/2011 To 12/31/2011	Worksheet S Parts I-III Date/Time Prepared: 5/30/2012 6:53 am
--	----------------------	---	--

**PART I - COST REPORT STATUS**

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 5/30/2012 Time: 6:53 am
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: 04 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 CONDELL MEDICAL CENTER for the cost reporting period beginning 01/01/2011 and ending 12/31/2011 and to the best of my knowledge and belief, it is a true, correct and complete statement prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services identified in this cost report were provided in compliance with such laws and regulations.

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

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

	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	-304,042	537,366	2,747,848	0	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	0	0	0	0	3.00
4.00 SUBPROVIDER I	0	0	0	0	0	4.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0	0	0	7.00
8.00 NURSING FACILITY	0	0	0	0	0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0	0	0	9.00
10.00 RURAL HEALTH CLINIC I	0	0	0	0	0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0	11.00
12.00 CMHC I	0	0	0	0	0	12.00
200.00 Total	0	-304,042	537,366	2,747,848	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.

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: 140202

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

Worksheet S Parts I-III Date/Time Prepared: 5/30/2012 6:53 am

**PART I - COST REPORT STATUS**

Provider use only

1.  Electronically filed cost report Date: 5/30/2012 Time: 6:53 am

2.  Manually submitted cost report

3.  If this is an amended report enter the number of times the provider resubmitted this cost report

4.  Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only

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

6. Date Received: 7. Contractor No.

8.  Initial Report for this Provider CCN

9.  Final Report for this Provider CCN

10. NPR Date: 11. Contractor's Vendor Code: 04

12.  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 CONDELL MEDICAL CENTER for the cost reporting period beginning 01/01/2011 and ending 12/31/2011 and to the best of my knowledge and belief, it is a true, correct and complete statement prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services identified in this cost report were provided in compliance with such laws and regulations.

Encryption Information

ECR: Date: 5/30/2012 Time: 6:53 am  
 .pMSU1tBZe7sj md159hmVxFabMaTfO  
 SxnyG0cy7H5PPmj QHG8gFI Agbi 3Wkm  
 wznI 1oqzOKO: cURX

PI: Date: 5/30/2012 Time: 6:53 am  
 qGuE7VwhEm9uz1gZcd: Z: ywJh3LR1  
 Ni Z520yxWdT. .EUnGe4MFcp7NdXNDS  
 OZLa4A838L05AHte

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

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Date

	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00	Hospital	0	-304,042	537,366	2,747,848	0 1.00
2.00	Subprovider - IPF	0	0	0	0	0 2.00
3.00	Subprovider - IRF	0	0	0	0	0 3.00
4.00	SUBPROVIDER I	0	0	0	0	0 4.00
5.00	Swing bed - SNF	0	0	0	0	0 5.00
6.00	Swing bed - NF	0	0	0	0	0 6.00
7.00	SKILLED NURSING FACILITY	0	0	0	0	0 7.00
8.00	NURSING FACILITY	0	0	0	0	0 8.00
9.00	HOME HEALTH AGENCY I	0	0	0	0	0 9.00
10.00	RURAL HEALTH CLINIC I	0	0	0	0	0 10.00
11.00	FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0 11.00
12.00	CMHC I	0	0	0	0	0 12.00
200.00	Total	0	-304,042	537,366	2,747,848	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: 140202		Period: From 01/01/2011 To 12/31/2011		Worksheet S-2 Part I Date/Time Prepared: 5/30/2012 6:39 am					
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 900 GARFIELD AVE			PO Box:						1.00	
2.00	City: LIBERTYVILLE			State: IL		Zip Code: 60648-		County: LAKE		2.00	
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00	
								V	XVIII	XIX	
Hospital and Hospital-Based Component Identification:											
3.00	Hospital		CONDELL MEDICAL CENTER	140202	29404	1	01/01/1966	0	P	0	3.00
4.00	Subprovider - IPF										4.00
5.00	Subprovider - IRF										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										9.00
10.00	Hospital-Based NF										10.00
11.00	Hospital-Based OLTC										11.00
12.00	Hospital-Based HHA		CONDELL MEDICAL CENTER HHA	147247	29404		07/01/1966	N	P	N	12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital-Based Hospice										14.00
15.00	Hospital-Based Health Clinic - RHC							N	N	N	15.00
16.00	Hospital-Based Health Clinic - FQHC							N	N	N	16.00
17.00	Hospital-Based (CMHC) 1										17.00
17.10	Hospital-Based (CORF) 1							N	N	N	17.10
17.20	Hospital-Based (OPT) 1							N	N	N	17.20
17.30	Hospital-Based (OOT) 1							N	N	N	17.30
17.40	Hospital-Based (OSP) 1							N	N	N	17.40
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.	8,682	5,317	59	0	2	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.	0	0	0	0	0	0		25.00		
							Urban/Rural	Date of Geogr			
							1.00	2.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter (1) for urban or (2) for rural.						1		26.00		
27.00	For the Standard Geographic classification (not wage), what is your status at the end of the cost reporting period. Enter (1) for urban or (2) for rural. If applicable, enter the effective date of the geographic reclassification (in column 2).						1		27.00		
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.						0		35.00		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140202	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part I Date/Time Prepared: 5/30/2012 6:39 am		
		Beginning: 1.00	Ending: 2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.				36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0			37.00	
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.				38.00	
		V 1.00	XVIII 2.00	XIX 3.00		
<b>Prospective Payment System (PPS)-Capital</b>						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N	45.00	
46.00	Is this facility eligible for the special exceptions payment pursuant to 42 CFR Section §412.348(g)? If yes, complete Worksheet L, Part III and L-1, Parts I through III	N	N	N	46.00	
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N	47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00	
<b>Teaching Hospitals</b>						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N			56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.				57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N			58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N			59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y			60.00	
		Y/N 1.00	IME Average 2.00	Direct GME Average 3.00		
61.00	Did your facility receive additional FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. If "Y", effective for portions of cost reporting periods beginning on or after July 1, 2011 enter the average number of primary care FTE residents for IME in column 2 and direct GME in column 3, from the hospital's three most recent cost reports ending and submitted before March 23, 2010. (see instructions)		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)	N			63.00	
		Unweighted FTEs Nonprovider Site 1.00	Unweighted FTEs in Hospital 2.00	Ratio (col. 1/ (col. 1 + col. 2)) 3.00		
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. If line 63 is yes or your facility trained residents in the base year period, enter in column 1, from your cost reporting period that begins on or after July 1, 2009, and before June 30, 2010 the number of unweighted nonprimary care FTE residents attributable to rotations that occurred in all nonprovider settings. Enter in column 2 the number of unweighted nonprimary care FTE residents that trained in your hospital. Include unweighted OB/GYN, dental and podiatry FTEs on this line. Enter in column 3, the ratio of column 1 divided by the sum of columns 1 and 2.	0.00	0.00	0.000000	64.00	
		Program Name 1.00	Program Code 2.00	Unweighted FTEs Nonprovider Site 3.00	Unweighted FTEs in Hospital 4.00	Ratio (col. 3/ (col. 3 + col. 4)) 5.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 140202

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

Worksheet S-2  
Part I  
Date/Time Prepared:  
5/30/2012 6:39 am

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
		1.00	2.00	3.00	4.00	5.00		
65.00	If line 63 is yes or your facility trained residents in the base year period, enter from your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010, the number of unweighted primary care FTE residents for each primary care specialty program in which you train residents. Use subscripted lines 65.01 through 65.50 for each additional primary care program. Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations that occurred in nonprovider settings for each applicable program. Enter in column 4, the number of unweighted primary care FTE residents in your hospital for each applicable program. Enter in column 5 the ratio of column 3 divided by the sum of columns 3 and 4.			0.00	0.00	0.000000	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	0.00	0.000000	66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
		1.00	2.00	3.00	4.00	5.00		
67.00	Enter in column 1 the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	67.00	
						1.00	2.00	3.00
70.00	Inpatient Psychiatric Facility PPS Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			N			70.00	
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)					0	71.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140202	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part I Date/Time Prepared: 5/30/2012 6:39 am	
			1.00	2.00	3.00
<b>Inpatient Rehabilitation Facility PPS</b>					
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.		N		75.00
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)			0	76.00
			1.00		
<b>Long Term Care Hospital PPS</b>					
80.00	Is this a Long Term Care Hospital (LTCH)? Enter "Y" for yes or "N" for no.			N	80.00
<b>TEFRA Providers</b>					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(i)? Enter "Y" for yes and "N" for no.			N	86.00
			V	XIX	
			1.00	2.00	
<b>Title V or XIX Inpatient Services</b>					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.		Y	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.		N	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N	92.00
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.		N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.		N	N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.		0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.		N	N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.		0.00	0.00	97.00
<b>Rural Providers</b>					
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?		N		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)		N		106.00
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)		N		107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.		N		108.00
			Physical	Occupational	Speech
			1.00	2.00	3.00
			Respiratory		4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.		N	N	109.00
			1.00		2.00
<b>Miscellaneous Cost Reporting Information</b>					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2.		N		115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.		N		116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.		N		117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.			1	118.00
119.00	What is the liability limit for the malpractice insurance policy? Enter in column 1 the monetary limit per lawsuit. Enter in column 2 the monetary limit per policy year.		257,500,000	257,500,000	119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 as amended by the Medicaid Extender Act (MMEA) §108? Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with <= 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121? Enter in column 2 "Y" for yes or "N" for no.		N	N	120.00
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y		121.00
<b>Transplant Center Information</b>					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N		125.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA			Provider CCN: 140202		Period: From 01/01/2011 To 12/31/2011		Worksheet S-2 Part I Date/Time Prepared: 5/30/2012 6:39 am			
			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 HEALTH CARE		Contractor's Name: NGS		Contractor's Number: 00130			141.00		
142.00	Street: 2025 WINDSOR DRIVE		PO Box:					142.00		
143.00	City: OAK BROOK		State: IL		Zip Code: 60523			143.00		
							1.00			
144.00	Are provider based physicians' costs included in Worksheet A?							Y	144.00	
145.00	If costs for renal services are claimed on Worksheet A, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.							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.							Y	10/01/2010	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.							Y	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		
161.20	OUTPATIENT PHYSICAL THERAPY				N			161.20		
161.30	OUTPATIENT OCCUPATIONAL THERAPY				N			161.30		
161.40	OUTPATIENT SPEECH PATHOLOGY				N			161.40		
							1.00			
Multi campus										
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.							N	165.00	
		Name	County	State	Zip Code	CBSA	FTE/Campus			
		0	1.00	2.00	3.00	4.00	5.00			
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5							0.00	166.00	
							1.00			
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act										
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.							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)								168.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 140202	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part I Date/Time Prepared: 5/30/2012 6:39 am
			1.00
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)		1.00 169.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140202	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part II Date/Time Prepared: 5/30/2012 6:39 am	
		Y/N	Date		
		1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00
		Y/N	Type	Date	
		1.00	2.00	3.00	
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	03/09/2012	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
		Y/N	Legal Oper.		
		1.00	2.00		
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	N			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
		Y/N			
		1.00			
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			Y	15.00
		Part A			
		Description	Y/N	Date	
		0	1.00	2.00	
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y		04/02/2012	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N			19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N			20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 140202

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

Worksheet S-2  
Part II  
Date/Time Prepared:  
5/30/2012 6:39 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		21.00
					1.00
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>					
<b>Capital Related Cost</b>					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
<b>Interest Expense</b>					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
<b>Purchased Services</b>					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
<b>Provider-Based Physicians</b>					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
					Y/N
					Date
					1.00
					2.00
<b>Home Office Costs</b>					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 140202

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

Worksheet S-2  
Part II  
Date/Time Prepared:  
5/30/2012 6:39 am

		Part B		
		Y/N	Date	
PS&R Data		3.00	4.00	
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	04/02/2012	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: 140202

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/30/2012 6:39 am

Cost Center Description	Worksheet A	No. of Beds	Bed Days	CAH Hours	
	Line Number		Avai lable		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	30.00	252	89,840	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)		252	89,840	0.00	7.00
8.00 INTENSIVE CARE UNIT	31.00	17	9,125	0.00	8.00
9.00 CORONARY CARE UNIT					9.00
10.00 BURN INTENSIVE CARE UNIT					10.00
11.00 SURGICAL INTENSIVE CARE UNIT					11.00
12.00 OTHER SPECIAL CARE (SPECIFY)					12.00
13.00 NURSERY	43.00				13.00
14.00 Total (see instructions)		269	98,965	0.00	14.00
15.00 CAH visits					15.00
16.00 SUBPROVIDER - IPF					16.00
17.00 SUBPROVIDER - IRF	41.00	0	0		17.00
18.00 SUBPROVIDER	42.00	0	0		18.00
19.00 SKILLED NURSING FACILITY					19.00
20.00 NURSING FACILITY					20.00
21.00 OTHER LONG TERM CARE					21.00
22.00 HOME HEALTH AGENCY	101.00				22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)					23.00
24.00 HOSPICE	116.00	0	0		24.00
25.00 CMHC - CMHC					25.00
25.10 CMHC - CORF	99.10				25.10
25.20 CMHC - OUTPATIENT PHYSICAL THERAPY	99.20				25.20
25.30 CMHC - OUTPATIENT OCCUPATIONAL THERAPY	99.30				25.30
25.40 CMHC - OUTPATIENT SPEECH PATHOLOGY	99.40				25.40
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)		269			27.00
28.00 Observati on Bed Days					28.00
28.02 SUBPROVIDER - IRF	41.00				28.02
28.03 SUBPROVIDER	42.00				28.03
29.00 Ambulance Trips					29.00
30.00 Employee di scount days (see instruction)					30.00
31.00 Employee di scount days - IRF					31.00
32.00 Labor & deli very days (see instructions)					32.00
33.00 LTCH non-covered days					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140202

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/30/2012 6:39 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	30,311	10,993	62,219		1.00
2.00 HMO		1,434	61			2.00
3.00 HMO IPF		0	0			3.00
4.00 HMO IRF		0	0			4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0	0		5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0	0		6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	0	30,311	10,993	62,219		7.00
8.00 INTENSIVE CARE UNIT	0	2,562	519	5,007		8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	0		2,073	4,363		13.00
14.00 Total (see instructions)	0	32,873	13,585	71,589		14.00
15.00 CAH visits	0	0	0	0		15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0	0	0	0		17.00
18.00 SUBPROVIDER	0	0	0	0		18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0	0	0	0		22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE		0	0	0		24.00
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0	0	0	0		25.10
25.20 CMHC - OUTPATIENT PHYSICAL THERAPY	0	0	0	0		25.20
25.30 CMHC - OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0		25.30
25.40 CMHC - OUTPATIENT SPEECH PATHOLOGY	0	0	0	0		25.40
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	0		28.00
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)			414	660		32.00
33.00 LTCH non-covered days		0				33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140202

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/30/2012 6:39 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	7,020	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)	0.00	1,443.00	0.00	0	7,020	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0.00	0.00	0.00	0	0	17.00
18.00 SUBPROVIDER	0.00	0.00	0.00	0	0	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00	0.00	0.00			22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0.00	0.00	0.00			24.00
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0.00	0.00	0.00			25.10
25.20 CMHC - OUTPATIENT PHYSICAL THERAPY	0.00	0.00	0.00			25.20
25.30 CMHC - OUTPATIENT OCCUPATIONAL THERAPY	0.00	0.00	0.00			25.30
25.40 CMHC - OUTPATIENT SPEECH PATHOLOGY	0.00	0.00	0.00			25.40
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)	0.00	1,443.00	0.00			27.00
28.00 Observation Bed Days						28.00
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: 140202

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/30/2012 6:39 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)	3,203	17,386		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)	3,203	17,386		14.00
15.00 CAH visits				15.00
16.00 SUBPROVIDER - IPF				16.00
17.00 SUBPROVIDER - IRF	0	0		17.00
18.00 SUBPROVIDER	0	0		18.00
19.00 SKILLED NURSING FACILITY				19.00
20.00 NURSING FACILITY				20.00
21.00 OTHER LONG TERM CARE				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
25.20 CMHC - OUTPATIENT PHYSICAL THERAPY				25.20
25.30 CMHC - OUTPATIENT OCCUPATIONAL THERAPY				25.30
25.40 CMHC - OUTPATIENT SPEECH PATHOLOGY				25.40
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
28.02 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: 140202

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
5/30/2012 6:39 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 II - WAGE DATA</b>						
<b>SALARIES</b>						
1.00	Total salaries (see instructions)	200.00	92,182,710	0	92,182,710	3,010,185.00 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		0	0	0	0.00 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	0	0	0	0.00 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)		382,165	-142,801	239,364	10,127.60 10.00
<b>OTHER WAGES &amp; RELATED COSTS</b>						
11.00	Contract labor (see instructions)		150,670	0	150,670	2,388.00 11.00
12.00	Management and administrative services		0	0	0	0.00 12.00
13.00	Contract labor: physician-Part A		1,906,142	0	1,906,142	11,088.00 13.00
14.00	Home office salaries & wage-related costs		16,541,928	0	16,541,928	363,420.00 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		26,686,529	0	26,686,529	
18.00	Wage-related costs (other)Wkst S-3, Part IV Line 25		0	0	0	
19.00	Excluded areas		72,626	0	72,626	
20.00	Non-physician anesthetist Part A		0	0	0	
21.00	Non-physician anesthetist Part B		0	0	0	
22.00	Physician Part A		0	0	0	
23.00	Physician Part B		0	0	0	
24.00	Wage-related costs (RHC/FQHC)		0	0	0	
25.00	Interns & residents (in an approved program)		0	0	0	
<b>OVERHEAD COSTS - DIRECT SALARIES</b>						
26.00	Employee Benefits	4.00	1,707,361	0	1,707,361	10,400.00 26.00
27.00	Administrative & General	5.00	12,849,888	142,349	12,992,237	438,880.00 27.00
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00 28.00
29.00	Maintenance & Repairs	6.00	2,035,809	0	2,035,809	76,960.00 29.00
30.00	Operation of Plant	7.00	0	0	0	0.00 30.00
31.00	Laundry & Linen Service	8.00	57,996	0	57,996	4,160.00 31.00
32.00	Housekeeping	9.00	1,903,888	0	1,903,888	139,360.00 32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00 33.00
34.00	Dietary	10.00	1,518,321	-591,996	926,325	62,400.00 34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00 35.00
36.00	Cafeteria	11.00	0	591,840	591,840	41,600.00 36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00 37.00
38.00	Nursing Administration	13.00	1,878,558	0	1,878,558	45,760.00 38.00
39.00	Central Services and Supply	14.00	605,328	0	605,328	29,120.00 39.00
40.00	Pharmacy	15.00	3,607,288	0	3,607,288	89,440.00 40.00
41.00	Medical Records & Medical Records Library	16.00	1,381,949	0	1,381,949	64,480.00 41.00
42.00	Social Service	17.00	0	0	0	0.00 42.00
43.00	Other General Service	18.00	0	0	0	0.00 43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140202

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
5/30/2012 6:39 am

		Average Hourly Wage (col. 4 ÷ col. 5)	
		6.00	
<b>PART II - WAGE DATA</b>			
<b>SALARIES</b>			
1.00	Total salaries (see instructions)	30.62	1.00
2.00	Non-physician anesthetist Part A	0.00	2.00
3.00	Non-physician anesthetist Part B	0.00	3.00
4.00	Physician-Part A	0.00	4.00
4.01	Physicians - Part A - direct teaching	0.00	4.01
5.00	Physician-Part B	0.00	5.00
6.00	Non-physician-Part B	0.00	6.00
7.00	Interns & residents (in an approved program)	0.00	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)	23.63	10.00
<b>OTHER WAGES &amp; RELATED COSTS</b>			
11.00	Contract labor (see instructions)	63.09	11.00
12.00	Management and administrative services	0.00	12.00
13.00	Contract labor: physician-Part A	171.91	13.00
14.00	Home office salaries & wage-related costs	45.52	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	164.17	26.00
27.00	Administrative & General	29.60	27.00
28.00	Administrative & General under contract (see inst.)	0.00	28.00
29.00	Maintenance & Repairs	26.45	29.00
30.00	Operation of Plant	0.00	30.00
31.00	Laundry & Linen Service	13.94	31.00
32.00	Housekeeping	13.66	32.00
33.00	Housekeeping under contract (see instructions)	0.00	33.00
34.00	Dietary	14.84	34.00
35.00	Dietary under contract (see instructions)	0.00	35.00
36.00	Cafeteria	14.23	36.00
37.00	Maintenance of Personnel	0.00	37.00
38.00	Nursing Administration	41.05	38.00
39.00	Central Services and Supply	20.79	39.00
40.00	Pharmacy	40.33	40.00
41.00	Medical Records & Medical Records Library	21.43	41.00
42.00	Social Service	0.00	42.00
43.00	Other General Service	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140202

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

Worksheet S-3  
Part III  
Date/Time Prepared:  
5/30/2012 6:39 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cation 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)	92,182,710	0	92,182,710	3,010,185.00	1.00
2.00	Excluded area salaries (see instructions)	382,165	-142,801	239,364	10,127.60	2.00
3.00	Subtotal salaries (line 1 minus line 2)	91,800,545	142,801	91,943,346	3,000,057.40	3.00
4.00	Subtotal other wages & related costs (see inst.)	18,598,740	0	18,598,740	376,896.00	4.00
5.00	Subtotal wage-related costs (see inst.)	26,686,529	0	26,686,529	0.00	5.00
6.00	Total (sum of lines 3 thru 5)	137,085,814	142,801	137,228,615	3,376,953.40	6.00
7.00	Total overhead cost (see instructions)	27,546,386	142,193	27,688,579	1,002,560.00	7.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140202

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

Worksheet S-3  
Part III  
Date/Time Prepared:  
5/30/2012 6:39 am

		Average Hourly Wage (col. 4 ÷ col. 5)	
		6.00	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>			
1.00	Net salaries (see instructions)	30.62	1.00
2.00	Excluded area salaries (see instructions)	23.63	2.00
3.00	Subtotal salaries (line 1 minus line 2)	30.65	3.00
4.00	Subtotal other wages & related costs (see inst.)	49.35	4.00
5.00	Subtotal wage-related costs (see inst.)	29.02	5.00
6.00	Total (sum of lines 3 thru 5)	40.64	6.00
7.00	Total overhead cost (see instructions)	27.62	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 140202

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

Worksheet S-3  
Part IV  
Date/Time Prepared:  
5/30/2012 6:39 am

		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	1,662,055	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Qualified and Non-Qualified Pension Plan Cost	3,932,940	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	191,830	6.00
7.00	Employee Managed Care Program Administration Fees	1,104,338	7.00
<b>HEALTH AND INSURANCE COST</b>			
8.00	Health Insurance (Purchased or Self Funded)	7,709,590	8.00
9.00	Prescription Drug Plan	1,683,434	9.00
10.00	Dental, Hearing and Vision Plan	438,158	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	103,607	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)	761,830	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	1,527,351	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	6,585,886	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	285,806	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
<b>OTHER</b>			
21.00	Executive Deferred Compensation	264,763	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	538,311	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	26,789,899	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: 140202

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

Worksheet S-3  
Part V  
Date/Time Prepared:  
5/30/2012 6:39 am

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
<b>PART V - Contract Labor and Benefit Cost</b>				
<b>Hospital and Hospital-Based Component Identification:</b>				
1.00	Total facility's contract labor and benefit cost	150,670	26,789,899	1.00
2.00	Hospital	150,670	26,789,899	2.00
3.00	Subprovider - IPF			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			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC			16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
16.20	Hospital-Based-CMHC 20	0	0	16.20
16.30	Hospital-Based-CMHC 30	0	0	16.30
16.40	Hospital-Based-CMHC 40	0	0	16.40
17.00	Renal Dialysis	0	0	17.00
18.00		0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 140202	Period: From 01/01/2011 To 12/31/2011	Worksheet S-10 Date/Time Prepared: 5/30/2012 6:39 am
---	----------------------	---	--

				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)		0.198866		1.00	
<b>Medicaid (see instructions for each line)</b>						
2.00	Net revenue from Medicaid		26,167,459		2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		N		3.00	
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?				4.00	
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0		5.00	
6.00	Medicaid charges		163,405,742		6.00	
7.00	Medicaid cost (line 1 times line 6)		32,495,846		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)		6,328,387		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)		6,328,387		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		26,983,341	4,587,906	31,571,247	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)		5,366,069	912,379	6,278,448	21.00
22.00	Partial payment by patients approved for charity care		95,889	111,925	207,814	22.00
23.00	Cost of charity care (line 21 minus line 22)		5,270,180	800,454	6,070,634	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)				20,477,269	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)				1,114,791	27.00
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)				19,362,478	28.00
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)				3,850,539	29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)				9,921,173	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)				16,249,560	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140202

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

Worksheet A  
Date/Time Prepared:  
5/30/2012 6:39 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	6,965,317	6,965,317	1.00
2.00 CAP REL COSTS-MVBLE EQUIP		0	0	8,982,567	8,982,567	2.00
4.00 EMPLOYEE BENEFITS	1,707,361	20,123,305	21,830,666	-12,401	21,818,265	4.00
5.00 ADMINISTRATIVE & GENERAL	12,849,888	65,907,848	78,757,736	-9,219,585	69,538,151	5.00
6.00 MAINTENANCE & REPAIRS	2,035,809	5,865,598	7,901,407	-79,511	7,821,896	6.00
7.00 OPERATION OF PLANT	0	0	0	0	0	7.00
8.00 LAUNDRY & LINEN SERVICE	57,996	1,144,193	1,202,189	-1,264	1,200,925	8.00
9.00 HOUSEKEEPING	1,903,888	1,207,850	3,111,738	-34,059	3,077,679	9.00
10.00 DIETARY	1,518,321	2,367,143	3,885,464	-1,557,467	2,327,997	10.00
11.00 CAFETERIA	0	0	0	1,487,384	1,487,384	11.00
12.00 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 NURSING ADMINISTRATION	1,878,558	489,141	2,367,699	-93,312	2,274,387	13.00
14.00 CENTRAL SERVICES & SUPPLY	605,328	832,704	1,438,032	-548,779	889,253	14.00
15.00 PHARMACY	3,607,288	12,831,919	16,439,207	-11,860,716	4,578,491	15.00
16.00 MEDICAL RECORDS & LIBRARY	1,381,949	893,824	2,275,773	-13,170	2,262,603	16.00
17.00 SOCIAL SERVICE	0	0	0	0	0	17.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 PARAMED ED PRGM-(SPECIFY)	251,165	209,977	461,142	-278,428	182,714	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	25,984,058	7,024,795	33,008,853	-5,493,877	27,514,976	30.00
31.00 INTENSIVE CARE UNIT	4,332,864	2,428,576	6,761,440	-606,384	6,155,056	31.00
41.00 SUBPROVIDER - IIRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	1,066,539	663,271	1,729,810	874,181	2,603,991	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	7,639,573	21,752,040	29,391,613	-18,113,494	11,278,119	50.00
51.00 RECOVERY ROOM	1,021,793	301,245	1,323,038	-150,486	1,172,552	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	1,763,495	1,763,495	52.00
53.00 ANESTHESIOLOGY	18,737	1,077,192	1,095,929	-672,278	423,651	53.00
54.00 RADIOLOGY-DIAGNOSTIC	2,797,423	2,901,816	5,699,239	-1,592,206	4,107,033	54.00
56.00 NUCLEAR MEDICINE	928,560	2,170,506	3,099,066	-1,114,301	1,984,765	56.00
56.01 ULTRASOUND	1,399,475	521,338	1,920,813	-289,966	1,630,847	56.01
56.02 RADIOLOGY SPECIAL PROCEDURE	0	0	0	0	0	56.02
57.00 CT SCAN	1,006,355	1,123,317	2,129,672	-540,739	1,588,933	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	552,850	505,593	1,058,443	-209,067	849,376	58.00
59.00 CARDIAC CATHETERIZATION	1,245,568	6,905,907	8,151,475	-6,457,173	1,694,302	59.00
60.00 LABORATORY	0	11,083,734	11,083,734	0	11,083,734	60.00
60.01 REFERENCE LAB	0	0	0	0	0	60.01
63.00 BLOOD STORING, PROCESSING & TRANS.	0	2,171,215	2,171,215	-2,171,215	0	63.00
65.00 RESPIRATORY THERAPY	2,074,902	751,974	2,826,876	-444,297	2,382,579	65.00
65.01 STRESS TEST	686,440	260,584	947,024	-155,801	791,223	65.01
66.00 PHYSICAL THERAPY	2,514,337	920,668	3,435,005	-54,085	3,380,920	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	291,831	81,853	373,684	-21,602	352,082	69.00
69.01 ECHOCARDIOGRAM	0	0	0	0	0	69.01
69.02 RADIOLOGY	0	0	0	0	0	69.02
70.00 ELECTROENCEPHALOGRAPHY	415,674	232,247	647,921	-65,050	582,871	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	17,931,615	17,931,615	71.00
71.30 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71.30
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	14,045,651	14,045,651	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	11,745,669	11,745,669	73.00
74.00 RENAL DIALYSIS	0	761,433	761,433	-3,631	757,802	74.00
75.02 OUTPATIENT SURGERY	0	0	0	0	0	75.02
76.00 ELECTROMYOGRAPHY	0	2,593	2,593	-1,060	1,533	76.00
76.97 CARDIAC REHABILITATION	305,997	185,353	491,350	-17,835	473,515	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	629,994	696,390	1,326,384	-155,655	1,170,729	90.00
90.01 ADDITION RECOVERY CLINIC	0	0	0	0	0	90.01
90.03 LI THOTRI PSY	0	0	0	0	0	90.03
91.00 EMERGENCY	6,057,726	4,941,658	10,999,384	-1,411,253	9,588,131	91.00
91.20 ACUTE CARE CENTER	3,283,463	2,116,926	5,400,389	-348,834	5,051,555	91.20
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 CORF	0	0	0	0	0	99.10
99.20 OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140202

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

Worksheet A  
Date/Time Prepared:  
5/30/2012 6:39 am

Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
	1.00	2.00	3.00	4.00	5.00	
99.30 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40 OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
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
116.00 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	92,051,710	183,455,726	275,507,436	6,898	275,514,334	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	131,000	507,342	638,342	-6,898	631,444	190.00
194.00 FUNDRAISING	0	0	0	0	0	194.00
194.01 MANAGED CARE ADMINISTRATION	0	0	0	0	0	194.01
194.02 PHYSICIAN SUPPORT SERVICES	0	33	33	0	33	194.02
194.03 HOME MEDICAL EQUIPMENT	0	0	0	0	0	194.03
194.04 HOME PHARMACY	0	429	429	0	429	194.04
194.05 HOSPICE	0	0	0	0	0	194.05
194.06 NEIL MRI	0	0	0	0	0	194.06
200.00 TOTAL (SUM OF LINES 118-199)	92,182,710	183,963,530	276,146,240	0	276,146,240	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140202

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

Worksheet A  
Date/Time Prepared:  
5/30/2012 6:39 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	3,669,973	10,635,290	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	-231,626	8,750,941	2.00
4.00	EMPLOYEE BENEFITS	2,489,292	24,307,557	4.00
5.00	ADMINISTRATIVE & GENERAL	-28,397,518	41,140,633	5.00
6.00	MAINTENANCE & REPAIRS	-368,845	7,453,051	6.00
7.00	OPERATION OF PLANT	0	0	7.00
8.00	LAUNDRY & LINEN SERVICE	0	1,200,925	8.00
9.00	HOUSEKEEPING	0	3,077,679	9.00
10.00	DIETARY	-14,451	2,313,546	10.00
11.00	CAFETERIA	-642,960	844,424	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	NURSING ADMINISTRATION	-5,245	2,269,142	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	889,253	14.00
15.00	PHARMACY	-20,628	4,557,863	15.00
16.00	MEDICAL RECORDS & LIBRARY	-90,635	2,171,968	16.00
17.00	SOCIAL SERVICE	0	0	17.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	NURSING SCHOOL	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	22.00
23.00	PARAMED PRGM-(SPECIFY)	-76,216	106,498	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	ADULTS & PEDIATRICS	-1,001,245	26,513,731	30.00
31.00	INTENSIVE CARE UNIT	-1,126,522	5,028,534	31.00
41.00	SUBPROVIDER - IRF	0	0	41.00
42.00	SUBPROVIDER	0	0	42.00
43.00	NURSERY	-337,496	2,266,495	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	OPERATING ROOM	-12,625	11,265,494	50.00
51.00	RECOVERY ROOM	0	1,172,552	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	1,763,495	52.00
53.00	ANESTHESIOLOGY	-127,980	295,671	53.00
54.00	RADIOLOGY-DIAGNOSTIC	-29,214	4,077,819	54.00
56.00	NUCLEAR MEDICINE	-25	1,984,740	56.00
56.01	ULTRASOUND	-1,992	1,628,855	56.01
56.02	RADIOLOGY SPECIAL PROCEDURE	0	0	56.02
57.00	CT SCAN	-750	1,588,183	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	-64	849,312	58.00
59.00	CARDIAC CATHETERIZATION	-27,586	1,666,716	59.00
60.00	LABORATORY	-305,616	10,778,118	60.00
60.01	REFERENCE LAB	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
65.00	RESPIRATORY THERAPY	-30	2,382,549	65.00
65.01	STRESS TEST	-5,625	785,598	65.01
66.00	PHYSICAL THERAPY	-26,420	3,354,500	66.00
67.00	OCCUPATIONAL THERAPY	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	352,082	69.00
69.01	ECHOCARDIOGRAM	0	0	69.01
69.02	CARDIOLOGY	0	0	69.02
70.00	ELECTROENCEPHALOGRAPHY	-10,001	572,870	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	17,931,615	71.00
71.30	IMPL. DEV. CHARGED TO PATIENT	0	0	71.30
72.00	IMPL. DEV. CHARGED TO PATIENT	0	14,045,651	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	11,745,669	73.00
74.00	RENAL DIALYSIS	0	757,802	74.00
75.02	OUTPATIENT SURGERY	0	0	75.02
76.00	ELECTROMYOGRAPHY	0	1,533	76.00
76.97	CARDIAC REHABILITATION	-105,767	367,748	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	-44,581	1,126,148	90.00
90.01	ADDICTION RECOVERY CLINIC	0	0	90.01
90.03	LITHOTRIPSY	0	0	90.03
91.00	EMERGENCY	-1,244,444	8,343,687	91.00
91.20	ACUTE CARE CENTER	-404,616	4,646,939	91.20
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
99.10	CORF	0	0	99.10
99.20	OUTPATIENT PHYSICAL THERAPY	0	0	99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY	0	0	99.30
99.40	OUTPATIENT SPEECH PATHOLOGY	0	0	99.40

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140202

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

Worksheet A  
Date/Time Prepared:  
5/30/2012 6:39 am

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
101.00	HOME HEALTH AGENCY	6.00	7.00	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
116.00	HOSPICE	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	-28,501,458	247,012,876	118.00
NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	631,444	190.00
194.00	FUNDRAISING	0	0	194.00
194.01	MANAGED CARE ADMINISTRATION	0	0	194.01
194.02	PHYSICIAN SUPPORT SERVICES	0	33	194.02
194.03	HOME MEDICAL EQUIPMENT	0	0	194.03
194.04	HOME PHARMACY	0	429	194.04
194.05	HOSPICE	0	0	194.05
194.06	NEIL MRI	0	0	194.06
200.00	TOTAL (SUM OF LINES 118-199)	-28,501,458	247,644,782	200.00

RECLASSIFICATIONS

Provider CCN: 140202

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

Worksheet A-6

Date/Time Prepared:  
5/30/2012 6:39 am

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
<b>B - EMS RECLASS</b>					
1.00	ADMINISTRATIVE & GENERAL	5.00	142,957	43,982	1.00
	TOTALS		142,957	43,982	
<b>C - DEPRECIATION</b>					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	6,965,317	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	8,982,567	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
	TOTALS		0	15,947,884	
<b>D - DRUG RECLASS</b>					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	11,745,669	1.00
	TOTALS		0	11,745,669	
<b>E - NURSERY AND LABOR/DELIVERY</b>					
1.00	NURSERY	43.00	743,435	252,909	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	1,315,855	447,640	2.00
	TOTALS		2,059,290	700,549	
<b>F - CAFE/DIETARY</b>					
1.00	CAFETERIA	11.00	591,840	895,544	1.00
2.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	156	236	2.00
	TOTALS		591,996	895,780	
<b>G - SUPPLIES</b>					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	31,977,266	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

		Increases				
Cost Center		Line #	Salary	Other		
2.00	3.00	4.00	5.00			
21.00		0.00	0	0	21.00	
22.00		0.00	0	0	22.00	
23.00		0.00	0	0	23.00	
24.00		0.00	0	0	24.00	
25.00		0.00	0	0	25.00	
26.00		0.00	0	0	26.00	
27.00		0.00	0	0	27.00	
28.00		0.00	0	0	28.00	
29.00		0.00	0	0	29.00	
30.00		0.00	0	0	30.00	
31.00		0.00	0	0	31.00	
32.00		0.00	0	0	32.00	
33.00		0.00	0	0	33.00	
34.00		0.00	0	0	34.00	
TOTALS			0	31,977,266		
H - IMPLANT						
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	14,045,651	1.00	
TOTALS			0	14,045,651		
I - CARDIAC REHAB						
1.00	CARDIAC REHABILITATION	76.97	18,853	0	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
TOTALS			18,853	0		
J - MEDICAL DIRECTOR FEE						
1.00	ANESTHESIOLOGY	53.00	0	42,660	1.00	
TOTALS			0	42,660		
500.00	Grand Total: Increases		2,813,096	75,399,441	500.00	

RECLASSIFICATIONS

Provider CCN: 140202

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

Worksheet A-6  
Date/Time Prepared:  
5/30/2012 6:39 am

Decreases						Wkst. A-7 Ref.	
Cost Center	Line #	Salary	Other				
6.00	7.00	8.00	9.00	10.00			
<b>B - EMS RECLASS</b>							
1.00	PARAMED ED PRGM-(SPECIFY)	23.00	142,957	43,982	0		1.00
	TOTALS		142,957	43,982			
<b>C - DEPRECIATION</b>							
1.00	EMPLOYEE BENEFITS	4.00	0	9,539	9		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	9,360,821	9		2.00
3.00	MAINTENANCE & REPAIRS	6.00	0	75,983	0		3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	0	1,264	0		4.00
5.00	HOUSEKEEPING	9.00	0	24,708	0		5.00
6.00	DIETARY	10.00	0	64,163	0		6.00
7.00	NURSING ADMINISTRATION	13.00	0	92,702	0		7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	382,267	0		8.00
9.00	PHARMACY	15.00	0	26,294	0		9.00
10.00	MEDICAL RECORDS & LIBRARY	16.00	0	13,170	0		10.00
11.00	PARAMED ED PRGM-(SPECIFY)	23.00	0	5,452	0		11.00
12.00	ADULTS & PEDIATRICS	30.00	0	659,738	0		12.00
13.00	INTENSIVE CARE UNIT	31.00	0	165,615	0		13.00
14.00	NURSERY	43.00	0	23,109	0		14.00
15.00	OPERATING ROOM	50.00	0	1,459,852	0		15.00
16.00	RECOVERY ROOM	51.00	0	114,152	0		16.00
17.00	ANESTHESIOLOGY	53.00	0	140,223	0		17.00
18.00	RADIOLOGY-DIAGNOSTIC	54.00	0	695,666	0		18.00
19.00	NUCLEAR MEDICINE	56.00	0	607,160	0		19.00
20.00	ULTRASOUND	56.01	0	149,113	0		20.00
21.00	CT SCAN	57.00	0	184,511	0		21.00
22.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	93,702	0		22.00
23.00	CARDIAC CATHETERIZATION	59.00	0	755,067	0		23.00
24.00	RESPIRATORY THERAPY	65.00	0	97,679	0		24.00
25.00	STRESS TEST	65.01	0	104,363	0		25.00
26.00	PHYSICAL THERAPY	66.00	0	35,777	0		26.00
27.00	ELECTROCARDIOLOGY	69.00	0	12,452	0		27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0	46,999	0		28.00
29.00	ELECTROMYOGRAPHY	76.00	0	1,052	0		29.00
30.00	CARDIAC REHABILITATION	76.97	0	26,938	0		30.00
31.00	CLINIC	90.00	0	34,871	0		31.00
32.00	EMERGENCY	91.00	0	393,657	0		32.00
33.00	ACUTE CARE CENTER	91.20	0	82,981	0		33.00
34.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	6,844	0		34.00
	TOTALS		0	15,947,884			
<b>D - DRUG RECLASS</b>							
1.00	PHARMACY	15.00	0	11,745,669	0		1.00
	TOTALS		0	11,745,669			
<b>E - NURSERY AND LABOR/DELIVERY</b>							
1.00	ADULTS & PEDIATRICS	30.00	2,059,290	700,549	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		2,059,290	700,549			
<b>F - CAFE/DIETARY</b>							
1.00	DIETARY	10.00	591,996	895,780	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		591,996	895,780			
<b>G - SUPPLIES</b>							
1.00	EMPLOYEE BENEFITS	4.00	0	2,862	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	2,435	0		2.00
3.00	MAINTENANCE & REPAIRS	6.00	0	3,528	0		3.00
4.00	HOUSEKEEPING	9.00	0	9,351	0		4.00
5.00	DIETARY	10.00	0	5,528	0		5.00
6.00	NURSING ADMINISTRATION	13.00	0	610	0		6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	0	166,512	0		7.00
8.00	PHARMACY	15.00	0	88,753	0		8.00
9.00	PARAMED ED PRGM-(SPECIFY)	23.00	0	86,037	0		9.00
10.00	ADULTS & PEDIATRICS	30.00	0	2,074,300	0		10.00
11.00	INTENSIVE CARE UNIT	31.00	0	440,769	0		11.00
12.00	NURSERY	43.00	0	99,054	0		12.00
13.00	OPERATING ROOM	50.00	0	16,652,520	0		13.00
14.00	RECOVERY ROOM	51.00	0	36,334	0		14.00
15.00	ANESTHESIOLOGY	53.00	0	574,715	0		15.00
16.00	RADIOLOGY-DIAGNOSTIC	54.00	0	896,540	0		16.00
17.00	NUCLEAR MEDICINE	56.00	0	507,141	0		17.00
18.00	CT SCAN	57.00	0	356,228	0		18.00
19.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	115,365	0		19.00
20.00	CARDIAC CATHETERIZATION	59.00	0	5,697,653	0		20.00

Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	2,171,215	0	21.00
22.00	RESPIRATORY THERAPY	65.00	0	346,618	0	22.00
23.00	STRESS TEST	65.01	0	38,768	0	23.00
24.00	PHYSICAL THERAPY	66.00	0	18,308	0	24.00
25.00	ELECTROCARDIOLOGY	69.00	0	9,150	0	25.00
26.00	ELECTROENCEPHALOGRAPHY	70.00	0	18,051	0	26.00
27.00	RENAL DIALYSIS	74.00	0	3,631	0	27.00
28.00	ELECTROMYOGRAPHY	76.00	0	8	0	28.00
29.00	CARDIAC REHABILITATION	76.97	0	9,750	0	29.00
30.00	CLINIC	90.00	0	120,784	0	30.00
31.00	EMERGENCY	91.00	0	1,017,596	0	31.00
32.00	ACUTE CARE CENTER	91.20	0	265,853	0	32.00
33.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	446	0	33.00
34.00	ULTRASOUND	56.01	0	140,853	0	34.00
	TOTALS		0	31,977,266		
H - IMPLANT						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	14,045,651	0	1.00
	TOTALS		0	14,045,651		
I - CARDIAC REHAB						
1.00	ADMINISTRATIVE & GENERAL	5.00	608	0	0	1.00
2.00	CARDIAC CATHETERIZATION	59.00	4,453	0	0	2.00
3.00	STRESS TEST	65.01	12,670	0	0	3.00
4.00	OPERATING ROOM	50.00	1,122	0	0	4.00
	TOTALS		18,853	0		
J - MEDICAL DIRECTOR FEE						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	42,660	0	1.00
	TOTALS		0	42,660		
500.00	Grand Total: Decreases		2,813,096	75,399,441		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140202

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

Worksheet A-7  
Parts I-III  
Date/Time Prepared:  
5/30/2012 6:39 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	49,200,000	0	0	0	1.00
2.00	Land Improvements	162,818	5,195,907	0	5,195,907	2.00
3.00	Buildings and Fixtures	205,547,814	0	0	0	3.00
4.00	Building Improvements	443,185	0	0	0	4.00
5.00	Fixed Equipment	39,730,748	11,334,948	0	11,334,948	5.00
6.00	Movable Equipment	40,400	0	0	0	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	295,124,965	16,530,855	0	16,530,855	8.00
9.00	Reconciling Items	78,864,168	0	0	0	9.00
10.00	Total (line 8 minus line 9)	216,260,797	16,530,855	0	16,530,855	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	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	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: 140202

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

Worksheet A-7  
Parts I-III  
Date/Time Prepared:  
5/30/2012 6:39 am

		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	49,200,000	0		1.00		
2.00	Land Improvements	5,358,725	3,521,692		2.00		
3.00	Buildings and Fixtures	204,491,718	22,585,038		3.00		
4.00	Building Improvements	443,185	0		4.00		
5.00	Fixed Equipment	49,072,562	54,345,221		5.00		
6.00	Movable Equipment	40,400	74,365		6.00		
7.00	HIT designated Assets	0	0		7.00		
8.00	Subtotal (sum of lines 1-7)	308,606,590	80,526,316		8.00		
9.00	Reconciling Items	78,864,168	0		9.00		
10.00	Total (line 8 minus line 9)	229,742,422	80,526,316		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	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	10,688,967	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	8,750,941	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	19,439,908	0	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140202

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

Worksheet A-7  
Parts I-III  
Date/Time Prepared:  
5/30/2012 6:39 am

Cost Center Description	SUMMARY OF CAPITAL					Total (2) (sum of cols. 9 through 14)	
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)			
	11.00	12.00	13.00	14.00	15.00		
<b>PART III - RECONCILIATION OF CAPITAL COSTS CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT	-53,677	0	0	0	10,635,290	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	8,750,941	2.00
3.00	Total (sum of lines 1-2)	-53,677	0	0	0	19,386,231	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140202

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

Worksheet A-8

Date/Time Prepared:  
5/30/2012 6:39 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 - CAP REL COSTS-MVBLE EQUIP (chapter 2)			CAP REL COSTS-MVBLE EQUIP		2.00
3.00 Investment income - other (chapter 2)		0			0.00
4.00 Trade, quantity, and time discounts (chapter 8)		0			0.00
5.00 Refunds and rebates of expenses (chapter 8)		0			0.00
6.00 Rental of provider space by suppliers (chapter 8)		0			0.00
7.00 Telephone services (pay stations excluded) (chapter 21)	A	-5,774	ADMINISTRATIVE & GENERAL		5.00
8.00 Television and radio service (chapter 21)	A	-14,270	MAINTENANCE & REPAIRS		6.00
9.00 Parking lot (chapter 21)		0			0.00
10.00 Provider-based physician adjustment	A-8-2	-3,751,473			10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0			0.00
12.00 Related organization transactions (chapter 10)	A-8-1	-3,562,447			12.00
13.00 Laundry and linen service		0			0.00
14.00 Cafeteria-employees and guests	B	-642,960	CAFETERIA		11.00
15.00 Rental of quarters to employee and others		0			0.00
16.00 Sale of medical and surgical supplies to other than patients		0			0.00
17.00 Sale of drugs to other than patients		0			0.00
18.00 Sale of medical records and abstracts		0			0.00
19.00 Nursing school (tuition, fees, books, etc.)		0			0.00
20.00 Vending machines		0			0.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0			0.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		ORESPIRATORY THERAPY		65.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		OPHYSICAL THERAPY		66.00
25.00 Utilization review - physicians' compensation (chapter 21)			*** Cost Center Deleted ***		114.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT	A	3,256,734	NEW CAP REL COSTS-BLDG & FIXT		1.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP	A	-1,640,759	CAP REL COSTS-MVBLE EQUIP		2.00
28.00 Non-physician Anesthetist		0	NONPHYSICIAN ANESTHETISTS		19.00
29.00 Physicians' assistant		0			0.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		OCCUPATIONAL THERAPY		67.00
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		OSPEECH PATHOLOGY		68.00
32.00 CAH HIT Adjustment for Depreciation and Interest	A	0			0.00
33.00 MISC INCOME	B	-853,437	ADMINISTRATIVE & GENERAL		5.00
34.00 MISC INCOME	B	-354,336	MAINTENANCE & REPAIRS		6.00
35.00 MISC INCOME	B	-2,304	NURSING ADMINISTRATIION		13.00
36.00 MISC INCOME	B	-20,628	PHARMACY		15.00
37.00 MISC INCOME	B	-90,635	MEDICAL RECORDS & LIBRARY		16.00
37.01 MISC INCOME	B	-76,216	PARAMED ED PRGM-(SPECIFY)		23.00
37.02 MISC INCOME	B	-43,741	CARDIAC REHABILITATION		76.97
37.03 MISC INCOME	B	-33,939	CLINIC		90.00
37.04 MISC INCOME	B	-180,895	EMERGENCY		91.00
37.05 MISC INCOME	B	-390,320	ACUTE CARE CENTER		91.20
37.50 RE TAXES	A	-700,191	ADMINISTRATIVE & GENERAL		5.00
38.00 INTERCOMPANY INTEREST	A	-7,611,831	ADMINISTRATIVE & GENERAL		5.00
39.00 REMOVE ILLINOIS PROVIDER TAX	A	-9,589,284	ADMINISTRATIVE & GENERAL		5.00
40.00		0			0.00
41.00 ADJ AHA LOBBYING EXPENSE	A	-3,291	ADMINISTRATIVE & GENERAL		5.00
41.01 PHYSICIAN COST	A	-35,996	ADMINISTRATIVE & GENERAL		5.00
41.02		0			0.00
42.00 ADJ USEFUL LIFE 1986 SURGERY AD	A	-53,677	NEW CAP REL COSTS-BLDG & FIXT		1.00
43.00 NONALLOWABLE CENTERS1099/90/92/91120	A	-242,496	ADMINISTRATIVE & GENERAL		5.00
44.00 MISC INCOME	B	-25,120	ADULTS & PEDIATRICS		30.00

Provider CCN: 140202

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

Worksheet A-8

Date/Time Prepared:  
5/30/2012 6:39 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	4.00
45.00	MISC INCOME	B	-8,975	OPERATING ROOM	50.00 45.00
45.01	MISC INCOME	B	-22,124	RADIOLOGY-DIAGNOSTIC	54.00 45.01
45.02	MISC INCOME	B	-305,616	LABORATORY	60.00 45.02
45.04	MISC INCOME	B	-30	RESPIRATORY THERAPY	65.00 45.04
45.05	MISC INCOME	B	-26,420	PHYSICAL THERAPY	66.00 45.05
45.06	LOSS ON SALE OF ASSETS	A	120,047	CAP REL COSTS-MVBLE EQUIP	2.00 45.06
45.11	NON ALLOWABLE	A	-1,547,477	ADMINISTRATIVE & GENERAL	5.00 45.11
45.12	NON ALLOWABLE	A	-239	MAINTENANCE & REPAIRS	6.00 45.12
45.13	NON ALLOWABLE	A	-14,451	DIETARY	10.00 45.13
45.14	NON ALLOWABLE	A	-2,941	NURSING ADMINISTRATION	13.00 45.14
45.15	NON ALLOWABLE	A	-25	ADULTS & PEDIATRICS	30.00 45.15
45.16	NON ALLOWABLE	A	-3,650	OPERATING ROOM	50.00 45.16
45.17	NON ALLOWABLE	A	-4,995	RADIOLOGY-DIAGNOSTIC	54.00 45.17
45.18	NON ALLOWABLE	A	-25	NUCLEAR MEDICINE	56.00 45.18
45.20	NON ALLOWABLE	A	-1,992	ULTRASOUND	56.01 45.20
45.21	NON ALLOWABLE	A	-3,659	EMERGENCY	91.00 45.21
45.22	NON ALLOWABLE	A	-9,600	ACUTE CARE CENTER	91.20 45.22
45.25			0		0.00 45.25
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-28,501,458		50.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140202

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

Worksheet A-8  
Date/Time Prepared:  
5/30/2012 6:39 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 - 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	9	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP	9	27.00
28.00	Non-physician Anesthetist		28.00
29.00	Physicians' assistant	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)		30.00
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest	0	32.00
33.00	MISC INCOME	0	33.00
34.00	MISC INCOME	0	34.00
35.00	MISC INCOME	0	35.00
36.00	MISC INCOME	0	36.00
37.00	MISC INCOME	0	37.00
37.01	MISC INCOME	0	37.01
37.02	MISC INCOME	0	37.02
37.03	MISC INCOME	0	37.03
37.04	MISC INCOME	0	37.04
37.05	MISC INCOME	0	37.05
37.50	RE TAXES	0	37.50
38.00	INTERCOMPANY INTEREST	0	38.00
39.00	REMOVE ILLINOIS PROVIDER TAX	0	39.00
40.00		0	40.00
41.00	ADJ AHA LOBBYING EXPENSE	0	41.00
41.01	PHYSICIAN COST	0	41.01
41.02		0	41.02
42.00	ADJ USEFUL LIFE 1986 SURGERY AD	11	42.00
43.00	NONALLOWABLE CENTERS1099/90/92/91120	0	43.00
44.00	MISC INCOME	0	44.00
45.00	MISC INCOME	0	45.00
45.01	MISC INCOME	0	45.01
45.02	MISC INCOME	0	45.02
45.04	MISC INCOME	0	45.04
45.05	MISC INCOME	0	45.05
45.06	LOSS ON SALE OF ASSETS	9	45.06
45.11	NON ALLOWABLE	0	45.11
45.12	NON ALLOWABLE	0	45.12

ADJUSTMENTS TO EXPENSES

Provider CCN: 140202

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

Worksheet A-8

Date/Time Prepared:  
5/30/2012 6:39 am

Cost Center Description		Wkst. A-7 Ref.	
		5.00	
45.13	NON ALLOWABLE	0	45.13
45.14	NON ALLOWABLE	0	45.14
45.15	NON ALLOWABLE	0	45.15
45.16	NON ALLOWABLE	0	45.16
45.17	NON ALLOWABLE	0	45.17
45.18	NON ALLOWABLE	0	45.18
45.20	NON ALLOWABLE	0	45.20
45.21	NON ALLOWABLE	0	45.21
45.22	NON ALLOWABLE	0	45.22
45.25	NON ALLOWABLE	0	45.25
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

Provider CCN: 140202

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

Worksheet A-8-1

Date/Time Prepared:  
5/30/2012 6:39 am

OFFICE COSTS

	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	BENEFITS	1.00
2.00	0.00			2.00
3.00	0.00			3.00
4.00	1.00	NEW CAP REL COSTS-BLDG & FIXT	NEW CAPITAL BUILDING	4.00
4.01	2.00	CAP REL COSTS-MVBLE EQUIP	NEW CAPITAL EQUIPMENT	4.01
4.02	5.00	ADMINISTRATIVE & GENERAL	NON CAPITAL	4.02
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	G		0.00	6.00
7.00	G		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: 140202

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

Worksheet A-8-1

Date/Time Prepared: 5/30/2012 6:39 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	2,489,292	0	2,489,292	0		1.00
2.00	0	0	0	0		2.00
3.00	0	0	0	0		3.00
4.00	466,916	0	466,916	9		4.00
4.01	1,289,086	0	1,289,086	9		4.01
4.02	9,250,971	17,058,712	-7,807,741	0		4.02
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.	13,496,265	17,058,712	-3,562,447		5.00

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

Related Organization(s) and/or Home Office			
Name	Percentage of Ownership	Type of Business	
4.00	5.00	6.00	

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

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

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

6.00	ADVOCATE HEALTH CARE	0.00	HEALTH CARE	6.00
7.00	ADVOCATE HEALTH CARE	0.00	HEALTHCARE	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: 140202

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

Worksheet A-8-2

Date/Time Prepared:  
5/30/2012 6:39 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	
	1.00	2.00	3.00	4.00	
1.00	30.00	ADULTS & PEDIATRICS	976,100	976,100	1.00
2.00	31.00	INTENSIVE CARE UNIT	52,800	0	2.00
3.00	31.00	INTENSIVE CARE UNIT	1,099,800	1,099,800	3.00
4.00	43.00	NURSERY	337,496	337,496	4.00
5.00	53.00	ANESTHESIOLOGY	127,980	127,980	5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	2,095	2,095	6.00
7.00	57.00	CT SCAN	750	750	7.00
8.00	58.00	MAGNETIC RESONANCE IMAGING (MRI)	64	64	8.00
9.00	59.00	CARDIAC CATHETERIZATION	13,750	0	9.00
10.00	59.00	CARDIAC CATHETERIZATION	22,900	22,900	10.00
11.00	65.01	STRESS TEST	6,000	0	11.00
12.00	65.01	STRESS TEST	5,625	5,625	12.00
13.00	70.00	ELECTROENCEPHALOGRAPHY	10,001	10,001	13.00
14.00	76.97	CARDIAC REHABILITATION	13,688	0	14.00
15.00	76.97	CARDIAC REHABILITATION	57,402	57,402	15.00
16.00	90.00	CLINIC	12,000	0	16.00
17.00	90.00	CLINIC	3,900	3,900	17.00
18.00	91.00	EMERGENCY	1,569,250	0	18.00
19.00	91.00	EMERGENCY	22,484	22,484	19.00
20.00	91.00	EMERGENCY	486,667	0	20.00
22.00	91.20	ACUTE CARE CENTER	4,696	4,696	22.00
200.00			4,825,448	2,671,293	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140202

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

Worksheet A-8-2

Date/Time Prepared:  
5/30/2012 6:39 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	52,800	154,100	352	26,078	1,304	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	13,750	171,400	110	9,064	453	9.00
10.00	0	0	0	0	0	10.00
11.00	6,000	171,400	100	8,240	412	11.00
12.00	0	0	0	0	0	12.00
13.00	0	0	0	0	0	13.00
14.00	13,688	171,400	110	9,064	453	14.00
15.00	0	0	0	0	0	15.00
16.00	12,000	136,700	80	5,258	263	16.00
17.00	0	0	0	0	0	17.00
18.00	1,569,250	171,400	12,359	1,018,429	50,921	18.00
19.00	0	0	0	0	0	19.00
20.00	486,667	171,400	1	82	4	20.00
22.00	0	0	0	0	0	22.00
200.00	2,154,155		13,112	1,076,215	53,810	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140202

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

Worksheet A-8-2

Date/Time Prepared:  
5/30/2012 6:39 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	26,078	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	9,064	9.00
10.00	0	0	0	0	0	10.00
11.00	0	0	0	0	8,240	11.00
12.00	0	0	0	0	0	12.00
13.00	0	0	0	0	0	13.00
14.00	0	0	0	0	9,064	14.00
15.00	0	0	0	0	0	15.00
16.00	0	0	0	0	5,258	16.00
17.00	0	0	0	0	0	17.00
18.00	0	0	0	0	1,018,429	18.00
19.00	0	0	0	0	0	19.00
20.00	0	0	0	0	82	20.00
22.00	0	0	0	0	0	22.00
200.00	0	0	0	0	1,076,215	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140202

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

Worksheet A-8-2

Date/Time Prepared:  
5/30/2012 6:39 am

	RCE	Adjustment	
	Disallowance	18.00	
1.00	0	976,100	1.00
2.00	26,722	26,722	2.00
3.00	0	1,099,800	3.00
4.00	0	337,496	4.00
5.00	0	127,980	5.00
6.00	0	2,095	6.00
7.00	0	750	7.00
8.00	0	64	8.00
9.00	4,686	4,686	9.00
10.00	0	22,900	10.00
11.00	0	0	11.00
12.00	0	5,625	12.00
13.00	0	10,001	13.00
14.00	4,624	4,624	14.00
15.00	0	57,402	15.00
16.00	6,742	6,742	16.00
17.00	0	3,900	17.00
18.00	550,821	550,821	18.00
19.00	0	22,484	19.00
20.00	486,585	486,585	20.00
22.00	0	4,696	22.00
200.00	1,080,180	3,751,473	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140202

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/30/2012 6:39 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	Subtotal	
		NEW BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT	10,635,290	10,635,290				1.00
2.00 CAP REL COSTS-MVBLE EQUIP	8,750,941		8,750,941			2.00
4.00 EMPLOYEE BENEFITS	24,307,557	33,818	27,826	24,369,201		4.00
5.00 ADMINISTRATIVE & GENERAL	41,140,633	883,403	726,883	3,499,407	46,250,326	5.00
6.00 MAINTENANCE & REPAIRS	7,453,051	3,522,811	2,898,641	548,337	14,422,840	6.00
7.00 OPERATION OF PLANT	0	0	0	0	0	7.00
8.00 LAUNDRY & LINEN SERVICE	1,200,925	20,362	16,754	15,621	1,253,662	8.00
9.00 HOUSEKEEPING	3,077,679	135,814	111,750	512,805	3,838,048	9.00
10.00 DIETARY	2,313,546	108,452	89,237	249,502	2,760,737	10.00
11.00 CAFETERIA	844,424	69,327	57,044	159,410	1,130,205	11.00
12.00 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 NURSING ADMINISTRATION	2,269,142	74,061	60,939	505,982	2,910,124	13.00
14.00 CENTRAL SERVICES & SUPPLY	889,253	113,589	93,464	163,043	1,259,349	14.00
15.00 PHARMACY	4,557,863	82,860	68,179	971,609	5,680,511	15.00
16.00 MEDICAL RECORDS & LIBRARY	2,171,968	46,109	37,940	372,222	2,628,239	16.00
17.00 SOCIAL SERVICE	0	0	0	0	0	17.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 PARAMED ED PRGM-(SPECIFY)	106,498	38,691	31,836	29,145	206,170	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	26,513,731	2,284,128	1,879,429	6,444,067	37,121,355	30.00
31.00 INTENSIVE CARE UNIT	5,028,534	195,550	160,902	1,167,040	6,552,026	31.00
41.00 SUBPROVIDER - I&R	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	2,266,495	85,359	70,235	487,509	2,909,598	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	11,265,494	557,782	458,955	2,057,386	14,339,617	50.00
51.00 RECOVERY ROOM	1,172,552	53,481	44,006	275,216	1,545,255	51.00
52.00 DELIVERY ROOM & LABOR ROOM	1,763,495	129,264	106,362	354,420	2,353,541	52.00
53.00 ANESTHESIOLOGY	295,671	3,740	3,078	5,047	307,536	53.00
54.00 RADIOLOGY-DIAGNOSTIC	4,077,819	326,025	268,260	753,475	5,425,579	54.00
56.00 NUCLEAR MEDICINE	1,984,740	30,822	25,361	250,104	2,291,027	56.00
56.01 ULTRASOUND	1,628,855	14,573	11,991	376,943	2,032,362	56.01
56.02 RADIOLOGY SPECIAL PROCEDURE	0	0	0	0	0	56.02
57.00 CT SCAN	1,588,183	16,435	13,523	271,058	1,889,199	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	849,312	37,201	30,610	148,908	1,066,031	58.00
59.00 CARDIAC CATHETERIZATION	1,666,716	260,034	213,962	334,289	2,475,001	59.00
60.00 LABORATORY	10,778,118	118,494	97,499	0	10,994,111	60.00
60.01 REFERENCE LAB	0	0	0	0	0	60.01
63.00 BLOOD STORING, PROCESSING & TRANS.	0	21,045	17,316	0	38,361	63.00
65.00 RESPIRATORY THERAPY	2,382,549	57,237	47,096	558,867	3,045,749	65.00
65.01 STRESS TEST	785,598	3,802	3,129	181,477	974,006	65.01
66.00 PHYSICAL THERAPY	3,354,500	135,146	111,201	677,227	4,278,074	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	352,082	7,124	5,861	78,604	443,671	69.00
69.01 ECHOCARDIOGRAM	0	0	0	0	0	69.01
69.02 CARDIOLOGY	0	0	0	0	0	69.02
70.00 ELECTROENCEPHALOGRAPHY	572,870	72,369	59,547	111,960	816,746	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	17,931,615	0	0	0	17,931,615	71.00
71.30 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71.30
72.00 IMPL. DEV. CHARGED TO PATIENT	14,045,651	0	0	0	14,045,651	72.00
73.00 DRUGS CHARGED TO PATIENTS	11,745,669	0	0	0	11,745,669	73.00
74.00 RENAL DIALYSIS	757,802	49,167	40,455	0	847,424	74.00
75.02 OUTPATIENT SURGERY	0	0	0	0	0	75.02
76.00 ELECTROMYOGRAPHY	1,533	2,018	1,660	0	5,211	76.00
76.97 CARDIAC REHABILITATION	367,748	199,057	163,788	87,497	818,090	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	1,126,148	118,928	97,857	169,686	1,512,619	90.00
90.01 ADDITION RECOVERY CLINIC	0	0	0	0	0	90.01
90.03 LI THOTRI PSY	0	0	0	0	0	90.03
91.00 EMERGENCY	8,343,687	692,106	569,479	1,631,624	11,236,896	91.00
91.20 ACUTE CARE CENTER	4,646,939	0	0	884,388	5,531,327	91.20
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140202

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/30/2012 6:39 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	Subtotal	
		NEW BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 CORF	0	0	0	0	0	99.10
99.20 OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40 OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
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
116.00 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	247,012,876	10,600,184	8,722,055	24,333,875	246,913,558	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	631,444	35,106	28,886	35,326	730,762	190.00
194.00 FUNDRAISING	0	0	0	0	0	194.00
194.01 MANAGED CARE ADMINISTRATION	0	0	0	0	0	194.01
194.02 PHYSICIAN SUPPORT SERVICES	33	0	0	0	33	194.02
194.03 HOME MEDICAL EQUIPMENT	0	0	0	0	0	194.03
194.04 HOME PHARMACY	429	0	0	0	429	194.04
194.05 HOSPICE	0	0	0	0	0	194.05
194.06 NEIL MRI	0	0	0	0	0	194.06
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	247,644,782	10,635,290	8,750,941	24,369,201	247,644,782	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140202		Period: From 01/01/2011 To 12/31/2011		Worksheet B Part I Date/Time Prepared: 5/30/2012 6:39 am	
Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.00	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	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.00	ADMINISTRATIVE & GENERAL	46,250,326					5.00
6.00	MAINTENANCE & REPAIRS	3,312,205	17,735,045				6.00
7.00	OPERATION OF PLANT	0	0	0			7.00
8.00	LAUNDRY & LINEN SERVICE	287,903	58,290	0	1,599,855		8.00
9.00	HOUSEKEEPING	881,408	388,792	0	0	5,108,248	9.00
10.00	DIETARY	634,003	310,465	0	0	91,736	10.00
11.00	CAFETERIA	259,552	198,461	0	0	58,641	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	NURSING ADMINISTRATION	668,310	212,012	0	0	62,645	13.00
14.00	CENTRAL SERVICES & SUPPLY	289,209	325,170	0	0	96,081	14.00
15.00	PHARMACY	1,304,529	237,202	0	0	70,089	15.00
16.00	MEDICAL RECORDS & LIBRARY	603,575	131,996	0	0	39,002	16.00
17.00	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	47,347	110,760	0	0	32,727	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	8,525,008	6,538,724	0	1,390,457	1,932,063	30.00
31.00	INTENSIVE CARE UNIT	1,504,673	559,796	0	111,895	165,409	31.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	668,189	244,355	0	97,503	72,202	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	3,293,093	1,596,751	0	0	471,808	50.00
51.00	RECOVERY ROOM	354,868	153,100	0	0	45,238	51.00
52.00	DELIVERY ROOM & LABOR ROOM	540,491	370,043	0	0	109,340	52.00
53.00	ANESTHESIOLOGY	70,626	10,707	0	0	3,164	53.00
54.00	RADIOLOGY-DIAGNOSTIC	1,245,984	933,304	0	0	275,773	54.00
56.00	NUCLEAR MEDICINE	526,134	88,234	0	0	26,072	56.00
56.01	ULTRASOUND	466,732	41,718	0	0	12,327	56.01
56.02	RADIOLOGY SPECIAL PROCEDURE	0	0	0	0	0	56.02
57.00	CT SCAN	433,855	47,050	0	0	13,902	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	244,814	106,495	0	0	31,467	58.00
59.00	CARDIAC CATHETERIZATION	568,384	744,395	0	0	219,954	59.00
60.00	LABORATORY	2,524,798	339,210	0	0	100,230	60.00
60.01	REFERENCE LAB	0	0	0	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	8,810	60,245	0	0	17,801	63.00
65.00	RESPIRATORY THERAPY	699,456	163,851	0	0	48,415	65.00
65.01	STRESS TEST	223,680	10,885	0	0	3,216	65.01
66.00	PHYSICAL THERAPY	982,460	386,881	0	0	114,316	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	101,889	20,393	0	0	6,026	69.00
69.01	ECHOCARDIOGRAM	0	0	0	0	0	69.01
69.02	CARDIOLOGY	0	0	0	0	0	69.02
70.00	ELECTROENCEPHALOGRAPHY	187,566	207,169	0	0	61,214	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	4,117,995	0	0	0	0	71.00
71.30	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71.30
72.00	IMPL. DEV. CHARGED TO PATIENT	3,225,584	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	2,697,393	0	0	0	0	73.00
74.00	RENAL DIALYSIS	194,611	140,749	0	0	41,588	74.00
75.02	OUTPATIENT SURGERY	0	0	0	0	0	75.02
76.00	ELECTROMYOGRAPHY	1,197	5,776	0	0	1,707	76.00
76.97	CARDIAC REHABILITATION	187,874	569,837	0	0	168,375	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	347,373	340,454	0	0	100,597	90.00
90.01	ADDICTION RECOVERY CLINIC	0	0	0	0	0	90.01
90.03	LITHOTRIPSY	0	0	0	0	0	90.03
91.00	EMERGENCY	2,580,553	1,981,278	0	0	585,428	91.00
91.20	ACUTE CARE CENTER	1,270,269	0	0	0	0	91.20
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	CORF	0	0	0	0	0	99.10
99.20	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140202

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/30/2012 6:39 am

Cost Center Description	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
	5.00	6.00	7.00	8.00	9.00	
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
116.00 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	46,082,400	17,634,548	0	1,599,855	5,078,553	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	167,819	100,497	0	0	29,695	190.00
194.00 FUNDRAISING	0	0	0	0	0	194.00
194.01 MANAGED CARE ADMINISTRATION	0	0	0	0	0	194.01
194.02 PHYSICIAN SUPPORT SERVICES	8	0	0	0	0	194.02
194.03 HOME MEDICAL EQUIPMENT	0	0	0	0	0	194.03
194.04 HOME PHARMACY	99	0	0	0	0	194.04
194.05 HOSPICE	0	0	0	0	0	194.05
194.06 NEIL MRI	0	0	0	0	0	194.06
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)	46,250,326	17,735,045	0	1,599,855	5,108,248	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140202			Period: From 01/01/2011 To 12/31/2011		Worksheet B Part I Date/Time Prepared: 5/30/2012 6:39 am	
Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY		
		10.00	11.00	12.00	13.00	14.00		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	NEW CAP REL COSTS-BLDG & FIXT							1.00
2.00	CAP REL COSTS-MVBLE EQUIP							2.00
4.00	EMPLOYEE BENEFITS							4.00
5.00	ADMINISTRATIVE & GENERAL							5.00
6.00	MAINTENANCE & REPAIRS							6.00
7.00	OPERATION OF PLANT							7.00
8.00	LAUNDRY & LINEN SERVICE							8.00
9.00	HOUSEKEEPING							9.00
10.00	DIETARY	3,796,941						10.00
11.00	CAFETERIA	0	1,646,859					11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0				12.00
13.00	NURSING ADMINISTRATION	0	42,987	0	3,896,078			13.00
14.00	CENTRAL SERVICES & SUPPLY	0	13,852	0	3,918	1,987,579		14.00
15.00	PHARMACY	0	82,546	0	153	5,521		15.00
16.00	MEDICAL RECORDS & LIBRARY	0	31,623	0	335	0		16.00
17.00	SOCIAL SERVICE	0	0	0	0	0		17.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0		19.00
20.00	NURSING SCHOOL	0	0	0	0	0		20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0		21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0		22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	2,476	0	1,177	5,352		23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	ADULTS & PEDIATRICS	3,299,974	547,502	0	2,108,111	116,988		30.00
31.00	INTENSIVE CARE UNIT	265,562	99,149	0	259,002	27,417		31.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0		41.00
42.00	SUBPROVIDER	0	0	0	0	0		42.00
43.00	NURSERY	231,405	41,418	0	79,919	6,161		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	OPERATING ROOM	0	174,791	0	418,878	1,035,848		50.00
51.00	RECOVERY ROOM	0	23,382	0	63,985	2,260		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	30,111	0	97,879	12,040		52.00
53.00	ANESTHESIOLOGY	0	429	0	1,716	35,749		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	64,013	0	19,156	55,767		54.00
56.00	NUCLEAR MEDICINE	0	21,248	0	8	31,546		56.00
56.01	ULTRASOUND	0	32,024	0	1,104	8,761		56.01
56.02	RADIOLOGY SPECIAL PROCEDURE	0	0	0	0	0		56.02
57.00	CT SCAN	0	23,028	0	190	22,158		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	12,651	0	0	7,176		58.00
59.00	CARDIAC CATHETERIZATION	0	28,400	0	66,328	354,411		59.00
60.00	LABORATORY	0	0	0	0	0		60.00
60.01	REFERENCE LAB	0	0	0	0	0		60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	135,056		63.00
65.00	RESPIRATORY THERAPY	0	47,480	0	0	21,561		65.00
65.01	STRESS TEST	0	15,418	0	3,718	2,411		65.01
66.00	PHYSICAL THERAPY	0	57,536	0	0	1,139		66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0		67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0		68.00
69.00	ELECTROCARDIOLOGY	0	6,678	0	1,012	569		69.00
69.01	ECHOCARDIOGRAM	0	0	0	0	0		69.01
69.02	CARDIOLOGY	0	0	0	0	0		69.02
70.00	ELECTROENCEPHALOGRAPHY	0	9,512	0	0	1,123		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	5,808		71.00
71.30	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0		71.30
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	4,549		72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0		73.00
74.00	RENAL DIALYSIS	0	0	0	0	226		74.00
75.02	OUTPATIENT SURGERY	0	0	0	0	0		75.02
76.00	ELECTROMYOGRAPHY	0	0	0	0	0		76.00
76.97	CARDIAC REHABILITATION	0	7,434	0	14,995	606		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	14,416	0	33,331	7,513		89.00
90.00	CLINIC	0	0	0	0	0		90.00
90.01	ADDICTION RECOVERY CLINIC	0	0	0	0	0		90.01
90.03	LITHOTRIPSY	0	0	0	0	0		90.03
91.00	EMERGENCY	0	138,619	0	453,686	63,298		91.00
91.20	ACUTE CARE CENTER	0	75,135	0	250,674	16,537		91.20
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
99.10	CORF	0	0	0	0	0		99.10
99.20	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0		99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0		99.30

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140202

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/30/2012 6:39 am

Cost Center Description	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
	10.00	11.00	12.00	13.00	14.00	
99.40 OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
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
116.00 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	3,796,941	1,643,858	0	3,879,275	1,987,551	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	3,001	0	0	0	28 190.00
194.00 FUNDRAISING	0	0	0	0	0	194.00
194.01 MANAGED CARE ADMINISTRATION	0	0	0	16,803	0	194.01
194.02 PHYSICIAN SUPPORT SERVICES	0	0	0	0	0	194.02
194.03 HOME MEDICAL EQUIPMENT	0	0	0	0	0	194.03
194.04 HOME PHARMACY	0	0	0	0	0	194.04
194.05 HOSPICE	0	0	0	0	0	194.05
194.06 NEIL MRI	0	0	0	0	0	194.06
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	3,796,941	1,646,859	0	3,896,078	1,987,579	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140202

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/30/2012 6:39 am

Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
	15.00	16.00	17.00	19.00	20.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.00 ADMINISTRATIVE & GENERAL						5.00
6.00 MAINTENANCE & REPAIRS						6.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY						10.00
11.00 CAFETERIA						11.00
12.00 MAINTENANCE OF PERSONNEL						12.00
13.00 NURSING ADMINISTRATION						13.00
14.00 CENTRAL SERVICES & SUPPLY						14.00
15.00 PHARMACY	7,380,551					15.00
16.00 MEDICAL RECORDS & LIBRARY	0	3,434,770				16.00
17.00 SOCIAL SERVICE	0	0	0			17.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 PARAMED ED PRGM-(SPECIFY)	24,533	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	145,294	458,922	0	0	0	30.00
31.00 INTENSIVE CARE UNIT	25,450	60,849	0	0	0	31.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	3,123	39,566	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	93,944	408,371	0	0	0	50.00
51.00 RECOVERY ROOM	10,344	51,900	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	7,200	24,871	0	0	0	52.00
53.00 ANESTHESIOLOGY	112,973	59,898	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	3,685	119,342	0	0	0	54.00
56.00 NUCLEAR MEDICINE	5,135	74,632	0	0	0	56.00
56.01 ULTRASOUND	2,755	51,223	0	0	0	56.01
56.02 RADIOLOGY SPECIAL PROCEDURE	0	0	0	0	0	56.02
57.00 CT SCAN	5,166	271,299	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	1,039	73,773	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	15,746	111,813	0	0	0	59.00
60.00 LABORATORY	0	386,385	0	0	0	60.00
60.01 REFERENCE LAB	0	0	0	0	0	60.01
63.00 BLOOD STORING, PROCESSING & TRANS.	0	32,866	0	0	0	63.00
65.00 RESPIRATORY THERAPY	18,653	63,346	0	0	0	65.00
65.01 STRESS TEST	4,870	48,467	0	0	0	65.01
66.00 PHYSICAL THERAPY	1,032	36,698	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	16,173	0	0	0	69.00
69.01 ECHOCARDIOGRAM	0	0	0	0	0	69.01
69.02 CARDIOLOGY	0	0	0	0	0	69.02
70.00 ELECTROENCEPHALOGRAPHY	22	11,668	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	107,050	0	0	0	71.00
71.30 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71.30
72.00 IMPL. DEV. CHARGED TO PATIENT	0	165,612	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	6,712,452	448,600	0	0	0	73.00
74.00 RENAL DIALYSIS	182	12,063	0	0	0	74.00
75.02 OUTPATIENT SURGERY	0	0	0	0	0	75.02
76.00 ELECTROMYOGRAPHY	0	723	0	0	0	76.00
76.97 CARDIAC REHABILITATION	41	3,701	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	19,520	18,133	0	0	0	90.00
90.01 ADDICTION RECOVERY CLINIC	0	0	0	0	0	90.01
90.03 LI THOTRI PSY	0	0	0	0	0	90.03
91.00 EMERGENCY	135,690	232,535	0	0	0	91.00
91.20 ACUTE CARE CENTER	31,684	44,291	0	0	0	91.20
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 CORF	0	0	0	0	0	99.10
99.20 OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140202

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/30/2012 6:39 am

Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		15.00	16.00	17.00	19.00	20.00	
99.40	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
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
116.00	HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	7,380,533	3,434,770	0	0	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	FUNDRAISING	0	0	0	0	0	194.00
194.01	MANAGED CARE ADMINISTRATION	0	0	0	0	0	194.01
194.02	PHYSICIAN SUPPORT SERVICES	18	0	0	0	0	194.02
194.03	HOME MEDICAL EQUIPMENT	0	0	0	0	0	194.03
194.04	HOME PHARMACY	0	0	0	0	0	194.04
194.05	HOSPICE	0	0	0	0	0	194.05
194.06	NEIL MRI	0	0	0	0	0	194.06
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)	7,380,551	3,434,770	0	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140202

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/30/2012 6:39 am

Cost Center Description	INTERNS & RESIDENTS		PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
	21.00	22.00				
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.00 ADMINISTRATIVE & GENERAL						5.00
6.00 MAINTENANCE & REPAIRS						6.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY						10.00
11.00 CAFETERIA						11.00
12.00 MAINTENANCE OF PERSONNEL						12.00
13.00 NURSING ADMINISTRATION						13.00
14.00 CENTRAL SERVICES & SUPPLY						14.00
15.00 PHARMACY						15.00
16.00 MEDICAL RECORDS & LIBRARY						16.00
17.00 SOCIAL SERVICE						17.00
19.00 NONPHYSICIAN ANESTHETISTS						19.00
20.00 NURSING SCHOOL						20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0					21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0				22.00
23.00 PARAMED PRGM-(SPECIFY)	0	0	430,542			23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	0	0	0	62,184,398	0	30.00
31.00 INTENSIVE CARE UNIT	0	0	0	9,631,228	0	31.00
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	4,393,439	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	0	0	0	21,833,101	0	50.00
51.00 RECOVERY ROOM	0	0	0	2,250,332	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	3,545,516	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	602,798	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	8,142,603	0	54.00
56.00 NUCLEAR MEDICINE	0	0	0	3,064,036	0	56.00
56.01 ULTRASOUND	0	0	0	2,649,006	0	56.01
56.02 RADIOLOGY SPECIAL PROCEDURE	0	0	0	0	0	56.02
57.00 CT SCAN	0	0	0	2,705,847	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	1,543,446	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	4,584,432	0	59.00
60.00 LABORATORY	0	0	0	14,344,734	0	60.00
60.01 REFERENCE LAB	0	0	0	0	0	60.01
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	293,139	0	63.00
65.00 RESPIRATORY THERAPY	0	0	0	4,108,511	0	65.00
65.01 STRESS TEST	0	0	0	1,286,671	0	65.01
66.00 PHYSICAL THERAPY	0	0	0	5,858,136	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	596,411	0	69.00
69.01 ECHOCARDIOGRAM	0	0	0	0	0	69.01
69.02 CARDIOLOGY	0	0	0	0	0	69.02
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	1,295,020	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	22,162,468	0	71.00
71.30 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71.30
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	17,441,396	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	21,604,114	0	73.00
74.00 RENAL DIALYSIS	0	0	0	1,236,843	0	74.00
75.02 OUTPATIENT SURGERY	0	0	0	0	0	75.02
76.00 ELECTROMYOGRAPHY	0	0	0	14,614	0	76.00
76.97 CARDIAC REHABILITATION	0	0	0	1,770,953	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	2,393,956	0	90.00
90.01 ADDITION RECOVERY CLINIC	0	0	0	0	0	90.01
90.03 LI THOTRI PSY	0	0	0	0	0	90.03
91.00 EMERGENCY	0	0	430,542	17,838,525	0	91.00
91.20 ACUTE CARE CENTER	0	0	0	7,219,917	0	91.20
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140202

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/30/2012 6:39 am

Cost Center Description	INTERNS & RESIDENTS		PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
	21.00	22.00				
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 CORF	0	0	0	0	0	99.10
99.20 OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40 OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
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
116.00 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	0	430,542	246,595,590	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	1,031,802	0	190.00
194.00 FUNDRAISING	0	0	0	0	0	194.00
194.01 MANAGED CARE ADMINISTRATION	0	0	0	16,803	0	194.01
194.02 PHYSICIAN SUPPORT SERVICES	0	0	0	59	0	194.02
194.03 HOME MEDICAL EQUIPMENT	0	0	0	0	0	194.03
194.04 HOME PHARMACY	0	0	0	528	0	194.04
194.05 HOSPICE	0	0	0	0	0	194.05
194.06 NEIL MRI	0	0	0	0	0	194.06
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	0	430,542	247,644,782	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140202

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/30/2012 6:39 am

Cost Center Description		Total	
		26.00	
<b>GENERAL SERVICE COST CENTERS</b>			
1.00	NEW CAP REL COSTS-BLDG & FIXT		1.00
2.00	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	EMPLOYEE BENEFITS		4.00
5.00	ADMINISTRATIVE & GENERAL		5.00
6.00	MAINTENANCE & REPAIRS		6.00
7.00	OPERATION OF PLANT		7.00
8.00	LAUNDRY & LINEN SERVICE		8.00
9.00	HOUSEKEEPING		9.00
10.00	DIETARY		10.00
11.00	CAFETERIA		11.00
12.00	MAINTENANCE OF PERSONNEL		12.00
13.00	NURSING ADMINISTRATION		13.00
14.00	CENTRAL SERVICES & SUPPLY		14.00
15.00	PHARMACY		15.00
16.00	MEDICAL RECORDS & LIBRARY		16.00
17.00	SOCIAL SERVICE		17.00
19.00	NONPHYSICIAN ANESTHETISTS		19.00
20.00	NURSING SCHOOL		20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
23.00	PARAMED ED PRGM-(SPECIFY)		23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>			
30.00	ADULTS & PEDIATRICS	62,184,398	30.00
31.00	INTENSIVE CARE UNIT	9,631,228	31.00
41.00	SUBPROVIDER - IRF	0	41.00
42.00	SUBPROVIDER	0	42.00
43.00	NURSERY	4,393,439	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00	OPERATING ROOM	21,833,101	50.00
51.00	RECOVERY ROOM	2,250,332	51.00
52.00	DELIVERY ROOM & LABOR ROOM	3,545,516	52.00
53.00	ANESTHESIOLOGY	602,798	53.00
54.00	RADIOLOGY-DIAGNOSTIC	8,142,603	54.00
56.00	NUCLEAR MEDICINE	3,064,036	56.00
56.01	ULTRASOUND	2,649,006	56.01
56.02	RADIOLOGY SPECIAL PROCEDURE	0	56.02
57.00	CT SCAN	2,705,847	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	1,543,446	58.00
59.00	CARDIAC CATHETERIZATION	4,584,432	59.00
60.00	LABORATORY	14,344,734	60.00
60.01	REFERENCE LAB	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	293,139	63.00
65.00	RESPIRATORY THERAPY	4,108,511	65.00
65.01	STRESS TEST	1,286,671	65.01
66.00	PHYSICAL THERAPY	5,858,136	66.00
67.00	OCCUPATIONAL THERAPY	0	67.00
68.00	SPEECH PATHOLOGY	0	68.00
69.00	ELECTROCARDIOLOGY	596,411	69.00
69.01	ECHOCARDIOGRAM	0	69.01
69.02	CARDIOLOGY	0	69.02
70.00	ELECTROENCEPHALOGRAPHY	1,295,020	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	22,162,468	71.00
71.30	IMPL. DEV. CHARGED TO PATIENT	0	71.30
72.00	IMPL. DEV. CHARGED TO PATIENT	17,441,396	72.00
73.00	DRUGS CHARGED TO PATIENTS	21,604,114	73.00
74.00	RENAL DIALYSIS	1,236,843	74.00
75.02	OUTPATIENT SURGERY	0	75.02
76.00	ELECTROMYOGRAPHY	14,614	76.00
76.97	CARDIAC REHABILITATION	1,770,953	76.97
<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	2,393,956	90.00
90.01	ADDITION RECOVERY CLINIC	0	90.01
90.03	LITHOTRIPSY	0	90.03
91.00	EMERGENCY	17,838,525	91.00
91.20	ACUTE CARE CENTER	7,219,917	91.20
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>			
99.10	CORF	0	99.10
99.20	OUTPATIENT PHYSICAL THERAPY	0	99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY	0	99.30
99.40	OUTPATIENT SPEECH PATHOLOGY	0	99.40
101.00	HOME HEALTH AGENCY	0	101.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140202

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/30/2012 6:39 am

Cost Center Description		Total	
		26.00	
<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
116.00	HOSPICE	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	246,595,590	118.00
<b>NONREIMBURSABLE COST CENTERS</b>			
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,031,802	190.00
194.00	FUNDRAISING	0	194.00
194.01	MANAGED CARE ADMINISTRATION	16,803	194.01
194.02	PHYSICIAN SUPPORT SERVICES	59	194.02
194.03	HOME MEDICAL EQUIPMENT	0	194.03
194.04	HOME PHARMACY	528	194.04
194.05	HOSPICE	0	194.05
194.06	NEILMRI	0	194.06
200.00	Cross Foot Adjustments	0	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118-201)	247,644,782	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140202

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/30/2012 6:39 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		NEW BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS	0	33,818	27,826	61,644	61,644	4.00
5.00 ADMINISTRATIVE & GENERAL	616,521	883,403	726,883	2,226,807	8,848	5.00
6.00 MAINTENANCE & REPAIRS	2,452	3,522,811	2,898,641	6,423,904	1,386	6.00
7.00 OPERATION OF PLANT	0	0	0	0	0	7.00
8.00 LAUNDRY & LINEN SERVICE	0	20,362	16,754	37,116	39	8.00
9.00 HOUSEKEEPING	0	135,814	111,750	247,564	1,297	9.00
10.00 DIETARY	15,862	108,452	89,237	213,551	631	10.00
11.00 CAFETERIA	0	69,327	57,044	126,371	403	11.00
12.00 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 NURSING ADMINISTRATION	2,072	74,061	60,939	137,072	1,279	13.00
14.00 CENTRAL SERVICES & SUPPLY	0	113,589	93,464	207,053	412	14.00
15.00 PHARMACY	388,059	82,860	68,179	539,098	2,457	15.00
16.00 MEDICAL RECORDS & LIBRARY	22,821	46,109	37,940	106,870	941	16.00
17.00 SOCIAL SERVICE	0	0	0	0	0	17.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 PARAMED ED PRGM-(SPECIFY)	4,760	38,691	31,836	75,287	74	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	85,717	2,284,128	1,879,429	4,249,274	16,324	30.00
31.00 INTENSIVE CARE UNIT	25,374	195,550	160,902	381,826	2,951	31.00
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	85,359	70,235	155,594	1,233	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	210,993	557,782	458,955	1,227,730	5,202	50.00
51.00 RECOVERY ROOM	12,026	53,481	44,006	109,513	696	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	129,264	106,362	235,626	896	52.00
53.00 ANESTHESIOLOGY	0	3,740	3,078	6,818	13	53.00
54.00 RADIOLOGY-DIAGNOSTIC	1,857	326,025	268,260	596,142	1,905	54.00
56.00 NUCLEAR MEDICINE	153,004	30,822	25,361	209,187	632	56.00
56.01 ULTRASOUND	0	14,573	11,991	26,564	953	56.01
56.02 RADIOLOGY SPECIAL PROCEDURE	0	0	0	0	0	56.02
57.00 CT SCAN	0	16,435	13,523	29,958	685	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	37,201	30,610	67,811	376	58.00
59.00 CARDIAC CATHETERIZATION	0	260,034	213,962	473,996	845	59.00
60.00 LABORATORY	0	118,494	97,499	215,993	0	60.00
60.01 REFERENCE LAB	0	0	0	0	0	60.01
63.00 BLOOD STORING, PROCESSING & TRANS.	0	21,045	17,316	38,361	0	63.00
65.00 RESPIRATORY THERAPY	49,668	57,237	47,096	154,001	1,413	65.00
65.01 STRESS TEST	0	3,802	3,129	6,931	459	65.01
66.00 PHYSICAL THERAPY	452,050	135,146	111,201	698,397	1,712	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	7,124	5,861	12,985	199	69.00
69.01 ECHOCARDIOGRAM	0	0	0	0	0	69.01
69.02 CARDIOLOGY	0	0	0	0	0	69.02
70.00 ELECTROENCEPHALOGRAPHY	63,008	72,369	59,547	194,924	283	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
71.30 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71.30
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
74.00 RENAL DIALYSIS	0	49,167	40,455	89,622	0	74.00
75.02 OUTPATIENT SURGERY	0	0	0	0	0	75.02
76.00 ELECTROMYOGRAPHY	0	2,018	1,660	3,678	0	76.00
76.97 CARDIAC REHABILITATION	0	199,057	163,788	362,845	221	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	594,232	118,928	97,857	811,017	429	90.00
90.01 ADDICTION RECOVERY CLINIC	0	0	0	0	0	90.01
90.03 LI THOTRI PSY	0	0	0	0	0	90.03
91.00 EMERGENCY	4,712	692,106	569,479	1,266,297	4,125	91.00
91.20 ACUTE CARE CENTER	0	0	0	0	2,236	91.20
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140202

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/30/2012 6:39 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		NEW BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 CORF	0	0	0	0	0	99.10
99.20 OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40 OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
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
116.00 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	2,705,188	10,600,184	8,722,055	22,027,427	61,555	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	35,106	28,886	63,992	89	190.00
194.00 FUNDRAISING	0	0	0	0	0	194.00
194.01 MANAGED CARE ADMINISTRATION	0	0	0	0	0	194.01
194.02 PHYSICIAN SUPPORT SERVICES	0	0	0	0	0	194.02
194.03 HOME MEDICAL EQUIPMENT	0	0	0	0	0	194.03
194.04 HOME PHARMACY	0	0	0	0	0	194.04
194.05 HOSPICE	0	0	0	0	0	194.05
194.06 NEIL MRI	0	0	0	0	0	194.06
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers				0	0	201.00
202.00 TOTAL (sum lines 118-201)	2,705,188	10,635,290	8,750,941	22,091,419	61,644	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140202		Period: From 01/01/2011 To 12/31/2011		Worksheet B Part II Date/Time Prepared: 5/30/2012 6:39 am	
Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.00	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	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.00	ADMINISTRATIVE & GENERAL	2,235,655					5.00
6.00	MAINTENANCE & REPAIRS	160,108	6,585,398				6.00
7.00	OPERATION OF PLANT	0	0	0			7.00
8.00	LAUNDRY & LINEN SERVICE	13,917	21,644	0	72,716		8.00
9.00	HOUSEKEEPING	42,606	144,367	0	0	435,834	9.00
10.00	DIETARY	30,647	115,282	0	0	7,827	10.00
11.00	CAFETERIA	12,546	73,693	0	0	5,003	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	NURSING ADMINISTRATION	32,305	78,724	0	0	5,345	13.00
14.00	CENTRAL SERVICES & SUPPLY	13,980	120,743	0	0	8,198	14.00
15.00	PHARMACY	63,059	88,078	0	0	5,980	15.00
16.00	MEDICAL RECORDS & LIBRARY	29,176	49,013	0	0	3,328	16.00
17.00	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	2,289	41,127	0	0	2,792	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	412,059	2,427,968	0	63,198	164,842	30.00
31.00	INTENSIVE CARE UNIT	72,734	207,864	0	5,086	14,113	31.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	32,299	90,734	0	4,432	6,160	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	159,184	592,908	0	0	40,254	50.00
51.00	RECOVERY ROOM	17,154	56,849	0	0	3,860	51.00
52.00	DELIVERY ROOM & LABOR ROOM	26,127	137,405	0	0	9,329	52.00
53.00	ANESTHESIOLOGY	3,414	3,976	0	0	270	53.00
54.00	RADIOLOGY-DIAGNOSTIC	60,229	346,556	0	0	23,529	54.00
56.00	NUCLEAR MEDICINE	25,433	32,763	0	0	2,224	56.00
56.01	ULTRASOUND	22,561	15,491	0	0	1,052	56.01
56.02	RADIOLOGY SPECIAL PROCEDURE	0	0	0	0	0	56.02
57.00	CT SCAN	20,972	17,470	0	0	1,186	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	11,834	39,544	0	0	2,685	58.00
59.00	CARDIAC CATHETERIZATION	27,475	276,410	0	0	18,766	59.00
60.00	LABORATORY	122,046	125,956	0	0	8,552	60.00
60.01	REFERENCE LAB	0	0	0	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	426	22,370	0	0	1,519	63.00
65.00	RESPIRATORY THERAPY	33,811	60,841	0	0	4,131	65.00
65.01	STRESS TEST	10,812	4,042	0	0	274	65.01
66.00	PHYSICAL THERAPY	47,491	143,657	0	0	9,753	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	4,925	7,572	0	0	514	69.00
69.01	ECHOCARDIOGRAM	0	0	0	0	0	69.01
69.02	CARDIOLOGY	0	0	0	0	0	69.02
70.00	ELECTROENCEPHALOGRAPHY	9,067	76,926	0	0	5,223	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	199,059	0	0	0	0	71.00
71.30	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71.30
72.00	IMPL. DEV. CHARGED TO PATIENT	155,921	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	130,389	0	0	0	0	73.00
74.00	RENAL DIALYSIS	9,407	52,263	0	0	3,548	74.00
75.02	OUTPATIENT SURGERY	0	0	0	0	0	75.02
76.00	ELECTROMYOGRAPHY	58	2,145	0	0	146	76.00
76.97	CARDIAC REHABILITATION	9,082	211,592	0	0	14,366	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	16,792	126,418	0	0	8,583	90.00
90.01	ADDITIONAL RECOVERY CLINIC	0	0	0	0	0	90.01
90.03	LITHOTRIPSY	0	0	0	0	0	90.03
91.00	EMERGENCY	124,741	735,690	0	0	49,948	91.00
91.20	ACUTE CARE CENTER	61,403	0	0	0	0	91.20
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	CORF	0	0	0	0	0	99.10
99.20	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140202

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/30/2012 6:39 am

Cost Center Description	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
	5.00	6.00	7.00	8.00	9.00	
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
116.00 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	2,227,538	6,548,081	0	72,716	433,300	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	8,112	37,317	0	0	2,534	190.00
194.00 FUNDRAISING	0	0	0	0	0	194.00
194.01 MANAGED CARE ADMINISTRATION	0	0	0	0	0	194.01
194.02 PHYSICIAN SUPPORT SERVICES	0	0	0	0	0	194.02
194.03 HOME MEDICAL EQUIPMENT	0	0	0	0	0	194.03
194.04 HOME PHARMACY	5	0	0	0	0	194.04
194.05 HOSPICE	0	0	0	0	0	194.05
194.06 NEIL MRI	0	0	0	0	0	194.06
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	2,235,655	6,585,398	0	72,716	435,834	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140202		Period: From 01/01/2011 To 12/31/2011		Worksheet B Part II Date/Time Prepared: 5/30/2012 6:39 am	
Cost Center Description	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY		
	10.00	11.00	12.00	13.00	14.00		
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.00	ADMINISTRATIVE & GENERAL						5.00
6.00	MAINTENANCE & REPAIRS						6.00
7.00	OPERATION OF PLANT						7.00
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
10.00	DIETARY	367,938					10.00
11.00	CAFETERIA	0	218,016				11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	NURSING ADMINISTRATION	0	5,690	0	260,415		13.00
14.00	CENTRAL SERVICES & SUPPLY	0	1,834	0	262	352,482	14.00
15.00	PHARMACY	0	10,926	0	10	979	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	4,186	0	22	0	16.00
17.00	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	328	0	79	949	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	319,780	72,495	0	140,906	20,746	30.00
31.00	INTENSIVE CARE UNIT	25,734	13,124	0	17,312	4,862	31.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	22,424	5,482	0	5,342	1,093	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	0	23,137	0	27,998	183,700	50.00
51.00	RECOVERY ROOM	0	3,095	0	4,277	401	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	3,986	0	6,542	2,135	52.00
53.00	ANESTHESIOLOGY	0	57	0	115	6,340	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	8,473	0	1,280	9,890	54.00
56.00	NUCLEAR MEDICINE	0	2,813	0	1	5,594	56.00
56.01	ULTRASOUND	0	4,239	0	74	1,554	56.01
56.02	RADIOLOGY SPECIAL PROCEDURE	0	0	0	0	0	56.02
57.00	CT SCAN	0	3,048	0	13	3,930	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	1,675	0	0	1,273	58.00
59.00	CARDIAC CATHETERIZATION	0	3,759	0	4,433	62,851	59.00
60.00	LABORATORY	0	0	0	0	0	60.00
60.01	REFERENCE LAB	0	0	0	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	23,951	63.00
65.00	RESPIRATORY THERAPY	0	6,285	0	0	3,824	65.00
65.01	STRESS TEST	0	2,041	0	249	428	65.01
66.00	PHYSICAL THERAPY	0	7,616	0	0	202	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	884	0	68	101	69.00
69.01	ECHOCARDIOGRAM	0	0	0	0	0	69.01
69.02	CARDIOLOGY	0	0	0	0	0	69.02
70.00	ELECTROENCEPHALOGRAPHY	0	1,259	0	0	199	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	1,030	71.00
71.30	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71.30
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	807	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	40	74.00
75.02	OUTPATIENT SURGERY	0	0	0	0	0	75.02
76.00	ELECTROMYOGRAPHY	0	0	0	0	0	76.00
76.97	CARDIAC REHABILITATION	0	984	0	1,002	108	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	0	1,908	0	2,228	1,332	90.00
90.01	ADDICTION RECOVERY CLINIC	0	0	0	0	0	90.01
90.03	LITHOTRIPSY	0	0	0	0	0	90.03
91.00	EMERGENCY	0	18,349	0	30,324	11,225	91.00
91.20	ACUTE CARE CENTER	0	9,946	0	16,755	2,933	91.20
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	CORF	0	0	0	0	0	99.10
99.20	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140202

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/30/2012 6:39 am

Cost Center Description		DI ETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
99.40	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
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
116.00	HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	367,938	217,619	0	259,292	352,477	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	397	0	0	0	190.00
194.00	FUNDRAISING	0	0	0	0	0	194.00
194.01	MANAGED CARE ADMINISTRATION	0	0	0	1,123	0	194.01
194.02	PHYSICIAN SUPPORT SERVICES	0	0	0	0	0	194.02
194.03	HOME MEDICAL EQUIPMENT	0	0	0	0	0	194.03
194.04	HOME PHARMACY	0	0	0	0	0	194.04
194.05	HOSPICE	0	0	0	0	0	194.05
194.06	NEIL MRI	0	0	0	0	0	194.06
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)	367,938	218,016	0	260,415	352,482	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140202		Period: From 01/01/2011 To 12/31/2011		Worksheet B Part II Date/Time Prepared: 5/30/2012 6:39 am	
Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		15.00	16.00	17.00	19.00	20.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.00	ADMINISTRATIVE & GENERAL						5.00
6.00	MAINTENANCE & REPAIRS						6.00
7.00	OPERATION OF PLANT						7.00
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
10.00	DIETARY						10.00
11.00	CAFETERIA						11.00
12.00	MAINTENANCE OF PERSONNEL						12.00
13.00	NURSING ADMINISTRATION						13.00
14.00	CENTRAL SERVICES & SUPPLY						14.00
15.00	PHARMACY	710,587					15.00
16.00	MEDICAL RECORDS & LIBRARY	0	193,536				16.00
17.00	SOCIAL SERVICE	0	0	0			17.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00	NURSING SCHOOL	0	0	0		0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0			21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0			22.00
23.00	PARAMED ED PRGM-(SPECIFY)	2,362	0	0			23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	13,989	25,943	0			30.00
31.00	INTENSIVE CARE UNIT	2,450	3,427	0			31.00
41.00	SUBPROVIDER - IRF	0	0	0			41.00
42.00	SUBPROVIDER	0	0	0			42.00
43.00	NURSERY	301	2,228	0			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	9,045	22,998	0			50.00
51.00	RECOVERY ROOM	996	2,923	0			51.00
52.00	DELIVERY ROOM & LABOR ROOM	693	1,401	0			52.00
53.00	ANESTHESIOLOGY	10,877	3,373	0			53.00
54.00	RADIOLOGY-DIAGNOSTIC	355	6,721	0			54.00
56.00	NUCLEAR MEDICINE	494	4,203	0			56.00
56.01	ULTRASOUND	265	2,885	0			56.01
56.02	RADIOLOGY SPECIAL PROCEDURE	0	0	0			56.02
57.00	CT SCAN	497	15,279	0			57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	100	4,155	0			58.00
59.00	CARDIAC CATHETERIZATION	1,516	6,297	0			59.00
60.00	LABORATORY	0	21,760	0			60.00
60.01	REFERENCE LAB	0	0	0			60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0	1,851	0			63.00
65.00	RESPIRATORY THERAPY	1,796	3,568	0			65.00
65.01	STRESS TEST	469	2,730	0			65.01
66.00	PHYSICAL THERAPY	99	2,067	0			66.00
67.00	OCCUPATIONAL THERAPY	0	0	0			67.00
68.00	SPEECH PATHOLOGY	0	0	0			68.00
69.00	ELECTROCARDIOLOGY	0	911	0			69.00
69.01	ECHOCARDIOGRAM	0	0	0			69.01
69.02	CARDIOLOGY	0	0	0			69.02
70.00	ELECTROENCEPHALOGRAPHY	2	657	0			70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	6,029	0			71.00
71.30	IMPL. DEV. CHARGED TO PATIENT	0	0	0			71.30
72.00	IMPL. DEV. CHARGED TO PATIENT	0	9,327	0			72.00
73.00	DRUGS CHARGED TO PATIENTS	646,264	25,264	0			73.00
74.00	RENAL DIALYSIS	18	679	0			74.00
75.02	OUTPATIENT SURGERY	0	0	0			75.02
76.00	ELECTROMYOGRAPHY	0	41	0			76.00
76.97	CARDIAC REHABILITATION	4	208	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 CLINIC	0	0	0			89.00
90.00	CLINIC	1,879	1,021	0			90.00
90.01	ADDICTION RECOVERY CLINIC	0	0	0			90.01
90.03	LITHOTRIPSY	0	0	0			90.03
91.00	EMERGENCY	13,064	13,096	0			91.00
91.20	ACUTE CARE CENTER	3,050	2,494	0			91.20
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	CORF	0	0	0			99.10
99.20	OUTPATIENT PHYSICAL THERAPY	0	0	0			99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0			99.30

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140202

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/30/2012 6:39 am

Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		15.00	16.00	17.00	19.00	20.00	
99.40	OUTPATIENT SPEECH PATHOLOGY	0	0	0			99.40
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
116.00	HOSPICE	0	0	0			116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	710,585	193,536	0	0	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0			190.00
194.00	FUNDRAISING	0	0	0			194.00
194.01	MANAGED CARE ADMINISTRATION	0	0	0			194.01
194.02	PHYSICIAN SUPPORT SERVICES	2	0	0			194.02
194.03	HOME MEDICAL EQUIPMENT	0	0	0			194.03
194.04	HOME PHARMACY	0	0	0			194.04
194.05	HOSPICE	0	0	0			194.05
194.06	NEIL MRI	0	0	0			194.06
200.00	Cross Foot Adjustments				0		0200.00
201.00	Negative Cost Centers	0	0	0	0		0201.00
202.00	TOTAL (sum lines 118-201)	710,587	193,536	0	0	0	0202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140202

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/30/2012 6:39 am

Cost Center Description	INTERNS & RESIDENTS		PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
	21.00	22.00				
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.00 ADMINISTRATIVE & GENERAL						5.00
6.00 MAINTENANCE & REPAIRS						6.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY						10.00
11.00 CAFETERIA						11.00
12.00 MAINTENANCE OF PERSONNEL						12.00
13.00 NURSING ADMINISTRATION						13.00
14.00 CENTRAL SERVICES & SUPPLY						14.00
15.00 PHARMACY						15.00
16.00 MEDICAL RECORDS & LIBRARY						16.00
17.00 SOCIAL SERVICE						17.00
19.00 NONPHYSICIAN ANESTHETISTS						19.00
20.00 NURSING SCHOOL						20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0					21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD		0				22.00
23.00 PARAMED PRGM-(SPECIFY)			125,287			23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS				7,927,524	0	30.00
31.00 INTENSIVE CARE UNIT				751,483	0	31.00
41.00 SUBPROVIDER - IRF				0	0	41.00
42.00 SUBPROVIDER				0	0	42.00
43.00 NURSERY				327,322	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM				2,292,156	0	50.00
51.00 RECOVERY ROOM				199,764	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM				424,140	0	52.00
53.00 ANESTHESIOLOGY				35,253	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC				1,055,080	0	54.00
56.00 NUCLEAR MEDICINE				283,344	0	56.00
56.01 ULTRASOUND				75,638	0	56.01
56.02 RADIOLOGY SPECIAL PROCEDURE				0	0	56.02
57.00 CT SCAN				93,038	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)				129,453	0	58.00
59.00 CARDIAC CATHETERIZATION				876,348	0	59.00
60.00 LABORATORY				494,307	0	60.00
60.01 REFERENCE LAB				0	0	60.01
63.00 BLOOD STORING, PROCESSING & TRANS.				88,478	0	63.00
65.00 RESPIRATORY THERAPY				269,670	0	65.00
65.01 STRESS TEST				28,435	0	65.01
66.00 PHYSICAL THERAPY				910,994	0	66.00
67.00 OCCUPATIONAL THERAPY				0	0	67.00
68.00 SPEECH PATHOLOGY				0	0	68.00
69.00 ELECTROCARDIOLOGY				28,159	0	69.00
69.01 ECHOCARDIOGRAM				0	0	69.01
69.02 RADIOLOGY				0	0	69.02
70.00 ELECTROENCEPHALOGRAPHY				288,540	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS				206,118	0	71.00
71.30 IMPL. DEV. CHARGED TO PATIENT				0	0	71.30
72.00 IMPL. DEV. CHARGED TO PATIENT				166,055	0	72.00
73.00 DRUGS CHARGED TO PATIENTS				801,917	0	73.00
74.00 RENAL DIALYSIS				155,577	0	74.00
75.02 OUTPATIENT SURGERY				0	0	75.02
76.00 ELECTROMYOGRAPHY				6,068	0	76.00
76.97 CARDIAC REHABILITATION				600,412	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				971,607	0	90.00
90.01 ADDITION RECOVERY CLINIC				0	0	90.01
90.03 LI THOTRI PSY				0	0	90.03
91.00 EMERGENCY				2,266,859	0	91.00
91.20 ACUTE CARE CENTER				98,817	0	91.20
92.00 OBSERVATION BEDS (NON-DISTINCT PART)				0	0	92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140202

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/30/2012 6:39 am

Cost Center Description	INTERNS & RESIDENTS		PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
	21.00	22.00				
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 CORF				0	0	99.10
99.20 OUTPATIENT PHYSICAL THERAPY				0	0	99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY				0	0	99.30
99.40 OUTPATIENT SPEECH PATHOLOGY				0	0	99.40
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
116.00 HOSPICE				0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	0	0	21,852,556	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN				112,446	0	190.00
194.00 FUNDRAISING				0	0	194.00
194.01 MANAGED CARE ADMINISTRATION				1,123	0	194.01
194.02 PHYSICIAN SUPPORT SERVICES				2	0	194.02
194.03 HOME MEDICAL EQUIPMENT				0	0	194.03
194.04 HOME PHARMACY				5	0	194.04
194.05 HOSPICE				0	0	194.05
194.06 NEIL MRI				0	0	194.06
200.00 Cross Foot Adjustments	0	0	125,287	125,287	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	0	0	125,287	22,091,419	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140202

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/30/2012 6:39 am

Cost Center Description		Total	
		26.00	
<b>GENERAL SERVICE COST CENTERS</b>			
1.00	NEW CAP REL COSTS-BLDG & FIXT		1.00
2.00	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	EMPLOYEE BENEFITS		4.00
5.00	ADMINISTRATIVE & GENERAL		5.00
6.00	MAINTENANCE & REPAIRS		6.00
7.00	OPERATION OF PLANT		7.00
8.00	LAUNDRY & LINEN SERVICE		8.00
9.00	HOUSEKEEPING		9.00
10.00	DIETARY		10.00
11.00	CAFETERIA		11.00
12.00	MAINTENANCE OF PERSONNEL		12.00
13.00	NURSING ADMINISTRATION		13.00
14.00	CENTRAL SERVICES & SUPPLY		14.00
15.00	PHARMACY		15.00
16.00	MEDICAL RECORDS & LIBRARY		16.00
17.00	SOCIAL SERVICE		17.00
19.00	NONPHYSICIAN ANESTHETISTS		19.00
20.00	NURSING SCHOOL		20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
23.00	PARAMED PRGM-(SPECIFY)		23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>			
30.00	ADULTS & PEDIATRICS	7,927,524	30.00
31.00	INTENSIVE CARE UNIT	751,483	31.00
41.00	SUBPROVIDER - IRF	0	41.00
42.00	SUBPROVIDER	0	42.00
43.00	NURSERY	327,322	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00	OPERATING ROOM	2,292,156	50.00
51.00	RECOVERY ROOM	199,764	51.00
52.00	DELIVERY ROOM & LABOR ROOM	424,140	52.00
53.00	ANESTHESIOLOGY	35,253	53.00
54.00	RADIOLOGY-DIAGNOSTIC	1,055,080	54.00
56.00	NUCLEAR MEDICINE	283,344	56.00
56.01	ULTRASOUND	75,638	56.01
56.02	RADIOLOGY SPECIAL PROCEDURE	0	56.02
57.00	CT SCAN	93,038	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	129,453	58.00
59.00	CARDIAC CATHETERIZATION	876,348	59.00
60.00	LABORATORY	494,307	60.00
60.01	REFERENCE LAB	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	88,478	63.00
65.00	RESPIRATORY THERAPY	269,670	65.00
65.01	STRESS TEST	28,435	65.01
66.00	PHYSICAL THERAPY	910,994	66.00
67.00	OCCUPATIONAL THERAPY	0	67.00
68.00	SPEECH PATHOLOGY	0	68.00
69.00	ELECTROCARDIOLOGY	28,159	69.00
69.01	ECHOCARDIOGRAM	0	69.01
69.02	CARDIOLOGY	0	69.02
70.00	ELECTROENCEPHALOGRAPHY	288,540	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	206,118	71.00
71.30	IMPL. DEV. CHARGED TO PATIENT	0	71.30
72.00	IMPL. DEV. CHARGED TO PATIENT	166,055	72.00
73.00	DRUGS CHARGED TO PATIENTS	801,917	73.00
74.00	RENAL DIALYSIS	155,577	74.00
75.02	OUTPATIENT SURGERY	0	75.02
76.00	ELECTROMYOGRAPHY	6,068	76.00
76.97	CARDIAC REHABILITATION	600,412	76.97
<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	971,607	90.00
90.01	ADDITION RECOVERY CLINIC	0	90.01
90.03	LITHOTRIPSY	0	90.03
91.00	EMERGENCY	2,266,859	91.00
91.20	ACUTE CARE CENTER	98,817	91.20
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>			
99.10	CORF	0	99.10
99.20	OUTPATIENT PHYSICAL THERAPY	0	99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY	0	99.30
99.40	OUTPATIENT SPEECH PATHOLOGY	0	99.40
101.00	HOME HEALTH AGENCY	0	101.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140202

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/30/2012 6:39 am

Cost Center Description		Total	
		26.00	
<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
116.00	HOSPICE	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	21,852,556	118.00
<b>NONREIMBURSABLE COST CENTERS</b>			
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	112,446	190.00
194.00	FUNDRAISING	0	194.00
194.01	MANAGED CARE ADMINISTRATION	1,123	194.01
194.02	PHYSICIAN SUPPORT SERVICES	2	194.02
194.03	HOME MEDICAL EQUIPMENT	0	194.03
194.04	HOME PHARMACY	5	194.04
194.05	HOSPICE	0	194.05
194.06	NEILMRI	0	194.06
200.00	Cross Foot Adjustments	125,287	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118-201)	22,091,419	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140202

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

Worksheet B-1  
Date/Time Prepared:  
5/30/2012 6:39 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	NEW BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT	685,272					1.00
2.00 CAP REL COSTS-MVBLE EQUIP		685,272				2.00
4.00 EMPLOYEE BENEFITS	2,179	2,179	90,475,349			4.00
5.00 ADMINISTRATIVE & GENERAL	56,921	56,921	12,992,237	-46,250,326	201,394,456	5.00
6.00 MAINTENANCE & REPAIRS	226,988	226,988	2,035,809	0	14,422,840	6.00
7.00 OPERATION OF PLANT	0	0	0	0	0	7.00
8.00 LAUNDRY & LINEN SERVICE	1,312	1,312	57,996	0	1,253,662	8.00
9.00 HOUSEKEEPING	8,751	8,751	1,903,888	0	3,838,048	9.00
10.00 DIETARY	6,988	6,988	926,325	0	2,760,737	10.00
11.00 CAFETERIA	4,467	4,467	591,840	0	1,130,205	11.00
12.00 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 NURSING ADMINISTRATION	4,772	4,772	1,878,558	0	2,910,124	13.00
14.00 CENTRAL SERVICES & SUPPLY	7,319	7,319	605,328	0	1,259,349	14.00
15.00 PHARMACY	5,339	5,339	3,607,288	0	5,680,511	15.00
16.00 MEDICAL RECORDS & LIBRARY	2,971	2,971	1,381,949	0	2,628,239	16.00
17.00 SOCIAL SERVICE	0	0	0	0	0	17.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 PARAMED ED PRGM-(SPECIFY)	2,493	2,493	108,208	0	206,170	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	147,175	147,175	23,924,768	0	37,121,355	30.00
31.00 INTENSIVE CARE UNIT	12,600	12,600	4,332,864	0	6,552,026	31.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	5,500	5,500	1,809,974	0	2,909,598	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	35,940	35,940	7,638,451	0	14,339,617	50.00
51.00 RECOVERY ROOM	3,446	3,446	1,021,793	0	1,545,255	51.00
52.00 DELIVERY ROOM & LABOR ROOM	8,329	8,329	1,315,855	0	2,353,541	52.00
53.00 ANESTHESIOLOGY	241	241	18,737	0	307,536	53.00
54.00 RADIOLOGY-DIAGNOSTIC	21,007	21,007	2,797,423	0	5,425,579	54.00
56.00 NUCLEAR MEDICINE	1,986	1,986	928,560	0	2,291,027	56.00
56.01 ULTRASOUND	939	939	1,399,475	0	2,032,362	56.01
56.02 RADIOLOGY SPECIAL PROCEDURE	0	0	0	0	0	56.02
57.00 CT SCAN	1,059	1,059	1,006,355	0	1,889,199	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	2,397	2,397	552,850	0	1,066,031	58.00
59.00 CARDIAC CATHETERIZATION	16,755	16,755	1,241,115	0	2,475,001	59.00
60.00 LABORATORY	7,635	7,635	0	0	10,994,111	60.00
60.01 REFERENCE LAB	0	0	0	0	0	60.01
63.00 BLOOD STORING, PROCESSING & TRANS.	1,356	1,356	0	0	38,361	63.00
65.00 RESPIRATORY THERAPY	3,688	3,688	2,074,902	0	3,045,749	65.00
65.01 STRESS TEST	245	245	673,770	0	974,006	65.01
66.00 PHYSICAL THERAPY	8,708	8,708	2,514,337	0	4,278,074	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	459	459	291,831	0	443,671	69.00
69.01 ECHOCARDIOGRAM	0	0	0	0	0	69.01
69.02 RADIOLOGY	0	0	0	0	0	69.02
70.00 ELECTROENCEPHALOGRAPHY	4,663	4,663	415,674	0	816,746	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	17,931,615	71.00
71.30 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71.30
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	14,045,651	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	11,745,669	73.00
74.00 RENAL DIALYSIS	3,168	3,168	0	0	847,424	74.00
75.02 OUTPATIENT SURGERY	0	0	0	0	0	75.02
76.00 ELECTROMYOGRAPHY	130	130	0	0	5,211	76.00
76.97 CARDIAC REHABILITATION	12,826	12,826	324,850	0	818,090	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	7,663	7,663	629,994	0	1,512,619	90.00
90.01 ADDICTION RECOVERY CLINIC	0	0	0	0	0	90.01
90.03 LI THOTRI PSY	0	0	0	0	0	90.03
91.00 EMERGENCY	44,595	44,595	6,057,726	0	11,236,896	91.00
91.20 ACUTE CARE CENTER	0	0	3,283,463	0	5,531,327	91.20
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140202

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

Worksheet B-1

Date/Time Prepared:  
5/30/2012 6:39 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	NEW BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 CORF	0	0	0	0	0	99.10
99.20 OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40 OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
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
116.00 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	683,010	683,010	90,344,193	-46,250,326	200,663,232	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,262	2,262	131,156	0	730,762	190.00
194.00 FUNDRAISING	0	0	0	0	0	194.00
194.01 MANAGED CARE ADMINISTRATION	0	0	0	0	0	194.01
194.02 PHYSICIAN SUPPORT SERVICES	0	0	0	0	33	194.02
194.03 HOME MEDICAL EQUIPMENT	0	0	0	0	0	194.03
194.04 HOME PHARMACY	0	0	0	0	429	194.04
194.05 HOSPICE	0	0	0	0	0	194.05
194.06 NEIL MRI	0	0	0	0	0	194.06
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)	10,635,290	8,750,941	24,369,201		46,250,326	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	15.519808	12.770026	0.269346		0.229650	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			61,644		2,235,655	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.000681		0.011101	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140202

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

Worksheet B-1

Date/Time Prepared:  
5/30/2012 6:39 am

Cost Center Description	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (TOTAL 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 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.00 ADMINISTRATIVE & GENERAL						5.00
6.00 MAINTENANCE & REPAIRS	399,184					6.00
7.00 OPERATION OF PLANT	0	399,184				7.00
8.00 LAUNDRY & LINEN SERVICE	1,312	1,312	71,589			8.00
9.00 HOUSEKEEPING	8,751	8,751	0	389,121		9.00
10.00 DIETARY	6,988	6,988	0	6,988	71,589	10.00
11.00 CAFETERIA	4,467	4,467	0	4,467	0	11.00
12.00 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 NURSING ADMINISTRATION	4,772	4,772	0	4,772	0	13.00
14.00 CENTRAL SERVICES & SUPPLY	7,319	7,319	0	7,319	0	14.00
15.00 PHARMACY	5,339	5,339	0	5,339	0	15.00
16.00 MEDICAL RECORDS & LIBRARY	2,971	2,971	0	2,971	0	16.00
17.00 SOCIAL SERVICE	0	0	0	0	0	17.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 PARAMED ED PRGM-(SPECIFY)	2,493	2,493	0	2,493	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	147,175	147,175	62,219	147,175	62,219	30.00
31.00 INTENSIVE CARE UNIT	12,600	12,600	5,007	12,600	5,007	31.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	5,500	5,500	4,363	5,500	4,363	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	35,940	35,940	0	35,940	0	50.00
51.00 RECOVERY ROOM	3,446	3,446	0	3,446	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	8,329	8,329	0	8,329	0	52.00
53.00 ANESTHESIOLOGY	241	241	0	241	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	21,007	21,007	0	21,007	0	54.00
56.00 NUCLEAR MEDICINE	1,986	1,986	0	1,986	0	56.00
56.01 ULTRASOUND	939	939	0	939	0	56.01
56.02 RADIOLOGY SPECIAL PROCEDURE	0	0	0	0	0	56.02
57.00 CT SCAN	1,059	1,059	0	1,059	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	2,397	2,397	0	2,397	0	58.00
59.00 CARDIAC CATHETERIZATION	16,755	16,755	0	16,755	0	59.00
60.00 LABORATORY	7,635	7,635	0	7,635	0	60.00
60.01 REFERENCE LAB	0	0	0	0	0	60.01
63.00 BLOOD STORING, PROCESSING & TRANS.	1,356	1,356	0	1,356	0	63.00
65.00 RESPIRATORY THERAPY	3,688	3,688	0	3,688	0	65.00
65.01 STRESS TEST	245	245	0	245	0	65.01
66.00 PHYSICAL THERAPY	8,708	8,708	0	8,708	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	459	459	0	459	0	69.00
69.01 ECHOCARDIOGRAM	0	0	0	0	0	69.01
69.02 RADIOLOGY	0	0	0	0	0	69.02
70.00 ELECTROENCEPHALOGRAPHY	4,663	4,663	0	4,663	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
71.30 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71.30
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
74.00 RENAL DIALYSIS	3,168	3,168	0	3,168	0	74.00
75.02 OUTPATIENT SURGERY	0	0	0	0	0	75.02
76.00 ELECTROMYOGRAPHY	130	130	0	130	0	76.00
76.97 CARDIAC REHABILITATION	12,826	12,826	0	12,826	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	7,663	7,663	0	7,663	0	90.00
90.01 ADDICTION RECOVERY CLINIC	0	0	0	0	0	90.01
90.03 LI THOTRIpsy	0	0	0	0	0	90.03
91.00 EMERGENCY	44,595	44,595	0	44,595	0	91.00
91.20 ACUTE CARE CENTER	0	0	0	0	0	91.20
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 CORF	0	0	0	0	0	99.10
99.20 OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140202

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

Worksheet B-1

Date/Time Prepared:  
5/30/2012 6:39 am

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (TOTAL PATIENT DAYS)	
		6.00	7.00	8.00	9.00	10.00	
99.30	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
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
116.00	HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	396,922	396,922	71,589	386,859	71,589	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,262	2,262	0	2,262	0	190.00
194.00	FUNDRAISING	0	0	0	0	0	194.00
194.01	MANAGED CARE ADMINISTRATION	0	0	0	0	0	194.01
194.02	PHYSICIAN SUPPORT SERVICES	0	0	0	0	0	194.02
194.03	HOME MEDICAL EQUIPMENT	0	0	0	0	0	194.03
194.04	HOME PHARMACY	0	0	0	0	0	194.04
194.05	HOSPICE	0	0	0	0	0	194.05
194.06	NEIL MRI	0	0	0	0	0	194.06
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)	17,735,045	0	1,599,855	5,108,248	3,796,941	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	44.428246	0.000000	22.347777	13.127660	53.038051	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	6,585,398	0	72,716	435,834	367,938	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	16.497149	0.000000	1.015743	1.120047	5.139588	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140202

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

Worksheet B-1

Date/Time Prepared:  
5/30/2012 6:39 am

Cost Center Description	CAFETERIA (GROSS SALARIES)	MAINTENANCE OF PERSONNEL (SQUARE FEET)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
	11.00	12.00	13.00	14.00	15.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.00 ADMINISTRATIVE & GENERAL						5.00
6.00 MAINTENANCE & REPAIRS						6.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY						10.00
11.00 CAFETERIA	71,967,254					11.00
12.00 MAINTENANCE OF PERSONNEL	0	377,666				12.00
13.00 NURSING ADMINISTRATION	1,878,558	4,772	2,068,276			13.00
14.00 CENTRAL SERVICES & SUPPLY	605,328	7,319	2,080	31,952,951		14.00
15.00 PHARMACY	3,607,288	5,339	81	88,753	13,231,337	15.00
16.00 MEDICAL RECORDS & LIBRARY	1,381,949	2,971	178	0	0	16.00
17.00 SOCIAL SERVICE	0	0	0	0	0	17.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 PARAMED ED PRGM-(SPECIFY)	108,208	2,493	625	86,037	43,981	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	23,924,768	147,175	1,119,115	1,880,743	260,474	30.00
31.00 INTENSIVE CARE UNIT	4,332,864	12,600	137,494	440,769	45,625	31.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	1,809,974	5,500	42,426	99,054	5,599	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	7,638,451	35,940	222,366	16,652,520	168,417	50.00
51.00 RECOVERY ROOM	1,021,793	3,446	33,967	36,334	18,544	51.00
52.00 DELIVERY ROOM & LABOR ROOM	1,315,855	8,329	51,960	193,556	12,907	52.00
53.00 ANESTHESIOLOGY	18,737	241	911	574,715	202,531	53.00
54.00 RADIOLOGY-DIAGNOSTIC	2,797,423	21,007	10,169	896,540	6,606	54.00
56.00 NUCLEAR MEDICINE	928,560	1,986	4	507,141	9,206	56.00
56.01 ULTRASOUND	1,399,475	939	586	140,853	4,939	56.01
56.02 RADIOLOGY SPECIAL PROCEDURE	0	0	0	0	0	56.02
57.00 CT SCAN	1,006,355	1,059	101	356,228	9,261	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	552,850	2,397	0	115,365	1,863	58.00
59.00 CARDIAC CATHETERIZATION	1,241,115	16,755	35,211	5,697,653	28,229	59.00
60.00 LABORATORY	0	7,635	0	0	0	60.00
60.01 REFERENCE LAB	0	0	0	0	0	60.01
63.00 BLOOD STORING, PROCESSING & TRANS.	0	1,356	0	2,171,215	0	63.00
65.00 RESPIRATORY THERAPY	2,074,902	3,688	0	346,618	33,440	65.00
65.01 STRESS TEST	673,770	245	1,974	38,768	8,730	65.01
66.00 PHYSICAL THERAPY	2,514,337	8,708	0	18,308	1,850	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	291,831	459	537	9,150	0	69.00
69.01 ECHOCARDIOGRAM	0	0	0	0	0	69.01
69.02 RADIOLOGY	0	0	0	0	0	69.02
70.00 ELECTROENCEPHALOGRAPHY	415,674	4,663	0	18,051	40	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	93,373	0	71.00
71.30 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71.30
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	73,139	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	12,033,611	73.00
74.00 RENAL DIALYSIS	0	3,168	0	3,631	326	74.00
75.02 OUTPATIENT SURGERY	0	0	0	0	0	75.02
76.00 ELECTROMYOGRAPHY	0	130	0	8	0	76.00
76.97 CARDIAC REHABILITATION	324,850	12,826	7,960	9,750	74	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	629,994	7,663	17,694	120,784	34,994	90.00
90.01 ADDITION RECOVERY CLINIC	0	0	0	0	0	90.01
90.03 LI THOTRIPSY	0	0	0	0	0	90.03
91.00 EMERGENCY	6,057,726	44,595	240,844	1,017,596	243,256	91.00
91.20 ACUTE CARE CENTER	3,283,463	0	133,073	265,853	56,801	91.20
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 CORF	0	0	0	0	0	99.10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140202

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

Worksheet B-1

Date/Time Prepared:  
5/30/2012 6:39 am

Cost Center Description		CAFETERIA (GROSS SALARIES)	MAINTENANCE OF PERSONNEL (SQUARE FEET)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
		11.00	12.00	13.00	14.00	15.00	
99.20	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
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
116.00	HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	71,836,098	375,404	2,059,356	31,952,505	13,231,304	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	131,156	2,262	0	446	0	190.00
194.00	FUNDRAISING	0	0	0	0	0	194.00
194.01	MANAGED CARE ADMINISTRATION	0	0	8,920	0	0	194.01
194.02	PHYSICIAN SUPPORT SERVICES	0	0	0	0	33	194.02
194.03	HOME MEDICAL EQUIPMENT	0	0	0	0	0	194.03
194.04	HOME PHARMACY	0	0	0	0	0	194.04
194.05	HOSPICE	0	0	0	0	0	194.05
194.06	NEIL MRI	0	0	0	0	0	194.06
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)	1,646,859	0	3,896,078	1,987,579	7,380,551	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.022883	0.000000	1.883732	0.062203	0.557808	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	218,016	0	260,415	352,482	710,587	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.003029	0.000000	0.125909	0.011031	0.053705	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140202

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

Worksheet B-1

Date/Time Prepared:  
5/30/2012 6:39 am

Cost Center Description		MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)		
		16.00	17.00	19.00	20.00		
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.00	ADMINISTRATIVE & GENERAL						5.00
6.00	MAINTENANCE & REPAIRS						6.00
7.00	OPERATION OF PLANT						7.00
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
10.00	DIETARY						10.00
11.00	CAFETERIA						11.00
12.00	MAINTENANCE OF PERSONNEL						12.00
13.00	NURSING ADMINISTRATION						13.00
14.00	CENTRAL SERVICES & SUPPLY						14.00
15.00	PHARMACY						15.00
16.00	MEDICAL RECORDS & LIBRARY	1,240,011,367					16.00
17.00	SOCIAL SERVICE	0	71,589				17.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0			19.00
20.00	NURSING SCHOOL	0	0		0		20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0				21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0				22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0				23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	165,698,354	62,219		0		30.00
31.00	INTENSIVE CARE UNIT	21,967,152	5,007		0		31.00
41.00	SUBPROVIDER - IRF	0	0		0		41.00
42.00	SUBPROVIDER	0	0		0		42.00
43.00	NURSERY	14,283,822	4,363		0		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	147,426,267	0	0	0		50.00
51.00	RECOVERY ROOM	18,736,349	0	0	0		51.00
52.00	DELIVERY ROOM & LABOR ROOM	8,978,630	0	0	0		52.00
53.00	ANESTHESIOLOGY	21,623,975	0	0	0		53.00
54.00	RADIOLOGY-DIAGNOSTIC	43,083,785	0	0	0		54.00
56.00	NUCLEAR MEDICINE	26,942,829	0	0	0		56.00
56.01	ULTRASOUND	18,492,083	0	0	0		56.01
56.02	RADIOLOGY SPECIAL PROCEDURE	0	0	0	0		56.02
57.00	CT SCAN	97,941,950	0	0	0		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	26,632,807	0	0	0		58.00
59.00	CARDIAC CATHETERIZATION	40,365,862	0	0	0		59.00
60.00	LABORATORY	139,489,211	0	0	0		60.00
60.01	REFERENCE LAB	0	0	0	0		60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	11,864,888	0	0	0		63.00
65.00	RESPIRATORY THERAPY	22,868,688	0	0	0		65.00
65.01	STRESS TEST	17,496,965	0	0	0		65.01
66.00	PHYSICAL THERAPY	13,248,324	0	0	0		66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0		67.00
68.00	SPEECH PATHOLOGY	0	0	0	0		68.00
69.00	ELECTROCARDIOLOGY	5,838,742	0	0	0		69.00
69.01	ECHOCARDIOGRAM	0	0	0	0		69.01
69.02	CARDIOLOGY	0	0	0	0		69.02
70.00	ELECTROENCEPHALOGRAPHY	4,212,273	0	0	0		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	38,646,067	0	0	0		71.00
71.30	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0		71.30
72.00	IMPL. DEV. CHARGED TO PATIENT	59,787,610	0	0	0		72.00
73.00	DRUGS CHARGED TO PATIENTS	161,949,456	0	0	0		73.00
74.00	RENAL DIALYSIS	4,354,877	0	0	0		74.00
75.02	OUTPATIENT SURGERY	0	0	0	0		75.02
76.00	ELECTROMYOGRAPHY	260,986	0	0	0		76.00
76.97	CARDIAC REHABILITATION	1,336,144	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	6,546,046	0	0	0		90.00
90.01	ADDITION RECOVERY CLINIC	0	0	0	0		90.01
90.03	LITHOTRIpsy	0	0	0	0		90.03
91.00	EMERGENCY	83,947,783	0	0	0		91.00
91.20	ACUTE CARE CENTER	15,989,442	0	0	0		91.20
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	CORF	0	0	0	0		99.10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140202

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

Worksheet B-1

Date/Time Prepared:  
5/30/2012 6:39 am

Cost Center Description		MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)		
		16.00	17.00	19.00	20.00		
99.20	OUTPATIENT PHYSICAL THERAPY	0	0	0	0		99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0		99.30
99.40	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0		99.40
101.00	HOME HEALTH AGENCY	0	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS							
109.00	PANCREAS ACQUISITION	0	0	0	0		109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0		110.00
111.00	ISLET ACQUISITION	0	0	0	0		111.00
116.00	HOSPICE	0	0	0	0		116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,240,011,367	71,589	0	0		118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		190.00
194.00	FUNDRAISING	0	0	0	0		194.00
194.01	MANAGED CARE ADMINISTRATION	0	0	0	0		194.01
194.02	PHYSICIAN SUPPORT SERVICES	0	0	0	0		194.02
194.03	HOME MEDICAL EQUIPMENT	0	0	0	0		194.03
194.04	HOME PHARMACY	0	0	0	0		194.04
194.05	HOSPICE	0	0	0	0		194.05
194.06	NEIL MRI	0	0	0	0		194.06
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	3,434,770	0	0	0		202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.002770	0.000000	0.000000	0.000000		203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	193,536	0	0	0		204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000156	0.000000	0.000000	0.000000		205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140202

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

Worksheet B-1  
Date/Time Prepared:  
5/30/2012 6:39 am

Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM (ASSIGNED TIME)	
	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)			
	21.00	22.00	23.00		
<b>GENERAL SERVICE COST CENTERS</b>					
1.00 NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 CAP REL COSTS-MVBLE EQUIP					2.00
4.00 EMPLOYEE BENEFITS					4.00
5.00 ADMINISTRATIVE & GENERAL					5.00
6.00 MAINTENANCE & REPAIRS					6.00
7.00 OPERATION OF PLANT					7.00
8.00 LAUNDRY & LINEN SERVICE					8.00
9.00 HOUSEKEEPING					9.00
10.00 DIETARY					10.00
11.00 CAFETERIA					11.00
12.00 MAINTENANCE OF PERSONNEL					12.00
13.00 NURSING ADMINISTRATION					13.00
14.00 CENTRAL SERVICES & SUPPLY					14.00
15.00 PHARMACY					15.00
16.00 MEDICAL RECORDS & LIBRARY					16.00
17.00 SOCIAL SERVICE					17.00
19.00 NONPHYSICIAN ANESTHETISTS					19.00
20.00 NURSING SCHOOL					20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0				21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD		0			22.00
23.00 PARAMED PRGM-(SPECIFY)			100		23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00 ADULTS & PEDIATRICS	0	0	0	0	30.00
31.00 INTENSIVE CARE UNIT	0	0	0	0	31.00
41.00 SUBPROVIDER - IRF	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	42.00
43.00 NURSERY	0	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 OPERATING ROOM	0	0	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	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
56.00 NUCLEAR MEDICINE	0	0	0	0	56.00
56.01 ULTRASOUND	0	0	0	0	56.01
56.02 RADIOLOGY SPECIAL PROCEDURE	0	0	0	0	56.02
57.00 CT SCAN	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00 LABORATORY	0	0	0	0	60.00
60.01 REFERENCE LAB	0	0	0	0	60.01
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
65.00 RESPIRATORY THERAPY	0	0	0	0	65.00
65.01 STRESS TEST	0	0	0	0	65.01
66.00 PHYSICAL THERAPY	0	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	69.00
69.01 ECHOCARDIOGRAM	0	0	0	0	69.01
69.02 CARDIOLOGY	0	0	0	0	69.02
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
71.30 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	71.30
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	74.00
75.02 OUTPATIENT SURGERY	0	0	0	0	75.02
76.00 ELECTROMYOGRAPHY	0	0	0	0	76.00
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	0	0	0	0	90.00
90.01 ADDICTION RECOVERY CLINIC	0	0	0	0	90.01
90.03 LI THOTRI PSY	0	0	0	0	90.03
91.00 EMERGENCY	0	0	100	0	91.00
91.20 ACUTE CARE CENTER	0	0	0	0	91.20
92.00 OBSERVATION BEDS (NON-DISTINCT PART)					92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140202

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

Worksheet B-1

Date/Time Prepared:  
5/30/2012 6:39 am

Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM (ASSIGNED TIME)	
	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)			
	21.00	22.00	23.00		
<b>OTHER REIMBURSABLE COST CENTERS</b>					
99.10 CORF	0	0	0		99.10
99.20 OUTPATIENT PHYSICAL THERAPY	0	0	0		99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0		99.30
99.40 OUTPATIENT SPEECH PATHOLOGY	0	0	0		99.40
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
116.00 HOSPICE	0	0	0		116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	0	100		118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0		190.00
194.00 FUNDRAISING	0	0	0		194.00
194.01 MANAGED CARE ADMINISTRATION	0	0	0		194.01
194.02 PHYSICIAN SUPPORT SERVICES	0	0	0		194.02
194.03 HOME MEDICAL EQUIPMENT	0	0	0		194.03
194.04 HOME PHARMACY	0	0	0		194.04
194.05 HOSPICE	0	0	0		194.05
194.06 NEIL MRI	0	0	0		194.06
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	430,542		202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	4,305.420000		203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	0	0	125,287		204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	1,252.870000		205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140202

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/30/2012 6:39 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	62,184,398	62,184,398	0	62,184,398	30.00
31.00	INTENSIVE CARE UNIT	9,631,228	9,631,228	26,722	9,657,950	31.00
41.00	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	42.00
43.00	NURSERY	4,393,439	4,393,439	0	4,393,439	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	OPERATING ROOM	21,833,101	21,833,101	0	21,833,101	50.00
51.00	RECOVERY ROOM	2,250,332	2,250,332	0	2,250,332	51.00
52.00	DELIVERY ROOM & LABOR ROOM	3,545,516	3,545,516	0	3,545,516	52.00
53.00	ANESTHESIOLOGY	602,798	602,798	0	602,798	53.00
54.00	RADIOLOGY-DIAGNOSTIC	8,142,603	8,142,603	0	8,142,603	54.00
56.00	NUCLEAR MEDICINE	3,064,036	3,064,036	0	3,064,036	56.00
56.01	ULTRASOUND	2,649,006	2,649,006	0	2,649,006	56.01
56.02	RADIOLOGY SPECIAL PROCEDURE	0	0	0	0	56.02
57.00	CT SCAN	2,705,847	2,705,847	0	2,705,847	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	1,543,446	1,543,446	0	1,543,446	58.00
59.00	CARDIAC CATHETERIZATION	4,584,432	4,584,432	4,686	4,589,118	59.00
60.00	LABORATORY	14,344,734	14,344,734	0	14,344,734	60.00
60.01	REFERENCE LAB	0	0	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	293,139	293,139	0	293,139	63.00
65.00	RESPIRATORY THERAPY	4,108,511	4,108,511	0	4,108,511	65.00
65.01	STRESS TEST	1,286,671	1,286,671	0	1,286,671	65.01
66.00	PHYSICAL THERAPY	5,858,136	5,858,136	0	5,858,136	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	596,411	596,411	0	596,411	69.00
69.01	ECHOCARDIOGRAM	0	0	0	0	69.01
69.02	CARDIOLOGY	0	0	0	0	69.02
70.00	ELECTROENCEPHALOGRAPHY	1,295,020	1,295,020	0	1,295,020	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	22,162,468	22,162,468	0	22,162,468	71.00
71.30	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	71.30
72.00	IMPL. DEV. CHARGED TO PATIENT	17,441,396	17,441,396	0	17,441,396	72.00
73.00	DRUGS CHARGED TO PATIENTS	21,604,114	21,604,114	0	21,604,114	73.00
74.00	RENAL DIALYSIS	1,236,843	1,236,843	0	1,236,843	74.00
75.02	OUTPATIENT SURGERY	0	0	0	0	75.02
76.00	ELECTROMYOGRAPHY	14,614	14,614	0	14,614	76.00
76.97	CARDIAC REHABILITATION	1,770,953	1,770,953	4,624	1,775,577	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	2,393,956	2,393,956	6,742	2,400,698	90.00
90.01	ADDITION RECOVERY CLINIC	0	0	0	0	90.01
90.03	LITHOTRIPSY	0	0	0	0	90.03
91.00	EMERGENCY	17,838,525	17,838,525	1,037,406	18,875,931	91.00
91.20	ACUTE CARE CENTER	7,219,917	7,219,917	0	7,219,917	91.20
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10	CORF	0	0	0	0	99.10
99.20	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	99.30
99.40	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	99.40
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
116.00	HOSPICE	0	0	0	0	116.00
200.00	Subtotal (see instructions)	246,595,590	246,595,590	1,080,180	247,675,770	200.00
201.00	Less Observation Beds	0	0	0	0	201.00
202.00	Total (see instructions)	246,595,590	246,595,590	1,080,180	247,675,770	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140202	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/30/2012 6:39 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			
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	ADULTS & PEDIATRICS	156,384,706		156,384,706		30.00
31.00	INTENSIVE CARE UNIT	21,967,152		21,967,152		31.00
41.00	SUBPROVIDER - IRF	0		0		41.00
42.00	SUBPROVIDER	0		0		42.00
43.00	NURSERY	14,283,822		14,283,822		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	OPERATING ROOM	66,962,863	80,463,404	147,426,267	0.148095	50.00
51.00	RECOVERY ROOM	8,275,805	10,460,544	18,736,349	0.120105	51.00
52.00	DELIVERY ROOM & LABOR ROOM	8,975,328	3,302	8,978,630	0.394884	52.00
53.00	ANESTHESIOLOGY	11,038,614	10,585,361	21,623,975	0.027876	53.00
54.00	RADIOLOGY-DIAGNOSTIC	17,186,955	25,896,830	43,083,785	0.188995	54.00
56.00	NUCLEAR MEDICINE	5,547,827	21,395,002	26,942,829	0.113724	56.00
56.01	ULTRASOUND	4,689,480	13,802,603	18,492,083	0.143251	56.01
56.02	RADIOLOGY SPECIAL PROCEDURE	0	0	0	0.000000	56.02
57.00	CT SCAN	37,245,792	60,696,158	97,941,950	0.027627	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	9,947,184	16,685,623	26,632,807	0.057953	58.00
59.00	CARDIAC CATHETERIZATION	24,980,714	15,385,148	40,365,862	0.113572	59.00
60.00	LABORATORY	79,370,092	60,119,119	139,489,211	0.102838	60.00
60.01	REFERENCE LAB	0	0	0	0.000000	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	9,415,990	2,448,898	11,864,888	0.024706	63.00
65.00	RESPIRATORY THERAPY	21,339,283	1,529,405	22,868,688	0.179657	65.00
65.01	STRESS TEST	9,200,025	8,296,940	17,496,965	0.073537	65.01
66.00	PHYSICAL THERAPY	4,075,816	9,172,508	13,248,324	0.442179	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0.000000	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0.000000	68.00
69.00	ELECTROCARDIOLOGY	3,013,438	2,825,304	5,838,742	0.102147	69.00
69.01	ECHOCARDIOGRAM	0	0	0	0.000000	69.01
69.02	CARDIOLOGY	0	0	0	0.000000	69.02
70.00	ELECTROENCEPHALOGRAPHY	510,517	3,701,756	4,212,273	0.307440	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	27,058,075	11,587,992	38,646,067	0.573473	71.00
71.30	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0.000000	71.30
72.00	IMPL. DEV. CHARGED TO PATIENT	46,530,168	13,257,442	59,787,610	0.291723	72.00
73.00	DRUGS CHARGED TO PATIENTS	117,185,905	44,763,551	161,949,456	0.133400	73.00
74.00	RENAL DIALYSIS	4,352,336	2,541	4,354,877	0.284013	74.00
75.02	OUTPATIENT SURGERY	0	0	0	0.000000	75.02
76.00	ELECTROMYOGRAPHY	9,368	251,618	260,986	0.055995	76.00
76.97	CARDIAC REHABILITATION	70,025	1,266,119	1,336,144	1.325421	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	87,596	6,458,450	6,546,046	0.365710	90.00
90.01	ADDITION RECOVERY CLINIC	0	0	0	0.000000	90.01
90.03	LITHOTRIpsy	0	0	0	0.000000	90.03
91.00	EMERGENCY	29,517,797	54,429,986	83,947,783	0.212495	91.00
91.20	ACUTE CARE CENTER	319,974	15,669,468	15,989,442	0.451543	91.20
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	2,177,448	7,136,200	9,313,648	0.000000	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10	CORF	0	0	0		99.10
99.20	OUTPATIENT PHYSICAL THERAPY	0	0	0		99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0		99.30
99.40	OUTPATIENT SPEECH PATHOLOGY	0	0	0		99.40
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
116.00	HOSPICE	0	0	0		116.00
200.00	Subtotal (see instructions)	741,720,095	498,291,272	1,240,011,367		200.00
201.00	Less Observation Beds					201.00
202.00	Total (see instructions)	741,720,095	498,291,272	1,240,011,367		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140202	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/30/2012 6:39 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
41.00	SUBPROVIDER - IRF			41.00
42.00	SUBPROVIDER			42.00
43.00	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	OPERATING ROOM	0.148095		50.00
51.00	RECOVERY ROOM	0.120105		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.394884		52.00
53.00	ANESTHESIOLOGY	0.027876		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.188995		54.00
56.00	NUCLEAR MEDICINE	0.113724		56.00
56.01	ULTRASOUND	0.143251		56.01
56.02	RADIOLOGY SPECIAL PROCEDURE	0.000000		56.02
57.00	CT SCAN	0.027627		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.057953		58.00
59.00	CARDIAC CATHETERIZATION	0.113688		59.00
60.00	LABORATORY	0.102838		60.00
60.01	REFERENCE LAB	0.000000		60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0.024706		63.00
65.00	RESPIRATORY THERAPY	0.179657		65.00
65.01	STRESS TEST	0.073537		65.01
66.00	PHYSICAL THERAPY	0.442179		66.00
67.00	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	SPEECH PATHOLOGY	0.000000		68.00
69.00	ELECTROCARDIOLOGY	0.102147		69.00
69.01	ECHOCARDIOGRAM	0.000000		69.01
69.02	CARDIOLOGY	0.000000		69.02
70.00	ELECTROENCEPHALOGRAPHY	0.307440		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.573473		71.00
71.30	IMPL. DEV. CHARGED TO PATIENT	0.000000		71.30
72.00	IMPL. DEV. CHARGED TO PATIENT	0.291723		72.00
73.00	DRUGS CHARGED TO PATIENTS	0.133400		73.00
74.00	RENAL DIALYSIS	0.284013		74.00
75.02	OUTPATIENT SURGERY	0.000000		75.02
76.00	ELECTROMYOGRAPHY	0.055995		76.00
76.97	CARDIAC REHABILITATION	1.328881		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	0.366740		90.00
90.01	ADDITION RECOVERY CLINIC	0.000000		90.01
90.03	LITHOTRIPSY	0.000000		90.03
91.00	EMERGENCY	0.224853		91.00
91.20	ACUTE CARE CENTER	0.451543		91.20
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
99.10	CORF			99.10
99.20	OUTPATIENT PHYSICAL THERAPY			99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY			99.30
99.40	OUTPATIENT SPEECH PATHOLOGY			99.40
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
116.00	HOSPICE			116.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140202

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/30/2012 6:39 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		62,184,398	0	0	30.00	
31.00	INTENSIVE CARE UNIT		9,631,228	0	0	31.00	
41.00	SUBPROVIDER - IRF		0	0	0	41.00	
42.00	SUBPROVIDER		0	0	0	42.00	
43.00	NURSERY		4,393,439	0	0	43.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM		21,833,101	0	0	50.00	
51.00	RECOVERY ROOM		2,250,332	0	0	51.00	
52.00	DELIVERY ROOM & LABOR ROOM		3,545,516	0	0	52.00	
53.00	ANESTHESIOLOGY		602,798	0	0	53.00	
54.00	RADIOLOGY-DIAGNOSTIC		8,142,603	0	0	54.00	
56.00	NUCLEAR MEDICINE		3,064,036	0	0	56.00	
56.01	ULTRASOUND		2,649,006	0	0	56.01	
56.02	RADIOLOGY SPECIAL PROCEDURE		0	0	0	56.02	
57.00	CT SCAN		2,705,847	0	0	57.00	
58.00	MAGNETIC RESONANCE IMAGING (MRI)		1,543,446	0	0	58.00	
59.00	CARDIAC CATHETERIZATION		4,584,432	0	0	59.00	
60.00	LABORATORY		14,344,734	0	0	60.00	
60.01	REFERENCE LAB		0	0	0	60.01	
63.00	BLOOD STORING, PROCESSING & TRANS.		293,139	0	0	63.00	
65.00	RESPIRATORY THERAPY	0	4,108,511	0	0	65.00	
65.01	STRESS TEST	0	1,286,671	0	0	65.01	
66.00	PHYSICAL THERAPY	0	5,858,136	0	0	66.00	
67.00	OCCUPATIONAL THERAPY	0	0	0	0	67.00	
68.00	SPEECH PATHOLOGY	0	0	0	0	68.00	
69.00	ELECTROCARDIOLOGY		596,411	0	0	69.00	
69.01	ECHOCARDIOGRAM		0	0	0	69.01	
69.02	CARDIOLOGY		0	0	0	69.02	
70.00	ELECTROENCEPHALOGRAPHY		1,295,020	0	0	70.00	
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		22,162,468	0	0	71.00	
71.30	IMPL. DEV. CHARGED TO PATIENT		0	0	0	71.30	
72.00	IMPL. DEV. CHARGED TO PATIENT		17,441,396	0	0	72.00	
73.00	DRUGS CHARGED TO PATIENTS		21,604,114	0	0	73.00	
74.00	RENAL DIALYSIS		1,236,843	0	0	74.00	
75.02	OUTPATIENT SURGERY		0	0	0	75.02	
76.00	ELECTROMYOGRAPHY		14,614	0	0	76.00	
76.97	CARDIAC REHABILITATION		1,770,953	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		2,393,956	0	0	90.00	
90.01	ADDITION RECOVERY CLINIC		0	0	0	90.01	
90.03	LITHOTRIpsy		0	0	0	90.03	
91.00	EMERGENCY		17,838,525	0	0	91.00	
91.20	ACUTE CARE CENTER		7,219,917	0	0	91.20	
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		0	0	0	92.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	CORF		0	0	0	99.10	
99.20	OUTPATIENT PHYSICAL THERAPY		0	0	0	99.20	
99.30	OUTPATIENT OCCUPATIONAL THERAPY		0	0	0	99.30	
99.40	OUTPATIENT SPEECH PATHOLOGY		0	0	0	99.40	
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	
116.00	HOSPICE		0	0	0	116.00	
200.00	Subtotal (see instructions)		246,595,590	0	0	200.00	
201.00	Less Observation Beds		0	0	0	201.00	
202.00	Total (see instructions)		246,595,590	0	0	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140202	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/30/2012 6:39 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	156,384,706		156,384,706	30.00
31.00	INTENSIVE CARE UNIT	21,967,152		21,967,152	31.00
41.00	SUBPROVIDER - IRF	0		0	41.00
42.00	SUBPROVIDER	0		0	42.00
43.00	NURSERY	14,283,822		14,283,822	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	OPERATING ROOM	66,962,863	80,463,404	147,426,267	0.148095 50.00
51.00	RECOVERY ROOM	8,275,805	10,460,544	18,736,349	0.120105 51.00
52.00	DELIVERY ROOM & LABOR ROOM	8,975,328	3,302	8,978,630	0.394884 52.00
53.00	ANESTHESIOLOGY	11,038,614	10,585,361	21,623,975	0.027876 53.00
54.00	RADIOLOGY-DIAGNOSTIC	17,186,955	25,896,830	43,083,785	0.188995 54.00
56.00	NUCLEAR MEDICINE	5,547,827	21,395,002	26,942,829	0.113724 56.00
56.01	ULTRASOUND	4,689,480	13,802,603	18,492,083	0.143251 56.01
56.02	RADIOLOGY SPECIAL PROCEDURE	0	0	0	0.000000 56.02
57.00	CT SCAN	37,245,792	60,696,158	97,941,950	0.027627 57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	9,947,184	16,685,623	26,632,807	0.057953 58.00
59.00	CARDIAC CATHETERIZATION	24,980,714	15,385,148	40,365,862	0.113572 59.00
60.00	LABORATORY	79,370,092	60,119,119	139,489,211	0.102838 60.00
60.01	REFERENCE LAB	0	0	0	0.000000 60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	9,415,990	2,448,898	11,864,888	0.024706 63.00
65.00	RESPIRATORY THERAPY	21,339,283	1,529,405	22,868,688	0.179657 65.00
65.01	STRESS TEST	9,200,025	8,296,940	17,496,965	0.073537 65.01
66.00	PHYSICAL THERAPY	4,075,816	9,172,508	13,248,324	0.442179 66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0.000000 67.00
68.00	SPEECH PATHOLOGY	0	0	0	0.000000 68.00
69.00	ELECTROCARDIOLOGY	3,013,438	2,825,304	5,838,742	0.102147 69.00
69.01	ECHOCARDIOGRAM	0	0	0	0.000000 69.01
69.02	CARDIOLOGY	0	0	0	0.000000 69.02
70.00	ELECTROENCEPHALOGRAPHY	510,517	3,701,756	4,212,273	0.307440 70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	27,058,075	11,587,992	38,646,067	0.573473 71.00
71.30	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0.000000 71.30
72.00	IMPL. DEV. CHARGED TO PATIENT	46,530,168	13,257,442	59,787,610	0.291723 72.00
73.00	DRUGS CHARGED TO PATIENTS	117,185,905	44,763,551	161,949,456	0.133400 73.00
74.00	RENAL DIALYSIS	4,352,336	2,541	4,354,877	0.284013 74.00
75.02	OUTPATIENT SURGERY	0	0	0	0.000000 75.02
76.00	ELECTROMYOGRAPHY	9,368	251,618	260,986	0.055995 76.00
76.97	CARDIAC REHABILITATION	70,025	1,266,119	1,336,144	1.325421 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	87,596	6,458,450	6,546,046	0.365710 90.00
90.01	ADDITIONAL RECOVERY CLINIC	0	0	0	0.000000 90.01
90.03	LITHOTRIPSY	0	0	0	0.000000 90.03
91.00	EMERGENCY	29,517,797	54,429,986	83,947,783	0.212495 91.00
91.20	ACUTE CARE CENTER	319,974	15,669,468	15,989,442	0.451543 91.20
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	2,177,448	7,136,200	9,313,648	0.000000 92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
99.10	CORF	0	0	0	
99.20	OUTPATIENT PHYSICAL THERAPY	0	0	0	99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	99.30
99.40	OUTPATIENT SPEECH PATHOLOGY	0	0	0	99.40
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
116.00	HOSPICE	0	0	0	116.00
200.00	Subtotal (see instructions)	741,720,095	498,291,272	1,240,011,367	200.00
201.00	Less Observation Beds				201.00
202.00	Total (see instructions)	741,720,095	498,291,272	1,240,011,367	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140202	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/30/2012 6:39 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
41.00	SUBPROVIDER - IRF			41.00
42.00	SUBPROVIDER			42.00
43.00	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	OPERATING ROOM	0.000000		50.00
51.00	RECOVERY ROOM	0.000000		51.00
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
56.00	NUCLEAR MEDICINE	0.000000		56.00
56.01	ULTRASOUND	0.000000		56.01
56.02	RADIOLOGY SPECIAL PROCEDURE	0.000000		56.02
57.00	CT SCAN	0.000000		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	LABORATORY	0.000000		60.00
60.01	REFERENCE LAB	0.000000		60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
65.00	RESPIRATORY THERAPY	0.000000		65.00
65.01	STRESS TEST	0.000000		65.01
66.00	PHYSICAL THERAPY	0.000000		66.00
67.00	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	SPEECH PATHOLOGY	0.000000		68.00
69.00	ELECTROCARDIOLOGY	0.000000		69.00
69.01	ECHOCARDIOGRAM	0.000000		69.01
69.02	CARDIOLOGY	0.000000		69.02
70.00	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
71.30	IMPL. DEV. CHARGED TO PATIENT	0.000000		71.30
72.00	IMPL. DEV. CHARGED TO PATIENT	0.000000		72.00
73.00	DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	RENAL DIALYSIS	0.000000		74.00
75.02	OUTPATIENT SURGERY	0.000000		75.02
76.00	ELECTROMYOGRAPHY	0.000000		76.00
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	ADDITION RECOVERY CLINIC	0.000000		90.01
90.03	LITHOTRIPSY	0.000000		90.03
91.00	EMERGENCY	0.000000		91.00
91.20	ACUTE CARE CENTER	0.000000		91.20
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
99.10	CORF			99.10
99.20	OUTPATIENT PHYSICAL THERAPY			99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY			99.30
99.40	OUTPATIENT SPEECH PATHOLOGY			99.40
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
116.00	HOSPICE			116.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140202

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/30/2012 6:39 am

Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs
				Total Costs	RCE Disallowance	
		1.00	2.00	3.00	4.00	5.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	ADULTS & PEDIATRICS	62,184,398		62,184,398	0	0
31.00	INTENSIVE CARE UNIT	9,631,228		9,631,228	0	0
41.00	SUBPROVIDER - IRF	0		0	0	0
42.00	SUBPROVIDER	0		0	0	0
43.00	NURSERY	4,393,439		4,393,439	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	OPERATING ROOM	21,833,101		21,833,101	0	0
51.00	RECOVERY ROOM	2,250,332		2,250,332	0	0
52.00	DELIVERY ROOM & LABOR ROOM	3,545,516		3,545,516	0	0
53.00	ANESTHESIOLOGY	602,798		602,798	0	0
54.00	RADIOLOGY-DIAGNOSTIC	8,142,603		8,142,603	0	0
56.00	NUCLEAR MEDICINE	3,064,036		3,064,036	0	0
56.01	ULTRASOUND	2,649,006		2,649,006	0	0
56.02	RADIOLOGY SPECIAL PROCEDURE	0		0	0	0
57.00	CT SCAN	2,705,847		2,705,847	0	0
58.00	MAGNETIC RESONANCE IMAGING (MRI)	1,543,446		1,543,446	0	0
59.00	CARDIAC CATHETERIZATION	4,584,432		4,584,432	0	0
60.00	LABORATORY	14,344,734		14,344,734	0	0
60.01	REFERENCE LAB	0		0	0	0
63.00	BLOOD STORING, PROCESSING & TRANS.	293,139		293,139	0	0
65.00	RESPIRATORY THERAPY	4,108,511	0	4,108,511	0	0
65.01	STRESS TEST	1,286,671	0	1,286,671	0	0
66.00	PHYSICAL THERAPY	5,858,136	0	5,858,136	0	0
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00	SPEECH PATHOLOGY	0	0	0	0	0
69.00	ELECTROCARDIOLOGY	596,411		596,411	0	0
69.01	ECHOCARDIOGRAM	0		0	0	0
69.02	CARDIOLOGY	0		0	0	0
70.00	ELECTROENCEPHALOGRAPHY	1,295,020		1,295,020	0	0
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	22,162,468		22,162,468	0	0
71.30	IMPL. DEV. CHARGED TO PATIENT	0		0	0	0
72.00	IMPL. DEV. CHARGED TO PATIENT	17,441,396		17,441,396	0	0
73.00	DRUGS CHARGED TO PATIENTS	21,604,114		21,604,114	0	0
74.00	RENAL DIALYSIS	1,236,843		1,236,843	0	0
75.02	OUTPATIENT SURGERY	0		0	0	0
76.00	ELECTROMYOGRAPHY	14,614		14,614	0	0
76.97	CARDIAC REHABILITATION	1,770,953		1,770,953	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	RURAL HEALTH CLINIC	0		0	0	0
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0
90.00	CLINIC	2,393,956		2,393,956	0	0
90.01	ADDITION RECOVERY CLINIC	0		0	0	0
90.03	LITHOTRIpsy	0		0	0	0
91.00	EMERGENCY	17,838,525		17,838,525	0	0
91.20	ACUTE CARE CENTER	7,219,917		7,219,917	0	0
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0		0	0	0
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10	CORF	0		0	0	0
99.20	OUTPATIENT PHYSICAL THERAPY	0		0	0	0
99.30	OUTPATIENT OCCUPATIONAL THERAPY	0		0	0	0
99.40	OUTPATIENT SPEECH PATHOLOGY	0		0	0	0
101.00	HOME HEALTH AGENCY	0		0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00	PANCREAS ACQUISITION	0		0	0	0
110.00	INTESTINAL ACQUISITION	0		0	0	0
111.00	ISLET ACQUISITION	0		0	0	0
116.00	HOSPICE	0		0	0	0
200.00	Subtotal (see instructions)	246,595,590	0	246,595,590	0	0
201.00	Less Observation Beds	0		0	0	0
202.00	Total (see instructions)	246,595,590	0	246,595,590	0	0

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140202

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/30/2012 6:39 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
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	156,384,706		156,384,706			30.00
31.00	INTENSIVE CARE UNIT	21,967,152		21,967,152			31.00
41.00	SUBPROVIDER - IRF	0		0			41.00
42.00	SUBPROVIDER	0		0			42.00
43.00	NURSERY	14,283,822		14,283,822			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	66,962,863	80,463,404	147,426,267	0.148095	0.000000	50.00
51.00	RECOVERY ROOM	8,275,805	10,460,544	18,736,349	0.120105	0.000000	51.00
52.00	DELIVERY ROOM & LABOR ROOM	8,975,328	3,302	8,978,630	0.394884	0.000000	52.00
53.00	ANESTHESIOLOGY	11,038,614	10,585,361	21,623,975	0.027876	0.000000	53.00
54.00	RADIOLOGY-DIAGNOSTIC	17,186,955	25,896,830	43,083,785	0.188995	0.000000	54.00
56.00	NUCLEAR MEDICINE	5,547,827	21,395,002	26,942,829	0.113724	0.000000	56.00
56.01	ULTRASOUND	4,689,480	13,802,603	18,492,083	0.143251	0.000000	56.01
56.02	RADIOLOGY SPECIAL PROCEDURE	0	0	0	0.000000	0.000000	56.02
57.00	CT SCAN	37,245,792	60,696,158	97,941,950	0.027627	0.000000	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	9,947,184	16,685,623	26,632,807	0.057953	0.000000	58.00
59.00	CARDIAC CATHETERIZATION	24,980,714	15,385,148	40,365,862	0.113572	0.000000	59.00
60.00	LABORATORY	79,370,092	60,119,119	139,489,211	0.102838	0.000000	60.00
60.01	REFERENCE LAB	0	0	0	0.000000	0.000000	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	9,415,990	2,448,898	11,864,888	0.024706	0.000000	63.00
65.00	RESPIRATORY THERAPY	21,339,283	1,529,405	22,868,688	0.179657	0.000000	65.00
65.01	STRESS TEST	9,200,025	8,296,940	17,496,965	0.073537	0.000000	65.01
66.00	PHYSICAL THERAPY	4,075,816	9,172,508	13,248,324	0.442179	0.000000	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0.000000	0.000000	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0.000000	0.000000	68.00
69.00	ELECTROCARDIOLOGY	3,013,438	2,825,304	5,838,742	0.102147	0.000000	69.00
69.01	ECHOCARDIOGRAM	0	0	0	0.000000	0.000000	69.01
69.02	CARDIOLOGY	0	0	0	0.000000	0.000000	69.02
70.00	ELECTROENCEPHALOGRAPHY	510,517	3,701,756	4,212,273	0.307440	0.000000	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	27,058,075	11,587,992	38,646,067	0.573473	0.000000	71.00
71.30	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0.000000	0.000000	71.30
72.00	IMPL. DEV. CHARGED TO PATIENT	46,530,168	13,257,442	59,787,610	0.291723	0.000000	72.00
73.00	DRUGS CHARGED TO PATIENTS	117,185,905	44,763,551	161,949,456	0.133400	0.000000	73.00
74.00	RENAL DIALYSIS	4,352,336	2,541	4,354,877	0.284013	0.000000	74.00
75.02	OUTPATIENT SURGERY	0	0	0	0.000000	0.000000	75.02
76.00	ELECTROMYOGRAPHY	9,368	251,618	260,986	0.055995	0.000000	76.00
76.97	CARDIAC REHABILITATION	70,025	1,266,119	1,336,144	1.325421	0.000000	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC	0	0	0	0.000000	0.000000	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	0.000000	89.00
90.00	CLINIC	87,596	6,458,450	6,546,046	0.365710	0.000000	90.00
90.01	ADDITIONAL RECOVERY CLINIC	0	0	0	0.000000	0.000000	90.01
90.03	LITHOTRIpsy	0	0	0	0.000000	0.000000	90.03
91.00	EMERGENCY	29,517,797	54,429,986	83,947,783	0.212495	0.000000	91.00
91.20	ACUTE CARE CENTER	319,974	15,669,468	15,989,442	0.451543	0.000000	91.20
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	2,177,448	7,136,200	9,313,648	0.000000	0.000000	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	CORF	0	0	0			99.10
99.20	OUTPATIENT PHYSICAL THERAPY	0	0	0			99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0			99.30
99.40	OUTPATIENT SPEECH PATHOLOGY	0	0	0			99.40
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
116.00	HOSPICE	0	0	0			116.00
200.00	Subtotal (see instructions)	741,720,095	498,291,272	1,240,011,367			200.00
201.00	Less Observation Beds						201.00
202.00	Total (see instructions)	741,720,095	498,291,272	1,240,011,367			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140202	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/30/2012 6:39 am
Cost Center Description		PPS Inpatient Ratio	Title V	Hospital
		11.00		Cost
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	ADULTS & PEDIATRICS			30.00
31.00	INTENSIVE CARE UNIT			31.00
41.00	SUBPROVIDER - IRF			41.00
42.00	SUBPROVIDER			42.00
43.00	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	OPERATING ROOM	0.000000		50.00
51.00	RECOVERY ROOM	0.000000		51.00
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
56.00	NUCLEAR MEDICINE	0.000000		56.00
56.01	ULTRASOUND	0.000000		56.01
56.02	RADIOLOGY SPECIAL PROCEDURE	0.000000		56.02
57.00	CT SCAN	0.000000		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	LABORATORY	0.000000		60.00
60.01	REFERENCE LAB	0.000000		60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
65.00	RESPIRATORY THERAPY	0.000000		65.00
65.01	STRESS TEST	0.000000		65.01
66.00	PHYSICAL THERAPY	0.000000		66.00
67.00	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	SPEECH PATHOLOGY	0.000000		68.00
69.00	ELECTROCARDIOLOGY	0.000000		69.00
69.01	ECHOCARDIOGRAM	0.000000		69.01
69.02	CARDIOLOGY	0.000000		69.02
70.00	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
71.30	IMPL. DEV. CHARGED TO PATIENT	0.000000		71.30
72.00	IMPL. DEV. CHARGED TO PATIENT	0.000000		72.00
73.00	DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	RENAL DIALYSIS	0.000000		74.00
75.02	OUTPATIENT SURGERY	0.000000		75.02
76.00	ELECTROMYOGRAPHY	0.000000		76.00
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	ADDITION RECOVERY CLINIC	0.000000		90.01
90.03	LITHOTRIPSY	0.000000		90.03
91.00	EMERGENCY	0.000000		91.00
91.20	ACUTE CARE CENTER	0.000000		91.20
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
99.10	CORF			99.10
99.20	OUTPATIENT PHYSICAL THERAPY			99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY			99.30
99.40	OUTPATIENT SPEECH PATHOLOGY			99.40
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
116.00	HOSPICE			116.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140202		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part I Date/Time Prepared: 5/30/2012 6:39 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
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	7,927,524	0	7,927,524	62,219	127.41	30.00
31.00	INTENSIVE CARE UNIT	751,483		751,483	5,007	150.09	31.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	327,322		327,322	4,363	75.02	43.00
200.00	Total (lines 30-199)	9,006,329		9,006,329	71,589		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140202	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part I Date/Time Prepared: 5/30/2012 6:39 am
		Title XVIII	Hospital	PPS

Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)		
	6.00	7.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00 ADULTS & PEDIATRICS	30,311	3,861,925		30.00
31.00 INTENSIVE CARE UNIT	2,562	384,531		31.00
41.00 SUBPROVIDER - IRF	0	0		41.00
42.00 SUBPROVIDER	0	0		42.00
43.00 NURSERY	0	0		43.00
200.00 Total (Lines 30-199)	32,873	4,246,456		200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140202	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part II Date/Time Prepared: 5/30/2012 6:39 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)	Hospital 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	2,292,156	147,426,267	0.015548	26,144,187	406,490	50.00
51.00	RECOVERY ROOM	199,764	18,736,349	0.010662	2,985,072	31,827	51.00
52.00	DELIVERY ROOM & LABOR ROOM	424,140	8,978,630	0.047239	0	0	52.00
53.00	ANESTHESIOLOGY	35,253	21,623,975	0.001630	3,479,861	5,672	53.00
54.00	RADIOLOGY-DIAGNOSTIC	1,055,080	43,083,785	0.024489	10,075,715	246,744	54.00
56.00	NUCLEAR MEDICINE	283,344	26,942,829	0.010516	3,113,487	32,741	56.00
56.01	ULTRASOUND	75,638	18,492,083	0.004090	2,365,707	9,676	56.01
56.02	RADIOLOGY SPECIAL PROCEDURE	0	0	0.000000	0	0	56.02
57.00	CT SCAN	93,038	97,941,950	0.000950	16,603,977	15,774	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	129,453	26,632,807	0.004861	4,659,331	22,649	58.00
59.00	CARDIAC CATHETERIZATION	876,348	40,365,862	0.021710	12,804,642	277,989	59.00
60.00	LABORATORY	494,307	139,489,211	0.003544	42,337,964	150,046	60.00
60.01	REFERENCE LAB	0	0	0.000000	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	88,478	11,864,888	0.007457	4,753,389	35,446	63.00
65.00	RESPIRATORY THERAPY	269,670	22,868,688	0.011792	12,427,491	146,545	65.00
65.01	STRESS TEST	28,435	17,496,965	0.001625	5,218,205	8,480	65.01
66.00	PHYSICAL THERAPY	910,994	13,248,324	0.068763	2,573,864	176,987	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
69.00	ELECTROCARDIOLOGY	28,159	5,838,742	0.004823	1,771,949	8,546	69.00
69.01	ECHOCARDIOGRAM	0	0	0.000000	0	0	69.01
69.02	CARDIOLOGY	0	0	0.000000	0	0	69.02
70.00	ELECTROENCEPHALOGRAPHY	288,540	4,212,273	0.068500	302,131	20,696	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	206,118	38,646,067	0.005333	12,207,660	65,103	71.00
71.30	IMPL. DEV. CHARGED TO PATIENT	0	0	0.000000	0	0	71.30
72.00	IMPL. DEV. CHARGED TO PATIENT	166,055	59,787,610	0.002777	20,394,425	56,635	72.00
73.00	DRUGS CHARGED TO PATIENTS	801,917	161,949,456	0.004952	55,808,279	276,363	73.00
74.00	RENAL DIALYSIS	155,577	4,354,877	0.035725	3,366,556	120,270	74.00
75.02	OUTPATIENT SURGERY	0	0	0.000000	0	0	75.02
76.00	ELECTROMYOGRAPHY	6,068	260,986	0.023250	6,129	142	76.00
76.97	CARDIAC REHABILITATION	600,412	1,336,144	0.449362	32,827	14,751	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	971,607	6,546,046	0.148427	64,869	9,628	90.00
90.01	ADDICTION RECOVERY CLINIC	0	0	0.000000	0	0	90.01
90.03	LITHOTRIPSY	0	0	0.000000	0	0	90.03
91.00	EMERGENCY	2,266,859	83,947,783	0.027003	13,573,801	366,533	91.00
91.20	ACUTE CARE CENTER	98,817	15,989,442	0.006180	139,188	860	91.20
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	9,313,648	0.000000	1,230,331	0	92.00
200.00	Total (lines 50-199)	12,846,227	1,047,375,687		258,441,037	2,506,593	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140202		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part III Date/Time Prepared: 5/30/2012 6:39 am	
Cost Center Description		Title XVIII		Hospital		PPS	
		Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
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
200.00	Total (lines 30-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140202	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part III Date/Time Prepared: 5/30/2012 6:39 am
---	----------------------	---	---

Cost Center Description	Title XVIII					Hospital	
	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. Nursing School	PPS	
	6.00	7.00	8.00	9.00	11.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 ADULTS & PEDIATRICS	62,219	0.00	30,311	0	0	30.00	
31.00 INTENSIVE CARE UNIT	5,007	0.00	2,562	0	0	31.00	
41.00 SUBPROVIDER - IRF	0	0.00	0	0	0	41.00	
42.00 SUBPROVIDER	0	0.00	0	0	0	42.00	
43.00 NURSERY	4,363	0.00	0	0	0	43.00	
200.00 Total (lines 30-199)	71,589		32,873	0	0	200.00	

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140202		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part III Date/Time Prepared: 5/30/2012 6:39 am	
Cost Center Description		PSA Adj . Allied Health Cost	PSA Adj . All Other Medical Education Cost	Title XVIII	Hospital	PPS	
		12.00	13.00				
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	0	0				30.00
31.00	INTENSIVE CARE UNIT	0	0				31.00
41.00	SUBPROVIDER - IRF	0	0				41.00
42.00	SUBPROVIDER	0	0				42.00
43.00	NURSERY	0	0				43.00
200.00	Total (lines 30-199)	0	0				200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140202	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/30/2012 6:39 am
--	----------------------	---------------------------------------	---

Cost Center Description	Title XVIII				Hospital	PPS	Total Cost (sum of col 1 through col 4)
	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost			
	1.00	2.00	3.00	4.00		5.00	
<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
56.00 NUCLEAR MEDICINE	0	0	0	0		0	56.00
56.01 ULTRASOUND	0	0	0	0		0	56.01
56.02 RADIOLOGY SPECIAL PROCEDURE	0	0	0	0		0	56.02
57.00 CT SCAN	0	0	0	0		0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0		0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0		0	59.00
60.00 LABORATORY	0	0	0	0		0	60.00
60.01 REFERENCE LAB	0	0	0	0		0	60.01
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0		0	63.00
65.00 RESPIRATORY THERAPY	0	0	0	0		0	65.00
65.01 STRESS TEST	0	0	0	0		0	65.01
66.00 PHYSICAL THERAPY	0	0	0	0		0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0		0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0		0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	0		0	69.00
69.01 ECHOCARDIOGRAM	0	0	0	0		0	69.01
69.02 RADIOLOGY	0	0	0	0		0	69.02
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0		0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0		0	71.00
71.30 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0		0	71.30
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
74.00 RENAL DIALYSIS	0	0	0	0		0	74.00
75.02 OUTPATIENT SURGERY	0	0	0	0		0	75.02
76.00 ELECTROMYOGRAPHY	0	0	0	0		0	76.00
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	0	0	0	0		0	90.00
90.01 ADDITION RECOVERY CLINIC	0	0	0	0		0	90.01
90.03 LI THOTRI PSY	0	0	0	0		0	90.03
91.00 EMERGENCY	0	0	430,542	0		430,542	91.00
91.20 ACUTE CARE CENTER	0	0	0	0		0	91.20
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0		0	92.00
200.00 Total (lines 50-199)	0	0	430,542	0		430,542	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140202	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/30/2012 6:39 am
--	----------------------	---------------------------------------	---

Cost Center Description	Title XVIII			Hospital		PPS
	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
	6.00	7.00	8.00	9.00	10.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	0	147,426,267	0.000000	0.000000	26,144,187	50.00
51.00 RECOVERY ROOM	0	18,736,349	0.000000	0.000000	2,985,072	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	8,978,630	0.000000	0.000000	0	52.00
53.00 ANESTHESIOLOGY	0	21,623,975	0.000000	0.000000	3,479,861	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	43,083,785	0.000000	0.000000	10,075,715	54.00
56.00 NUCLEAR MEDICINE	0	26,942,829	0.000000	0.000000	3,113,487	56.00
56.01 ULTRASOUND	0	18,492,083	0.000000	0.000000	2,365,707	56.01
56.02 RADIOLOGY SPECIAL PROCEDURE	0	0	0.000000	0.000000	0	56.02
57.00 CT SCAN	0	97,941,950	0.000000	0.000000	16,603,977	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	26,632,807	0.000000	0.000000	4,659,331	58.00
59.00 CARDIAC CATHETERIZATION	0	40,365,862	0.000000	0.000000	12,804,642	59.00
60.00 LABORATORY	0	139,489,211	0.000000	0.000000	42,337,964	60.00
60.01 REFERENCE LAB	0	0	0.000000	0.000000	0	60.01
63.00 BLOOD STORING, PROCESSING & TRANS.	0	11,864,888	0.000000	0.000000	4,753,389	63.00
65.00 RESPIRATORY THERAPY	0	22,868,688	0.000000	0.000000	12,427,491	65.00
65.01 STRESS TEST	0	17,496,965	0.000000	0.000000	5,218,205	65.01
66.00 PHYSICAL THERAPY	0	13,248,324	0.000000	0.000000	2,573,864	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
69.00 ELECTROCARDIOLOGY	0	5,838,742	0.000000	0.000000	1,771,949	69.00
69.01 ECHOCARDIOGRAM	0	0	0.000000	0.000000	0	69.01
69.02 RADIOLOGY	0	0	0.000000	0.000000	0	69.02
70.00 ELECTROENCEPHALOGRAPHY	0	4,212,273	0.000000	0.000000	302,131	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	38,646,067	0.000000	0.000000	12,207,660	71.00
71.30 IMPL. DEV. CHARGED TO PATIENT	0	0	0.000000	0.000000	0	71.30
72.00 IMPL. DEV. CHARGED TO PATIENT	0	59,787,610	0.000000	0.000000	20,394,425	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	161,949,456	0.000000	0.000000	55,808,279	73.00
74.00 RENAL DIALYSIS	0	4,354,877	0.000000	0.000000	3,366,556	74.00
75.02 OUTPATIENT SURGERY	0	0	0.000000	0.000000	0	75.02
76.00 ELECTROMYOGRAPHY	0	260,986	0.000000	0.000000	6,129	76.00
76.97 CARDIAC REHABILITATION	0	1,336,144	0.000000	0.000000	32,827	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	6,546,046	0.000000	0.000000	64,869	90.00
90.01 ADDICTION RECOVERY CLINIC	0	0	0.000000	0.000000	0	90.01
90.03 LI THOTRI PSY	0	0	0.000000	0.000000	0	90.03
91.00 EMERGENCY	430,542	83,947,783	0.005129	0.005129	13,573,801	91.00
91.20 ACUTE CARE CENTER	0	15,989,442	0.000000	0.000000	139,188	91.20
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	9,313,648	0.000000	0.000000	1,230,331	92.00
200.00 Total (lines 50-199)	430,542	1,047,375,687			258,441,037	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140202	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/30/2012 6:39 am
--	----------------------	---	--

Cost Center Description	Title XVIII			Hospital	PPS	
	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
	11.00	12.00	13.00	21.00	22.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	0	21,516,001	0	0	0	50.00
51.00 RECOVERY ROOM	0	1,948,860	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	2,635,367	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	8,473,928	0	0	0	54.00
56.00 NUCLEAR MEDICINE	0	8,633,357	0	0	0	56.00
56.01 ULTRASOUND	0	2,340,509	0	0	0	56.01
56.02 RADIOLOGY SPECIAL PROCEDURE	0	0	0	0	0	56.02
57.00 CT SCAN	0	15,524,781	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	4,844,838	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	8,008,232	0	0	0	59.00
60.00 LABORATORY	0	3,273,385	0	0	0	60.00
60.01 REFERENCE LAB	0	0	0	0	0	60.01
63.00 BLOOD STORING, PROCESSING & TRANS.	0	1,346,096	0	0	0	63.00
65.00 RESPIRATORY THERAPY	0	390,292	0	0	0	65.00
65.01 STRESS TEST	0	2,147,325	0	0	0	65.01
66.00 PHYSICAL THERAPY	0	62,151	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	810,727	0	0	0	69.00
69.01 ECHOCARDIOGRAM	0	0	0	0	0	69.01
69.02 CARDIOLOGY	0	0	0	0	0	69.02
70.00 ELECTROENCEPHALOGRAPHY	0	610,096	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,346,891	0	0	0	71.00
71.30 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71.30
72.00 IMPL. DEV. CHARGED TO PATIENT	0	5,311,959	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	14,818,902	0	0	0	73.00
74.00 RENAL DIALYSIS	0	2,426	0	0	0	74.00
75.02 OUTPATIENT SURGERY	0	0	0	0	0	75.02
76.00 ELECTROMYOGRAPHY	0	52,092	0	0	0	76.00
76.97 CARDIAC REHABILITATION	0	638,902	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	2,743,131	0	0	0	90.00
90.01 ADDICTION RECOVERY CLINIC	0	0	0	0	0	90.01
90.03 LI THOTRI PSY	0	0	0	0	0	90.03
91.00 EMERGENCY	69,620	7,589,584	38,927	0	0	91.00
91.20 ACUTE CARE CENTER	0	1,392,668	0	0	0	91.20
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	2,399,768	0	0	0	92.00
200.00 Total (lines 50-199)	69,620	120,862,268	38,927	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140202

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

Worksheet D  
Part IV  
Date/Time Prepared:  
5/30/2012 6:39 am

Cost Center Description		PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	
		23.00	24.00	
Title XVIII Hospital PPS				
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0	0	50.00
51.00	RECOVERY ROOM	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	54.00
56.00	NUCLEAR MEDICINE	0	0	56.00
56.01	ULTRASOUND	0	0	56.01
56.02	RADIOLOGY SPECIAL PROCEDURE	0	0	56.02
57.00	CT SCAN	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	59.00
60.00	LABORATORY	0	0	60.00
60.01	REFERENCE LAB	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
65.00	RESPIRATORY THERAPY	0	0	65.00
65.01	STRESS TEST	0	0	65.01
66.00	PHYSICAL THERAPY	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	69.00
69.01	ECHOCARDIOGRAM	0	0	69.01
69.02	CARDIOLOGY	0	0	69.02
70.00	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
71.30	IMPL. DEV. CHARGED TO PATIENT	0	0	71.30
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	RENAL DIALYSIS	0	0	74.00
75.02	OUTPATIENT SURGERY	0	0	75.02
76.00	ELECTROMYOGRAPHY	0	0	76.00
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	0	90.00
90.01	ADDITION RECOVERY CLINIC	0	0	90.01
90.03	LI THOTRI PSY	0	0	90.03
91.00	EMERGENCY	0	0	91.00
91.20	ACUTE CARE CENTER	0	0	91.20
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00	Total (lines 50-199)	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140202	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/30/2012 6:39 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	0.148095	21,516,001	0	0	50.00
51.00	RECOVERY ROOM	0.120105	1,948,860	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.394884	0	0	0	52.00
53.00	ANESTHESIOLOGY	0.027876	2,635,367	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.188995	8,473,928	0	0	54.00
56.00	NUCLEAR MEDICINE	0.113724	8,633,357	0	0	56.00
56.01	ULTRASOUND	0.143251	2,340,509	0	0	56.01
56.02	RADIOLOGY SPECIAL PROCEDURE	0.000000	0	0	0	56.02
57.00	CT SCAN	0.027627	15,524,781	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.057953	4,844,838	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.113572	8,008,232	0	0	59.00
60.00	LABORATORY	0.102838	3,273,385	0	0	60.00
60.01	REFERENCE LAB	0.000000	0	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0.024706	1,346,096	0	0	63.00
65.00	RESPIRATORY THERAPY	0.179657	390,292	0	0	65.00
65.01	STRESS TEST	0.073537	2,147,325	0	0	65.01
66.00	PHYSICAL THERAPY	0.442179	62,151	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
69.00	ELECTROCARDIOLOGY	0.102147	810,727	0	0	69.00
69.01	ECHOCARDIOGRAM	0.000000	0	0	0	69.01
69.02	CARDIOLOGY	0.000000	0	0	0	69.02
70.00	ELECTROENCEPHALOGRAPHY	0.307440	610,096	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.573473	3,346,891	0	0	71.00
71.30	IMPL. DEV. CHARGED TO PATIENT	0.000000	0	0	0	71.30
72.00	IMPL. DEV. CHARGED TO PATIENT	0.291723	5,311,959	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.133400	14,818,902	0	96,803	73.00
74.00	RENAL DIALYSIS	0.284013	2,426	0	0	74.00
75.02	OUTPATIENT SURGERY	0.000000	0	0	0	75.02
76.00	ELECTROMYOGRAPHY	0.055995	52,092	0	0	76.00
76.97	CARDIAC REHABILITATION	1.325421	638,902	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	0.365710	2,743,131	0	0	90.00
90.01	ADDICTION RECOVERY CLINIC	0.000000	0	0	0	90.01
90.03	LITHOTRIPSY	0.000000	0	0	0	90.03
91.00	EMERGENCY	0.212495	7,589,584	0	0	91.00
91.20	ACUTE CARE CENTER	0.451543	1,392,668	0	0	91.20
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	2,399,768	0	0	92.00
200.00	Subtotal (see instructions)		120,862,268	0	96,803	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		120,862,268	0	96,803	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140202	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/30/2012 6:39 am
	Title XVIII	Hospital	PPS

Cost Center Description	Costs				
	PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)		
	5.00	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 OPERATING ROOM	3,186,412	0	0		50.00
51.00 RECOVERY ROOM	234,068	0	0		51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00 ANESTHESIOLOGY	73,463	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	1,601,530	0	0		54.00
56.00 NUCLEAR MEDICINE	981,820	0	0		56.00
56.01 ULTRASOUND	335,280	0	0		56.01
56.02 RADIOLOGY SPECIAL PROCEDURE	0	0	0		56.02
57.00 CT SCAN	428,903	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	280,773	0	0		58.00
59.00 CARDIAC CATHETERIZATION	909,511	0	0		59.00
60.00 LABORATORY	336,628	0	0		60.00
60.01 REFERENCE LAB	0	0	0		60.01
63.00 BLOOD STORING, PROCESSING & TRANS.	33,257	0	0		63.00
65.00 RESPIRATORY THERAPY	70,119	0	0		65.00
65.01 STRESS TEST	157,908	0	0		65.01
66.00 PHYSICAL THERAPY	27,482	0	0		66.00
67.00 OCCUPATIONAL THERAPY	0	0	0		67.00
68.00 SPEECH PATHOLOGY	0	0	0		68.00
69.00 ELECTROCARDIOLOGY	82,813	0	0		69.00
69.01 ECHOCARDIOGRAM	0	0	0		69.01
69.02 RADIOLOGY	0	0	0		69.02
70.00 ELECTROENCEPHALOGRAPHY	187,568	0	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,919,352	0	0		71.00
71.30 IMPL. DEV. CHARGED TO PATIENT	0	0	0		71.30
72.00 IMPL. DEV. CHARGED TO PATIENT	1,549,621	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	1,976,842	0	12,914		73.00
74.00 RENAL DIALYSIS	689	0	0		74.00
75.02 OUTPATIENT SURGERY	0	0	0		75.02
76.00 ELECTROMYOGRAPHY	2,917	0	0		76.00
76.97 CARDIAC REHABILITATION	846,814	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	1,003,190	0	0		90.00
90.01 ADDICTION RECOVERY CLINIC	0	0	0		90.01
90.03 LI THOTRIPTY	0	0	0		90.03
91.00 EMERGENCY	1,612,749	0	0		91.00
91.20 ACUTE CARE CENTER	628,849	0	0		91.20
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
200.00 Subtotal (see instructions)	18,468,558	0	12,914		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges		0			201.00
202.00 Net Charges (line 200 +/- line 201)	18,468,558	0	12,914		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140202	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/30/2012 6:39 am
		Title XIX	Hospital	Cost

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Cost	
		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
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	OPERATING ROOM	0.148095	0	0	7,123,975	50.00
51.00	RECOVERY ROOM	0.120105	0	0	1,280,570	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.394884	0	0	0	52.00
53.00	ANESTHESIOLOGY	0.027876	0	0	1,027,852	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.188995	0	0	3,213,155	54.00
56.00	NUCLEAR MEDICINE	0.113724	0	0	1,756,935	56.00
56.01	ULTRASOUND	0.143251	0	0	4,160,367	56.01
56.02	RADIOLOGY SPECIAL PROCEDURE	0.000000	0	0	0	56.02
57.00	CT SCAN	0.027627	0	0	7,982,307	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.057953	0	0	2,074,813	58.00
59.00	CARDIAC CATHETERIZATION	0.113572	0	0	436,382	59.00
60.00	LABORATORY	0.102838	0	0	10,693,667	60.00
60.01	REFERENCE LAB	0.000000	0	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0.024706	0	0	254,532	63.00
65.00	RESPIRATORY THERAPY	0.179657	0	0	474,319	65.00
65.01	STRESS TEST	0.073537	0	0	1,075,520	65.01
66.00	PHYSICAL THERAPY	0.442179	0	0	1,687,669	66.00
67.00	OCCUPATIONAL THERAPY	0.000000	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0.000000	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0.102147	0	0	369,749	69.00
69.01	ECHOCARDIOGRAM	0.000000	0	0	0	69.01
69.02	CARDIOLOGY	0.000000	0	0	0	69.02
70.00	ELECTROENCEPHALOGRAPHY	0.307440	0	0	340,888	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.573473	0	0	943,650	71.00
71.30	IMPL. DEV. CHARGED TO PATIENT	0.000000	0	0	0	71.30
72.00	IMPL. DEV. CHARGED TO PATIENT	0.291723	0	0	759,613	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.133400	0	0	6,479,898	73.00
74.00	RENAL DIALYSIS	0.284013	0	0	0	74.00
75.02	OUTPATIENT SURGERY	0.000000	0	0	0	75.02
76.00	ELECTROMYOGRAPHY	0.055995	0	0	72,906	76.00
76.97	CARDIAC REHABILITATION	1.325421	0	0	221	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	0.365710	0	0	777,561	90.00
90.01	ADDICTION RECOVERY CLINIC	0.000000	0	0	0	90.01
90.03	LITHOTRIPSY	0.000000	0	0	0	90.03
91.00	EMERGENCY	0.212495	0	0	15,651,833	91.00
91.20	ACUTE CARE CENTER	0.451543	0	0	2,349,854	91.20
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	1,077,958	92.00
200.00	Subtotal (see instructions)		0	0	72,066,194	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges				0	201.00
202.00	Net Charges (line 200 +/- line 201)		0	0	72,066,194	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140202	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/30/2012 6:39 am
	Title XIX	Hospital	Cost

Cost Center Description	Costs				
	PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)		
	5.00	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 OPERATING ROOM	0	0	1,055,025		50.00
51.00 RECOVERY ROOM	0	0	153,803		51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00 ANESTHESIOLOGY	0	0	28,652		53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	607,270		54.00
56.00 NUCLEAR MEDICINE	0	0	199,806		56.00
56.01 ULTRASOUND	0	0	595,977		56.01
56.02 RADIOLOGY SPECIAL PROCEDURE	0	0	0		56.02
57.00 CT SCAN	0	0	220,527		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	120,242		58.00
59.00 CARDIAC CATHETERIZATION	0	0	49,561		59.00
60.00 LABORATORY	0	0	1,099,715		60.00
60.01 REFERENCE LAB	0	0	0		60.01
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	6,288		63.00
65.00 RESPIRATORY THERAPY	0	0	85,215		65.00
65.01 STRESS TEST	0	0	79,091		65.01
66.00 PHYSICAL THERAPY	0	0	746,252		66.00
67.00 OCCUPATIONAL THERAPY	0	0	0		67.00
68.00 SPEECH PATHOLOGY	0	0	0		68.00
69.00 ELECTROCARDIOLOGY	0	0	37,769		69.00
69.01 ECHOCARDIOGRAM	0	0	0		69.01
69.02 RADIOLOGY	0	0	0		69.02
70.00 ELECTROENCEPHALOGRAPHY	0	0	104,803		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	541,158		71.00
71.30 IMPL. DEV. CHARGED TO PATIENT	0	0	0		71.30
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	221,597		72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	864,418		73.00
74.00 RENAL DIALYSIS	0	0	0		74.00
75.02 OUTPATIENT SURGERY	0	0	0		75.02
76.00 ELECTROMYOGRAPHY	0	0	4,082		76.00
76.97 CARDIAC REHABILITATION	0	0	293		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	284,362		90.00
90.01 ADDICTION RECOVERY CLINIC	0	0	0		90.01
90.03 LI THOTRI PSY	0	0	0		90.03
91.00 EMERGENCY	0	0	3,325,936		91.00
91.20 ACUTE CARE CENTER	0	0	1,061,060		91.20
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
200.00 Subtotal (see instructions)	0	0	11,492,902		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0		201.00
202.00 Net Charges (line 200 +/- line 201)	0	0	11,492,902		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140202	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/30/2012 6:39 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)		62,219	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		62,219	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)		62,219	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)		30,311	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)		62,184,398	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)		62,184,398	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed charges)		170,668,528	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		170,668,528	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.364358	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)		2,743.03	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)		62,184,398	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)		999.44	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		30,294,026	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)		30,294,026	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140202		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1	
Title XVIII		Hospital		PPS		Date/Time Prepared: 5/30/2012 6:39 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)	1.00	2.00	3.00	4.00	5.00	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	9,657,950	5,007	1,928.89	2,562	4,941,816		43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					42,142,824		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					77,378,666		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)					4,246,456		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,576,213		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					6,822,669		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					70,555,997		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)						0	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)						0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140202		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1 Date/Time Prepared: 5/30/2012 6:39 am	
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	7,927,524	62,184,398	0.127484	0	0	90.00
91.00	Nursing School cost	0	62,184,398	0.000000	0	0	91.00
92.00	Allied health cost	0	62,184,398	0.000000	0	0	92.00
93.00	All other Medical Education	0	62,184,398	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140202	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 5/30/2012 6:39 am
Cost Center Description		Cost		
		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)		62,219	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		62,219	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)		62,219	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)		10,993	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)		4,363	15.00
16.00	Nursery days (title V or XIX only)		2,073	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)		62,184,398	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)		62,184,398	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed charges)		170,668,528	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		170,668,528	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.364358	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)		2,743.03	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)		62,184,398	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)		999.44	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		10,986,844	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		10,986,844	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140202		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1	
Title XIX		Hospital		Cost		Date/Time Prepared: 5/30/2012 6:39 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)	4,393,439	4,363	1,006.98	2,073	2,087,470		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	9,631,228	5,007	1,923.55	519	998,322		43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					9,941,777		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					24,014,413		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)						0	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						0	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)						0	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges						0	54.00
55.00 Target amount per discharge						0.00	55.00
56.00 Target amount (line 54 x line 55)						0	56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						0	57.00
58.00 Bonus payment (see instructions)						0	58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						0.00	59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						0.00	60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						0	61.00
62.00 Relief payment (see instructions)						0	62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)						0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						0	64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						0	65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						0	66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						0	67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						0	68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)						0	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						0.00	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)						0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140202		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1 Date/Time Prepared: 5/30/2012 6:39 am	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140202	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3 Date/Time Prepared: 5/30/2012 6:39 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	ADULTS & PEDIATRICS		78,331,717		30.00
31.00	INTENSIVE CARE UNIT		10,992,877		31.00
41.00	SUBPROVIDER - IRF		0		41.00
42.00	SUBPROVIDER		0		42.00
43.00	NURSERY				43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	OPERATING ROOM	0.148095	26,144,187	3,871,823	50.00
51.00	RECOVERY ROOM	0.120105	2,985,072	358,522	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.394884	0	0	52.00
53.00	ANESTHESIOLOGY	0.027876	3,479,861	97,005	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.188995	10,075,715	1,904,260	54.00
56.00	NUCLEAR MEDICINE	0.113724	3,113,487	354,078	56.00
56.01	ULTRASOUND	0.143251	2,365,707	338,890	56.01
56.02	RADIOLOGY SPECIAL PROCEDURE	0.000000	0	0	56.02
57.00	CT SCAN	0.027627	16,603,977	458,718	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.057953	4,659,331	270,022	58.00
59.00	CARDIAC CATHETERIZATION	0.113688	12,804,642	1,455,734	59.00
60.00	LABORATORY	0.102838	42,337,964	4,353,952	60.00
60.01	REFERENCE LAB	0.000000	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0.024706	4,753,389	117,437	63.00
65.00	RESPIRATORY THERAPY	0.179657	12,427,491	2,232,686	65.00
65.01	STRESS TEST	0.073537	5,218,205	383,731	65.01
66.00	PHYSICAL THERAPY	0.442179	2,573,864	1,138,109	66.00
67.00	OCCUPATIONAL THERAPY	0.000000	0	0	67.00
68.00	SPEECH PATHOLOGY	0.000000	0	0	68.00
69.00	ELECTROCARDIOLOGY	0.102147	1,771,949	180,999	69.00
69.01	ECHOCARDIOGRAM	0.000000	0	0	69.01
69.02	CARDIOLOGY	0.000000	0	0	69.02
70.00	ELECTROENCEPHALOGRAPHY	0.307440	302,131	92,887	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.573473	12,207,660	7,000,763	71.00
71.30	IMPL. DEV. CHARGED TO PATIENT	0.000000	0	0	71.30
72.00	IMPL. DEV. CHARGED TO PATIENT	0.291723	20,394,425	5,949,523	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.133400	55,808,279	7,444,824	73.00
74.00	RENAL DIALYSIS	0.284013	3,366,556	956,146	74.00
75.02	OUTPATIENT SURGERY	0.000000	0	0	75.02
76.00	ELECTROMYOGRAPHY	0.055995	6,129	343	76.00
76.97	CARDIAC REHABILITATION	1.328881	32,827	43,623	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	0.366740	64,869	23,790	90.00
90.01	ADDITION RECOVERY CLINIC	0.000000	0	0	90.01
90.03	LITHOTRIPSY	0.000000	0	0	90.03
91.00	EMERGENCY	0.224853	13,573,801	3,052,110	91.00
91.20	ACUTE CARE CENTER	0.451543	139,188	62,849	91.20
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	1,230,331	0	92.00
200.00	Total (sum of lines 50-94 and 96-98)		258,441,037	42,142,824	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)		258,441,037		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140202	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3	
		Title XIX		Hospital	
		Ratio of Cost To Charges		Inpatient Program Charges	
		1.00		2.00	
				Inpatient Program Costs (col. 1 x col. 2)	
				3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS			22,846,756	30.00
31.00	INTENSIVE CARE UNIT			2,195,184	31.00
41.00	SUBPROVIDER - IRF			0	41.00
42.00	SUBPROVIDER			0	42.00
43.00	NURSERY			8,122,188	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.148095		5,615,847	831,679 50.00
51.00	RECOVERY ROOM	0.120105		833,764	100,139 51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.394884		5,289,858	2,088,880 52.00
53.00	ANESTHESIOLOGY	0.027876		1,867,559	52,060 53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.188995		1,450,117	274,065 54.00
56.00	NUCLEAR MEDICINE	0.113724		512,693	58,305 56.00
56.01	ULTRASOUND	0.143251		568,883	81,493 56.01
56.02	RADIOLOGY SPECIAL PROCEDURE	0.000000		0	0 56.02
57.00	CT SCAN	0.027627		3,848,055	106,310 57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.057953		942,677	54,631 58.00
59.00	CARDIAC CATHETERIZATION	0.113572		945,487	107,381 59.00
60.00	LABORATORY	0.102838		7,943,807	816,925 60.00
60.01	REFERENCE LAB	0.000000		0	0 60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0.024706		1,289,210	31,851 63.00
65.00	RESPIRATORY THERAPY	0.179657		2,651,233	476,313 65.00
65.01	STRESS TEST	0.073537		550,928	40,514 65.01
66.00	PHYSICAL THERAPY	0.442179		212,499	93,963 66.00
67.00	OCCUPATIONAL THERAPY	0.000000		0	0 67.00
68.00	SPEECH PATHOLOGY	0.000000		0	0 68.00
69.00	ELECTROCARDIOLOGY	0.102147		182,094	18,600 69.00
69.01	ECHOCARDIOGRAM	0.000000		0	0 69.01
69.02	CARDIOLOGY	0.000000		0	0 69.02
70.00	ELECTROENCEPHALOGRAPHY	0.307440		35,918	11,043 70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.573473		2,323,497	1,332,463 71.00
71.30	IMPL. DEV. CHARGED TO PATIENT	0.000000		0	0 71.30
72.00	IMPL. DEV. CHARGED TO PATIENT	0.291723		2,363,815	689,579 72.00
73.00	DRUGS CHARGED TO PATIENTS	0.133400		14,092,961	1,880,001 73.00
74.00	RENAL DIALYSIS	0.284013		326,782	92,810 74.00
75.02	OUTPATIENT SURGERY	0.000000		0	0 75.02
76.00	ELECTROMYOGRAPHY	0.055995		0	0 76.00
76.97	CARDIAC REHABILITATION	1.325421		3,255	4,314 76.97
OUTPATIENT SERVICE COST CENTERS					
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	0.365710		10,598	3,876 90.00
90.01	ADDITION RECOVERY CLINIC	0.000000		0	0 90.01
90.03	LITHOTRIPSY	0.000000		0	0 90.03
91.00	EMERGENCY	0.212495		3,231,741	686,729 91.00
91.20	ACUTE CARE CENTER	0.451543		17,391	7,853 91.20
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		335,111	0 92.00
200.00	Total (sum of lines 50-94 and 96-98)			57,445,780	9,941,777 200.00
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)			57,445,780	9,941,777 202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140202	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part A Date/Time Prepared: 5/30/2012 6:39 am
		Title XVIIII	Hospital	PPS
		1.00		
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER PPS</b>				
1.00	DRG Amounts Other than Outlier Payments		53,979,489	1.00
2.00	Outlier payments for discharges. (see instructions)		1,564,908	2.00
3.00	Managed Care Simulated Payments		2,582,819	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		271.14	4.00
<b>Indirect Medical Education Adjustment</b>				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	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.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	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		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment. (see instructions)		0.000000	27.00
28.00	IME Adjustment (see instructions)		0	28.00
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
<b>Disproportionate Share Adjustment</b>				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		3.70	30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)		19.46	31.00
32.00	Sum of lines 30 and 31		23.16	32.00
33.00	Allowable disproportionate share percentage (see instructions)		8.32	33.00
34.00	Disproportionate share adjustment (see instructions)		4,491,093	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)		60,035,490	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)		60,035,490	49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		4,753,811	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).		0	52.00
53.00	Nursing and Allied Health Managed Care payment		500	53.00
54.00	Special add-on payments for new technologies		0	54.00
55.00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)		0	55.00
56.00	Cost of teaching physicians (Worksheet D-5, Part II, col. 3, line 20)		0	56.00
57.00	Routine service other pass through costs		0	57.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140202	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part A Date/Time Prepared: 5/30/2012 6:39 am
		Title XVIII	Hospital	PPS
		1.00		
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)		69,620	58.00
59.00	Total (sum of amounts on lines 49 through 58)		64,859,421	59.00
60.00	Primary payer payments		0	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		64,859,421	61.00
62.00	Deductibles billed to program beneficiaries		5,319,900	62.00
63.00	Coinsurance billed to program beneficiaries		231,777	63.00
64.00	Allowable bad debts (see instructions)		837,496	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		586,247	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		59,893,991	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)		59,893,991	71.00
72.00	Interim payments		60,198,033	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)		-304,042	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		482,382	75.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Operating outlier amount from Worksheet E, Part A line 2		1,564,908	90.00
91.00	Capital outlier from Worksheet L, Part I, line 2		161,507	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: 140202	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/30/2012 6:39 am
		Title XVIII	Hospital	PPS
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		12,914	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		18,429,631	2.00
3.00	PPS payments		18,832,668	3.00
4.00	Outlier payment (see instructions)		64,329	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.864	5.00
6.00	Line 2 times line 5		15,923,201	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		38,927	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		12,914	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		96,803	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)		96,803	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)		96,803	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		83,889	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)		12,914	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)		18,935,924	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)		4,237,836	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)		14,711,002	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)		14,711,002	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		14,711,002	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)		755,063	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		528,544	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)		15,239,546	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)		15,239,546	40.00
41.00	Interim payments		14,702,180	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)		537,366	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)		64,329	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: 140202	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/30/2012 6:39 am
	Title XVIII	Hospital	PPS
			Overrides
			1.00
WORKSHEET OVERRIDE VALUES			
112.00	Override of Ancillary service charges (line 12)		0112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140202

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/30/2012 6:39 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		60,129,764		14,662,342	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	07/15/2011	68,269	07/15/2011	39,838	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)		68,269		39,838	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)		60,198,033		14,702,180	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00	
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00	
6.01	SETTLEMENT TO PROVIDER		0		537,366	6.01	
6.02	SETTLEMENT TO PROGRAM		304,042		0	6.02	
7.00	Total Medicare program liability (see instructions)		59,893,991		15,239,546	7.00	
				Contractor Number	Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 140202

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

Worksheet E-1  
Part II  
Date/Time Prepared:  
5/30/2012 6:39 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			17,386 1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12			32,873 2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6. line 2			1,434 3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12			67,226 4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200			1,240,011,367 5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20			31,571,247 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)			2,747,848 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)			2,747,848 32.00
		Overrides		
		1.00		
<b>CONTRACTOR OVERRIDES</b>				
108.00	Override of HIT payment			0 108.00

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

Provider CCN: 140202

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

Worksheet G  
Date/Time Prepared:  
5/30/2012 6:39 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	55,164,000	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	37,749,000	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	14,935,000	0	0	0	9.00
10.00	Due from other funds	1,659,000	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	109,507,000	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	55,059,000	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	234,201,000	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	50,001,000	0	0	0	23.00
24.00	Accumulated depreciation	-48,793,000	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	290,468,000	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	29,000	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	29,000	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	400,004,000	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	11,563,000	0	0	0	37.00
38.00	Salaries, wages, and fees payable	12,452,000	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	221,000	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	63,018,000	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	87,254,000	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	31,033,000	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	31,135,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	62,168,000	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	149,422,000	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	250,582,000	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	250,582,000	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	400,004,000	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140202

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

Worksheet G-1

Date/Time Prepared:  
5/30/2012 6:39 am

		General Fund		Special Purpose Fund		
		1.00	2.00	3.00	4.00	
1.00	Fund balances at beginning of period		253,432,493		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		23,806,125			2.00
3.00	Total (sum of line 1 and line 2)		277,238,618		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00		0		0		5.00
6.00	ADJUSTMENT TO AHC FUND BALANCE	-26,656,618		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)		-26,656,618		0	10.00
11.00	Subtotal (line 3 plus line 10)		250,582,000		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)		250,582,000		0	19.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140202

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

Worksheet G-1

Date/Time Prepared:  
5/30/2012 6:39 am

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

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 140202

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

Worksheet G-2 Parts  
Date/Time Prepared:  
5/30/2012 6:39 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	170,668,528		170,668,528	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				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)	170,668,528		170,668,528	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	21,967,152		21,967,152	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	21,967,152		21,967,152	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	192,635,680		192,635,680	17.00
18.00	Ancillary services	545,052,587	475,483,178	1,020,535,765	18.00
19.00	Outpatient services	319,974	15,669,468	15,989,442	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		0	0	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
24.20	OUTPATIENT PHYSICAL THERAPY	0	0	0	24.20
24.30	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	24.30
24.40	OUTPATIENT SPEECH PATHOLOGY	0	0	0	24.40
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	0	0	26.00
27.00	OBSERVATION	2,177,448	7,136,200	9,313,648	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	740,185,689	498,288,846	1,238,474,535	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		276,146,240		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)		276,146,240		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140202

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

Worksheet G-3

Date/Time Prepared:  
5/30/2012 6:39 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,238,474,535	1.00
2.00	Less contractual allowances and discounts on patients' accounts	944,641,028	2.00
3.00	Net patient revenues (line 1 minus line 2)	293,833,507	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	276,146,240	4.00
5.00	Net income from service to patients (line 3 minus line 4)	17,687,267	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	2,070	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and telegraph service	367	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	790,658	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	18,328	17.00
18.00	Revenue from sale of medical records and abstracts	192,870	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	284,091	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	349,183	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	658,672	22.00
23.00	Governmental appropriations	2,794,506	23.00
24.00	OTHER OPERATING REVENUE	1,421,774	24.00
25.00	Total other income (sum of lines 6-24)	6,512,519	25.00
26.00	Total (line 5 plus line 25)	24,199,786	26.00
27.00	OTHER EXPENSES (SPECIFY)	393,661	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	393,661	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	23,806,125	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140202	Period: From 01/01/2011 To 12/31/2011	Worksheet L Parts I-III Date/Time Prepared: 5/30/2012 6:39 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		4,381,969	1.00
2.00	Capital DRG outlier payments		161,507	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		184.18	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		3.70	7.00
8.00	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)		19.46	8.00
9.00	Sum of lines 7 and 8		23.16	9.00
10.00	Allowable disproportionate share percentage (see instructions)		4.80	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		210,335	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		4,753,811	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