

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: 140223	Period: From 01/01/2011 To 12/31/2011	Worksheet S Parts I-III Date/Time Prepared: 5/17/2012 5:12 pm
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PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 5/17/2012 Time: 5:12 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: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by ADVOCATE LUTHERAN GENERAL 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 V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	781,198	909,776	2,647,665	0	1.00
2.00 Subprovider - IPF	0	109,859	0		0	2.00
3.00 Subprovider - IRF	0	-28,819	0		0	3.00
4.00 SUBPROVIDER I	0	0	0		0	4.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0		0	7.00
8.00 NURSING FACILITY	0				0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00 RURAL HEALTH CLINIC I	0		0		0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
12.00 CMHC I	0		0		0	12.00
200.00 Total	0	862,238	909,776	2,647,665	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: 140223		Period: From 01/01/2011 To 12/31/2011		Worksheet S-2 Part I Date/Time Prepared: 5/17/2012 5:12 pm					
1.00 Hospital and Hospital Health Care Complex Address:		2.00 PO Box:		3.00 State: IL		4.00 Zip Code: 60068- County: COOK					
1.00 Street: 1775 W. DEMPSTER STREET		2.00 City: PARK RIDGE		3.00		4.00		5.00			
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			
3.00 Hospital and Hospital-Based Component Identification:											
3.00	Hospital	ADVOCATE LUTHERAN GENERAL HOSPITAL	140223	16974	1	07/01/1966	N	P	O	3.00	
4.00	Subprovider - IPF	ADVOCATE LUTHERAN GENERAL HOSPITAL	14S223	16974	4	07/01/1984	N	P	O	4.00	
5.00	Subprovider - IRF	ADVOCATE LUTHERAN GENERAL HOSPITAL	14T223	16974	5	07/01/1984	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	N	8.00	
9.00	Hospital-Based SNF						N	N	N	9.00	
10.00	Hospital-Based NF									10.00	
11.00	Hospital-Based OLTC									11.00	
12.00	Hospital-Based HHA									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						N	N	N	17.00	
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.					1		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.	18,463	9,892	0	326	42	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.	353	418	0	0	0	0			25.00	
						Urban/Rural S	Date of Geogr				
						1.00	2.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter (1) for urban or (2) for rural.					1					26.00
27.00	For the Standard Geographic classification (not wage), what is your status at the end of the cost reporting period. Enter (1) for urban or (2) for rural. If applicable, enter the effective date of the geographic reclassification (in column 2).					1					27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0					35.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140223	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part I Date/Time Prepared: 5/17/2012 5:12 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		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N	45.00	
46.00	Is this facility eligible for the special exceptions payment pursuant to 42 CFR Section §412.348(g)? If yes, complete Worksheet L, Part III and L-1, Parts I through III	N	N	N	46.00	
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N	47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00	
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y			56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.	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	
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	0.00			62.00	
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00			62.01	
Teaching Hospitals that Claim Residents in Non-Provider Settings						
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete lines 64-67. (see instructions)	Y			63.00	
		Unweighted FTEs Nonprovider Site 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.	10.41	73.07	0.124701	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: 140223

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

Worksheet S-2
Part I
Date/Time Prepared:
5/17/2012 5:12 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.	FAMILY MEDICINE	1350	9.52	26.37	0.265255	65.00
65.01		INTERNAL MEDICINE	1400	11.84	52.31	0.184567	65.01
65.02		INTERNAL MEDICINE	3900	1.74	9.03	0.161560	65.02
65.03		PEDIATRICS	2000	7.57	35.46	0.175924	65.03
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))		
			1.00	2.00	3.00		
66.00	Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010						
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)			9.21	78.02	0.105583	66.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
			1.00	2.00	3.00		
67.00	Enter in column 1 the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY MEDICINE	1350	9.97	26.06	0.276714	67.00
67.01		INTERNAL MEDICINE	1400	11.35	54.94	0.171217	67.01
67.02		INTERNAL MEDICINE	3900	2.17	7.43	0.226042	67.02
67.03		PEDIATRICS	2000	7.34	35.78	0.170223	67.03
			1.00	2.00	3.00		
70.00	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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140223		Period: From 01/01/2011 To 12/31/2011		Worksheet S-2 Part I Date/Time Prepared: 5/17/2012 5:12 pm	
		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)	Y	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)	Y	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	
		1.00		2.00		3.00	
						Respiratory	
						4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	109.00	
		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: NATIONAL GOVERNMENT SERVICES		Contractor's Number: 00131					141.00
142.00	Street: 2025 WINDSOR DRIVE	PO Box:							142.00
143.00	City: OAKBROOK	State: IL		Zip Code: 60523					143.00
			1.00	2.00					
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
			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: 140223

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

Worksheet S-2
Part I
Date/Time Prepared:
5/17/2012 5:12 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: 140223	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part II Date/Time Prepared: 5/17/2012 5:12 pm
			Y/N 1.00	Date 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 1.00	Date 2.00
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 1.00	Type 2.00
				Date 3.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N		5.00
			Y/N 1.00	Legal Oper. 2.00
Approved Educational Activities				
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	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.		Y	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		Y	14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		Y	15.00
		Part A		
		Description	Y/N	Date
		0	1.00	2.00
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	03/27/2012	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

		Part A			
		Description	Y/N	Date	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	0	N	2.00	21.00
					1.00
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
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
Interest Expense					
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
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				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
Home Office Costs					
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

		Part B		
		Y/N	Date	
		3.00	4.00	
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	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	03/27/2012	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: 140223

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

Worksheet S-3
Part I
Date/Time Prepared:
5/17/2012 5:12 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	415	151,475	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)		415	151,475	0.00		7.00
8.00 INTENSIVE CARE UNIT	31.00	29	10,585	0.00		8.00
9.00 CORONARY CARE UNIT	32.00	32	11,680	0.00		9.00
9.01 NEONATAL CARE UNIT	32.01	54	19,710	0.00		9.01
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)		530	193,450	0.00		14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	40.00	47	17,763			16.00
17.00 SUBPROVIDER - IRF	41.00	45	16,364			17.00
18.00 SUBPROVIDER	42.00	0	0			18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0			19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC	99.00					25.00
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)		622				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: 140223

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

Worksheet S-3
Part I
Date/Time Prepared:
5/17/2012 5:12 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	43,256	12,781	97,424		1.00
2.00 HMO		1,643	732			2.00
3.00 HMO IPF		155	145			3.00
4.00 HMO IRF		59	27			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	43,256	12,781	97,424		7.00
8.00 INTENSIVE CARE UNIT	0	1,360	1,566	6,193		8.00
9.00 CORONARY CARE UNIT	0	4,171	721	7,222		9.00
9.01 NEONATAL CARE UNIT	0	0	5,667	12,658		9.01
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		3,383	8,809		13.00
14.00 Total (see instructions)	0	48,787	24,118	132,306		14.00
15.00 CAH visits	0	0	0	0		15.00
16.00 SUBPROVIDER - IPF	0	4,991	1,413	11,557		16.00
17.00 SUBPROVIDER - IRF	0	8,507	580	12,332		17.00
18.00 SUBPROVIDER	0	0	0	0		18.00
19.00 SKILLED NURSING FACILITY	0	0	0	0		19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC	0	0	0	0		25.00
26.00 RURAL HEALTH CLINIC	0	0	0	0		26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0		26.25
27.00 Total (sum of lines 14-26)						27.00
28.00 Observation Bed Days	0		0	4,525		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)			1,180	1,935		32.00
33.00 LTCH non-covered days		0				33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140223

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

Worksheet S-3
Part I
Date/Time Prepared:
5/17/2012 5:12 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	10,568	1.00
2.00 HMO					338	2.00
3.00 HMO IPF						3.00
4.00 HMO IRF						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
9.01 NEONATAL CARE UNIT						9.01
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)	194.94	3,342.65	0.00	0	10,568	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	2.79	79.48	0.00	0	476	16.00
17.00 SUBPROVIDER - IRF	0.00	82.00	0.00	0	615	17.00
18.00 SUBPROVIDER	0.00	0.00	0.00	0	0	18.00
19.00 SKILLED NURSING FACILITY	0.00	0.00	0.00			19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC	0.00	0.00	0.00			25.00
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)	197.73	3,504.13	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: 140223

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

Worksheet S-3
Part I
Date/Time Prepared:
5/17/2012 5:12 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)	4,201	27,390		1.00
2.00 HMO				2.00
3.00 HMO IPF				3.00
4.00 HMO IRF				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF				5.00
6.00 Hospital Adults & Peds. Swing Bed NF				6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)				7.00
8.00 INTENSIVE CARE UNIT				8.00
9.00 CORONARY CARE UNIT				9.00
9.01 NEONATAL CARE UNIT				9.01
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)	4,201	27,390		14.00
15.00 CAH visits				15.00
16.00 SUBPROVIDER - IPF	183	1,393		16.00
17.00 SUBPROVIDER - IRF	43	905		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
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: 140223		Period: From 01/01/2011 To 12/31/2011		Worksheet S-3 Part II Date/Time Prepared: 5/17/2012 5:12 pm	
	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4		
	1.00	2.00	3.00	4.00	5.00		
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	221,892,462	0	221,892,462	7,289,298.00	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		1,946,113	0	1,946,113	16,569.00	4.00
4.01	Physicians - Part A - direct teaching		1,009,382	0	1,009,382	11,073.00	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	9,565,712	0	9,565,712	373,797.00	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)		11,206,439	-681,513	10,524,926	364,790.00	10.00
OTHER WAGES & RELATED COSTS							
11.00	Contract labor (see instructions)		963,001	0	963,001	21,396.00	11.00
12.00	Management and administrative services		0	0	0	0.00	12.00
13.00	Contract labor: physician-Part A		2,958,027	0	2,958,027	25,846.00	13.00
14.00	Home office salaries & wage-related costs		32,475,303	0	32,475,303	682,932.00	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
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) Wkst S-3, Part IV Line 24		56,536,782	0	56,536,782		17.00
18.00	Wage-related costs (other) Wkst S-3, Part IV Line 25		0	0	0		18.00
19.00	Excluded areas		2,984,910	0	2,984,910		19.00
20.00	Non-physician anesthetist Part A		0	0	0		20.00
21.00	Non-physician anesthetist Part B		0	0	0		21.00
22.00	Physician Part A		769,345	0	769,345		22.00
23.00	Physician Part B		0	0	0		23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0		24.00
25.00	Interns & residents (in an approved program)		2,344,653	0	2,344,653		25.00
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits	4.00	3,190,939	0	3,190,939	24,378.00	26.00
27.00	Administrative & General	5.00	27,266,154	276,095	27,542,249	908,315.00	27.00
28.00	Administrative & General under contract (see inst.)		1,743,029	0	1,743,029	8,708.00	28.00
29.00	Maintenance & Repairs	6.00	5,933,815	0	5,933,815	252,866.00	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	5,108,681	0	5,108,681	360,381.00	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	33.00
34.00	Dietary	10.00	4,249,180	-2,510,812	1,738,368	112,944.00	34.00
35.00	Dietary under contract (see instructions)		40,048	0	40,048	2,486.00	35.00
36.00	Cafeteria	11.00	0	2,510,812	2,510,812	163,155.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	37.00
38.00	Nursing Administration	13.00	4,588,255	184,489	4,772,744	108,742.00	38.00
39.00	Central Services and Supply	14.00	929,597	0	929,597	99,798.00	39.00
40.00	Pharmacy	15.00	7,370,559	-231,294	7,139,265	191,963.00	40.00
41.00	Medical Records & Medical Records Library	16.00	3,280,717	0	3,280,717	148,616.00	41.00
42.00	Social Service	17.00	1,302,987	0	1,302,987	38,355.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 140223	Period: From 01/01/2011 To 12/31/2011	Worksheet S-3 Part II Date/Time Prepared: 5/17/2012 5:12 pm
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		Average Hourly Wage (col. 4 ÷ col. 5)	
		6.00	
PART II - WAGE DATA			
SALARIES			
1.00	Total salaries (see instructions)	30.44	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	117.46	4.00
4.01	Physicians - Part A - direct teaching	91.16	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)	25.59	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)	28.85	10.00
OTHER WAGES & RELATED COSTS			
11.00	Contract labor (see instructions)	45.01	11.00
12.00	Management and administrative services	0.00	12.00
13.00	Contract labor: physician-Part A	114.45	13.00
14.00	Home office salaries & wage-related costs	47.55	14.00
15.00	Home office: physician Part A	0.00	15.00
16.00	Teaching physician salaries (see instructions)	0.00	16.00
WAGE-RELATED COSTS			
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
OVERHEAD COSTS - DIRECT SALARIES			
26.00	Employee Benefits	130.89	26.00
27.00	Administrative & General	30.32	27.00
28.00	Administrative & General under contract (see inst.)	200.16	28.00
29.00	Maintenance & Repairs	23.47	29.00
30.00	Operation of Plant	0.00	30.00
31.00	Laundry & Linen Service	0.00	31.00
32.00	Housekeeping	14.18	32.00
33.00	Housekeeping under contract (see instructions)	0.00	33.00
34.00	Dietary	15.39	34.00
35.00	Dietary under contract (see instructions)	16.11	35.00
36.00	Cafeteria	15.39	36.00
37.00	Maintenance of Personnel	0.00	37.00
38.00	Nursing Administration	43.89	38.00
39.00	Central Services and Supply	9.31	39.00
40.00	Pharmacy	37.19	40.00
41.00	Medical Records & Medical Records Library	22.08	41.00
42.00	Social Service	33.97	42.00
43.00	Other General Service	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 140223		Period: From 01/01/2011 To 12/31/2011		Worksheet S-3 Part III Date/Time Prepared: 5/17/2012 5:12 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		
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	213,100,445	0	213,100,445	6,915,622.00		1.00
2.00	Excluded area salaries (see instructions)	11,206,439	-681,513	10,524,926	364,790.00		2.00
3.00	Subtotal salaries (line 1 minus line 2)	201,894,006	681,513	202,575,519	6,550,832.00		3.00
4.00	Subtotal other wages & related costs (see inst.)	36,396,331	0	36,396,331	730,174.00		4.00
5.00	Subtotal wage-related costs (see inst.)	57,306,127	0	57,306,127	0.00		5.00
6.00	Total (sum of lines 3 thru 5)	295,596,464	681,513	296,277,977	7,281,006.00		6.00
7.00	Total overhead cost (see instructions)	65,003,961	229,290	65,233,251	2,420,707.00		7.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140223

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

Worksheet S-3
Part III
Date/Time Prepared:
5/17/2012 5:12 pm

		Average Hourly Wage (col. 4 ÷ col. 5)	
		6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY			
1.00	Net salaries (see instructions)	30.81	1.00
2.00	Excluded area salaries (see instructions)	28.85	2.00
3.00	Subtotal salaries (line 1 minus line 2)	30.92	3.00
4.00	Subtotal other wages & related costs (see inst.)	49.85	4.00
5.00	Subtotal wage-related costs (see inst.)	28.29	5.00
6.00	Total (sum of lines 3 thru 5)	40.69	6.00
7.00	Total overhead cost (see instructions)	26.95	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 140223	Period: From 01/01/2011 To 12/31/2011	Worksheet S-3 Part IV Date/Time Prepared: 5/17/2012 5:12 pm
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		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	4,641,668	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Qualified and Non-Qualified Pension Plan Cost	3,162,462	3.00
4.00	Prior Year Pension Service Cost	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration Fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	586,700	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	24,145,272	8.00
9.00	Prescription Drug Plan	4,898,204	9.00
10.00	Dental, Hearing and Vision Plan	1,201,350	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	308,572	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)	2,063,603	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	4,251,500	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	15,925,585	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	273,934	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
OTHER			
21.00	Executive Deferred Compensation	-124,760	21.00
22.00	Day Care Cost and Allowances	-6,098,908	22.00
23.00	Tuition Reimbursement	1,301,600	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	56,536,782	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 140223

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

Worksheet S-3
Part V
Date/Time Prepared:
5/17/2012 5:12 pm

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	963,001	62,635,690	1.00
2.00	Hospital	963,001	59,841,483	2.00
3.00	Subprovider - IPF	0	1,451,007	3.00
4.00	Subprovider - IRF	0	1,343,200	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	0	8.00
9.00	Hospital-Based NF			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	0	0	16.00
17.00	Renal Dialysis	0	0	17.00
18.00		0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 140223	Period: From 01/01/2011 To 12/31/2011	Worksheet S-10 Date/Time Prepared: 5/17/2012 5:12 pm
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				1.00		
Uncompensated and indigent care cost computation						
1.00	Cost to charge ratio (Worksheet C, Part I line 200 column 3 divided by line 200 column 8)		0.299890		1.00	
Medicaid (see instructions for each line)						
2.00	Net revenue from Medicaid		43,204,471		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		245,019,590		6.00	
7.00	Medicaid cost (line 1 times line 6)		73,478,925		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)		30,274,454		8.00	
State Children's Health Insurance Program (SCHIP) (see instructions for each line)						
9.00	Net revenue from stand-alone SCHIP		0		9.00	
10.00	Stand-alone SCHIP charges		0		10.00	
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0		11.00	
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0		12.00	
Other state or local government indigent care program (see instructions for each line)						
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0		13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0		14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		0		15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0		16.00	
Uncompensated care (see instructions for each line)						
17.00	Private grants, donations, or endowment income restricted to funding charity care		0		17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		0		18.00	
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		30,274,454		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		21,746,725	8,016,156	29,762,881	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)		6,521,625	2,403,965	8,925,590	21.00
22.00	Partial payment by patients approved for charity care		174,771	227,760	402,531	22.00
23.00	Cost of charity care (line 21 minus line 22)		6,346,854	2,176,205	8,523,059	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)		13,076,000			26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		1,828,654			27.00
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)		11,247,346			28.00
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)		3,372,967			29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)		11,896,026			30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		42,170,480			31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140223

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

Worksheet A
Date/Time Prepared:
5/17/2012 5:12 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	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT		0	0	23,875,964	23,875,964	1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP		0	0	9,253,042	9,253,042	2.00
3.00 OTHER CAPITAL RELATED COSTS		0	0	0	0	3.00
4.00 EMPLOYEE BENEFITS	3,190,939	46,634,402	49,825,341	-651	49,824,690	4.00
5.03 PURCHASING, RECEIVING & STORES	1,385,194	900,596	2,285,790	-830	2,284,960	5.03
5.05 CASHIERING, ACCT REC & COLL	6,522,168	2,931,819	9,453,987	-53,464	9,400,523	5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL	19,358,792	122,464,854	141,823,646	-20,148,647	121,674,999	5.06
6.00 MAINTENANCE & REPAIRS	5,933,815	18,507,442	24,441,257	-252,178	24,189,079	6.00
7.00 OPERATION OF PLANT	0	0	0	0	0	7.00
8.00 LAUNDRY & LINEN SERVICE	0	0	0	2,644,205	2,644,205	8.00
9.00 HOUSEKEEPING	5,108,681	4,987,296	10,095,977	-2,676,539	7,419,438	9.00
10.00 DIETARY	4,249,180	3,940,491	8,189,671	-2,662,811	5,526,860	10.00
11.00 CAFETERIA	0	0	0	2,561,583	2,561,583	11.00
13.00 NURSING ADMINISTRATION	4,588,255	716,811	5,305,066	134,715	5,439,781	13.00
14.00 CENTRAL SERVICES & SUPPLY	929,597	439,888	1,369,485	-346,156	1,023,329	14.00
15.00 PHARMACY	7,370,559	23,953,669	31,324,228	-22,736,479	8,587,749	15.00
16.00 MEDICAL RECORDS & LIBRARY	3,280,717	1,795,302	5,076,019	-2,908	5,073,111	16.00
17.00 SOCIAL SERVICE	1,302,987	245,777	1,548,764	0	1,548,764	17.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	9,565,712	2,314,072	11,879,784	0	11,879,784	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	2,548,840	8,665,545	11,214,385	-59,086	11,155,299	22.00
23.00 PARAMED ED PRGM-PASTORAL EDUC.	1,110,817	149,857	1,260,674	-885,364	375,310	23.00
23.01 PARAMED ED PRGM-PHARMACY	0	0	0	260,466	260,466	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	43,009,794	7,418,705	50,428,499	-2,466,148	47,962,351	30.00
31.00 INTENSIVE CARE UNIT	5,579,504	1,664,808	7,244,312	-264,301	6,980,011	31.00
32.00 CORONARY CARE UNIT	6,490,716	2,196,130	8,686,846	-347,371	8,339,475	32.00
32.01 NEONATAL CARE UNIT	8,062,195	1,508,986	9,571,181	-121,017	9,450,164	32.01
33.00 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 SUBPROVIDER - IPF	5,121,226	637,878	5,759,104	-12,867	5,746,237	40.00
41.00 SUBPROVIDER - IRF	4,784,174	746,568	5,530,742	-182,219	5,348,523	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	0	0	0	2,046,258	2,046,258	43.00
44.00 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	11,168,407	10,127,781	21,296,188	-1,361,010	19,935,178	50.00
51.00 RECOVERY ROOM	1,675,832	222,788	1,898,620	-1,187	1,897,433	51.00
52.00 DELIVERY ROOM & LABOR ROOM	4,439,183	1,327,400	5,766,583	-75,718	5,690,865	52.00
53.00 ANESTHESIOLOGY	562,036	1,630,096	2,192,132	-166,968	2,025,164	53.00
54.00 RADIOLOGY-DIAGNOSTIC	8,894,240	5,640,692	14,534,932	-3,819,109	10,715,823	54.00
55.00 RADIOLOGY-THERAPEUTIC	2,284,797	3,719,596	6,004,393	-977,055	5,027,338	55.00
56.00 RADIOISOTOPE	1,361,394	1,536,287	2,897,681	-221,560	2,676,121	56.00
57.00 CT SCAN	2,016,306	1,806,906	3,823,212	-551,241	3,271,971	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	1,818,604	2,427,065	4,245,669	-162,698	4,082,971	58.00
59.00 CARDIAC CATHETERIZATION	1,454,621	1,465,853	2,920,474	-292,159	2,628,315	59.00
60.00 LABORATORY	0	19,748,142	19,748,142	0	19,748,142	60.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	2,503,569	2,503,569	0	2,503,569	62.00
65.00 RESPIRATORY THERAPY	5,166,951	957,502	6,124,453	-225,909	5,898,544	65.00
66.00 PHYSICAL THERAPY	4,393,567	669,086	5,062,653	14,499	5,077,152	66.00
67.00 OCCUPATIONAL THERAPY	5,848,378	1,800,097	7,648,475	-592,185	7,056,290	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	2,873,454	827,221	3,700,675	-156,427	3,544,248	69.00
70.00 ELECTROENCEPHALOGRAPHY	932,122	415,123	1,347,245	-123,339	1,223,906	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	16,535,348	16,535,348	600,489	17,135,837	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	32,009,579	32,009,579	0	32,009,579	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	22,365,239	22,365,239	73.00
74.00 RENAL DIALYSIS	695,651	232,727	928,378	-21,081	907,297	74.00
75.00 ASC (NON-DISTINCT PART)	2,880,909	917,493	3,798,402	-91,832	3,706,570	75.00
76.00 REHAB MEDICINE	434,706	98,333	533,039	-54,456	478,583	76.00
76.20 DAY HOSPITAL	618,320	348,614	966,934	-292,657	674,277	76.20
76.30 LI THOTRIPTER	0	1,635,053	1,635,053	0	1,635,053	76.30
76.45 GASTROENTEROLOGY LAB	2,503,375	1,764,208	4,267,583	-443,659	3,823,924	76.45
76.97 CARDIAC REHABILITATION	337,857	91,142	428,999	-44,240	384,759	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
90.01 DIABETES CARE CENTER	151,533	11,669	163,202	0	163,202	90.01
90.02 OUTPATIENT CENTER	274,921	104,247	379,168	-39,546	339,622	90.02
90.03 PAIN CLINIC	280,006	138,719	418,725	-68,570	350,155	90.03
90.05 WOUND CARE CENTER	315,845	27,184	343,029	-343,029	0	90.05

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140223

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

Worksheet A
Date/Time Prepared:
5/17/2012 5:12 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	
90.06 ANTI-COAG LAB	566,857	150,700	717,557	-49,833	667,724	90.06
90.07 HEART RISK ASSESSMENT	133,300	57,283	190,583	-37,729	152,854	90.07
91.00 EMERGENCY	8,125,206	2,863,475	10,988,681	-209,388	10,779,293	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
99.00 CMHC	0	0	0	0	0	99.00
SPECIAL PURPOSE COST CENTERS						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	221,702,240	366,631,874	588,334,114	114,839	588,448,953	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	190,222	153,734	343,956	-114,839	229,117	190.00
200.00 TOTAL (SUM OF LINES 118-199)	221,892,462	366,785,608	588,678,070	0	588,678,070	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140223

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

Worksheet A
Date/Time Prepared:
5/17/2012 5:12 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	NEW CAP REL COSTS-BLDG & FIXT	4,986,108	28,862,072	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2,759,779	12,012,821	2.00
3.00	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	EMPLOYEE BENEFITS	5,920,150	55,744,840	4.00
5.03	PURCHASING, RECEIVING & STORES	-1,005	2,283,955	5.03
5.05	CASHIERING, ACCT REC & COLL	-10,604	9,389,919	5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL	-57,597,103	64,077,896	5.06
6.00	MAINTENANCE & REPAIRS	-1,018,283	23,170,796	6.00
7.00	OPERATION OF PLANT	0	0	7.00
8.00	LAUNDRY & LINEN SERVICE	0	2,644,205	8.00
9.00	HOUSEKEEPING	-11,050	7,408,388	9.00
10.00	DIETARY	-2,301,057	3,225,803	10.00
11.00	CAFETERIA	0	2,561,583	11.00
13.00	NURSING ADMINISTRATION	-64,139	5,375,642	13.00
14.00	CENTRAL SERVICES & SUPPLY	-7,773	1,015,556	14.00
15.00	PHARMACY	-109,829	8,477,920	15.00
16.00	MEDICAL RECORDS & LIBRARY	-61,476	5,011,635	16.00
17.00	SOCIAL SERVICE	-144,125	1,404,639	17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	11,879,784	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	-8,188,009	2,967,290	22.00
23.00	PARAMED ED PRGM-PASTORAL EDUC.	-115,886	259,424	23.00
23.01	PARAMED ED PRGM-PHARMACY	0	260,466	23.01
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	-128,888	47,833,463	30.00
31.00	INTENSIVE CARE UNIT	-9,699	6,970,312	31.00
32.00	CORONARY CARE UNIT	-6,656	8,332,819	32.00
32.01	NEONATAL CARE UNIT	-34,154	9,416,010	32.01
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	-212,027	5,534,210	40.00
41.00	SUBPROVIDER - I RF	-3,649	5,344,874	41.00
42.00	SUBPROVIDER	0	0	42.00
43.00	NURSERY	0	2,046,258	43.00
44.00	SKILLED NURSING FACILITY	0	0	44.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	-42,844	19,892,334	50.00
51.00	RECOVERY ROOM	-1,890	1,895,543	51.00
52.00	DELIVERY ROOM & LABOR ROOM	-3,407	5,687,458	52.00
53.00	ANESTHESIOLOGY	-226,962	1,798,202	53.00
54.00	RADIOLOGY-DIAGNOSTIC	-58,892	10,656,931	54.00
55.00	RADIOLOGY-THERAPEUTIC	-285,417	4,741,921	55.00
56.00	RADIOISOTOPE	-625	2,675,496	56.00
57.00	CT SCAN	-163	3,271,808	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	4,082,971	58.00
59.00	CARDIAC CATHETERIZATION	-17,811	2,610,504	59.00
60.00	LABORATORY	0	19,748,142	60.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	2,503,569	62.00
65.00	RESPIRATORY THERAPY	-2,901	5,895,643	65.00
66.00	PHYSICAL THERAPY	-10,053	5,067,099	66.00
67.00	OCCUPATIONAL THERAPY	-115,052	6,941,238	67.00
68.00	SPEECH PATHOLOGY	0	0	68.00
69.00	ELECTROCARDIOLOGY	-74,302	3,469,946	69.00
70.00	ELECTROENCEPHALOGRAPHY	-475	1,223,431	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	-352	17,135,485	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	32,009,579	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	22,365,239	73.00
74.00	RENAL DIALYSIS	-2,340	904,957	74.00
75.00	ASC (NON-DISTINCT PART)	-3,058	3,703,512	75.00
76.00	REHAB MEDICINE	-1,757	476,826	76.00
76.20	DAY HOSPITAL	-30,554	643,723	76.20
76.30	LITHOTRIPTER	-2,974	1,632,079	76.30
76.45	GASTROENTEROLOGY LAB	-21,479	3,802,445	76.45
76.97	CARDIAC REHABILITATION	-1,858	382,901	76.97
OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	CLINIC	0	0	90.00
90.01	DIABETES CARE CENTER	0	163,202	90.01
90.02	OUTPATIENT CENTER	-19	339,603	90.02
90.03	PAIN CLINIC	-500	349,655	90.03
90.05	WOUND CARE CENTER	0	0	90.05
90.06	ANTI-COAG LAB	0	667,724	90.06
90.07	HEART RISK ASSESSMENT	-106	152,748	90.07

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140223

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

Worksheet A
Date/Time Prepared:
5/17/2012 5:12 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
91.00	EMERGENCY			91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	-475,973	10,303,320	92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	AMBULANCE SERVICES	0	0	95.00
99.00	CMHC	0	0	99.00
SPECIAL PURPOSE COST CENTERS				
109.00	PANCREAS ACQUISITION	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	110.00
111.00	ISLET ACQUISITION	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	-57,741,139	530,707,814	118.00
NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	-5,764	223,353	190.00
200.00	TOTAL (SUM OF LINES 118-199)	-57,746,903	530,931,167	200.00

RECLASSIFICATIONS

Provider CCN: 140223

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

Worksheet A-6
Date/Time Prepared:
5/17/2012 5:12 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	257,460	1.00
	TOTALS		0	257,460	
B - DRUGS CHARGES					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	22,365,239	1.00
	TOTALS		0	22,365,239	
C - LINEN					
1.00	LAUNDRY & LINEN SERVICE	8.00	0	2,644,205	1.00
	TOTALS		0	2,644,205	
D - RADIOLOGY ADMIN					
1.00	RADIOLOGY-THERAPEUTIC	55.00	168,176	116,016	1.00
2.00	RADIOISOTOPE	56.00	109,185	75,321	2.00
3.00	CT SCAN	57.00	184,980	127,608	3.00
4.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	167,023	115,220	4.00
	TOTALS		629,364	434,165	
E - PARAMEDIC CHAPLAIN					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	877,760	7,070	1.00
	TOTALS		877,760	7,070	
F - REHABILITATORS					
1.00	PHYSICAL THERAPY	66.00	14,285	36,243	1.00
2.00	OCCUPATIONAL THERAPY	67.00	21,621	54,854	2.00
	TOTALS		35,906	91,097	
G - OTHER REHAB ADMIN					
1.00	OCCUPATIONAL THERAPY	67.00	22,955	0	1.00
	TOTALS		22,955	0	
H - NURSERY					
1.00	NURSERY	43.00	1,163,458	882,800	1.00
	TOTALS		1,163,458	882,800	
I - CAFETERIA COSTS					
1.00	CAFETERIA	11.00	2,510,812	2,148,377	1.00
	TOTALS		2,510,812	2,148,377	
J - CAFETERIA REVENUE OFFSET					
1.00	DIETARY	10.00	0	2,097,606	1.00
	TOTALS		0	2,097,606	
K - NURSING ADMIN PERSONNEL					
1.00	NURSING ADMINISTRATION	13.00	184,489	0	1.00
	TOTALS		184,489	0	
L - PARAMEDIC PHARMACY					
1.00	PARAMEDIC PRGM-PHARMACY	23.01	232,153	28,313	1.00
2.00		0.00	0	0	2.00
	TOTALS		232,153	28,313	
M - CHILD LIFE/PRENATAL					
1.00	ADULTS & PEDIATRICS	30.00	416,317	26,661	1.00
	TOTALS		416,317	26,661	
N - WOUND CARE COSTS					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	315,845	27,184	1.00
	TOTALS		315,845	27,184	
O - BOOK DEPRECIATION RECLASS					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	16,228,678	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	8,931,876	2.00
	TOTALS		0	25,160,554	
P - RECLASS MISC DEPRECIATION					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	61,147	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	61,147	
Q - RECLASS BUILDING RENT					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	6,073,504	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

RECLASSIFICATIONS

Provider CCN: 140223

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

Worksheet A-6

Date/Time Prepared:
5/17/2012 5:12 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
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
TOTALS			0	6,073,504		
R - RECLASSIFY EQUIPMENT DEPRECIATION						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	7,354,356		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
40.00		0.00	0	0		40.00
41.00		0.00	0	0		41.00
42.00		0.00	0	0		42.00
43.00		0.00	0	0		43.00
TOTALS			0	7,354,356		
S - CAPITAL INTEREST EXPENSE						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1,573,782		1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	321,166		2.00
TOTALS			0	1,894,948		
500.00	Grand Total: Increases		6,389,059	71,554,686		500.00

RECLASSIFICATIONS

Provider CCN: 140223

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

Worksheet A-6
Date/Time Prepared:
5/17/2012 5:12 pm

		Decreases				Wkst. A-7 Ref.	
Cost Center		Line #	Salary	Other			
6.00		7.00	8.00	9.00	10.00		
A - MEDICAL SUPPLIES							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	257,460	0		1.00
	TOTALS		0	257,460			
B - DRUGS CHARGES							
1.00	PHARMACY	15.00	0	22,365,239	0		1.00
	TOTALS		0	22,365,239			
C - LINEN							
1.00	HOUSEKEEPING	9.00	0	2,644,205	0		1.00
	TOTALS		0	2,644,205			
D - RADIOLOGY ADMIN							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	629,364	434,165	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
	TOTALS		629,364	434,165			
E - PARAMEDIC CHAPLAIN							
1.00	PARAMED ED PRGM-PASTORAL EDUC.	23.00	877,760	7,070	0		1.00
	TOTALS		877,760	7,070			
F - REHAB DIRECTORS							
1.00	SUBPROVIDER - IRF	41.00	35,906	91,097	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		35,906	91,097			
G - OTHER REHAB ADMIN							
1.00	PHYSICAL THERAPY	66.00	22,955	0	0		1.00
	TOTALS		22,955	0			
H - NURSERY							
1.00	ADULTS & PEDIATRICS	30.00	1,163,458	882,800	0		1.00
	TOTALS		1,163,458	882,800			
I - CAFETERIA COSTS							
1.00	DIETARY	10.00	2,510,812	2,148,377	0		1.00
	TOTALS		2,510,812	2,148,377			
J - CAFETERIA REVENUE OFFSET							
1.00	CAFETERIA	11.00	0	2,097,606	0		1.00
	TOTALS		0	2,097,606			
K - NURSING ADMIN PERSONNEL							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	184,489	0	0		1.00
	TOTALS		184,489	0			
L - PARAMEDIC PHARMACY							
1.00	PHARMACY	15.00	231,294	28,270	0		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	859	43	0		2.00
	TOTALS		232,153	28,313			
M - CHILD LI FE/PRENATAL							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	416,317	26,661	0		1.00
	TOTALS		416,317	26,661			
N - WOUND CARE COSTS							
1.00	WOUND CARE CENTER	90.05	315,845	27,184	0		1.00
	TOTALS		315,845	27,184			
O - BOOK DEPRECIATION RECLASS							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	25,160,554	9		1.00
2.00		0.00	0	0	9		2.00
	TOTALS		0	25,160,554			
P - RECLASS MISCELLANEOUS DEPRECIATION							
1.00	NEONATAL CARE UNIT	32.01	0	138	9		1.00
2.00	OPERATING ROOM	50.00	0	17,403	9		2.00
3.00	EMERGENCY	91.00	0	6,485	9		3.00
4.00	MAINTENANCE & REPAIRS	6.00	0	37,121	9		4.00
	TOTALS		0	61,147			
Q - RECLASS BUILDING RENT							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	765,109	10		1.00
2.00	MAINTENANCE & REPAIRS	6.00	0	106,968	10		2.00
3.00	DIETARY	10.00	0	2,352	10		3.00
4.00	NURSING ADMINISTRATION	13.00	0	30,372	10		4.00
5.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	43,860	10		5.00
6.00	SUBPROVIDER - IRF	41.00	0	646	10		6.00
7.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,660,047	10		7.00
8.00	RADIOLOGY-THERAPEUTIC	55.00	0	1,073,952	10		8.00
9.00	RADIOISOTOPE	56.00	0	229,536	10		9.00

RECLASSIFICATIONS

Provider CCN: 140223

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

Worksheet A-6
Date/Time Prepared:
5/17/2012 5:12 pm

Decreases							
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
10.00	CT SCAN	57.00	0	382,284	10	10.00	
11.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	278,976	10	11.00	
12.00	OCCUPATIONAL THERAPY	67.00	0	637,094	10	12.00	
13.00	ELECTROCARDIOLOGY	69.00	0	23,664	10	13.00	
14.00	ELECTROENCEPHALOGRAPHY	70.00	0	89,124	10	14.00	
15.00	REHAB MEDICINE	76.00	0	54,456	10	15.00	
16.00	DAY HOSPITAL	76.20	0	292,188	10	16.00	
17.00	CARDIAC REHABILITATION	76.97	0	35,304	10	17.00	
18.00	OUTPATIENT CENTER	90.02	0	36,288	10	18.00	
19.00	PAIN CLINIC	90.03	0	43,548	10	19.00	
20.00	ANTI-COAG LAB	90.06	0	49,833	10	20.00	
21.00	HEART RISK ASSESSMENT	90.07	0	21,755	10	21.00	
22.00	EMERGENCY	91.00	0	104,943	10	22.00	
23.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	111,205	10	23.00	
	TOTALS		0	6,073,504			
R - RECLASSIFY EQUIPMENT DEPRECIATION							
1.00	EMPLOYEE BENEFITS	4.00	0	651	9	1.00	
2.00	PURCHASING, RECEIVING & STORES	5.03	0	830	9	2.00	
3.00	CASHIERING, ACCT REC & COLL	5.05	0	53,464	9	3.00	
4.00	MAINTENANCE & REPAIRS	6.00	0	108,089	9	4.00	
5.00	HOUSEKEEPING	9.00	0	32,334	9	5.00	
6.00	DIETARY	10.00	0	98,876	9	6.00	
7.00	NURSING ADMINISTRATION	13.00	0	19,402	9	7.00	
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	88,696	9	8.00	
9.00	PHARMACY	15.00	0	111,676	9	9.00	
10.00	MEDICAL RECORDS & LIBRARY	16.00	0	2,908	9	10.00	
11.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	15,226	9	11.00	
12.00	PARAMED ED PRGM-PASTORAL EDUC.	23.00	0	534	9	12.00	
13.00	ADULTS & PEDIATRICS	30.00	0	862,868	9	13.00	
14.00	INTENSIVE CARE UNIT	31.00	0	264,301	9	14.00	
15.00	CORONARY CARE UNIT	32.00	0	347,371	9	15.00	
16.00	NEONATAL CARE UNIT	32.01	0	120,879	9	16.00	
17.00	SUBPROVIDER - IPF	40.00	0	12,867	9	17.00	
18.00	SUBPROVIDER - IRF	41.00	0	54,570	9	18.00	
19.00	OPERATING ROOM	50.00	0	1,343,607	9	19.00	
20.00	RECOVERY ROOM	51.00	0	1,187	9	20.00	
21.00	DELIVERY ROOM & LABOR ROOM	52.00	0	75,718	9	21.00	
22.00	ANESTHESIOLOGY	53.00	0	166,968	9	22.00	
23.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,095,533	9	23.00	
24.00	RADIOLOGY-THERAPEUTIC	55.00	0	187,295	9	24.00	
25.00	RADIOISOTOPE	56.00	0	176,530	9	25.00	
26.00	CT SCAN	57.00	0	481,545	9	26.00	
27.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	165,965	9	27.00	
28.00	CARDIAC CATHETERIZATION	59.00	0	292,159	9	28.00	
29.00	RESPIRATORY THERAPY	65.00	0	225,909	9	29.00	
30.00	PHYSICAL THERAPY	66.00	0	13,074	9	30.00	
31.00	OCCUPATIONAL THERAPY	67.00	0	54,521	9	31.00	
32.00	ELECTROCARDIOLOGY	69.00	0	132,763	9	32.00	
33.00	ELECTROENCEPHALOGRAPHY	70.00	0	34,215	9	33.00	
34.00	RENAL DIALYSIS	74.00	0	21,081	9	34.00	
35.00	ASC (NON-DISTINCT PART)	75.00	0	91,832	9	35.00	
36.00	DAY HOSPITAL	76.20	0	469	9	36.00	
37.00	GASTROENTEROLOGY LAB	76.45	0	443,659	9	37.00	
38.00	CARDIAC REHABILITATION	76.97	0	8,936	9	38.00	
39.00	OUTPATIENT CENTER	90.02	0	3,258	9	39.00	
40.00	PAIN CLINIC	90.03	0	25,022	9	40.00	
41.00	HEART RISK ASSESSMENT	90.07	0	15,974	9	41.00	
42.00	EMERGENCY	91.00	0	97,960	9	42.00	
43.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	3,634	9	43.00	
	TOTALS		0	7,354,356			
S - CAPITAL INTEREST EXPENSE							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	1,894,948	11	1.00	
2.00		0.00	0	0	11	2.00	
	TOTALS		0	1,894,948			
500.00	Grand Total: Decreases		6,389,059	71,554,686		500.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140223

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

Worksheet A-7
Parts I-III
Date/Time Prepared:
5/17/2012 5:12 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	3.00	4.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	613,158	0	0	0	0	1.00
2.00	Land Improvements	15,121,882	24,675	0	24,675	0	2.00
3.00	Buildings and Fixtures	434,435,555	4,856,824	0	4,856,824	551,223	3.00
4.00	Building Improvements	2,979,866	2,401,906	0	2,401,906	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	140,423,643	12,302,492	0	12,302,492	3,249,704	6.00
7.00	HIT designated Assets	1,049,285	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	594,623,389	19,585,897	0	19,585,897	3,800,927	8.00
9.00	Reconciling Items	3,496,654	1,696,100	0	1,696,100	551,223	9.00
10.00	Total (line 8 minus line 9)	591,126,735	17,889,797	0	17,889,797	3,249,704	10.00
SUMMARY OF CAPITAL							
Cost Center Description		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	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
COMPUTATION OF RATIOS					ALLOCATION OF OTHER CAPITAL		
Cost Center Description		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	1.000000	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0.000000	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	1.000000	0	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140223

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

Worksheet A-7
Parts I-III
Date/Time Prepared:
5/17/2012 5:12 pm

		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	613,158	0		1.00		
2.00	Land Improvements	15,146,557	2,157,929		2.00		
3.00	Buildings and Fixtures	438,741,156	82,565,888		3.00		
4.00	Building Improvements	5,381,772	2,081,229		4.00		
5.00	Fixed Equipment	0	0		5.00		
6.00	Movable Equipment	149,476,431	87,224,943		6.00		
7.00	HIT designated Assets	1,049,285	915,884		7.00		
8.00	Subtotal (sum of lines 1-7)	610,408,359	174,945,873		8.00		
9.00	Reconciling Items	4,641,531	0		9.00		
10.00	Total (line 8 minus line 9)	605,766,828	174,945,873		10.00		
SUMMARY OF CAPITAL							
Cost Center Description		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	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		
ALLOCATION OF OTHER CAPITAL							
Cost Center Description		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	SUMMARY OF CAPITAL Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	21,240,095	6,048,195	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	11,691,655	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	32,931,750	6,048,195	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140223

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

Worksheet A-7
Parts I-III
Date/Time Prepared:
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Cost Center Description	SUMMARY OF CAPITAL					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	1,573,782	0	0	0	28,862,072	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	321,166	0	0	0	12,012,821	2.00
3.00	Total (sum of lines 1-2)	1,894,948	0	0	0	40,874,893	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140223

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

Worksheet A-8

Date/Time Prepared:
5/17/2012 5:12 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)	A	-186,737	OTHER ADMINISTRATIVE AND GENERAL		5.06
8.00 Television and radio service (chapter 21)	A	-183,722	MAINTENANCE & REPAIRS		6.00
9.00 Parking lot (chapter 21)		0			0.00
10.00 Provider-based physician adjustment	A-8-2	-14,159,487			10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0			0.00
12.00 Related organization transactions (chapter 10)	A-8-1	-7,880,840			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		0			0.00
19.00 Nursing school (tuition, fees, books, etc.)		0			0.00
20.00 Vending machines		0			0.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0			0.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		ORESPIRATORY THERAPY		65.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		OPHYSICAL THERAPY		66.00
25.00 Utilization review - physicians' compensation (chapter 21)			0*** Cost Center Deleted ***		114.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT	A	3,753,257	NEW CAP REL COSTS-BLDG & FIXT		1.00
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP	A	13,000	NEW CAP REL COSTS-MVBLE EQUIP		2.00
28.00 Non-physician Anesthetist			0*** Cost Center Deleted ***		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 OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00
33.02 MARKETING COSTS	A	-557,944	OTHER ADMINISTRATIVE AND GENERAL		5.06
33.03 COMMUNITY RELATIONS	A	-104,573	OTHER ADMINISTRATIVE AND GENERAL		5.06
33.04 COUNCIL OF ADVISORS	A	-63,349	OTHER ADMINISTRATIVE AND GENERAL		5.06
33.08 MISC LEGAL FEES	A	-9,776	OTHER ADMINISTRATIVE AND GENERAL		5.06
33.10 CLAIM SETTLEMENT	A	20,000	OTHER ADMINISTRATIVE AND GENERAL		5.06
33.11 HPO ADMIN FEES	A	-4,236,143	OTHER ADMINISTRATIVE AND GENERAL		5.06
33.12 PHYSICIAN SERP INCENTIVE	A	-68,400	EMPLOYEE BENEFITS		4.00
33.13 AMG NICU OUTREACH	A	-8,904	OTHER ADMINISTRATIVE AND GENERAL		5.06
33.14 MISC PHYSICIAN FEES	A	-4,576	RADIOLOGY-DIAGNOSTIC		54.00
33.15 FITNESS CENTER SUPPORT/INTER-CO MARK	A	-210,928	OTHER ADMINISTRATIVE AND GENERAL		5.06
33.17 PUBLIC AID ASSESSMENT EXPENSE	A	-13,514,397	OTHER ADMINISTRATIVE AND GENERAL		5.06

ADJUSTMENTS TO EXPENSES

Provider CCN: 140223

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

Worksheet A-8

Date/Time Prepared:
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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
33.18 RESEARCH COSTS IN EXCESS OF FUNDING	A	-746,806	OTHER ADMINISTRATIVE AND GENERAL	5.06 33.18
33.19 OFFSET MEN'S ASSOCIATION	A	-5,896	OTHER ADMINISTRATIVE AND GENERAL	5.06 33.19
33.21 CENTER FOR PEDS BRAIN TUMOR	A	-50,761	OTHER ADMINISTRATIVE AND GENERAL	5.06 33.21
33.23 ADJUST PARAMEDIC CHAPLAINCY FICA	A	-5,534	PARAMED ED PRGM-PASTORAL EDUC.	23.00 33.23
33.24 PARKING LOST COSTS	A	-709,456	MAINTENANCE & REPAIRS	6.00 33.24
33.25 LOBBYING COSTS	A	-4,041	OTHER ADMINISTRATIVE AND GENERAL	5.06 33.25
33.26 KOHLS MUSEUM	A	-5,000	OTHER ADMINISTRATIVE AND GENERAL	5.06 33.26
33.27 ADJUST GL INT EXPENSE TO ACTUAL	A	-5,027,109	OTHER ADMINISTRATIVE AND GENERAL	5.06 33.27
33.28 UNNECESSARY INTEREST EXPENSE	A	-2,134,195	OTHER ADMINISTRATIVE AND GENERAL	5.06 33.28
33.29 PRIOR YEARS MEDICARE WORKPAPER	A	263,258	NEW CAP REL COSTS-BLDG & FIXT	1.00 33.29
33.30 ADJUST PARKSIDE RENT TO COST	A	-25,309	NEW CAP REL COSTS-BLDG & FIXT	1.00 33.30
33.31		0		0.00 33.31
43.01		0		0.00 43.01
43.02 MI SC INC	B	-1,500	EMPLOYEE BENEFITS	4.00 43.02
43.03 MI SC INC	B	-220	PURCHASING, RECEIVING & STORES	5.03 43.03
43.04 MI SC INC	B	-3,908	CASHIERING, ACCT REC & COLL	5.05 43.04
43.05 MI SC INC	B	-6,613,189	OTHER ADMINISTRATIVE AND GENERAL	5.06 43.05
43.06 MI SC INC	B	-55,530	MAINTENANCE & REPAIRS	6.00 43.06
43.07 MI SC INC	B	-5,912	HOUSEKEEPING	9.00 43.07
43.08 MI SC INC	B	-2,297,058	DIETARY	10.00 43.08
43.09 MI SC INC	B	-50,117	NURSING ADMINISTRATION	13.00 43.09
43.10 MI SC INC	B	-105,790	PHARMACY	15.00 43.10
43.11 MI SC INC	B	-61,406	MEDICAL RECORDS & LIBRARY	16.00 43.11
43.13 MI SC INC	B	-159,701	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00 43.13
43.14 MI SC INC	B	-101,416	PARAMED ED PRGM-PASTORAL EDUC.	23.00 43.14
43.16 MI SC INC	B	-39,709	ADULTS & PEDIATRICS	30.00 43.16
43.18 MI SC INC	B	-4,114	INTENSIVE CARE UNIT	31.00 43.18
43.19 MI SC INC	B	-15,601	NEONATAL CARE UNIT	32.01 43.19
43.20 MI SC INC	B	-37,642	SUBPROVIDER - I PF	40.00 43.20
43.21 MI SC INC	B	-2,130	SUBPROVIDER - I RF	41.00 43.21
43.22 MI SC INC	B	-22,079	OPERATING ROOM	50.00 43.22
43.23 MI SC INC	B	-1,500	RECOVERY ROOM	51.00 43.23
43.24 MI SC INC	B	-1,537	DELIVERY ROOM & LABOR ROOM	52.00 43.24
43.25 MI SC INC	B	-31,606	RADIOLOGY-DIAGNOSTIC	54.00 43.25
43.26 MI SC INC	B	-237,226	RADIOLOGY-THERAPEUTIC	55.00 43.26
43.27 MI SC INC	B	-250	RADIOIOTOPE	56.00 43.27
43.29 MI SC INC	B	-17,661	CARDIAC CATHETERIZATION	59.00 43.29
43.30 MI SC INC	B	-990	RESPIRATORY THERAPY	65.00 43.30
43.31 MI SC INC	B	-3,875	PHYSICAL THERAPY	66.00 43.31
43.32 MI SC INC	B	-77,183	OCCUPATIONAL THERAPY	67.00 43.32
43.33 MI SC INC	B	-65,477	ELECTROCARDIOLOGY	69.00 43.33
43.34 MI SC INC	B	-75	ELECTROENCEPHALOGRAPHY	70.00 43.34
43.35 MI SC INC	B	-84	ASC (NON-DIAGNOSTIC PART)	75.00 43.35
43.37 MI SC INC	B	-1,015	REHAB MEDICINE	76.00 43.37
44.00 MI SC INC	B	-30,596	DAY HOSPITAL	76.20 44.00
44.01 MI SC INC	B	-2,974	LITHOTRIPTER	76.30 44.01
44.02 MI SC INC	B	-18,365	GASTROENTEROLOGY LAB	76.45 44.02
44.04 MI SC INC	B	-500	PAIN CLINIC	90.03 44.04
44.05 MI SC INC	B	-36,645	EMERGENCY	91.00 44.05
44.06 FOOD&BEV	A	-3,968	EMPLOYEE BENEFITS	4.00 44.06
44.10 FOOD&BEV	A	-2,193	CASHIERING, ACCT REC & COLL	5.05 44.10
44.11 FOOD&BEV	A	-66,612	OTHER ADMINISTRATIVE AND GENERAL	5.06 44.11
44.12 FOOD&BEV	A	-1,761	MAINTENANCE & REPAIRS	6.00 44.12
44.13 FOOD&BEV	A	-1,197	DIETARY	10.00 44.13
44.14 FOOD&BEV	A	893	NURSING ADMINISTRATION	13.00 44.14

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Line #
			Cost Center		
			1.00	2.00	
44.15 FOOD&BEV	A	-4,329	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	44.15
44.18 FOOD&BEV	A	-255	PARAMED ED PRGM-PASTORAL EDUC.	23.00	44.18
44.19 FOOD&BEV	A	-199	ADULTS & PEDIATRICS	30.00	44.19
44.21 FOOD&BEV	A	-357	SUBPROVIDER - IRF	41.00	44.21
44.22 FOOD&BEV	A	-175	OPERATING ROOM	50.00	44.22
44.23 FOOD&BEV	A	-3,258	RADIOLOGY-DIAGNOSTIC	54.00	44.23
44.24 FOOD&BEV	A	-2,333	RADIOLOGY-THERAPEUTIC	55.00	44.24
44.25 FOOD&BEV	A	-110	PHYSICAL THERAPY	66.00	44.25
44.26 FOOD&BEV	A	-177	OCCUPATIONAL THERAPY	67.00	44.26
44.27 FOOD&BEV	A	-406	REHAB MEDICINE	76.00	44.27
44.28 FOOD&BEV	A	-805	GASTROENTEROLOGY LAB	76.45	44.28
44.29 FOOD&BEV	A	-274	EMERGENCY	91.00	44.29
44.30 FOOD&BEV	A	-87	GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00	44.30
45.02 MI SC COSTS	A	-2,299	EMPLOYEE BENEFITS	4.00	45.02
45.03 MI SC COSTS	A	-785	PURCHASING, RECEIVING & STORES	5.03	45.03
45.04 MI SC COSTS	A	-3,530	CASHIERING, ACCT REC & COLL	5.05	45.04
45.05 MI SC COSTS	A	-987,831	OTHER ADMINISTRATIVE AND GENERAL	5.06	45.05
45.06 MI SC COSTS	A	-67,409	MAINTENANCE & REPAIRS	6.00	45.06
45.08 MI SC COSTS	A	-5,138	HOUSEKEEPING	9.00	45.08
45.09 MI SC COSTS	A	-2,252	DIETARY	10.00	45.09
45.10 MI SC COSTS	A	-8,059	NURSING ADMINISTRATION	13.00	45.10
45.11 MI SC COSTS	A	-7,763	CENTRAL SERVICES & SUPPLY	14.00	45.11
45.12 MI SC COSTS	A	-3,901	PHARMACY	15.00	45.12
45.13 MI SC COSTS	A	-70	MEDICAL RECORDS & LIBRARY	16.00	45.13
45.14 MI SC COSTS	A	-144,125	SOCIAL SERVICE	17.00	45.14
45.15 MI SC COSTS	A	-37,027	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	45.15
45.16 MI SC COSTS	A	-8,681	PARAMED ED PRGM-PASTORAL EDUC.	23.00	45.16
45.17 MI SC COSTS	A	-66,937	ADULTS & PEDIATRICS	30.00	45.17
45.18 MI SC COSTS	A	-3,244	INTENSIVE CARE UNIT	31.00	45.18
45.19 MI SC COSTS	A	-3,345	CORONARY CARE UNIT	32.00	45.19
45.20 MI SC COSTS	A	-15,511	NEONATAL CARE UNIT	32.01	45.20
45.21 MI SC COSTS	A	-4,317	SUBPROVIDER - I PF	40.00	45.21
45.22 MI SC COSTS	A	-1,132	SUBPROVIDER - IRF	41.00	45.22
45.23 MI SC COSTS	A	-20,024	OPERATING ROOM	50.00	45.23
45.24 MI SC COSTS	A	-361	RECOVERY ROOM	51.00	45.24
45.25 MI SC COSTS	A	-534	DELIVERY ROOM & LABOR ROOM	52.00	45.25
45.26 MI SC COSTS	A	-436	ANESTHESIOLOGY	53.00	45.26
45.27 MI SC COSTS	A	-14,147	RADIOLOGY-DIAGNOSTIC	54.00	45.27
45.28 MI SC COSTS	A	-45,783	RADIOLOGY-THERAPEUTIC	55.00	45.28
45.29 MI SC COSTS	A	-375	RADIOISOTOPE	56.00	45.29
45.30 MI SC COSTS	A	-163	CT SCAN	57.00	45.30
45.31 MI SC COSTS	A	-1,847	RESPIRATORY THERAPY	65.00	45.31
45.32 MI SC COSTS	A	-6,068	PHYSICAL THERAPY	66.00	45.32
45.33 MI SC COSTS	A	-37,692	OCCUPATIONAL THERAPY	67.00	45.33
45.34 MI SC COSTS	A	-8,810	ELECTROCARDIOLOGY	69.00	45.34
45.35 MI SC COSTS	A	-400	ELECTROENCEPHALOGRAPHY	70.00	45.35
45.36 MI SC COSTS	A	-2,340	RENAL DIALYSIS	74.00	45.36
45.37 MI SC COSTS	A	-2,903	ASC (NON-DI STINCT PART)	75.00	45.37
45.38 MI SC COSTS	A	-336	REHAB MEDICINE	76.00	45.38
45.39 MI SC COSTS	A	42	DAY HOSPITAL	76.20	45.39
45.40 MI SC COSTS	A	-1,119	GASTROENTEROLOGY LAB	76.45	45.40
45.41 MI SC COSTS	A	-1,848	CARDIAC REHABILITATION	76.97	45.41
45.42 MI SC COSTS	A	-19	OUTPATIENT CENTER	90.02	45.42
45.43 MI SC COSTS	A	-352	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	45.43
45.44 MI SC COSTS	A	-106	HEART RISK ASSESSMENT	90.07	45.44
45.46 MI SC COSTS	A	-33,847	EMERGENCY	91.00	45.46
45.47 MI SC COSTS	A	-5,677	GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00	45.47
45.48 EMPLOYEE RELATIONS	A	-973	CASHIERING, ACCT REC & COLL	5.05	45.48
45.49 EMPLOYEE RELATIONS	A	-95,074	OTHER ADMINISTRATIVE AND GENERAL	5.06	45.49

Provider CCN: 140223 Period: From 01/01/2011 To 12/31/2011 Worksheet A-8
 Date/Time Prepared: 5/17/2012 5:12 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
45.50 EMPLOYEE RELATIONS	A	-405	MAINTENANCE & REPAIRS	6.00 45.50
45.51 EMPLOYEE RELATIONS	A	-550	DIETARY	10.00 45.51
45.52 EMPLOYEE RELATIONS	A	-6,731	NURSING ADMINISTRATION	13.00 45.52
45.53 EMPLOYEE RELATIONS	A	-10	CENTRAL SERVICES & SUPPLY	14.00 45.53
45.55 EMPLOYEE RELATIONS	A	-138	PHARMACY	15.00 45.55
45.56 EMPLOYEE RELATIONS	A	-3,906	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00 45.56
45.57 EMPLOYEE RELATIONS	A	-22,043	ADULTS & PEDIATRICS	30.00 45.57
45.58 EMPLOYEE RELATIONS	A	-2,341	INTENSIVE CARE UNIT	31.00 45.58
45.59 EMPLOYEE RELATIONS	A	-3,268	CORONARY CARE UNIT	32.00 45.59
45.60 EMPLOYEE RELATIONS	A	-3,042	NEONATAL CARE UNIT	32.01 45.60
45.61 EMPLOYEE RELATIONS	A	-10	SUBPROVIDER - IPF	40.00 45.61
45.63 EMPLOYEE RELATIONS	A	-30	SUBPROVIDER - IRF	41.00 45.63
45.64 EMPLOYEE RELATIONS	A	-566	OPERATING ROOM	50.00 45.64
45.65 EMPLOYEE RELATIONS	A	-29	RECOVERY ROOM	51.00 45.65
45.66 EMPLOYEE RELATIONS	A	-1,336	DELIVERY ROOM & LABOR ROOM	52.00 45.66
45.67 EMPLOYEE RELATIONS	A	-398	RADIOLOGY-DIAGNOSTIC	54.00 45.67
45.68 EMPLOYEE RELATIONS	A	-75	RADIOLOGY-THERAPEUTIC	55.00 45.68
45.69 EMPLOYEE RELATIONS	A	-150	CARDIAC CATHETERIZATION	59.00 45.69
45.70 EMPLOYEE RELATIONS	A	-64	RESPIRATORY THERAPY	65.00 45.70
45.71 EMPLOYEE RELATIONS	A	-15	ELECTROCARDIOLOGY	69.00 45.71
45.72 EMPLOYEE RELATIONS	A	-71	ASC (NON-DISTINCT PART)	75.00 45.72
45.73 EMPLOYEE RELATIONS	A	-10	CARDIAC REHABILITATION	76.97 45.73
45.74 EMPLOYEE RELATIONS	A	-615	EMERGENCY	91.00 45.74
45.75		0		0.00 45.75
45.76		0		0.00 45.76
45.77		0		0.00 45.77
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-57,746,903		50.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140223

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

Worksheet A-8
Date/Time Prepared:
5/17/2012 5:12 pm

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 OTHER ADJUSTMENTS (SPECIFY) (3)	0	33.00
33.02 MARKETING COSTS	0	33.02
33.03 COMMUNITY RELATIONS	0	33.03
33.04 COUNCIL OF ADVISORS	0	33.04
33.08 MISC LEGAL FEES	0	33.08
33.10 CLAIM SETTLEMENT	0	33.10
33.11 HPO ADMIN FEES	0	33.11
33.12 PHYSICIAN SERP INCENTIVE	0	33.12
33.13 AMG NICU OUTREACH	0	33.13
33.14 MISC PHYSICIAN FEES	0	33.14
33.15 FITNESS CENTER SUPPORT/INTER-CO MARK	0	33.15
33.17 PUBLIC AID ASSESSMENT EXPENSE	0	33.17
33.18 RESEARCH COSTS IN EXCESS OF FUNDING	0	33.18
33.19 OFFSET MEN'S ASSOCIATION	0	33.19
33.21 CENTER FOR PEDS BRAIN TUMOR	0	33.21
33.23 ADJUST PARAMEDIC CHAPLAINCY FICA	0	33.23
33.24 PARKING LOST COSTS	0	33.24
33.25 LOBBYING COSTS	0	33.25
33.26 KOHLS MUSEUM	0	33.26
33.27 ADJUST GL INT EXPENSE TO ACTUAL	11	33.27
33.28 UNNECESSARY INTEREST EXPENSE	11	33.28
33.29 PRIOR YEARS MEDICARE WORKPAPER	9	33.29
33.30 ADJUST PARKSIDE RENT TO COST	10	33.30
33.31	0	33.31
43.01	0	43.01
43.02 MISC INC	0	43.02
43.03 MISC INC	0	43.03
43.04 MISC INC	0	43.04

ADJUSTMENTS TO EXPENSES

Provider CCN: 140223

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

Worksheet A-8

Date/Time Prepared:
5/17/2012 5:12 pm

Cost Center Description		Wkst. A-7 Ref.	
		5.00	
43.05	MI SC INC	0	43.05
43.06	MI SC INC	0	43.06
43.07	MI SC INC	0	43.07
43.08	MI SC INC	0	43.08
43.09	MI SC INC	0	43.09
43.10	MI SC INC	0	43.10
43.11	MI SC INC	0	43.11
43.13	MI SC INC	0	43.13
43.14	MI SC INC	0	43.14
43.16	MI SC INC	0	43.16
43.18	MI SC INC	0	43.18
43.19	MI SC INC	0	43.19
43.20	MI SC INC	0	43.20
43.21	MI SC INC	0	43.21
43.22	MI SC INC	0	43.22
43.23	MI SC INC	0	43.23
43.24	MI SC INC	0	43.24
43.25	MI SC INC	0	43.25
43.26	MI SC INC	0	43.26
43.27	MI SC INC	0	43.27
43.29	MI SC INC	0	43.29
43.30	MI SC INC	0	43.30
43.31	MI SC INC	0	43.31
43.32	MI SC INC	0	43.32
43.33	MI SC INC	0	43.33
43.34	MI SC INC	0	43.34
43.35	MI SC INC	0	43.35
43.37	MI SC INC	0	43.37
44.00	MI SC INC	0	44.00
44.01	MI SC INC	0	44.01
44.02	MI SC INC	0	44.02
44.04	MI SC INC	0	44.04
44.05	MI SC INC	0	44.05
44.06	FOOD&BEV	0	44.06
44.10	FOOD&BEV	0	44.10
44.11	FOOD&BEV	0	44.11
44.12	FOOD&BEV	0	44.12
44.13	FOOD&BEV	0	44.13
44.14	FOOD&BEV	0	44.14
44.15	FOOD&BEV	0	44.15
44.18	FOOD&BEV	0	44.18
44.19	FOOD&BEV	0	44.19
44.21	FOOD&BEV	0	44.21
44.22	FOOD&BEV	0	44.22
44.23	FOOD&BEV	0	44.23
44.24	FOOD&BEV	0	44.24
44.25	FOOD&BEV	0	44.25
44.26	FOOD&BEV	0	44.26
44.27	FOOD&BEV	0	44.27
44.28	FOOD&BEV	0	44.28
44.29	FOOD&BEV	0	44.29
44.30	FOOD&BEV	0	44.30
45.02	MI SC COSTS	0	45.02
45.03	MI SC COSTS	0	45.03
45.04	MI SC COSTS	0	45.04
45.05	MI SC COSTS	0	45.05
45.06	MI SC COSTS	0	45.06
45.08	MI SC COSTS	0	45.08
45.09	MI SC COSTS	0	45.09
45.10	MI SC COSTS	0	45.10
45.11	MI SC COSTS	0	45.11
45.12	MI SC COSTS	0	45.12
45.13	MI SC COSTS	0	45.13
45.14	MI SC COSTS	0	45.14
45.15	MI SC COSTS	0	45.15
45.16	MI SC COSTS	0	45.16
45.17	MI SC COSTS	0	45.17
45.18	MI SC COSTS	0	45.18
45.19	MI SC COSTS	0	45.19
45.20	MI SC COSTS	0	45.20
45.21	MI SC COSTS	0	45.21
45.22	MI SC COSTS	0	45.22
45.23	MI SC COSTS	0	45.23
45.24	MI SC COSTS	0	45.24
45.25	MI SC COSTS	0	45.25

Provider CCN: 140223

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

Worksheet A-8

Date/Time Prepared:
 5/17/2012 5:12 pm

Cost Center Description		Wkst. A-7 Ref.	
		5.00	
45.26	MI SC COSTS	0	45.26
45.27	MI SC COSTS	0	45.27
45.28	MI SC COSTS	0	45.28
45.29	MI SC COSTS	0	45.29
45.30	MI SC COSTS	0	45.30
45.31	MI SC COSTS	0	45.31
45.32	MI SC COSTS	0	45.32
45.33	MI SC COSTS	0	45.33
45.34	MI SC COSTS	0	45.34
45.35	MI SC COSTS	0	45.35
45.36	MI SC COSTS	0	45.36
45.37	MI SC COSTS	0	45.37
45.38	MI SC COSTS	0	45.38
45.39	MI SC COSTS	0	45.39
45.40	MI SC COSTS	0	45.40
45.41	MI SC COSTS	0	45.41
45.42	MI SC COSTS	0	45.42
45.43	MI SC COSTS	0	45.43
45.44	MI SC COSTS	0	45.44
45.46	MI SC COSTS	0	45.46
45.47	MI SC COSTS	0	45.47
45.48	EMPLOYEE RELATIONS	0	45.48
45.49	EMPLOYEE RELATIONS	0	45.49
45.50	EMPLOYEE RELATIONS	0	45.50
45.51	EMPLOYEE RELATIONS	0	45.51
45.52	EMPLOYEE RELATIONS	0	45.52
45.53	EMPLOYEE RELATIONS	0	45.53
45.55	EMPLOYEE RELATIONS	0	45.55
45.56	EMPLOYEE RELATIONS	0	45.56
45.57	EMPLOYEE RELATIONS	0	45.57
45.58	EMPLOYEE RELATIONS	0	45.58
45.59	EMPLOYEE RELATIONS	0	45.59
45.60	EMPLOYEE RELATIONS	0	45.60
45.61	EMPLOYEE RELATIONS	0	45.61
45.63	EMPLOYEE RELATIONS	0	45.63
45.64	EMPLOYEE RELATIONS	0	45.64
45.65	EMPLOYEE RELATIONS	0	45.65
45.66	EMPLOYEE RELATIONS	0	45.66
45.67	EMPLOYEE RELATIONS	0	45.67
45.68	EMPLOYEE RELATIONS	0	45.68
45.69	EMPLOYEE RELATIONS	0	45.69
45.70	EMPLOYEE RELATIONS	0	45.70
45.71	EMPLOYEE RELATIONS	0	45.71
45.72	EMPLOYEE RELATIONS	0	45.72
45.73	EMPLOYEE RELATIONS	0	45.73
45.74	EMPLOYEE RELATIONS	0	45.74
45.75		0	45.75
45.76		0	45.76
45.77		0	45.77
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: 140223

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

Worksheet A-8-1

Date/Time Prepared:
5/17/2012 5:12 pm

		Line No.	Cost Center	Expense Items	
		1.00	2.00	3.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00		1.00	NEW CAP REL COSTS-BLDG & FIXT	NEW CAPITAL BUILDING	1.00
2.00		2.00	NEW CAP REL COSTS-MVBLE EQUIP	NEW CAPITAL EQUIPMENT	2.00
3.00		4.00	EMPLOYEE BENEFITS	BENEFITS	3.00
4.00		5.00	OTHER ADMINISTRATIVE AND GENERAL	A&G	4.00
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. 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		B		100.00	6.00
7.00				0.00	7.00
8.00				0.00	8.00
9.00				0.00	9.00
10.00				0.00	10.00
100.00	G. Other (financial or non-financial) specify:				100.00

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

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

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

Provider CCN: 140223

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

Worksheet A-8-1

Date/Time Prepared: 5/17/2012 5:12 pm

	Amount of Allowable Cost	Amount Included in Wks. A, column 5	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.	
	4.00	5.00	6.00	7.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	994,902	0	994,902	9	1.00
2.00	2,746,779	0	2,746,779	9	2.00
3.00	5,996,317	0	5,996,317	0	3.00
4.00	16,466,477	34,085,315	-17,618,838	0	4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.	34,085,315	-7,880,840		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 requested information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

6.00	AHCS	0.00	HEALTH CARE	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: 140223

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

Worksheet A-8-2

Date/Time Prepared:
5/17/2012 5:12 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	
	1.00	2.00	3.00	4.00	
1.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	5,369,085	350,201	1.00
2.00	13.00	NURSING ADMINISTRATION	210	0	2.00
3.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	7,983,131	0	3.00
4.00	32.00	CORONARY CARE UNIT	128	0	4.00
5.00	40.00	SUBPROVIDER - IPF	170,132	0	5.00
6.00	53.00	ANESTHESIOLOGY	226,622	0	6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	5,015	0	7.00
8.00	76.45	GASTROENTEROLOGY LAB	1,275	0	8.00
9.00	91.00	EMERGENCY	404,677	0	9.00
10.00	0.00		0	0	10.00
200.00			14,160,275	350,201	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140223

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

Worksheet A-8-2

Date/Time Prepared:
5/17/2012 5:12 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	5,018,884	177,200	1	85	4	1.00
2.00	210	177,200	1	85	4	2.00
3.00	7,983,131	177,200	1	85	4	3.00
4.00	128	177,200	1	85	4	4.00
5.00	170,132	154,100	1	74	4	5.00
6.00	226,622	200,300	1	96	5	6.00
7.00	5,015	225,300	1	108	5	7.00
8.00	1,275	177,200	1	85	4	8.00
9.00	404,677	177,200	1	85	4	9.00
10.00	0	0	0	0	0	10.00
200.00	13,810,074		9	788	38	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140223

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

Worksheet A-8-2

Date/Time Prepared:
5/17/2012 5:12 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	85	1.00
2.00	0	0	0	0	85	2.00
3.00	0	0	0	0	85	3.00
4.00	0	0	0	0	85	4.00
5.00	0	0	0	0	74	5.00
6.00	0	0	0	0	96	6.00
7.00	0	0	0	0	108	7.00
8.00	0	0	0	0	85	8.00
9.00	0	0	0	0	85	9.00
10.00	0	0	0	0	0	10.00
200.00	0	0	0	0	788	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140223

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

Worksheet A-8-2

Date/Time Prepared:
5/17/2012 5:12 pm

	RCE	Adjustment	
	Disallowance		
	17.00	18.00	
1.00	5,018,799	5,369,000	1.00
2.00	125	125	2.00
3.00	7,983,046	7,983,046	3.00
4.00	43	43	4.00
5.00	170,058	170,058	5.00
6.00	226,526	226,526	6.00
7.00	4,907	4,907	7.00
8.00	1,190	1,190	8.00
9.00	404,592	404,592	9.00
10.00	0	0	10.00
200.00	13,809,286	14,159,487	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140223

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

Worksheet B
Part I
Date/Time Prepared:
5/17/2012 5:12 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	PURCHASING, RECEIVING & STORES	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	5.03	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT	28,862,072	28,862,072				1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP	12,012,821		12,012,821			2.00
4.00 EMPLOYEE BENEFITS	55,744,840	154,089	64,134	55,963,063		4.00
5.03 PURCHASING, RECEIVING & STORES	2,283,955	143,018	59,526	354,455	2,840,954	5.03
5.05 CASHIERING, ACCT REC & COLL	9,389,919	375,233	156,177	1,668,945	1,337	5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL	64,077,896	8,290,495	3,450,629	5,024,332	85,895	5.06
6.00 MAINTENANCE & REPAIRS	23,170,796	4,609,353	1,918,481	1,518,392	60,482	6.00
7.00 OPERATION OF PLANT	0	0	0	0	0	7.00
8.00 LAUNDRY & LINEN SERVICE	2,644,205	0	0	0	0	8.00
9.00 HOUSEKEEPING	7,408,388	241,735	100,614	1,307,250	19,081	9.00
10.00 DIETARY	3,225,803	537,940	223,899	444,828	138,807	10.00
11.00 CAFETERIA	2,561,583	41,903	17,441	642,487	0	11.00
13.00 NURSING ADMINISTRATION	5,375,642	198,967	82,813	1,221,288	2,603	13.00
14.00 CENTRAL SERVICES & SUPPLY	1,015,556	232,521	96,779	237,873	0	14.00
15.00 PHARMACY	8,477,920	147,291	61,305	1,826,852	6,643	15.00
16.00 MEDICAL RECORDS & LIBRARY	5,011,635	117,901	49,072	839,496	881	16.00
17.00 SOCIAL SERVICE	1,404,639	24,125	10,041	333,419	54	17.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	11,879,784	0	0	2,447,751	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	2,967,290	530,566	220,829	652,218	3,306	22.00
23.00 PARAMED ED PRGM-PASTORAL EDUC.	259,424	24,341	10,131	59,636	71	23.00
23.01 PARAMED ED PRGM-PHARMACY	260,466	1,749	728	59,405	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	47,833,463	5,010,189	2,085,315	10,814,470	80,054	30.00
31.00 INTENSIVE CARE UNIT	6,970,312	421,427	175,404	1,427,728	14,200	31.00
32.00 CORONARY CARE UNIT	8,332,819	413,205	171,982	1,660,896	18,444	32.00
32.01 NEONATAL CARE UNIT	9,416,010	395,715	164,703	2,063,019	20,409	32.01
33.00 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 SUBPROVIDER - IPF	5,534,210	483,163	201,100	1,310,460	2,502	40.00
41.00 SUBPROVIDER - IRF	5,344,874	476,871	198,481	1,215,025	6,361	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	2,046,258	52,865	22,003	297,715	3,386	43.00
44.00 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	19,892,334	916,797	381,584	2,857,861	221,743	50.00
51.00 RECOVERY ROOM	1,895,543	63,648	26,491	428,825	1,892	51.00
52.00 DELIVERY ROOM & LABOR ROOM	5,687,458	436,428	181,648	1,135,934	28,762	52.00
53.00 ANESTHESIOLOGY	1,798,202	8,024	3,340	143,818	36,364	53.00
54.00 RADIOLOGY-DIAGNOSTIC	10,656,931	904,121	376,309	2,114,883	12,278	54.00
55.00 RADIOLOGY-THERAPEUTIC	4,741,921	385,276	160,357	627,686	1,325	55.00
56.00 RADIOISOTOPE	2,675,496	165,827	69,019	376,304	1,754	56.00
57.00 CT SCAN	3,271,808	87,953	36,607	563,283	13,522	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	4,082,971	193,305	80,456	508,098	11,742	58.00
59.00 CARDIAC CATHETERIZATION	2,610,504	260,324	108,351	372,220	20,967	59.00
60.00 LABORATORY	19,748,142	37,413	15,572	0	157,576	60.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	2,503,569	0	0	0	19,805	62.00
65.00 RESPIRATORY THERAPY	5,895,643	51,297	21,350	1,322,161	9,139	65.00
66.00 PHYSICAL THERAPY	5,067,099	24,071	10,019	1,122,043	1,941	66.00
67.00 OCCUPATIONAL THERAPY	6,941,238	555,754	231,313	1,507,936	17,845	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	3,469,946	70,103	29,178	735,282	5,761	69.00
70.00 ELECTROENCEPHALOGRAPHY	1,223,431	86,763	36,112	238,519	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	17,135,485	0	0	80,821	577,619	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	32,009,579	0	0	0	1,140,803	72.00
73.00 DRUGS CHARGED TO PATIENTS	22,365,239	0	0	0	0	73.00
74.00 RENAL DIALYSIS	904,957	31,012	12,908	178,009	2,178	74.00
75.00 ASC (NON-DISTINCT PART)	3,703,512	258,720	107,683	737,190	18,517	75.00
76.00 REHAB MEDICINE	476,826	24,954	10,386	111,236	282	76.00
76.20 DAY HOSPITAL	643,723	82,706	34,423	158,221	210	76.20
76.30 LIOTHOTRIPTER	1,632,079	0	0	0	0	76.30
76.45 GASTROENTEROLOGY LAB	3,802,445	193,233	80,426	640,584	31,424	76.45
76.97 CARDIAC REHABILITATION	382,901	34,366	14,304	86,454	430	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
90.01 DIABETES CARE CENTER	163,202	9,358	3,895	38,775	0	90.01
90.02 OUTPATIENT CENTER	339,603	35,322	14,701	70,349	396	90.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140223

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

Worksheet B
Part I
Date/Time Prepared:
5/17/2012 5:12 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	PURCHASING, RECEIVING & STORES	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	5.03	
90.03 PAIN CLINIC	349,655	42,390	17,643	71,650	1,010	90.03
90.05 WOUND CARE CENTER	0	0	0	0	0	90.05
90.06 ANTI-COAG LAB	667,724	45,148	18,791	145,052	1,861	90.06
90.07 HEART RISK ASSESSMENT	152,748	19,942	8,300	34,110	161	90.07
91.00 EMERGENCY	10,303,320	491,728	204,664	2,079,143	38,903	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
99.00 CMHC	0	0	0	0	0	99.00
SPECIAL PURPOSE COST CENTERS						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	530,707,814	28,440,645	11,837,417	55,914,387	2,840,726	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	223,353	421,427	175,404	48,676	228	190.00
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)	530,931,167	28,862,072	12,012,821	55,963,063	2,840,954	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140223

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

Worksheet B
Part I
Date/Time Prepared:
5/17/2012 5:12 pm

Cost Center Description		CASHIERING, ACCT REC & COLL	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	
		5.05	5A.05	5.06	6.00	7.00	
GENERAL SERVICE COST CENTERS							
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
5.03	PURCHASING, RECEIVING & STORES						5.03
5.05	CASHIERING, ACCT REC & COLL	11,591,611					5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL	0	80,929,247	80,929,247			5.06
6.00	MAINTENANCE & REPAIRS	0	31,277,504	5,625,009	36,902,513		6.00
7.00	OPERATION OF PLANT	0	0	0	0	0	7.00
8.00	LAUNDRY & LINEN SERVICE	0	2,644,205	475,539	0	0	8.00
9.00	HOUSEKEEPING	0	9,077,068	1,632,438	583,433	0	9.00
10.00	DIETARY	0	4,571,277	822,108	1,298,332	0	10.00
11.00	CAFETERIA	0	3,263,414	586,899	101,134	0	11.00
13.00	NURSING ADMINISTRATION	0	6,881,313	1,237,549	480,211	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	1,582,729	284,641	561,196	0	14.00
15.00	PHARMACY	0	10,520,011	1,891,940	355,491	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	6,018,985	1,082,466	284,558	0	16.00
17.00	SOCIAL SERVICE	0	1,772,278	318,730	58,226	0	17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	14,327,535	2,576,693	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	4,374,209	786,666	1,280,533	0	22.00
23.00	PARAMED PRGM-PASTORAL EDUC.	0	353,603	63,593	58,748	0	23.00
23.01	PARAMED PRGM-PHARMACY	0	322,348	57,972	4,221	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	1,296,453	67,119,944	12,070,986	12,092,218	0	30.00
31.00	INTENSIVE CARE UNIT	162,564	9,171,635	1,649,445	1,017,124	0	31.00
32.00	CORONARY CARE UNIT	179,829	10,777,175	1,938,189	997,281	0	32.00
32.01	NEONATAL CARE UNIT	305,256	12,365,112	2,223,766	955,069	0	32.01
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	125,493	7,656,928	1,377,037	1,166,127	0	40.00
41.00	SUBPROVIDER - I RF	133,908	7,375,520	1,326,428	1,150,939	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	66,887	2,489,114	447,647	127,592	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	779,098	25,049,417	4,504,937	2,212,712	0	50.00
51.00	RECOVERY ROOM	141,564	2,557,963	460,029	153,615	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	150,498	7,620,728	1,370,527	1,053,331	0	52.00
53.00	ANESTHESIOLOGY	336,790	2,326,538	418,409	19,365	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	569,594	14,634,116	2,631,829	2,182,120	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	214,801	6,131,366	1,102,677	929,873	0	55.00
56.00	RADIOISOTOPE	180,317	3,468,717	623,821	400,226	0	56.00
57.00	CT SCAN	653,269	4,626,442	832,029	212,276	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	374,707	5,251,279	944,401	466,546	0	58.00
59.00	CARDIAC CATHETERIZATION	276,649	3,649,015	656,246	628,299	0	59.00
60.00	LABORATORY	947,994	20,906,697	3,759,902	90,298	0	60.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	120,677	2,644,051	475,511	0	0	62.00
65.00	RESPIRATORY THERAPY	303,838	7,603,428	1,367,416	123,806	0	65.00
66.00	PHYSICAL THERAPY	151,100	6,376,273	1,146,722	58,095	0	66.00
67.00	OCCUPATIONAL THERAPY	162,952	9,417,038	1,693,579	1,341,326	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	265,261	4,575,531	822,873	169,194	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	74,928	1,659,753	298,493	209,404	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	369,147	18,163,072	3,266,483	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	511,662	33,662,044	6,053,849	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	1,306,569	23,671,808	4,257,185	0	0	73.00
74.00	RENAL DIALYSIS	29,754	1,158,818	208,404	74,849	0	74.00
75.00	ASC (NON-DISTINCT PART)	250,153	5,075,775	912,838	624,426	0	75.00
76.00	REHAB MEDICINE	8,627	632,311	113,716	60,228	0	76.00
76.20	DAY HOSPITAL	20,418	939,701	168,998	199,613	0	76.20
76.30	LITHOTRIPTER	71,567	1,703,646	306,387	0	0	76.30
76.45	GASTROENTEROLOGY LAB	274,272	5,022,384	903,236	466,372	0	76.45
76.97	CARDIAC REHABILITATION	12,233	530,688	95,440	82,944	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
90.01	DIABETES CARE CENTER	503	215,733	38,798	22,585	0	90.01
90.02	OUTPATIENT CENTER	12,666	473,037	85,072	85,250	0	90.02
90.03	PAIN CLINIC	8,573	490,921	88,288	102,309	0	90.03
90.05	WOUND CARE CENTER	0	0	0	0	0	90.05
90.06	ANTI-COAG LAB	16,978	895,554	161,058	108,967	0	90.06
90.07	HEART RISK ASSESSMENT	18,982	234,243	42,127	48,130	0	90.07

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140223

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		CASHIERING, ACCT REC & COLL	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	
		5.05	5A.05	5.06	6.00	7.00	
91.00	EMERGENCY	705,080	13,822,838	2,485,927	1,186,797	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		0				92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00
99.00	CMHC	0	0	0	0	0	99.00
SPECIAL PURPOSE COST CENTERS							
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	11,591,611	530,062,079	80,772,948	35,885,389	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	869,088	156,299	1,017,124	0	190.00
200.00	Cross Foot Adjustments		0				200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	11,591,611	530,931,167	80,929,247	36,902,513	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140223

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
	8.00	9.00	10.00	11.00	13.00	
GENERAL SERVICE COST CENTERS						
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
5.03 PURCHASING, RECEIVING & STORES						5.03
5.05 CASHIERING, ACCT REC & COLL						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	3,119,744					8.00
9.00 HOUSEKEEPING	0	11,292,939				9.00
10.00 DIETARY	0	403,699	7,095,416			10.00
11.00 CAFETERIA	0	31,446	0	3,982,893		11.00
13.00 NURSING ADMINISTRATION	0	149,315	0	108,088	8,856,476	13.00
14.00 CENTRAL SERVICES & SUPPLY	0	174,497	0	21,053	106,935	14.00
15.00 PHARMACY	0	110,535	0	161,683	37,165	15.00
16.00 MEDICAL RECORDS & LIBRARY	0	88,480	0	74,298	0	16.00
17.00 SOCIAL SERVICE	0	18,105	0	29,509	0	17.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	216,635	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	398,165	0	57,724	0	22.00
23.00 PARAMED ED PRGM-PASTORAL EDUC.	0	18,267	0	5,278	0	23.00
23.01 PARAMED ED PRGM-PHARMACY	0	1,313	0	5,258	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	1,945,888	3,759,917	4,425,647	957,140	2,931,166	30.00
31.00 INTENSIVE CARE UNIT	123,695	316,261	281,327	126,359	390,822	31.00
32.00 CORONARY CARE UNIT	144,248	310,091	328,071	146,995	454,649	32.00
32.01 NEONATAL CARE UNIT	252,823	296,966	575,011	182,585	562,367	32.01
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	230,832	362,592	524,996	115,980	354,141	40.00
41.00 SUBPROVIDER - IRF	246,312	357,869	560,201	107,534	335,112	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	175,946	39,673	400,163	26,349	81,496	43.00
44.00 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	688,014	0	252,931	782,302	50.00
51.00 RECOVERY ROOM	0	47,765	0	37,953	117,385	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	327,519	0	100,534	310,947	52.00
53.00 ANESTHESIOLOGY	0	6,021	0	12,728	26,915	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	678,501	0	187,175	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	289,132	0	55,552	0	55.00
56.00 RADIOISOTOPE	0	124,445	0	33,304	95,360	56.00
57.00 CT SCAN	0	66,004	0	49,853	5,770	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	145,066	0	44,968	0	58.00
59.00 CARDIAC CATHETERIZATION	0	195,361	0	32,943	101,890	59.00
60.00 LABORATORY	0	28,077	0	0	0	60.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00 RESPIRATORY THERAPY	0	38,496	0	117,016	0	65.00
66.00 PHYSICAL THERAPY	0	18,064	0	99,305	307,752	66.00
67.00 OCCUPATIONAL THERAPY	0	417,068	0	133,458	401,003	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	52,609	0	65,075	201,274	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	65,111	0	21,110	65,291	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	7,153	22,124	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 RENAL DIALYSIS	0	23,273	0	15,754	48,728	74.00
75.00 ASC (NON-DISTINCT PART)	0	194,157	0	65,244	201,796	75.00
76.00 REHAB MEDICINE	0	18,727	0	9,845	30,449	76.00
76.20 DAY HOSPITAL	0	62,067	0	14,003	43,311	76.20
76.30 LI THOTRIPTER	0	0	0	0	0	76.30
76.45 GASTROENTEROLOGY LAB	0	145,012	0	56,694	175,351	76.45
76.97 CARDIAC REHABILITATION	0	25,790	0	7,651	23,666	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
90.01 DIABETES CARE CENTER	0	7,023	0	3,432	10,614	90.01
90.02 OUTPATIENT CENTER	0	26,507	0	6,226	19,257	90.02
90.03 PAIN CLINIC	0	31,812	0	6,341	19,613	90.03
90.05 WOUND CARE CENTER	0	0	0	0	0	90.05
90.06 ANTI-COAG LAB	0	33,882	0	12,838	0	90.06
90.07 HEART RISK ASSESSMENT	0	14,965	0	3,019	9,337	90.07
91.00 EMERGENCY	0	369,019	0	184,012	569,138	91.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
	8.00	9.00	10.00	11.00	13.00	
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
99.00 CMHC	0	0	0	0	0	99.00
SPECIAL PURPOSE COST CENTERS						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	3,119,744	10,976,678	7,095,416	3,978,585	8,843,126	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	316,261	0	4,308	13,350	190.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	3,119,744	11,292,939	7,095,416	3,982,893	8,856,476	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140223		Period: From 01/01/2011 To 12/31/2011		Worksheet B Part I Date/Time Prepared: 5/17/2012 5:12 pm	
Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE		
		14.00	15.00	16.00	17.00		
GENERAL SERVICE COST CENTERS							
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
5.03	PURCHASING, RECEIVING & STORES						5.03
5.05	CASHIERING, ACCT REC & COLL						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
14.00	CENTRAL SERVICES & SUPPLY	2,731,051					14.00
15.00	PHARMACY	0	13,076,825				15.00
16.00	MEDICAL RECORDS & LIBRARY	0	3	7,548,790			16.00
17.00	SOCIAL SERVICE	0	0	0	2,196,848		17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0		21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	51	0	0		22.00
23.00	PARAMED ED PRGM-PASTORAL EDUC.	0	0	0	0		23.00
23.01	PARAMED ED PRGM-PHARMACY	0	0	0	0		23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	0	195,654	844,356	1,370,246		30.00
31.00	INTENSIVE CARE UNIT	0	47,459	105,875	87,103		31.00
32.00	CORONARY CARE UNIT	0	21,780	117,120	101,576		32.00
32.01	NEONATAL CARE UNIT	0	55,287	198,808	178,032		32.01
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0		33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0		34.00
40.00	SUBPROVIDER - IPF	0	1,050	81,731	162,547		40.00
41.00	SUBPROVIDER - IRF	0	5,075	87,212	173,447		41.00
42.00	SUBPROVIDER	0	0	0	0		42.00
43.00	NURSERY	0	8,275	43,563	123,897		43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0		44.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	76,059	507,413	0		50.00
51.00	RECOVERY ROOM	0	18,679	92,198	0		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	29,009	98,017	0		52.00
53.00	ANESTHESIOLOGY	0	199,133	219,345	0		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	35,485	370,966	0		54.00
55.00	RADIOLOGY-THERAPEUTIC	0	699	139,896	0		55.00
56.00	RADIOISOTOPE	0	442,507	117,437	0		56.00
57.00	CT SCAN	0	58,206	425,462	0		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	18,485	244,040	0		58.00
59.00	CARDIAC CATHETERIZATION	0	218,611	180,176	0		59.00
60.00	LABORATORY	0	0	617,412	0		60.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	78,595	0		62.00
65.00	RESPIRATORY THERAPY	0	25,407	197,884	0		65.00
66.00	PHYSICAL THERAPY	0	0	98,409	0		66.00
67.00	OCCUPATIONAL THERAPY	0	5,968	106,128	0		67.00
68.00	SPEECH PATHOLOGY	0	0	0	0		68.00
69.00	ELECTROCARDIOLOGY	0	106,530	172,760	0		69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	48,800	0		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	952,256	0	240,419	0		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	1,778,795	0	333,237	0		72.00
73.00	DRUGS CHARGED TO PATIENTS	0	11,193,142	850,324	0		73.00
74.00	RENAL DIALYSIS	0	12,648	19,378	0		74.00
75.00	ASC (NON-DISTINCT PART)	0	26,554	162,920	0		75.00
76.00	REHAB MEDICINE	0	0	5,619	0		76.00
76.20	DAY HOSPITAL	0	16	13,298	0		76.20
76.30	LITHOTRIPTER	0	0	46,610	0		76.30
76.45	GASTROENTEROLOGY LAB	0	51,276	178,628	0		76.45
76.97	CARDIAC REHABILITATION	0	4	7,967	0		76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0		89.00
90.00	CLINIC	0	0	0	0		90.00
90.01	DIABETES CARE CENTER	0	0	328	0		90.01
90.02	OUTPATIENT CENTER	0	11,200	8,249	0		90.02
90.03	PAIN CLINIC	0	5,167	5,584	0		90.03
90.05	WOUND CARE CENTER	0	0	0	0		90.05
90.06	ANTI-COAG LAB	0	1,241	11,057	0		90.06
90.07	HEART RISK ASSESSMENT	0	0	12,363	0		90.07

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Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE		
		14.00	15.00	16.00	17.00		
91.00	EMERGENCY	0	205,503	459,206	0		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES	0	0	0	0		95.00
99.00	CMHC	0	0	0	0		99.00
SPECIAL PURPOSE COST CENTERS							
109.00	PANCREAS ACQUISITION	0	0	0	0		109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0		110.00
111.00	ISLET ACQUISITION	0	0	0	0		111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	2,731,051	13,076,163	7,548,790	2,196,848		118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	662	0	0		190.00
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)	2,731,051	13,076,825	7,548,790	2,196,848		202.00

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Cost Center Description	INTERNS & RESIDENTS		PARAMED ED PRGM-PASTORAL EDUC.	PARAMED ED PRGM-PHARMACY	Subtotal	
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
	21.00	22.00	23.00	23.01	24.00	
GENERAL SERVICE COST CENTERS						
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
5.03 PURCHASING, RECEIVING & STORES						5.03
5.05 CASHIERING, ACCT REC & COLL						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
14.00 CENTRAL SERVICES & SUPPLY						14.00
15.00 PHARMACY						15.00
16.00 MEDICAL RECORDS & LIBRARY						16.00
17.00 SOCIAL SERVICE						17.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	17,120,863					21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	6,897,348				22.00
23.00 PARAMED ED PRGM-PASTORAL EDUC.	0	0	499,489			23.00
23.01 PARAMED ED PRGM-PHARMACY	0	0	0	391,112		23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	12,989,739	5,233,075	330,169	186,679	126,452,824	30.00
31.00 INTENSIVE CARE UNIT	0	0	20,988	29,084	13,367,177	31.00
32.00 CORONARY CARE UNIT	0	0	24,475	24,349	15,385,999	32.00
32.01 NEONATAL CARE UNIT	0	0	42,898	0	17,888,724	32.01
33.00 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 SUBPROVIDER - 1PF	1,184,835	477,325	39,166	0	13,735,287	40.00
41.00 SUBPROVIDER - 1RF	0	0	41,793	0	11,767,442	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	0	0	0	0	3,963,715	43.00
44.00 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	1,507,702	607,396	0	0	36,188,883	50.00
51.00 RECOVERY ROOM	0	0	0	0	3,485,587	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	10,910,612	52.00
53.00 ANESTHESIOLOGY	198,460	79,952	0	0	3,506,866	53.00
54.00 RADIOLOGY-DIAGNOSTIC	6,912	2,784	0	0	20,729,888	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	8,649,195	55.00
56.00 RADIOISOTOPE	0	0	0	0	5,305,817	56.00
57.00 CT SCAN	0	0	0	0	6,276,042	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	7,114,785	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	5,662,541	59.00
60.00 LABORATORY	526,264	212,012	0	0	26,140,662	60.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	3,198,157	62.00
65.00 RESPIRATORY THERAPY	0	0	0	0	9,473,453	65.00
66.00 PHYSICAL THERAPY	0	0	0	0	8,104,620	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	13,515,568	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	6,165,846	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	2,367,962	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	22,651,507	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	41,827,925	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	151,000	40,123,459	73.00
74.00 RENAL DIALYSIS	0	0	0	0	1,561,852	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	7,263,710	75.00
76.00 REHAB MEDICINE	0	0	0	0	870,895	76.00
76.20 DAY HOSPITAL	0	0	0	0	1,441,007	76.20
76.30 LI THOTRIPTER	0	0	0	0	2,056,643	76.30
76.45 GASTROENTEROLOGY LAB	0	0	0	0	6,998,953	76.45
76.97 CARDIAC REHABILITATION	0	0	0	0	774,150	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
90.01 DIABETES CARE CENTER	0	0	0	0	298,513	90.01
90.02 OUTPATIENT CENTER	0	0	0	0	714,798	90.02
90.03 PAIN CLINIC	0	0	0	0	750,035	90.03
90.05 WOUND CARE CENTER	0	0	0	0	0	90.05

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description	INTERNS & RESIDENTS				Subtotal	
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS	PARAMED ED PRGM-PASTORAL EDUC.	PARAMED ED PRGM-PHARMACY		
	21.00	22.00	23.00	23.01		
90.06 ANTI-COAG LAB	0	0	0	0	1,224,597	90.06
90.07 HEART RISK ASSESSMENT	0	0	0	0	364,184	90.07
91.00 EMERGENCY	706,951	284,804	0	0	20,274,195	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
99.00 CMHC	0	0	0	0	0	99.00
SPECIAL PURPOSE COST CENTERS						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	17,120,863	6,897,348	499,489	391,112	528,554,075	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	2,377,092	190.00
200.00 Cross Foot Adjustments	0	0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	17,120,863	6,897,348	499,489	391,112	530,931,167	202.00

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Cost Center Description	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	25.00	26.00	
GENERAL SERVICE COST CENTERS			
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
5.03 PURCHASING, RECEIVING & STORES			5.03
5.05 CASHIERING, ACCT REC & COLL			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
14.00 CENTRAL SERVICES & SUPPLY			14.00
15.00 PHARMACY			15.00
16.00 MEDICAL RECORDS & LIBRARY			16.00
17.00 SOCIAL SERVICE			17.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD			21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD			22.00
23.00 PARAMED ED PRGM-PASTORAL EDUC.			23.00
23.01 PARAMED ED PRGM-PHARMACY			23.01
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00 ADULTS & PEDIATRICS	-18,222,814	108,230,010	30.00
31.00 INTENSIVE CARE UNIT	0	13,367,177	31.00
32.00 CORONARY CARE UNIT	0	15,385,999	32.00
32.01 NEONATAL CARE UNIT	0	17,888,724	32.01
33.00 BURN INTENSIVE CARE UNIT	0	0	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00 SUBPROVIDER - 1PF	-1,662,160	12,073,127	40.00
41.00 SUBPROVIDER - 1RF	0	11,767,442	41.00
42.00 SUBPROVIDER	0	0	42.00
43.00 NURSERY	0	3,963,715	43.00
44.00 SKILLED NURSING FACILITY	0	0	44.00
ANCILLARY SERVICE COST CENTERS			
50.00 OPERATING ROOM	-2,115,098	34,073,785	50.00
51.00 RECOVERY ROOM	0	3,485,587	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	10,910,612	52.00
53.00 ANESTHESIOLOGY	-278,412	3,228,454	53.00
54.00 RADIOLOGY-DIAGNOSTIC	-9,696	20,720,192	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	8,649,195	55.00
56.00 RADIOISOTOPE	0	5,305,817	56.00
57.00 CT SCAN	0	6,276,042	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	7,114,785	58.00
59.00 CARDIAC CATHETERIZATION	0	5,662,541	59.00
60.00 LABORATORY	-738,276	25,402,386	60.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	3,198,157	62.00
65.00 RESPIRATORY THERAPY	0	9,473,453	65.00
66.00 PHYSICAL THERAPY	0	8,104,620	66.00
67.00 OCCUPATIONAL THERAPY	0	13,515,568	67.00
68.00 SPEECH PATHOLOGY	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	6,165,846	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	2,367,962	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	22,651,507	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	41,827,925	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	40,123,459	73.00
74.00 RENAL DIALYSIS	0	1,561,852	74.00
75.00 ASC (NON-DISTINCT PART)	0	7,263,710	75.00
76.00 REHAB MEDICINE	0	870,895	76.00
76.20 DAY HOSPITAL	0	1,441,007	76.20
76.30 LI THOTRIPTER	0	2,056,643	76.30
76.45 GASTROENTEROLOGY LAB	0	6,998,953	76.45
76.97 CARDIAC REHABILITATION	0	774,150	76.97
OUTPATIENT SERVICE COST CENTERS			
88.00 RURAL HEALTH CLINIC	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00 CLINIC	0	0	90.00
90.01 DIABETES CARE CENTER	0	298,513	90.01
90.02 OUTPATIENT CENTER	0	714,798	90.02
90.03 PAIN CLINIC	0	750,035	90.03
90.05 WOUND CARE CENTER	0	0	90.05

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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
90.06	ANTI-COAG LAB	0	1,224,597	90.06
90.07	HEART RISK ASSESSMENT	0	364,184	90.07
91.00	EMERGENCY	-991,755	19,282,440	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	AMBULANCE SERVICES	0	0	95.00
99.00	CMHC	0	0	99.00
SPECIAL PURPOSE COST CENTERS				
109.00	PANCREAS ACQUISITION	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	110.00
111.00	ISLET ACQUISITION	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	-24,018,211	504,535,864	118.00
NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	2,377,092	190.00
200.00	Cross Foot Adjustments	0	0	200.00
201.00	Negative Cost Centers	0	0	201.00
202.00	TOTAL (sum lines 118-201)	-24,018,211	506,912,956	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140223

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

Worksheet B
Part II
Date/Time Prepared:
5/17/2012 5:12 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	EMPLOYEE BENEFITS	0	154,089	64,134	218,223	4.00
5.03	PURCHASING, RECEIVING & STORES	32,713	143,018	59,526	235,257	5.03
5.05	CASHIERING, ACCT REC & COLL	0	375,233	156,177	531,410	5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL	523,754	8,290,495	3,450,629	12,264,878	5.06
6.00	MAINTENANCE & REPAIRS	79,553	4,609,353	1,918,481	6,607,387	6.00
7.00	OPERATION OF PLANT	0	0	0	0	7.00
8.00	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00	HOUSEKEEPING	0	241,735	100,614	342,349	9.00
10.00	DIETARY	5,177	537,940	223,899	767,016	10.00
11.00	CAFETERIA	0	41,903	17,441	59,344	11.00
13.00	NURSING ADMINISTRATION	360	198,967	82,813	282,140	13.00
14.00	CENTRAL SERVICES & SUPPLY	257,460	232,521	96,779	586,760	14.00
15.00	PHARMACY	463,441	147,291	61,305	672,037	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	117,901	49,072	166,973	16.00
17.00	SOCIAL SERVICE	0	24,125	10,041	34,166	17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	530,566	220,829	751,395	22.00
23.00	PARAMED ED PRGM-PASTORAL EDUC.	0	24,341	10,131	34,472	23.00
23.01	PARAMED ED PRGM-PHARMACY	0	1,749	728	2,477	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	176,161	5,010,189	2,085,315	7,271,665	30.00
31.00	INTENSIVE CARE UNIT	7,593	421,427	175,404	604,424	31.00
32.00	CORONARY CARE UNIT	17,746	413,205	171,982	602,933	32.00
32.01	NEONATAL CARE UNIT	1,050	395,715	164,703	561,468	32.01
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	7,457	483,163	201,100	691,720	40.00
41.00	SUBPROVIDER - I RF	58,158	476,871	198,481	733,510	41.00
42.00	SUBPROVIDER	0	0	0	0	42.00
43.00	NURSERY	0	52,865	22,003	74,868	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	634,304	916,797	381,584	1,932,685	50.00
51.00	RECOVERY ROOM	0	63,648	26,491	90,139	51.00
52.00	DELIVERY ROOM & LABOR ROOM	2,565	436,428	181,648	620,641	52.00
53.00	ANESTHESIOLOGY	0	8,024	3,340	11,364	53.00
54.00	RADIOLOGY-DIAGNOSTIC	551,919	904,121	376,309	1,832,349	54.00
55.00	RADIOLOGY-THERAPEUTIC	1,372,689	385,276	160,357	1,918,322	55.00
56.00	RADIOISOTOPE	0	165,827	69,019	234,846	56.00
57.00	CT SCAN	318,993	87,953	36,607	443,553	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	1,476,295	193,305	80,456	1,750,056	58.00
59.00	CARDIAC CATHETERIZATION	159,337	260,324	108,351	528,012	59.00
60.00	LABORATORY	0	37,413	15,572	52,985	60.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
65.00	RESPIRATORY THERAPY	16,148	51,297	21,350	88,795	65.00
66.00	PHYSICAL THERAPY	0	24,071	10,019	34,090	66.00
67.00	OCCUPATIONAL THERAPY	9,120	555,754	231,313	796,187	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	70,103	29,178	99,281	69.00
70.00	ELECTROENCEPHALOGRAPHY	2,500	86,763	36,112	125,375	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	31,012	12,908	43,920	74.00
75.00	ASC (NON-DISTINCT PART)	0	258,720	107,683	366,403	75.00
76.00	REHAB MEDICINE	0	24,954	10,386	35,340	76.00
76.20	DAY HOSPITAL	0	82,706	34,423	117,129	76.20
76.30	LI THOTRIPTER	0	0	0	0	76.30
76.45	GASTROENTEROLOGY LAB	34,712	193,233	80,426	308,371	76.45
76.97	CARDIAC REHABILITATION	0	34,366	14,304	48,670	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	90.00
90.01	DIABETES CARE CENTER	0	9,358	3,895	13,253	90.01
90.02	OUTPATIENT CENTER	0	35,322	14,701	50,023	90.02
90.03	PAIN CLINIC	0	42,390	17,643	60,033	90.03

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140223

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

Worksheet B
Part II
Date/Time Prepared:
5/17/2012 5:12 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	2.00			
	0	1.00	2.00	2A	4.00	
90.05 WOUND CARE CENTER	0	0	0	0	0	90.05
90.06 ANTI-COAG LAB	0	45,148	18,791	63,939	566	90.06
90.07 HEART RISK ASSESSMENT	0	19,942	8,300	28,242	133	90.07
91.00 EMERGENCY	400	491,728	204,664	696,792	8,109	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
99.00 CMHC	0	0	0	0	0	99.00
SPECIAL PURPOSE COST CENTERS						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	6,209,605	28,440,645	11,837,417	46,487,667	218,033	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	421,427	175,404	596,831	190	190.00
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)	6,209,605	28,862,072	12,012,821	47,084,498	218,223	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140223		Period: From 01/01/2011 To 12/31/2011		Worksheet B Part II Date/Time Prepared: 5/17/2012 5:12 pm	
Cost Center Description		PURCHASING, RECEIVING & STORES	CASHIERING, ACCT REC & COLL	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	
		5.03	5.05	5.06	6.00	7.00	
GENERAL SERVICE COST CENTERS							
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
5.03	PURCHASING, RECEIVING & STORES	236,639					5.03
5.05	CASHIERING, ACCT REC & COLL	111	538,030				5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL	7,156	0	12,291,630			5.06
6.00	MAINTENANCE & REPAIRS	5,039	0	854,345	7,472,693		6.00
7.00	OPERATION OF PLANT	0	0	0	0	0	7.00
8.00	LAUNDRY & LINEN SERVICE	0	0	72,226	0	0	8.00
9.00	HOUSEKEEPING	1,590	0	247,940	118,144	0	9.00
10.00	DIETARY	11,564	0	124,864	262,910	0	10.00
11.00	CAFETERIA	0	0	89,140	20,479	0	11.00
13.00	NURSING ADMINISTRATION	217	0	187,963	97,242	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	0	43,232	113,641	0	14.00
15.00	PHARMACY	553	0	287,354	71,986	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	73	0	164,409	57,623	0	16.00
17.00	SOCIAL SERVICE	4	0	48,410	11,791	0	17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	391,357	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	275	0	119,482	259,306	0	22.00
23.00	PARAMED PRGM-PASTORAL EDUC.	6	0	9,659	11,896	0	23.00
23.01	PARAMED PRGM-PHARMACY	0	0	8,805	855	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	6,669	60,216	1,833,209	2,448,650	0	30.00
31.00	INTENSIVE CARE UNIT	1,183	7,551	250,523	205,966	0	31.00
32.00	CORONARY CARE UNIT	1,537	8,353	294,379	201,948	0	32.00
32.01	NEONATAL CARE UNIT	1,700	14,178	337,753	193,400	0	32.01
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	208	5,829	209,149	236,139	0	40.00
41.00	SUBPROVIDER - I/PF	530	6,220	201,462	233,063	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	282	3,107	67,990	25,837	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	18,473	36,187	684,225	448,070	0	50.00
51.00	RECOVERY ROOM	158	6,575	69,871	31,107	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	2,396	6,990	208,160	213,298	0	52.00
53.00	ANESTHESIOLOGY	3,029	15,643	63,549	3,921	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	1,023	26,456	399,731	441,875	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	110	9,977	167,478	188,298	0	55.00
56.00	RADIO SOTOPE	146	8,375	94,748	81,045	0	56.00
57.00	CT SCAN	1,126	30,342	126,371	42,986	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	978	17,404	143,439	94,475	0	58.00
59.00	CARDIAC CATHETERIZATION	1,747	12,849	99,673	127,230	0	59.00
60.00	LABORATORY	13,127	44,031	571,066	18,285	0	60.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,650	5,605	72,222	0	0	62.00
65.00	RESPIRATORY THERAPY	761	14,112	207,688	25,071	0	65.00
66.00	PHYSICAL THERAPY	162	7,018	174,168	11,764	0	66.00
67.00	OCCUPATIONAL THERAPY	1,487	7,569	257,226	271,616	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	480	12,321	124,981	34,262	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	3,480	45,336	42,404	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	48,120	17,146	496,124	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	95,006	23,765	919,479	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	60,321	646,595	0	0	73.00
74.00	RENAL DIALYSIS	181	1,382	31,653	15,157	0	74.00
75.00	ASC (NON-DISTINCT PART)	1,543	11,619	138,645	126,445	0	75.00
76.00	REHAB MEDICINE	23	401	17,272	12,196	0	76.00
76.20	DAY HOSPITAL	17	948	25,668	40,421	0	76.20
76.30	LITHOTRIPTER	0	3,324	46,535	0	0	76.30
76.45	GASTROENTEROLOGY LAB	2,618	12,739	137,186	94,440	0	76.45
76.97	CARDIAC REHABILITATION	36	568	14,496	16,796	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
90.01	DIABETES CARE CENTER	0	23	5,893	4,573	0	90.01
90.02	OUTPATIENT CENTER	33	588	12,921	17,263	0	90.02
90.03	PAIN CLINIC	84	398	13,410	20,717	0	90.03
90.05	WOUND CARE CENTER	0	0	0	0	0	90.05
90.06	ANTI-COAG LAB	155	789	24,462	22,066	0	90.06
90.07	HEART RISK ASSESSMENT	13	882	6,398	9,746	0	90.07

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140223

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

Worksheet B
Part II
Date/Time Prepared:
5/17/2012 5:12 pm

Cost Center Description		PURCHASING, RECEIVING & STORES 5.03	CASHIERING, ACCT REC & COLL 5.05	OTHER ADMINISTRATIVE AND GENERAL 5.06	MAINTENANCE & REPAIRS 6.00	OPERATION OF PLANT 7.00	
91.00	EMERGENCY	3,241	32,749	377,571	240,324	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00
99.00	CMHC	0	0	0	0	0	99.00
SPECIAL PURPOSE COST CENTERS							
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	236,620	538,030	12,267,891	7,266,727	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	19	0	23,739	205,966	0	190.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	236,639	538,030	12,291,630	7,472,693	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140223		Period: From 01/01/2011 To 12/31/2011		Worksheet B Part II Date/Time Prepared: 5/17/2012 5:12 pm	
Cost Center Description		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		8.00	9.00	10.00	11.00	13.00	
GENERAL SERVICE COST CENTERS							
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
5.03	PURCHASING, RECEIVING & STORES						5.03
5.05	CASHIERING, ACCT REC & COLL						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	72,226					8.00
9.00	HOUSEKEEPING	0	715,121				9.00
10.00	DIETARY	0	25,564	1,193,653			10.00
11.00	CAFETERIA	0	1,991	0	173,460		11.00
13.00	NURSING ADMINISTRATION	0	9,455	0	4,706	586,486	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	11,050	0	917	7,082	14.00
15.00	PHARMACY	0	7,000	0	7,039	2,461	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	5,603	0	3,235	0	16.00
17.00	SOCIAL SERVICE	0	1,146	0	1,285	0	17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	9,432	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	25,214	0	2,513	0	22.00
23.00	PARAMED ED PRGM-PASTORAL EDUC.	0	1,157	0	230	0	23.00
23.01	PARAMED ED PRGM-PHARMACY	0	83	0	229	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	45,050	238,096	744,522	41,726	194,067	30.00
31.00	INTENSIVE CARE UNIT	2,864	20,027	47,327	5,501	25,883	31.00
32.00	CORONARY CARE UNIT	3,340	19,636	55,191	6,400	30,110	32.00
32.01	NEONATAL CARE UNIT	5,853	18,805	96,733	7,949	37,244	32.01
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	SUBPROVIDER - IPF	5,344	22,961	88,319	5,050	23,454	40.00
41.00	SUBPROVIDER - IRF	5,702	22,662	94,242	4,682	22,194	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	4,073	2,512	67,319	1,147	5,397	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	43,568	0	11,012	51,810	50.00
51.00	RECOVERY ROOM	0	3,025	0	1,652	7,774	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	20,740	0	4,377	20,593	52.00
53.00	ANESTHESIOLOGY	0	381	0	554	1,783	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	42,966	0	8,149	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	18,309	0	2,419	0	55.00
56.00	RADIOISOTOPE	0	7,880	0	1,450	6,316	56.00
57.00	CT SCAN	0	4,180	0	2,170	382	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	9,186	0	1,958	0	58.00
59.00	CARDIAC CATHETERIZATION	0	12,371	0	1,434	6,748	59.00
60.00	LABORATORY	0	1,778	0	0	0	60.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	RESPIRATORY THERAPY	0	2,438	0	5,095	0	65.00
66.00	PHYSICAL THERAPY	0	1,144	0	4,324	20,382	66.00
67.00	OCCUPATIONAL THERAPY	0	26,411	0	5,810	26,558	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	3,331	0	2,833	13,330	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	4,123	0	919	4,324	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	311	1,465	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	1,474	0	686	3,227	74.00
75.00	ASC (NON-DISTINCT PART)	0	12,295	0	2,841	13,365	75.00
76.00	REHAB MEDICINE	0	1,186	0	429	2,017	76.00
76.20	DAY HOSPITAL	0	3,930	0	610	2,868	76.20
76.30	LITHOTRIPTER	0	0	0	0	0	76.30
76.45	GASTROENTEROLOGY LAB	0	9,183	0	2,468	11,613	76.45
76.97	CARDIAC REHABILITATION	0	1,633	0	333	1,567	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
90.01	DIABETES CARE CENTER	0	445	0	149	703	90.01
90.02	OUTPATIENT CENTER	0	1,679	0	271	1,275	90.02
90.03	PAIN CLINIC	0	2,014	0	276	1,299	90.03
90.05	WOUND CARE CENTER	0	0	0	0	0	90.05
90.06	ANTI-COAG LAB	0	2,146	0	559	0	90.06
90.07	HEART RISK ASSESSMENT	0	948	0	131	618	90.07
91.00	EMERGENCY	0	23,368	0	8,011	37,693	91.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140223

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

Worksheet B
Part II
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Cost Center Description	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
	8.00	9.00	10.00	11.00	13.00	
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
99.00 CMHC	0	0	0	0	0	99.00
SPECIAL PURPOSE COST CENTERS						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	72,226	695,094	1,193,653	173,272	585,602	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	20,027	0	188	884	190.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	72,226	715,121	1,193,653	173,460	586,486	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140223		Period: From 01/01/2011 To 12/31/2011		Worksheet B Part II Date/Time Prepared: 5/17/2012 5:12 pm	
Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE		
		14.00	15.00	16.00	17.00		
GENERAL SERVICE COST CENTERS							
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
5.03	PURCHASING, RECEIVING & STORES						5.03
5.05	CASHIERING, ACCT REC & COLL						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
14.00	CENTRAL SERVICES & SUPPLY	763,610					14.00
15.00	PHARMACY	0	1,055,555				15.00
16.00	MEDICAL RECORDS & LIBRARY	0	0	401,190			16.00
17.00	SOCIAL SERVICE	0	0	0	98,102		17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0		21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	4	0	0		22.00
23.00	PARAMED ED PRGM-PASTORAL EDUC.	0	0	0	0		23.00
23.01	PARAMED ED PRGM-PHARMACY	0	0	0	0		23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	0	15,793	44,830	61,189		30.00
31.00	INTENSIVE CARE UNIT	0	3,831	5,621	3,890		31.00
32.00	CORONARY CARE UNIT	0	1,758	6,218	4,536		32.00
32.01	NEONATAL CARE UNIT	0	4,463	10,555	7,950		32.01
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0		33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0		34.00
40.00	SUBPROVIDER - IPF	0	85	4,339	7,259		40.00
41.00	SUBPROVIDER - IRF	0	410	4,630	7,745		41.00
42.00	SUBPROVIDER	0	0	0	0		42.00
43.00	NURSERY	0	668	2,313	5,533		43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0		44.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	6,139	26,940	0		50.00
51.00	RECOVERY ROOM	0	1,508	4,895	0		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	2,342	5,204	0		52.00
53.00	ANESTHESIOLOGY	0	16,074	11,646	0		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	2,864	19,696	0		54.00
55.00	RADIOLOGY-THERAPEUTIC	0	56	7,428	0		55.00
56.00	RADIOISOTOPE	0	35,719	6,235	0		56.00
57.00	CT SCAN	0	4,698	22,589	0		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	1,492	12,957	0		58.00
59.00	CARDIAC CATHETERIZATION	0	17,646	9,566	0		59.00
60.00	LABORATORY	0	0	32,780	0		60.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	4,173	0		62.00
65.00	RESPIRATORY THERAPY	0	2,051	10,506	0		65.00
66.00	PHYSICAL THERAPY	0	0	5,225	0		66.00
67.00	OCCUPATIONAL THERAPY	0	482	5,635	0		67.00
68.00	SPEECH PATHOLOGY	0	0	0	0		68.00
69.00	ELECTROCARDIOLOGY	0	8,599	9,172	0		69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	2,591	0		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	266,257	0	12,765	0		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	497,353	0	17,693	0		72.00
73.00	DRUGS CHARGED TO PATIENTS	0	903,507	45,548	0		73.00
74.00	RENAL DIALYSIS	0	1,021	1,029	0		74.00
75.00	ASC (NON-DISTINCT PART)	0	2,143	8,650	0		75.00
76.00	REHAB MEDICINE	0	0	298	0		76.00
76.20	DAY HOSPITAL	0	1	706	0		76.20
76.30	LITHOTRIPTER	0	0	2,475	0		76.30
76.45	GASTROENTEROLOGY LAB	0	4,139	9,484	0		76.45
76.97	CARDIAC REHABILITATION	0	0	423	0		76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0		89.00
90.00	CLINIC	0	0	0	0		90.00
90.01	DIABETES CARE CENTER	0	0	17	0		90.01
90.02	OUTPATIENT CENTER	0	904	438	0		90.02
90.03	PAIN CLINIC	0	417	296	0		90.03
90.05	WOUND CARE CENTER	0	0	0	0		90.05
90.06	ANTI-COAG LAB	0	100	587	0		90.06
90.07	HEART RISK ASSESSMENT	0	0	656	0		90.07

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140223

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

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Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE		
		14.00	15.00	16.00	17.00		
91.00	EMERGENCY	0	16,588	24,381	0		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES	0	0	0	0		95.00
99.00	CMHC	0	0	0	0		99.00
SPECIAL PURPOSE COST CENTERS							
109.00	PANCREAS ACQUISITION	0	0	0	0		109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0		110.00
111.00	ISLET ACQUISITION	0	0	0	0		111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	763,610	1,055,502	401,190	98,102		118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	53	0	0		190.00
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)	763,610	1,055,555	401,190	98,102		202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140223

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

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Part II
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Cost Center Description	INTERNS & RESIDENTS		PARAMED ED PRGM-PASTORAL EDUC.	PARAMED ED PRGM-PHARMACY	Subtotal	
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
	21.00	22.00				
GENERAL SERVICE COST CENTERS						
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
5.03 PURCHASING, RECEIVING & STORES						5.03
5.05 CASHIERING, ACCT REC & COLL						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
14.00 CENTRAL SERVICES & SUPPLY						14.00
15.00 PHARMACY						15.00
16.00 MEDICAL RECORDS & LIBRARY						16.00
17.00 SOCIAL SERVICE						17.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	410,336					21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD		1,160,733				22.00
23.00 PARAMED ED PRGM-PASTORAL EDUC.			57,653			23.00
23.01 PARAMED ED PRGM-PHARMACY				12,681		23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS					13,047,820	30.00
31.00 INTENSIVE CARE UNIT					1,190,159	31.00
32.00 CORONARY CARE UNIT					1,242,817	32.00
32.01 NEONATAL CARE UNIT					1,306,097	32.01
33.00 BURN INTENSIVE CARE UNIT					0	33.00
34.00 SURGICAL INTENSIVE CARE UNIT					0	34.00
40.00 SUBPROVIDER - IPF					1,304,967	40.00
41.00 SUBPROVIDER - IRF					1,341,791	41.00
42.00 SUBPROVIDER					0	42.00
43.00 NURSERY					262,207	43.00
44.00 SKILLED NURSING FACILITY					0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM					3,270,255	50.00
51.00 RECOVERY ROOM					218,376	51.00
52.00 DELIVERY ROOM & LABOR ROOM					1,109,171	52.00
53.00 ANESTHESIOLOGY					128,505	53.00
54.00 RADIOLOGY-DIAGNOSTIC					2,783,357	54.00
55.00 RADIOLOGY-THERAPEUTIC					2,314,845	55.00
56.00 RADIOISOTOPE					478,228	56.00
57.00 CT SCAN					680,594	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)					2,033,927	58.00
59.00 CARDIAC CATHETERIZATION					818,728	59.00
60.00 LABORATORY					734,052	60.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS					83,650	62.00
65.00 RESPIRATORY THERAPY					361,674	65.00
66.00 PHYSICAL THERAPY					262,653	66.00
67.00 OCCUPATIONAL THERAPY					1,404,862	67.00
68.00 SPEECH PATHOLOGY					0	68.00
69.00 ELECTROCARDIOLOGY					311,458	69.00
70.00 ELECTROENCEPHALOGRAPHY					229,482	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS					842,503	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT					1,553,296	72.00
73.00 DRUGS CHARGED TO PATIENTS					1,655,971	73.00
74.00 RENAL DIALYSIS					100,424	74.00
75.00 ASC (NON-DISTINCT PART)					686,824	75.00
76.00 REHAB MEDICINE					69,596	76.00
76.20 DAY HOSPITAL					192,915	76.20
76.30 LI THOTRIPTER					52,334	76.30
76.45 GASTROENTEROLOGY LAB					594,739	76.45
76.97 CARDIAC REHABILITATION					84,859	76.97
OUTPATIENT SERVICE COST CENTERS						
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 DIABETES CARE CENTER					25,207	90.01
90.02 OUTPATIENT CENTER					85,669	90.02
90.03 PAIN CLINIC					99,223	90.03
90.05 WOUND CARE CENTER					0	90.05

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140223

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

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Cost Center Description	INTERNS & RESIDENTS				Subtotal	
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS	PARAMED ED PRGM-PASTORAL EDUC.	PARAMED ED PRGM-PHARMACY		
	21.00	22.00	23.00	23.01		
90.06 ANTI-COAG LAB					115,369	90.06
90.07 HEART RISK ASSESSMENT					47,767	90.07
91.00 EMERGENCY					1,468,827	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVICES					0	95.00
99.00 CMHC					0	99.00
SPECIAL PURPOSE COST CENTERS						
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)	0	0	0	0	44,595,198	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN					847,897	190.00
200.00 Cross Foot Adjustments	410,336	1,160,733	57,653	12,681	1,641,403	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	410,336	1,160,733	57,653	12,681	47,084,498	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140223	Period: From 01/01/2011 To 12/31/2011	Worksheet B Part II Date/Time Prepared: 5/17/2012 5:12 pm
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Cost Center Description	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	25.00	26.00	
GENERAL SERVICE COST CENTERS			
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
5.03 PURCHASING, RECEIVING & STORES			5.03
5.05 CASHIERING, ACCT REC & COLL			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
14.00 CENTRAL SERVICES & SUPPLY			14.00
15.00 PHARMACY			15.00
16.00 MEDICAL RECORDS & LIBRARY			16.00
17.00 SOCIAL SERVICE			17.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD			21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD			22.00
23.00 PARAMED ED PRGM-PASTORAL EDUC.			23.00
23.01 PARAMED ED PRGM-PHARMACY			23.01
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00 ADULTS & PEDIATRICS	0	13,047,820	30.00
31.00 INTENSIVE CARE UNIT	0	1,190,159	31.00
32.00 CORONARY CARE UNIT	0	1,242,817	32.00
32.01 NEONATAL CARE UNIT	0	1,306,097	32.01
33.00 BURN INTENSIVE CARE UNIT	0	0	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00 SUBPROVIDER - 1PF	0	1,304,967	40.00
41.00 SUBPROVIDER - 1RF	0	1,341,791	41.00
42.00 SUBPROVIDER	0	0	42.00
43.00 NURSERY	0	262,207	43.00
44.00 SKILLED NURSING FACILITY	0	0	44.00
ANCILLARY SERVICE COST CENTERS			
50.00 OPERATING ROOM	0	3,270,255	50.00
51.00 RECOVERY ROOM	0	218,376	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	1,109,171	52.00
53.00 ANESTHESIOLOGY	0	128,505	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	2,783,357	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	2,314,845	55.00
56.00 RADIOISOTOPE	0	478,228	56.00
57.00 CT SCAN	0	680,594	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	2,033,927	58.00
59.00 CARDIAC CATHETERIZATION	0	818,728	59.00
60.00 LABORATORY	0	734,052	60.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	83,650	62.00
65.00 RESPIRATORY THERAPY	0	361,674	65.00
66.00 PHYSICAL THERAPY	0	262,653	66.00
67.00 OCCUPATIONAL THERAPY	0	1,404,862	67.00
68.00 SPEECH PATHOLOGY	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	311,458	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	229,482	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	842,503	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	1,553,296	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	1,655,971	73.00
74.00 RENAL DIALYSIS	0	100,424	74.00
75.00 ASC (NON-DISTINCT PART)	0	686,824	75.00
76.00 REHAB MEDICINE	0	69,596	76.00
76.20 DAY HOSPITAL	0	192,915	76.20
76.30 LI THOTRIPTER	0	52,334	76.30
76.45 GASTROENTEROLOGY LAB	0	594,739	76.45
76.97 CARDIAC REHABILITATION	0	84,859	76.97
OUTPATIENT SERVICE COST CENTERS			
88.00 RURAL HEALTH CLINIC	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00 CLINIC	0	0	90.00
90.01 DIABETES CARE CENTER	0	25,207	90.01
90.02 OUTPATIENT CENTER	0	85,669	90.02
90.03 PAIN CLINIC	0	99,223	90.03
90.05 WOUND CARE CENTER	0	0	90.05

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140223

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

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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
90.06	ANTI-COAG LAB	0	115,369	90.06
90.07	HEART RISK ASSESSMENT	0	47,767	90.07
91.00	EMERGENCY	0	1,468,827	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	AMBULANCE SERVICES	0	0	95.00
99.00	CMHC	0	0	99.00
SPECIAL PURPOSE COST CENTERS				
109.00	PANCREAS ACQUISITION	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	110.00
111.00	ISLET ACQUISITION	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	44,595,198	118.00
NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	847,897	190.00
200.00	Cross Foot Adjustments	0	1,641,403	200.00
201.00	Negative Cost Centers	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	47,084,498	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140223

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		EMPLOYEE BENEFITS (GROSS SALARIES)	PURCHASING, RECEIVING & STORES (PURCHASED REQUISITE)	CASHIERING, ACCT REC & COLL (GROSS REVENUES)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT	1,600,736					1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP		1,600,736				2.00
4.00 EMPLOYEE BENEFITS	8,546	8,546	218,701,523			4.00
5.03 PURCHASING, RECEIVING & STORES	7,932	7,932	1,385,194	79,714,338		5.03
5.05 CASHIERING, ACCT REC & COLL	20,811	20,811	6,522,168	37,525	1,698,422,046	5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL	459,804	459,804	19,634,887	2,410,137		5.06
6.00 MAINTENANCE & REPAIRS	255,642	255,642	5,933,815	1,697,062		6.00
7.00 OPERATION OF PLANT	0	0	0	0		7.00
8.00 LAUNDRY & LINEN SERVICE	0	0	0	0		8.00
9.00 HOUSEKEEPING	13,407	13,407	5,108,681	535,403		9.00
10.00 DIETARY	29,835	29,835	1,738,368	3,894,804		10.00
11.00 CAFETERIA	2,324	2,324	2,510,812	0		11.00
13.00 NURSING ADMINISTRATION	11,035	11,035	4,772,744	73,048		13.00
14.00 CENTRAL SERVICES & SUPPLY	12,896	12,896	929,597	0		14.00
15.00 PHARMACY	8,169	8,169	7,139,265	186,391		15.00
16.00 MEDICAL RECORDS & LIBRARY	6,539	6,539	3,280,717	24,710		16.00
17.00 SOCIAL SERVICE	1,338	1,338	1,302,987	1,503		17.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	9,565,712	0		21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	29,426	29,426	2,548,840	92,761		22.00
23.00 PARAMED ED PRGM-PASTORAL EDUC.	1,350	1,350	233,057	2,000		23.00
23.01 PARAMED ED PRGM-PHARMACY	97	97	232,153	0		23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	277,873	277,873	42,262,653	2,246,259	189,956,452	30.00
31.00 INTENSIVE CARE UNIT	23,373	23,373	5,579,504	398,452	23,818,850	31.00
32.00 CORONARY CARE UNIT	22,917	22,917	6,490,716	517,517	26,348,611	32.00
32.01 NEONATAL CARE UNIT	21,947	21,947	8,062,195	572,652	44,726,167	32.01
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	26,797	26,797	5,121,226	70,218	18,387,187	40.00
41.00 SUBPROVIDER - IRF	26,448	26,448	4,748,268	178,495	19,620,212	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	2,932	2,932	1,163,458	95,002	9,800,350	43.00
44.00 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	50,847	50,847	11,168,407	6,221,907	114,153,586	50.00
51.00 RECOVERY ROOM	3,530	3,530	1,675,832	53,097	20,741,909	51.00
52.00 DELIVERY ROOM & LABOR ROOM	24,205	24,205	4,439,183	807,025	22,050,970	52.00
53.00 ANESTHESIOLOGY	445	445	562,036	1,020,336	49,346,569	53.00
54.00 RADIOLOGY-DIAGNOSTIC	50,144	50,144	8,264,876	344,504	83,456,993	54.00
55.00 RADIOLOGY-THERAPEUTIC	21,368	21,368	2,452,973	37,179	31,472,692	55.00
56.00 RADIOISOTOPE	9,197	9,197	1,470,579	49,211	26,420,059	56.00
57.00 CT SCAN	4,878	4,878	2,201,286	379,420	95,717,024	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	10,721	10,721	1,985,627	329,467	54,902,166	58.00
59.00 CARDIAC CATHETERIZATION	14,438	14,438	1,454,621	588,307	40,534,642	59.00
60.00 LABORATORY	2,075	2,075	0	4,421,438	138,900,272	60.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	555,706	17,681,583	62.00
65.00 RESPIRATORY THERAPY	2,845	2,845	5,166,951	256,430	44,518,417	65.00
66.00 PHYSICAL THERAPY	1,335	1,335	4,384,897	54,455	22,139,230	66.00
67.00 OCCUPATIONAL THERAPY	30,823	30,823	5,892,954	500,723	23,875,798	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	3,888	3,888	2,873,454	161,653	38,866,063	69.00
70.00 ELECTROENCEPHALOGRAPHY	4,812	4,812	932,122	0	10,978,532	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	315,845	16,207,501	54,087,523	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	32,009,579	74,968,850	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	191,455,879	73.00
74.00 RENAL DIALYSIS	1,720	1,720	695,651	61,106	4,359,530	74.00
75.00 ASC (NON-DISTINCT PART)	14,349	14,349	2,880,909	519,577	36,652,505	75.00
76.00 REHAB MEDICINE	1,384	1,384	434,706	7,908	1,264,056	76.00
76.20 DAY HOSPITAL	4,587	4,587	618,320	5,887	2,991,658	76.20
76.30 LIOTHOTRIPTER	0	0	0	0	10,486,048	76.30
76.45 GASTROENTEROLOGY LAB	10,717	10,717	2,503,375	881,742	40,186,345	76.45
76.97 CARDIAC REHABILITATION	1,906	1,906	337,857	12,055	1,792,429	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER CLINIC	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
90.01 DIABETES CARE CENTER	519	519	151,533	0	73,703	90.01
90.02 OUTPATIENT CENTER	1,959	1,959	274,921	11,125	1,855,806	90.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140223

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

Worksheet B-1

Date/Time Prepared:
5/17/2012 5:12 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	PURCHASING, RECEIVING & STORES (PURCHASED REQUIREMENT)	CASHIERING, ACCT REC & COLL (GROSS REVENUES)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
90.03 PAIN CLINIC	2,351	2,351	280,006	28,330	1,256,163	90.03
90.05 WOUND CARE CENTER	0	0	0	0	0	90.05
90.06 ANTI-COAG LAB	2,504	2,504	566,857	52,212	2,487,553	90.06
90.07 HEART RISK ASSESSMENT	1,106	1,106	133,300	4,530	2,781,253	90.07
91.00 EMERGENCY	27,272	27,272	8,125,206	1,091,596	103,308,411	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
99.00 CMHC	0	0	0	0	0	99.00
SPECIAL PURPOSE COST CENTERS						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	1,577,363	1,577,363	218,511,301	79,707,945	1,698,422,046	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	23,373	23,373	190,222	6,393	0	190.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	28,862,072	12,012,821	55,963,063	2,840,954	11,591,611	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	18.030501	7.504561	0.255888	0.035639	0.006825	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			218,223	236,639	538,030	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.000998	0.002969	0.000317	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140223

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

Worksheet B-1

Date/Time Prepared:
5/17/2012 5:12 pm

Cost Center Description		Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	
		5A.06	5.06	6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS							
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
5.03	PURCHASING, RECEIVING & STORES						5.03
5.05	CASHIERING, ACCT REC & COLL						5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL	-80,929,247	450,001,920				5.06
6.00	MAINTENANCE & REPAIRS	0	31,277,504	848,001			6.00
7.00	OPERATION OF PLANT	0	0	0	848,001		7.00
8.00	LAUNDRY & LINEN SERVICE	0	2,644,205	0	0	156,195	8.00
9.00	HOUSEKEEPING	0	9,077,068	13,407	13,407	0	9.00
10.00	DIETARY	0	4,571,277	29,835	29,835	0	10.00
11.00	CAFETERIA	0	3,263,414	2,324	2,324	0	11.00
13.00	NURSING ADMINISTRATION	0	6,881,313	11,035	11,035	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	1,582,729	12,896	12,896	0	14.00
15.00	PHARMACY	0	10,520,011	8,169	8,169	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	6,018,985	6,539	6,539	0	16.00
17.00	SOCIAL SERVICE	0	1,772,278	1,338	1,338	0	17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	14,327,535	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	4,374,209	29,426	29,426	0	22.00
23.00	PARAMED ED PRGM-PASTORAL EDUC.	0	353,603	1,350	1,350	0	23.00
23.01	PARAMED ED PRGM-PHARMACY	0	322,348	97	97	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	0	67,119,944	277,873	277,873	97,424	30.00
31.00	INTENSIVE CARE UNIT	0	9,171,635	23,373	23,373	6,193	31.00
32.00	CORONARY CARE UNIT	0	10,777,175	22,917	22,917	7,222	32.00
32.01	NEONATAL CARE UNIT	0	12,365,112	21,947	21,947	12,658	32.01
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	7,656,928	26,797	26,797	11,557	40.00
41.00	SUBPROVIDER - IRF	0	7,375,520	26,448	26,448	12,332	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	2,489,114	2,932	2,932	8,809	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	25,049,417	50,847	50,847	0	50.00
51.00	RECOVERY ROOM	0	2,557,963	3,530	3,530	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	7,620,728	24,205	24,205	0	52.00
53.00	ANESTHESIOLOGY	0	2,326,538	445	445	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	14,634,116	50,144	50,144	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	6,131,366	21,368	21,368	0	55.00
56.00	RADIOISOTOPE	0	3,468,717	9,197	9,197	0	56.00
57.00	CT SCAN	0	4,626,442	4,878	4,878	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	5,251,279	10,721	10,721	0	58.00
59.00	CARDIAC CATHETERIZATION	0	3,649,015	14,438	14,438	0	59.00
60.00	LABORATORY	0	20,906,697	2,075	2,075	0	60.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	2,644,051	0	0	0	62.00
65.00	RESPIRATORY THERAPY	0	7,603,428	2,845	2,845	0	65.00
66.00	PHYSICAL THERAPY	0	6,376,273	1,335	1,335	0	66.00
67.00	OCCUPATIONAL THERAPY	0	9,417,038	30,823	30,823	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	4,575,531	3,888	3,888	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	1,659,753	4,812	4,812	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	18,163,072	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	33,662,044	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	23,671,808	0	0	0	73.00
74.00	RENAL DIALYSIS	0	1,158,818	1,720	1,720	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	5,075,775	14,349	14,349	0	75.00
76.00	REHAB MEDICINE	0	632,311	1,384	1,384	0	76.00
76.20	DAY HOSPITAL	0	939,701	4,587	4,587	0	76.20
76.30	LI THOTRIPTER	0	1,703,646	0	0	0	76.30
76.45	GASTROENTEROLOGY LAB	0	5,022,384	10,717	10,717	0	76.45
76.97	CARDIAC REHABILITATION	0	530,688	1,906	1,906	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
90.01	DIABETES CARE CENTER	0	215,733	519	519	0	90.01
90.02	OUTPATIENT CENTER	0	473,037	1,959	1,959	0	90.02
90.03	PAIN CLINIC	0	490,921	2,351	2,351	0	90.03
90.05	WOUND CARE CENTER	0	0	0	0	0	90.05

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140223

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

Worksheet B-1

Date/Time Prepared:
5/17/2012 5:12 pm

Cost Center Description		Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	
		5A.06	5.06	6.00	7.00	8.00	
90.06	ANTI-COAG LAB	0	895,554	2,504	2,504	0	90.06
90.07	HEART RISK ASSESSMENT	0	234,243	1,106	1,106	0	90.07
91.00	EMERGENCY	0	13,822,838	27,272	27,272	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00
99.00	CMHC	0	0	0	0	0	99.00
SPECIAL PURPOSE COST CENTERS							
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	-80,929,247	449,132,832	824,628	824,628	156,195	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	869,088	23,373	23,373	0	190.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)		80,929,247	36,902,513	0	3,119,744	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)		0.179842	43.517063	0.000000	19.973392	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)		12,291,630	7,472,693	0	72,226	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)		0.027315	8.812128	0.000000	0.462409	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140223

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

Worksheet B-1
Date/Time Prepared:
5/17/2012 5:12 pm

Cost Center Description	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	CAFETERIA (GROSS SALARIES)	NURSING ADMINISTRATION (NURSING SALARIES)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS)	
	9.00	10.00	11.00	13.00	14.00	
GENERAL SERVICE COST CENTERS						
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
5.03 PURCHASING, RECEIVING & STORES						5.03
5.05 CASHIERING, ACCT REC & COLL						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	834,594					9.00
10.00 DIETARY	29,835	156,195				10.00
11.00 CAFETERIA	2,324	0	175,867,598			11.00
13.00 NURSING ADMINISTRATION	11,035	0	4,772,744	126,438,060		13.00
14.00 CENTRAL SERVICES & SUPPLY	12,896	0	929,597	1,526,646	49,145,416	14.00
15.00 PHARMACY	8,169	0	7,139,265	530,575	0	15.00
16.00 MEDICAL RECORDS & LIBRARY	6,539	0	3,280,717	0	0	16.00
17.00 SOCIAL SERVICE	1,338	0	1,302,987	0	0	17.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	9,565,712	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	29,426	0	2,548,840	0	0	22.00
23.00 PARAMED ED PRGM-PASTORAL EDUC.	1,350	0	233,057	0	0	23.00
23.01 PARAMED ED PRGM-PHARMACY	97	0	232,153	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	277,873	97,424	42,262,653	41,846,336	0	30.00
31.00 INTENSIVE CARE UNIT	23,373	6,193	5,579,504	5,579,504	0	31.00
32.00 CORONARY CARE UNIT	22,917	7,222	6,490,716	6,490,716	0	32.00
32.01 NEONATAL CARE UNIT	21,947	12,658	8,062,195	8,028,544	0	32.01
33.00 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 SUBPROVIDER - 1PF	26,797	11,557	5,121,226	5,055,829	0	40.00
41.00 SUBPROVIDER - 1RF	26,448	12,332	4,748,268	4,784,174	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	2,932	8,809	1,163,458	1,163,458	0	43.00
44.00 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	50,847	0	11,168,407	11,168,407	0	50.00
51.00 RECOVERY ROOM	3,530	0	1,675,832	1,675,832	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	24,205	0	4,439,183	4,439,183	0	52.00
53.00 ANESTHESIOLOGY	445	0	562,036	384,251	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	50,144	0	8,264,876	0	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	21,368	0	2,452,973	0	0	55.00
56.00 RADIOISOTOPE	9,197	0	1,470,579	1,361,394	0	56.00
57.00 CT SCAN	4,878	0	2,201,286	82,376	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	10,721	0	1,985,627	0	0	58.00
59.00 CARDIAC CATHETERIZATION	14,438	0	1,454,621	1,454,621	0	59.00
60.00 LABORATORY	2,075	0	0	0	0	60.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00 RESPIRATORY THERAPY	2,845	0	5,166,951	0	0	65.00
66.00 PHYSICAL THERAPY	1,335	0	4,384,897	4,393,567	0	66.00
67.00 OCCUPATIONAL THERAPY	30,823	0	5,892,954	5,724,854	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	3,888	0	2,873,454	2,873,454	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	4,812	0	932,122	932,122	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	315,845	315,845	17,135,837	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	32,009,579	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 RENAL DIALYSIS	1,720	0	695,651	695,651	0	74.00
75.00 ASC (NON-DISTINCT PART)	14,349	0	2,880,909	2,880,909	0	75.00
76.00 REHAB MEDICINE	1,384	0	434,706	434,706	0	76.00
76.20 DAY HOSPITAL	4,587	0	618,320	618,320	0	76.20
76.30 LIOTHOTRIPTER	0	0	0	0	0	76.30
76.45 GASTROENTEROLOGY LAB	10,717	0	2,503,375	2,503,375	0	76.45
76.97 CARDIAC REHABILITATION	1,906	0	337,857	337,857	0	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
90.01 DIABETES CARE CENTER	519	0	151,533	151,533	0	90.01
90.02 OUTPATIENT CENTER	1,959	0	274,921	274,921	0	90.02
90.03 PAIN CLINIC	2,351	0	280,006	280,006	0	90.03
90.05 WOUND CARE CENTER	0	0	0	0	0	90.05

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140223

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

Worksheet B-1

Date/Time Prepared:
5/17/2012 5:12 pm

Cost Center Description		HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	CAFETERIA (GROSS SALARIES)	NURSING ADMINISTRATION (NURSING SALARIES)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS)	
		9.00	10.00	11.00	13.00	14.00	
90.06	ANTI-COAG LAB	2,504	0	566,857	0	0	90.06
90.07	HEART RISK ASSESSMENT	1,106	0	133,300	133,300	0	90.07
91.00	EMERGENCY	27,272	0	8,125,206	8,125,206	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00
99.00	CMHC	0	0	0	0	0	99.00
SPECIAL PURPOSE COST CENTERS							
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	811,221	156,195	175,677,376	126,247,472	49,145,416	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	23,373	0	190,222	190,588	0	190.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	11,292,939	7,095,416	3,982,893	8,856,476	2,731,051	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	13.531057	45.426653	0.022647	0.070046	0.055571	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	715,121	1,193,653	173,460	586,486	763,610	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.856849	7.642069	0.000986	0.004639	0.015538	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140223

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

Worksheet B-1
Date/Time Prepared:
5/17/2012 5:12 pm

Cost Center Description	PHARMACY (COSTED REQUIS)	MEDICAL RECORDS & LIBRARY (GROSS REVENUES)	SOCIAL SERVICE (PATIENT DAYS)	INTERNS & RESIDENTS		
				SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	
	15.00	16.00	17.00	21.00	22.00	
GENERAL SERVICE COST CENTERS						
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
5.03 PURCHASING, RECEIVING & STORES						5.03
5.05 CASHIERING, ACCT REC & COLL						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
14.00 CENTRAL SERVICES & SUPPLY						14.00
15.00 PHARMACY	26,129,058					15.00
16.00 MEDICAL RECORDS & LIBRARY	6	1,698,422,046				16.00
17.00 SOCIAL SERVICE	0	0	156,195			17.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	17,340		21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	102	0	0		17,340	22.00
23.00 PARAMED ED PRGM-PASTORAL EDUC.	0	0	0			23.00
23.01 PARAMED ED PRGM-PHARMACY	0	0	0			23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	390,939	189,956,452	97,424	13,156	13,156	30.00
31.00 INTENSIVE CARE UNIT	94,828	23,818,850	6,193	0	0	31.00
32.00 CORONARY CARE UNIT	43,520	26,348,611	7,222	0	0	32.00
32.01 NEONATAL CARE UNIT	110,469	44,726,167	12,658	0	0	32.01
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	2,098	18,387,187	11,557	1,200	1,200	40.00
41.00 SUBPROVIDER - IRF	10,140	19,620,212	12,332	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	16,534	9,800,350	8,809	0	0	43.00
44.00 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	151,974	114,153,586	0	1,527	1,527	50.00
51.00 RECOVERY ROOM	37,323	20,741,909	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	57,964	22,050,970	0	0	0	52.00
53.00 ANESTHESIOLOGY	397,891	49,346,569	0	201	201	53.00
54.00 RADIOLOGY-DIAGNOSTIC	70,904	83,456,993	0	7	7	54.00
55.00 RADIOLOGY-THERAPEUTIC	1,397	31,472,692	0	0	0	55.00
56.00 RADIOISOTOPE	884,181	26,420,059	0	0	0	56.00
57.00 CT SCAN	116,302	95,717,024	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	36,936	54,902,166	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	436,811	40,534,642	0	0	0	59.00
60.00 LABORATORY	0	138,900,272	0	533	533	60.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	17,681,583	0	0	0	62.00
65.00 RESPIRATORY THERAPY	50,767	44,518,417	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	22,139,230	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	11,924	23,875,798	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	212,860	38,866,063	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	10,978,532	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	54,087,523	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	74,968,850	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	22,365,239	191,455,879	0	0	0	73.00
74.00 RENAL DIALYSIS	25,273	4,359,530	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	53,058	36,652,505	0	0	0	75.00
76.00 REHAB MEDICINE	0	1,264,056	0	0	0	76.00
76.20 DAY HOSPITAL	31	2,991,658	0	0	0	76.20
76.30 LI THOTRIPTER	0	10,486,048	0	0	0	76.30
76.45 GASTROENTEROLOGY LAB	102,455	40,186,345	0	0	0	76.45
76.97 CARDIAC REHABILITATION	7	1,792,429	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
90.01 DIABETES CARE CENTER	0	73,703	0	0	0	90.01
90.02 OUTPATIENT CENTER	22,379	1,855,806	0	0	0	90.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140223

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

Worksheet B-1
Date/Time Prepared:
5/17/2012 5:12 pm

Cost Center Description	PHARMACY (COSTED REQUIS)	MEDICAL RECORDS & LIBRARY (GROSS REVENUES)	SOCIAL SERVICE (PATIENT DAYS)	INTERNS & RESIDENTS		
				SERVICES-SALAR Y & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	
	15.00	16.00	17.00	21.00	22.00	
90.03 PAIN CLINIC	10,324	1,256,163	0	0	0	90.03
90.05 WOUND CARE CENTER	0	0	0	0	0	90.05
90.06 ANTI-COAG LAB	2,480	2,487,553	0	0	0	90.06
90.07 HEART RISK ASSESSMENT	0	2,781,253	0	0	0	90.07
91.00 EMERGENCY	410,620	103,308,411	0	716	716	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
99.00 CMHC	0	0	0	0	0	99.00
SPECIAL PURPOSE COST CENTERS						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	26,127,736	1,698,422,046	156,195	17,340	17,340	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,322	0	0	0	0	190.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	13,076,825	7,548,790	2,196,848	17,120,863	6,897,348	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.500471	0.004445	14.064778	987.362341	397.770934	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	1,055,555	401,190	98,102	410,336	1,160,733	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.040398	0.000236	0.628074	23.664129	66.939619	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140223

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

Worksheet B-1
Date/Time Prepared:
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Cost Center Description		PARAMED PRGM-PASTORAL EDUC. (ASSIGNED TIME)	PARAMED PRGM-PHARMACY (ASSIGNED TIME)	
		23.00	23.01	
GENERAL SERVICE COST CENTERS				
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
5.03	PURCHASING, RECEIVING & STORES			5.03
5.05	CASHIERING, ACCT REC & COLL			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
14.00	CENTRAL SERVICES & SUPPLY			14.00
15.00	PHARMACY			15.00
16.00	MEDICAL RECORDS & LIBRARY			16.00
17.00	SOCIAL SERVICE			17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD			21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD			22.00
23.00	PARAMED PRGM-PASTORAL EDUC.	147,386		23.00
23.01	PARAMED PRGM-PHARMACY	0	4,626	23.01
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	97,424	2,208	30.00
31.00	INTENSIVE CARE UNIT	6,193	344	31.00
32.00	CORONARY CARE UNIT	7,222	288	32.00
32.01	NEONATAL CARE UNIT	12,658	0	32.01
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	11,557	0	40.00
41.00	SUBPROVIDER - I RF	12,332	0	41.00
42.00	SUBPROVIDER	0	0	42.00
43.00	NURSERY	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	44.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0	0	50.00
51.00	RECOVERY ROOM	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	RADIOISOTOPE	0	0	56.00
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	0	0	60.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
65.00	RESPIRATORY THERAPY	0	0	65.00
66.00	PHYSICAL THERAPY	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	1,786	73.00
74.00	RENAL DIALYSIS	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	75.00
76.00	REHAB MEDICINE	0	0	76.00
76.20	DAY HOSPITAL	0	0	76.20
76.30	LI THOTRIPTER	0	0	76.30
76.45	GASTROENTEROLOGY LAB	0	0	76.45
76.97	CARDIAC REHABILITATION	0	0	76.97
OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	CLINIC	0	0	90.00
90.01	DIABETES CARE CENTER	0	0	90.01
90.02	OUTPATIENT CENTER	0	0	90.02
90.03	PAIN CLINIC	0	0	90.03
90.05	WOUND CARE CENTER	0	0	90.05

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140223

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

Worksheet B-1
Date/Time Prepared:
5/17/2012 5:12 pm

Cost Center Description		PARAMED ED PRGM-PASTORAL EDUC. (ASSIGNED TIME)	PARAMED ED PRGM-PHARMACY (ASSIGNED TIME)	
		23.00	23.01	
90.06	ANTI-COAG LAB	0	0	90.06
90.07	HEART RISK ASSESSMENT	0	0	90.07
91.00	EMERGENCY	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	AMBULANCE SERVICES	0	0	95.00
99.00	CMHC	0	0	99.00
SPECIAL PURPOSE COST CENTERS				
109.00	PANCREAS ACQUISITION	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	110.00
111.00	ISLET ACQUISITION	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	147,386	4,626	118.00
NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
200.00	Cross Foot Adjustments			200.00
201.00	Negative Cost Centers			201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	499,489	391,112	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	3.388985	84.546476	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	57,653	12,681	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.391170	2.741245	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140223	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/17/2012 5:12 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	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS		108,230,010	0	108,230,010	30.00
31.00	INTENSIVE CARE UNIT		13,367,177	0	13,367,177	31.00
32.00	CORONARY CARE UNIT		15,385,999	43	15,386,042	32.00
32.01	NEONATAL CARE UNIT		17,888,724	0	17,888,724	32.01
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		12,073,127	170,058	12,243,185	40.00
41.00	SUBPROVIDER - IRF		11,767,442	0	11,767,442	41.00
42.00	SUBPROVIDER		0	0	0	42.00
43.00	NURSERY		3,963,715	0	3,963,715	43.00
44.00	SKILLED NURSING FACILITY		0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM		34,073,785	0	34,073,785	50.00
51.00	RECOVERY ROOM		3,485,587	0	3,485,587	51.00
52.00	DELIVERY ROOM & LABOR ROOM		10,910,612	0	10,910,612	52.00
53.00	ANESTHESIOLOGY		3,228,454	226,526	3,454,980	53.00
54.00	RADIOLOGY-DIAGNOSTIC		20,720,192	4,907	20,725,099	54.00
55.00	RADIOLOGY-THERAPEUTIC		8,649,195	0	8,649,195	55.00
56.00	RADIOISOTOPE		5,305,817	0	5,305,817	56.00
57.00	CT SCAN		6,276,042	0	6,276,042	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)		7,114,785	0	7,114,785	58.00
59.00	CARDIAC CATHETERIZATION		5,662,541	0	5,662,541	59.00
60.00	LABORATORY		25,402,386	0	25,402,386	60.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS		3,198,157	0	3,198,157	62.00
65.00	RESPIRATORY THERAPY	0	9,473,453	0	9,473,453	65.00
66.00	PHYSICAL THERAPY	0	8,104,620	0	8,104,620	66.00
67.00	OCCUPATIONAL THERAPY	0	13,515,568	0	13,515,568	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY		6,165,846	0	6,165,846	69.00
70.00	ELECTROENCEPHALOGRAPHY		2,367,962	0	2,367,962	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		22,651,507	0	22,651,507	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT		41,827,925	0	41,827,925	72.00
73.00	DRUGS CHARGED TO PATIENTS		40,123,459	0	40,123,459	73.00
74.00	RENAL DIALYSIS		1,561,852	0	1,561,852	74.00
75.00	ASC (NON-DISTINCT PART)		7,263,710	0	7,263,710	75.00
76.00	REHAB MEDICINE		870,895	0	870,895	76.00
76.20	DAY HOSPITAL		1,441,007	0	1,441,007	76.20
76.30	LITHOTRIPTER		2,056,643	0	2,056,643	76.30
76.45	GASTROENTEROLOGY LAB		6,998,953	1,190	7,000,143	76.45
76.97	CARDIAC REHABILITATION		774,150	0	774,150	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	90.00
90.01	DIABETES CARE CENTER	298,513	298,513	0	298,513	90.01
90.02	OUTPATIENT CENTER	714,798	714,798	0	714,798	90.02
90.03	PAIN CLINIC	750,035	750,035	0	750,035	90.03
90.05	WOUND CARE CENTER	0	0	0	0	90.05
90.06	ANTI-COAG LAB	1,224,597	1,224,597	0	1,224,597	90.06
90.07	HEART RISK ASSESSMENT	364,184	364,184	0	364,184	90.07
91.00	EMERGENCY	19,282,440	19,282,440	404,592	19,687,032	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	4,803,785	4,803,785	0	4,803,785	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	AMBULANCE SERVICES	0	0	0	0	95.00
99.00	CMHC	0	0	0	0	99.00
SPECIAL PURPOSE COST CENTERS						
109.00	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	111.00
200.00	Subtotal (see instructions)	509,339,649	509,339,649	807,316	510,146,965	200.00
201.00	Less Observation Beds	4,803,785	4,803,785	0	4,803,785	201.00
202.00	Total (see instructions)	504,535,864	504,535,864	807,316	505,343,180	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140223	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/17/2012 5:12 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			
9.00	10.00					
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	180,863,317		180,863,317		30.00
31.00	INTENSIVE CARE UNIT	23,794,448		23,794,448		31.00
32.00	CORONARY CARE UNIT	25,789,245		25,789,245		32.00
32.01	NEONATAL CARE UNIT	44,726,167		44,726,167		32.01
33.00	BURN INTENSIVE CARE UNIT	0		0		33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0		34.00
40.00	SUBPROVIDER - 1PF	18,387,187		18,387,187		40.00
41.00	SUBPROVIDER - 1RF	19,620,212		19,620,212		41.00
42.00	SUBPROVIDER	0		0		42.00
43.00	NURSERY	9,800,350		9,800,350		43.00
44.00	SKILLED NURSING FACILITY	0		0		44.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	76,914,475	37,239,111	114,153,586	0.298491	50.00
51.00	RECOVERY ROOM	11,311,393	9,430,516	20,741,909	0.168046	51.00
52.00	DELIVERY ROOM & LABOR ROOM	20,294,771	1,756,199	22,050,970	0.494791	52.00
53.00	ANESTHESIOLOGY	23,965,513	25,381,056	49,346,569	0.065424	53.00
54.00	RADIOLOGY-DIAGNOSTIC	32,607,163	50,849,830	83,456,993	0.248274	54.00
55.00	RADIOLOGY-THERAPEUTIC	2,281,175	29,191,517	31,472,692	0.274816	55.00
56.00	RADIOISOTOPE	11,641,752	14,778,307	26,420,059	0.200825	56.00
57.00	CT SCAN	39,739,714	55,977,310	95,717,024	0.065569	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	17,656,008	37,246,158	54,902,166	0.129590	58.00
59.00	CARDIAC CATHETERIZATION	23,626,997	16,907,645	40,534,642	0.139696	59.00
60.00	LABORATORY	96,400,649	42,499,623	138,900,272	0.182882	60.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	14,439,426	3,242,157	17,681,583	0.180875	62.00
65.00	RESPIRATORY THERAPY	41,571,964	2,946,453	44,518,417	0.212799	65.00
66.00	PHYSICAL THERAPY	21,811,642	327,588	22,139,230	0.366075	66.00
67.00	OCCUPATIONAL THERAPY	2,376,690	21,499,108	23,875,798	0.566078	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0.000000	68.00
69.00	ELECTROCARDIOLOGY	19,264,481	19,601,582	38,866,063	0.158643	69.00
70.00	ELECTROENCEPHALOGRAPHY	5,678,915	5,299,617	10,978,532	0.215690	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	40,304,574	13,782,949	54,087,523	0.418794	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	60,078,633	14,890,217	74,968,850	0.557937	72.00
73.00	DRUGS CHARGED TO PATIENTS	162,426,753	29,029,126	191,455,879	0.209570	73.00
74.00	RENAL DIALYSIS	4,166,962	192,568	4,359,530	0.358262	74.00
75.00	ASC (NON-DISTINCT PART)	2,796,272	33,856,233	36,652,505	0.198178	75.00
76.00	REHAB MEDICINE	611,715	652,341	1,264,056	0.688969	76.00
76.20	DAY HOSPITAL	9,768	2,981,890	2,991,658	0.481675	76.20
76.30	LITHOTRIPTER	143,481	10,342,567	10,486,048	0.196131	76.30
76.45	GASTROENTEROLOGY LAB	6,652,704	33,533,641	40,186,345	0.174162	76.45
76.97	CARDIAC REHABILITATION	122,850	1,669,579	1,792,429	0.431900	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	CLINIC	0	0	0	0.000000	90.00
90.01	DIABETES CARE CENTER	1,605	72,098	73,703	4.050215	90.01
90.02	OUTPATIENT CENTER	32,854	1,822,952	1,855,806	0.385168	90.02
90.03	PAIN CLINIC	4,892	1,251,271	1,256,163	0.597084	90.03
90.05	WOUND CARE CENTER	0	0	0	0.000000	90.05
90.06	ANTI-COAG LAB	9,599	2,477,954	2,487,553	0.492290	90.06
90.07	HEART RISK ASSESSMENT	13,180	2,768,073	2,781,253	0.130942	90.07
91.00	EMERGENCY	43,310,742	59,997,669	103,308,411	0.186649	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	1,452,334	8,224,569	9,676,903	0.496418	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	AMBULANCE SERVICES	0	0	0	0.000000	95.00
99.00	CMHC	0	0	0		99.00
SPECIAL PURPOSE COST CENTERS						
109.00	PANCREAS ACQUISITION	0	0	0		109.00
110.00	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	ISLET ACQUISITION	0	0	0		111.00
200.00	Subtotal (see instructions)	1,106,702,572	591,719,474	1,698,422,046		200.00
201.00	Less Observation Beds					201.00
202.00	Total (see instructions)	1,106,702,572	591,719,474	1,698,422,046		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140223	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/17/2012 5:12 pm
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital PPS
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS			30.00
31.00	INTENSIVE CARE UNIT			31.00
32.00	CORONARY CARE UNIT			32.00
32.01	NEONATAL CARE UNIT			32.01
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
44.00	SKILLED NURSING FACILITY			44.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0.298491		50.00
51.00	RECOVERY ROOM	0.168046		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.494791		52.00
53.00	ANESTHESIOLOGY	0.070015		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.248333		54.00
55.00	RADIOLOGY-THERAPEUTIC	0.274816		55.00
56.00	RADIOISOTOPE	0.200825		56.00
57.00	CT SCAN	0.065569		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.129590		58.00
59.00	CARDIAC CATHETERIZATION	0.139696		59.00
60.00	LABORATORY	0.182882		60.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.180875		62.00
65.00	RESPIRATORY THERAPY	0.212799		65.00
66.00	PHYSICAL THERAPY	0.366075		66.00
67.00	OCCUPATIONAL THERAPY	0.566078		67.00
68.00	SPEECH PATHOLOGY	0.000000		68.00
69.00	ELECTROCARDIOLOGY	0.158643		69.00
70.00	ELECTROENCEPHALOGRAPHY	0.215690		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.418794		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.557937		72.00
73.00	DRUGS CHARGED TO PATIENTS	0.209570		73.00
74.00	RENAL DIALYSIS	0.358262		74.00
75.00	ASC (NON-DISTINCT PART)	0.198178		75.00
76.00	REHAB MEDICINE	0.688969		76.00
76.20	DAY HOSPITAL	0.481675		76.20
76.30	LITHOTRIPTER	0.196131		76.30
76.45	GASTROENTEROLOGY LAB	0.174192		76.45
76.97	CARDIAC REHABILITATION	0.431900		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	DIABETES CARE CENTER	4.050215		90.01
90.02	OUTPATIENT CENTER	0.385168		90.02
90.03	PAIN CLINIC	0.597084		90.03
90.05	WOUND CARE CENTER	0.000000		90.05
90.06	ANTI-COAG LAB	0.492290		90.06
90.07	HEART RISK ASSESSMENT	0.130942		90.07
91.00	EMERGENCY	0.190566		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.496418		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	AMBULANCE SERVICES	0.000000		95.00
99.00	CMHC			99.00
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: 140223	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/17/2012 5:12 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
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS		108,230,010	0	0
31.00	INTENSIVE CARE UNIT		13,367,177	0	0
32.00	CORONARY CARE UNIT		15,385,999	0	0
32.01	NEONATAL CARE UNIT		17,888,724	0	0
33.00	BURN INTENSIVE CARE UNIT		0	0	0
34.00	SURGICAL INTENSIVE CARE UNIT		0	0	0
40.00	SUBPROVIDER - IPF		12,073,127	0	0
41.00	SUBPROVIDER - IRF		11,767,442	0	0
42.00	SUBPROVIDER		0	0	0
43.00	NURSERY		3,963,715	0	0
44.00	SKILLED NURSING FACILITY		0	0	0
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM		34,073,785	0	0
51.00	RECOVERY ROOM		3,485,587	0	0
52.00	DELIVERY ROOM & LABOR ROOM		10,910,612	0	0
53.00	ANESTHESIOLOGY		3,228,454	0	0
54.00	RADIOLOGY-DIAGNOSTIC		20,720,192	0	0
55.00	RADIOLOGY-THERAPEUTIC		8,649,195	0	0
56.00	RADIOISOTOPE		5,305,817	0	0
57.00	CT SCAN		6,276,042	0	0
58.00	MAGNETIC RESONANCE IMAGING (MRI)		7,114,785	0	0
59.00	CARDIAC CATHETERIZATION		5,662,541	0	0
60.00	LABORATORY		25,402,386	0	0
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS		3,198,157	0	0
65.00	RESPIRATORY THERAPY	0	9,473,453	0	0
66.00	PHYSICAL THERAPY	0	8,104,620	0	0
67.00	OCCUPATIONAL THERAPY	0	13,515,568	0	0
68.00	SPEECH PATHOLOGY	0	0	0	0
69.00	ELECTROCARDIOLOGY		6,165,846	0	0
70.00	ELECTROENCEPHALOGRAPHY		2,367,962	0	0
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		22,651,507	0	0
72.00	IMPL. DEV. CHARGED TO PATIENT		41,827,925	0	0
73.00	DRUGS CHARGED TO PATIENTS		40,123,459	0	0
74.00	RENAL DIALYSIS		1,561,852	0	0
75.00	ASC (NON-DISTINCT PART)		7,263,710	0	0
76.00	REHAB MEDICINE		870,895	0	0
76.20	DAY HOSPITAL		1,441,007	0	0
76.30	LITHOTRIPTER		2,056,643	0	0
76.45	GASTROENTEROLOGY LAB		6,998,953	0	0
76.97	CARDIAC REHABILITATION		774,150	0	0
OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC	0	0	0	0
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0
90.00	CLINIC	0	0	0	0
90.01	DIABETES CARE CENTER	298,513	298,513	0	0
90.02	OUTPATIENT CENTER	714,798	714,798	0	0
90.03	PAIN CLINIC	750,035	750,035	0	0
90.05	WOUND CARE CENTER	0	0	0	0
90.06	ANTI-COAG LAB	1,224,597	1,224,597	0	0
90.07	HEART RISK ASSESSMENT	364,184	364,184	0	0
91.00	EMERGENCY	19,282,440	19,282,440	0	0
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	4,803,785	4,803,785	0	0
OTHER REIMBURSABLE COST CENTERS					
95.00	AMBULANCE SERVICES	0	0	0	0
99.00	CMHC	0	0	0	0
SPECIAL PURPOSE COST CENTERS					
109.00	PANCREAS ACQUISITION	0	0	0	0
110.00	INTESTINAL ACQUISITION	0	0	0	0
111.00	ISLET ACQUISITION	0	0	0	0
200.00	Subtotal (see instructions)	509,339,649	509,339,649	0	0
201.00	Less Observation Beds	4,803,785	4,803,785	0	0
202.00	Total (see instructions)	504,535,864	504,535,864	0	0

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140223	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/17/2012 5:12 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	10.00					
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	180,863,317		180,863,317		30.00
31.00	INTENSIVE CARE UNIT	23,794,448		23,794,448		31.00
32.00	CORONARY CARE UNIT	25,789,245		25,789,245		32.00
32.01	NEONATAL CARE UNIT	44,726,167		44,726,167		32.01
33.00	BURN INTENSIVE CARE UNIT	0		0		33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0		34.00
40.00	SUBPROVIDER - 1PF	18,387,187		18,387,187		40.00
41.00	SUBPROVIDER - 1RF	19,620,212		19,620,212		41.00
42.00	SUBPROVIDER	0		0		42.00
43.00	NURSERY	9,800,350		9,800,350		43.00
44.00	SKILLED NURSING FACILITY	0		0		44.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	76,914,475	37,239,111	114,153,586	0.298491	50.00
51.00	RECOVERY ROOM	11,311,393	9,430,516	20,741,909	0.168046	51.00
52.00	DELIVERY ROOM & LABOR ROOM	20,294,771	1,756,199	22,050,970	0.494791	52.00
53.00	ANESTHESIOLOGY	23,965,513	25,381,056	49,346,569	0.065424	53.00
54.00	RADIOLOGY-DIAGNOSTIC	32,607,163	50,849,830	83,456,993	0.248274	54.00
55.00	RADIOLOGY-THERAPEUTIC	2,281,175	29,191,517	31,472,692	0.274816	55.00
56.00	RADIOISOTOPE	11,641,752	14,778,307	26,420,059	0.200825	56.00
57.00	CT SCAN	39,739,714	55,977,310	95,717,024	0.065569	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	17,656,008	37,246,158	54,902,166	0.129590	58.00
59.00	CARDIAC CATHETERIZATION	23,626,997	16,907,645	40,534,642	0.139696	59.00
60.00	LABORATORY	96,400,649	42,499,623	138,900,272	0.182882	60.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	14,439,426	3,242,157	17,681,583	0.180875	62.00
65.00	RESPIRATORY THERAPY	41,571,964	2,946,453	44,518,417	0.212799	65.00
66.00	PHYSICAL THERAPY	21,811,642	327,588	22,139,230	0.366075	66.00
67.00	OCCUPATIONAL THERAPY	2,376,690	21,499,108	23,875,798	0.566078	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0.000000	68.00
69.00	ELECTROCARDIOLOGY	19,264,481	19,601,582	38,866,063	0.158643	69.00
70.00	ELECTROENCEPHALOGRAPHY	5,678,915	5,299,617	10,978,532	0.215690	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	40,304,574	13,782,949	54,087,523	0.418794	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	60,078,633	14,890,217	74,968,850	0.557937	72.00
73.00	DRUGS CHARGED TO PATIENTS	162,426,753	29,029,126	191,455,879	0.209570	73.00
74.00	RENAL DIALYSIS	4,166,962	192,568	4,359,530	0.358262	74.00
75.00	ASC (NON-DISTINCT PART)	2,796,272	33,856,233	36,652,505	0.198178	75.00
76.00	REHAB MEDICINE	611,715	652,341	1,264,056	0.688969	76.00
76.20	DAY HOSPITAL	9,768	2,981,890	2,991,658	0.481675	76.20
76.30	LITHOTRIPTER	143,481	10,342,567	10,486,048	0.196131	76.30
76.45	GASTROENTEROLOGY LAB	6,652,704	33,533,641	40,186,345	0.174162	76.45
76.97	CARDIAC REHABILITATION	122,850	1,669,579	1,792,429	0.431900	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0.000000	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	89.00
90.00	CLINIC	0	0	0	0.000000	90.00
90.01	DIABETES CARE CENTER	1,605	72,098	73,703	4.050215	90.01
90.02	OUTPATIENT CENTER	32,854	1,822,952	1,855,806	0.385168	90.02
90.03	PAIN CLINIC	4,892	1,251,271	1,256,163	0.597084	90.03
90.05	WOUND CARE CENTER	0	0	0	0.000000	90.05
90.06	ANTI-COAG LAB	9,599	2,477,954	2,487,553	0.492290	90.06
90.07	HEART RISK ASSESSMENT	13,180	2,768,073	2,781,253	0.130942	90.07
91.00	EMERGENCY	43,310,742	59,997,669	103,308,411	0.186649	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	1,452,334	8,224,569	9,676,903	0.496418	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	AMBULANCE SERVICES	0	0	0	0.000000	95.00
99.00	CMHC	0	0	0	0.000000	99.00
SPECIAL PURPOSE COST CENTERS						
109.00	PANCREAS ACQUISITION	0	0	0		109.00
110.00	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	ISLET ACQUISITION	0	0	0		111.00
200.00	Subtotal (see instructions)	1,106,702,572	591,719,474	1,698,422,046		200.00
201.00	Less Observation Beds					201.00
202.00	Total (see instructions)	1,106,702,572	591,719,474	1,698,422,046		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140223	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/17/2012 5:12 pm
		Title XIX	Hospital	Cost

Cost Center Description	PPS Inpatient Ratio		
	11.00		
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00 ADULTS & PEDIATRICS			30.00
31.00 INTENSIVE CARE UNIT			31.00
32.00 CORONARY CARE UNIT			32.00
32.01 NEONATAL CARE UNIT			32.01
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
44.00 SKILLED NURSING FACILITY			44.00
ANCILLARY SERVICE COST CENTERS			
50.00 OPERATING ROOM	0.000000		50.00
51.00 RECOVERY ROOM	0.000000		51.00
52.00 DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00 ANESTHESIOLOGY	0.000000		53.00
54.00 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
55.00 RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00 RADIOISOTOPE	0.000000		56.00
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
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
72.00 IMPL. DEV. CHARGED TO PATIENT	0.000000		72.00
73.00 DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00 RENAL DIALYSIS	0.000000		74.00
75.00 ASC (NON-DISTINCT PART)	0.000000		75.00
76.00 REHAB MEDICINE	0.000000		76.00
76.20 DAY HOSPITAL	0.000000		76.20
76.30 LI THOTRIPTER	0.000000		76.30
76.45 GASTROENTEROLOGY LAB	0.000000		76.45
76.97 CARDIAC REHABILITATION	0.000000		76.97
OUTPATIENT SERVICE COST CENTERS			
88.00 RURAL HEALTH CLINIC	0.000000		88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00 CLINIC	0.000000		90.00
90.01 DIABETES CARE CENTER	0.000000		90.01
90.02 OUTPATIENT CENTER	0.000000		90.02
90.03 PAIN CLINIC	0.000000		90.03
90.05 WOUND CARE CENTER	0.000000		90.05
90.06 ANTI-COAG LAB	0.000000		90.06
90.07 HEART RISK ASSESSMENT	0.000000		90.07
91.00 EMERGENCY	0.000000		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS			
95.00 AMBULANCE SERVICES	0.000000		95.00
99.00 CMHC			99.00
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: 140223	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/17/2012 5:12 pm
		Title V	Hospital	

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	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	108,230,010		108,230,010	0	0	30.00
31.00 INTENSIVE CARE UNIT	13,367,177		13,367,177	0	0	31.00
32.00 CORONARY CARE UNIT	15,385,999		15,385,999	0	0	32.00
32.01 NEONATAL CARE UNIT	17,888,724		17,888,724	0	0	32.01
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	12,073,127		12,073,127	0	0	40.00
41.00 SUBPROVIDER - IRF	11,767,442		11,767,442	0	0	41.00
42.00 SUBPROVIDER	0		0	0	0	42.00
43.00 NURSERY	3,963,715		3,963,715	0	0	43.00
44.00 SKILLED NURSING FACILITY	0		0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	34,073,785		34,073,785	0	0	50.00
51.00 RECOVERY ROOM	3,485,587		3,485,587	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	10,910,612		10,910,612	0	0	52.00
53.00 ANESTHESIOLOGY	3,228,454		3,228,454	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	20,720,192		20,720,192	0	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	8,649,195		8,649,195	0	0	55.00
56.00 RADIOISOTOPE	5,305,817		5,305,817	0	0	56.00
57.00 CT SCAN	6,276,042		6,276,042	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	7,114,785		7,114,785	0	0	58.00
59.00 CARDIAC CATHETERIZATION	5,662,541		5,662,541	0	0	59.00
60.00 LABORATORY	25,402,386		25,402,386	0	0	60.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	3,198,157		3,198,157	0	0	62.00
65.00 RESPIRATORY THERAPY	9,473,453	0	9,473,453	0	0	65.00
66.00 PHYSICAL THERAPY	8,104,620	0	8,104,620	0	0	66.00
67.00 OCCUPATIONAL THERAPY	13,515,568	0	13,515,568	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	6,165,846		6,165,846	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	2,367,962		2,367,962	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	22,651,507		22,651,507	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	41,827,925		41,827,925	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	40,123,459		40,123,459	0	0	73.00
74.00 RENAL DIALYSIS	1,561,852		1,561,852	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	7,263,710		7,263,710	0	0	75.00
76.00 REHAB MEDICINE	870,895		870,895	0	0	76.00
76.20 DAY HOSPITAL	1,441,007		1,441,007	0	0	76.20
76.30 LI THOTRIPTER	2,056,643		2,056,643	0	0	76.30
76.45 GASTROENTEROLOGY LAB	6,998,953		6,998,953	0	0	76.45
76.97 CARDIAC REHABILITATION	774,150		774,150	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00 CLINIC	0		0	0	0	90.00
90.01 DIABETES CARE CENTER	298,513		298,513	0	0	90.01
90.02 OUTPATIENT CENTER	714,798		714,798	0	0	90.02
90.03 PAIN CLINIC	750,035		750,035	0	0	90.03
90.05 WOUND CARE CENTER	0		0	0	0	90.05
90.06 ANTI-COAG LAB	1,224,597		1,224,597	0	0	90.06
90.07 HEART RISK ASSESSMENT	364,184		364,184	0	0	90.07
91.00 EMERGENCY	19,282,440		19,282,440	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	4,803,785		4,803,785	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVICES	0		0	0	0	95.00
99.00 CMHC	0		0	0	0	99.00
SPECIAL PURPOSE COST CENTERS						
109.00 PANCREAS ACQUISITION	0		0		0	109.00
110.00 INTESTINAL ACQUISITION	0		0		0	110.00
111.00 ISLET ACQUISITION	0		0		0	111.00
200.00 Subtotal (see instructions)	509,339,649	0	509,339,649	0	0	200.00
201.00 Less Observation Beds	4,803,785		4,803,785		0	201.00
202.00 Total (see instructions)	504,535,864	0	504,535,864	0	0	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140223	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/17/2012 5:12 pm	
			Title V	Hospital		
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	180,863,317		180,863,317		30.00
31.00	INTENSIVE CARE UNIT	23,794,448		23,794,448		31.00
32.00	CORONARY CARE UNIT	25,789,245		25,789,245		32.00
32.01	NEONATAL CARE UNIT	44,726,167		44,726,167		32.01
33.00	BURN INTENSIVE CARE UNIT	0		0		33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0		34.00
40.00	SUBPROVIDER - 1PF	18,387,187		18,387,187		40.00
41.00	SUBPROVIDER - 1RF	19,620,212		19,620,212		41.00
42.00	SUBPROVIDER	0		0		42.00
43.00	NURSERY	9,800,350		9,800,350		43.00
44.00	SKILLED NURSING FACILITY	0		0		44.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	76,914,475	37,239,111	114,153,586	0.298491	50.00
51.00	RECOVERY ROOM	11,311,393	9,430,516	20,741,909	0.168046	51.00
52.00	DELIVERY ROOM & LABOR ROOM	20,294,771	1,756,199	22,050,970	0.494791	52.00
53.00	ANESTHESIOLOGY	23,965,513	25,381,056	49,346,569	0.065424	53.00
54.00	RADIOLOGY-DIAGNOSTIC	32,607,163	50,849,830	83,456,993	0.248274	54.00
55.00	RADIOLOGY-THERAPEUTIC	2,281,175	29,191,517	31,472,692	0.274816	55.00
56.00	RADIOISOTOPE	11,641,752	14,778,307	26,420,059	0.200825	56.00
57.00	CT SCAN	39,739,714	55,977,310	95,717,024	0.065569	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	17,656,008	37,246,158	54,902,166	0.129590	58.00
59.00	CARDIAC CATHETERIZATION	23,626,997	16,907,645	40,534,642	0.139696	59.00
60.00	LABORATORY	96,400,649	42,499,623	138,900,272	0.182882	60.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	14,439,426	3,242,157	17,681,583	0.180875	62.00
65.00	RESPIRATORY THERAPY	41,571,964	2,946,453	44,518,417	0.212799	65.00
66.00	PHYSICAL THERAPY	21,811,642	327,588	22,139,230	0.366075	66.00
67.00	OCCUPATIONAL THERAPY	2,376,690	21,499,108	23,875,798	0.566078	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0.000000	68.00
69.00	ELECTROCARDIOLOGY	19,264,481	19,601,582	38,866,063	0.158643	69.00
70.00	ELECTROENCEPHALOGRAPHY	5,678,915	5,299,617	10,978,532	0.215690	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	40,304,574	13,782,949	54,087,523	0.418794	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	60,078,633	14,890,217	74,968,850	0.557937	72.00
73.00	DRUGS CHARGED TO PATIENTS	162,426,753	29,029,126	191,455,879	0.209570	73.00
74.00	RENAL DIALYSIS	4,166,962	192,568	4,359,530	0.358262	74.00
75.00	ASC (NON-DISTINCT PART)	2,796,272	33,856,233	36,652,505	0.198178	75.00
76.00	REHAB MEDICINE	611,715	652,341	1,264,056	0.688969	76.00
76.20	DAY HOSPITAL	9,768	2,981,890	2,991,658	0.481675	76.20
76.30	LITHOTRIPTER	143,481	10,342,567	10,486,048	0.196131	76.30
76.45	GASTROENTEROLOGY LAB	6,652,704	33,533,641	40,186,345	0.174162	76.45
76.97	CARDIAC REHABILITATION	122,850	1,669,579	1,792,429	0.431900	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0.000000	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	89.00
90.00	CLINIC	0	0	0	0.000000	90.00
90.01	DIABETES CARE CENTER	1,605	72,098	73,703	4.050215	90.01
90.02	OUTPATIENT CENTER	32,854	1,822,952	1,855,806	0.385168	90.02
90.03	PAIN CLINIC	4,892	1,251,271	1,256,163	0.597084	90.03
90.05	WOUND CARE CENTER	0	0	0	0.000000	90.05
90.06	ANTI-COAG LAB	9,599	2,477,954	2,487,553	0.492290	90.06
90.07	HEART RISK ASSESSMENT	13,180	2,768,073	2,781,253	0.130942	90.07
91.00	EMERGENCY	43,310,742	59,997,669	103,308,411	0.186649	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	1,452,334	8,224,569	9,676,903	0.496418	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	AMBULANCE SERVICES	0	0	0	0.000000	95.00
99.00	CMHC	0	0	0	0.000000	99.00
SPECIAL PURPOSE COST CENTERS						
109.00	PANCREAS ACQUISITION	0	0	0		109.00
110.00	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	ISLET ACQUISITION	0	0	0		111.00
200.00	Subtotal (see instructions)	1,106,702,572	591,719,474	1,698,422,046		200.00
201.00	Less Observation Beds					201.00
202.00	Total (see instructions)	1,106,702,572	591,719,474	1,698,422,046		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140223	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/17/2012 5:12 pm
		Title V	Hospital	

Cost Center Description	PPS Inpatient Ratio		
	11.00		
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00 ADULTS & PEDIATRICS			30.00
31.00 INTENSIVE CARE UNIT			31.00
32.00 CORONARY CARE UNIT			32.00
32.01 NEONATAL CARE UNIT			32.01
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
44.00 SKILLED NURSING FACILITY			44.00
ANCILLARY SERVICE COST CENTERS			
50.00 OPERATING ROOM	0.000000		50.00
51.00 RECOVERY ROOM	0.000000		51.00
52.00 DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00 ANESTHESIOLOGY	0.000000		53.00
54.00 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
55.00 RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00 RADIOISOTOPE	0.000000		56.00
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
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
72.00 IMPL. DEV. CHARGED TO PATIENT	0.000000		72.00
73.00 DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00 RENAL DIALYSIS	0.000000		74.00
75.00 ASC (NON-DISTINCT PART)	0.000000		75.00
76.00 REHAB MEDICINE	0.000000		76.00
76.20 DAY HOSPITAL	0.000000		76.20
76.30 LI THOTRIPTER	0.000000		76.30
76.45 GASTROENTEROLOGY LAB	0.000000		76.45
76.97 CARDIAC REHABILITATION	0.000000		76.97
OUTPATIENT SERVICE COST CENTERS			
88.00 RURAL HEALTH CLINIC	0.000000		88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00 CLINIC	0.000000		90.00
90.01 DIABETES CARE CENTER	0.000000		90.01
90.02 OUTPATIENT CENTER	0.000000		90.02
90.03 PAIN CLINIC	0.000000		90.03
90.05 WOUND CARE CENTER	0.000000		90.05
90.06 ANTI-COAG LAB	0.000000		90.06
90.07 HEART RISK ASSESSMENT	0.000000		90.07
91.00 EMERGENCY	0.000000		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS			
95.00 AMBULANCE SERVICES	0.000000		95.00
99.00 CMHC			99.00
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

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 140223	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part I Date/Time Prepared: 5/17/2012 5:12 pm
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Cost Center Description	Title XVIII			Hospital	PPS	
	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	13,047,820	0	13,047,820	101,949	127.98	30.00
31.00 INTENSIVE CARE UNIT	1,190,159		1,190,159	6,193	192.18	31.00
32.00 CORONARY CARE UNIT	1,242,817		1,242,817	7,222	172.09	32.00
32.01 NEONATAL CARE UNIT	1,306,097		1,306,097	12,658	103.18	32.01
33.00 BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
40.00 SUBPROVIDER - IPF	1,304,967	0	1,304,967	11,557	112.92	40.00
41.00 SUBPROVIDER - IRF	1,341,791	0	1,341,791	12,332	108.81	41.00
42.00 SUBPROVIDER	0	0	0	0	0.00	42.00
43.00 NURSERY	262,207		262,207	8,809	29.77	43.00
44.00 SKILLED NURSING FACILITY	0		0	0	0.00	44.00
200.00 Total (lines 30-199)	19,695,858		19,695,858	160,720		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140223	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part I Date/Time Prepared: 5/17/2012 5:12 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)	
	6.00	7.00	
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00 ADULTS & PEDIATRICS	43,256	5,535,903	30.00
31.00 INTENSIVE CARE UNIT	1,360	261,365	31.00
32.00 CORONARY CARE UNIT	4,171	717,787	32.00
32.01 NEONATAL CARE UNIT	0	0	32.01
33.00 BURN INTENSIVE CARE UNIT	0	0	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00 SUBPROVIDER - IPF	4,991	563,584	40.00
41.00 SUBPROVIDER - IRF	8,507	925,647	41.00
42.00 SUBPROVIDER	0	0	42.00
43.00 NURSERY	0	0	43.00
44.00 SKILLED NURSING FACILITY	0	0	44.00
200.00 Total (lines 30-199)	62,285	8,004,286	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140223		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part II Date/Time Prepared: 5/17/2012 5:12 pm	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	3,270,255	114,153,586	0.028648	29,024,594	831,497	50.00
51.00	RECOVERY ROOM	218,376	20,741,909	0.010528	4,683,009	49,303	51.00
52.00	DELIVERY ROOM & LABOR ROOM	1,109,171	22,050,970	0.050300	23,827	1,198	52.00
53.00	ANESTHESIOLOGY	128,505	49,346,569	0.002604	7,070,231	18,411	53.00
54.00	RADIOLOGY-DIAGNOSTIC	2,783,357	83,456,993	0.033351	15,065,800	502,459	54.00
55.00	RADIOLOGY-THERAPEUTIC	2,314,845	31,472,692	0.073551	1,142,373	84,023	55.00
56.00	RADIOISOTOPE	478,228	26,420,059	0.018101	6,313,367	114,278	56.00
57.00	CT SCAN	680,594	95,717,024	0.007110	18,364,336	130,570	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	2,033,927	54,902,166	0.037046	7,321,720	271,240	58.00
59.00	CARDIAC CATHETERIZATION	818,728	40,534,642	0.020198	13,172,122	266,051	59.00
60.00	LABORATORY	734,052	138,900,272	0.005285	42,317,512	223,648	60.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	83,650	17,681,583	0.004731	6,020,266	28,482	62.00
65.00	RESPIRATORY THERAPY	361,674	44,518,417	0.008124	12,570,146	102,120	65.00
66.00	PHYSICAL THERAPY	262,653	22,139,230	0.011864	5,657,627	67,122	66.00
67.00	OCCUPATIONAL THERAPY	1,404,862	23,875,798	0.058840	343,224	20,195	67.00
68.00	SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	ELECTROCARDIOLOGY	311,458	38,866,063	0.008014	9,677,375	77,554	69.00
70.00	ELECTROENCEPHALOGRAPHY	229,482	10,978,532	0.020903	1,578,920	33,004	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	842,503	54,087,523	0.015577	17,412,715	271,238	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	1,553,296	74,968,850	0.020719	24,093,649	499,196	72.00
73.00	DRUGS CHARGED TO PATIENTS	1,655,971	191,455,879	0.008649	62,717,227	542,441	73.00
74.00	RENAL DIALYSIS	100,424	4,359,530	0.023036	2,615,518	60,251	74.00
75.00	ASC (NON-DISTINCT PART)	686,824	36,652,505	0.018739	467,032	8,752	75.00
76.00	REHAB MEDICINE	69,596	1,264,056	0.055058	54,835	3,019	76.00
76.20	DAY HOSPITAL	192,915	2,991,658	0.064484	906	58	76.20
76.30	LITHOTRIPTER	52,334	10,486,048	0.004991	118,263	590	76.30
76.45	GASTROENTEROLOGY LAB	594,739	40,186,345	0.014800	3,701,335	54,780	76.45
76.97	CARDIAC REHABILITATION	84,859	1,792,429	0.047343	74,696	3,536	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	CLINIC	0	0	0.000000	0	0	90.00
90.01	DIABETES CARE CENTER	25,207	73,703	0.342008	107	37	90.01
90.02	OUTPATIENT CENTER	85,669	1,855,806	0.046163	17,961	829	90.02
90.03	PAIN CLINIC	99,223	1,256,163	0.078989	1,952	154	90.03
90.05	WOUND CARE CENTER	0	0	0.000000	0	0	90.05
90.06	ANTI-COAG LAB	115,369	2,487,553	0.046379	9,408	436	90.06
90.07	HEART RISK ASSESSMENT	47,767	2,781,253	0.017175	10,864	187	90.07
91.00	EMERGENCY	1,468,827	103,308,411	0.014218	19,444,135	276,457	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	579,125	9,676,903	0.059846	930,104	55,663	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES						95.00
200.00	Total (Lines 50-199)	25,478,465	1,375,441,120		312,017,156	4,598,779	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140223		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part III Date/Time Prepared: 5/17/2012 5:12 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	516,848	0	0	516,848	30.00
31.00	INTENSIVE CARE UNIT	0	50,072	0	0	50,072	31.00
32.00	CORONARY CARE UNIT	0	48,824	0	0	48,824	32.00
32.01	NEONATAL CARE UNIT	0	42,898	0	0	42,898	32.01
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	39,166	0	0	39,166	40.00
41.00	SUBPROVIDER - IRF	0	41,793	0	0	41,793	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	0	0	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
200.00	Total (lines 30-199)	0	739,601	0	0	739,601	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140223	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part III Date/Time Prepared: 5/17/2012 5:12 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		
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	101,949	5.07	43,256	219,308	30.00
31.00	INTENSIVE CARE UNIT	6,193	8.09	1,360	11,002	31.00
32.00	CORONARY CARE UNIT	7,222	6.76	4,171	28,196	32.00
32.01	NEONATAL CARE UNIT	12,658	3.39	0	0	32.01
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	11,557	3.39	4,991	16,919	40.00
41.00	SUBPROVIDER - IRF	12,332	3.39	8,507	28,839	41.00
42.00	SUBPROVIDER	0	0.00	0	0	42.00
43.00	NURSERY	8,809	0.00	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0.00	0	0	44.00
200.00	Total (lines 30-199)	160,720		62,285	304,264	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140223	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/17/2012 5:12 pm
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Cost Center Description	Title XVIII				Hospital	PPS	Total Cost (sum of col 1 through col. 4)	
	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost				
	1.00	2.00	3.00	4.00		5.00		
ANCILLARY SERVICE COST CENTERS								
50.00 OPERATING ROOM	0	0	0	0	0	0	0	50.00
51.00 RECOVERY ROOM	0	0	0	0	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	0	0	0	0	0	0	0	56.00
57.00 CT SCAN	0	0	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	0	0	0	0	0	60.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	0	0	62.00
65.00 RESPIRATORY THERAPY	0	0	0	0	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	0	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	151,000	0	0	0	151,000	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	0	0	75.00
76.00 REHAB MEDICINE	0	0	0	0	0	0	0	76.00
76.20 DAY HOSPITAL	0	0	0	0	0	0	0	76.20
76.30 LI THOTRIPTER	0	0	0	0	0	0	0	76.30
76.45 GASTROENTEROLOGY LAB	0	0	0	0	0	0	0	76.45
76.97 CARDIAC REHABILITATION	0	0	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	0	0	90.00
90.01 DIABETES CARE CENTER	0	0	0	0	0	0	0	90.01
90.02 OUTPATIENT CENTER	0	0	0	0	0	0	0	90.02
90.03 PAIN CLINIC	0	0	0	0	0	0	0	90.03
90.05 WOUND CARE CENTER	0	0	0	0	0	0	0	90.05
90.06 ANTI-COAG LAB	0	0	0	0	0	0	0	90.06
90.07 HEART RISK ASSESSMENT	0	0	0	0	0	0	0	90.07
91.00 EMERGENCY	0	0	0	0	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	22,938	0	0	0	22,938	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00 AMBULANCE SERVICES	0	0	0	0	0	0	0	95.00
200.00 Total (lines 50-199)	0	0	173,938	0	0	0	173,938	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140223	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/17/2012 5:12 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	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	114,153,586	0.000000	0.000000	29,024,594	50.00
51.00 RECOVERY ROOM	0	20,741,909	0.000000	0.000000	4,683,009	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	22,050,970	0.000000	0.000000	23,827	52.00
53.00 ANESTHESIOLOGY	0	49,346,569	0.000000	0.000000	7,070,231	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	83,456,993	0.000000	0.000000	15,065,800	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	31,472,692	0.000000	0.000000	1,142,373	55.00
56.00 RADIOISOTOPE	0	26,420,059	0.000000	0.000000	6,313,367	56.00
57.00 CT SCAN	0	95,717,024	0.000000	0.000000	18,364,336	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	54,902,166	0.000000	0.000000	7,321,720	58.00
59.00 CARDIAC CATHETERIZATION	0	40,534,642	0.000000	0.000000	13,172,122	59.00
60.00 LABORATORY	0	138,900,272	0.000000	0.000000	42,317,512	60.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	17,681,583	0.000000	0.000000	6,020,266	62.00
65.00 RESPIRATORY THERAPY	0	44,518,417	0.000000	0.000000	12,570,146	65.00
66.00 PHYSICAL THERAPY	0	22,139,230	0.000000	0.000000	5,657,627	66.00
67.00 OCCUPATIONAL THERAPY	0	23,875,798	0.000000	0.000000	343,224	67.00
68.00 SPEECH PATHOLOGY	0	0	0.000000	0.000000	0	68.00
69.00 ELECTROCARDIOLOGY	0	38,866,063	0.000000	0.000000	9,677,375	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	10,978,532	0.000000	0.000000	1,578,920	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	54,087,523	0.000000	0.000000	17,412,715	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	74,968,850	0.000000	0.000000	24,093,649	72.00
73.00 DRUGS CHARGED TO PATIENTS	151,000	191,455,879	0.000789	0.000789	62,717,227	73.00
74.00 RENAL DIALYSIS	0	4,359,530	0.000000	0.000000	2,615,518	74.00
75.00 ASC (NON-DISTINCT PART)	0	36,652,505	0.000000	0.000000	467,032	75.00
76.00 REHAB MEDICINE	0	1,264,056	0.000000	0.000000	54,835	76.00
76.20 DAY HOSPITAL	0	2,991,658	0.000000	0.000000	906	76.20
76.30 LI THOTRIPTER	0	10,486,048	0.000000	0.000000	118,263	76.30
76.45 GASTROENTEROLOGY LAB	0	40,186,345	0.000000	0.000000	3,701,335	76.45
76.97 CARDIAC REHABILITATION	0	1,792,429	0.000000	0.000000	74,696	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00 CLINIC	0	0	0.000000	0.000000	0	90.00
90.01 DIABETES CARE CENTER	0	73,703	0.000000	0.000000	107	90.01
90.02 OUTPATIENT CENTER	0	1,855,806	0.000000	0.000000	17,961	90.02
90.03 PAIN CLINIC	0	1,256,163	0.000000	0.000000	1,952	90.03
90.05 WOUND CARE CENTER	0	0	0.000000	0.000000	0	90.05
90.06 ANTI-COAG LAB	0	2,487,553	0.000000	0.000000	9,408	90.06
90.07 HEART RISK ASSESSMENT	0	2,781,253	0.000000	0.000000	10,864	90.07
91.00 EMERGENCY	0	103,308,411	0.000000	0.000000	19,444,135	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	22,938	9,676,903	0.002370	0.002370	930,104	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVICES						95.00
200.00 Total (Lines 50-199)	173,938	1,375,441,120			312,017,156	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140223	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/17/2012 5:12 pm
Title XVIII		Hospital	PPS

Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS				
50.00 OPERATING ROOM	0	8,681,113	0	50.00
51.00 RECOVERY ROOM	0	2,390,594	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	345	0	52.00
53.00 ANESTHESIOLOGY	0	5,766,458	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	11,173,134	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	11,962,640	0	55.00
56.00 RADIOISOTOPE	0	5,449,689	0	56.00
57.00 CT SCAN	0	18,717,280	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	9,389,634	0	58.00
59.00 CARDIAC CATHETERIZATION	0	5,690,462	0	59.00
60.00 LABORATORY	0	3,456,984	0	60.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	1,354,823	0	62.00
65.00 RESPIRATORY THERAPY	0	808,372	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	1,543,521	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	4,647,529	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	1,263,581	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,688,082	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	6,658,073	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	49,484	11,101,082	8,759	73.00
74.00 RENAL DIALYSIS	0	433,227	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	3,857,356	0	75.00
76.00 REHAB MEDICINE	0	101,668	0	76.00
76.20 DAY HOSPITAL	0	688,484	0	76.20
76.30 LI THOTRIPTER	0	7,472,066	0	76.30
76.45 GASTROENTEROLOGY LAB	0	11,148,854	0	76.45
76.97 CARDIAC REHABILITATION	0	788,775	0	76.97
OUTPATIENT SERVICE COST CENTERS				
88.00 RURAL HEALTH CLINIC	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00 CLINIC	0	0	0	90.00
90.01 DIABETES CARE CENTER	0	0	0	90.01
90.02 OUTPATIENT CENTER	0	526,271	0	90.02
90.03 PAIN CLINIC	0	477,863	0	90.03
90.05 WOUND CARE CENTER	0	0	0	90.05
90.06 ANTI-COAG LAB	0	1,127,571	0	90.06
90.07 HEART RISK ASSESSMENT	0	1,314,638	0	90.07
91.00 EMERGENCY	0	10,903,014	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	2,204	2,912,647	6,903	92.00
OTHER REIMBURSABLE COST CENTERS				
95.00 AMBULANCE SERVICES				95.00
200.00 Total (Lines 50-199)	51,688	155,495,830	15,662	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140223	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/17/2012 5:12 pm		
		Title VIII	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		
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0.298491	8,681,113	0	0	50.00
51.00	RECOVERY ROOM	0.168046	2,390,594	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.494791	345	0	0	52.00
53.00	ANESTHESIOLOGY	0.065424	5,766,458	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.248274	11,173,134	0	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0.274816	11,962,640	0	0	55.00
56.00	RADIOISOTOPE	0.200825	5,449,689	0	0	56.00
57.00	CT SCAN	0.065569	18,717,280	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.129590	9,389,634	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.139696	5,690,462	0	0	59.00
60.00	LABORATORY	0.182882	3,456,984	0	0	60.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.180875	1,354,823	0	0	62.00
65.00	RESPIRATORY THERAPY	0.212799	808,372	0	0	65.00
66.00	PHYSICAL THERAPY	0.366075	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0.566078	1,543,521	0	0	67.00
68.00	SPEECH PATHOLOGY	0.000000	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0.158643	4,647,529	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.215690	1,263,581	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.418794	3,688,082	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.557937	6,658,073	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.209570	11,101,082	0	35,428	73.00
74.00	RENAL DIALYSIS	0.358262	433,227	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0.198178	3,857,356	0	0	75.00
76.00	REHAB MEDICINE	0.688969	101,668	0	0	76.00
76.20	DAY HOSPITAL	0.481675	688,484	0	0	76.20
76.30	LITHOTRIPTER	0.196131	7,472,066	0	0	76.30
76.45	GASTROENTEROLOGY LAB	0.174162	11,148,854	0	0	76.45
76.97	CARDIAC REHABILITATION	0.431900	788,775	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0.000000				88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000				89.00
90.00	CLINIC	0.000000	0	0	0	90.00
90.01	DIABETES CARE CENTER	4.050215	0	0	0	90.01
90.02	OUTPATIENT CENTER	0.385168	526,271	0	0	90.02
90.03	PAIN CLINIC	0.597084	477,863	0	0	90.03
90.05	WOUND CARE CENTER	0.000000	0	0	0	90.05
90.06	ANTI-COAG LAB	0.492290	1,127,571	0	0	90.06
90.07	HEART RISK ASSESSMENT	0.130942	1,314,638	0	0	90.07
91.00	EMERGENCY	0.186649	10,903,014	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.496418	2,912,647	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	AMBULANCE SERVICES	0.000000		0		95.00
200.00	Subtotal (see instructions)		155,495,830	0	35,428	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		155,495,830	0	35,428	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140223	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/17/2012 5:12 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		
ANCILLARY SERVICE COST CENTERS					
50.00 OPERATING ROOM	2,591,234	0	0		50.00
51.00 RECOVERY ROOM	401,730	0	0		51.00
52.00 DELIVERY ROOM & LABOR ROOM	171	0	0		52.00
53.00 ANESTHESIOLOGY	377,265	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	2,773,999	0	0		54.00
55.00 RADIOLOGY-THERAPEUTIC	3,287,525	0	0		55.00
56.00 RADIOISOTOPE	1,094,434	0	0		56.00
57.00 CT SCAN	1,227,273	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	1,216,803	0	0		58.00
59.00 CARDIAC CATHETERIZATION	794,935	0	0		59.00
60.00 LABORATORY	632,220	0	0		60.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	245,054	0	0		62.00
65.00 RESPIRATORY THERAPY	172,021	0	0		65.00
66.00 PHYSICAL THERAPY	0	0	0		66.00
67.00 OCCUPATIONAL THERAPY	873,753	0	0		67.00
68.00 SPEECH PATHOLOGY	0	0	0		68.00
69.00 ELECTROCARDIOLOGY	737,298	0	0		69.00
70.00 ELECTROENCEPHALOGRAPHY	272,542	0	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,544,547	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	3,714,785	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	2,326,454	0	7,425		73.00
74.00 RENAL DIALYSIS	155,209	0	0		74.00
75.00 ASC (NON-DISTINCT PART)	764,443	0	0		75.00
76.00 REHAB MEDICINE	70,046	0	0		76.00
76.20 DAY HOSPITAL	331,626	0	0		76.20
76.30 LI THOTRIPTER	1,465,504	0	0		76.30
76.45 GASTROENTEROLOGY LAB	1,941,707	0	0		76.45
76.97 CARDIAC REHABILITATION	340,672	0	0		76.97
OUTPATIENT SERVICE COST CENTERS					
88.00 RURAL HEALTH CLINIC	0	0	0		88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00 CLINIC	0	0	0		90.00
90.01 DIABETES CARE CENTER	0	0	0		90.01
90.02 OUTPATIENT CENTER	202,703	0	0		90.02
90.03 PAIN CLINIC	285,324	0	0		90.03
90.05 WOUND CARE CENTER	0	0	0		90.05
90.06 ANTI-COAG LAB	555,092	0	0		90.06
90.07 HEART RISK ASSESSMENT	172,141	0	0		90.07
91.00 EMERGENCY	2,035,037	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	1,445,890	0	0		92.00
OTHER REIMBURSABLE COST CENTERS					
95.00 AMBULANCE SERVICES		0			95.00
200.00 Subtotal (see instructions)	34,049,437	0	7,425		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges		0			201.00
202.00 Net Charges (line 200 +/- line 201)	34,049,437	0	7,425		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140223		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part II Date/Time Prepared: 5/17/2012 5:12 pm	
		Component CCN: 14S223		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	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	3,270,255	114,153,586	0.028648	3,124	89	50.00
51.00	RECOVERY ROOM	218,376	20,741,909	0.010528	2,435	26	51.00
52.00	DELIVERY ROOM & LABOR ROOM	1,109,171	22,050,970	0.050300	0	0	52.00
53.00	ANESTHESIOLOGY	128,505	49,346,569	0.002604	2,591	7	53.00
54.00	RADIOLOGY-DIAGNOSTIC	2,783,357	83,456,993	0.033351	91,807	3,062	54.00
55.00	RADIOLOGY-THERAPEUTIC	2,314,845	31,472,692	0.073551	0	0	55.00
56.00	RADIOISOTOPE	478,228	26,420,059	0.018101	25,938	470	56.00
57.00	CT SCAN	680,594	95,717,024	0.007110	158,861	1,130	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	2,033,927	54,902,166	0.037046	83,457	3,092	58.00
59.00	CARDIAC CATHETERIZATION	818,728	40,534,642	0.020198	0	0	59.00
60.00	LABORATORY	734,052	138,900,272	0.005285	857,498	4,532	60.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	83,650	17,681,583	0.004731	1,980	9	62.00
65.00	RESPIRATORY THERAPY	361,674	44,518,417	0.008124	68,356	555	65.00
66.00	PHYSICAL THERAPY	262,653	22,139,230	0.011864	123,431	1,464	66.00
67.00	OCCUPATIONAL THERAPY	1,404,862	23,875,798	0.058840	119,946	7,058	67.00
68.00	SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	ELECTROCARDIOLOGY	311,458	38,866,063	0.008014	59,569	477	69.00
70.00	ELECTROENCEPHALOGRAPHY	229,482	10,978,532	0.020903	5,062	106	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	842,503	54,087,523	0.015577	22,407	349	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	1,553,296	74,968,850	0.020719	7,035	146	72.00
73.00	DRUGS CHARGED TO PATIENTS	1,655,971	191,455,879	0.008649	1,328,554	11,491	73.00
74.00	RENAL DIALYSIS	100,424	4,359,530	0.023036	23,177	534	74.00
75.00	ASC (NON-DISTINCT PART)	686,824	36,652,505	0.018739	0	0	75.00
76.00	REHAB MEDICINE	69,596	1,264,056	0.055058	19,665	1,083	76.00
76.20	DAY HOSPITAL	192,915	2,991,658	0.064484	8,704	561	76.20
76.30	LI THOTRIPTER	52,334	10,486,048	0.004991	0	0	76.30
76.45	GASTROENTEROLOGY LAB	594,739	40,186,345	0.014800	6,796	101	76.45
76.97	CARDIAC REHABILITATION	84,859	1,792,429	0.047343	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	CLINIC	0	0	0.000000	0	0	90.00
90.01	DIABETES CARE CENTER	25,207	73,703	0.342008	0	0	90.01
90.02	OUTPATIENT CENTER	85,669	1,855,806	0.046163	0	0	90.02
90.03	PAIN CLINIC	99,223	1,256,163	0.078989	0	0	90.03
90.05	WOUND CARE CENTER	0	0	0.000000	0	0	90.05
90.06	ANTI-COAG LAB	115,369	2,487,553	0.046379	0	0	90.06
90.07	HEART RISK ASSESSMENT	47,767	2,781,253	0.017175	0	0	90.07
91.00	EMERGENCY	1,468,827	103,308,411	0.014218	552,454	7,855	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	579,125	9,676,903	0.059846	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	25,478,465	1,375,441,120		3,572,847	44,197	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140223 Component CCN: 14S223	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/17/2012 5:12 pm
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	0	0	0	0	50.00
51.00 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	0	0	0	60.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	151,000	0	151,000	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 REHAB MEDICINE	0	0	0	0	0	76.00
76.20 DAY HOSPITAL	0	0	0	0	0	76.20
76.30 LI THOTRIPTER	0	0	0	0	0	76.30
76.45 GASTROENTEROLOGY LAB	0	0	0	0	0	76.45
76.97 CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
90.01 DIABETES CARE CENTER	0	0	0	0	0	90.01
90.02 OUTPATIENT CENTER	0	0	0	0	0	90.02
90.03 PAIN CLINIC	0	0	0	0	0	90.03
90.05 WOUND CARE CENTER	0	0	0	0	0	90.05
90.06 ANTI-COAG LAB	0	0	0	0	0	90.06
90.07 HEART RISK ASSESSMENT	0	0	0	0	0	90.07
91.00 EMERGENCY	0	0	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	22,938	0	22,938	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVICES						95.00
200.00 Total (Lines 50-199)	0	0	173,938	0	173,938	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140223 Component CCN: 14S223	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/17/2012 5:12 pm
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description	Total	Total Charges	Ratio of Cost	Outpatient	Inpatient Program Charges	
	Outpatient Cost (sum of col. 2, 3 and 4)	(from Wkst. C, Part I, col. 8)	to Charges (col. 5 + col. 7)	Ratio of Cost to Charges (col. 6 ÷ col. 7)		
	6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	114,153,586	0.000000	0.000000	3,124	50.00
51.00 RECOVERY ROOM	0	20,741,909	0.000000	0.000000	2,435	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	22,050,970	0.000000	0.000000	0	52.00
53.00 ANESTHESIOLOGY	0	49,346,569	0.000000	0.000000	2,591	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	83,456,993	0.000000	0.000000	91,807	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	31,472,692	0.000000	0.000000	0	55.00
56.00 RADIOISOTOPE	0	26,420,059	0.000000	0.000000	25,938	56.00
57.00 CT SCAN	0	95,717,024	0.000000	0.000000	158,861	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	54,902,166	0.000000	0.000000	83,457	58.00
59.00 CARDIAC CATHETERIZATION	0	40,534,642	0.000000	0.000000	0	59.00
60.00 LABORATORY	0	138,900,272	0.000000	0.000000	857,498	60.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	17,681,583	0.000000	0.000000	1,980	62.00
65.00 RESPIRATORY THERAPY	0	44,518,417	0.000000	0.000000	68,356	65.00
66.00 PHYSICAL THERAPY	0	22,139,230	0.000000	0.000000	123,431	66.00
67.00 OCCUPATIONAL THERAPY	0	23,875,798	0.000000	0.000000	119,946	67.00
68.00 SPEECH PATHOLOGY	0	0	0.000000	0.000000	0	68.00
69.00 ELECTROCARDIOLOGY	0	38,866,063	0.000000	0.000000	59,569	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	10,978,532	0.000000	0.000000	5,062	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	54,087,523	0.000000	0.000000	22,407	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	74,968,850	0.000000	0.000000	7,035	72.00
73.00 DRUGS CHARGED TO PATIENTS	151,000	191,455,879	0.000789	0.000789	1,328,554	73.00
74.00 RENAL DIALYSIS	0	4,359,530	0.000000	0.000000	23,177	74.00
75.00 ASC (NON-DISTINCT PART)	0	36,652,505	0.000000	0.000000	0	75.00
76.00 REHAB MEDICINE	0	1,264,056	0.000000	0.000000	19,665	76.00
76.20 DAY HOSPITAL	0	2,991,658	0.000000	0.000000	8,704	76.20
76.30 LI THOTRIPTER	0	10,486,048	0.000000	0.000000	0	76.30
76.45 GASTROENTEROLOGY LAB	0	40,186,345	0.000000	0.000000	6,796	76.45
76.97 CARDIAC REHABILITATION	0	1,792,429	0.000000	0.000000	0	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00 CLINIC	0	0	0.000000	0.000000	0	90.00
90.01 DIABETES CARE CENTER	0	73,703	0.000000	0.000000	0	90.01
90.02 OUTPATIENT CENTER	0	1,855,806	0.000000	0.000000	0	90.02
90.03 PAIN CLINIC	0	1,256,163	0.000000	0.000000	0	90.03
90.05 WOUND CARE CENTER	0	0	0.000000	0.000000	0	90.05
90.06 ANTI-COAG LAB	0	2,487,553	0.000000	0.000000	0	90.06
90.07 HEART RISK ASSESSMENT	0	2,781,253	0.000000	0.000000	0	90.07
91.00 EMERGENCY	0	103,308,411	0.000000	0.000000	552,454	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	22,938	9,676,903	0.002370	0.002370	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVICES						95.00
200.00 Total (lines 50-199)	173,938	1,375,441,120			3,572,847	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140223 Component CCN: 14S223	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/17/2012 5:12 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	
ANCILLARY SERVICE COST CENTERS				
50.00 OPERATING ROOM	0	0	0	50.00
51.00 RECOVERY ROOM	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00 RADIOISOTOPE	0	0	0	56.00
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
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
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	1,048	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	75.00
76.00 REHAB MEDICINE	0	0	0	76.00
76.20 DAY HOSPITAL	0	0	0	76.20
76.30 LI THOTRIPTER	0	0	0	76.30
76.45 GASTROENTEROLOGY LAB	0	0	0	76.45
76.97 CARDIAC REHABILITATION	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS				
88.00 RURAL HEALTH CLINIC	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00 CLINIC	0	0	0	90.00
90.01 DIABETES CARE CENTER	0	0	0	90.01
90.02 OUTPATIENT CENTER	0	0	0	90.02
90.03 PAIN CLINIC	0	0	0	90.03
90.05 WOUND CARE CENTER	0	0	0	90.05
90.06 ANTI-COAG LAB	0	0	0	90.06
90.07 HEART RISK ASSESSMENT	0	0	0	90.07
91.00 EMERGENCY	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS				
95.00 AMBULANCE SERVICES				95.00
200.00 Total (lines 50-199)	1,048	0	0	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140223 Component CCN: 14T223		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part II Date/Time Prepared: 5/17/2012 5:12 pm	
		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	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	3,270,255	114,153,586	0.028648	6,961	199	50.00
51.00	RECOVERY ROOM	218,376	20,741,909	0.010528	4,390	46	51.00
52.00	DELIVERY ROOM & LABOR ROOM	1,109,171	22,050,970	0.050300	0	0	52.00
53.00	ANESTHESIOLOGY	128,505	49,346,569	0.002604	9,389	24	53.00
54.00	RADIOLOGY-DIAGNOSTIC	2,783,357	83,456,993	0.033351	266,526	8,889	54.00
55.00	RADIOLOGY-THERAPEUTIC	2,314,845	31,472,692	0.073551	108,298	7,965	55.00
56.00	RADIOISOTOPE	478,228	26,420,059	0.018101	219,153	3,967	56.00
57.00	CT SCAN	680,594	95,717,024	0.007110	199,099	1,416	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	2,033,927	54,902,166	0.037046	148,070	5,485	58.00
59.00	CARDIAC CATHETERIZATION	818,728	40,534,642	0.020198	0	0	59.00
60.00	LABORATORY	734,052	138,900,272	0.005285	1,241,980	6,564	60.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	83,650	17,681,583	0.004731	78,890	373	62.00
65.00	RESPIRATORY THERAPY	361,674	44,518,417	0.008124	587,453	4,772	65.00
66.00	PHYSICAL THERAPY	262,653	22,139,230	0.011864	8,526,409	101,157	66.00
67.00	OCCUPATIONAL THERAPY	1,404,862	23,875,798	0.058840	73,188	4,306	67.00
68.00	SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	ELECTROCARDIOLOGY	311,458	38,866,063	0.008014	56,514	453	69.00
70.00	ELECTROENCEPHALOGRAPHY	229,482	10,978,532	0.020903	13,810	289	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	842,503	54,087,523	0.015577	489,542	7,626	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	1,553,296	74,968,850	0.020719	18,125	376	72.00
73.00	DRUGS CHARGED TO PATIENTS	1,655,971	191,455,879	0.008649	3,410,244	29,495	73.00
74.00	RENAL DIALYSIS	100,424	4,359,530	0.023036	200,594	4,621	74.00
75.00	ASC (NON-DISTINCT PART)	686,824	36,652,505	0.018739	1,182	22	75.00
76.00	REHAB MEDICINE	69,596	1,264,056	0.055058	225,445	12,413	76.00
76.20	DAY HOSPITAL	192,915	2,991,658	0.064484	0	0	76.20
76.30	LI THOTRIPTER	52,334	10,486,048	0.004991	0	0	76.30
76.45	GASTROENTEROLOGY LAB	594,739	40,186,345	0.014800	13,455	199	76.45
76.97	CARDIAC REHABILITATION	84,859	1,792,429	0.047343	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	CLINIC	0	0	0.000000	0	0	90.00
90.01	DIABETES CARE CENTER	25,207	73,703	0.342008	0	0	90.01
90.02	OUTPATIENT CENTER	85,669	1,855,806	0.046163	751	35	90.02
90.03	PAIN CLINIC	99,223	1,256,163	0.078989	0	0	90.03
90.05	WOUND CARE CENTER	0	0	0.000000	0	0	90.05
90.06	ANTI-COAG LAB	115,369	2,487,553	0.046379	0	0	90.06
90.07	HEART RISK ASSESSMENT	47,767	2,781,253	0.017175	0	0	90.07
91.00	EMERGENCY	1,468,827	103,308,411	0.014218	3,714	53	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	579,125	9,676,903	0.059846	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	25,478,465	1,375,441,120		15,903,182	200,745	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140223 Component CCN: 14T223	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/17/2012 5:12 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	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	0	0	0	0	50.00
51.00 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	0	0	0	60.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	151,000	0	151,000	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 REHAB MEDICINE	0	0	0	0	0	76.00
76.20 DAY HOSPITAL	0	0	0	0	0	76.20
76.30 LI THOTRI PTER	0	0	0	0	0	76.30
76.45 GASTROENTEROLOGY LAB	0	0	0	0	0	76.45
76.97 CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
90.01 DIABETES CARE CENTER	0	0	0	0	0	90.01
90.02 OUTPATIENT CENTER	0	0	0	0	0	90.02
90.03 PAIN CLINIC	0	0	0	0	0	90.03
90.05 WOUND CARE CENTER	0	0	0	0	0	90.05
90.06 ANTI-COAG LAB	0	0	0	0	0	90.06
90.07 HEART RISK ASSESSMENT	0	0	0	0	0	90.07
91.00 EMERGENCY	0	0	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	22,938	0	22,938	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVICES						95.00
200.00 Total (Lines 50-199)	0	0	173,938	0	173,938	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140223 Component CCN: 14T223		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part IV Date/Time Prepared: 5/17/2012 5:12 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	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	114,153,586	0.000000	0.000000	6,961	50.00
51.00	RECOVERY ROOM	0	20,741,909	0.000000	0.000000	4,390	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	22,050,970	0.000000	0.000000	0	52.00
53.00	ANESTHESIOLOGY	0	49,346,569	0.000000	0.000000	9,389	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	83,456,993	0.000000	0.000000	266,526	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	31,472,692	0.000000	0.000000	108,298	55.00
56.00	RADIOISOTOPE	0	26,420,059	0.000000	0.000000	219,153	56.00
57.00	CT SCAN	0	95,717,024	0.000000	0.000000	199,099	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	54,902,166	0.000000	0.000000	148,070	58.00
59.00	CARDIAC CATHETERIZATION	0	40,534,642	0.000000	0.000000	0	59.00
60.00	LABORATORY	0	138,900,272	0.000000	0.000000	1,241,980	60.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	17,681,583	0.000000	0.000000	78,890	62.00
65.00	RESPIRATORY THERAPY	0	44,518,417	0.000000	0.000000	587,453	65.00
66.00	PHYSICAL THERAPY	0	22,139,230	0.000000	0.000000	8,526,409	66.00
67.00	OCCUPATIONAL THERAPY	0	23,875,798	0.000000	0.000000	73,188	67.00
68.00	SPEECH PATHOLOGY	0	0	0.000000	0.000000	0	68.00
69.00	ELECTROCARDIOLOGY	0	38,866,063	0.000000	0.000000	56,514	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	10,978,532	0.000000	0.000000	13,810	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	54,087,523	0.000000	0.000000	489,542	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	74,968,850	0.000000	0.000000	18,125	72.00
73.00	DRUGS CHARGED TO PATIENTS	151,000	191,455,879	0.000789	0.000789	3,410,244	73.00
74.00	RENAL DIALYSIS	0	4,359,530	0.000000	0.000000	200,594	74.00
75.00	ASC (NON-DISTINCT PART)	0	36,652,505	0.000000	0.000000	1,182	75.00
76.00	REHAB MEDICINE	0	1,264,056	0.000000	0.000000	225,445	76.00
76.20	DAY HOSPITAL	0	2,991,658	0.000000	0.000000	0	76.20
76.30	LI THOTRIPTER	0	10,486,048	0.000000	0.000000	0	76.30
76.45	GASTROENTEROLOGY LAB	0	40,186,345	0.000000	0.000000	13,455	76.45
76.97	CARDIAC REHABILITATION	0	1,792,429	0.000000	0.000000	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	CLINIC	0	0	0.000000	0.000000	0	90.00
90.01	DIABETES CARE CENTER	0	73,703	0.000000	0.000000	0	90.01
90.02	OUTPATIENT CENTER	0	1,855,806	0.000000	0.000000	751	90.02
90.03	PAIN CLINIC	0	1,256,163	0.000000	0.000000	0	90.03
90.05	WOUND CARE CENTER	0	0	0.000000	0.000000	0	90.05
90.06	ANTI-COAG LAB	0	2,487,553	0.000000	0.000000	0	90.06
90.07	HEART RISK ASSESSMENT	0	2,781,253	0.000000	0.000000	0	90.07
91.00	EMERGENCY	0	103,308,411	0.000000	0.000000	3,714	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	22,938	9,676,903	0.002370	0.002370	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	173,938	1,375,441,120			15,903,182	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140223	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/17/2012 5:12 pm
	Component CCN: 14T223	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	
ANCILLARY SERVICE COST CENTERS				
50.00 OPERATING ROOM	0	0	0	50.00
51.00 RECOVERY ROOM	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00 RADIOISOTOPE	0	0	0	56.00
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
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
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	2,691	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	75.00
76.00 REHAB MEDICINE	0	0	0	76.00
76.20 DAY HOSPITAL	0	0	0	76.20
76.30 LI THOTRIPTER	0	0	0	76.30
76.45 GASTROENTEROLOGY LAB	0	0	0	76.45
76.97 CARDIAC REHABILITATION	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS				
88.00 RURAL HEALTH CLINIC	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00 CLINIC	0	0	0	90.00
90.01 DIABETES CARE CENTER	0	0	0	90.01
90.02 OUTPATIENT CENTER	0	0	0	90.02
90.03 PAIN CLINIC	0	0	0	90.03
90.05 WOUND CARE CENTER	0	0	0	90.05
90.06 ANTI-COAG LAB	0	0	0	90.06
90.07 HEART RISK ASSESSMENT	0	0	0	90.07
91.00 EMERGENCY	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS				
95.00 AMBULANCE SERVICES				95.00
200.00 Total (lines 50-199)	2,691	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140223	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/17/2012 5:12 pm
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		101,949	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		101,949	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)		101,949	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)		43,256	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		108,230,010	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)		108,230,010	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		190,663,667	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		190,663,667	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.567649	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)		1,870.19	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)		108,230,010	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,061.61	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		45,921,002	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)		45,921,002	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140223		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	13,367,177	6,193	2,158.43	1,360	2,935,465	43.00
44.00	CORONARY CARE UNIT	15,386,042	7,222	2,130.44	4,171	8,886,065	44.00
44.01	NEONATAL CARE UNIT	17,888,724	12,658	1,413.23	0	0	44.01
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)					74,746,132	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					132,488,664	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)					6,773,561	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					4,650,467	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					11,424,028	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					121,064,636	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)					4,525	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,061.61	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					4,803,785	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140223		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1 Date/Time Prepared: 5/17/2012 5:12 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	13,047,820	108,230,010	0.120556	4,803,785	579,125	90.00
91.00	Nursing School cost	0	108,230,010	0.000000	4,803,785	0	91.00
92.00	Allied health cost	516,848	108,230,010	0.004775	4,803,785	22,938	92.00
93.00	All other Medical Education	0	108,230,010	0.000000	4,803,785	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140223	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1
		Component CCN: 14S223		Date/Time Prepared: 5/17/2012 5:12 pm
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		11,557	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		11,557	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)		11,557	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)		4,991	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		12,243,185	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)		12,243,185	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		18,387,187	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		18,387,187	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.665854	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)		1,591.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		12,243,185	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,059.37	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		5,287,316	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)		5,287,316	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140223		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1	
		Component CCN: 14S223				Date/Time Prepared: 5/17/2012 5:12 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	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	0	43.00
44.00 CORONARY CARE UNIT	0	0	0.00	0	0	0	44.00
44.01 NEONATAL CARE UNIT	0	0	0.00	0	0	0	44.01
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	0	45.00
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	0	46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					770,353		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					6,057,669		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)					580,503		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					45,245		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					625,748		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					5,431,921		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)						0	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140223 Component CCN: 14S223		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1 Date/Time Prepared: 5/17/2012 5:12 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	1,304,967	12,243,185	0.106587	0	0	90.00
91.00	Nursing School cost	0	12,243,185	0.000000	0	0	91.00
92.00	Allied health cost	39,166	12,243,185	0.003199	0	0	92.00
93.00	All other Medical Education	0	12,243,185	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140223	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1
		Component CCN: 14T223		Date/Time Prepared: 5/17/2012 5:12 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		12,332	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		12,332	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)		12,332	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		8,507	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		11,767,442	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)		11,767,442	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		19,620,212	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		19,620,212	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.599761	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)		1,591.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		11,767,442	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		954.22	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		8,117,550	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)		8,117,550	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140223		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1	
		Component CCN: 14T223				Date/Time Prepared: 5/17/2012 5:12 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
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
44.01	NEONATAL CARE UNIT	0	0	0.00	0	0	44.01
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)					4,877,350	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					12,994,900	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)					954,486	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					203,436	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					1,157,922	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					11,836,978	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140223 Component CCN: 14T223		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1 Date/Time Prepared: 5/17/2012 5:12 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	1,341,791	11,767,442	0.114026	0	0	90.00
91.00	Nursing School cost	0	11,767,442	0.000000	0	0	91.00
92.00	Allied health cost	41,793	11,767,442	0.003552	0	0	92.00
93.00	All other Medical Education	0	11,767,442	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140223	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3 Date/Time Prepared: 5/17/2012 5:12 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	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS		81,492,877		30.00
31.00	INTENSIVE CARE UNIT		5,207,580		31.00
32.00	CORONARY CARE UNIT		14,539,343		32.00
32.01	NEONATAL CARE UNIT		0		32.01
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
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.298491	29,024,594	8,663,580	50.00
51.00	RECOVERY ROOM	0.168046	4,683,009	786,961	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.494791	23,827	11,789	52.00
53.00	ANESTHESIOLOGY	0.070015	7,070,231	495,022	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.248333	15,065,800	3,741,335	54.00
55.00	RADIOLOGY-THERAPEUTIC	0.274816	1,142,373	313,942	55.00
56.00	RADIOISOTOPE	0.200825	6,313,367	1,267,882	56.00
57.00	CT SCAN	0.065569	18,364,336	1,204,131	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.129590	7,321,720	948,822	58.00
59.00	CARDIAC CATHETERIZATION	0.139696	13,172,122	1,840,093	59.00
60.00	LABORATORY	0.182882	42,317,512	7,739,111	60.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.180875	6,020,266	1,088,916	62.00
65.00	RESPIRATORY THERAPY	0.212799	12,570,146	2,674,914	65.00
66.00	PHYSICAL THERAPY	0.366075	5,657,627	2,071,116	66.00
67.00	OCCUPATIONAL THERAPY	0.566078	343,224	194,292	67.00
68.00	SPEECH PATHOLOGY	0.000000	0	0	68.00
69.00	ELECTROCARDIOLOGY	0.158643	9,677,375	1,535,248	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.215690	1,578,920	340,557	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.418794	17,412,715	7,292,341	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.557937	24,093,649	13,442,738	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.209570	62,717,227	13,143,649	73.00
74.00	RENAL DIALYSIS	0.358262	2,615,518	937,041	74.00
75.00	ASC (NON-DISTINCT PART)	0.198178	467,032	92,555	75.00
76.00	REHAB MEDICINE	0.688969	54,835	37,780	76.00
76.20	DAY HOSPITAL	0.481675	906	436	76.20
76.30	LITHOTRIPTER	0.196131	118,263	23,195	76.30
76.45	GASTROENTEROLOGY LAB	0.174192	3,701,335	644,743	76.45
76.97	CARDIAC REHABILITATION	0.431900	74,696	32,261	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	CLINIC	0.000000	0	0	90.00
90.01	DIABETES CARE CENTER	4.050215	107	433	90.01
90.02	OUTPATIENT CENTER	0.385168	17,961	6,918	90.02
90.03	PAIN CLINIC	0.597084	1,952	1,166	90.03
90.05	WOUND CARE CENTER	0.000000	0	0	90.05
90.06	ANTI-COAG LAB	0.492290	9,408	4,631	90.06
90.07	HEART RISK ASSESSMENT	0.130942	10,864	1,423	90.07
91.00	EMERGENCY	0.190566	19,444,135	3,705,391	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.496418	930,104	461,720	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50-94 and 96-98)		312,017,156	74,746,132	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)		312,017,156		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140223	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3	
		Component CCN: 14S223		Date/Time Prepared: 5/17/2012 5:12 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	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS		0		30.00
31.00	INTENSIVE CARE UNIT		0		31.00
32.00	CORONARY CARE UNIT		0		32.00
32.01	NEONATAL CARE UNIT		0		32.01
33.00	BURN INTENSIVE CARE UNIT		0		33.00
34.00	SURGICAL INTENSIVE CARE UNIT		0		34.00
40.00	SUBPROVIDER - IPF		7,930,251		40.00
41.00	SUBPROVIDER - IRF		0		41.00
42.00	SUBPROVIDER		0		42.00
43.00	NURSERY		0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.298491	3,124	932	50.00
51.00	RECOVERY ROOM	0.168046	2,435	409	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.494791	0	0	52.00
53.00	ANESTHESIOLOGY	0.070015	2,591	181	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.248333	91,807	22,799	54.00
55.00	RADIOLOGY-THERAPEUTIC	0.274816	0	0	55.00
56.00	RADIOISOTOPE	0.200825	25,938	5,209	56.00
57.00	CT SCAN	0.065569	158,861	10,416	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.129590	83,457	10,815	58.00
59.00	CARDIAC CATHETERIZATION	0.139696	0	0	59.00
60.00	LABORATORY	0.182882	857,498	156,821	60.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.180875	1,980	358	62.00
65.00	RESPIRATORY THERAPY	0.212799	68,356	14,546	65.00
66.00	PHYSICAL THERAPY	0.366075	123,431	45,185	66.00
67.00	OCCUPATIONAL THERAPY	0.566078	119,946	67,899	67.00
68.00	SPEECH PATHOLOGY	0.000000	0	0	68.00
69.00	ELECTROCARDIOLOGY	0.158643	59,569	9,450	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.215690	5,062	1,092	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.418794	22,407	9,384	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.557937	7,035	3,925	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.209570	1,328,554	278,425	73.00
74.00	RENAL DIALYSIS	0.358262	23,177	8,303	74.00
75.00	ASC (NON-DISTINCT PART)	0.198178	0	0	75.00
76.00	REHAB MEDICINE	0.688969	19,665	13,549	76.00
76.20	DAY HOSPITAL	0.481675	8,704	4,192	76.20
76.30	LITHOTRIPTER	0.196131	0	0	76.30
76.45	GASTROENTEROLOGY LAB	0.174192	6,796	1,184	76.45
76.97	CARDIAC REHABILITATION	0.431900	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	CLINIC	0.000000	0	0	90.00
90.01	DIABETES CARE CENTER	4.050215	0	0	90.01
90.02	OUTPATIENT CENTER	0.385168	0	0	90.02
90.03	PAIN CLINIC	0.597084	0	0	90.03
90.05	WOUND CARE CENTER	0.000000	0	0	90.05
90.06	ANTI-COAG LAB	0.492290	0	0	90.06
90.07	HEART RISK ASSESSMENT	0.130942	0	0	90.07
91.00	EMERGENCY	0.190566	552,454	105,279	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.496418	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50-94 and 96-98)		3,572,847	770,353	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)		3,572,847		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140223	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3	
		Component CCN: 14T223		Date/Time Prepared: 5/17/2012 5:12 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	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS		0		30.00
31.00	INTENSIVE CARE UNIT		0		31.00
32.00	CORONARY CARE UNIT		0		32.00
32.01	NEONATAL CARE UNIT		0		32.01
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		13,518,562		41.00
42.00	SUBPROVIDER		0		42.00
43.00	NURSERY		0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.298491	6,961	2,078	50.00
51.00	RECOVERY ROOM	0.168046	4,390	738	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.494791	0	0	52.00
53.00	ANESTHESIOLOGY	0.070015	9,389	657	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.248333	266,526	66,187	54.00
55.00	RADIOLOGY-THERAPEUTIC	0.274816	108,298	29,762	55.00
56.00	RADIOISOTOPE	0.200825	219,153	44,011	56.00
57.00	CT SCAN	0.065569	199,099	13,055	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.129590	148,070	19,188	58.00
59.00	CARDIAC CATHETERIZATION	0.139696	0	0	59.00
60.00	LABORATORY	0.182882	1,241,980	227,136	60.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.180875	78,890	14,269	62.00
65.00	RESPIRATORY THERAPY	0.212799	587,453	125,009	65.00
66.00	PHYSICAL THERAPY	0.366075	8,526,409	3,121,305	66.00
67.00	OCCUPATIONAL THERAPY	0.566078	73,188	41,430	67.00
68.00	SPEECH PATHOLOGY	0.000000	0	0	68.00
69.00	ELECTROCARDIOLOGY	0.158643	56,514	8,966	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.215690	13,810	2,979	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.418794	489,542	205,017	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.557937	18,125	10,113	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.209570	3,410,244	714,685	73.00
74.00	RENAL DIALYSIS	0.358262	200,594	71,865	74.00
75.00	ASC (NON-DISTINCT PART)	0.198178	1,182	234	75.00
76.00	REHAB MEDICINE	0.688969	225,445	155,325	76.00
76.20	DAY HOSPITAL	0.481675	0	0	76.20
76.30	LITHOTRIPTER	0.196131	0	0	76.30
76.45	GASTROENTEROLOGY LAB	0.174192	13,455	2,344	76.45
76.97	CARDIAC REHABILITATION	0.431900	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	CLINIC	0.000000	0	0	90.00
90.01	DIABETES CARE CENTER	4.050215	0	0	90.01
90.02	OUTPATIENT CENTER	0.385168	751	289	90.02
90.03	PAIN CLINIC	0.597084	0	0	90.03
90.05	WOUND CARE CENTER	0.000000	0	0	90.05
90.06	ANTI-COAG LAB	0.492290	0	0	90.06
90.07	HEART RISK ASSESSMENT	0.130942	0	0	90.07
91.00	EMERGENCY	0.190566	3,714	708	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.496418	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50-94 and 96-98)		15,903,182	4,877,350	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)		15,903,182		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140223	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part A Date/Time Prepared: 5/17/2012 5:12 pm
		Title XVII I	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS				
1.00	DRG Amounts Other than Outlier Payments		87,789,897	1.00
2.00	Outlier payments for discharges. (see instructions)		3,852,001	2.00
3.00	Managed Care Simulated Payments		2,587,431	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		517.60	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		188.61	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		3.55	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.		5.54	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)		190.60	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		194.94	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)		190.60	12.00
13.00	Total allowable FTE count for the prior year.		190.60	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.		189.62	14.00
15.00	Sum of lines 12 through 14 divided by 3.		190.27	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		190.27	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.367600	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.370435	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.367600	21.00
22.00	IME payment adjustment (see instructions)		16,492,868	22.00
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		4.34	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)		16,492,868	29.00
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		2.69	30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)		21.40	31.00
32.00	Sum of lines 30 and 31		24.09	32.00
33.00	Allowable disproportionate share percentage (see instructions)		9.09	33.00
34.00	Disproportionate share adjustment (see instructions)		7,980,102	34.00
Additional payment for high percentage of ESRD beneficiary discharges				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 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)		116,114,868	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)		116,114,868	49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		9,074,584	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).		6,500,448	52.00
53.00	Nursing and Allied Health Managed Care payment		28,374	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		258,506	57.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140223	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part A Date/Time Prepared: 5/17/2012 5:12 pm
		Title XVIII	Hospital	PPS
				1.00
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)			51,688 58.00
59.00	Total (sum of amounts on lines 49 through 58)			132,028,468 59.00
60.00	Primary payer payments			101,912 60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			131,926,556 61.00
62.00	Deductibles billed to program beneficiaries			8,116,336 62.00
63.00	Coinsurance billed to program beneficiaries			614,877 63.00
64.00	Allowable bad debts (see instructions)			1,295,030 64.00
65.00	Adjusted reimbursable bad debts (see instructions)			906,521 65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			941,402 66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			124,101,864 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)			124,101,864 71.00
72.00	Interim payments			123,320,666 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)			781,198 74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2			0 75.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Operating outlier amount from Worksheet E, Part A line 2			0 90.00
91.00	Capital outlier from Worksheet L, Part I, line 2			0 91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0 92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0 93.00
94.00	The rate used to calculate the Time Value of Money			0.00 94.00
95.00	Time Value of Money for operating expenses(see instructions)			0 95.00
96.00	Time Value of Money for capital related expenses (see instructions)			0 96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140223	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/17/2012 5:12 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		7,425	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		34,033,775	2.00
3.00	PPS payments		30,277,291	3.00
4.00	Outlier payment (see instructions)		110,703	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.821	5.00
6.00	Line 2 times line 5		27,941,729	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		15,662	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		7,425	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		35,428	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)		35,428	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		35,428	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		28,003	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)		7,425	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)		30,403,656	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		7,047,993	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)		23,363,088	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		1,461,611	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)		24,824,699	30.00
31.00	Primary payer payments		7,494	31.00
32.00	Subtotal (line 30 minus line 31)		24,817,205	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		1,156,125	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		809,288	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		869,359	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		25,626,493	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)		25,626,493	40.00
41.00	Interim payments		24,716,717	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)		909,776	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140223	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/17/2012 5:12 pm
		Component CCN: 14S223	Title XVIII	Subprovider - IPF
		PPS		
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		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
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		0	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
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
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		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
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140223	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/17/2012 5:12 pm
		Component CCN: 14T223	Title XVIII	Subprovider - IRF
		PPS		
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		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
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		0	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
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
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		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
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140223

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

Worksheet E-1
Part I
Date/Time Prepared:
5/17/2012 5:12 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		122,833,865		24,833,282	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	08/18/2011	424,453	12/23/2011	8,179	3.01
3.02		12/23/2011	62,348		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	08/18/2011	124,744	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)		486,801		-116,565	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)		123,320,666		24,716,717	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		781,198		909,776	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		124,101,864		25,626,493	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: 140223
Component CCN: 14S223

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

Worksheet E-1
Part I
Date/Time Prepared:
5/17/2012 5:12 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		4,264,749		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	08/18/2011	6,590		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)		-6,590		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)		4,258,159		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		109,859		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		4,368,018		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: 140223
Component CCN: 14T223

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

Worksheet E-1
Part I
Date/Time Prepared:
5/17/2012 5:12 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		10,065,604		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		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	08/18/2011	36,899		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)		36,899		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)		10,102,503		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		28,819		0	6.02
7.00	Total Medicare program liability (see instructions)		10,073,684		0	7.00
				Contractor Number	Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 140223

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

Worksheet E-1
Part II
Date/Time Prepared:
5/17/2012 5:12 pm

		Title XVIII	Hospital	PPS
		1.00		
DATA COLLECTION NEEDED FOR THE HIT CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst S-3, Part I column 15 line 14			27,390 1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12			48,787 2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6. line 2			1,643 3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12			123,497 4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200			1,698,422,046 5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20			29,762,881 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)			2,647,665 8.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH				
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)			2,647,665 32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140223	Period: From 01/01/2011 To 12/31/2011	Worksheet E-3 Part II Date/Time Prepared: 5/17/2012 5:12 pm
		Component CCN: 14S223	Title XVII	Subprovider - IPF
				PPS
				1.00
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)		4,135,041	1.00
2.00	Net IPF PPS Outlier Payments		231,855	2.00
3.00	Net IPF PPS ECT Payments		60,123	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)		3.45	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.)		2.79	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)		2.79	8.00
9.00	Average Daily Census (see instructions)		31.663014	9.00
10.00	Medical Education Adjustment Factor $\{(1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1\}$.		0.044450	10.00
11.00	Medical Education Adjustment (line 1 multiplied by line 10).		183,803	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)		4,610,822	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)		4,610,822	16.00
17.00	Primary payer payments		6,368	17.00
18.00	Subtotal (line 16 less line 17).		4,604,454	18.00
19.00	Deductibles		272,588	19.00
20.00	Subtotal (line 18 minus line 19)		4,331,866	20.00
21.00	Coinurance		74,712	21.00
22.00	Subtotal (line 20 minus line 21)		4,257,154	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		132,710	23.00
24.00	Adjusted reimbursable bad debts (see instructions)		92,897	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		97,373	25.00
26.00	Subtotal (sum of lines 22 and 24)		4,350,051	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)		17,967	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)		4,368,018	31.00
32.00	Interim payments		4,258,159	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)		109,859	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		0	35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2		0	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)		0	51.00
52.00	The rate used to calculate the Time Value of Money		0.00	52.00
53.00	Time Value of Money (see instructions)		0	53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140223	Period: From 01/01/2011 To 12/31/2011	Worksheet E-3 Part III Date/Time Prepared: 5/17/2012 5:12 pm
		Component CCN: 14T223	Title XVIII	Subprovider - IRF
				PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)		9,389,297	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)		0.0207	2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)		352,700	3.00
4.00	Outlier Payments		402,118	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)		0.10	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)		33.786301	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)		10,144,115	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)		10,144,115	17.00
18.00	Primary payer payments		0	18.00
19.00	Subtotal (line 17 less line 18).		10,144,115	19.00
20.00	Deductibles		38,424	20.00
21.00	Subtotal (line 19 minus line 20)		10,105,691	21.00
22.00	Coinsurance		83,485	22.00
23.00	Subtotal (line 21 minus line 22)		10,022,206	23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		28,497	24.00
25.00	Adjusted reimbursable bad debts (see instructions)		19,948	25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		15,329	26.00
27.00	Subtotal (sum of lines 23 and 25)		10,042,154	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)		31,530	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)		10,073,684	32.00
33.00	Interim payments		10,102,503	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)		-28,819	35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		0	36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part III, line 4		0	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)		0	51.00
52.00	The rate used to calculate the Time Value of Money		0.00	52.00
53.00	Time Value of Money (see instructions)		0	53.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140223	Period: From 01/01/2011 To 12/31/2011	Worksheet E-4 Date/Time Prepared: 5/17/2012 5:12 pm	
		Title XVII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			194.81	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			3.05	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))			4.47	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)			196.23	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			202.23	6.00
7.00	Enter the lesser of line 5 or line 6			196.23	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.	136.15	54.70	190.85	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.	132.11	53.08	185.19	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	132.11	53.08		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	134.91	49.92		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	132.94	51.23		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	133.32	51.41		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	133.32	51.41		17.00
18.00	Per resident amount	100,575.13	96,512.98		18.00
19.00	Approved amount for resident costs	13,408,676	4,961,732	18,370,408	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	GME FTE weighted Resident count over Cap (see instructions)			6.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			18,370,408	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days	62,285	1,857		26.00
27.00	Total Inpatient Days	147,386	147,386		27.00
28.00	Ratio of inpatient days to total inpatient days	0.422598	0.012600		28.00
29.00	Program direct GME amount	7,763,298	231,467		29.00
30.00	Reduction for nursing/allied health		32,706		30.00
31.00	Net Program direct GME amount			7,962,059	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140223	Period: From 01/01/2011 To 12/31/2011	Worksheet E-4 Date/Time Prepared: 5/17/2012 5:12 pm
		Title XVIII	Hospital	PPS
				1.00
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Worksheet B, Part I, sum of columns 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Worksheet C, Part I, column 8, sum of lines 74 and 94)		4,359,530	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		151,541,233	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)		108,280	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		151,432,953	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		34,056,862	42.00
43.00	Primary payer payments (see instructions)		7,494	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		34,049,368	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		185,482,321	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.816428	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.183572	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		7,962,059	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (Title XVIII only) (see instructions)		6,500,448	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		1,461,611	50.00

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

Provider CCN: 140223

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

Worksheet G
Date/Time Prepared:
5/17/2012 5:12 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	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
FIXED ASSETS						
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
OTHER ASSETS						
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
CURRENT LIABILITIES						
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
LONG TERM LIABILITIES						
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
CAPITAL ACCOUNTS						
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: 140223

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

Worksheet G-1

Date/Time Prepared:
5/17/2012 5:12 pm

		General Fund		Special Purpose Fund		
		1.00	2.00	3.00	4.00	
		1.00	Fund balances at beginning of period		2,512,099,531	
2.00	Net income (loss) (From Wkst. G-3, line 29)		94,623,469			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: 140223

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

Worksheet G-1

Date/Time Prepared:
5/17/2012 5:12 pm

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

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 140223

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

Worksheet G-2 Parts
Date/Time Prepared:
5/17/2012 5:12 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	190,663,667		190,663,667	1.00
2.00	SUBPROVIDER - IPF	18,387,187		18,387,187	2.00
3.00	SUBPROVIDER - IRF	19,620,212		19,620,212	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	0		0	7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	228,671,066		228,671,066	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	23,794,448		23,794,448	11.00
12.00	CORONARY CARE UNIT	25,789,245		25,789,245	12.00
12.01	NEONATAL CARE UNIT	44,726,167		44,726,167	12.01
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)	94,309,860		94,309,860	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	322,980,926		322,980,926	17.00
18.00	Ancillary services	732,436,508	520,450,069	1,252,886,577	18.00
19.00	Outpatient services	44,948,056	78,284,387	123,232,443	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	0	0	0	23.00
24.00	CMHC		0	0	24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	1,100,365,490	598,734,456	1,699,099,946	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		588,678,070		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)	3			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)		3		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		588,678,067		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140223

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

Worksheet G-3

Date/Time Prepared:
5/17/2012 5:12 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,699,099,946	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,032,056,948	2.00
3.00	Net patient revenues (line 1 minus line 2)	667,042,998	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	588,678,067	4.00
5.00	Net income from service to patients (line 3 minus line 4)	78,364,931	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	8,969	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	1,555,182	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	2,097,606	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	80,244	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	94,428	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	69,885	21.00
22.00	Rental of hospital space	195,839	22.00
23.00	Governmental appropriations	0	23.00
24.00	PROGRAM FEES	72,356	24.00
24.01	GRANT RECOVERIES	807,659	24.01
24.02	RESTRICTED FUND INCOME	948,917	24.02
24.03	MISC INCOME	715,939	24.03
24.04	INTER-CO REVENUES	5,984,265	24.04
24.05	MEDICARE EHR INCENTIVE FUNDS	2,727,720	24.05
24.06	MEDICAD EHR INCENTIVE FUNDS	699,000	24.06
24.07	GAIN ON SALE OF ASSETS	239,801	24.07
25.00	Total other income (sum of lines 6-24)	16,297,810	25.00
26.00	Total (line 5 plus line 25)	94,662,741	26.00
27.00	501C3 CONTRIBUTION	39,272	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	39,272	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	94,623,469	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140223	Period: From 01/01/2011 To 12/31/2011	Worksheet L Parts I-III Date/Time Prepared: 5/17/2012 5:12 pm
		Title XVII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		7,127,786	1.00
2.00	Capital DRG outlier payments		364,430	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		338.35	3.00
4.00	Number of interns & residents (see instructions)		190.27	4.00
5.00	Indirect medical education percentage (see instructions)		17.20	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)		1,225,979	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		2.69	7.00
8.00	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)		21.40	8.00
9.00	Sum of lines 7 and 8		24.09	9.00
10.00	Allowable disproportionate share percentage (see instructions)		5.00	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		356,389	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		9,074,584	12.00
				1.00
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00