

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: 140208	Period: From 01/01/2011 To 12/31/2011 Worksheet S Parts I-III Date/Time Prepared: 5/24/2012 1:37 pm

<b>PART I - COST REPORT STATUS</b>		
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input checked="" 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: 5/24/2012 Time: 1:37 pm
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN 10. NPR Date: 11. Contractor's Vendor Code: 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 ADVOCATE CHRIST HOSPITAL for the cost reporting period beginning 01/01/2011 and ending 12/31/2011 and to the best of my knowledge and belief, it is a true, correct and complete statement prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services identified in this cost report were provided in compliance with such laws and regulations.

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

\_\_\_\_\_ Title

\_\_\_\_\_ Date

Cost Center Description	Title XVIII		HIT	Title XIX	
	Title V	Part A			
	1.00	2.00	3.00	4.00	5.00
<b>PART III - SETTLEMENT SUMMARY</b>					
1.00 Hospital	0	5,032,251	1,405,271	2,859,207	0 1.00
2.00 Subprovider - IPF	0	3,620	0	0	0 2.00
3.00 Subprovider - IRF	0	17,647	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	5,053,518	1,405,271	2,859,207	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: 140208		Period: From 01/01/2011 To 12/31/2011		Worksheet S-2 Part I Date/Time Prepared: 5/24/2012 1:29 pm					
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 4440 WEST 95TH STREET			PO Box:						1.00	
2.00	City: OAK LAWN			State: IL		Zip Code: 60453-		County: COOK		2.00	
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00	
		V		XVIII		XIX					
Hospital and Hospital-Based Component Identification:											
3.00	Hospital		ADVOCATE CHRIST HOSPITAL	140208	29404	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF		ADVOCATE CHRIST HOSPITAL - PSYCH	14S208	29404	4	01/01/1984	N	P	O	4.00
5.00	Subprovider - IRF		ADVOCATE CHRIST HOSPITAL - REHAB	14T208	29404	5	01/01/1984	N	P	O	5.00
6.00	Subprovider - (Other)										6.00
7.00	Swing Beds - SNF							N	N	N	7.00
8.00	Swing Beds - NF							N		N	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										12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital-Based Hospice										14.00
15.00	Hospital-Based Health Clinic - RHC							N	N	N	15.00
16.00	Hospital-Based Health Clinic - FQHC							N	N	N	16.00
17.00	Hospital-Based (CMHC) 1										17.00
17.10	Hospital-Based (CORF) 1							N	N	N	17.10
18.00	Renal Dialysis										18.00
19.00	Other										19.00
							From:	To:			
							1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						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.						2		N		23.00
		In-State Medicaid paid days	In-State Medicaid eligible days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible days	Medicaid HMO days	Other Medicaid days				
		1.00	2.00	3.00	4.00	5.00	6.00				
24.00	If line 22 and/or line 45 is "yes", and this provider is an IPPS hospital enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible days in col. 4, Medicaid HMO days in col. 5, and other Medicaid days in col. 6.	25,483	25,937	1,505	503	0	0			24.00	
25.00	If this provider is an IRF, enter the in-State Medicaid paid days in column 1, the in State Medicaid eligible days in column 2, the out of State Medicaid paid days in column 3, the out of State Medicaid eligible days in column 4, Medicaid HMO days in column 5, and other Medicaid days in column 6. For all columns include in these days the labor and delivery days.	257	416	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: 140208	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part I Date/Time Prepared: 5/24/2012 1:29 pm		
		Beginning: 1.00	Ending: 2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.				36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0			37.00	
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.				38.00	
		V 1.00	XVIII 2.00	XIX 3.00		
<b>Prospective Payment System (PPS)-Capital</b>						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N	45.00	
46.00	Is this facility eligible for the special exceptions payment pursuant to 42 CFR Section §412.348(g)? If yes, complete Worksheet L, Part III and L-1, Parts I through III	N	N	N	46.00	
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N	47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00	
<b>Teaching Hospitals</b>						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y			56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.	N			57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N			58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N			59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y			60.00	
		Y/N 1.00	IME Average 2.00	Direct GME Average 3.00		
61.00	Did your facility receive additional FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. If "Y", effective for portions of cost reporting periods beginning on or after July 1, 2011 enter the average number of primary care FTE residents for IME in column 2 and direct GME in column 3, from the hospital's three most recent cost reports ending and submitted before March 23, 2010. (see instructions)	N	0.00	0.00	61.00	
<b>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</b>						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	0.00			62.00	
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00			62.01	
<b>Teaching Hospitals that Claim Residents in Non-Provider Settings</b>						
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete lines 64-67. (see instructions)	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.	2.53	12.67	0.166447	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: 140208

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

Worksheet S-2  
Part I  
Date/Time Prepared:  
5/24/2012 1:29 pm

	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
					1.00	2.00	
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.	INTERNAL MEDICINE	1400	13.74	62.47	0.180291	65.00
65.01		PEDIATRICS	2000	8.19	39.00	0.173554	65.01
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))		
			1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		2.81	14.04	0.166766		66.00
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1 the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	INTERNAL MEDICINE	1400	11.90	54.08	0.180358	
67.01		INTERNAL MEDICINE	3900	1.64	7.11	0.187429	
67.02		PEDIATRICS	2000	4.07	19.37	0.173635	
67.03		PEDIATRICS	5250	3.92	18.68	0.173451	
					1.00	2.00	3.00
Inpatient Psychiatric Facility PPS							
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			Y			70.00

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		1.00	2.00	3.00	
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)	N	N	0	71.00
<u>Inpatient Rehabilitation Facility PPS</u>					
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	Y			75.00
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)	N	N	0	76.00
		1.00			
<u>Long Term Care Hospital PPS</u>					
80.00	Is this a Long Term Care Hospital (LTCH)? Enter "Y" for yes or "N" for no.		N		80.00
<u>TEFRA Providers</u>					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.		N		86.00
		V	XIX		
		1.00	2.00		
<u>Title V or XIX Inpatient Services</u>					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N		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
<u>Rural Providers</u>					
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N			106.00
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N			107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N			108.00
		Physical	Occupational	Speech	Respiratory
		1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N
		1.00			2.00
<u>Miscellaneous Cost Reporting Information</u>					
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

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			1.00	2.00				
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 as amended by the Medicaid Extender Act (MMEA) §108? Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with <= 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121? Enter in column 2 "Y" for yes or "N" for no.		N	N	120.00			
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y		121.00			
Transplant Center Information								
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N		125.00			
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00			
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00			
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00			
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00			
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00			
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00			
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00			
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00			
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00			
All Providers								
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)		Y	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: 00131		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.		N		146.00			
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.		N		147.00			
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.		N		148.00			
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.		N		149.00			
			Part A	Part B				
			1.00	2.00				
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)								
155.00	Hospital		N	N	155.00			
156.00	Subprovider - IPF		N	N	156.00			
157.00	Subprovider - IRF		N	N	157.00			
158.00	SUBPROVIDER		N	N	158.00			
159.00	SNF		N	N	159.00			
160.00	HOME HEALTH AGENCY		N	N	160.00			
161.00	CMHC			N	161.00			
161.10	CORF			N	161.10			
			1.00					
Multi campus								
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.			N	165.00			
			Name	County	State	Zip Code	CBSA	FTE/Campus
			0	1.00	2.00	3.00	4.00	5.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 140208

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

Worksheet S-2  
Part I  
Date/Time Prepared:  
5/24/2012 1:29 pm

		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)							0168.00
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)						1.00	169.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140208	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part II Date/Time Prepared: 5/24/2012 1:29 pm
		Y/N	Date	
		1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.				
COMPLETED BY ALL HOSPITALS				
Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00
		Y/N	Date	V/I
		1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y		3.00
		Y/N	Type	Date
		1.00	2.00	3.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y		5.00
		Y/N	Legal Oper.	
		1.00	2.00	
Approved Educational Activities				
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	Y		8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	Y		9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	Y		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00
			Y/N	
			1.00	
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N	14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		Y	15.00
		Part A		
		Description	Y/N	Date
		0	1.00	2.00
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	04/13/2012	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	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: 140208

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

Worksheet S-2  
Part II  
Date/Time Prepared:  
5/24/2012 1:29 pm

		Part A			
		Description	Y/N	Date	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	0	1.00 N	2.00	21.00
					1.00
<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: 140208

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

Worksheet S-2  
Part II  
Date/Time Prepared:  
5/24/2012 1:29 pm

		Part B		
		Y/N	Date	
		3.00	4.00	
<b>PS&amp;R Data</b>				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	04/13/2012	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		21.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140208

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/24/2012 1:29 pm

Cost Center Description	Worksheet A	No. of Beds	Bed Days Available	CAH Hours		
	Line Number					
	1.00	2.00	3.00	4.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	30.00	475	173,375	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)		475	173,375	0.00		7.00
8.00 INTENSIVE CARE UNIT	31.00	88	32,120	0.00		8.00
8.01 NEONATAL INTENSIVE CARE UNIT	31.01	28	10,220	0.00		8.01
9.00 CORONARY CARE UNIT	32.00	0	0	0.00		9.00
10.00 BURN INTENSIVE CARE UNIT	33.00	0	0	0.00		10.00
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00		11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)		591	215,715	0.00		14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	40.00	46	16,790			16.00
17.00 SUBPROVIDER - IRF	41.00	37	13,505			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						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10					25.10
26.00 RURAL HEALTH CLINIC	88.00					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00					26.25
27.00 Total (sum of lines 14-26)		674				27.00
28.00 Observation Bed Days						28.00
28.01 SUBPROVIDER - IPF	40.00					28.01
28.02 SUBPROVIDER - IRF	41.00					28.02
28.03 SUBPROVIDER	42.00					28.03
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140208

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/24/2012 1:29 pm

Cost Center Description	I/P Days / O/P Visits / Trips					
	Title V	Title XVIII	Title XIX	Total All Patients		
	5.00	6.00	7.00	8.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	0	57,821	27,589	143,199		1.00
2.00 HMO		10,618	9,367			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		6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	0	57,821	27,589	143,199		7.00
8.00 INTENSIVE CARE UNIT	0	11,908	5,261	28,759		8.00
8.01 NEONATAL INTENSIVE CARE UNIT	0	0	5,538	10,910		8.01
9.00 CORONARY CARE UNIT	0	0	0	0		9.00
10.00 BURN INTENSIVE CARE UNIT	0	0	0	0		10.00
11.00 SURGICAL INTENSIVE CARE UNIT	0	0	0	0		11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	0		5,673	11,986		13.00
14.00 Total (see instructions)	0	69,729	44,061	194,854		14.00
15.00 CAH visits	0	0	0	0		15.00
16.00 SUBPROVIDER - IPF	0	4,494	893	9,588		16.00
17.00 SUBPROVIDER - IRF	0	7,087	589	12,536		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						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0	0	0	0		25.10
26.00 RURAL HEALTH CLINIC	0	0	0	0		26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0		26.25
27.00 Total (sum of lines 14-26)						27.00
28.00 Observation Bed Days	0		929	4,173		28.00
28.01 SUBPROVIDER - IPF				0		28.01
28.02 SUBPROVIDER - IRF				0		28.02
28.03 SUBPROVIDER				0		28.03
29.00 Ambulance Trips		0				29.00
30.00 Employee discount days (see instruction)				0		30.00
31.00 Employee discount days - IRF				0		31.00
32.00 Labor & delivery days (see instructions)			757	1,433		32.00
33.00 LTCH non-covered days		0				33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140208

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/24/2012 1:29 pm

Cost Center Description	Full Time Equivalents			Discharges		
	Total Interns & Residents	Employees On Payroll	Nonpaid Workers	Title V	Title XVIII	
	9.00	10.00	11.00	12.00	13.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)				0	13,132	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
8.01 NEONATAL INTENSIVE CARE UNIT						8.01
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)	214.23	4,554.00	0.00	0	13,132	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	58.00	0.00	0	547	16.00
17.00 SUBPROVIDER - IRF	0.00	82.00	0.00	0	513	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						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0.00	0.00	0.00			25.10
26.00 RURAL HEALTH CLINIC	0.00	0.00	0.00			26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00	0.00	0.00			26.25
27.00 Total (sum of lines 14-26)	214.23	4,694.00	0.00			27.00
28.00 Observation Bed Days						28.00
28.01 SUBPROVIDER - IPF						28.01
28.02 SUBPROVIDER - IRF						28.02
28.03 SUBPROVIDER						28.03
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140208

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/24/2012 1:29 pm

Cost Center Description	Discharges			
	Title XIX	Total All Patients		
	14.00	15.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	7,030	38,403		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
8.01 NEONATAL INTENSIVE CARE UNIT				8.01
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)	7,030	38,403		14.00
15.00 CAH visits				15.00
16.00 SUBPROVIDER - IPF	171	1,453		16.00
17.00 SUBPROVIDER - IRF	33	911		17.00
18.00 SUBPROVIDER	0	0		18.00
19.00 SKILLED NURSING FACILITY				19.00
20.00 NURSING FACILITY				20.00
21.00 OTHER LONG TERM CARE				21.00
22.00 HOME HEALTH AGENCY				22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)				23.00
24.00 HOSPICE				24.00
25.00 CMHC - CMHC				25.00
25.10 CMHC - CORF				25.10
26.00 RURAL HEALTH CLINIC				26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER				26.25
27.00 Total (sum of lines 14-26)				27.00
28.00 Observation Bed Days				28.00
28.01 SUBPROVIDER - IPF				28.01
28.02 SUBPROVIDER - IRF				28.02
28.03 SUBPROVIDER				28.03
29.00 Ambulance Trips				29.00
30.00 Employee discount days (see instruction)				30.00
31.00 Employee discount days - IRF				31.00
32.00 Labor & delivery days (see instructions)				32.00
33.00 LTCH non-covered days				33.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140208

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
5/24/2012 1:29 pm

	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	312,823,235	0	312,823,235	9,768,172.00 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	14,498,690	0	14,498,690	307,944.00 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)		11,915,548	967,772	12,883,320	391,248.00 10.00
<b>OTHER WAGES &amp; RELATED COSTS</b>						
11.00	Contract labor (see instructions)		2,280,470	0	2,280,470	48,432.00 11.00
12.00	Management and administrative services		0	0	0	0.00 12.00
13.00	Contract labor: physician-Part A		9,766,614	0	9,766,614	71,141.00 13.00
14.00	Home office salaries & wage-related costs		46,972,335	0	46,972,335	1,006,345.00 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		75,584,998	0	75,584,998	
18.00	Wage-related costs (other)Wkst S-3, Part IV Line 25		0	0	0	
19.00	Excluded areas		3,406,837	0	3,406,837	
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)		2,934,619	0	2,934,619	
<b>OVERHEAD COSTS - DIRECT SALARIES</b>						
26.00	Employee Benefits	4.00	3,984,901	0	3,984,901	29,016.00 26.00
27.00	Administrative & General	5.00	29,889,392	-278,375	29,611,017	965,432.00 27.00
28.00	Administrative & General under contract (see inst.)		2,310,793	0	2,310,793	20,986.00 28.00
29.00	Maintenance & Repairs	6.00	3,278,960	0	3,278,960	121,202.00 29.00
30.00	Operation of Plant	7.00	0	0	0	0.00 30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00 31.00
32.00	Housekeeping	9.00	6,489,386	0	6,489,386	433,472.00 32.00
33.00	Housekeeping under contract (see instructions)		696,451	0	696,451	50,651.00 33.00
34.00	Dietary	10.00	4,943,528	0	4,943,528	297,170.00 34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00 35.00
36.00	Cafeteria	11.00	0	0	0	0.00 36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00 37.00
38.00	Nursing Administration	13.00	2,341,622	0	2,341,622	54,226.00 38.00
39.00	Central Services and Supply	14.00	0	0	0	0.00 39.00
40.00	Pharmacy	15.00	9,041,551	-172,142	8,869,409	206,773.00 40.00
41.00	Medical Records & Medical Records Library	16.00	3,227,076	0	3,227,076	135,678.00 41.00
42.00	Social Service	17.00	1,718,950	0	1,718,950	58,344.00 42.00
43.00	Other General Service	18.00	0	0	0	0.00 43.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 140208	Period: From 01/01/2011 To 12/31/2011	Worksheet S-3 Part II Date/Time Prepared: 5/24/2012 1:29 pm
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		Average Hourly Wage (col. 4 ÷ col. 5)	
		6.00	
<b>PART II - WAGE DATA</b>			
<b>SALARIES</b>			
1.00	Total salaries (see instructions)	32.02	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)	47.08	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)	32.93	10.00
<b>OTHER WAGES &amp; RELATED COSTS</b>			
11.00	Contract labor (see instructions)	47.09	11.00
12.00	Management and administrative services	0.00	12.00
13.00	Contract labor: physician-Part A	137.29	13.00
14.00	Home office salaries & wage-related costs	46.68	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	137.33	26.00
27.00	Administrative & General	30.67	27.00
28.00	Administrative & General under contract (see inst.)	110.11	28.00
29.00	Maintenance & Repairs	27.05	29.00
30.00	Operation of Plant	0.00	30.00
31.00	Laundry & Linen Service	0.00	31.00
32.00	Housekeeping	14.97	32.00
33.00	Housekeeping under contract (see instructions)	13.75	33.00
34.00	Dietary	16.64	34.00
35.00	Dietary under contract (see instructions)	0.00	35.00
36.00	Cafeteria	0.00	36.00
37.00	Maintenance of Personnel	0.00	37.00
38.00	Nursing Administration	43.18	38.00
39.00	Central Services and Supply	0.00	39.00
40.00	Pharmacy	42.89	40.00
41.00	Medical Records & Medical Records Library	23.78	41.00
42.00	Social Service	29.46	42.00
43.00	Other General Service	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 140208		Period: From 01/01/2011 To 12/31/2011		Worksheet S-3 Part III Date/Time Prepared: 5/24/2012 1:29 pm	
	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4		
	1.00	2.00	3.00	4.00	5.00		
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>							
1.00	Net salaries (see instructions)	301,331,789	0	301,331,789	9,531,865.00		1.00
2.00	Excluded area salaries (see instructions)	11,915,548	967,772	12,883,320	391,248.00		2.00
3.00	Subtotal salaries (line 1 minus line 2)	289,416,241	-967,772	288,448,469	9,140,617.00		3.00
4.00	Subtotal other wages & related costs (see inst.)	59,019,419	0	59,019,419	1,125,918.00		4.00
5.00	Subtotal wage-related costs (see inst.)	75,584,998	0	75,584,998	0.00		5.00
6.00	Total (sum of lines 3 thru 5)	424,020,658	-967,772	423,052,886	10,266,535.00		6.00
7.00	Total overhead cost (see instructions)	67,922,610	-450,517	67,472,093	2,372,950.00		7.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 140208	Period: From 01/01/2011 To 12/31/2011	Worksheet S-3 Part III Date/Time Prepared: 5/24/2012 1:29 pm
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		Average Hourly Wage (col. 4 ÷ col. 5)	
		6.00	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>			
1.00	Net salaries (see instructions)	31.61	1.00
2.00	Excluded area salaries (see instructions)	32.93	2.00
3.00	Subtotal salaries (line 1 minus line 2)	31.56	3.00
4.00	Subtotal other wages & related costs (see inst.)	52.42	4.00
5.00	Subtotal wage-related costs (see inst.)	26.20	5.00
6.00	Total (sum of lines 3 thru 5)	41.21	6.00
7.00	Total overhead cost (see instructions)	28.43	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 140208

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

Worksheet S-3  
Part IV  
Date/Time Prepared:  
5/24/2012 1:29 pm

		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	6,194,598	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Qualified and Non-Qualified Pension Plan Cost	4,255,183	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	744,550	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
<b>HEALTH AND INSURANCE COST</b>			
8.00	Health Insurance (Purchased or Self Funded)	29,037,346	8.00
9.00	Prescription Drug Plan	6,284,002	9.00
10.00	Dental, Hearing and Vision Plan	1,439,032	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	406,655	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)	2,635,555	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	5,618,200	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	22,040,281	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	463,849	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
<b>OTHER</b>			
21.00	Executive Deferred Compensation	713,522	21.00
22.00	Day Care Cost and Allowances	-6,341,455	22.00
23.00	Tuition Reimbursement	2,093,680	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	75,584,998	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: 140208

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

Worksheet S-3  
Part V  
Date/Time Prepared:  
5/24/2012 1:29 pm

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	2,280,470	81,926,453	1.00
2.00	Hospital	2,280,470	79,370,518	2.00
3.00	Subprovider - IPF	0	1,117,926	3.00
4.00	Subprovider - IRF	0	1,438,009	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			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC			16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis	0	0	17.00
18.00		0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 140208	Period: From 01/01/2011 To 12/31/2011	Worksheet S-10 Date/Time Prepared: 5/24/2012 1:29 pm
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				1.00	
<b>Uncompensated and indigent care cost computation</b>					
1.00	Cost to charge ratio (Worksheet C, Part I line 200 column 3 divided by line 200 column 8)		0.294005		1.00
<b>Medicaid (see instructions for each line)</b>					
2.00	Net revenue from Medicaid		105,403,329		2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y		3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?		Y		4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0		5.00
6.00	Medicaid charges		471,850,925		6.00
7.00	Medicaid cost (line 1 times line 6)		138,726,531		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)		33,323,202		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)		33,323,202		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	43,621,821	7,144,090	50,765,911	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	12,825,033	2,100,398	14,925,431	21.00
22.00	Partial payment by patients approved for charity care	52,938	113,140	166,078	22.00
23.00	Cost of charity care (line 21 minus line 22)	12,772,095	1,987,258	14,759,353	23.00
				1.00	
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N		24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit		0		25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)		43,565,330		26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		3,725,773		27.00
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)		39,839,557		28.00
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)		11,713,029		29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)		26,472,382		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		59,795,584		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140208

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

Worksheet A  
Date/Time Prepared:  
5/24/2012 1:29 pm

Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
	1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT		0	0	13,313,083	13,313,083	1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP		0	0	10,478,923	10,478,923	2.00
3.00 OTHER CAPITAL RELATED COSTS		0	0	0	0	3.00
4.00 EMPLOYEE BENEFITS	3,984,901	60,673,704	64,658,605	-78,528	64,580,077	4.00
5.01 NONPATIENT TELEPHONES	567,937	1,548,508	2,116,445	-27,238	2,089,207	5.01
5.02 DATA PROCESSING	1,722	23,690,930	23,692,652	-2,242	23,690,410	5.02
5.03 PURCHASING RECEIVING AND STORES	1,520,645	2,613,255	4,133,900	-248,175	3,885,725	5.03
5.04 ADMINITTING	1,346,711	312,659	1,659,370	-12,936	1,646,434	5.04
5.05 ADMINISTRATIVE & GENERAL	5,858,235	9,052,041	14,910,276	-448,305	14,461,971	5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL	20,594,142	114,487,255	135,081,397	-12,484,868	122,596,529	5.06
6.00 MAINTENANCE & REPAIRS	3,278,960	18,479,632	21,758,592	-302,729	21,455,863	6.00
7.00 OPERATION OF PLANT	0	0	0	0	0	7.00
8.00 LAUNDRY & LINEN SERVICE	0	3,468,912	3,468,912	-220	3,468,692	8.00
9.00 HOUSEKEEPING	6,489,386	3,262,990	9,752,376	-22,663	9,729,713	9.00
10.00 DIETARY	4,943,528	5,065,286	10,008,814	-36,161	9,972,653	10.00
11.00 CAFETERIA	0	0	0	0	0	11.00
13.00 NURSING ADMINISTRATION	2,341,622	969,776	3,311,398	-314,836	2,996,562	13.00
15.00 PHARMACY	9,041,551	33,949,548	42,991,099	-34,167,634	8,823,465	15.00
16.00 MEDICAL RECORDS & LIBRARY	3,227,076	3,105,730	6,332,806	-12,732	6,320,074	16.00
17.00 SOCIAL SERVICE	1,718,950	322,400	2,041,350	0	2,041,350	17.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	14,498,690	0	14,498,690	0	14,498,690	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	13,281,519	13,281,519	-4,499	13,277,020	22.00
23.00 PARAMEDIC	0	0	0	832,379	832,379	23.00
23.01 PASTORAL CARE	0	0	0	280,329	280,329	23.01
23.02 PHARMACY RESIDENCY	0	0	0	184,583	184,583	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	85,253,758	20,133,139	105,386,897	-8,425,455	96,961,442	30.00
31.00 INTENSIVE CARE UNIT	26,741,641	9,571,225	36,312,866	-4,122,123	32,190,743	31.00
31.01 NEONATAL INTENSIVE CARE UNIT	9,601,900	2,785,076	12,386,976	-3,918,223	8,468,753	31.01
32.00 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 SUBPROVIDER - IPF	4,219,557	450,774	4,670,331	-49,758	4,620,573	40.00
41.00 SUBPROVIDER - IRF	5,446,459	1,316,983	6,763,442	-234,546	6,528,896	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	0	0	0	3,978,918	3,978,918	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	24,007,615	72,564,734	96,572,349	-61,218,646	35,353,703	50.00
51.00 RECOVERY ROOM	3,668,054	395,040	4,063,094	-15,310	4,047,784	51.00
52.00 DELIVERY ROOM & LABOR ROOM	6,711,206	2,600,008	9,311,214	-1,385,235	7,925,979	52.00
53.00 ANESTHESIOLOGY	771,361	1,972,771	2,744,132	-1,313,116	1,431,016	53.00
54.00 RADIOLOGY-DIAGNOSTIC	19,575,611	26,898,899	46,474,510	-18,007,963	28,466,547	54.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	169,890	31,875,642	32,045,532	-7,955,542	24,089,990	60.00
60.01 BLOOD LABORATORY	0	4,916,357	4,916,357	-1,227,299	3,689,058	60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00 RESPIRATORY THERAPY	11,720,735	6,826,454	18,547,189	-5,236,967	13,310,222	65.00
66.00 PHYSICAL THERAPY	4,724,061	10,503,782	15,227,843	-11,084,297	4,143,546	66.00
67.00 OCCUPATIONAL THERAPY	4,383,174	717,139	5,100,313	-224,308	4,876,005	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	3,232,390	1,174,578	4,406,968	-586,654	3,820,314	69.00
70.00 ELECTROENCEPHALOGRAPHY	362,026	89,190	451,216	-47,823	403,393	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	69,793,671	69,793,671	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	45,240,421	45,240,421	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	33,684,485	33,684,485	73.00
74.00 RENAL DIALYSIS	1,390,871	601,389	1,992,260	-387,515	1,604,745	74.00
76.00 DEV EVALUATION	1,040,372	151,245	1,191,617	-37,817	1,153,800	76.00
76.97 CARDIAC REHABILITATION	772,034	84,377	856,411	-15,176	841,235	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 FAMILY PRACTICES	0	0	0	0	0	90.01
90.02 WOMEN'S HEALTH CENTER	0	0	0	0	0	90.02
90.03 AMBULATORY CARE	1,493,655	655,227	2,148,882	-83,784	2,065,098	90.03
90.04 OTHER	0	0	0	0	0	90.04
91.00 EMERGENCY	15,873,277	8,715,412	24,588,689	-3,727,531	20,861,158	91.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140208

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

Worksheet A  
Date/Time Prepared:  
5/24/2012 1:29 pm

Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
	1.00	2.00	3.00	4.00	5.00	
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	310,573,703	499,283,586	809,857,289	317,938	810,175,227	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	561	561	0	561	190.00
190.01 OTHER NONREIMB	2,249,532	2,565,691	4,815,223	-317,938	4,497,285	190.01
190.02 OTHER	0	0	0	0	0	190.02
200.00 TOTAL (SUM OF LINES 118-199)	312,823,235	501,849,838	814,673,073	0	814,673,073	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140208

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

Worksheet A  
Date/Time Prepared:  
5/24/2012 1:29 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	NEW CAP REL COSTS-BLDG & FIXT	1,806,753	15,119,836	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	3,687,458	14,166,381	2.00
3.00	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	EMPLOYEE BENEFITS	8,496,719	73,076,796	4.00
5.01	NONPATIENT TELEPHONES	-675	2,088,532	5.01
5.02	DATA PROCESSING	-12,014,364	11,676,046	5.02
5.03	PURCHASING RECEIVING AND STORES	-190	3,885,535	5.03
5.04	ADMITTING	-507	1,645,927	5.04
5.05	ADMINISTRATIVE & GENERAL	-81,462	14,380,509	5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL	-60,344,914	62,251,615	5.06
6.00	MAINTENANCE & REPAIRS	-69,790	21,386,073	6.00
7.00	OPERATION OF PLANT	0	0	7.00
8.00	LAUNDRY & LINEN SERVICE	0	3,468,692	8.00
9.00	HOUSEKEEPING	0	9,729,713	9.00
10.00	DIETARY	-2,964,927	7,007,726	10.00
11.00	CAFETERIA	0	0	11.00
13.00	NURSING ADMINISTRATION	-44,129	2,952,433	13.00
15.00	PHARMACY	-87,157	8,736,308	15.00
16.00	MEDICAL RECORDS & LIBRARY	-18,471	6,301,603	16.00
17.00	SOCIAL SERVICE	-231	2,041,119	17.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	19.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	-1,940,805	12,557,885	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	-468,397	12,808,623	22.00
23.00	PARAMEDIC	-306,201	526,178	23.00
23.01	PASTORAL CARE	-4,408	275,921	23.01
23.02	PHARMACY RESIDENCY	0	184,583	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	ADULTS & PEDIATRICS	-2,542,568	94,418,874	30.00
31.00	INTENSIVE CARE UNIT	-358,169	31,832,574	31.00
31.01	NEONATAL INTENSIVE CARE UNIT	-356,028	8,112,725	31.01
32.00	CORONARY CARE UNIT	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	SUBPROVIDER - I PF	-173,430	4,447,143	40.00
41.00	SUBPROVIDER - I RF	-468,201	6,060,695	41.00
42.00	SUBPROVIDER	0	0	42.00
43.00	NURSERY	0	3,978,918	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	OPERATING ROOM	-1,070,454	34,283,249	50.00
51.00	RECOVERY ROOM	0	4,047,784	51.00
52.00	DELIVERY ROOM & LABOR ROOM	-7,500	7,918,479	52.00
53.00	ANESTHESIOLOGY	0	1,431,016	53.00
54.00	RADIOLOGY-DIAGNOSTIC	-225,347	28,241,200	54.00
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	-546,116	23,543,874	60.00
60.01	BLOOD LABORATORY	0	3,689,058	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
65.00	RESPIRATORY THERAPY	-151,193	13,159,029	65.00
66.00	PHYSICAL THERAPY	-217,883	3,925,663	66.00
67.00	OCCUPATIONAL THERAPY	-4,399	4,871,606	67.00
68.00	SPEECH PATHOLOGY	0	0	68.00
69.00	ELECTROCARDIOLOGY	-169	3,820,145	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	403,393	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	-10,458	69,783,213	71.00
71.30	IMPL. DEV. CHARGED TO PATIENT	0	0	71.30
72.00	IMPL. DEV. CHARGED TO PATIENT	0	45,240,421	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	33,684,485	73.00
74.00	RENAL DIALYSIS	0	1,604,745	74.00
76.00	DEV EVALUATION	-1,056	1,152,744	76.00
76.97	CARDIAC REHABILITATION	-7,629	833,606	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	0	0	90.00
90.01	FAMILY PRACTICES	0	0	90.01
90.02	WOMEN'S HEALTH CENTER	0	0	90.02
90.03	AMBULATORY CARE	-179,716	1,885,382	90.03
90.04	OTHER	0	0	90.04
91.00	EMERGENCY	-416,287	20,444,871	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)			92.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140208

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

Worksheet A  
Date/Time Prepared:  
5/24/2012 1:29 pm

Cost Center Description		Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
OTHER REIMBURSABLE COST CENTERS				
99.10	CORF	0	0	99.10
SPECIAL PURPOSE COST CENTERS				
109.00	PANCREAS ACQUISITION	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	110.00
111.00	ISLET ACQUISITION	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	-71,092,301	739,082,926	118.00
NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	561	190.00
190.01	OTHER NONREIMB	0	4,497,285	190.01
190.02	OTHER	0	0	190.02
200.00	TOTAL (SUM OF LINES 118-199)	-71,092,301	743,580,772	200.00

RECLASSIFICATIONS

Provider CCN: 140208

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

Worksheet A-6

Date/Time Prepared:  
5/24/2012 1:29 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
<b>A - RECLASS IMPLANT COSTS</b>					
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	45,240,421	1.00
	TOTALS		0	45,240,421	
<b>B - RECLASS CHARGEABLE DRUGS</b>					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	33,684,485	1.00
	TOTALS		0	33,684,485	
<b>C - RECLASS MEDICAL SUPPLIES COST</b>					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	115,034,092	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
	TOTALS		0	115,034,092	
<b>D - RECLASS HOMEBOUND NURSERY</b>					
1.00	NURSERY	43.00	2,220,615	250,416	1.00
	TOTALS		2,220,615	250,416	
<b>E - RECLASS NURSERY</b>					
1.00	NURSERY	43.00	1,371,787	136,100	1.00
	TOTALS		1,371,787	136,100	
<b>F - RECLASS PARAMEDICAL EDUCATION</b>					
1.00	PARAMEDIC	23.00	517,255	315,124	1.00
	TOTALS		517,255	315,124	
<b>G - RECLASS PASTORAL CARE</b>					
1.00	PASTORAL CARE	23.01	278,375	1,954	1.00
	TOTALS		278,375	1,954	
<b>H - RECLASS BUILDING DEPRECIATION</b>					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	10,748,715	1.00
	TOTALS		0	10,748,715	
<b>I - RECLASS EQUIPMENT DEPRECIATION</b>					
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	10,007,050	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

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
TOTALS					0	10,007,050
J - RECLASS LAND IMP. DEPRECIATION						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	384,139		1.00
TOTALS					0	384,139
K - RECLASS LEASEHOLD IMP. DEPRECIATION						
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	426,251		1.00
TOTALS					0	426,251
L - RECLASS CAPITAL INTEREST						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	34,062		1.00
TOTALS					0	34,062
M - RECLASS REMEDIATION COST						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	43,833		1.00
TOTALS					0	43,833
N - RECLASS VEHICLE DEPRECIATION						
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	45,622		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
TOTALS					0	45,622
O - RECLASS BUILDING RENT						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	2,102,334		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
TOTALS					0	2,102,334
P - RECLASS PHARMACY RESIDENCY						
1.00	PHARMACY RESIDENCY	23.02	172,142	12,441		1.00
TOTALS					172,142	12,441
500.00	Grand Total: Increases		4,560,174	218,467,039		500.00

RECLASSIFICATIONS

Provider CCN: 140208

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

Worksheet A-6  
Date/Time Prepared:  
5/24/2012 1:29 pm

Decreases						Wkst. A-7 Ref.	
Cost Center	Line #	Salary	Other				
6.00	7.00	8.00	9.00	10.00			
<b>A - RECLASS IMPLANT COSTS</b>							
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	45,240,421	0		1.00
	TOTALS		0	45,240,421			
<b>B - RECLASS CHARGEABLE DRUGS</b>							
1.00	PHARMACY	15.00	0	33,684,485	0		1.00
	TOTALS		0	33,684,485			
<b>C - RECLASS MEDICAL SUPPLIES COST</b>							
1.00	NONPATIENT TELEPHONES	5.01	0	73	0		1.00
2.00	DATA PROCESSING	5.02	0	41	0		2.00
3.00	PURCHASING RECEIVING AND STORES	5.03	0	8,909	0		3.00
4.00	ADMINISTRATIVE	5.04	0	1,390	0		4.00
5.00	ADMINISTRATIVE & GENERAL	5.05	0	938	0		5.00
6.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	13,225	0		6.00
7.00	MAINTENANCE & REPAIRS	6.00	0	11,107	0		7.00
8.00	LAUNDRY & LINEN SERVICE	8.00	0	220	0		8.00
9.00	HOUSEKEEPING	9.00	0	5,597	0		9.00
10.00	DIETARY	10.00	0	847	0		10.00
11.00	NURSING ADMINISTRATION	13.00	0	231,241	0		11.00
12.00	PHARMACY	15.00	0	93,557	0		12.00
13.00	MEDICAL RECORDS & LIBRARY	16.00	0	187	0		13.00
14.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	2,951	0		14.00
15.00	ADULTS & PEDIATRICS	30.00	0	6,158,186	0		15.00
16.00	INTENSIVE CARE UNIT	31.00	0	3,642,100	0		16.00
17.00	NEONATAL INTENSIVE CARE UNIT	31.01	0	1,092,288	0		17.00
18.00	SUBPROVIDER - IPF	40.00	0	44,259	0		18.00
19.00	SUBPROVIDER - IRF	41.00	0	226,671	0		19.00
20.00	OPERATING ROOM	50.00	0	57,984,573	0		20.00
21.00	RECOVERY ROOM	51.00	0	14,389	0		21.00
22.00	DELIVERY ROOM & LABOR ROOM	52.00	0	1,008,007	0		22.00
23.00	ANESTHESIOLOGY	53.00	0	1,162,340	0		23.00
24.00	RADIOLOGY-DIAGNOSTIC	54.00	0	15,238,205	0		24.00
25.00	LABORATORY	60.00	0	7,948,824	0		25.00
26.00	BLOOD LABORATORY	60.01	0	1,227,299	0		26.00
27.00	RESPIRATORY THERAPY	65.00	0	4,949,404	0		27.00
28.00	PHYSICAL THERAPY	66.00	0	10,814,555	0		28.00
29.00	OCCUPATIONAL THERAPY	67.00	0	191,713	0		29.00
30.00	ELECTROCARDIOLOGY	69.00	0	141,866	0		30.00
31.00	ELECTROENCEPHALOGRAPHY	70.00	0	6,401	0		31.00
32.00	RENAL DIALYSIS	74.00	0	323,881	0		32.00
33.00	DEV EVALUATION	76.00	0	31,002	0		33.00
34.00	CARDIAC REHABILITATION	76.97	0	11,104	0		34.00
35.00	AMBULATORY CARE	90.03	0	78,595	0		35.00
36.00	EMERGENCY	91.00	0	2,308,333	0		36.00
37.00	OTHER NONREIMB	190.01	0	59,814	0		37.00
	TOTALS		0	115,034,092			
<b>D - RECLASS HOMEBOUND NURSERY</b>							
1.00	NEONATAL INTENSIVE CARE UNIT	31.01	2,220,615	250,416	0		1.00
	TOTALS		2,220,615	250,416			
<b>E - RECLASS NURSERY</b>							
1.00	ADULTS & PEDIATRICS	30.00	1,371,787	136,100	0		1.00
	TOTALS		1,371,787	136,100			
<b>F - RECLASS PARAMEDICAL EDUCATION</b>							
1.00	EMERGENCY	91.00	517,255	315,124	0		1.00
	TOTALS		517,255	315,124			
<b>G - RECLASS PASTORAL CARE</b>							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	278,375	1,954	0		1.00
	TOTALS		278,375	1,954			
<b>H - RECLASS BUILDING DEPRECIATION</b>							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	10,748,715	9		1.00
	TOTALS		0	10,748,715	9		
<b>I - RECLASS EQUIPMENT DEPRECIATION</b>							
1.00	EMPLOYEE BENEFITS	4.00	0	1,089	9		1.00
2.00	NONPATIENT TELEPHONES	5.01	0	27,165	9		2.00
3.00	DATA PROCESSING	5.02	0	2,201	9		3.00
4.00	PURCHASING RECEIVING AND STORES	5.03	0	239,266	9		4.00
5.00	ADMINISTRATIVE	5.04	0	11,546	9		5.00
6.00	ADMINISTRATIVE & GENERAL	5.05	0	81,274	9		6.00

RECLASSIFICATIONS

Provider CCN: 140208

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

Worksheet A-6  
Date/Time Prepared:  
5/24/2012 1:29 pm

Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
7.00 OTHER ADMINSTRATIVE AND GENERAL	5.06	0	395,259	9		7.00
8.00 MAINTENANCE & REPAIRS	6.00	0	240,067	9		8.00
9.00 HOUSEKEEPING	9.00	0	17,066	9		9.00
10.00 DIETARY	10.00	0	34,914	9		10.00
11.00 NURSING ADMINISTRATION	13.00	0	83,595	9		11.00
12.00 PHARMACY	15.00	0	140,046	9		12.00
13.00 MEDICAL RECORDS & LIBRARY	16.00	0	12,545	9		13.00
14.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	1,548	9		14.00
15.00 ADULTS & PEDIATRICS	30.00	0	657,196	9		15.00
16.00 INTENSIVE CARE UNIT	31.00	0	480,023	9		16.00
17.00 NEONATAL INTENSIVE CARE UNIT	31.01	0	354,904	9		17.00
18.00 SUBPROVIDER - IPF	40.00	0	5,499	9		18.00
19.00 SUBPROVIDER - IRF	41.00	0	7,875	9		19.00
20.00 OPERATING ROOM	50.00	0	2,966,859	9		20.00
21.00 RECOVERY ROOM	51.00	0	921	9		21.00
22.00 DELIVERY ROOM & LABOR ROOM	52.00	0	225,609	9		22.00
23.00 ANESTHESIOLOGY	53.00	0	150,776	9		23.00
24.00 RADIOLOGY-DIAGNOSTIC	54.00	0	2,126,628	9		24.00
25.00 LABORATORY	60.00	0	6,718	9		25.00
26.00 RESPIRATORY THERAPY	65.00	0	287,563	9		26.00
27.00 PHYSICAL THERAPY	66.00	0	30,805	9		27.00
28.00 OCCUPATIONAL THERAPY	67.00	0	8,061	9		28.00
29.00 ELECTROCARDIOLOGY	69.00	0	444,788	9		29.00
30.00 ELECTROENCEPHALOGRAPHY	70.00	0	41,422	9		30.00
31.00 RENAL DIALYSIS	74.00	0	63,634	9		31.00
32.00 DEV EVALUATION	76.00	0	6,815	9		32.00
33.00 CARDIAC REHABILITATION	76.97	0	4,072	9		33.00
34.00 AMBULATORY CARE	90.03	0	5,189	9		34.00
35.00 EMERGENCY	91.00	0	585,988	9		35.00
36.00 OTHER NONREIMB	190.01	0	258,124	9		36.00
TOTALS		0	10,007,050			
J - RECLASS LAND IMP. DEPRECIATION						
1.00 OTHER ADMINSTRATIVE AND GENERAL	5.06	0	384,139	9		1.00
TOTALS		0	384,139			
K - RECLASS LEASEHOLD IMP. DEPRECIATION						
1.00 OTHER ADMINSTRATIVE AND GENERAL	5.06	0	426,251	11		1.00
TOTALS		0	426,251			
L - RECLASS CAPITAL INTEREST						
1.00 OTHER ADMINSTRATIVE AND GENERAL	5.06	0	34,062	11		1.00
TOTALS		0	34,062			
M - RECLASS REMEDIATION COST						
1.00 OTHER ADMINSTRATIVE AND GENERAL	5.06	0	43,833	11		1.00
TOTALS		0	43,833			
N - RECLASS VEHICLE DEPRECIATION						
1.00 OTHER ADMINSTRATIVE AND GENERAL	5.06	0	19,857	9		1.00
2.00 DIETARY	10.00	0	400	9		2.00
3.00 OCCUPATIONAL THERAPY	67.00	0	24,534	9		3.00
4.00 EMERGENCY	91.00	0	831	9		4.00
TOTALS		0	45,622			
O - RECLASS BUILDING RENT						
1.00 EMPLOYEE BENEFITS	4.00	0	77,439	10		1.00
2.00 ADMINSTRATIVE & GENERAL	5.05	0	366,093	10		2.00
3.00 OTHER ADMINSTRATIVE AND GENERAL	5.06	0	139,198	10		3.00
4.00 MAINTENANCE & REPAIRS	6.00	0	51,555	10		4.00
5.00 PHARMACY	15.00	0	64,963	10		5.00
6.00 ADULTS & PEDIATRICS	30.00	0	102,186	10		6.00
7.00 OPERATING ROOM	50.00	0	267,214	10		7.00
8.00 RADIOLOGY-DIAGNOSTIC	54.00	0	643,130	10		8.00
9.00 PHYSICAL THERAPY	66.00	0	238,937	10		9.00
10.00 DELIVERY ROOM & LABOR ROOM	52.00	0	151,619	10		10.00
TOTALS		0	2,102,334			
P - RECLASS PHARMACY RESIDENCY						
1.00 PHARMACY	15.00	172,142	12,441	0		1.00
TOTALS		172,142	12,441			
500.00 Grand Total: Decreases		4,560,174	218,467,039			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140208

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

Worksheet A-7  
Parts I-III  
Date/Time Prepared:  
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		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	3.00	4.00		
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	4,097,884	3,355,000	0	3,355,000	0	1.00
2.00	Land Improvements	11,563,789	705,386	0	705,386	0	2.00
3.00	Buildings and Fixtures	279,214,484	8,649,377	0	8,649,377	0	3.00
4.00	Building Improvements	4,057,123	0	0	0	0	4.00
5.00	Fixed Equipment	155,237,229	16,881,469	0	16,881,469	2,390,689	5.00
6.00	Movable Equipment	509,963	0	0	0	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	454,680,472	29,591,232	0	29,591,232	2,390,689	8.00
9.00	Reconciling Items	-4,321,217	-17,555,825	0	-17,555,825	0	9.00
10.00	Total (line 8 minus line 9)	459,001,689	47,147,057	0	47,147,057	2,390,689	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	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	0	3.00
Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL	Insurance	
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)		
		1.00	2.00	3.00	4.00		
<b>PART III - RECONCILIATION OF CAPITAL COSTS CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT	503,248,100	2,102,334	501,145,766	0.998983	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	509,963	0	509,963	0.001017	0	2.00
3.00	Total (sum of lines 1-2)	503,758,063	2,102,334	501,655,729	1.000000	0	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140208

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

Worksheet A-7  
Parts I-III  
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		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	7,452,884	0		1.00		
2.00	Land Improvements	12,269,175	3,598,884		2.00		
3.00	Buildings and Fixtures	287,863,861	68,422,372		3.00		
4.00	Building Improvements	4,057,123	170,409		4.00		
5.00	Fixed Equipment	169,728,009	98,120,936		5.00		
6.00	Movable Equipment	509,963	324,082		6.00		
7.00	HIT designated Assets	0	0		7.00		
8.00	Subtotal (sum of lines 1-7)	481,881,015	170,636,683		8.00		
9.00	Reconciling Items	-21,877,042	0		9.00		
10.00	Total (line 8 minus line 9)	503,758,057	170,636,683		10.00		
<b>SUMMARY OF CAPITAL</b>							
Cost Center Description		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
<b>PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0		1.00		
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0		2.00		
3.00	Total (sum of lines 1-2)	0	0		3.00		
<b>ALLOCATION OF OTHER CAPITAL</b>							
Cost Center Description		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	SUMMARY OF CAPITAL Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
<b>PART III - RECONCILIATION OF CAPITAL COSTS CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	12,939,607	2,102,334	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	13,740,130	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	26,679,737	2,102,334	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140208

Period:  
From 01/01/2011  
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Worksheet A-7  
Parts I-III  
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Cost Center Description	SUMMARY OF CAPITAL					Total (2) (sum of cols. 9 through 14)	
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)			
	11.00	12.00	13.00	14.00	15.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	77,895	0	0	0	15,119,836	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	426,251	0	0	0	14,166,381	2.00
3.00	Total (sum of lines 1-2)	504,146	0	0	0	29,286,217	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140208

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

Worksheet A-8

Date/Time Prepared:  
5/24/2012 1:29 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		
			Cost Center		Line #
			1.00	2.00	3.00
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			NEW CAP REL COSTS-BLDG & FIXT		1.00
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			NEW CAP REL COSTS-MVBLE EQUIP		2.00
3.00 Investment income - other (chapter 2)		0			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)		0			0.00
8.00 Television and radio service (chapter 21)		0			0.00
9.00 Parking lot (chapter 21)		0			0.00
10.00 Provider-based physician adjustment	A-8-2	-6,095,749			10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0			0.00
12.00 Related organization transactions (chapter 10)	A-8-1	-11,320,307			12.00
13.00 Laundry and linen service		0			0.00
14.00 Cafeteria-employees and guests		0			0.00
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	A	-17,859	MEDICAL RECORDS & LIBRARY		16.00
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)			0*** Cost Center Deleted ***		114.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT	A	423,123	NEW CAP REL COSTS-BLDG & FIXT		1.00
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP	A	-132,540	NEW CAP REL COSTS-MVBLE EQUIP		2.00
28.00 Non-physician Anesthetist			NONPHYSICIAN ANESTHETISTS		19.00
29.00 Physicians' assistant					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 REAL ESTATE TAX	A	3,548	OTHER ADMINISTRATIVE AND GENERAL		5.06
33.01 REAL ESTATE TAX	A	-2,555	RADIOLOGY-DIAGNOSTIC		54.00
34.00 MISC REV	B	-1,870	EMPLOYEE BENEFITS		4.00
35.00 MISC REV	B	-675	NONPATIENT TELEPHONES		5.01
38.00 MISC REV	B	-81,437	ADMINISTRATIVE & GENERAL		5.05
39.00 MISC REV	B	-3,564,362	OTHER ADMINISTRATIVE AND GENERAL		5.06
41.00 MISC REV	B	-53,230	MAINTENANCE & REPAIRS		6.00
42.00 MISC REV	B	-2,963,639	DIETARY		10.00
43.00 MISC REV	B	-34,562	NURSING ADMINISTRATION		13.00
44.00 MISC REV	B	-86,905	PHARMACY		15.00
45.00 MISC REV	B	-406,634	I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
45.02 MISC REV	B	-306,201	PARAMEDIC		23.00
45.03 MISC REV	B	-4,408	PASTORAL CARE		23.01
45.04 MISC REV	B	-873,512	ADULTS & PEDIATRICS		30.00
45.05 MISC REV	B	-28,827	INTENSIVE CARE UNIT		31.00
45.07 MISC REV	B	-129,123	NEONATAL INTENSIVE CARE UNIT		31.01
45.08 MISC REV	B	-43,941	SUBPROVIDER - IRF		41.00

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
45.09	MI SC REV	B	-10,597	OPERATING ROOM	50.00 45.09
45.10	MI SC REV	B	-7,500	DELIVERY ROOM & LABOR ROOM	52.00 45.10
45.11	MI SC REV	B	-206,547	RADIOLOGY-DIAGNOSTIC	54.00 45.11
45.12	MI SC REV	B	-544,116	LABORATORY	60.00 45.12
45.13	MI SC REV	B	-960	RESPIRATORY THERAPY	65.00 45.13
45.14	MI SC REV	B	-64,310	PHYSICAL THERAPY	66.00 45.14
45.15	MI SC REV	B	-668	OCCUPATIONAL THERAPY	67.00 45.15
45.16	MI SC REV	B	-30	ELECTROCARDIOLOGY	69.00 45.16
45.17	MI SC REV	B	-10,458	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00 45.17
45.18	MI SC REV	B	-7,629	CARDIAC REHABILITATION	76.97 45.18
45.21	MI SC REV	B	-156,377	AMBULATORY CARE	90.03 45.21
45.22	MI SC REV	B	-394,026	EMERGENCY	91.00 45.22
45.24	NONALLOWABLE COSTS	A	-1,162	EMPLOYEE BENEFITS	4.00 45.24
45.26	NONALLOWABLE COSTS	A	-190	PURCHASING RECEIVING AND STORES	5.03 45.26
45.28	NONALLOWABLE COSTS	A	-507	ADMINISTRATIVE	5.04 45.28
45.32	NONALLOWABLE COSTS	A	-25	ADMINISTRATIVE & GENERAL	5.05 45.32
45.33	NONALLOWABLE COSTS	A	-5,492,739	OTHER ADMINISTRATIVE AND GENERAL	5.06 45.33
45.36	NONALLOWABLE COSTS	A	-16,560	MAINTENANCE & REPAIRS	6.00 45.36
45.37	NONALLOWABLE COSTS	A	-1,288	DIETARY	10.00 45.37
45.38	NONALLOWABLE COSTS	A	-9,567	NURSING ADMINISTRATION	13.00 45.38
45.39	NONALLOWABLE COSTS	A	-252	PHARMACY	15.00 45.39
45.40	NONALLOWABLE COSTS	A	-612	MEDICAL RECORDS & LIBRARY	16.00 45.40
45.41	NONALLOWABLE COSTS	A	-231	SOCIAL SERVICE	17.00 45.41
45.43	NONALLOWABLE COSTS	A	-61,763	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00 45.43
45.44	NONALLOWABLE COSTS	A	-31,838	ADULTS & PEDIATRICS	30.00 45.44
45.45	NONALLOWABLE COSTS	A	-4,789	INTENSIVE CARE UNIT	31.00 45.45
45.46	NONALLOWABLE COSTS	A	-1,245	NEONATAL INTENSIVE CARE UNIT	31.01 45.46
45.49	NONALLOWABLE COSTS	A	-162	SUBPROVIDER - IPF	40.00 45.49
45.50	NONALLOWABLE COSTS	A	-27,460	SUBPROVIDER - IRF	41.00 45.50
45.51	NONALLOWABLE COSTS	A	-1,472	OPERATING ROOM	50.00 45.51
45.52	NONALLOWABLE COSTS	A	-15,245	RADIOLOGY-DIAGNOSTIC	54.00 45.52
45.53	NONALLOWABLE COSTS	A	-2,000	LABORATORY	60.00 45.53
45.54	NONALLOWABLE COSTS	A	-139	ELECTROCARDIOLOGY	69.00 45.54
45.57	NONALLOWABLE COSTS	A	-233	RESPIRATORY THERAPY	65.00 45.57
45.58	NONALLOWABLE COSTS	A	-1,573	PHYSICAL THERAPY	66.00 45.58
45.59	NONALLOWABLE COSTS	A	-3,731	OCCUPATIONAL THERAPY	67.00 45.59
45.60	NONALLOWABLE COSTS	A	-1,056	DEV EVALUATION	76.00 45.60
45.62	NONALLOWABLE COSTS	A	-664	AMBULATORY CARE	90.03 45.62
45.63	NONALLOWABLE COSTS	A	-8,876	EMERGENCY	91.00 45.63
45.64	NONREIMB PHYSICIAN FEES	A	-7,832,208	OTHER ADMINISTRATIVE AND GENERAL	5.06 45.64
45.65	ELIMINATE P/R AND MARKETING	A	-293,833	OTHER ADMINISTRATIVE AND GENERAL	5.06 45.65
45.66	INTEREST OFFSET	A	-4,836,829	OTHER ADMINISTRATIVE AND GENERAL	5.06 45.66
45.67	ELIMINATE MEDICAID ASSESSMENT	A	-25,322,472	OTHER ADMINISTRATIVE AND GENERAL	5.06 45.67
45.71	NONALLOWABLE AHA/IHA	A	3,303	OTHER ADMINISTRATIVE AND GENERAL	5.06 45.71
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-71,092,301		50.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140208

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

Worksheet A-8  
Date/Time Prepared:  
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Cost Center Description		Wkst. A-7 Ref.	
		5.00	
1.00	Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	0	1.00
2.00	Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)	0	2.00
3.00	Investment income - other (chapter 2)	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	0	7.00
8.00	Television and radio service (chapter 21)	0	8.00
9.00	Parking lot (chapter 21)	0	9.00
10.00	Provider-based physician adjustment	0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)	0	11.00
12.00	Related organization transactions (chapter 10)	0	12.00
13.00	Laundry and linen service	0	13.00
14.00	Cafeteria-employees and guests	0	14.00
15.00	Rental of quarters to employee and others	0	15.00
16.00	Sale of medical and surgical supplies to other than patients	0	16.00
17.00	Sale of drugs to other than patients	0	17.00
18.00	Sale of medical records and abstracts	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)	0	19.00
20.00	Vending machines	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		25.00
26.00	Depreciation - NEW CAP REL COSTS-BLDG & FIXT	9	26.00
27.00	Depreciation - NEW 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	REAL ESTATE TAX	0	33.00
33.01	REAL ESTATE TAX	0	33.01
34.00	MISC REV	0	34.00
35.00	MISC REV	0	35.00
38.00	MISC REV	0	38.00
39.00	MISC REV	0	39.00
41.00	MISC REV	0	41.00
42.00	MISC REV	0	42.00
43.00	MISC REV	0	43.00
44.00	MISC REV	0	44.00
45.00	MISC REV	0	45.00
45.02	MISC REV	0	45.02
45.03	MISC REV	0	45.03
45.04	MISC REV	0	45.04
45.05	MISC REV	0	45.05
45.07	MISC REV	0	45.07
45.08	MISC REV	0	45.08
45.09	MISC REV	0	45.09
45.10	MISC REV	0	45.10
45.11	MISC REV	0	45.11
45.12	MISC REV	0	45.12
45.13	MISC REV	0	45.13
45.14	MISC REV	0	45.14
45.15	MISC REV	0	45.15
45.16	MISC REV	0	45.16
45.17	MISC REV	0	45.17
45.18	MISC REV	0	45.18
45.21	MISC REV	0	45.21

Provider CCN: 140208

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

Worksheet A-8

Date/Time Prepared:  
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Cost Center Description		Wkst. A-7 Ref.	
		5.00	
45.22	MISC REV	0	45.22
45.24	NONALLOWABLE COSTS	0	45.24
45.26	NONALLOWABLE COSTS	0	45.26
45.28	NONALLOWABLE COSTS	0	45.28
45.32	NONALLOWABLE COSTS	0	45.32
45.33	NONALLOWABLE COSTS	0	45.33
45.36	NONALLOWABLE COSTS	0	45.36
45.37	NONALLOWABLE COSTS	0	45.37
45.38	NONALLOWABLE COSTS	0	45.38
45.39	NONALLOWABLE COSTS	0	45.39
45.40	NONALLOWABLE COSTS	0	45.40
45.41	NONALLOWABLE COSTS	0	45.41
45.43	NONALLOWABLE COSTS	0	45.43
45.44	NONALLOWABLE COSTS	0	45.44
45.45	NONALLOWABLE COSTS	0	45.45
45.46	NONALLOWABLE COSTS	0	45.46
45.49	NONALLOWABLE COSTS	0	45.49
45.50	NONALLOWABLE COSTS	0	45.50
45.51	NONALLOWABLE COSTS	0	45.51
45.52	NONALLOWABLE COSTS	0	45.52
45.53	NONALLOWABLE COSTS	0	45.53
45.54	NONALLOWABLE COSTS	0	45.54
45.57	NONALLOWABLE COSTS	0	45.57
45.58	NONALLOWABLE COSTS	0	45.58
45.59	NONALLOWABLE COSTS	0	45.59
45.60	NONALLOWABLE COSTS	0	45.60
45.62	NONALLOWABLE COSTS	0	45.62
45.63	NONALLOWABLE COSTS	0	45.63
45.64	NONREIMB PHYSICIAN FEES	0	45.64
45.65	ELIMINATE P/R AND MARKETING	0	45.65
45.66	INTEREST OFFSET	0	45.66
45.67	ELIMINATE MEDICAID ASSESSMENT	0	45.67
45.71	NONALLOWABLE AHA/IHA	0	45.71
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		50.00

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

Provider CCN: 140208

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

Worksheet A-8-1

Date/Time Prepared:  
5/24/2012 1:29 pm

	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	PERSONNEL	1.00
2.00	5.02	DATA PROCESSING	DATA PROCESSING	2.00
3.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	A&G	3.00
4.00	1.00	NEW CAP REL COSTS-BLDG & FIXT	NEW CAP. -B&F	4.00
4.01	2.00	NEW CAP REL COSTS-MVBLE EQUIP	NEW CAP. -M. E.	4.01
4.02	0.00			4.02
4.03	0.00			4.03
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			5.00

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

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

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

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

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

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

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

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

Provider CCN: 140208

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

Worksheet A-8-1

Date/Time Prepared: 5/24/2012 1:29 pm

	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	8,499,751	0	8,499,751	0		1.00
2.00	8,332,948	20,347,312	-12,014,364	0		2.00
3.00	14,740,424	27,749,746	-13,009,322	0		3.00
4.00	1,383,630	0	1,383,630	9		4.00
4.01	3,819,998	0	3,819,998	9		4.01
4.02	0	0	0	0		4.02
4.03	0	0	0	0		4.03
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.	36,776,751	48,097,058	-11,320,307		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	100.00	HEALTHCARE	6.00
7.00			0.00		7.00
8.00			0.00		8.00
9.00			0.00		9.00
10.00			0.00		10.00
100.00	G. Other (financial or non-financial) specify:				100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140208

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

Worksheet A-8-2

Date/Time Prepared:  
5/24/2012 1:29 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	
	1.00	2.00	3.00	4.00	
1.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	1,940,805	1,940,805	1.00
2.00	30.00	ADULTS & PEDIATRICS	1,637,218	1,637,218	2.00
3.00	31.00	INTENSIVE CARE UNIT	324,553	324,553	3.00
4.00	31.01	NEONATAL INTENSIVE CARE UNIT	225,660	225,660	4.00
5.00	40.00	SUBPROVIDER - IPF	173,268	173,268	5.00
6.00	41.00	SUBPROVIDER - IRF	396,800	396,800	6.00
7.00	50.00	OPERATING ROOM	1,058,385	1,058,385	7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	1,000	1,000	8.00
9.00	65.00	RESPIRATORY THERAPY	150,000	150,000	9.00
10.00	66.00	PHYSICAL THERAPY	152,000	152,000	10.00
11.00	90.03	AMBULATORY CARE	22,675	22,675	11.00
12.00	91.00	EMERGENCY	13,385	13,385	12.00
200.00			6,095,749	6,095,749	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140208

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

Worksheet A-8-2

Date/Time Prepared:  
5/24/2012 1:29 pm

	Provider Component	RCE Amount	Physician/Provider Component Hours	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	
	5.00	6.00	7.00	8.00	9.00	
1.00	0	177,200	0	0	0	1.00
2.00	0	177,200	0	0	0	2.00
3.00	0	177,200	0	0	0	3.00
4.00	0	177,200	0	0	0	4.00
5.00	0	154,100	0	0	0	5.00
6.00	0	208,000	0	0	0	6.00
7.00	0	208,000	0	0	0	7.00
8.00	0	208,000	0	0	0	8.00
9.00	0	225,300	0	0	0	9.00
10.00	0	177,200	0	0	0	10.00
11.00	0	208,000	0	0	0	11.00
12.00	0	208,000	0	0	0	12.00
200.00	0		0	0	0	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140208

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

Worksheet A-8-2

Date/Time Prepared:  
5/24/2012 1:29 pm

	Cost of Memberships & Continuing Education 12.00	Provider Component Share of col. 12 13.00	Physician Cost of Malpractice Insurance 14.00	Provider Component Share of col. 14 15.00	Adjusted RCE Limit 16.00	
1.00	0	0	0	0	0	1.00
2.00	0	0	0	0	0	2.00
3.00	0	0	0	0	0	3.00
4.00	0	0	0	0	0	4.00
5.00	0	0	0	0	0	5.00
6.00	0	0	0	0	0	6.00
7.00	0	0	0	0	0	7.00
8.00	0	0	0	0	0	8.00
9.00	0	0	0	0	0	9.00
10.00	0	0	0	0	0	10.00
11.00	0	0	0	0	0	11.00
12.00	0	0	0	0	0	12.00
200.00	0	0	0	0	0	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140208

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

Worksheet A-8-2

Date/Time Prepared:  
5/24/2012 1:29 pm

	RCE	Adjustment	
	Disallowance		
	17.00	18.00	
1.00	0	1,940,805	1.00
2.00	0	1,637,218	2.00
3.00	0	324,553	3.00
4.00	0	225,660	4.00
5.00	0	173,268	5.00
6.00	0	396,800	6.00
7.00	0	1,058,385	7.00
8.00	0	1,000	8.00
9.00	0	150,000	9.00
10.00	0	152,000	10.00
11.00	0	22,675	11.00
12.00	0	13,385	12.00
200.00	0	6,095,749	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140208

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/24/2012 1:29 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT	15,119,836	15,119,836				1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP	14,166,381		14,166,381			2.00
4.00 EMPLOYEE BENEFITS	73,076,796	13,708	1,562	73,092,066		4.00
5.01 NONPATIENT TELEPHONES	2,088,532	12,301	38,975	134,413	2,274,221	5.01
5.02 DATA PROCESSING	11,676,046	175,652	3,264	408	24,744	5.02
5.03 PURCHASING RECEIVING AND STORES	3,885,535	36,282	330,385	359,888	24,744	5.03
5.04 ADMINITTING	1,645,927	11,349	16,566	318,723	19,121	5.04
5.05 ADMINISTRATIVE & GENERAL	14,380,509	15,841	116,625	1,386,457	125,971	5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL	62,251,615	2,869,052	567,625	4,808,092	202,453	5.06
6.00 MAINTENANCE & REPAIRS	21,386,073	4,537,346	345,790	776,025	114,723	6.00
7.00 OPERATION OF PLANT	0	0	0	0	0	7.00
8.00 LAUNDRY & LINEN SERVICE	3,468,692	3,099	0	0	0	8.00
9.00 HOUSEKEEPING	9,729,713	2,474	24,936	1,535,830	14,622	9.00
10.00 DIETARY	7,007,726	9,518	50,202	1,169,975	49,488	10.00
11.00 CAFETERIA	0	0	0	0	0	11.00
13.00 NURSING ADMINISTRATION	2,952,433	58,297	112,483	554,187	30,368	13.00
15.00 PHARMACY	8,736,308	37,868	200,724	2,099,105	37,116	15.00
16.00 MEDICAL RECORDS & LIBRARY	6,301,603	39,448	18,165	763,746	58,486	16.00
17.00 SOCIAL SERVICE	2,041,119	0	0	406,820	20,245	17.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	12,557,885	0	0	3,431,376	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	12,808,623	713	2,248	0	64,110	22.00
23.00 PARAMEDIC	526,178	22,754	71,799	122,418	13,497	23.00
23.01 PASTORAL CARE	275,921	1,797	238	65,882	5,624	23.01
23.02 PHARMACY RESIDENCY	184,583	161	865	40,741	0	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	94,418,874	1,179,981	887,538	19,852,091	389,160	30.00
31.00 INTENSIVE CARE UNIT	31,832,574	139,479	701,651	6,328,891	42,740	31.00
31.01 NEONATAL INTENSIVE CARE UNIT	8,112,725	380,669	381,968	1,746,914	40,491	31.01
32.00 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 SUBPROVIDER - IPF	4,447,143	41,742	7,650	998,634	83,231	40.00
41.00 SUBPROVIDER - IRF	6,060,695	64,185	11,299	1,289,003	25,869	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	3,978,918	214,484	168,168	850,207	37,116	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	34,283,249	1,683,679	4,257,369	5,681,834	150,715	50.00
51.00 RECOVERY ROOM	4,047,784	0	1,321	868,111	8,998	51.00
52.00 DELIVERY ROOM & LABOR ROOM	7,918,479	121,698	323,725	1,588,328	28,118	52.00
53.00 ANESTHESIOLOGY	1,431,016	0	216,327	182,556	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	28,241,200	1,857,896	3,044,613	4,632,921	176,584	54.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	23,543,874	443,493	9,639	40,208	102,351	60.00
60.01 BLOOD LABORATORY	3,689,058	1,430	0	0	8,998	60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00 RESPIRATORY THERAPY	13,159,029	4,954	412,582	2,773,923	29,243	65.00
66.00 PHYSICAL THERAPY	3,925,663	56,635	44,198	1,118,034	23,620	66.00
67.00 OCCUPATIONAL THERAPY	4,871,606	414	11,566	1,037,357	53,987	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	3,820,145	85	637,566	765,003	41,615	69.00
70.00 ELECTROENCEPHALOGRAPHY	403,393	53,459	59,294	85,680	5,624	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	69,783,213	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	45,240,421	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	33,684,485	0	0	0	0	73.00
74.00 RENAL DIALYSIS	1,604,745	347,111	91,299	329,175	0	74.00
76.00 DEV EVALUATION	1,152,744	1,293	9,778	246,223	26,994	76.00
76.97 CARDIAC REHABILITATION	833,606	0	5,842	182,716	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 FAMILY PRACTICES	0	0	0	0	0	90.01
90.02 WOMEN'S HEALTH CENTER	0	0	0	0	0	90.02
90.03 AMBULATORY CARE	1,885,382	1,834	7,445	353,500	55,112	90.03

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140208

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/24/2012 1:29 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
90.04 OTHER	0	0	0	0	0	90.04
91.00 EMERGENCY	20,444,871	675,987	602,746	3,634,279	112,474	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	739,082,926	15,118,168	13,796,036	72,559,674	2,248,352	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	561	0	0	0	0	190.00
190.01 OTHER NONREIMB	4,497,285	1,668	370,345	532,392	25,869	190.01
190.02 OTHER	0	0	0	0	0	190.02
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)	743,580,772	15,119,836	14,166,381	73,092,066	2,274,221	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140208

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/24/2012 1:29 pm

Cost Center Description		DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINITTING	ADMINISTRATIVE & GENERAL	Subtotal	
		5.02	5.03	5.04	5.05	5A.05	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	NONPATIENT TELEPHONES						5.01
5.02	DATA PROCESSING	11,880,114					5.02
5.03	PURCHASING RECEIVING AND STORES	0	4,636,834				5.03
5.04	ADMINITTING	0	1,921	2,013,607			5.04
5.05	ADMINISTRATIVE & GENERAL	0	12,084	0	16,037,487		5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL	0	41,781	0	0	70,740,618	5.06
6.00	MAINTENANCE & REPAIRS	0	37,573	0	0	27,197,530	6.00
7.00	OPERATION OF PLANT	0	0	0	0	0	7.00
8.00	LAUNDRY & LINEN SERVICE	0	119	0	0	3,471,910	8.00
9.00	HOUSEKEEPING	0	22,678	0	0	11,330,253	9.00
10.00	DIETARY	0	219,690	0	0	8,506,599	10.00
11.00	CAFETERIA	0	0	0	0	0	11.00
13.00	NURSING ADMINISTRATION	0	12,352	0	0	3,720,120	13.00
15.00	PHARMACY	0	9,314	0	0	11,120,435	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	3,130	0	0	7,184,578	16.00
17.00	SOCIAL SERVICE	0	86	0	0	2,468,270	17.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	15,989,261	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	10,865	0	0	12,886,559	22.00
23.00	PARAMEDIC	0	1,251	0	0	757,897	23.00
23.01	PASTORAL CARE	0	349	0	0	349,811	23.01
23.02	PHARMACY RESIDENCY	0	40	0	0	226,390	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	1,334,705	282,608	298,695	1,801,865	120,445,517	30.00
31.00	INTENSIVE CARE UNIT	562,319	143,773	128,136	759,137	40,638,700	31.00
31.01	NEONATAL INTENSIVE CARE UNIT	157,938	32,085	35,989	213,218	11,101,997	31.01
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	SUBPROVIDER - I PF	76,587	2,790	17,452	103,393	5,778,622	40.00
41.00	SUBPROVIDER - I RF	77,822	11,480	17,733	105,061	7,663,147	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	67,273	13,931	15,330	90,820	5,436,247	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	1,294,866	2,104,396	199,380	1,748,083	51,403,571	50.00
51.00	RECOVERY ROOM	206,281	2,437	24,010	278,482	5,437,424	51.00
52.00	DELIVERY ROOM & LABOR ROOM	180,515	47,615	30,649	243,697	10,482,824	52.00
53.00	ANESTHESIOLOGY	253,400	42,504	36,555	342,093	2,504,451	53.00
54.00	RADIOLOGY-DIAGNOSTIC	1,459,619	547,615	169,148	1,970,500	42,100,096	54.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	975,488	278,736	156,161	1,316,919	26,866,869	60.00
60.01	BLOOD LABORATORY	159,234	43,025	30,434	214,968	4,147,147	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	RESPIRATORY THERAPY	587,170	177,637	128,532	792,685	18,065,755	65.00
66.00	PHYSICAL THERAPY	227,045	381,405	33,035	306,513	6,116,148	66.00
67.00	OCCUPATIONAL THERAPY	96,431	11,200	13,863	130,182	6,226,606	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	258,393	8,076	36,033	348,833	5,915,749	69.00
70.00	ELECTROENCEPHALOGRAPHY	15,364	476	1,992	20,742	646,024	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	565,285	0	107,071	763,140	71,218,709	71.00
71.30	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71.30
72.00	IMPL. DEV. CHARGED TO PATIENT	811,688	0	151,307	1,095,787	47,299,203	72.00
73.00	DRUGS CHARGED TO PATIENTS	1,510,326	0	281,943	2,038,166	37,514,920	73.00
74.00	RENAL DIALYSIS	40,132	11,740	9,133	54,179	2,487,514	74.00
76.00	DEV EVALUATION	16,117	1,609	1,578	21,758	1,478,094	76.00
76.97	CARDIAC REHABILITATION	14,989	668	1,372	20,235	1,059,428	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	FAMILY PRACTICES	0	0	0	0	0	90.01
90.02	WOMEN'S HEALTH CENTER	0	0	0	0	0	90.02
90.03	AMBULATORY CARE	30,938	12,897	139	41,767	2,389,014	90.03
90.04	OTHER	0	0	0	0	0	90.04
91.00	EMERGENCY	900,189	99,065	87,937	1,215,264	27,772,812	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140208

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

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Cost Center Description		DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	ADMINISTRATIVE & GENERAL	Subtotal	
		5.02	5.03	5.04	5.05	5A.05	
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	CORF	0	0	0	0	0	99.10
<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
118.00	SUBTOTALS (SUM OF LINES 1-117)	11,880,114	4,631,001	2,013,607	16,037,487	738,146,819	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	561	190.00
190.01	OTHER NONREIMB	0	5,833	0	0	5,433,392	190.01
190.02	OTHER	0	0	0	0	0	190.02
200.00	Cross Foot Adjustments					0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	11,880,114	4,636,834	2,013,607	16,037,487	743,580,772	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140208

Period:  
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To 12/31/2011

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Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL 5.06	MAINTENANCE & REPAIRS 6.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	NONPATIENT TELEPHONES						5.01
5.02	DATA PROCESSING						5.02
5.03	PURCHASING RECEIVING AND STORES						5.03
5.04	ADMINISTRATIVE						5.04
5.05	ADMINISTRATIVE & GENERAL						5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL	70,740,618					5.06
6.00	MAINTENANCE & REPAIRS	2,859,467	30,056,997				6.00
7.00	OPERATION OF PLANT	0	0	0			7.00
8.00	LAUNDRY & LINEN SERVICE	365,026	78,506	0	3,915,442		8.00
9.00	HOUSEKEEPING	1,191,229	334,658	0	0	12,856,140	9.00
10.00	DIETARY	894,358	1,090,618	0	0	601,467	10.00
11.00	CAFETERIA	0	0	0	0	0	11.00
13.00	NURSING ADMINISTRATION	391,122	236,640	0	0	144,288	13.00
15.00	PHARMACY	1,169,169	417,731	0	0	143,306	15.00
16.00	MEDICAL RECORDS & LIBRARY	755,365	237,221	0	0	104,256	16.00
17.00	SOCIAL SERVICE	259,507	48,864	0	0	18,420	17.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	1,681,063	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,354,854	579,518	0	0	132,745	22.00
23.00	PARAMEDIC	79,683	54,718	0	11,022	95,169	23.00
23.01	PASTORAL CARE	36,778	29,808	0	0	10,069	23.01
23.02	PHARMACY RESIDENCY	23,802	1,785	0	0	368	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	12,663,504	9,960,323	0	1,998,738	2,206,691	30.00
31.00	INTENSIVE CARE UNIT	4,272,631	2,330,609	0	449,815	901,341	31.00
31.01	NEONATAL INTENSIVE CARE UNIT	1,167,231	143,603	0	46,989	30,822	31.01
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	SUBPROVIDER - I PF	607,547	646,233	0	57,477	173,514	40.00
41.00	SUBPROVIDER - I RF	805,680	633,198	0	77,008	136,920	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	571,551	200,894	0	30,134	98,976	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	5,404,417	3,930,001	0	112,890	487,264	50.00
51.00	RECOVERY ROOM	571,674	367,248	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	1,102,133	1,071,520	0	88,009	31,805	52.00
53.00	ANESTHESIOLOGY	263,310	48,532	0	0	6,386	53.00
54.00	RADIOLOGY-DIAGNOSTIC	4,426,278	2,916,063	0	513,622	1,831,662	54.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	2,824,702	871,747	0	27,313	448,951	60.00
60.01	BLOOD LABORATORY	436,019	91,708	0	0	27,138	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	RESPIRATORY THERAPY	1,899,379	143,893	0	0	145,148	65.00
66.00	PHYSICAL THERAPY	643,033	293,184	0	92,778	223,739	66.00
67.00	OCCUPATIONAL THERAPY	654,647	221,528	0	0	319,767	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	621,964	274,875	0	38,005	135,201	69.00
70.00	ELECTROENCEPHALOGRAPHY	67,921	4,318	0	29,940	31,559	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	7,487,721	535,304	0	0	790,085	71.00
71.30	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71.30
72.00	IMPL. DEV. CHARGED TO PATIENT	4,972,896	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	3,944,206	0	0	0	0	73.00
74.00	RENAL DIALYSIS	261,530	139,285	0	0	18,051	74.00
76.00	DEV EVALUATION	155,402	192,218	0	0	76,135	76.00
76.97	CARDIAC REHABILITATION	111,385	61,526	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	FAMILY PRACTICES	0	0	0	0	0	90.01
90.02	WOMEN'S HEALTH CENTER	0	0	0	0	0	90.02
90.03	AMBULATORY CARE	251,174	290,859	0	28,739	244,123	90.03
90.04	OTHER	0	0	0	0	0	90.04
91.00	EMERGENCY	2,919,950	1,463,802	0	259,818	1,566,908	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		OTHER	MAINTENANCE &	OPERATION OF	LAUNDRY &	HOUSEKEEPING	
		ADMINISTRATIVE AND GENERAL	REPAIRS	PLANT	LINEN SERVICE		
		5.06	6.00	7.00	8.00	9.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	CORF	0	0	0	0	0	99.10
<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
118.00	SUBTOTALS (SUM OF LINES 1-117)	70,169,308	29,942,538	0	3,862,297	11,182,274	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	59	86,187	0	0	49,119	190.00
190.01	OTHER NONREIMB	571,251	28,272	0	53,145	1,624,747	190.01
190.02	OTHER	0	0	0	0	0	190.02
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)	70,740,618	30,056,997	0	3,915,442	12,856,140	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description	DIETARY	CAFETERIA	NURSING ADMINISTRATION	PHARMACY	MEDICAL RECORDS & LIBRARY	
	10.00	11.00	13.00	15.00	16.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 NONPATIENT TELEPHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING RECEIVING AND STORES						5.03
5.04 ADMINITTING						5.04
5.05 ADMINISTRATIVE & GENERAL						5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00 MAINTENANCE & REPAIRS						6.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY	11,093,042					10.00
11.00 CAFETERIA	5,363,876	5,363,876				11.00
13.00 NURSING ADMINISTRATION	0	36,671	4,528,841			13.00
15.00 PHARMACY	0	139,633	0	12,990,274		15.00
16.00 MEDICAL RECORDS & LIBRARY	0	91,678	907	0	8,374,005	16.00
17.00 SOCIAL SERVICE	0	39,492	1,213	0	6,373	17.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
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	208,744	4,084	0	0	22.00
23.00 PARAMEDIC	0	11,283	24	4,418	0	23.00
23.01 PASTORAL CARE	0	5,642	0	0	0	23.01
23.02 PHARMACY RESIDENCY	0	4,231	0	0	0	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	4,227,135	1,819,460	2,094,318	3,263,214	2,893,937	30.00
31.00 INTENSIVE CARE UNIT	848,948	506,345	644,638	1,895,780	12,230	31.00
31.01 NEONATAL INTENSIVE CARE UNIT	0	135,402	175,387	387,467	534,313	31.01
32.00 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 SUBPROVIDER - I PF	283,031	81,805	110,854	5,941	395,481	40.00
41.00 SUBPROVIDER - I RF	370,052	115,655	122,924	60,729	418,046	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	0	67,701	95,132	138,884	98,870	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	0	493,651	395,121	2,847,517	1,006,789	50.00
51.00 RECOVERY ROOM	0	66,290	50,459	9,566	42,028	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	142,454	188,400	393,755	66,143	52.00
53.00 ANESTHESIOLOGY	0	19,746	18,717	536,081	27,732	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	382,227	37,643	430,370	866,407	54.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	0	1,410	0	0	305,396	60.00
60.01 BLOOD LABORATORY	0	0	0	0	20,325	60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00 RESPIRATORY THERAPY	0	260,930	6,177	6,119	101,799	65.00
66.00 PHYSICAL THERAPY	0	91,678	4,071	72,224	73,378	66.00
67.00 OCCUPATIONAL THERAPY	0	93,089	4,304	7,052	46,851	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	74,753	86,773	77,444	504,859	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	8,463	7,286	0	4,995	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	93,875	73.00
74.00 RENAL DIALYSIS	0	23,977	27,893	13,317	2,756	74.00
76.00 DEV EVALUATION	0	19,746	0	0	0	76.00
76.97 CARDIAC REHABILITATION	0	14,104	20,309	1,938	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 FAMILY PRACTICES	0	0	0	0	0	90.01
90.02 WOMEN'S HEALTH CENTER	0	0	0	0	0	90.02
90.03 AMBULATORY CARE	0	28,209	26,408	271,001	1,206	90.03
90.04 OTHER	0	0	0	0	0	90.04
91.00 EMERGENCY	0	334,273	405,799	2,561,952	850,216	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:  
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Cost Center Description	DIETARY	CAFETERIA	NURSING ADMINISTRATION	PHARMACY	MEDICAL RECORDS & LIBRARY	
	10.00	11.00	13.00	15.00	16.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 CORF	0	0	0	0	0	99.10
<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
118.00 SUBTOTALS (SUM OF LINES 1-117)	11,093,042	5,318,742	4,528,841	12,984,769	8,374,005	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01 OTHER NONREIMB	0	45,134	0	5,505	0	190.01
190.02 OTHER	0	0	0	0	0	190.02
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)	11,093,042	5,363,876	4,528,841	12,990,274	8,374,005	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description	INTERNS & RESIDENTS					
	SOCIAL SERVICE	Subtotal	NONPHYSICIAN ANESTHETISTS	SERVICES-SALAR	SERVICES-OTHER	
				Y & FRINGES	PRGM COSTS	
17.00	17A	19.00	21.00	22.00		
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 NONPATIENT TELEPHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING RECEIVING AND STORES						5.03
5.04 ADMITTING						5.04
5.05 ADMINISTRATIVE & GENERAL						5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00 MAINTENANCE & REPAIRS						6.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY						10.00
11.00 CAFETERIA						11.00
13.00 NURSING ADMINISTRATION						13.00
15.00 PHARMACY						15.00
16.00 MEDICAL RECORDS & LIBRARY						16.00
17.00 SOCIAL SERVICE	2,842,139					17.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0			19.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	17,670,324	0	17,670,324		21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	15,166,504	0	0	15,166,504	22.00
23.00 PARAMEDIC	0	1,014,214	0	0	0	23.00
23.01 PASTORAL CARE	0	432,108	0	0	0	23.01
23.02 PHARMACY RESIDENCY	0	256,576	0	0	0	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	2,225,599	163,798,436	0	9,523,102	8,173,713	30.00
31.00 INTENSIVE CARE UNIT	446,964	52,948,001	0	1,911,219	1,640,407	31.00
31.01 NEONATAL INTENSIVE CARE UNIT	169,576	13,892,787	0	725,884	623,029	31.01
32.00 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 SUBPROVIDER - I PF	0	8,140,505	0	0	0	40.00
41.00 SUBPROVIDER - I RF	0	10,403,359	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	0	6,738,389	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	0	66,081,221	0	1,951,638	1,675,098	50.00
51.00 RECOVERY ROOM	0	6,544,689	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	13,567,043	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	3,424,955	0	324,173	278,239	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	53,504,368	0	0	0	54.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	0	31,346,388	0	0	0	60.00
60.01 BLOOD LABORATORY	0	4,722,337	0	0	0	60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00 RESPIRATORY THERAPY	0	20,629,200	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	7,610,233	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	7,573,844	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	7,729,623	0	301,077	258,415	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	800,506	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	80,031,819	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	52,272,099	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	41,553,001	0	0	0	73.00
74.00 RENAL DIALYSIS	0	2,974,323	0	0	0	74.00
76.00 DEV EVALUATION	0	1,921,595	0	0	0	76.00
76.97 CARDIAC REHABILITATION	0	1,268,690	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 FAMILY PRACTICES	0	0	0	0	0	90.01
90.02 WOMEN'S HEALTH CENTER	0	0	0	0	0	90.02
90.03 AMBULATORY CARE	0	3,530,733	0	0	0	90.03
90.04 OTHER	0	0	0	0	0	90.04
91.00 EMERGENCY	0	38,135,530	0	2,933,231	2,517,603	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140208

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

Worksheet B  
Part I  
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5/24/2012 1:29 pm

Cost Center Description	SOCIAL SERVICE	Subtotal	NONPHYSICIAN ANESTHETISTS	INTERNS & RESIDENTS		
				SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS	
				17.00	17A	
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 CORF	0	0	0	0	0	99.10
<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
118.00 SUBTOTALS (SUM OF LINES 1-117)	2,842,139	735,683,400	0	17,670,324	15,166,504	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	135,926	0	0	0	190.00
190.01 OTHER NONREIMB	0	7,761,446	0	0	0	190.01
190.02 OTHER	0	0	0	0	0	190.02
200.00 Cross Foot Adjustments		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)	2,842,139	743,580,772	0	17,670,324	15,166,504	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140208

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/24/2012 1:29 pm

Cost Center Description		Subtotal	PARAMEDIC	PASTORAL CARE	Subtotal	PHARMACY RESIDENCY	
		22A	23.00	23.01	23A.01	23.02	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	NONPATIENT TELEPHONES						5.01
5.02	DATA PROCESSING						5.02
5.03	PURCHASING RECEIVING AND STORES						5.03
5.04	ADMINISTRATIVE						5.04
5.05	ADMINISTRATIVE & GENERAL						5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	MAINTENANCE & REPAIRS						6.00
7.00	OPERATION OF PLANT						7.00
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
10.00	DIETARY						10.00
11.00	CAFETERIA						11.00
13.00	NURSING ADMINISTRATION						13.00
15.00	PHARMACY						15.00
16.00	MEDICAL RECORDS & LIBRARY						16.00
17.00	SOCIAL SERVICE						17.00
19.00	NONPHYSICIAN ANESTHETISTS						19.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD						22.00
23.00	PARAMEDIC	1,014,214	1,014,214				23.00
23.01	PASTORAL CARE	432,108	590	432,698			23.01
23.02	PHARMACY RESIDENCY	256,576	350	0	256,926	256,926	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	181,495,251	247,792	285,568	182,028,611	62,718	30.00
31.00	INTENSIVE CARE UNIT	56,499,627	77,178	57,351	56,634,156	19,595	31.00
31.01	NEONATAL INTENSIVE CARE UNIT	15,241,700	20,820	21,757	15,284,277	5,288	31.01
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	SUBPROVIDER - IPF	8,140,505	11,120	19,120	8,170,745	2,827	40.00
41.00	SUBPROVIDER - IRF	10,403,359	14,211	24,999	10,442,569	3,613	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	6,738,389	9,205	23,903	6,771,497	2,343	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	69,707,957	95,221	0	69,803,178	24,152	50.00
51.00	RECOVERY ROOM	6,544,689	8,940	0	6,553,629	2,268	51.00
52.00	DELIVERY ROOM & LABOR ROOM	13,567,043	18,533	0	13,585,576	4,701	52.00
53.00	ANESTHESIOLOGY	4,027,367	5,501	0	4,032,868	1,395	53.00
54.00	RADIOLOGY-DIAGNOSTIC	53,504,368	73,087	0	53,577,455	18,538	54.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	31,346,388	42,819	0	31,389,207	10,861	60.00
60.01	BLOOD LABORATORY	4,722,337	6,451	0	4,728,788	1,636	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	RESPIRATORY THERAPY	20,629,200	28,179	0	20,657,379	7,147	65.00
66.00	PHYSICAL THERAPY	7,610,233	10,396	0	7,620,629	2,637	66.00
67.00	OCCUPATIONAL THERAPY	7,573,844	10,346	0	7,584,190	2,624	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	8,289,115	11,323	0	8,300,438	2,872	69.00
70.00	ELECTROENCEPHALOGRAPHY	800,506	1,093	0	801,599	277	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	80,031,819	109,323	0	80,141,142	27,729	71.00
71.30	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71.30
72.00	IMPL. DEV. CHARGED TO PATIENT	52,272,099	71,404	0	52,343,503	18,111	72.00
73.00	DRUGS CHARGED TO PATIENTS	41,553,001	56,761	0	41,609,762	14,397	73.00
74.00	RENAL DIALYSIS	2,974,323	4,063	0	2,978,386	1,031	74.00
76.00	DEV EVALUATION	1,921,595	2,625	0	1,924,220	666	76.00
76.97	CARDIAC REHABILITATION	1,268,690	1,733	0	1,270,423	440	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	FAMILY PRACTICES	0	0	0	0	0	90.01
90.02	WOMEN'S HEALTH CENTER	0	0	0	0	0	90.02
90.03	AMBULATORY CARE	3,530,733	4,823	0	3,535,556	1,223	90.03
90.04	OTHER	0	0	0	0	0	90.04
91.00	EMERGENCY	43,586,364	59,539	0	43,645,903	15,101	91.00
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

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140208

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

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Cost Center Description		Subtotal	PARAMEDIC	PASTORAL CARE	Subtotal	PHARMACY RESIDENCY	
		22A	23.00	23.01	23A.01	23.02	
<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
118.00	SUBTOTALS (SUM OF LINES 1-117)	735,683,400	1,003,426	432,698	735,672,612	254,190	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	135,926	186	0	136,112	47	190.00
190.01	OTHER NONREIMB	7,761,446	10,602	0	7,772,048	2,689	190.01
190.02	OTHER	0	0	0	0	0	190.02
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)	743,580,772	1,014,214	432,698	743,580,772	256,926	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140208

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

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Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	NEW CAP REL COSTS-BLDG & FIXT				1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00	EMPLOYEE BENEFITS				4.00
5.01	NONPATIENT TELEPHONES				5.01
5.02	DATA PROCESSING				5.02
5.03	PURCHASING RECEIVING AND STORES				5.03
5.04	ADMITTING				5.04
5.05	ADMINISTRATIVE & GENERAL				5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL				5.06
6.00	MAINTENANCE & REPAIRS				6.00
7.00	OPERATION OF PLANT				7.00
8.00	LAUNDRY & LINEN SERVICE				8.00
9.00	HOUSEKEEPING				9.00
10.00	DIETARY				10.00
11.00	CAFETERIA				11.00
13.00	NURSING ADMINISTRATION				13.00
15.00	PHARMACY				15.00
16.00	MEDICAL RECORDS & LIBRARY				16.00
17.00	SOCIAL SERVICE				17.00
19.00	NONPHYSICIAN ANESTHETISTS				19.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD				21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD				22.00
23.00	PARAMEDIC				23.00
23.01	PASTORAL CARE				23.01
23.02	PHARMACY RESIDENCY				23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	ADULTS & PEDIATRICS	182,091,329	-17,696,815	164,394,514	30.00
31.00	INTENSIVE CARE UNIT	56,653,751	-3,551,626	53,102,125	31.00
31.01	NEONATAL INTENSIVE CARE UNIT	15,289,565	-1,348,913	13,940,652	31.01
32.00	CORONARY CARE UNIT	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	34.00
40.00	SUBPROVIDER - IPF	8,173,572	0	8,173,572	40.00
41.00	SUBPROVIDER - IRF	10,446,182	0	10,446,182	41.00
42.00	SUBPROVIDER	0	0	0	42.00
43.00	NURSERY	6,773,840	0	6,773,840	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	OPERATING ROOM	69,827,330	-3,626,736	66,200,594	50.00
51.00	RECOVERY ROOM	6,555,897	0	6,555,897	51.00
52.00	DELIVERY ROOM & LABOR ROOM	13,590,277	0	13,590,277	52.00
53.00	ANESTHESIOLOGY	4,034,263	-602,412	3,431,851	53.00
54.00	RADIOLOGY-DIAGNOSTIC	53,595,993	0	53,595,993	54.00
57.00	CT SCAN	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	LABORATORY	31,400,068	0	31,400,068	60.00
60.01	BLOOD LABORATORY	4,730,424	0	4,730,424	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
65.00	RESPIRATORY THERAPY	20,664,526	0	20,664,526	65.00
66.00	PHYSICAL THERAPY	7,623,266	0	7,623,266	66.00
67.00	OCCUPATIONAL THERAPY	7,586,814	0	7,586,814	67.00
68.00	SPEECH PATHOLOGY	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	8,303,310	-559,492	7,743,818	69.00
70.00	ELECTROENCEPHALOGRAPHY	801,876	0	801,876	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	80,168,871	0	80,168,871	71.00
71.30	IMPL. DEV. CHARGED TO PATIENT	0	0	0	71.30
72.00	IMPL. DEV. CHARGED TO PATIENT	52,361,614	0	52,361,614	72.00
73.00	DRUGS CHARGED TO PATIENTS	41,624,159	0	41,624,159	73.00
74.00	RENAL DIALYSIS	2,979,417	0	2,979,417	74.00
76.00	DEV EVALUATION	1,924,886	0	1,924,886	76.00
76.97	CARDIAC REHABILITATION	1,270,863	0	1,270,863	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	RURAL HEALTH CLINIC	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	CLINIC	0	0	0	90.00
90.01	FAMILY PRACTICES	0	0	0	90.01
90.02	WOMEN'S HEALTH CENTER	0	0	0	90.02
90.03	AMBULATORY CARE	3,536,779	0	3,536,779	90.03
90.04	OTHER	0	0	0	90.04
91.00	EMERGENCY	43,661,004	-5,450,834	38,210,170	91.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140208

Period:  
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Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	24.00	25.00	26.00	92.00
OTHER REIMBURSABLE COST CENTERS					
99.10	CORF	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS					
109.00	PANCREAS ACQUISITION	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	735,669,876	-32,836,828	702,833,048	118.00
NONREIMBURSABLE COST CENTERS					
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	136,159	0	136,159	190.00
190.01	OTHER NONREIMB	7,774,737	0	7,774,737	190.01
190.02	OTHER	0	0	0	190.02
200.00	Cross Foot Adjustments	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	743,580,772	-32,836,828	710,743,944	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140208

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

Worksheet B  
Part II  
Date/Time Prepared:  
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	EMPLOYEE BENEFITS	11	13,708	1,562	15,281	15,281 4.00
5.01	NONPATIENT TELEPHONES	0	12,301	38,975	51,276	28 5.01
5.02	DATA PROCESSING	0	175,652	3,264	178,916	0 5.02
5.03	PURCHASING RECEIVING AND STORES	1,155,183	36,282	330,385	1,521,850	75 5.03
5.04	ADMINISTRATIVE	0	11,349	16,566	27,915	66 5.04
5.05	ADMINISTRATIVE & GENERAL	0	15,841	116,625	132,466	287 5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL	142,771	2,869,052	567,625	3,579,448	995 5.06
6.00	MAINTENANCE & REPAIRS	9,893	4,537,346	345,790	4,893,029	161 6.00
7.00	OPERATION OF PLANT	0	0	0	0	0 7.00
8.00	LAUNDRY & LINEN SERVICE	0	3,099	0	3,099	0 8.00
9.00	HOUSEKEEPING	0	2,474	24,936	27,410	318 9.00
10.00	DIETARY	6,071	9,518	50,202	65,791	242 10.00
11.00	CAFETERIA	0	0	0	0	0 11.00
13.00	NURSING ADMINISTRATION	0	58,297	112,483	170,780	115 13.00
15.00	PHARMACY	21,699	37,868	200,724	260,291	435 15.00
16.00	MEDICAL RECORDS & LIBRARY	0	39,448	18,165	57,613	158 16.00
17.00	SOCIAL SERVICE	0	0	0	0	84 17.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0 19.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	710 21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	713	2,248	2,961	0 22.00
23.00	PARAMEDIC	0	22,754	71,799	94,553	25 23.00
23.01	PASTORAL CARE	0	1,797	238	2,035	14 23.01
23.02	PHARMACY RESIDENCY	0	161	865	1,026	8 23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	ADULTS & PEDIATRICS	1,414,029	1,179,981	887,538	3,481,548	4,260 30.00
31.00	INTENSIVE CARE UNIT	16,405	139,479	701,651	857,535	1,310 31.00
31.01	NEONATAL INTENSIVE CARE UNIT	30,563	380,669	381,968	793,200	362 31.01
32.00	CORONARY CARE UNIT	0	0	0	0	0 32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0 33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0 34.00
40.00	SUBPROVIDER - IPF	0	41,742	7,650	49,392	207 40.00
41.00	SUBPROVIDER - IRF	522	64,185	11,299	76,006	267 41.00
42.00	SUBPROVIDER	0	0	0	0	0 42.00
43.00	NURSERY	0	214,484	168,168	382,652	176 43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	OPERATING ROOM	342,530	1,683,679	4,257,369	6,283,578	1,176 50.00
51.00	RECOVERY ROOM	0	0	1,321	1,321	180 51.00
52.00	DELIVERY ROOM & LABOR ROOM	80,162	121,698	323,725	525,585	329 52.00
53.00	ANESTHESIOLOGY	16,664	0	216,327	232,991	38 53.00
54.00	RADIOLOGY-DIAGNOSTIC	3,915,130	1,857,896	3,044,613	8,817,639	959 54.00
57.00	CT SCAN	0	0	0	0	0 57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0 58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0 59.00
60.00	LABORATORY	0	443,493	9,639	453,132	8 60.00
60.01	BLOOD LABORATORY	0	1,430	0	1,430	0 60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0 62.00
65.00	RESPIRATORY THERAPY	178,031	4,954	412,582	595,567	574 65.00
66.00	PHYSICAL THERAPY	5,775	56,635	44,198	106,608	231 66.00
67.00	OCCUPATIONAL THERAPY	5,775	414	11,566	17,755	215 67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0 68.00
69.00	ELECTROCARDIOLOGY	56	85	637,566	637,707	158 69.00
70.00	ELECTROENCEPHALOGRAPHY	0	53,459	59,294	112,753	18 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	5,030	347,111	91,299	443,440	68 74.00
76.00	DEV EVALUATION	183	1,293	9,778	11,254	51 76.00
76.97	CARDIAC REHABILITATION	0	0	5,842	5,842	38 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	FAMILY PRACTICES	0	0	0	0	0 90.01
90.02	WOMEN'S HEALTH CENTER	0	0	0	0	0 90.02
90.03	AMBULATORY CARE	0	1,834	7,445	9,279	73 90.03
90.04	OTHER	0	0	0	0	0 90.04

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140208

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

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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00			
91.00 EMERGENCY	47,354	675,987	602,746	1,326,087	752	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	7,393,837	15,118,168	13,796,036	36,308,041	15,171	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01 OTHER NONREIMB	6,919	1,668	370,345	378,932	110	190.01
190.02 OTHER	0	0	0	0	0	190.02
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	7,400,756	15,119,836	14,166,381	36,686,973	15,281	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140208

Period:  
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To 12/31/2011

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Cost Center Description	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINITTING	ADMINISTRATIVE & GENERAL	
	5.01	5.02	5.03	5.04	5.05	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 NONPATIENT TELEPHONES	51,304					5.01
5.02 DATA PROCESSING	558	179,474				5.02
5.03 PURCHASING RECEIVING AND STORES	558	0	1,522,483			5.03
5.04 ADMINITTING	431	0	631	29,043		5.04
5.05 ADMINISTRATIVE & GENERAL	2,842	0	3,968	0	139,563	5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL	4,567	0	13,719	0	0	5.06
6.00 MAINTENANCE & REPAIRS	2,588	0	12,337	0	0	6.00
7.00 OPERATION OF PLANT	0	0	0	0	0	7.00
8.00 LAUNDRY & LINEN SERVICE	0	0	39	0	0	8.00
9.00 HOUSEKEEPING	330	0	7,446	0	0	9.00
10.00 DIETARY	1,116	0	72,135	0	0	10.00
11.00 CAFETERIA	0	0	0	0	0	11.00
13.00 NURSING ADMINISTRATION	685	0	4,056	0	0	13.00
15.00 PHARMACY	837	0	3,058	0	0	15.00
16.00 MEDICAL RECORDS & LIBRARY	1,319	0	1,028	0	0	16.00
17.00 SOCIAL SERVICE	457	0	28	0	0	17.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	1,446	0	3,567	0	0	22.00
23.00 PARAMEDIC	304	0	411	0	0	23.00
23.01 PASTORAL CARE	127	0	115	0	0	23.01
23.02 PHARMACY RESIDENCY	0	0	13	0	0	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	8,780	20,276	92,795	4,653	15,680	30.00
31.00 INTENSIVE CARE UNIT	964	8,542	47,208	1,822	6,606	31.00
31.01 NEONATAL INTENSIVE CARE UNIT	913	2,399	10,535	512	1,855	31.01
32.00 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 SUBPROVIDER - I/PF	1,878	1,163	916	248	900	40.00
41.00 SUBPROVIDER - I/RP	584	1,182	3,769	252	914	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	837	1,022	4,574	218	790	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	3,400	19,671	690,958	2,836	15,212	50.00
51.00 RECOVERY ROOM	203	3,134	800	341	2,423	51.00
52.00 DELIVERY ROOM & LABOR ROOM	634	2,742	15,634	436	2,121	52.00
53.00 ANESTHESIOLOGY	0	3,850	13,956	520	2,977	53.00
54.00 RADIOLOGY-DIAGNOSTIC	3,984	22,174	179,810	2,406	17,148	54.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	2,309	14,819	91,523	2,221	11,460	60.00
60.01 BLOOD LABORATORY	203	2,419	14,127	433	1,871	60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00 RESPIRATORY THERAPY	660	8,920	58,327	1,828	6,898	65.00
66.00 PHYSICAL THERAPY	533	3,449	125,235	470	2,667	66.00
67.00 OCCUPATIONAL THERAPY	1,218	1,465	3,677	197	1,133	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	939	3,925	2,652	512	3,036	69.00
70.00 ELECTROENCEPHALOGRAPHY	127	233	156	28	180	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	8,587	0	1,523	6,641	71.00
71.30 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71.30
72.00 IMPL. DEV. CHARGED TO PATIENT	0	12,331	0	2,152	9,536	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	21,943	0	4,010	17,741	73.00
74.00 RENAL DIALYSIS	0	610	3,855	130	471	74.00
76.00 DEV EVALUATION	609	245	528	22	189	76.00
76.97 CARDIAC REHABILITATION	0	228	219	20	176	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 FAMILY PRACTICES	0	0	0	0	0	90.01
90.02 WOMEN'S HEALTH CENTER	0	0	0	0	0	90.02
90.03 AMBULATORY CARE	1,243	470	4,235	2	363	90.03
90.04 OTHER	0	0	0	0	0	90.04
91.00 EMERGENCY	2,537	13,675	32,528	1,251	10,575	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140208

Period:  
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Cost Center Description		NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	ADMINISTRATIVE & GENERAL	
		5.01	5.02	5.03	5.04	5.05	
OTHER REIMBURSABLE COST CENTERS							
99.10	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	50,720	179,474	1,520,568	29,043	139,563	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	OTHER NONREIMB	584	0	1,915	0	0	190.01
190.02	OTHER	0	0	0	0	0	190.02
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)	51,304	179,474	1,522,483	29,043	139,563	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140208

Period:  
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Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL 5.06	MAINTENANCE & REPAIRS 6.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	NONPATIENT TELEPHONES						5.01
5.02	DATA PROCESSING						5.02
5.03	PURCHASING RECEIVING AND STORES						5.03
5.04	ADMINISTRATIVE						5.04
5.05	ADMINISTRATIVE & GENERAL						5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL	3,598,729					5.06
6.00	MAINTENANCE & REPAIRS	145,480	5,053,595				6.00
7.00	OPERATION OF PLANT	0	0	0			7.00
8.00	LAUNDRY & LINEN SERVICE	18,571	13,200	0	34,909		8.00
9.00	HOUSEKEEPING	60,606	56,267	0	0	152,377	9.00
10.00	DIETARY	45,502	183,370	0	0	7,129	10.00
11.00	CAFETERIA	0	0	0	0	0	11.00
13.00	NURSING ADMINISTRATION	19,899	39,787	0	0	1,710	13.00
15.00	PHARMACY	59,483	70,235	0	0	1,699	15.00
16.00	MEDICAL RECORDS & LIBRARY	38,430	39,885	0	0	1,236	16.00
17.00	SOCIAL SERVICE	13,203	8,216	0	0	218	17.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	85,527	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	68,930	97,436	0	0	1,573	22.00
23.00	PARAMEDIC	4,054	9,200	0	98	1,128	23.00
23.01	PASTORAL CARE	1,871	5,012	0	0	119	23.01
23.02	PHARMACY RESIDENCY	1,211	300	0	0	4	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	643,970	1,674,663	0	17,818	26,157	30.00
31.00	INTENSIVE CARE UNIT	217,376	391,854	0	4,011	10,683	31.00
31.01	NEONATAL INTENSIVE CARE UNIT	59,385	24,144	0	419	365	31.01
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	SUBPROVIDER - I/PF	30,910	108,654	0	512	2,057	40.00
41.00	SUBPROVIDER - I/RF	40,990	106,462	0	687	1,623	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	29,078	33,777	0	269	1,173	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	274,958	660,766	0	1,007	5,775	50.00
51.00	RECOVERY ROOM	29,085	61,747	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	56,073	180,159	0	785	377	52.00
53.00	ANESTHESIOLOGY	13,396	8,160	0	0	76	53.00
54.00	RADIOLOGY-DIAGNOSTIC	225,193	490,289	0	4,579	21,710	54.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	143,711	146,570	0	244	5,321	60.00
60.01	BLOOD LABORATORY	22,183	15,419	0	0	322	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	RESPIRATORY THERAPY	96,634	24,193	0	0	1,720	65.00
66.00	PHYSICAL THERAPY	32,715	49,294	0	827	2,652	66.00
67.00	OCCUPATIONAL THERAPY	33,306	37,246	0	0	3,790	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	31,643	46,216	0	339	1,602	69.00
70.00	ELECTROENCEPHALOGRAPHY	3,456	726	0	267	374	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	380,949	90,003	0	0	9,364	71.00
71.30	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71.30
72.00	IMPL. DEV. CHARGED TO PATIENT	253,003	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	200,667	0	0	0	0	73.00
74.00	RENAL DIALYSIS	13,306	23,419	0	0	214	74.00
76.00	DEV EVALUATION	7,906	32,318	0	0	902	76.00
76.97	CARDIAC REHABILITATION	5,667	10,345	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	FAMILY PRACTICES	0	0	0	0	0	90.01
90.02	WOMEN'S HEALTH CENTER	0	0	0	0	0	90.02
90.03	AMBULATORY CARE	12,779	48,903	0	256	2,893	90.03
90.04	OTHER	0	0	0	0	0	90.04
91.00	EMERGENCY	148,557	246,115	0	2,317	18,572	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140208

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Cost Center Description		OTHER	MAINTENANCE &	OPERATION OF	LAUNDRY &	HOUSEKEEPING	
		ADMINISTRATIVE AND GENERAL	REPAIRS	PLANT	LINEN SERVICE		
		5.06	6.00	7.00	8.00	9.00	
OTHER REIMBURSABLE COST CENTERS							
99.10	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	3,569,663	5,034,350	0	34,435	132,538	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3	14,491	0	0	582	190.00
190.01	OTHER NONREIMB	29,063	4,754	0	474	19,257	190.01
190.02	OTHER	0	0	0	0	0	190.02
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)	3,598,729	5,053,595	0	34,909	152,377	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140208

Period:  
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Cost Center Description	DIETARY	CAFETERIA	NURSING ADMINISTRATION	PHARMACY	MEDICAL RECORDS & LIBRARY	
	10.00	11.00	13.00	15.00	16.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 NONPATIENT TELEPHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING RECEIVING AND STORES						5.03
5.04 ADMINITTING						5.04
5.05 ADMINISTRATIVE & GENERAL						5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00 MAINTENANCE & REPAIRS						6.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY	375,285					10.00
11.00 CAFETERIA	181,464	181,464				11.00
13.00 NURSING ADMINISTRATION	0	1,241	238,273			13.00
15.00 PHARMACY	0	4,724	0	400,762		15.00
16.00 MEDICAL RECORDS & LIBRARY	0	3,102	48	0	142,819	16.00
17.00 SOCIAL SERVICE	0	1,336	64	0	109	17.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
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	7,062	215	0	0	22.00
23.00 PARAMEDIC	0	382	1	136	0	23.00
23.01 PASTORAL CARE	0	191	0	0	0	23.01
23.02 PHARMACY RESIDENCY	0	143	0	0	0	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	143,007	61,552	110,190	100,673	49,355	30.00
31.00 INTENSIVE CARE UNIT	28,720	17,130	33,916	58,486	209	31.00
31.01 NEONATAL INTENSIVE CARE UNIT	0	4,581	9,227	11,954	9,113	31.01
32.00 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 SUBPROVIDER - I PF	9,575	2,768	5,832	183	6,745	40.00
41.00 SUBPROVIDER - I RF	12,519	3,913	6,467	1,874	7,130	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	0	2,290	5,005	4,285	1,686	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	0	16,701	20,788	87,848	17,171	50.00
51.00 RECOVERY ROOM	0	2,243	2,655	295	717	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	4,819	9,912	12,148	1,128	52.00
53.00 ANESTHESIOLOGY	0	668	985	16,539	473	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	12,931	1,980	13,277	14,777	54.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	0	48	0	0	5,209	60.00
60.01 BLOOD LABORATORY	0	0	0	0	347	60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00 RESPIRATORY THERAPY	0	8,827	325	189	1,736	65.00
66.00 PHYSICAL THERAPY	0	3,102	214	2,228	1,251	66.00
67.00 OCCUPATIONAL THERAPY	0	3,149	226	218	799	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	2,529	4,565	2,389	8,610	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	286	383	0	85	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	1,601	73.00
74.00 RENAL DIALYSIS	0	811	1,468	411	47	74.00
76.00 DEV EVALUATION	0	668	0	0	0	76.00
76.97 CARDIAC REHABILITATION	0	477	1,068	60	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 FAMILY PRACTICES	0	0	0	0	0	90.01
90.02 WOMEN'S HEALTH CENTER	0	0	0	0	0	90.02
90.03 AMBULATORY CARE	0	954	1,389	8,361	21	90.03
90.04 OTHER	0	0	0	0	0	90.04
91.00 EMERGENCY	0	11,309	21,350	79,038	14,500	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140208

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/24/2012 1:29 pm

Cost Center Description	DIETARY	CAFETERIA	NURSING ADMINISTRATION	PHARMACY	MEDICAL RECORDS & LIBRARY	
	10.00	11.00	13.00	15.00	16.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 CORF	0	0	0	0	0	99.10
<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
118.00 SUBTOTALS (SUM OF LINES 1-117)	375,285	179,937	238,273	400,592	142,819	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01 OTHER NONREIMB	0	1,527	0	170	0	190.01
190.02 OTHER	0	0	0	0	0	190.02
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)	375,285	181,464	238,273	400,762	142,819	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140208

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/24/2012 1:29 pm

Cost Center Description	INTERNS & RESIDENTS				PARAMEDIC	
	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS		
			21.00	22.00		
17.00	19.00	21.00	22.00	23.00		
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 NONPATIENT TELEPHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING RECEIVING AND STORES						5.03
5.04 ADMITTING						5.04
5.05 ADMINISTRATIVE & GENERAL						5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00 MAINTENANCE & REPAIRS						6.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY						10.00
11.00 CAFETERIA						11.00
13.00 NURSING ADMINISTRATION						13.00
15.00 PHARMACY						15.00
16.00 MEDICAL RECORDS & LIBRARY						16.00
17.00 SOCIAL SERVICE	23,715					17.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0				19.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0		86,237			21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0			183,190		22.00
23.00 PARAMEDIC	0				110,292	23.00
23.01 PASTORAL CARE	0					23.01
23.02 PHARMACY RESIDENCY	0					23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	18,570					30.00
31.00 INTENSIVE CARE UNIT	3,730					31.00
31.01 NEONATAL INTENSIVE CARE UNIT	1,415					31.01
32.00 CORONARY CARE UNIT	0					32.00
33.00 BURN INTENSIVE CARE UNIT	0					33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0					34.00
40.00 SUBPROVIDER - 1 PF	0					40.00
41.00 SUBPROVIDER - 1RF	0					41.00
42.00 SUBPROVIDER	0					42.00
43.00 NURSERY	0					43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	0					50.00
51.00 RECOVERY ROOM	0					51.00
52.00 DELIVERY ROOM & LABOR ROOM	0					52.00
53.00 ANESTHESIOLOGY	0					53.00
54.00 RADIOLOGY-DIAGNOSTIC	0					54.00
57.00 CT SCAN	0					57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0					58.00
59.00 CARDIAC CATHETERIZATION	0					59.00
60.00 LABORATORY	0					60.00
60.01 BLOOD LABORATORY	0					60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0					62.00
65.00 RESPIRATORY THERAPY	0					65.00
66.00 PHYSICAL THERAPY	0					66.00
67.00 OCCUPATIONAL THERAPY	0					67.00
68.00 SPEECH PATHOLOGY	0					68.00
69.00 ELECTROCARDIOLOGY	0					69.00
70.00 ELECTROENCEPHALOGRAPHY	0					70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0					71.00
71.30 IMPL. DEV. CHARGED TO PATIENT	0					71.30
72.00 IMPL. DEV. CHARGED TO PATIENT	0					72.00
73.00 DRUGS CHARGED TO PATIENTS	0					73.00
74.00 RENAL DIALYSIS	0					74.00
76.00 DEV EVALUATION	0					76.00
76.97 CARDIAC REHABILITATION	0					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	0					90.00
90.01 FAMILY PRACTICES	0					90.01
90.02 WOMEN'S HEALTH CENTER	0					90.02
90.03 AMBULATORY CARE	0					90.03
90.04 OTHER	0					90.04
91.00 EMERGENCY	0					91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0					92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140208

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/24/2012 1:29 pm

Cost Center Description	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	INTERNS & RESIDENTS		PARAMEDIC	
			SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS		
			17.00	19.00		
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 CORF	0					99.10
<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
118.00 SUBTOTALS (SUM OF LINES 1-117)	23,715	0	0	0	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0					190.00
190.01 OTHER NONREIMB	0					190.01
190.02 OTHER	0					190.02
200.00 Cross Foot Adjustments		0	86,237	183,190	110,292	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	23,715	0	86,237	183,190	110,292	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140208

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/24/2012 1:29 pm

Cost Center Description		PASTORAL CARE	PHARMACY RESIDENCY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		23.01	23.02	24.00	25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	NONPATIENT TELEPHONES						5.01
5.02	DATA PROCESSING						5.02
5.03	PURCHASING RECEIVING AND STORES						5.03
5.04	ADMINISTRATIVE						5.04
5.05	ADMINISTRATIVE & GENERAL						5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	MAINTENANCE & REPAIRS						6.00
7.00	OPERATION OF PLANT						7.00
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
10.00	DIETARY						10.00
11.00	CAFETERIA						11.00
13.00	NURSING ADMINISTRATION						13.00
15.00	PHARMACY						15.00
16.00	MEDICAL RECORDS & LIBRARY						16.00
17.00	SOCIAL SERVICE						17.00
19.00	NONPHYSICIAN ANESTHETISTS						19.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD						22.00
23.00	PARAMEDIC						23.00
23.01	PASTORAL CARE	9,484					23.01
23.02	PHARMACY RESIDENCY		2,705				23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS			6,473,947	0	6,473,947	30.00
31.00	INTENSIVE CARE UNIT			1,690,102	0	1,690,102	31.00
31.01	NEONATAL INTENSIVE CARE UNIT			930,379	0	930,379	31.01
32.00	CORONARY CARE UNIT			0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT			0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT			0	0	0	34.00
40.00	SUBPROVIDER - IPF			221,940	0	221,940	40.00
41.00	SUBPROVIDER - IRF			264,639	0	264,639	41.00
42.00	SUBPROVIDER			0	0	0	42.00
43.00	NURSERY			467,832	0	467,832	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM			8,101,845	0	8,101,845	50.00
51.00	RECOVERY ROOM			105,144	0	105,144	51.00
52.00	DELIVERY ROOM & LABOR ROOM			812,882	0	812,882	52.00
53.00	ANESTHESIOLOGY			294,629	0	294,629	53.00
54.00	RADIOLOGY-DIAGNOSTIC			9,828,856	0	9,828,856	54.00
57.00	CT SCAN			0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)			0	0	0	58.00
59.00	CARDIAC CATHETERIZATION			0	0	0	59.00
60.00	LABORATORY			876,575	0	876,575	60.00
60.01	BLOOD LABORATORY			58,754	0	58,754	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS			0	0	0	62.00
65.00	RESPIRATORY THERAPY			806,398	0	806,398	65.00
66.00	PHYSICAL THERAPY			331,476	0	331,476	66.00
67.00	OCCUPATIONAL THERAPY			104,394	0	104,394	67.00
68.00	SPEECH PATHOLOGY			0	0	0	68.00
69.00	ELECTROCARDIOLOGY			746,822	0	746,822	69.00
70.00	ELECTROENCEPHALOGRAPHY			119,072	0	119,072	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS			497,067	0	497,067	71.00
71.30	IMPL. DEV. CHARGED TO PATIENT			0	0	0	71.30
72.00	IMPL. DEV. CHARGED TO PATIENT			277,022	0	277,022	72.00
73.00	DRUGS CHARGED TO PATIENTS			245,962	0	245,962	73.00
74.00	RENAL DIALYSIS			488,250	0	488,250	74.00
76.00	DEV EVALUATION			54,692	0	54,692	76.00
76.97	CARDIAC REHABILITATION			24,140	0	24,140	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC			0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER			0	0	0	89.00
90.00	CLINIC			0	0	0	90.00
90.01	FAMILY PRACTICES			0	0	0	90.01
90.02	WOMEN'S HEALTH CENTER			0	0	0	90.02
90.03	AMBULATORY CARE			91,221	0	91,221	90.03
90.04	OTHER			0	0	0	90.04
91.00	EMERGENCY			1,929,163	0	1,929,163	91.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140208

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/24/2012 1:29 pm

Cost Center Description		PASTORAL CARE	PHARMACY RESIDENCY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		23.01	23.02	24.00	25.00	26.00	
92.00	OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	CORF			0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	PANCREAS ACQUISITION			0	0	0	109.00
110.00	INTESTINAL ACQUISITION			0	0	0	110.00
111.00	ISLET ACQUISITION			0	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	0	35,843,203	0	35,843,203	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN			15,076	0	15,076	190.00
190.01	OTHER NONREIMB			436,786	0	436,786	190.01
190.02	OTHER			0	0	0	190.02
200.00	Cross Foot Adjustments	9,484	2,705	391,908	0	391,908	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	9,484	2,705	36,686,973	0	36,686,973	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140208

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

Worksheet B-1  
Date/Time Prepared:  
5/24/2012 1:29 pm

Cost Center Description	CAPITAL RELATED COSTS				
	NEW BLDG & FIXT (ACTUAL DEPR)	NEW MVBLE EQUIP (EQUIP DEPR NEW)	EMPLOYEE BENEFITS (GROSS SALARIES)	NONPATIENT TELEPHONES (PHONES)	DATA PROCESSING (GROSS CHARGES)
	1.00	2.00	4.00	5.01	5.02
<b>GENERAL SERVICE COST CENTERS</b>					
1.00 NEW CAP REL COSTS-BLDG & FIXT	11,146,998				
2.00 NEW CAP REL COSTS-MVBLE EQUIP		9,873,727			
4.00 EMPLOYEE BENEFITS	10,106	1,089	308,838,334		
5.01 NONPATIENT TELEPHONES	9,069	27,165	567,937	2,022	
5.02 DATA PROCESSING	129,498	2,275	1,722		2,406,381,258
5.03 PURCHASING RECEIVING AND STORES	26,749	230,273	1,520,645	22	0
5.04 ADMITTING	8,367	11,546	1,346,711	17	0
5.05 ADMINISTRATIVE & GENERAL	11,679	81,286	5,858,235	112	0
5.06 OTHER ADMINISTRATIVE AND GENERAL	2,115,190	395,625	20,315,767	180	0
6.00 MAINTENANCE & REPAIRS	3,345,126	241,010	3,278,960	102	0
7.00 OPERATION OF PLANT	0	0	0	0	0
8.00 LAUNDRY & LINEN SERVICE	2,285	0	0	0	0
9.00 HOUSEKEEPING	1,824	17,380	6,489,386	13	0
10.00 DIETARY	7,017	34,990	4,943,528	44	0
11.00 CAFETERIA	0	0	0	0	0
13.00 NURSING ADMINISTRATION	42,979	78,399	2,341,622	27	0
15.00 PHARMACY	27,918	139,901	8,869,409	33	0
16.00 MEDICAL RECORDS & LIBRARY	29,083	12,661	3,227,076	52	0
17.00 SOCIAL SERVICE	0	0	1,718,950	18	0
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	14,498,690	0	0
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	526	1,567	0	57	0
23.00 PARAMEDIC	16,775	50,043	517,255	12	0
23.01 PASTORAL CARE	1,325	166	278,375	5	0
23.02 PHARMACY RESIDENCY	119	603	172,142	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00 ADULTS & PEDIATRICS	869,933	618,599	83,881,971	346	270,347,342
31.00 INTENSIVE CARE UNIT	102,830	489,039	26,741,641	38	113,899,016
31.01 NEONATAL INTENSIVE CARE UNIT	280,646	266,225	7,381,285	36	31,990,650
32.00 CORONARY CARE UNIT	0	0	0	0	0
33.00 BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00 SUBPROVIDER - I/PF	30,774	5,332	4,219,557	74	15,512,871
41.00 SUBPROVIDER - I/RP	47,320	7,875	5,446,459	23	15,763,100
42.00 SUBPROVIDER	0	0	0	0	0
43.00 NURSERY	158,127	117,210	3,592,402	33	13,626,360
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 OPERATING ROOM	1,241,281	2,967,311	24,007,615	134	262,277,988
51.00 RECOVERY ROOM	0	921	3,668,054	8	41,782,683
52.00 DELIVERY ROOM & LABOR ROOM	89,721	225,631	6,711,206	25	36,563,633
53.00 ANESTHESIOLOGY	0	150,776	771,361	0	51,326,787
54.00 RADIOLOGY-DIAGNOSTIC	1,369,722	2,122,044	19,575,611	157	295,648,937
57.00 CT SCAN	0	0	0	0	0
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0
60.00 LABORATORY	326,962	6,718	169,890	91	197,587,190
60.01 BLOOD LABORATORY	1,054	0	0	8	32,253,237
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0
65.00 RESPIRATORY THERAPY	3,652	287,563	11,720,735	26	118,932,516
66.00 PHYSICAL THERAPY	41,754	30,805	4,724,061	21	45,988,420
67.00 OCCUPATIONAL THERAPY	305	8,061	4,383,174	48	19,532,239
68.00 SPEECH PATHOLOGY	0	0	0	0	0
69.00 ELECTROCARDIOLOGY	63	444,373	3,232,390	37	52,338,067
70.00 ELECTROENCEPHALOGRAPHY	39,412	41,327	362,026	5	3,112,038
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	114,499,615
71.30 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	164,409,196
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	305,958,243
74.00 RENAL DIALYSIS	255,905	63,634	1,390,871	0	8,128,811
76.00 DEV EVALUATION	953	6,815	1,040,372	24	3,264,573
76.97 CARDIAC REHABILITATION	0	4,072	772,034	0	3,035,990
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00 RURAL HEALTH CLINIC	0	0	0	0	0
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00 CLINIC	0	0	0	0	0
90.01 FAMILY PRACTICES	0	0	0	0	0
90.02 WOMEN'S HEALTH CENTER	0	0	0	0	0
90.03 AMBULATORY CARE	1,352	5,189	1,493,655	49	6,266,578
90.04 OTHER	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140208

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

Worksheet B-1

Date/Time Prepared:  
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Cost Center Description	CAPITAL RELATED COSTS					
	NEW BLDG & FIXT (ACTUAL DEPR)	NEW MVBLE EQUIP (EQUIP DEPR NEW)	EMPLOYEE BENEFITS (GROSS SALARIES)	NONPATIENT TELEPHONES (PHONES)	DATA PROCESSING (GROSS CHARGES)	
	1.00	2.00	4.00	5.01	5.02	
91.00 EMERGENCY	498,367	420,104	15,356,022	100	182,335,178	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	11,145,768	9,615,603	306,588,802	1,999	2,406,381,258	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01 OTHER NONREIMB	1,230	258,124	2,249,532	23	0	190.01
190.02 OTHER	0	0	0	0	0	190.02
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)	15,119,836	14,166,381	73,092,066	2,274,221	11,880,114	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	1.356404	1.434755	0.236668	1,124.738378	0.004937	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			15,281	51,304	179,474	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.000049	25.372898	0.000075	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140208

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

Worksheet B-1

Date/Time Prepared:  
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Cost Center Description	PURCHASING RECEIVING AND STORES (SUPPLIES EXPENSE)	ADMITTING (INPATIENT CHARGES)	ADMINISTRATIVE & GENERAL (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
	5.03	5.04	5.05	5A.06	5.06	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 NONPATIENT TELEPHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING RECEIVING AND STORES	132,267,151					5.03
5.04 ADMITTING	54,789	1,790,621,152				5.04
5.05 ADMINISTRATIVE & GENERAL	344,705	0	2,406,381,258			5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL	1,191,816	0	0	-70,740,618	672,840,154	5.06
6.00 MAINTENANCE & REPAIRS	1,071,774	0	0	0	27,197,530	6.00
7.00 OPERATION OF PLANT	0	0	0	0	0	7.00
8.00 LAUNDRY & LINEN SERVICE	3,383	0	0	0	3,471,910	8.00
9.00 HOUSEKEEPING	646,899	0	0	0	11,330,253	9.00
10.00 DIETARY	6,266,638	0	0	0	8,506,599	10.00
11.00 CAFETERIA	0	0	0	0	0	11.00
13.00 NURSING ADMINISTRATION	352,337	0	0	0	3,720,120	13.00
15.00 PHARMACY	265,694	0	0	0	11,120,435	15.00
16.00 MEDICAL RECORDS & LIBRARY	89,274	0	0	0	7,184,578	16.00
17.00 SOCIAL SERVICE	2,449	0	0	0	2,468,270	17.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	15,989,261	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	309,916	0	0	0	12,886,559	22.00
23.00 PARAMEDIC	35,693	0	0	0	757,897	23.00
23.01 PASTORAL CARE	9,955	0	0	0	349,811	23.01
23.02 PHARMACY RESIDENCY	1,147	0	0	0	226,390	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	8,061,393	266,254,294	270,347,342	0	120,445,517	30.00
31.00 INTENSIVE CARE UNIT	4,101,126	113,899,016	113,899,016	0	40,638,700	31.00
31.01 NEONATAL INTENSIVE CARE UNIT	915,226	31,990,650	31,990,650	0	11,101,997	31.01
32.00 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 SUBPROVIDER - IPF	79,589	15,512,871	15,512,871	0	5,778,622	40.00
41.00 SUBPROVIDER - IRF	327,463	15,763,100	15,763,100	0	7,663,147	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	397,379	13,626,360	13,626,360	0	5,436,247	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	60,029,350	177,226,926	262,277,988	0	51,403,571	50.00
51.00 RECOVERY ROOM	69,516	21,342,611	41,782,683	0	5,437,424	51.00
52.00 DELIVERY ROOM & LABOR ROOM	1,358,204	27,243,441	36,563,633	0	10,482,824	52.00
53.00 ANESTHESIOLOGY	1,212,430	32,493,551	51,326,787	0	2,504,451	53.00
54.00 RADIOLOGY-DIAGNOSTIC	15,620,706	150,353,414	295,648,937	0	42,100,096	54.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	7,950,941	138,809,733	197,587,190	0	26,866,869	60.00
60.01 BLOOD LABORATORY	1,227,299	27,052,251	32,253,237	0	4,147,147	60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00 RESPIRATORY THERAPY	5,067,105	114,250,935	118,932,516	0	18,065,755	65.00
66.00 PHYSICAL THERAPY	10,879,566	29,364,156	45,988,420	0	6,116,148	66.00
67.00 OCCUPATIONAL THERAPY	319,476	12,322,335	19,532,239	0	6,226,606	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	230,381	32,028,950	52,338,067	0	5,915,749	69.00
70.00 ELECTROENCEPHALOGRAPHY	13,591	1,770,341	3,112,038	0	646,024	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	95,174,520	114,499,615	0	71,218,709	71.00
71.30 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71.30
72.00 IMPL. DEV. CHARGED TO PATIENT	0	134,495,162	164,409,196	0	47,299,203	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	250,616,170	305,958,243	0	37,514,920	73.00
74.00 RENAL DIALYSIS	334,892	8,118,238	8,128,811	0	2,487,514	74.00
76.00 DEV EVALUATION	45,896	1,402,794	3,264,573	0	1,478,094	76.00
76.97 CARDIAC REHABILITATION	19,059	1,219,387	3,035,990	0	1,059,428	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 FAMILY PRACTICES	0	0	0	0	0	90.01
90.02 WOMEN'S HEALTH CENTER	0	0	0	0	0	90.02
90.03 AMBULATORY CARE	367,877	123,893	6,266,578	0	2,389,014	90.03
90.04 OTHER	0	0	0	0	0	90.04
91.00 EMERGENCY	2,825,819	78,166,053	182,335,178	0	27,772,812	91.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140208

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

Worksheet B-1

Date/Time Prepared:  
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Cost Center Description	PURCHASING RECEIVING AND STORES (SUPPLIES EXPENSE)	ADMITTING (INPATIENT CHARGES)	ADMINISTRATIVE & GENERAL (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	5.03	5.04	5.05	5A.06	5.06	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	132,100,753	1,790,621,152	2,406,381,258	-70,740,618	667,406,201	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1	0	0	0	561	190.00
190.01 OTHER NONREIMB	166,397	0	0	0	5,433,392	190.01
190.02 OTHER	0	0	0	0	0	190.02
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	4,636,834	2,013,607	16,037,487		70,740,618	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.035057	0.001125	0.006665		0.105137	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	1,522,483	29,043	139,563		3,598,729	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.011511	0.000016	0.000058		0.005349	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140208

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

Worksheet B-1

Date/Time Prepared:  
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Cost Center Description	MAINTENANCE & REPAIRS (SQARE FEET)	OPERATION OF PLANT (SQARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS)	HOUSEKEEPING (HSK HOURS)	DIETARY (MEALS)	
	6.00	7.00	8.00	9.00	10.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 NONPATIENT TELEPHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING RECEIVING AND STORES						5.03
5.04 ADMITTING						5.04
5.05 ADMINISTRATIVE & GENERAL						5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00 MAINTENANCE & REPAIRS	723,991					6.00
7.00 OPERATION OF PLANT	0	723,991				7.00
8.00 LAUNDRY & LINEN SERVICE	1,891	1,891	4,646,040			8.00
9.00 HOUSEKEEPING	8,061	8,061	0	104,693		9.00
10.00 DIETARY	26,270	26,270	0	4,898	1,541,687	10.00
11.00 CAFETERIA	0	0	0	0	745,460	11.00
13.00 NURSING ADMINISTRATION	5,700	5,700	0	1,175	0	13.00
15.00 PHARMACY	10,062	10,062	0	1,167	0	15.00
16.00 MEDICAL RECORDS & LIBRARY	5,714	5,714	0	849	0	16.00
17.00 SOCIAL SERVICE	1,177	1,177	0	150	0	17.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	13,959	13,959	0	1,081	0	22.00
23.00 PARAMEDIC	1,318	1,318	13,079	775	0	23.00
23.01 PASTORAL CARE	718	718	0	82	0	23.01
23.02 PHARMACY RESIDENCY	43	43	0	3	0	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	239,917	239,917	2,371,689	17,970	587,478	30.00
31.00 INTENSIVE CARE UNIT	56,138	56,138	533,748	7,340	117,985	31.00
31.01 NEONATAL INTENSIVE CARE UNIT	3,459	3,459	55,757	251	0	31.01
32.00 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 SUBPROVIDER - I PF	15,566	15,566	68,202	1,413	39,335	40.00
41.00 SUBPROVIDER - IRF	15,252	15,252	91,377	1,115	51,429	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	4,839	4,839	35,757	806	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	94,663	94,663	133,955	3,968	0	50.00
51.00 RECOVERY ROOM	8,846	8,846	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	25,810	25,810	104,431	259	0	52.00
53.00 ANESTHESIOLOGY	1,169	1,169	0	52	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	70,240	70,240	609,461	14,916	0	54.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	20,998	20,998	32,410	3,656	0	60.00
60.01 BLOOD LABORATORY	2,209	2,209	0	221	0	60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00 RESPIRATORY THERAPY	3,466	3,466	0	1,182	0	65.00
66.00 PHYSICAL THERAPY	7,062	7,062	110,090	1,822	0	66.00
67.00 OCCUPATIONAL THERAPY	5,336	5,336	0	2,604	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	6,621	6,621	45,096	1,101	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	104	104	35,527	257	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	12,894	12,894	0	6,434	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	3,355	3,355	0	147	0	74.00
76.00 DEV EVALUATION	4,630	4,630	0	620	0	76.00
76.97 CARDIAC REHABILITATION	1,482	1,482	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 FAMILY PRACTICES	0	0	0	0	0	90.01
90.02 WOMEN'S HEALTH CENTER	0	0	0	0	0	90.02
90.03 AMBULATORY CARE	7,006	7,006	34,101	1,988	0	90.03
90.04 OTHER	0	0	0	0	0	90.04
91.00 EMERGENCY	35,259	35,259	308,299	12,760	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140208

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

Worksheet B-1

Date/Time Prepared:  
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Cost Center Description		MAINTENANCE & REPAIRS (SQ. FEET)	OPERATION OF PLANT (SQ. FEET)	LAUNDRY & LINEN SERVICE (POUNDS)	HOUSEKEEPING (HSK HOURS)	DIETARY (MEALS)	
		6.00	7.00	8.00	9.00	10.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	CORF	0	0	0	0	0	99.10
<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
118.00	SUBTOTALS (SUM OF LINES 1-117)	721,234	721,234	4,582,979	91,062	1,541,687	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,076	2,076	0	400	0	190.00
190.01	OTHER NONREIMB	681	681	63,061	13,231	0	190.01
190.02	OTHER	0	0	0	0	0	190.02
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)	30,056,997	0	3,915,442	12,856,140	11,093,042	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	41.515705	0.000000	0.842748	122.798468	7.195392	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	5,053,595	0	34,909	152,377	375,285	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	6.980190	0.000000	0.007514	1.455465	0.243425	205.00

COST ALLOCATION - STATISTICAL BASIS

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To 12/31/2011

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Cost Center Description		CAFETERIA (FTE'S)	NURSING ADMINISTRATION  (NURSING HOURS)	PHARMACY (DRUGS)	MEDICAL RECORDS & LIBRARY (MR TIME)	SOCIAL SERVICE  (SS TIME)	
		11.00	13.00	15.00	16.00	17.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	NONPATIENT TELEPHONES						5.01
5.02	DATA PROCESSING						5.02
5.03	PURCHASING RECEIVING AND STORES						5.03
5.04	ADMINISTRATIVE						5.04
5.05	ADMINISTRATIVE & GENERAL						5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	MAINTENANCE & REPAIRS						6.00
7.00	OPERATION OF PLANT						7.00
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
10.00	DIETARY						10.00
11.00	CAFETERIA	3,803					11.00
13.00	NURSING ADMINISTRATION	26	6,247,112				13.00
15.00	PHARMACY	99	0	2,687,490			15.00
16.00	MEDICAL RECORDS & LIBRARY	65	1,251	0	48,616		16.00
17.00	SOCIAL SERVICE	28	1,673	0	37	38,515	17.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	148	5,633	0	0	0	22.00
23.00	PARAMEDIC	8	33	914	0	0	23.00
23.01	PASTORAL CARE	4	0	0	0	0	23.01
23.02	PHARMACY RESIDENCY	3	0	0	0	0	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	1,290	2,888,919	675,109	16,801	30,160	30.00
31.00	INTENSIVE CARE UNIT	359	889,217	392,208	71	6,057	31.00
31.01	NEONATAL INTENSIVE CARE UNIT	96	241,930	80,161	3,102	2,298	31.01
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	SUBPROVIDER - IPF	58	152,913	1,229	2,296	0	40.00
41.00	SUBPROVIDER - IRF	82	169,562	12,564	2,427	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	48	131,225	28,733	574	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	350	545,032	589,108	5,845	0	50.00
51.00	RECOVERY ROOM	47	69,603	1,979	244	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	101	259,880	81,462	384	0	52.00
53.00	ANESTHESIOLOGY	14	25,818	110,907	161	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	271	51,925	89,037	5,030	0	54.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	1	0	0	1,773	0	60.00
60.01	BLOOD LABORATORY	0	0	0	118	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	RESPIRATORY THERAPY	185	8,520	1,266	591	0	65.00
66.00	PHYSICAL THERAPY	65	5,616	14,942	426	0	66.00
67.00	OCCUPATIONAL THERAPY	66	5,937	1,459	272	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	53	119,695	16,022	2,931	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	6	10,050	0	29	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	545	0	73.00
74.00	RENAL DIALYSIS	17	38,476	2,755	16	0	74.00
76.00	DEV EVALUATION	14	0	0	0	0	76.00
76.97	CARDIAC REHABILITATION	10	28,014	401	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	FAMILY PRACTICES	0	0	0	0	0	90.01
90.02	WOMEN'S HEALTH CENTER	0	0	0	0	0	90.02
90.03	AMBULATORY CARE	20	36,428	56,066	7	0	90.03
90.04	OTHER	0	0	0	0	0	90.04
91.00	EMERGENCY	237	559,762	530,029	4,936	0	91.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140208

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

Worksheet B-1

Date/Time Prepared:  
5/24/2012 1:29 pm

Cost Center Description		CAFETERIA (FTE'S)	NURSING ADMINISTRATION  (NURSING HOURS)	PHARMACY (DRUGS)	MEDICAL RECORDS & LIBRARY (MR TIME)	SOCIAL SERVICE  (SS TIME)	
		11.00	13.00	15.00	16.00	17.00	
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	3,771	6,247,112	2,686,351	48,616	38,515	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	OTHER NONREIMB	32	0	1,139	0	0	190.01
190.02	OTHER	0	0	0	0	0	190.02
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)	5,363,876	4,528,841	12,990,274	8,374,005	2,842,139	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	1,410.432816	0.724950	4.833608	172.247922	73.793042	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	181,464	238,273	400,762	142,819	23,715	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	47.716014	0.038141	0.149121	2.937695	0.615734	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140208

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

Worksheet B-1  
Date/Time Prepared:  
5/24/2012 1:29 pm

Cost Center Description	Reconciliation	NONPHYSICIAN ANESTHETISTS (ACCUM. COST)	INTERNS & RESIDENTS		Reconciliation	
			SERVICES-SALARY & FRINGES (I R TIME)	SERVICES-OTHER PRGM COSTS (I R TIME)		
			19A	21.00		
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 NONPATIENT TELEPHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING RECEIVING AND STORES						5.03
5.04 ADMITTING						5.04
5.05 ADMINISTRATIVE & GENERAL						5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00 MAINTENANCE & REPAIRS						6.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY						10.00
11.00 CAFETERIA						11.00
13.00 NURSING ADMINISTRATION						13.00
15.00 PHARMACY						15.00
16.00 MEDICAL RECORDS & LIBRARY						16.00
17.00 SOCIAL SERVICE						17.00
19.00 NONPHYSICIAN ANESTHETISTS	0	743,580,772				19.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0		21,422			21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0			21,422		22.00
23.00 PARAMEDIC	0				-1,014,214	23.00
23.01 PASTORAL CARE	0				0	23.01
23.02 PHARMACY RESIDENCY	0				0	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	0		11,545	11,545	0	30.00
31.00 INTENSIVE CARE UNIT	0		2,317	2,317	0	31.00
31.01 NEONATAL INTENSIVE CARE UNIT	0		880	880	0	31.01
32.00 CORONARY CARE UNIT	0		0	0	0	32.00
33.00 BURN INTENSIVE CARE UNIT	0		0	0	0	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
40.00 SUBPROVIDER - I PF	0		0	0	0	40.00
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	66,081,221	2,366	2,366	0	50.00
51.00 RECOVERY ROOM	0	6,544,689	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	13,567,043	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	3,424,955	393	393	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	53,504,368	0	0	0	54.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	0	31,346,388	0	0	0	60.00
60.01 BLOOD LABORATORY	0	4,722,337	0	0	0	60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00 RESPIRATORY THERAPY	0	20,629,200	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	7,610,233	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	7,573,844	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	7,729,623	365	365	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	800,506	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	80,031,819	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	52,272,099	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	41,553,001	0	0	0	73.00
74.00 RENAL DIALYSIS	0	2,974,323	0	0	0	74.00
76.00 DEV EVALUATION	0	1,921,595	0	0	0	76.00
76.97 CARDIAC REHABILITATION	0	1,268,690	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 FAMILY PRACTICES	0	0	0	0	0	90.01
90.02 WOMEN'S HEALTH CENTER	0	0	0	0	0	90.02
90.03 AMBULATORY CARE	0	3,530,733	0	0	0	90.03
90.04 OTHER	0	0	0	0	0	90.04

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140208

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

Worksheet B-1

Date/Time Prepared:  
5/24/2012 1:29 pm

Cost Center Description	Reconciliation	NONPHYSICIAN ANESTHETISTS (ACCUM. COST)	INTERNS & RESIDENTS		Reconciliation	
			SERVICES-SALAR Y & FRINGES (IR TIME)	SERVICES-OTHER PRGM COSTS (IR TIME)		
			19A	19.00		
91.00 EMERGENCY	0	38,135,530	3,556	3,556	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	735,683,400	21,422	21,422	-1,014,214	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	135,926	0	0	0	190.00
190.01 OTHER NONREIMB	0	7,761,446	0	0	0	190.01
190.02 OTHER	0	0	0	0	0	190.02
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	17,670,324	15,166,504		202.00
203.00 Unit cost multiplier (Wkst. B, Part I)		0.000000	824.868080	707.987303		203.00
204.00 Cost to be allocated (per Wkst. B, Part II)		0	86,237	183,190		204.00
205.00 Unit cost multiplier (Wkst. B, Part II)		0.000000	4.025628	8.551489		205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140208

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

Worksheet B-1

Date/Time Prepared:  
5/24/2012 1:29 pm

Cost Center Description	PARAMEDIC (ACCUM. COST)	PASTORAL CARE (DAYS)	Reconciliation	PHARMACY RESIDENCY (ACCUM. COST)		
	23.00	23.01	23A.02	23.02		
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 NONPATIENT TELEPHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING RECEIVING AND STORES						5.03
5.04 ADMITTING						5.04
5.05 ADMINISTRATIVE & GENERAL						5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00 MAINTENANCE & REPAIRS						6.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY						10.00
11.00 CAFETERIA						11.00
13.00 NURSING ADMINISTRATION						13.00
15.00 PHARMACY						15.00
16.00 MEDICAL RECORDS & LIBRARY						16.00
17.00 SOCIAL SERVICE						17.00
19.00 NONPHYSICIAN ANESTHETISTS						19.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD						22.00
23.00 PARAMEDIC	742,566,558					23.00
23.01 PASTORAL CARE	432,108	216,978				23.01
23.02 PHARMACY RESIDENCY	256,576	0	-256,926	743,323,846		23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	181,495,251	143,199	0	182,028,611		30.00
31.00 INTENSIVE CARE UNIT	56,499,627	28,759	0	56,634,156		31.00
31.01 NEONATAL INTENSIVE CARE UNIT	15,241,700	10,910	0	15,284,277		31.01
32.00 CORONARY CARE UNIT	0	0	0	0		32.00
33.00 BURN INTENSIVE CARE UNIT	0	0	0	0		33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0	0	0		34.00
40.00 SUBPROVIDER - I PF	8,140,505	9,588	0	8,170,745		40.00
41.00 SUBPROVIDER - I RF	10,403,359	12,536	0	10,442,569		41.00
42.00 SUBPROVIDER	0	0	0	0		42.00
43.00 NURSERY	6,738,389	11,986	0	6,771,497		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	69,707,957	0	0	69,803,178		50.00
51.00 RECOVERY ROOM	6,544,689	0	0	6,553,629		51.00
52.00 DELIVERY ROOM & LABOR ROOM	13,567,043	0	0	13,585,576		52.00
53.00 ANESTHESIOLOGY	4,027,367	0	0	4,032,868		53.00
54.00 RADIOLOGY-DIAGNOSTIC	53,504,368	0	0	53,577,455		54.00
57.00 CT SCAN	0	0	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0		58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0		59.00
60.00 LABORATORY	31,346,388	0	0	31,389,207		60.00
60.01 BLOOD LABORATORY	4,722,337	0	0	4,728,788		60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0		62.00
65.00 RESPIRATORY THERAPY	20,629,200	0	0	20,657,379		65.00
66.00 PHYSICAL THERAPY	7,610,233	0	0	7,620,629		66.00
67.00 OCCUPATIONAL THERAPY	7,573,844	0	0	7,584,190		67.00
68.00 SPEECH PATHOLOGY	0	0	0	0		68.00
69.00 ELECTROCARDIOLOGY	8,289,115	0	0	8,300,438		69.00
70.00 ELECTROENCEPHALOGRAPHY	800,506	0	0	801,599		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	80,031,819	0	0	80,141,142		71.00
71.30 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0		71.30
72.00 IMPL. DEV. CHARGED TO PATIENT	52,272,099	0	0	52,343,503		72.00
73.00 DRUGS CHARGED TO PATIENTS	41,553,001	0	0	41,609,762		73.00
74.00 RENAL DIALYSIS	2,974,323	0	0	2,978,386		74.00
76.00 DEV EVALUATION	1,921,595	0	0	1,924,220		76.00
76.97 CARDIAC REHABILITATION	1,268,690	0	0	1,270,423		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 FAMILY PRACTICES	0	0	0	0		90.01
90.02 WOMEN'S HEALTH CENTER	0	0	0	0		90.02
90.03 AMBULATORY CARE	3,530,733	0	0	3,535,556		90.03
90.04 OTHER	0	0	0	0		90.04
91.00 EMERGENCY	43,586,364	0	0	43,645,903		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140208

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

Worksheet B-1

Date/Time Prepared:  
5/24/2012 1:29 pm

Cost Center Description	PARAMEDIC (ACCUM. COST)	PASTORAL CARE (DAYS)	Reconciliation	PHARMACY RESIDENCY (ACCUM. COST)		
	23.00	23.01	23A.02	23.02		
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 CORF	0	0	0	0		99.10
<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
118.00 SUBTOTALS (SUM OF LINES 1-117)	734,669,186	216,978	-256,926	735,415,686		118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	135,926	0	0	136,112		190.00
190.01 OTHER NONREIMB	7,761,446	0	0	7,772,048		190.01
190.02 OTHER	0	0	0	0		190.02
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)	1,014,214	432,698		256,926		202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.001366	1.994202		0.000346		203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	110,292	9,484		2,705		204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.000149	0.043710		0.000004		205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140208	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/24/2012 1:29 pm		
		Title XVIII	Hospital	PPS		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	ADULTS & PEDIATRICS		164,394,514	0	164,394,514	30.00
31.00	INTENSIVE CARE UNIT		53,102,125	0	53,102,125	31.00
31.01	NEONATAL INTENSIVE CARE UNIT		13,940,652	0	13,940,652	31.01
32.00	CORONARY CARE UNIT		0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT		0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT		0	0	0	34.00
40.00	SUBPROVIDER - IPF		8,173,572	0	8,173,572	40.00
41.00	SUBPROVIDER - IRF		10,446,182	0	10,446,182	41.00
42.00	SUBPROVIDER		0	0	0	42.00
43.00	NURSERY		6,773,840	0	6,773,840	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	OPERATING ROOM		66,200,594	0	66,200,594	50.00
51.00	RECOVERY ROOM		6,555,897	0	6,555,897	51.00
52.00	DELIVERY ROOM & LABOR ROOM		13,590,277	0	13,590,277	52.00
53.00	ANESTHESIOLOGY		3,431,851	0	3,431,851	53.00
54.00	RADIOLOGY-DIAGNOSTIC		53,595,993	0	53,595,993	54.00
57.00	CT SCAN		0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	58.00
59.00	CARDIAC CATHETERIZATION		0	0	0	59.00
60.00	LABORATORY		31,400,068	0	31,400,068	60.00
60.01	BLOOD LABORATORY		4,730,424	0	4,730,424	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS		0	0	0	62.00
65.00	RESPIRATORY THERAPY	0	20,664,526	0	20,664,526	65.00
66.00	PHYSICAL THERAPY	0	7,623,266	0	7,623,266	66.00
67.00	OCCUPATIONAL THERAPY	0	7,586,814	0	7,586,814	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY		7,743,818	0	7,743,818	69.00
70.00	ELECTROENCEPHALOGRAPHY		801,876	0	801,876	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		80,168,871	0	80,168,871	71.00
71.30	IMPL. DEV. CHARGED TO PATIENT		0	0	0	71.30
72.00	IMPL. DEV. CHARGED TO PATIENT		52,361,614	0	52,361,614	72.00
73.00	DRUGS CHARGED TO PATIENTS		41,624,159	0	41,624,159	73.00
74.00	RENAL DIALYSIS		2,979,417	0	2,979,417	74.00
76.00	DEV EVALUATION		1,924,886	0	1,924,886	76.00
76.97	CARDIAC REHABILITATION		1,270,863	0	1,270,863	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	RURAL HEALTH CLINIC		0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	89.00
90.00	CLINIC		0	0	0	90.00
90.01	FAMILY PRACTICES		0	0	0	90.01
90.02	WOMEN'S HEALTH CENTER		0	0	0	90.02
90.03	AMBULATORY CARE		3,536,779	0	3,536,779	90.03
90.04	OTHER		0	0	0	90.04
91.00	EMERGENCY		38,210,170	0	38,210,170	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		4,655,023	0	4,655,023	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10	CORF		0	0	0	99.10
<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
200.00	Subtotal (see instructions)	0	707,488,071	0	707,488,071	200.00
201.00	Less Observation Beds		4,655,023		4,655,023	201.00
202.00	Total (see instructions)	0	702,833,048	0	702,833,048	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140208	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/24/2012 1:29 pm
		Title XVIIII	Hospital	PPS

Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	264,646,130		264,646,130			30.00
31.00 INTENSIVE CARE UNIT	113,899,016		113,899,016			31.00
31.01 NEONATAL INTENSIVE CARE UNIT	31,990,650		31,990,650			31.01
32.00 CORONARY CARE UNIT	0		0			32.00
33.00 BURN INTENSIVE CARE UNIT	0		0			33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0		0			34.00
40.00 SUBPROVIDER - 1PF	15,512,871		15,512,871			40.00
41.00 SUBPROVIDER - 1RF	15,763,100		15,763,100			41.00
42.00 SUBPROVIDER	0		0			42.00
43.00 NURSERY	13,626,360		13,626,360			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	177,226,926	85,051,062	262,277,988	0.252406	0.000000	50.00
51.00 RECOVERY ROOM	21,342,611	20,440,072	41,782,683	0.156905	0.000000	51.00
52.00 DELIVERY ROOM & LABOR ROOM	27,243,441	9,320,192	36,563,633	0.371688	0.000000	52.00
53.00 ANESTHESIOLOGY	32,493,551	18,833,236	51,326,787	0.066863	0.000000	53.00
54.00 RADIOLOGY-DIAGNOSTIC	150,353,414	145,295,523	295,648,937	0.181283	0.000000	54.00
57.00 CT SCAN	0	0	0	0.000000	0.000000	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	0.000000	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000	59.00
60.00 LABORATORY	138,809,733	58,777,457	197,587,190	0.158918	0.000000	60.00
60.01 BLOOD LABORATORY	27,052,251	5,200,986	32,253,237	0.146665	0.000000	60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	0.000000	62.00
65.00 RESPIRATORY THERAPY	114,250,935	4,681,581	118,932,516	0.173750	0.000000	65.00
66.00 PHYSICAL THERAPY	29,364,156	16,624,264	45,988,420	0.165765	0.000000	66.00
67.00 OCCUPATIONAL THERAPY	12,322,335	7,209,904	19,532,239	0.388425	0.000000	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0.000000	0.000000	68.00
69.00 ELECTROCARDIOLOGY	32,028,950	20,309,117	52,338,067	0.147958	0.000000	69.00
70.00 ELECTROENCEPHALOGRAPHY	1,770,341	1,341,697	3,112,038	0.257669	0.000000	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	95,174,520	19,325,095	114,499,615	0.700167	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	134,495,162	29,914,034	164,409,196	0.318483	0.000000	72.00
73.00 DRUGS CHARGED TO PATIENTS	250,616,170	55,342,073	305,958,243	0.136045	0.000000	73.00
74.00 RENAL DIALYSIS	8,118,238	10,573	8,128,811	0.366526	0.000000	74.00
76.00 DEV EVALUATION	1,402,794	1,861,779	3,264,573	0.589629	0.000000	76.00
76.97 CARDIAC REHABILITATION	1,219,387	1,816,603	3,035,990	0.418599	0.000000	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	0	0	0			88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0			89.00
90.00 CLINIC	0	0	0	0.000000	0.000000	90.00
90.01 FAMILY PRACTICES	0	0	0	0.000000	0.000000	90.01
90.02 WOMEN'S HEALTH CENTER	0	0	0	0.000000	0.000000	90.02
90.03 AMBULATORY CARE	123,893	6,142,685	6,266,578	0.564388	0.000000	90.03
90.04 OTHER	0	0	0	0.000000	0.000000	90.04
91.00 EMERGENCY	78,166,053	104,169,125	182,335,178	0.209560	0.000000	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	1,608,164	4,093,048	5,701,212	0.816497	0.000000	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 CORF	0	0	0			99.10
<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
200.00 Subtotal (see instructions)	1,790,621,152	615,760,106	2,406,381,258			200.00
201.00 Less Observation Beds						201.00
202.00 Total (see instructions)	1,790,621,152	615,760,106	2,406,381,258			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140208	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/24/2012 1:29 pm
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital PPS
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	ADULTS & PEDIATRICS			30.00
31.00	INTENSIVE CARE UNIT			31.00
31.01	NEONATAL INTENSIVE CARE UNIT			31.01
32.00	CORONARY CARE UNIT			32.00
33.00	BURN INTENSIVE CARE UNIT			33.00
34.00	SURGICAL INTENSIVE CARE UNIT			34.00
40.00	SUBPROVIDER - I PF			40.00
41.00	SUBPROVIDER - I RF			41.00
42.00	SUBPROVIDER			42.00
43.00	NURSERY			43.00
	ANCILLARY SERVICE COST CENTERS			
50.00	OPERATING ROOM	0.252406		50.00
51.00	RECOVERY ROOM	0.156905		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.371688		52.00
53.00	ANESTHESIOLOGY	0.066863		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.181283		54.00
57.00	CT SCAN	0.000000		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	LABORATORY	0.158918		60.00
60.01	BLOOD LABORATORY	0.146665		60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000		62.00
65.00	RESPIRATORY THERAPY	0.173750		65.00
66.00	PHYSICAL THERAPY	0.165765		66.00
67.00	OCCUPATIONAL THERAPY	0.388425		67.00
68.00	SPEECH PATHOLOGY	0.000000		68.00
69.00	ELECTROCARDIOLOGY	0.147958		69.00
70.00	ELECTROENCEPHALOGRAPHY	0.257669		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.700167		71.00
71.30	IMPL. DEV. CHARGED TO PATIENT	0.000000		71.30
72.00	IMPL. DEV. CHARGED TO PATIENT	0.318483		72.00
73.00	DRUGS CHARGED TO PATIENTS	0.136045		73.00
74.00	RENAL DIALYSIS	0.366526		74.00
76.00	DEV EVALUATION	0.589629		76.00
76.97	CARDIAC REHABILITATION	0.418599		76.97
	OUTPATIENT SERVICE COST CENTERS			
88.00	RURAL HEALTH CLINIC			88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	CLINIC	0.000000		90.00
90.01	FAMILY PRACTICES	0.000000		90.01
90.02	WOMEN'S HEALTH CENTER	0.000000		90.02
90.03	AMBULATORY CARE	0.564388		90.03
90.04	OTHER	0.000000		90.04
91.00	EMERGENCY	0.209560		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.816497		92.00
	OTHER REIMBURSABLE COST CENTERS			
99.10	CORF			99.10
	SPECIAL PURPOSE COST CENTERS			
109.00	PANCREAS ACQUISITION			109.00
110.00	INTESTINAL ACQUISITION			110.00
111.00	ISLET ACQUISITION			111.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140208

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/24/2012 1:29 pm

		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	164,394,514		164,394,514	0	0	30.00
31.00	INTENSIVE CARE UNIT	53,102,125		53,102,125	0	0	31.00
31.01	NEONATAL INTENSIVE CARE UNIT	13,940,652		13,940,652	0	0	31.01
32.00	CORONARY CARE UNIT	0		0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
40.00	SUBPROVIDER - IPF	8,173,572		8,173,572	0	0	40.00
41.00	SUBPROVIDER - IRF	10,446,182		10,446,182	0	0	41.00
42.00	SUBPROVIDER	0		0	0	0	42.00
43.00	NURSERY	6,773,840		6,773,840	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	66,200,594		66,200,594	0	0	50.00
51.00	RECOVERY ROOM	6,555,897		6,555,897	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	13,590,277		13,590,277	0	0	52.00
53.00	ANESTHESIOLOGY	3,431,851		3,431,851	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	53,595,993		53,595,993	0	0	54.00
57.00	CT SCAN	0		0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0		0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0		0	0	0	59.00
60.00	LABORATORY	31,400,068		31,400,068	0	0	60.00
60.01	BLOOD LABORATORY	4,730,424		4,730,424	0	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0		0	0	0	62.00
65.00	RESPIRATORY THERAPY	20,664,526	0	20,664,526	0	0	65.00
66.00	PHYSICAL THERAPY	7,623,266	0	7,623,266	0	0	66.00
67.00	OCCUPATIONAL THERAPY	7,586,814	0	7,586,814	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	7,743,818		7,743,818	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	801,876		801,876	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	80,168,871		80,168,871	0	0	71.00
71.30	IMPL. DEV. CHARGED TO PATIENT	0		0	0	0	71.30
72.00	IMPL. DEV. CHARGED TO PATIENT	52,361,614		52,361,614	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	41,624,159		41,624,159	0	0	73.00
74.00	RENAL DIALYSIS	2,979,417		2,979,417	0	0	74.00
76.00	DEV EVALUATION	1,924,886		1,924,886	0	0	76.00
76.97	CARDIAC REHABILITATION	1,270,863		1,270,863	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	FAMILY PRACTICES	0		0	0	0	90.01
90.02	WOMEN'S HEALTH CENTER	0		0	0	0	90.02
90.03	AMBULATORY CARE	3,536,779		3,536,779	0	0	90.03
90.04	OTHER	0		0	0	0	90.04
91.00	EMERGENCY	38,210,170		38,210,170	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	4,655,023		4,655,023	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	CORF	0		0		0	99.10
<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
200.00	Subtotal (see instructions)	707,488,071	0	707,488,071	0	0	200.00
201.00	Less Observation Beds	4,655,023		4,655,023			201.00
202.00	Total (see instructions)	702,833,048	0	702,833,048	0	0	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140208		Period: From 01/01/2011 To 12/31/2011		Worksheet C Part I Date/Time Prepared: 5/24/2012 1:29 pm	
		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
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	264,646,130		264,646,130			30.00
31.00	INTENSIVE CARE UNIT	113,899,016		113,899,016			31.00
31.01	NEONATAL INTENSIVE CARE UNIT	31,990,650		31,990,650			31.01
32.00	CORONARY CARE UNIT	0		0			32.00
33.00	BURN INTENSIVE CARE UNIT	0		0			33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0			34.00
40.00	SUBPROVIDER - 1PF	15,512,871		15,512,871			40.00
41.00	SUBPROVIDER - 1RF	15,763,100		15,763,100			41.00
42.00	SUBPROVIDER	0		0			42.00
43.00	NURSERY	13,626,360		13,626,360			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	177,226,926	85,051,062	262,277,988	0.252406	0.000000	50.00
51.00	RECOVERY ROOM	21,342,611	20,440,072	41,782,683	0.156905	0.000000	51.00
52.00	DELIVERY ROOM & LABOR ROOM	27,243,441	9,320,192	36,563,633	0.371688	0.000000	52.00
53.00	ANESTHESIOLOGY	32,493,551	18,833,236	51,326,787	0.066863	0.000000	53.00
54.00	RADIOLOGY-DIAGNOSTIC	150,353,414	145,295,523	295,648,937	0.181283	0.000000	54.00
57.00	CT SCAN	0	0	0	0.000000	0.000000	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	0.000000	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000	59.00
60.00	LABORATORY	138,809,733	58,777,457	197,587,190	0.158918	0.000000	60.00
60.01	BLOOD LABORATORY	27,052,251	5,200,986	32,253,237	0.146665	0.000000	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	0.000000	62.00
65.00	RESPIRATORY THERAPY	114,250,935	4,681,581	118,932,516	0.173750	0.000000	65.00
66.00	PHYSICAL THERAPY	29,364,156	16,624,264	45,988,420	0.165765	0.000000	66.00
67.00	OCCUPATIONAL THERAPY	12,322,335	7,209,904	19,532,239	0.388425	0.000000	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0.000000	0.000000	68.00
69.00	ELECTROCARDIOLOGY	32,028,950	20,309,117	52,338,067	0.147958	0.000000	69.00
70.00	ELECTROENCEPHALOGRAPHY	1,770,341	1,341,697	3,112,038	0.257669	0.000000	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	95,174,520	19,325,095	114,499,615	0.700167	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	134,495,162	29,914,034	164,409,196	0.318483	0.000000	72.00
73.00	DRUGS CHARGED TO PATIENTS	250,616,170	55,342,073	305,958,243	0.136045	0.000000	73.00
74.00	RENAL DIALYSIS	8,118,238	10,573	8,128,811	0.366526	0.000000	74.00
76.00	DEV EVALUATION	1,402,794	1,861,779	3,264,573	0.589629	0.000000	76.00
76.97	CARDIAC REHABILITATION	1,219,387	1,816,603	3,035,990	0.418599	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	0	0	0	0.000000	0.000000	90.00
90.01	FAMILY PRACTICES	0	0	0	0.000000	0.000000	90.01
90.02	WOMEN'S HEALTH CENTER	0	0	0	0.000000	0.000000	90.02
90.03	AMBULATORY CARE	123,893	6,142,685	6,266,578	0.564388	0.000000	90.03
90.04	OTHER	0	0	0	0.000000	0.000000	90.04
91.00	EMERGENCY	78,166,053	104,169,125	182,335,178	0.209560	0.000000	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	1,608,164	4,093,048	5,701,212	0.816497	0.000000	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	CORF	0	0	0			99.10
<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
200.00	Subtotal (see instructions)	1,790,621,152	615,760,106	2,406,381,258			200.00
201.00	Less Observation Beds						201.00
202.00	Total (see instructions)	1,790,621,152	615,760,106	2,406,381,258			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140208

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/24/2012 1:29 pm

Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital	Cost
		11.00			
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	ADULTS & PEDIATRICS				30.00
31.00	INTENSIVE CARE UNIT				31.00
31.01	NEONATAL INTENSIVE CARE UNIT				31.01
32.00	CORONARY CARE UNIT				32.00
33.00	BURN INTENSIVE CARE UNIT				33.00
34.00	SURGICAL INTENSIVE CARE UNIT				34.00
40.00	SUBPROVIDER - I PF				40.00
41.00	SUBPROVIDER - I RF				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
57.00	CT SCAN	0.000000			57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000			58.00
59.00	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	LABORATORY	0.000000			60.00
60.01	BLOOD LABORATORY	0.000000			60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000			62.00
65.00	RESPIRATORY THERAPY	0.000000			65.00
66.00	PHYSICAL THERAPY	0.000000			66.00
67.00	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	SPEECH PATHOLOGY	0.000000			68.00
69.00	ELECTROCARDIOLOGY	0.000000			69.00
70.00	ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000			71.00
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
76.00	DEV EVALUATION	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	FAMILY PRACTICES	0.000000			90.01
90.02	WOMEN'S HEALTH CENTER	0.000000			90.02
90.03	AMBULATORY CARE	0.000000			90.03
90.04	OTHER	0.000000			90.04
91.00	EMERGENCY	0.000000			91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
99.10	CORF				99.10
<b>SPECIAL PURPOSE COST CENTERS</b>					
109.00	PANCREAS ACQUISITION				109.00
110.00	INTESTINAL ACQUISITION				110.00
111.00	ISLET ACQUISITION				111.00
200.00	Subtotal (see instructions)				200.00
201.00	Less Observation Beds				201.00
202.00	Total (see instructions)				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140208	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part I Date/Time Prepared: 5/24/2012 1:29 pm
		Title XVIII	Hospital	PPS

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)	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	6,473,947	0	6,473,947	147,372	43.93	30.00
31.00 INTENSIVE CARE UNIT	1,690,102		1,690,102	28,759	58.77	31.00
31.01 NEONATAL INTENSIVE CARE UNIT	930,379		930,379	10,910	85.28	31.01
32.00 CORONARY CARE UNIT	0		0	0	0.00	32.00
33.00 BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
40.00 SUBPROVIDER - IPF	221,940	0	221,940	9,588	23.15	40.00
41.00 SUBPROVIDER - IRF	264,639	0	264,639	12,536	21.11	41.00
42.00 SUBPROVIDER	0	0	0	0	0.00	42.00
43.00 NURSERY	467,832		467,832	11,986	39.03	43.00
200.00 Total (lines 30-199)	10,048,839		10,048,839	221,151		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140208	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part I Date/Time Prepared: 5/24/2012 1:29 pm
		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	57,821	2,540,077		30.00
31.00 INTENSIVE CARE UNIT	11,908	699,833		31.00
31.01 NEONATAL INTENSIVE CARE UNIT	0	0		31.01
32.00 CORONARY CARE UNIT	0	0		32.00
33.00 BURN INTENSIVE CARE UNIT	0	0		33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0		34.00
40.00 SUBPROVIDER - IPF	4,494	104,036		40.00
41.00 SUBPROVIDER - IRF	7,087	149,607		41.00
42.00 SUBPROVIDER	0	0		42.00
43.00 NURSERY	0	0		43.00
200.00 Total (lines 30-199)	81,310	3,493,553		200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140208	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part II Date/Time Prepared: 5/24/2012 1:29 pm
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Cost Center Description		Title XVIII			Hospital	PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	8,101,845	262,277,988	0.030890	57,985,135	1,791,161	50.00
51.00	RECOVERY ROOM	105,144	41,782,683	0.002516	8,516,262	21,427	51.00
52.00	DELIVERY ROOM & LABOR ROOM	812,882	36,563,633	0.022232	152,275	3,385	52.00
53.00	ANESTHESIOLOGY	294,629	51,326,787	0.005740	10,064,192	57,768	53.00
54.00	RADIOLOGY-DIAGNOSTIC	9,828,856	295,648,937	0.033245	67,755,904	2,252,545	54.00
57.00	CT SCAN	0	0	0.000000	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	LABORATORY	876,575	197,587,190	0.004436	56,925,131	252,520	60.00
60.01	BLOOD LABORATORY	58,754	32,253,237	0.001822	10,393,283	18,937	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0	62.00
65.00	RESPIRATORY THERAPY	806,398	118,932,516	0.006780	35,567,702	241,149	65.00
66.00	PHYSICAL THERAPY	331,476	45,988,420	0.007208	6,981,551	50,323	66.00
67.00	OCCUPATIONAL THERAPY	104,394	19,532,239	0.005345	153,708	822	67.00
68.00	SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	ELECTROCARDIOLOGY	746,822	52,338,067	0.014269	14,101,334	201,212	69.00
70.00	ELECTROENCEPHALOGRAPHY	119,072	3,112,038	0.038262	633,860	24,253	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	497,067	114,499,615	0.004341	37,432,492	162,494	71.00
71.30	IMPL. DEV. CHARGED TO PATIENT	0	0	0.000000	0	0	71.30
72.00	IMPL. DEV. CHARGED TO PATIENT	277,022	164,409,196	0.001685	56,452,999	95,123	72.00
73.00	DRUGS CHARGED TO PATIENTS	245,962	305,958,243	0.000804	91,486,330	73,555	73.00
74.00	RENAL DIALYSIS	488,250	8,128,811	0.060064	5,008,738	300,845	74.00
76.00	DEV EVALUATION	54,692	3,264,573	0.016753	4,300	72	76.00
76.97	CARDIAC REHABILITATION	24,140	3,035,990	0.007951	590,303	4,693	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	0	0	0.000000	0	0	90.00
90.01	FAMILY PRACTICES	0	0	0.000000	0	0	90.01
90.02	WOMEN'S HEALTH CENTER	0	0	0.000000	0	0	90.02
90.03	AMBULATORY CARE	91,221	6,266,578	0.014557	70,806	1,031	90.03
90.04	OTHER	0	0	0.000000	0	0	90.04
91.00	EMERGENCY	1,929,163	182,335,178	0.010580	28,154,660	297,876	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	183,319	5,701,212	0.032154	681,975	21,928	92.00
200.00	Total (Lines 50-199)	25,977,683	1,950,943,131		489,112,940	5,873,119	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140208		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part III Date/Time Prepared: 5/24/2012 1:29 pm	
Cost Center Description		Nursing School	Allied Health Cost	All Other Medical Education Cost	Hospital Swing-Bed Adjustment Amount (see instructions)	PPS Total Costs (sum of cols. 1 through 3, minus col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	0	596,078	0	0	596,078	30.00
31.00	INTENSIVE CARE UNIT	0	154,124	0	0	154,124	31.00
31.01	NEONATAL INTENSIVE CARE UNIT	0	47,865	0	0	47,865	31.01
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	SUBPROVIDER - IPF	0	33,067	0	0	33,067	40.00
41.00	SUBPROVIDER - IRF	0	42,823	0	0	42,823	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	35,451	0	0	35,451	43.00
200.00	Total (Lines 30-199)	0	909,408	0	0	909,408	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140208	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part III Date/Time Prepared: 5/24/2012 1:29 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	
	6.00	7.00	8.00	9.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00 ADULTS & PEDIATRICS	147,372	4.04	57,821	233,597	30.00
31.00 INTENSIVE CARE UNIT	28,759	5.36	11,908	63,827	31.00
31.01 NEONATAL INTENSIVE CARE UNIT	10,910	4.39	0	0	31.01
32.00 CORONARY CARE UNIT	0	0.00	0	0	32.00
33.00 BURN INTENSIVE CARE UNIT	0	0.00	0	0	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0.00	0	0	34.00
40.00 SUBPROVIDER - IPF	9,588	3.45	4,494	15,504	40.00
41.00 SUBPROVIDER - IRF	12,536	3.42	7,087	24,238	41.00
42.00 SUBPROVIDER	0	0.00	0	0	42.00
43.00 NURSERY	11,986	2.96	0	0	43.00
200.00 Total (lines 30-199)	221,151		81,310	337,166	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140208	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/24/2012 1:29 pm
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Cost Center Description	Title XVIII					Total Cost (sum of col 1 through col. 4)	PPS
	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost			
	1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 OPERATING ROOM	0	0	119,373	0	119,373	50.00	
51.00 RECOVERY ROOM	0	0	11,208	0	11,208	51.00	
52.00 DELIVERY ROOM & LABOR ROOM	0	0	23,234	0	23,234	52.00	
53.00 ANESTHESIOLOGY	0	0	6,896	0	6,896	53.00	
54.00 RADIOLOGY-DIAGNOSTIC	0	0	91,625	0	91,625	54.00	
57.00 CT SCAN	0	0	0	0	0	57.00	
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00	
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00	
60.00 LABORATORY	0	0	53,680	0	53,680	60.00	
60.01 BLOOD LABORATORY	0	0	8,087	0	8,087	60.01	
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00	
65.00 RESPIRATORY THERAPY	0	0	35,326	0	35,326	65.00	
66.00 PHYSICAL THERAPY	0	0	13,033	0	13,033	66.00	
67.00 OCCUPATIONAL THERAPY	0	0	12,970	0	12,970	67.00	
68.00 SPEECH PATHOLOGY	0	0	0	0	0	68.00	
69.00 ELECTROCARDIOLOGY	0	0	14,195	0	14,195	69.00	
70.00 ELECTROENCEPHALOGRAPHY	0	0	1,370	0	1,370	70.00	
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	137,052	0	137,052	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	89,515	0	89,515	72.00	
73.00 DRUGS CHARGED TO PATIENTS	0	0	71,158	0	71,158	73.00	
74.00 RENAL DIALYSIS	0	0	5,094	0	5,094	74.00	
76.00 DEV EVALUATION	0	0	3,291	0	3,291	76.00	
76.97 CARDIAC REHABILITATION	0	0	2,173	0	2,173	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 FAMILY PRACTICES	0	0	0	0	0	90.01	
90.02 WOMEN'S HEALTH CENTER	0	0	0	0	0	90.02	
90.03 AMBULATORY CARE	0	0	6,046	0	6,046	90.03	
90.04 OTHER	0	0	0	0	0	90.04	
91.00 EMERGENCY	0	0	74,640	0	74,640	91.00	
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	16,879	0	16,879	92.00	
200.00 Total (Lines 50-199)	0	0	796,845	0	796,845	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140208	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/24/2012 1:29 pm
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Cost Center Description		Title XVIII			Hospital		PPS
		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	119,373	262,277,988	0.000455	0.000455	57,985,135	50.00
51.00	RECOVERY ROOM	11,208	41,782,683	0.000268	0.000268	8,516,262	51.00
52.00	DELIVERY ROOM & LABOR ROOM	23,234	36,563,633	0.000635	0.000635	152,275	52.00
53.00	ANESTHESIOLOGY	6,896	51,326,787	0.000134	0.000134	10,064,192	53.00
54.00	RADIOLOGY-DIAGNOSTIC	91,625	295,648,937	0.000310	0.000310	67,755,904	54.00
57.00	CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00	LABORATORY	53,680	197,587,190	0.000272	0.000272	56,925,131	60.00
60.01	BLOOD LABORATORY	8,087	32,253,237	0.000251	0.000251	10,393,283	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0.000000	0	62.00
65.00	RESPIRATORY THERAPY	35,326	118,932,516	0.000297	0.000297	35,567,702	65.00
66.00	PHYSICAL THERAPY	13,033	45,988,420	0.000283	0.000283	6,981,551	66.00
67.00	OCCUPATIONAL THERAPY	12,970	19,532,239	0.000664	0.000664	153,708	67.00
68.00	SPEECH PATHOLOGY	0	0	0.000000	0.000000	0	68.00
69.00	ELECTROCARDIOLOGY	14,195	52,338,067	0.000271	0.000271	14,101,334	69.00
70.00	ELECTROENCEPHALOGRAPHY	1,370	3,112,038	0.000440	0.000440	633,860	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	137,052	114,499,615	0.001197	0.001197	37,432,492	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	89,515	164,409,196	0.000544	0.000544	56,452,999	72.00
73.00	DRUGS CHARGED TO PATIENTS	71,158	305,958,243	0.000233	0.000233	91,486,330	73.00
74.00	RENAL DIALYSIS	5,094	8,128,811	0.000627	0.000627	5,008,738	74.00
76.00	DEV EVALUATION	3,291	3,264,573	0.001008	0.001008	4,300	76.00
76.97	CARDIAC REHABILITATION	2,173	3,035,990	0.000716	0.000716	590,303	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	0	0.000000	0.000000	0	90.00
90.01	FAMILY PRACTICES	0	0	0.000000	0.000000	0	90.01
90.02	WOMEN'S HEALTH CENTER	0	0	0.000000	0.000000	0	90.02
90.03	AMBULATORY CARE	6,046	6,266,578	0.000965	0.000965	70,806	90.03
90.04	OTHER	0	0	0.000000	0.000000	0	90.04
91.00	EMERGENCY	74,640	182,335,178	0.000409	0.000409	28,154,660	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	16,879	5,701,212	0.002961	0.002961	681,975	92.00
200.00	Total (Lines 50-199)	796,845	1,950,943,131			489,112,940	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140208	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/24/2012 1:29 pm
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	OPERATING ROOM	26,383	19,672,452	8,951	50.00
51.00	RECOVERY ROOM	2,282	4,816,344	1,291	51.00
52.00	DELIVERY ROOM & LABOR ROOM	97	82,866	53	52.00
53.00	ANESTHESIOLOGY	1,349	3,777,199	506	53.00
54.00	RADIOLOGY-DIAGNOSTIC	21,004	40,446,369	12,538	54.00
57.00	CT SCAN	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	LABORATORY	15,484	2,069,071	563	60.00
60.01	BLOOD LABORATORY	2,609	1,181,874	297	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
65.00	RESPIRATORY THERAPY	10,564	670,920	199	65.00
66.00	PHYSICAL THERAPY	1,976	412,780	117	66.00
67.00	OCCUPATIONAL THERAPY	102	562,346	373	67.00
68.00	SPEECH PATHOLOGY	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	3,821	4,313,908	1,169	69.00
70.00	ELECTROENCEPHALOGRAPHY	279	78,417	35	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	44,807	5,627,689	6,736	71.00
71.30	IMPL. DEV. CHARGED TO PATIENT	0	0	0	71.30
72.00	IMPL. DEV. CHARGED TO PATIENT	30,710	11,113,423	6,046	72.00
73.00	DRUGS CHARGED TO PATIENTS	21,316	19,828,506	4,620	73.00
74.00	RENAL DIALYSIS	3,140	6,655	4	74.00
76.00	DEV EVALUATION	4	0	0	76.00
76.97	CARDIAC REHABILITATION	423	886,016	634	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	RURAL HEALTH CLINIC	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	CLINIC	0	0	0	90.00
90.01	FAMILY PRACTICES	0	0	0	90.01
90.02	WOMEN'S HEALTH CENTER	0	0	0	90.02
90.03	AMBULATORY CARE	68	2,056,573	1,985	90.03
90.04	OTHER	0	0	0	90.04
91.00	EMERGENCY	11,515	11,627,190	4,756	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	2,019	2,923,799	8,657	92.00
200.00	Total (Lines 50-199)	199,952	132,154,397	59,530	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140208	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/24/2012 1:29 pm
	Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges				
		PPS Reimbursed Services (see instructions)	Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)		
	1.00	2.00	3.00	4.00		
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	0.252406	19,672,452	0	0		50.00
51.00 RECOVERY ROOM	0.156905	4,816,344	0	0		51.00
52.00 DELIVERY ROOM & LABOR ROOM	0.371688	82,866	0	0		52.00
53.00 ANESTHESIOLOGY	0.066863	3,777,199	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	0.181283	40,446,369	0	0		54.00
57.00 CT SCAN	0.000000	0	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0		58.00
59.00 CARDIAC CATHETERIZATION	0.000000	0	0	0		59.00
60.00 LABORATORY	0.158918	2,069,071	0	0		60.00
60.01 BLOOD LABORATORY	0.146665	1,181,874	0	0		60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0		62.00
65.00 RESPIRATORY THERAPY	0.173750	670,920	0	0		65.00
66.00 PHYSICAL THERAPY	0.165765	412,780	0	0		66.00
67.00 OCCUPATIONAL THERAPY	0.388425	562,346	0	0		67.00
68.00 SPEECH PATHOLOGY	0.000000	0	0	0		68.00
69.00 ELECTROCARDIOLOGY	0.147958	4,313,908	0	0		69.00
70.00 ELECTROENCEPHALOGRAPHY	0.257669	78,417	0	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.700167	5,627,689	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	0.318483	11,113,423	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	0.136045	19,828,506	0	0		73.00
74.00 RENAL DIALYSIS	0.366526	6,655	0	0		74.00
76.00 DEV EVALUATION	0.589629	0	0	0		76.00
76.97 CARDIAC REHABILITATION	0.418599	886,016	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	0.000000	0	0	0		90.00
90.01 FAMILY PRACTICES	0.000000	0	0	0		90.01
90.02 WOMEN'S HEALTH CENTER	0.000000	0	0	0		90.02
90.03 AMBULATORY CARE	0.564388	2,056,573	0	0		90.03
90.04 OTHER	0.000000	0	0	0		90.04
91.00 EMERGENCY	0.209560	11,627,190	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0.816497	2,923,799	0	0		92.00
200.00 Subtotal (see instructions)		132,154,397	0	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00 Net Charges (line 200 +/- line 201)		132,154,397	0	0		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140208	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/24/2012 1:29 pm
Title XVIII		Hospital	PPS

Cost Center Description	Costs				
	PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)		
	5.00	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 OPERATING ROOM	4,965,445	0	0		50.00
51.00 RECOVERY ROOM	755,708	0	0		51.00
52.00 DELIVERY ROOM & LABOR ROOM	30,800	0	0		52.00
53.00 ANESTHESIOLOGY	252,555	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	7,332,239	0	0		54.00
57.00 CT SCAN	0	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00 CARDIAC CATHETERIZATION	0	0	0		59.00
60.00 LABORATORY	328,813	0	0		60.00
60.01 BLOOD LABORATORY	173,340	0	0		60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0		62.00
65.00 RESPIRATORY THERAPY	116,572	0	0		65.00
66.00 PHYSICAL THERAPY	68,424	0	0		66.00
67.00 OCCUPATIONAL THERAPY	218,429	0	0		67.00
68.00 SPEECH PATHOLOGY	0	0	0		68.00
69.00 ELECTROCARDIOLOGY	638,277	0	0		69.00
70.00 ELECTROENCEPHALOGRAPHY	20,206	0	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	3,940,322	0	0		71.00
71.30 IMPL. DEV. CHARGED TO PATIENT	0	0	0		71.30
72.00 IMPL. DEV. CHARGED TO PATIENT	3,539,436	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	2,697,569	0	0		73.00
74.00 RENAL DIALYSIS	2,439	0	0		74.00
76.00 DEV EVALUATION	0	0	0		76.00
76.97 CARDIAC REHABILITATION	370,885	0	0		76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00 RURAL HEALTH CLINIC	0	0	0		88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00 CLINIC	0	0	0		90.00
90.01 FAMILY PRACTICES	0	0	0		90.01
90.02 WOMEN'S HEALTH CENTER	0	0	0		90.02
90.03 AMBULATORY CARE	1,160,705	0	0		90.03
90.04 OTHER	0	0	0		90.04
91.00 EMERGENCY	2,436,594	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	2,387,273	0	0		92.00
200.00 Subtotal (see instructions)	31,436,031	0	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges		0			201.00
202.00 Net Charges (line 200 +/- line 201)	31,436,031	0	0		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140208	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part II Date/Time Prepared: 5/24/2012 1:29 pm
		Component CCN: 14S208	Title XVIII	Subprovider - IPF

Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
	1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	8,101,845	262,277,988	0.030890	1,804	56	50.00
51.00 RECOVERY ROOM	105,144	41,782,683	0.002516	751	2	51.00
52.00 DELIVERY ROOM & LABOR ROOM	812,882	36,563,633	0.022232	1,319	29	52.00
53.00 ANESTHESIOLOGY	294,629	51,326,787	0.005740	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	9,828,856	295,648,937	0.033245	307,648	10,228	54.00
57.00 CT SCAN	0	0	0.000000	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00 LABORATORY	876,575	197,587,190	0.004436	798,842	3,544	60.00
60.01 BLOOD LABORATORY	58,754	32,253,237	0.001822	1,092	2	60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0	62.00
65.00 RESPIRATORY THERAPY	806,398	118,932,516	0.006780	244,967	1,661	65.00
66.00 PHYSICAL THERAPY	331,476	45,988,420	0.007208	87,318	629	66.00
67.00 OCCUPATIONAL THERAPY	104,394	19,532,239	0.005345	132,770	710	67.00
68.00 SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00 ELECTROCARDIOLOGY	746,822	52,338,067	0.014269	191,791	2,737	69.00
70.00 ELECTROENCEPHALOGRAPHY	119,072	3,112,038	0.038262	6,529	250	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	497,067	114,499,615	0.004341	45,209	196	71.00
71.30 IMPL. DEV. CHARGED TO PATIENT	0	0	0.000000	0	0	71.30
72.00 IMPL. DEV. CHARGED TO PATIENT	277,022	164,409,196	0.001685	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	245,962	305,958,243	0.000804	1,506,621	1,211	73.00
74.00 RENAL DIALYSIS	488,250	8,128,811	0.060064	59,662	3,584	74.00
76.00 DEV EVALUATION	54,692	3,264,573	0.016753	58	1	76.00
76.97 CARDIAC REHABILITATION	24,140	3,035,990	0.007951	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00 CLINIC	0	0	0.000000	0	0	90.00
90.01 FAMILY PRACTICES	0	0	0.000000	0	0	90.01
90.02 WOMEN'S HEALTH CENTER	0	0	0.000000	0	0	90.02
90.03 AMBULATORY CARE	91,221	6,266,578	0.014557	220	3	90.03
90.04 OTHER	0	0	0.000000	0	0	90.04
91.00 EMERGENCY	1,929,163	182,335,178	0.010580	593,097	6,275	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	183,319	5,701,212	0.032154	0	0	92.00
200.00 Total (lines 50-199)	25,977,683	1,950,943,131		3,979,698	31,118	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140208 Component CCN: 14S208	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/24/2012 1:29 pm
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Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	0	0	119,373	0	119,373	50.00
51.00	RECOVERY ROOM	0	0	11,208	0	11,208	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	23,234	0	23,234	52.00
53.00	ANESTHESIOLOGY	0	0	6,896	0	6,896	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	91,625	0	91,625	54.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	0	0	53,680	0	53,680	60.00
60.01	BLOOD LABORATORY	0	0	8,087	0	8,087	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	RESPIRATORY THERAPY	0	0	35,326	0	35,326	65.00
66.00	PHYSICAL THERAPY	0	0	13,033	0	13,033	66.00
67.00	OCCUPATIONAL THERAPY	0	0	12,970	0	12,970	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	14,195	0	14,195	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	1,370	0	1,370	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	137,052	0	137,052	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	89,515	0	89,515	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	71,158	0	71,158	73.00
74.00	RENAL DIALYSIS	0	0	5,094	0	5,094	74.00
76.00	DEV EVALUATION	0	0	3,291	0	3,291	76.00
76.97	CARDIAC REHABILITATION	0	0	2,173	0	2,173	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	FAMILY PRACTICES	0	0	0	0	0	90.01
90.02	WOMEN'S HEALTH CENTER	0	0	0	0	0	90.02
90.03	AMBULATORY CARE	0	0	6,046	0	6,046	90.03
90.04	OTHER	0	0	0	0	0	90.04
91.00	EMERGENCY	0	0	74,640	0	74,640	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	16,879	0	16,879	92.00
200.00	Total (Lines 50-199)	0	0	796,845	0	796,845	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140208 Component CCN: 14S208	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/24/2012 1:29 pm
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
	6.00	7.00	8.00	9.00	10.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	119,373	262,277,988	0.000455	0.000455	1,804	50.00
51.00 RECOVERY ROOM	11,208	41,782,683	0.000268	0.000268	751	51.00
52.00 DELIVERY ROOM & LABOR ROOM	23,234	36,563,633	0.000635	0.000635	1,319	52.00
53.00 ANESTHESIOLOGY	6,896	51,326,787	0.000134	0.000134	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	91,625	295,648,937	0.000310	0.000310	307,648	54.00
57.00 CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00 LABORATORY	53,680	197,587,190	0.000272	0.000272	798,842	60.00
60.01 BLOOD LABORATORY	8,087	32,253,237	0.000251	0.000251	1,092	60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0.000000	0	62.00
65.00 RESPIRATORY THERAPY	35,326	118,932,516	0.000297	0.000297	244,967	65.00
66.00 PHYSICAL THERAPY	13,033	45,988,420	0.000283	0.000283	87,318	66.00
67.00 OCCUPATIONAL THERAPY	12,970	19,532,239	0.000664	0.000664	132,770	67.00
68.00 SPEECH PATHOLOGY	0	0	0.000000	0.000000	0	68.00
69.00 ELECTROCARDIOLOGY	14,195	52,338,067	0.000271	0.000271	191,791	69.00
70.00 ELECTROENCEPHALOGRAPHY	1,370	3,112,038	0.000440	0.000440	6,529	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	137,052	114,499,615	0.001197	0.001197	45,209	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	89,515	164,409,196	0.000544	0.000544	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	71,158	305,958,243	0.000233	0.000233	1,506,621	73.00
74.00 RENAL DIALYSIS	5,094	8,128,811	0.000627	0.000627	59,662	74.00
76.00 DEV EVALUATION	3,291	3,264,573	0.001008	0.001008	58	76.00
76.97 CARDIAC REHABILITATION	2,173	3,035,990	0.000716	0.000716	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00 CLINIC	0	0	0.000000	0.000000	0	90.00
90.01 FAMILY PRACTICES	0	0	0.000000	0.000000	0	90.01
90.02 WOMEN'S HEALTH CENTER	0	0	0.000000	0.000000	0	90.02
90.03 AMBULATORY CARE	6,046	6,266,578	0.000965	0.000965	220	90.03
90.04 OTHER	0	0	0.000000	0.000000	0	90.04
91.00 EMERGENCY	74,640	182,335,178	0.000409	0.000409	593,097	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	16,879	5,701,212	0.002961	0.002961	0	92.00
200.00 Total (lines 50-199)	796,845	1,950,943,131			3,979,698	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140208 Component CCN: 14S208	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/24/2012 1:29 pm
Title XVIII		Subprovider - IPF	PPS

Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
	11.00	12.00	13.00	
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 OPERATING ROOM	1	0	0	50.00
51.00 RECOVERY ROOM	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	1	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	95	0	0	54.00
57.00 CT SCAN	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00 LABORATORY	217	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
65.00 RESPIRATORY THERAPY	73	0	0	65.00
66.00 PHYSICAL THERAPY	25	0	0	66.00
67.00 OCCUPATIONAL THERAPY	88	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	52	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	3	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	54	0	0	71.00
71.30 IMPL. DEV. CHARGED TO PATIENT	0	0	0	71.30
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	351	0	0	73.00
74.00 RENAL DIALYSIS	37	0	0	74.00
76.00 DEV EVALUATION	0	0	0	76.00
76.97 CARDIAC REHABILITATION	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00 RURAL HEALTH CLINIC	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00 CLINIC	0	0	0	90.00
90.01 FAMILY PRACTICES	0	0	0	90.01
90.02 WOMEN'S HEALTH CENTER	0	0	0	90.02
90.03 AMBULATORY CARE	0	0	0	90.03
90.04 OTHER	0	0	0	90.04
91.00 EMERGENCY	243	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
200.00 Total (lines 50-199)	1,240	0	0	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140208	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part II Date/Time Prepared: 5/24/2012 1:29 pm
		Component CCN: 14T208	Title XVIII	Subprovider - IRF PPS

Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
	1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	8,101,845	262,277,988	0.030890	133,279	4,117	50.00
51.00 RECOVERY ROOM	105,144	41,782,683	0.002516	34,284	86	51.00
52.00 DELIVERY ROOM & LABOR ROOM	812,882	36,563,633	0.022232	0	0	52.00
53.00 ANESTHESIOLOGY	294,629	51,326,787	0.005740	25,068	144	53.00
54.00 RADIOLOGY-DIAGNOSTIC	9,828,856	295,648,937	0.033245	718,289	23,880	54.00
57.00 CT SCAN	0	0	0.000000	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00 LABORATORY	876,575	197,587,190	0.004436	1,228,160	5,448	60.00
60.01 BLOOD LABORATORY	58,754	32,253,237	0.001822	103,916	189	60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0	62.00
65.00 RESPIRATORY THERAPY	806,398	118,932,516	0.006780	619,874	4,203	65.00
66.00 PHYSICAL THERAPY	331,476	45,988,420	0.007208	6,315	46	66.00
67.00 OCCUPATIONAL THERAPY	104,394	19,532,239	0.005345	6,644,990	35,517	67.00
68.00 SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00 ELECTROCARDIOLOGY	746,822	52,338,067	0.014269	106,609	1,521	69.00
70.00 ELECTROENCEPHALOGRAPHY	119,072	3,112,038	0.038262	8,026	307	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	497,067	114,499,615	0.004341	629,838	2,734	71.00
71.30 IMPL. DEV. CHARGED TO PATIENT	0	0	0.000000	0	0	71.30
72.00 IMPL. DEV. CHARGED TO PATIENT	277,022	164,409,196	0.001685	12,246	21	72.00
73.00 DRUGS CHARGED TO PATIENTS	245,962	305,958,243	0.000804	3,137,401	2,522	73.00
74.00 RENAL DIALYSIS	488,250	8,128,811	0.060064	287,612	17,275	74.00
76.00 DEV EVALUATION	54,692	3,264,573	0.016753	1,003	17	76.00
76.97 CARDIAC REHABILITATION	24,140	3,035,990	0.007951	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00 CLINIC	0	0	0.000000	0	0	90.00
90.01 FAMILY PRACTICES	0	0	0.000000	0	0	90.01
90.02 WOMEN'S HEALTH CENTER	0	0	0.000000	0	0	90.02
90.03 AMBULATORY CARE	91,221	6,266,578	0.014557	0	0	90.03
90.04 OTHER	0	0	0.000000	0	0	90.04
91.00 EMERGENCY	1,929,163	182,335,178	0.010580	5,005	53	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	183,319	5,701,212	0.032154	0	0	92.00
200.00 Total (lines 50-199)	25,977,683	1,950,943,131		13,701,915	98,080	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140208 Component CCN: 14T208	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/24/2012 1:29 pm
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
	1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	0	0	119,373	0	119,373	50.00
51.00 RECOVERY ROOM	0	0	11,208	0	11,208	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	23,234	0	23,234	52.00
53.00 ANESTHESIOLOGY	0	0	6,896	0	6,896	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	91,625	0	91,625	54.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	53,680	0	53,680	60.00
60.01 BLOOD LABORATORY	0	0	8,087	0	8,087	60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00 RESPIRATORY THERAPY	0	0	35,326	0	35,326	65.00
66.00 PHYSICAL THERAPY	0	0	13,033	0	13,033	66.00
67.00 OCCUPATIONAL THERAPY	0	0	12,970	0	12,970	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	14,195	0	14,195	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	1,370	0	1,370	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	137,052	0	137,052	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	89,515	0	89,515	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	71,158	0	71,158	73.00
74.00 RENAL DIALYSIS	0	0	5,094	0	5,094	74.00
76.00 DEV EVALUATION	0	0	3,291	0	3,291	76.00
76.97 CARDIAC REHABILITATION	0	0	2,173	0	2,173	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 FAMILY PRACTICES	0	0	0	0	0	90.01
90.02 WOMEN'S HEALTH CENTER	0	0	0	0	0	90.02
90.03 AMBULATORY CARE	0	0	6,046	0	6,046	90.03
90.04 OTHER	0	0	0	0	0	90.04
91.00 EMERGENCY	0	0	74,640	0	74,640	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	16,879	0	16,879	92.00
200.00 Total (Lines 50-199)	0	0	796,845	0	796,845	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140208 Component CCN: 14T208	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/24/2012 1:29 pm
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
	6.00	7.00	8.00	9.00	10.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	119,373	262,277,988	0.000455	0.000455	133,279	50.00
51.00 RECOVERY ROOM	11,208	41,782,683	0.000268	0.000268	34,284	51.00
52.00 DELIVERY ROOM & LABOR ROOM	23,234	36,563,633	0.000635	0.000635	0	52.00
53.00 ANESTHESIOLOGY	6,896	51,326,787	0.000134	0.000134	25,068	53.00
54.00 RADIOLOGY-DIAGNOSTIC	91,625	295,648,937	0.000310	0.000310	718,289	54.00
57.00 CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00 LABORATORY	53,680	197,587,190	0.000272	0.000272	1,228,160	60.00
60.01 BLOOD LABORATORY	8,087	32,253,237	0.000251	0.000251	103,916	60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0.000000	0	62.00
65.00 RESPIRATORY THERAPY	35,326	118,932,516	0.000297	0.000297	619,874	65.00
66.00 PHYSICAL THERAPY	13,033	45,988,420	0.000283	0.000283	6,315	66.00
67.00 OCCUPATIONAL THERAPY	12,970	19,532,239	0.000664	0.000664	6,644,990	67.00
68.00 SPEECH PATHOLOGY	0	0	0.000000	0.000000	0	68.00
69.00 ELECTROCARDIOLOGY	14,195	52,338,067	0.000271	0.000271	106,609	69.00
70.00 ELECTROENCEPHALOGRAPHY	1,370	3,112,038	0.000440	0.000440	8,026	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	137,052	114,499,615	0.001197	0.001197	629,838	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	89,515	164,409,196	0.000544	0.000544	12,246	72.00
73.00 DRUGS CHARGED TO PATIENTS	71,158	305,958,243	0.000233	0.000233	3,137,401	73.00
74.00 RENAL DIALYSIS	5,094	8,128,811	0.000627	0.000627	287,612	74.00
76.00 DEV EVALUATION	3,291	3,264,573	0.001008	0.001008	1,003	76.00
76.97 CARDIAC REHABILITATION	2,173	3,035,990	0.000716	0.000716	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00 CLINIC	0	0	0.000000	0.000000	0	90.00
90.01 FAMILY PRACTICES	0	0	0.000000	0.000000	0	90.01
90.02 WOMEN'S HEALTH CENTER	0	0	0.000000	0.000000	0	90.02
90.03 AMBULATORY CARE	6,046	6,266,578	0.000965	0.000965	0	90.03
90.04 OTHER	0	0	0.000000	0.000000	0	90.04
91.00 EMERGENCY	74,640	182,335,178	0.000409	0.000409	5,005	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	16,879	5,701,212	0.002961	0.002961	0	92.00
200.00 Total (lines 50-199)	796,845	1,950,943,131			13,701,915	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140208 Component CCN: 14T208	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/24/2012 1:29 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
	11.00	12.00	13.00	
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 OPERATING ROOM	61	0	0	50.00
51.00 RECOVERY ROOM	9	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00 ANESTHESIOLOGY	3	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	223	0	0	54.00
57.00 CT SCAN	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00 LABORATORY	334	0	0	60.00
60.01 BLOOD LABORATORY	26	0	0	60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
65.00 RESPIRATORY THERAPY	184	0	0	65.00
66.00 PHYSICAL THERAPY	2	0	0	66.00
67.00 OCCUPATIONAL THERAPY	4,412	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	29	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	4	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	754	0	0	71.00
71.30 IMPL. DEV. CHARGED TO PATIENT	0	0	0	71.30
72.00 IMPL. DEV. CHARGED TO PATIENT	7	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	731	0	0	73.00
74.00 RENAL DIALYSIS	180	0	0	74.00
76.00 DEV EVALUATION	1	0	0	76.00
76.97 CARDIAC REHABILITATION	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00 RURAL HEALTH CLINIC	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00 CLINIC	0	0	0	90.00
90.01 FAMILY PRACTICES	0	0	0	90.01
90.02 WOMEN'S HEALTH CENTER	0	0	0	90.02
90.03 AMBULATORY CARE	0	0	0	90.03
90.04 OTHER	0	0	0	90.04
91.00 EMERGENCY	2	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
200.00 Total (lines 50-199)	6,962	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140208	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/24/2012 1:29 pm
	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	4.00	
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 OPERATING ROOM	0.252406	0	0	0	50.00
51.00 RECOVERY ROOM	0.156905	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0.371688	0	0	0	52.00
53.00 ANESTHESIOLOGY	0.066863	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0.181283	0	0	0	54.00
57.00 CT SCAN	0.000000	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0.000000	0	0	0	59.00
60.00 LABORATORY	0.158918	0	0	0	60.00
60.01 BLOOD LABORATORY	0.146665	0	0	0	60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	62.00
65.00 RESPIRATORY THERAPY	0.173750	0	0	0	65.00
66.00 PHYSICAL THERAPY	0.165765	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0.388425	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0.000000	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0.147958	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0.257669	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.700167	0	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	0.318483	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0.136045	0	0	0	73.00
74.00 RENAL DIALYSIS	0.366526	0	0	0	74.00
76.00 DEV EVALUATION	0.589629	0	0	0	76.00
76.97 CARDIAC REHABILITATION	0.418599	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00 RURAL HEALTH CLINIC	0.000000				88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0.000000				89.00
90.00 CLINIC	0.000000	0	0	0	90.00
90.01 FAMILY PRACTICES	0.000000	0	0	0	90.01
90.02 WOMEN'S HEALTH CENTER	0.000000	0	0	0	90.02
90.03 AMBULATORY CARE	0.564388	0	0	0	90.03
90.04 OTHER	0.000000	0	0	0	90.04
91.00 EMERGENCY	0.209560	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0.816497	0	0	0	92.00
200.00 Subtotal (see instructions)		0	0	0	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00 Net Charges (line 200 +/- line 201)		0	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140208	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/24/2012 1:29 pm
	Title XIX	Hospital	Cost

Cost Center Description	Costs				Cost
	PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)		
	5.00	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 OPERATING ROOM	0	0	0		50.00
51.00 RECOVERY ROOM	0	0	0		51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00 ANESTHESIOLOGY	0	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0		54.00
57.00 CT SCAN	0	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00 CARDIAC CATHETERIZATION	0	0	0		59.00
60.00 LABORATORY	0	0	0		60.00
60.01 BLOOD LABORATORY	0	0	0		60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0		62.00
65.00 RESPIRATORY THERAPY	0	0	0		65.00
66.00 PHYSICAL THERAPY	0	0	0		66.00
67.00 OCCUPATIONAL THERAPY	0	0	0		67.00
68.00 SPEECH PATHOLOGY	0	0	0		68.00
69.00 ELECTROCARDIOLOGY	0	0	0		69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0		71.00
71.30 IMPL. DEV. CHARGED TO PATIENT	0	0	0		71.30
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0		73.00
74.00 RENAL DIALYSIS	0	0	0		74.00
76.00 DEV EVALUATION	0	0	0		76.00
76.97 CARDIAC REHABILITATION	0	0	0		76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00 RURAL HEALTH CLINIC	0	0	0		88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00 CLINIC	0	0	0		90.00
90.01 FAMILY PRACTICES	0	0	0		90.01
90.02 WOMEN'S HEALTH CENTER	0	0	0		90.02
90.03 AMBULATORY CARE	0	0	0		90.03
90.04 OTHER	0	0	0		90.04
91.00 EMERGENCY	0	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
200.00 Subtotal (see instructions)	0	0	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges		0			201.00
202.00 Net Charges (line 200 +/- line 201)	0	0	0		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140208	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/24/2012 1:29 pm
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)		147,372	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		147,372	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)		147,372	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)		57,821	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)		164,394,514	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)		164,394,514	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed charges)		260,147,636	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		260,147,636	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.631928	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		1,765.24	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)		164,394,514	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,115.51	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		64,499,904	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)		64,499,904	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140208		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1	
		Title XVIII		Hospital		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	53,102,125	28,759	1,846.45	11,908	21,987,527	43.00
43.01	NEONATAL INTENSIVE CARE UNIT	13,940,652	10,910	1,277.79	0	0	43.01
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					114,418,860	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					200,906,291	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)					3,537,334	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					6,073,071	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					9,610,405	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					191,295,886	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					4,173	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,115.51	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					4,655,023	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140208		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1 Date/Time Prepared: 5/24/2012 1:29 pm	
Title XVIII		Hospital		PPS			
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	6,473,947	164,394,514	0.039381	4,655,023	183,319	90.00
91.00	Nursing School cost	0	164,394,514	0.000000	4,655,023	0	91.00
92.00	Allied health cost	596,078	164,394,514	0.003626	4,655,023	16,879	92.00
93.00	All other Medical Education	0	164,394,514	0.000000	4,655,023	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140208	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1
		Component CCN: 14S208		Date/Time Prepared: 5/24/2012 1:29 pm
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		9,588	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		9,588	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)		9,588	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		4,494	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)		8,173,572	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)		8,173,572	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed charges)		15,512,871	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		15,512,871	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.526890	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		1,617.95	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)		8,173,572	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)		852.48	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		3,831,045	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		3,831,045	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140208		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1	
		Component CCN: 14S208				Date/Time Prepared: 5/24/2012 1:29 pm	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
<b>Intensive Care Type Inpatient Hospital Units</b>							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
43.01	NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0	43.01
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
<b>Cost Center Description</b>							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					705,548	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					4,536,593	49.00
<b>PASS THROUGH COST ADJUSTMENTS</b>							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					119,540	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					32,358	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					151,898	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					4,384,695	53.00
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY</b>							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140208 Component CCN: 14S208		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1 Date/Time Prepared: 5/24/2012 1:29 pm	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	221,940	8,173,572	0.027153	0	0	90.00
91.00	Nursing School cost	0	8,173,572	0.000000	0	0	91.00
92.00	Allied health cost	33,067	8,173,572	0.004046	0	0	92.00
93.00	All other Medical Education	0	8,173,572	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140208	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1
		Component CCN: 14T208		Date/Time Prepared: 5/24/2012 1:29 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		12,536	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		12,536	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)		12,536	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)		7,087	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)		10,446,182	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)		10,446,182	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed charges)		15,763,100	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		15,763,100	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.662698	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		1,257.43	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)		10,446,182	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)		833.29	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		5,905,526	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)		5,905,526	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140208		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1	
		Component CCN: 14T208				Date/Time Prepared: 5/24/2012 1:29 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
<b>Intensive Care Type Inpatient Hospital Units</b>							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
43.01 NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0		43.01
44.00 CORONARY CARE UNIT	0	0	0.00	0	0		44.00
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0		45.00
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0		46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
<b>Cost Center Description</b>							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					4,067,776		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					9,973,302		49.00
<b>PASS THROUGH COST ADJUSTMENTS</b>							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					173,845		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					105,042		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					278,887		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					9,694,415		53.00
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY</b>							
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)					70.00		70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					71.00		71.00
72.00 Program routine service cost (line 9 x line 71)					72.00		72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)					73.00		73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)					74.00		74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					75.00		75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)					76.00		76.00
77.00 Program capital-related costs (line 9 x line 76)					77.00		77.00
78.00 Inpatient routine service cost (line 74 minus line 77)					78.00		78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)					79.00		79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					80.00		80.00
81.00 Inpatient routine service cost per diem limitation					81.00		81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)					82.00		82.00
83.00 Reasonable inpatient routine service costs (see instructions)					83.00		83.00
84.00 Program inpatient ancillary services (see instructions)					84.00		84.00
85.00 Utilization review - physician compensation (see instructions)					85.00		85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)					86.00		86.00
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>							
87.00 Total observation bed days (see instructions)					0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140208 Component CCN: 14T208		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1 Date/Time Prepared: 5/24/2012 1:29 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	264,639	10,446,182	0.025334	0	0	90.00
91.00	Nursing School cost	0	10,446,182	0.000000	0	0	91.00
92.00	Allied health cost	42,823	10,446,182	0.004099	0	0	92.00
93.00	All other Medical Education	0	10,446,182	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140208	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3 Date/Time Prepared: 5/24/2012 1:29 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	ADULTS & PEDIATRICS		101,694,368		30.00
31.00	INTENSIVE CARE UNIT		47,366,645		31.00
31.01	NEONATAL INTENSIVE CARE UNIT		0		31.01
32.00	CORONARY CARE UNIT		0		32.00
33.00	BURN INTENSIVE CARE UNIT		0		33.00
34.00	SURGICAL INTENSIVE CARE UNIT		0		34.00
40.00	SUBPROVIDER - IPF		0		40.00
41.00	SUBPROVIDER - IRF		0		41.00
42.00	SUBPROVIDER		0		42.00
43.00	NURSERY		0		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	OPERATING ROOM	0.252406	57,985,135	14,635,796	50.00
51.00	RECOVERY ROOM	0.156905	8,516,262	1,336,244	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.371688	152,275	56,599	52.00
53.00	ANESTHESIOLOGY	0.066863	10,064,192	672,922	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.181283	67,755,904	12,282,994	54.00
57.00	CT SCAN	0.000000	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	LABORATORY	0.158918	56,925,131	9,046,428	60.00
60.01	BLOOD LABORATORY	0.146665	10,393,283	1,524,331	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	62.00
65.00	RESPIRATORY THERAPY	0.173750	35,567,702	6,179,888	65.00
66.00	PHYSICAL THERAPY	0.165765	6,981,551	1,157,297	66.00
67.00	OCCUPATIONAL THERAPY	0.388425	153,708	59,704	67.00
68.00	SPEECH PATHOLOGY	0.000000	0	0	68.00
69.00	ELECTROCARDIOLOGY	0.147958	14,101,334	2,086,405	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.257669	633,860	163,326	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.700167	37,432,492	26,208,996	71.00
71.30	IMPL. DEV. CHARGED TO PATIENT	0.000000	0	0	71.30
72.00	IMPL. DEV. CHARGED TO PATIENT	0.318483	56,452,999	17,979,320	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.136045	91,486,330	12,446,258	73.00
74.00	RENAL DIALYSIS	0.366526	5,008,738	1,835,833	74.00
76.00	DEV EVALUATION	0.589629	4,300	2,535	76.00
76.97	CARDIAC REHABILITATION	0.418599	590,303	247,100	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	0.000000	0	0	90.00
90.01	FAMILY PRACTICES	0.000000	0	0	90.01
90.02	WOMEN'S HEALTH CENTER	0.000000	0	0	90.02
90.03	AMBULATORY CARE	0.564388	70,806	39,962	90.03
90.04	OTHER	0.000000	0	0	90.04
91.00	EMERGENCY	0.209560	28,154,660	5,900,091	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.816497	681,975	556,831	92.00
200.00	Total (sum of lines 50-94 and 96-98)		489,112,940	114,418,860	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)			0	201.00
202.00	Net Charges (line 200 minus line 201)		489,112,940		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140208	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3	
		Component CCN: 14S208		Date/Time Prepared: 5/24/2012 1:29 pm	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	ADULTS & PEDIATRICS		0		30.00
31.00	INTENSIVE CARE UNIT		0		31.00
31.01	NEONATAL INTENSIVE CARE UNIT		0		31.01
32.00	CORONARY CARE UNIT		0		32.00
33.00	BURN INTENSIVE CARE UNIT		0		33.00
34.00	SURGICAL INTENSIVE CARE UNIT		0		34.00
40.00	SUBPROVIDER - IPF		6,819,968		40.00
41.00	SUBPROVIDER - IRF		0		41.00
42.00	SUBPROVIDER		0		42.00
43.00	NURSERY		0		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	OPERATING ROOM	0.252406	1,804	455	50.00
51.00	RECOVERY ROOM	0.156905	751	118	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.371688	1,319	490	52.00
53.00	ANESTHESIOLOGY	0.066863	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.181283	307,648	55,771	54.00
57.00	CT SCAN	0.000000	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	LABORATORY	0.158918	798,842	126,950	60.00
60.01	BLOOD LABORATORY	0.146665	1,092	160	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	62.00
65.00	RESPIRATORY THERAPY	0.173750	244,967	42,563	65.00
66.00	PHYSICAL THERAPY	0.165765	87,318	14,474	66.00
67.00	OCCUPATIONAL THERAPY	0.388425	132,770	51,571	67.00
68.00	SPEECH PATHOLOGY	0.000000	0	0	68.00
69.00	ELECTROCARDIOLOGY	0.147958	191,791	28,377	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.257669	6,529	1,682	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.700167	45,209	31,654	71.00
71.30	IMPL. DEV. CHARGED TO PATIENT	0.000000	0	0	71.30
72.00	IMPL. DEV. CHARGED TO PATIENT	0.318483	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.136045	1,506,621	204,968	73.00
74.00	RENAL DIALYSIS	0.366526	59,662	21,868	74.00
76.00	DEV EVALUATION	0.589629	58	34	76.00
76.97	CARDIAC REHABILITATION	0.418599	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	CLINIC	0.000000	0	0	90.00
90.01	FAMILY PRACTICES	0.000000	0	0	90.01
90.02	WOMEN'S HEALTH CENTER	0.000000	0	0	90.02
90.03	AMBULATORY CARE	0.564388	220	124	90.03
90.04	OTHER	0.000000	0	0	90.04
91.00	EMERGENCY	0.209560	593,097	124,289	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.816497	0	0	92.00
200.00	Total (sum of lines 50-94 and 96-98)		3,979,698	705,548	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net Charges (line 200 minus line 201)		3,979,698		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140208 Component CCN: 14T208	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3 Date/Time Prepared: 5/24/2012 1:29 pm	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	ADULTS & PEDIATRICS		0		30.00
31.00	INTENSIVE CARE UNIT		0		31.00
31.01	NEONATAL INTENSIVE CARE UNIT		0		31.01
32.00	CORONARY CARE UNIT		0		32.00
33.00	BURN INTENSIVE CARE UNIT		0		33.00
34.00	SURGICAL INTENSIVE CARE UNIT		0		34.00
40.00	SUBPROVIDER - IPF		0		40.00
41.00	SUBPROVIDER - IRF		8,886,880		41.00
42.00	SUBPROVIDER		0		42.00
43.00	NURSERY		0		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	OPERATING ROOM	0.252406	133,279	33,640	50.00
51.00	RECOVERY ROOM	0.156905	34,284	5,379	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.371688	0	0	52.00
53.00	ANESTHESIOLOGY	0.066863	25,068	1,676	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.181283	718,289	130,214	54.00
57.00	CT SCAN	0.000000	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	LABORATORY	0.158918	1,228,160	195,177	60.00
60.01	BLOOD LABORATORY	0.146665	103,916	15,241	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	62.00
65.00	RESPIRATORY THERAPY	0.173750	619,874	107,703	65.00
66.00	PHYSICAL THERAPY	0.165765	6,315	1,047	66.00
67.00	OCCUPATIONAL THERAPY	0.388425	6,644,990	2,581,080	67.00
68.00	SPEECH PATHOLOGY	0.000000	0	0	68.00
69.00	ELECTROCARDIOLOGY	0.147958	106,609	15,774	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.257669	8,026	2,068	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.700167	629,838	440,992	71.00
71.30	IMPL. DEV. CHARGED TO PATIENT	0.000000	0	0	71.30
72.00	IMPL. DEV. CHARGED TO PATIENT	0.318483	12,246	3,900	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.136045	3,137,401	426,828	73.00
74.00	RENAL DIALYSIS	0.366526	287,612	105,417	74.00
76.00	DEV EVALUATION	0.589629	1,003	591	76.00
76.97	CARDIAC REHABILITATION	0.418599	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	CLINIC	0.000000	0	0	90.00
90.01	FAMILY PRACTICES	0.000000	0	0	90.01
90.02	WOMEN'S HEALTH CENTER	0.000000	0	0	90.02
90.03	AMBULATORY CARE	0.564388	0	0	90.03
90.04	OTHER	0.000000	0	0	90.04
91.00	EMERGENCY	0.209560	5,005	1,049	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.816497	0	0	92.00
200.00	Total (sum of lines 50-94 and 96-98)		13,701,915	4,067,776	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00	Net Charges (line 200 minus line 201)		13,701,915		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140208	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3 Date/Time Prepared: 5/24/2012 1:29 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	ADULTS & PEDIATRICS		0		30.00
31.00	INTENSIVE CARE UNIT		0		31.00
31.01	NEONATAL INTENSIVE CARE UNIT		0		31.01
32.00	CORONARY CARE UNIT		0		32.00
33.00	BURN INTENSIVE CARE UNIT		0		33.00
34.00	SURGICAL INTENSIVE CARE UNIT		0		34.00
40.00	SUBPROVIDER - IPF		0		40.00
41.00	SUBPROVIDER - IRF		0		41.00
42.00	SUBPROVIDER		0		42.00
43.00	NURSERY		0		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	OPERATING ROOM	0.252406	0	0	50.00
51.00	RECOVERY ROOM	0.156905	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.371688	0	0	52.00
53.00	ANESTHESIOLOGY	0.066863	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.181283	0	0	54.00
57.00	CT SCAN	0.000000	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	LABORATORY	0.158918	0	0	60.00
60.01	BLOOD LABORATORY	0.146665	0	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	62.00
65.00	RESPIRATORY THERAPY	0.173750	0	0	65.00
66.00	PHYSICAL THERAPY	0.165765	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0.388425	0	0	67.00
68.00	SPEECH PATHOLOGY	0.000000	0	0	68.00
69.00	ELECTROCARDIOLOGY	0.147958	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.257669	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.700167	0	0	71.00
71.30	IMPL. DEV. CHARGED TO PATIENT	0.000000	0	0	71.30
72.00	IMPL. DEV. CHARGED TO PATIENT	0.318483	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.136045	0	0	73.00
74.00	RENAL DIALYSIS	0.366526	0	0	74.00
76.00	DEV EVALUATION	0.589629	0	0	76.00
76.97	CARDIAC REHABILITATION	0.418599	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	RURAL HEALTH CLINIC	0.000000	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	89.00
90.00	CLINIC	0.000000	0	0	90.00
90.01	FAMILY PRACTICES	0.000000	0	0	90.01
90.02	WOMEN'S HEALTH CENTER	0.000000	0	0	90.02
90.03	AMBULATORY CARE	0.564388	0	0	90.03
90.04	OTHER	0.000000	0	0	90.04
91.00	EMERGENCY	0.209560	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.816497	0	0	92.00
200.00	Total (sum of lines 50-94 and 96-98)		0	0	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net Charges (line 200 minus line 201)		0	0	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140208	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3
		Component CCN: 14S208		Date/Time Prepared: 5/24/2012 1:29 pm
		Title XIX	Subprovider - IPF	Cost
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
		1.00	2.00	3.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	ADULTS & PEDIATRICS		0	30.00
31.00	INTENSIVE CARE UNIT		0	31.00
31.01	NEONATAL INTENSIVE CARE UNIT		0	31.01
32.00	CORONARY CARE UNIT		0	32.00
33.00	BURN INTENSIVE CARE UNIT		0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	SUBPROVIDER - IPF		0	40.00
41.00	SUBPROVIDER - IRF		0	41.00
42.00	SUBPROVIDER		0	42.00
43.00	NURSERY		0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	OPERATING ROOM	0.252406	0	50.00
51.00	RECOVERY ROOM	0.156905	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.371688	0	52.00
53.00	ANESTHESIOLOGY	0.066863	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.181283	0	54.00
57.00	CT SCAN	0.000000	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	58.00
59.00	CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	LABORATORY	0.158918	0	60.00
60.01	BLOOD LABORATORY	0.146665	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	62.00
65.00	RESPIRATORY THERAPY	0.173750	0	65.00
66.00	PHYSICAL THERAPY	0.165765	0	66.00
67.00	OCCUPATIONAL THERAPY	0.388425	0	67.00
68.00	SPEECH PATHOLOGY	0.000000	0	68.00
69.00	ELECTROCARDIOLOGY	0.147958	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.257669	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.700167	0	71.00
71.30	IMPL. DEV. CHARGED TO PATIENT	0.000000	0	71.30
72.00	IMPL. DEV. CHARGED TO PATIENT	0.318483	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.136045	0	73.00
74.00	RENAL DIALYSIS	0.366526	0	74.00
76.00	DEV EVALUATION	0.589629	0	76.00
76.97	CARDIAC REHABILITATION	0.418599	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	CLINIC	0.000000	0	90.00
90.01	FAMILY PRACTICES	0.000000	0	90.01
90.02	WOMEN'S HEALTH CENTER	0.000000	0	90.02
90.03	AMBULATORY CARE	0.564388	0	90.03
90.04	OTHER	0.000000	0	90.04
91.00	EMERGENCY	0.209560	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.816497	0	92.00
200.00	Total (sum of lines 50-94 and 96-98)		0	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00	Net Charges (line 200 minus line 201)		0	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140208	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3	
		Component CCN: 14T208		Date/Time Prepared: 5/24/2012 1:29 pm	
		Title XIX	Subprovider - IRF	Cost	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	ADULTS & PEDIATRICS		0		30.00
31.00	INTENSIVE CARE UNIT		0		31.00
31.01	NEONATAL INTENSIVE CARE UNIT		0		31.01
32.00	CORONARY CARE UNIT		0		32.00
33.00	BURN INTENSIVE CARE UNIT		0		33.00
34.00	SURGICAL INTENSIVE CARE UNIT		0		34.00
40.00	SUBPROVIDER - IPF		0		40.00
41.00	SUBPROVIDER - IRF		0		41.00
42.00	SUBPROVIDER		0		42.00
43.00	NURSERY		0		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	OPERATING ROOM	0.252406	0	0	50.00
51.00	RECOVERY ROOM	0.156905	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.371688	0	0	52.00
53.00	ANESTHESIOLOGY	0.066863	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.181283	0	0	54.00
57.00	CT SCAN	0.000000	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	LABORATORY	0.158918	0	0	60.00
60.01	BLOOD LABORATORY	0.146665	0	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	62.00
65.00	RESPIRATORY THERAPY	0.173750	0	0	65.00
66.00	PHYSICAL THERAPY	0.165765	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0.388425	0	0	67.00
68.00	SPEECH PATHOLOGY	0.000000	0	0	68.00
69.00	ELECTROCARDIOLOGY	0.147958	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.257669	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.700167	0	0	71.00
71.30	IMPL. DEV. CHARGED TO PATIENT	0.000000	0	0	71.30
72.00	IMPL. DEV. CHARGED TO PATIENT	0.318483	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.136045	0	0	73.00
74.00	RENAL DIALYSIS	0.366526	0	0	74.00
76.00	DEV EVALUATION	0.589629	0	0	76.00
76.97	CARDIAC REHABILITATION	0.418599	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	RURAL HEALTH CLINIC	0.000000	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	89.00
90.00	CLINIC	0.000000	0	0	90.00
90.01	FAMILY PRACTICES	0.000000	0	0	90.01
90.02	WOMEN'S HEALTH CENTER	0.000000	0	0	90.02
90.03	AMBULATORY CARE	0.564388	0	0	90.03
90.04	OTHER	0.000000	0	0	90.04
91.00	EMERGENCY	0.209560	74	16	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.816497	0	0	92.00
200.00	Total (sum of lines 50-94 and 96-98)		74	16	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00	Net Charges (line 200 minus line 201)		74		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140208	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part A Date/Time Prepared: 5/24/2012 1:29 pm
		Title XVII I	Hospital	PPS
		1.00		
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER PPS</b>				
1.00	DRG Amounts Other than Outlier Payments		129,794,022	1.00
2.00	Outlier payments for discharges. (see instructions)		7,080,506	2.00
3.00	Managed Care Simulated Payments		22,794,731	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		579.57	4.00
<b>Indirect Medical Education Adjustment</b>				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		171.79	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)		44.81	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)		216.60	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		214.23	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)		214.23	12.00
13.00	Total allowable FTE count for the prior year.		216.59	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.		210.93	14.00
15.00	Sum of lines 12 through 14 divided by 3.		213.92	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		213.92	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.369101	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.373709	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.369101	21.00
22.00	IME payment adjustment (see instructions)		27,949,529	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)		27,949,529	29.00
<b>Disproportionate Share Adjustment</b>				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		3.81	30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)		27.22	31.00
32.00	Sum of lines 30 and 31		31.03	32.00
33.00	Allowable disproportionate share percentage (see instructions)		14.81	33.00
34.00	Disproportionate share adjustment (see instructions)		19,222,495	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)		184,046,552	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)		184,046,552	49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		12,740,211	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).		10,663,095	52.00
53.00	Nursing and Allied Health Managed Care payment		98,449	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		297,424	57.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140208	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part A Date/Time Prepared: 5/24/2012 1:29 pm
		Title XVIII	Hospital	PPS
				1.00
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)			199,952 58.00
59.00	Total (sum of amounts on lines 49 through 58)			208,045,683 59.00
60.00	Primary payer payments			112,956 60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			207,932,727 61.00
62.00	Deductibles billed to program beneficiaries			9,311,836 62.00
63.00	Coinsurance billed to program beneficiaries			983,677 63.00
64.00	Allowable bad debts (see instructions)			3,455,184 64.00
65.00	Adjusted reimbursable bad debts (see instructions)			2,418,629 65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			1,956,469 66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			200,055,843 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)			200,055,843 71.00
72.00	Interim payments			195,023,592 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)			5,032,251 74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2			0 75.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Operating outlier amount from Worksheet E, Part A line 2			0 90.00
91.00	Capital outlier from Worksheet L, Part I, line 2			0 91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0 92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0 93.00
94.00	The rate used to calculate the Time Value of Money			0.00 94.00
95.00	Time Value of Money for operating expenses(see instructions)			0 95.00
96.00	Time Value of Money for capital related expenses (see instructions)			0 96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140208	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/24/2012 1:29 pm
		Title XVIII	Hospital	PPS
				1.00
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)			0 1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	31,376,501		2.00
3.00	PPS payments	30,081,166		3.00
4.00	Outlier payment (see instructions)	195,436		4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)	0.897		5.00
6.00	Line 2 times line 5	28,144,721		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	59,530		9.00
10.00	Organ acquisitions	0		10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	0		11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges			0 12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)			0 13.00
14.00	Total reasonable charges (sum of lines 12 and 13)			0 14.00
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis			0 15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)			0 16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)	0.000000		17.00
18.00	Total customary charges (see instructions)			0 18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			0 19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)			0 20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)			0 21.00
22.00	Interns and residents (see instructions)			0 22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)			0 23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)	30,336,132		24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)	6,369,879		25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)	0		26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)	23,966,253		27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)	1,556,705		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)	25,522,958		30.00
31.00	Primary payer payments	4,037		31.00
32.00	Subtotal (line 30 minus line 31)	25,518,921		32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)			0 33.00
34.00	Allowable bad debts (see instructions)	1,867,348		34.00
35.00	Adjusted reimbursable bad debts (see instructions)	1,307,144		35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	1,238,136		36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)	26,826,065		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)	26,826,065		40.00
41.00	Interim payments	25,420,794		41.00
42.00	Tentative settlement (for contractors use only)	0		42.00
43.00	Balance due provider/program (line 40 minus the sum of lines 41, and 42)	1,405,271		43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2	0		44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)			0 90.00
91.00	Outlier reconciliation adjustment amount (see instructions)			0 91.00
92.00	The rate used to calculate the Time Value of Money	0.00		92.00
93.00	Time Value of Money (see instructions)			0 93.00
94.00	Total (sum of lines 91 and 93)			0 94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140208	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/24/2012 1:29 pm
		Component CCN: 14S208	Title VIII	Subprovider - IPF
		PPS		
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		0	2.00
3.00	PPS payments		0	3.00
4.00	Outlier payment (see instructions)		0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		0	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		0	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		0	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		0	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		0	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		0	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (line 37 plus or minus lines 39 minus 38)		0	40.00
41.00	Interim payments		0	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (line 40 minus the sum of lines 41, and 42)		0	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140208	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/24/2012 1:29 pm
		Component CCN: 14T208	Title XVIII	Subprovider - IRF
		PPS		
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		0	2.00
3.00	PPS payments		0	3.00
4.00	Outlier payment (see instructions)		0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		0	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		0	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		0	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		0	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		0	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		0	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (line 37 plus or minus lines 39 minus 38)		0	40.00
41.00	Interim payments		0	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (line 40 minus the sum of lines 41, and 42)		0	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140208

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/24/2012 1:29 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		193,464,541		25,348,515	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	08/05/2011	906,843		57,145	3.01	
3.02		12/16/2011	652,208	12/16/2011	15,134	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)		1,559,051		72,279	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)		195,023,592		25,420,794	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		5,032,251		1,405,271	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		200,055,843		26,826,065	7.00	
				Contractor Number	Date (Mo/Day/Yr)		
			0	1.00	2.00		
8.00	Name of Contractor					8.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140208

Period: From 01/01/2011

Worksheet E-1

Component CCN: 14S208

To 12/31/2011

Part I  
Date/Time Prepared:  
5/24/2012 1:29 pm

Title XVIII

Subprovider -  
IPF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		3,649,591		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM	08/05/2011	19,666		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)		-19,666		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		3,629,925		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		3,620		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		3,633,545		0	7.00
				Contractor Number	Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140208

Period: From 01/01/2011

Worksheet E-1

Component CCN: 14T208

To 12/31/2011

Part I  
Date/Time Prepared:  
5/24/2012 1:29 pm

Title XVIII

Subprovider -  
IRF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					0 1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		9,748,865			0 2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					0 3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER	08/05/2011	36,239			0 3.01
3.02			0			0 3.02
3.03			0			0 3.03
3.04			0			0 3.04
3.05			0			0 3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0			0 3.50
3.51			0			0 3.51
3.52			0			0 3.52
3.53			0			0 3.53
3.54			0			0 3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		36,239			0 3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		9,785,104			0 4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					0 5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0			0 5.01
5.02			0			0 5.02
5.03			0			0 5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0			0 5.50
5.51			0			0 5.51
5.52			0			0 5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0			0 5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					0 6.00
6.01	SETTLEMENT TO PROVIDER		17,647			0 6.01
6.02	SETTLEMENT TO PROGRAM		0			0 6.02
7.00	Total Medicare program liability (see instructions)		9,802,751			0 7.00
				Contractor Number	Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					0 8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 140208	Period: From 01/01/2011 To 12/31/2011	Worksheet E-1 Part II Date/Time Prepared: 5/24/2012 1:29 pm
		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			38,403 1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12			69,729 2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6. line 2			10,618 3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12			182,868 4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200			2,406,381,258 5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20			50,765,911 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)			2,859,207 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)			2,859,207 32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140208	Period: From 01/01/2011 To 12/31/2011	Worksheet E-3 Part II Date/Time Prepared: 5/24/2012 1:29 pm
		Component CCN: 14S208	Title XVII	Subprovider - IPF
				PPS
				1.00
<b>PART II - MEDICARE PART A SERVICES - IPF PPS</b>				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			3,744,265 1.00
2.00	Net IPF PPS Outlier Payments			138,197 2.00
3.00	Net IPF PPS ECT Payments			62,961 3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)			0.00 4.00
5.00	New Teaching program adjustment. (see instructions)			0.00 5.00
6.00	Current year's unweighted FTE count of I&R other than FTEs in the first 3 years of a "new teaching program". (see inst.)			0.00 6.00
7.00	Current year's unweighted I&R FTE count for residents within the first 3 years of a "new teaching program". (see inst.)			0.00 7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)			0.00 8.00
9.00	Average Daily Census (see instructions)			26.268493 9.00
10.00	Medical Education Adjustment Factor $\{((1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1)\}$ .			0.000000 10.00
11.00	Medical Education Adjustment (line 1 multiplied by line 10).			0 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			3,945,423 12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)			0 13.00
14.00	Organ acquisition			0 14.00
15.00	Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions)			0 15.00
16.00	Subtotal (see instructions)			3,945,423 16.00
17.00	Primary payer payments			0 17.00
18.00	Subtotal (line 16 less line 17).			3,945,423 18.00
19.00	Deductibles			275,984 19.00
20.00	Subtotal (line 18 minus line 19)			3,669,439 20.00
21.00	Coinsurance			52,638 21.00
22.00	Subtotal (line 20 minus line 21)			3,616,801 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			0 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			0 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 25.00
26.00	Subtotal (sum of lines 22 and 24)			3,616,801 26.00
27.00	Direct graduate medical education payments (from Worksheet E-4, line 49)			0 27.00
28.00	Other pass through costs (see instructions)			16,744 28.00
29.00	Outlier payments reconciliation			0 29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 30.00
30.99	Recovery of Accelerated Depreciation			0 30.99
31.00	Total amount payable to the provider (see instructions)			3,633,545 31.00
32.00	Interim payments			3,629,925 32.00
33.00	Tentative settlement (for contractor use only)			0 33.00
34.00	Balance due provider/program (line 31 minus the sum lines 32 and 33)			3,620 34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2			0 35.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2			0 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140208	Period: From 01/01/2011 To 12/31/2011	Worksheet E-3 Part III Date/Time Prepared: 5/24/2012 1:29 pm
		Component CCN: 14T208	Title XVIII	Subprovider - IRF
		PPS		
		1.00		
<b>PART III - MEDICARE PART A SERVICES - IRF PPS</b>				
1.00	Net Federal PPS Payment (see instructions)		9,335,456	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)		0.0249	2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)		331,530	3.00
4.00	Outlier Payments		216,916	4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)		0.00	5.00
6.00	New Teaching program adjustment. (see instructions)		0.00	6.00
7.00	Current year's unweighted FTE count of I&R other than FTEs in the first 3 years of a "new teaching program". (see inst.)		0.00	7.00
8.00	Current year's unweighted I&R FTE count for residents within the first 3 years of a "new teaching program". (see inst.)		0.00	8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)		0.00	9.00
10.00	Average Daily Census (see instructions)		34.345205	10.00
11.00	Medical Education Adjustment Factor $\{((1 + (\text{line } 9/\text{line } 10)) \text{ raised to the power of } .6876 - 1)\}$ .		0.000000	11.00
12.00	Medical Education Adjustment (line 1 multiplied by line 11).		0	12.00
13.00	Total PPS Payment (sum of lines 1, 3, 4 and 12)		9,883,902	13.00
14.00	Nursing and Allied Health Managed Care payment (see instruction)		0	14.00
15.00	Organ acquisition		0	15.00
16.00	Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions)		0	16.00
17.00	Subtotal (see instructions)		9,883,902	17.00
18.00	Primary payer payments		0	18.00
19.00	Subtotal (line 17 less line 18).		9,883,902	19.00
20.00	Deductibles		28,300	20.00
21.00	Subtotal (line 19 minus line 20)		9,855,602	21.00
22.00	Coinsurance		84,051	22.00
23.00	Subtotal (line 21 minus line 22)		9,771,551	23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		0	24.00
25.00	Adjusted reimbursable bad debts (see instructions)		0	25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	26.00
27.00	Subtotal (sum of lines 23 and 25)		9,771,551	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 49)		0	28.00
29.00	Other pass through costs (see instructions)		31,200	29.00
30.00	Outlier payments reconciliation		0	30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	31.00
31.99	Recovery of Accelerated Depreciation		0	31.99
32.00	Total amount payable to the provider (see instructions)		9,802,751	32.00
33.00	Interim payments		9,785,104	33.00
34.00	Tentative settlement (for contractor use only)		0	34.00
35.00	Balance due provider/program (line 32 minus the sum lines 33 and 34)		17,647	35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		0	36.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
50.00	Original outlier amount from Worksheet E-3, Part III, line 4		0	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)		0	51.00
52.00	The rate used to calculate the Time Value of Money		0.00	52.00
53.00	Time Value of Money (see instructions)		0	53.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140208	Period: From 01/01/2011 To 12/31/2011	Worksheet E-4 Date/Time Prepared: 5/24/2012 1:29 pm	
		Title XVIII	Hospital	PPS	
				1.00	
<b>COMPUTATION OF TOTAL DIRECT GME AMOUNT</b>					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			171.79	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			41.73	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus line 4.01 plus line 4.02 plus applicable subscripts)			213.52	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			214.23	6.00
7.00	Enter the lesser of line 5 or line 6			213.52	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	135.42	74.26	209.68	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	134.97	74.01	208.98	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
11.00	Total weighted FTE count	134.97	74.01		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	137.41	76.10		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	136.73	69.93		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	136.37	73.35		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
17.00	Adjusted rolling average FTE count	136.37	73.35		17.00
18.00	Per resident amount	134,585.78	127,440.86		18.00
19.00	Approved amount for resident costs	18,353,463	9,347,787	27,701,250	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	GME FTE weighted Resident count over Cap (see instructions)			0.71	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			27,701,250	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
<b>COMPUTATION OF PROGRAM PATIENT LOAD</b>					
26.00	Inpatient Days	81,310	10,618		26.00
27.00	Total Inpatient Days	204,992	204,992		27.00
28.00	Ratio of inpatient days to total inpatient days	0.396650	0.051797		28.00
29.00	Program direct GME amount	10,987,701	1,434,842		29.00
30.00	Reduction for nursing/allied health		202,743		30.00
31.00	Net Program direct GME amount			12,219,800	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140208	Period: From 01/01/2011 To 12/31/2011	Worksheet E-4 Date/Time Prepared: 5/24/2012 1:29 pm
		Title XVIII	Hospital	PPS
				1.00
<b>DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)</b>				
32.00	Renal dialysis direct medical education costs (from Worksheet B, Part I, sum of columns 20 and 23, lines 74 and 94)		5,094	32.00
33.00	Renal dialysis and home dialysis total charges (Worksheet C, Part I, column 8, sum of lines 74 and 94)		8,128,811	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000627	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
<b>APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY</b>				
<b>Part A Reasonable Cost</b>				
37.00	Reasonable cost (see instructions)		215,416,186	37.00
38.00	Organ acquisition costs (Worksheet D-4, Part III, column 1, line 69)		0	38.00
39.00	Cost of teaching physicians (Worksheet D-5, Part II, column 3, line 20)		0	39.00
40.00	Primary payer payments (see instructions)		112,956	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		215,303,230	41.00
<b>Part B Reasonable Cost</b>				
42.00	Reasonable cost (see instructions)		31,436,031	42.00
43.00	Primary payer payments (see instructions)		4,037	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		31,431,994	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		246,735,224	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.872608	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.127392	47.00
<b>ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B</b>				
48.00	Total program GME payment (line 31)		12,219,800	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (Title XVIII only) (see instructions)		10,663,095	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (Title XVIII only) (see instructions)		1,556,705	50.00

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

Provider CCN: 140208

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

Worksheet G  
Date/Time Prepared:  
5/24/2012 1:29 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	163,733,000	0	0	0	1.00
2.00	Temporary investments	64,573,000	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	373,497,000	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	0	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	169,155,000	0	0	0	9.00
10.00	Due from other funds	36,896,000	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	807,854,000	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	97,005,000	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	1,771,448,000	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	1,013,835,000	0	0	0	23.00
24.00	Accumulated depreciation	-1,668,349,000	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	1,213,939,000	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	3,266,326,000	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	132,449,000	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	3,398,775,000	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	5,420,568,000	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	157,906,000	0	0	0	37.00
38.00	Salaries, wages, and fees payable	270,822,000	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	301,284,000	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	290,972,000	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	1,020,984,000	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	966,446,000	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	826,415,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	1,792,861,000	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	2,813,845,000	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	2,606,723,000				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	2,606,723,000	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	5,420,568,000	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140208

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

Worksheet G-1

Date/Time Prepared:  
5/24/2012 1:29 pm

		General Fund		Special Purpose Fund		
		1.00	2.00	3.00	4.00	
		1.00	Fund balances at beginning of period		2,535,942,400	
2.00	Net income (loss) (From Wkst. G-3, line 29)		70,780,600			2.00
3.00	Total (sum of line 1 and line 2)		2,606,723,000		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		2,606,723,000		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		2,606,723,000		0	19.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140208

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

Worksheet G-1

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

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 140208

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

Worksheet G-2 Parts

Date/Time Prepared:  
5/24/2012 1:29 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
<b>General Inpatient Routine Services</b>					
1.00	Hospital	260,147,636		260,147,636	1.00
2.00	SUBPROVIDER - IPF	15,512,871		15,512,871	2.00
3.00	SUBPROVIDER - IRF	15,763,100		15,763,100	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)	291,423,607		291,423,607	10.00
<b>Intensive Care Type Inpatient Hospital Services</b>					
11.00	INTENSIVE CARE UNIT	113,899,016		113,899,016	11.00
11.01	NEONATAL INTENSIVE CARE UNIT	31,990,650		31,990,650	11.01
12.00	CORONARY CARE UNIT	0		0	12.00
13.00	BURN INTENSIVE CARE UNIT	0		0	13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	145,889,666		145,889,666	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	437,313,273		437,313,273	17.00
18.00	Ancillary services	1,265,133,024	525,536,861	1,790,669,885	18.00
19.00	Outpatient services	78,166,053	104,169,125	182,335,178	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	AMBULATORY CARE	123,893	6,142,685	6,266,578	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	1,780,736,243	635,848,671	2,416,584,914	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		814,673,073		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)		814,673,073		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140208

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

Worksheet G-3

Date/Time Prepared:  
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		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	2,416,584,914	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,545,102,653	2.00
3.00	Net patient revenues (line 1 minus line 2)	871,482,261	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	814,673,073	4.00
5.00	Net income from service to patients (line 3 minus line 4)	56,809,188	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and telegraph service	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OPERATING	14,186,083	24.00
25.00	Total other income (sum of lines 6-24)	14,186,083	25.00
26.00	Total (line 5 plus line 25)	70,995,271	26.00
27.00	NET NONOPERATING LOSS	214,671	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	214,671	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	70,780,600	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140208	Period: From 01/01/2011 To 12/31/2011	Worksheet L Parts I-III Date/Time Prepared: 5/24/2012 1:29 pm
		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		10,538,043	1.00
2.00	Capital DRG outlier payments		168,326	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		501.01	3.00
4.00	Number of interns & residents (see instructions)		213.92	4.00
5.00	Indirect medical education percentage (see instructions)		12.81	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)		1,349,923	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		3.81	7.00
8.00	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)		27.22	8.00
9.00	Sum of lines 7 and 8		31.03	9.00
10.00	Allowable disproportionate share percentage (see instructions)		6.49	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		683,919	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		12,740,211	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