

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: 140288 Period: From 01/01/2011 To 12/31/2011 worksheet 5 Parts I-III Date/Time Prepared: 5/30/2012 8:16 am

PART I - COST REPORT STATUS

Provider use only 1. Electronically filed cost report Date: 5/30/2012 Time: 8:16 am
 2. Manually submitted cost report
 3. If this is an amended report enter the number of times the provider resubmitted this cost report
 4. Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only 5. Cost Report Status 6. Date Received:
 (1) As Submitted 7. Contractor No. 10. NPR Date:
 (2) Settled without Audit 8. Initial Report for this Provider CCN 11. Contractor's Vendor Code: 4
 (3) Settled with Audit 9. Final Report for this Provider CCN 12. If line 5, column 1 is 4: Enter number of times reopened = 0-9.
 (4) Reopened
 (5) Amended

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 GOOD SAMARITAN 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.

Encryption Information

ECR: Date: 5/30/2012 Time: 8:16 am
 hudBQPhjoOnFC8Qji.CHDaHeEyDgD0
 Dc9Qe0qakqbTqKygtgzTz0nUFG12d01
 jozz1DDZ.10zPG41
 PI: Date: 5/30/2012 Time: 8:16 am
 Oz.Zyv7NXD5Mc.rb4XnqUIaurD3Ib1
 p4nhC0Hmkg8.XV8L0V73Xou98AiQsk
 wdCF1mlaim0IyQE.

(Signed)

Officer or Administrator of Provider(s)

Title

Date

	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	511,878	88,166	3,002,238	0	1.00
2.00 Subprovider - IPF	0	3,456	53,766		0	2.00
3.00 Subprovider - IRF	0	0	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	0		0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0		0	7.00
8.00 NURSING FACILITY	0	0	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		0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0		0	11.00
12.00 CMHC I	0	0	0		0	12.00
200.00 Total	0	515,334	141,932	3,002,238	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.

RECEIVED

MAY 31 2012

Health care & Family Services
 BUREAU OF HEALTH FINANCE

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140288		Period: From 01/01/2011 To 12/31/2011		Worksheet S-2 Part I Date/Time Prepared: 5/29/2012 7:49 am						
1.00		2.00		3.00		4.00						
Hospital and Hospital Health Care Complex Address:												
1.00	Street: 3815 HIGHLAND AVENUE		PO Box:				1.00					
2.00	City: DOWNERS GROVE		State: IL		Zip Code: 60515-		County: DUPAGE					
		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				
								V				
								XVIII				
								XIX				
								7.00				
								8.00				
Hospital and Hospital-Based Component Identification:												
3.00	Hospital		ADVOCATE GOOD SAMARITAN HOSPITAL	140288	29404	1	10/11/1976	N P O	3.00			
4.00	Subprovider - IPF		ADVOC GOOD SAMARITAN PSYCH UNIT	145288	29404	4	01/01/1984	N P O	4.00			
5.00	Subprovider - IRF								5.00			
6.00	Subprovider - (Other)								6.00			
7.00	Swing Beds - SNF							N N N	7.00			
8.00	Swing Beds - NF							N N N	8.00			
9.00	Hospital-Based SNF							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								17.00			
17.10	Hospital-Based (CORF) 1							N N N	17.10			
18.00	Renal Dialysis								18.00			
19.00	Other								19.00			
							From:	To:				
							1.00	2.00				
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2011	12/31/2011	20.00			
21.00	Type of Control (see instructions)						1		21.00			
Inpatient PPS Information												
22.00	Does this facility qualify for and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.						N	N	22.00			
23.00	Indicate in column 1 the method used to capture Medicaid (title XIX) days reported on lines 24 and/or 25 of this worksheet during the cost reporting period by entering a "1" if days are based on the date of admission, "2" if days are based on census days (also referred to as the day count), or "3" if the days are based on the date of discharge. Is the method of identifying the days in the current cost reporting period different from the method used in the prior cost reporting period? Enter in column 2 "Y" for yes or "N" for no.						3	N	23.00			
				In-State Medicaid paid days	In-State Medicaid eligible days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible days	Medicaid HMO days	Other Medicaid days			
				1.00	2.00	3.00	4.00	5.00	6.00			
24.00	If line 22 and/or line 45 is "yes", and this provider is an IPPS hospital enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible days in col. 4, Medicaid HMO days in col. 5, and other Medicaid days in col. 6.						6,841	0	0	0	0	24.00
25.00	If this provider is an IRF, enter the in-State Medicaid paid days in column 1, the in State Medicaid eligible days in column 2, the out of State Medicaid paid days in column 3, the out of State Medicaid eligible days in column 4, Medicaid HMO days in column 5, and other Medicaid days in column 6. For all columns include in these days the labor and delivery days.						0	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: 140288	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part I Date/Time Prepared: 5/29/2012 7:49 am		
		Beginning: 1.00		Ending: 2.00		
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.		0			37.00
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.					38.00
			V 1.00	XVIII 2.00	XIX 3.00	
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.	N				56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete worksheet E-4. If column 2 is "N", complete worksheet D, Part III & IV and D-2, Part II, if applicable.					57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete worksheet D-5.	N				58.00
59.00	Are costs claimed on line 100 of worksheet A? If yes, complete worksheet D-2, Part I.	N				59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y				60.00
		Y/N	IME Average	Direct GME Average		
		1.00	2.00	3.00		
61.00	Did your facility receive additional FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. If "Y", effective for portions of cost reporting periods beginning on or after July 1, 2011 enter the average number of primary care FTE residents for IME in column 2 and direct GME in column 3, from the hospital's three most recent cost reports ending and submitted before March 23, 2010. (see instructions)		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)	N				63.00
		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
		1.00	2.00	3.00		
Section 5504 of the ACA 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.						
64.00	If line 63 is yes or your facility trained residents in the base year period, enter in column 1, from your cost reporting period that begins on or after July 1, 2009, and before June 30, 2010 the number of unweighted nonprimary care FTE residents attributable to rotations that occurred in all nonprovider settings. Enter in column 2 the number of unweighted nonprimary care FTE residents that trained in your hospital. Include unweighted OB/GYN, dental and podiatry FTEs on this line. Enter in column 3, the ratio of column 1 divided by the sum of columns 1 and 2.		0.00	0.00	0.000000	64.00
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))
		1.00	2.00	3.00	4.00	5.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 140288

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

Worksheet S-2
Part I
Date/Time Prepared:
5/29/2012 7:49 am

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
		1.00	2.00	3.00	4.00	5.00		
65.00	If line 63 is yes or your facility trained residents in the base year period, enter from your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010, the number of unweighted primary care FTE residents for each primary care specialty program in which you train residents. Use subscripted lines 65.01 through 65.50 for each additional primary care program. Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations that occurred in nonprovider settings for each applicable program. Enter in column 4, the number of unweighted primary care FTE residents in your hospital for each applicable program. Enter in column 5 the ratio of column 3 divided by the sum of columns 3 and 4.			0.00	0.00	0.000000	65.00	
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))		
				1.00	2.00	3.00		
66.00	Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010 Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
		1.00	2.00	3.00	4.00	5.00		
67.00	Enter in column 1 the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	67.00	
						1.00	2.00	3.00
70.00	Inpatient Psychiatric Facility PPS Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.				Y		70.00	
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)				N	0	71.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140288	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part I Date/Time Prepared: 5/29/2012 7:49 am	
				1.00	2.00
					3.00
Inpatient Rehabilitation Facility PPS					
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.		N		75.00
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)			0	76.00
				1.00	
Long Term Care Hospital PPS					
80.00	Is this a Long Term Care Hospital (LTCH)? Enter "Y" for yes or "N" for no.			N	80.00
TEFRA Providers					
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	
Title V or XIX Inpatient Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.		Y	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.		N	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N	92.00
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.		N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.		N	N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.		0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.		N	N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.		0.00	0.00	97.00
Rural Providers					
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?		N		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)		N		106.00
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)		N		107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.		N		108.00
		Physical	Occupational	Speech	Respiratory
		1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.				109.00
				1.00	2.00
Miscellaneous Cost Reporting Information					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2.		N		115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.		N		116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.		N		117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.			1	118.00
119.00	What is the liability limit for the malpractice insurance policy? Enter in column 1 the monetary limit per lawsuit. Enter in column 2 the monetary limit per policy year.		257,500,000	257,500,000	119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 as amended by the Medicaid Extender Act (MMEA) §108? Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with <= 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121? Enter in column 2 "Y" for yes or "N" for no.		N	N	120.00
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y		121.00
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

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		1.00	2.00			
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00
All Providers						
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	14H036			140.00
		1.00	2.00	3.00		
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.						
141.00	Name: ADVOCATE HEALTH CARE	Contractor's Name: NGS		Contractor's Number: 00130		
142.00	Street: 2025 WINDSOR DRIVE	PO Box:				
143.00	City: OAK BROOK	State: IL	Zip Code: 60523			
					1.00	
144.00	Are provider based physicians' costs included in worksheet A?		Y			144.00
145.00	If costs for renal services are claimed on worksheet A, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.		Y			145.00
				1.00	2.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N				146.00
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N				147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N				148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N				149.00
				Part A	Part B	
				1.00	2.00	
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)						
155.00	Hospital	N	N			155.00
156.00	Subprovider - IPF	N	N			156.00
157.00	Subprovider - IRF	N	N			157.00
158.00	SUBPROVIDER	N	N			158.00
159.00	SNF	N	N			159.00
160.00	HOME HEALTH AGENCY	N	N			160.00
161.00	CMHC		N			161.00
161.10	CORF		N			161.10
					1.00	
Multicampus						
165.00	Is this hospital part of a Multicampus 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
		0	1.00	2.00	3.00	4.00
						FTE/Campus
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5					0.00
						1.00
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act						
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.		Y			167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					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)					1.00169.00

		Y/N	Date	
		1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.				
COMPLETED BY ALL HOSPITALS				
Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00
		Y/N	Date	V/I
		1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y		3.00
		Y/N	Type	Date
		1.00	2.00	3.00
Financial Data and Reports				
4.00	Column 1: were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	N		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N		5.00
		Y/N	Legal Oper.	
		1.00	2.00	
Approved Educational Activities				
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider the legal operator of the program?	Y	Y	6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	N		9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on worksheet A? If yes, see instructions.	N		11.00
			Y/N	
			1.00	
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N	14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		N	15.00
		Part A		
		Description	Y/N	Date
		0	1.00	2.00
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y		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
		0	1.00	2.00
21.00	was the cost report prepared only using the provider's records? If yes, see instructions.	N		
				1.00
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)				
Capital Related Cost				
22.00	Have assets been relifed 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?		Y	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		Y	37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		Y	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N	40.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 140288

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

Worksheet S-2
Part II
Date/Time Prepared:
5/29/2012 7:49 am

		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		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

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	234	85,410	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)		234	85,410	0.00	7.00
8.00 INTENSIVE CARE UNIT	31.00	55	20,075	0.00	8.00
9.00 CORONARY CARE UNIT	32.00	0	0	0.00	9.00
10.00 BURN INTENSIVE CARE UNIT	33.00	0	0	0.00	10.00
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	11.00
12.00 OTHER SPECIAL CARE (SPECIFY)					12.00
13.00 NURSERY	43.00				13.00
14.00 Total (see instructions)		289	105,485	0.00	14.00
15.00 CAH visits					15.00
16.00 SUBPROVIDER - IPF	40.00	36	13,140		16.00
17.00 SUBPROVIDER - IRF	41.00	0	0		17.00
18.00 SUBPROVIDER	42.00	0	0		18.00
19.00 SKILLED NURSING FACILITY	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					25.00
25.10 CMHC - CORF	99.10				25.10
26.00 RURAL HEALTH CLINIC	88.00				26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				26.25
27.00 Total (sum of lines 14-26)		325			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

Cost Center Description	I/P Days / O/P visits / Trips				Total All Patients	
	Title V	Title XVIII	Title XIX			
	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	27,756	4,500		54,116	1.00
2.00 HMO		2,488	0			2.00
3.00 HMO IPF		0	0			3.00
4.00 HMO IRF		0	0			4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0		0	5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0		0		0	6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	0	27,756	4,500		54,116	7.00
8.00 INTENSIVE CARE UNIT	0	7,246	1,089		13,998	8.00
9.00 CORONARY CARE UNIT	0	0	0		0	9.00
10.00 BURN INTENSIVE CARE UNIT	0	0	0		0	10.00
11.00 SURGICAL INTENSIVE CARE UNIT	0	0	0		0	11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	0		929		4,043	13.00
14.00 Total (see instructions)	0	35,002	6,518		72,157	14.00
15.00 CAH visits	0	0	0		0	15.00
16.00 SUBPROVIDER - IPF	0	4,731	1,252		9,290	16.00
17.00 SUBPROVIDER - IRF	0	0	0		0	17.00
18.00 SUBPROVIDER	0	0	0		0	18.00
19.00 SKILLED NURSING FACILITY	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						25.00
25.10 CMHC - CORF	0	0	0		0	25.10
26.00 RURAL HEALTH CLINIC	0	0	0		0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		0	26.25
27.00 Total (sum of lines 14-26)						27.00
28.00 Observation Bed Days	0		458		1,555	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)			0		0	32.00
33.00 LTCH non-covered days		0				33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140288

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

Worksheet S-3
Part I
Date/Time Prepared:
5/29/2012 7:49 am

Cost Center Description	Full Time Equivalents			Discharges		
	Total Interns & Residents	Employees On Payroll	Nonpaid Workers	Title V	Title XVIII	
	9.00	10.00	11.00	12.00	13.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)				0	7,112	1.00
2.00 HMO					553	2.00
3.00 HMO IPF						3.00
4.00 HMO IRF						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	1,987.00	0.00	0	7,112	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	84.00	0.00	0	417	16.00
17.00 SUBPROVIDER - IRF	0.00	0.00	0.00	0	0	17.00
18.00 SUBPROVIDER	0.00	0.00	0.00	0	0	18.00
19.00 SKILLED NURSING FACILITY	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						25.00
25.10 CMHC - CORF	0.00	0.00	0.00			25.10
26.00 RURAL HEALTH CLINIC	0.00	0.00	0.00			26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00	0.00	0.00			26.25
27.00 Total (sum of lines 14-26)	0.00	2,071.00	0.00			27.00
28.00 Observation Bed Days						28.00
28.01 SUBPROVIDER - IPF						28.01
28.02 SUBPROVIDER - IRF						28.02
28.03 SUBPROVIDER						28.03
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140288

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

Worksheet S-3
Part I
Date/Time Prepared:
5/29/2012 7:49 am

Cost Center Description	Discharges			
	Title XIX	Total All Patients		
	14.00	15.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	1,331	17,631		1.00
2.00 HMO				2.00
3.00 HMO IPF				3.00
4.00 HMO IRF				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF				5.00
6.00 Hospital Adults & Peds. Swing Bed NF				6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)				7.00
8.00 INTENSIVE CARE UNIT				8.00
9.00 CORONARY CARE UNIT				9.00
10.00 BURN INTENSIVE CARE UNIT				10.00
11.00 SURGICAL INTENSIVE CARE UNIT				11.00
12.00 OTHER SPECIAL CARE (SPECIFY)				12.00
13.00 NURSERY				13.00
14.00 Total (see instructions)	1,331	17,631		14.00
15.00 CAH visits				15.00
16.00 SUBPROVIDER - IPF	188	1,077		16.00
17.00 SUBPROVIDER - IRF	0	0		17.00
18.00 SUBPROVIDER	0	0		18.00
19.00 SKILLED NURSING FACILITY				19.00
20.00 NURSING FACILITY				20.00
21.00 OTHER LONG TERM CARE				21.00
22.00 HOME HEALTH AGENCY				22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)				23.00
24.00 HOSPICE				24.00
25.00 CMHC - CMHC				25.00
25.10 CMHC - CORF				25.10
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: 140288

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

Worksheet S-3
Part II
Date/Time Prepared:
5/29/2012 7:49 am

	Worksheet A Line Number	Amount Reported	Reclassificati 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 II - WAGE DATA						
SALARIES						
1.00	Total salaries (see instructions)	200.00	130,497,549	0	130,497,549	4,174,809.00 1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00 2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00 3.00
4.00	Physician-Part A		0	0	0	0.00 4.00
4.01	Physicians - Part A - direct teaching		0	0	0	0.00 4.01
5.00	Physician-Part B		0	0	0	0.00 5.00
6.00	Non-physician-Part B		0	0	0	0.00 6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00 7.00
7.01	Contracted interns and residents (in approved programs)		0	0	0	0.00 7.01
8.00	Home office personnel		0	0	0	0.00 8.00
9.00	SNF	44.00	0	0	0	0.00 9.00
10.00	Excluded area salaries (see instructions)		7,150,160	0	7,150,160	225,555.00 10.00
OTHER WAGES & RELATED COSTS						
11.00	Contract labor (see instructions)		847,458	0	847,458	11,881.00 11.00
12.00	Management and administrative services		0	0	0	0.00 12.00
13.00	Contract labor: physician-Part A		4,266,778	0	4,266,778	46,988.00 13.00
14.00	Home office salaries & wage-related costs		21,177,048	0	21,177,048	458,456.00 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		33,782,007	0	33,782,007	17.00
18.00	Wage-related costs (other)wkst S-3, Part IV line 25		0	0	0	18.00
19.00	Excluded areas		1,958,457	0	1,958,457	19.00
20.00	Non-physician anesthetist Part A		0	0	0	20.00
21.00	Non-physician anesthetist Part B		178,297	0	178,297	21.00
22.00	Physician Part A		0	0	0	22.00
23.00	Physician Part B		0	0	0	23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0	24.00
25.00	Interns & residents (in an approved program)		0	0	0	25.00
OVERHEAD COSTS - DIRECT SALARIES						
26.00	Employee Benefits	4.00	1,857,634	0	1,857,634	15,704.00 26.00
27.00	Administrative & General	5.00	14,106,765	0	14,106,765	481,811.00 27.00
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00 28.00
29.00	Maintenance & Repairs	6.00	1,106,046	0	1,106,046	38,397.00 29.00
30.00	Operation of Plant	7.00	519,197	0	519,197	16,224.00 30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00 31.00
32.00	Housekeeping	9.00	2,052,500	0	2,052,500	163,238.00 32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00 33.00
34.00	Dietary	10.00	2,405,086	0	2,405,086	150,925.00 34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00 35.00
36.00	Cafeteria	11.00	0	0	0	0.00 36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00 37.00
38.00	Nursing Administration	13.00	4,794,166	0	4,794,166	148,325.00 38.00
39.00	Central Services and Supply	14.00	2,096,104	0	2,096,104	130,915.00 39.00
40.00	Pharmacy	15.00	5,438,851	0	5,438,851	131,539.00 40.00
41.00	Medical Records & Medical Records Library	16.00	0	0	0	0.00 41.00
42.00	Social Service	17.00	2,330,052	0	2,330,052	63,232.00 42.00
43.00	Other General Service	18.00	0	0	0	0.00 43.00

		Average Hourly Wage (col. 4 ÷ col. 5)	
		6.00	
PART II - WAGE DATA			
SALARIES			
1.00	Total salaries (see instructions)	31.26	1.00
2.00	Non-physician anesthetist Part A	0.00	2.00
3.00	Non-physician anesthetist Part B	0.00	3.00
4.00	Physician-Part A	0.00	4.00
4.01	Physicians - Part A - direct teaching	0.00	4.01
5.00	Physician-Part B	0.00	5.00
6.00	Non-physician-Part B	0.00	6.00
7.00	Interns & residents (in an approved program)	0.00	7.00
7.01	Contracted interns and residents (in approved programs)	0.00	7.01
8.00	Home office personnel	0.00	8.00
9.00	SNF	0.00	9.00
10.00	Excluded area salaries (see instructions)	31.70	10.00
OTHER WAGES & RELATED COSTS			
11.00	Contract labor (see instructions)	71.33	11.00
12.00	Management and administrative services	0.00	12.00
13.00	Contract labor: physician-Part A	90.81	13.00
14.00	Home office salaries & wage-related costs	46.19	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/FQHC)		24.00
25.00	Interns & residents (in an approved program)		25.00
OVERHEAD COSTS - DIRECT SALARIES			
26.00	Employee Benefits	118.29	26.00
27.00	Administrative & General	29.28	27.00
28.00	Administrative & General under contract (see inst.)	0.00	28.00
29.00	Maintenance & Repairs	28.81	29.00
30.00	Operation of Plant	32.00	30.00
31.00	Laundry & Linen Service	0.00	31.00
32.00	Housekeeping	12.57	32.00
33.00	Housekeeping under contract (see instructions)	0.00	33.00
34.00	Dietary	15.94	34.00
35.00	Dietary under contract (see instructions)	0.00	35.00
36.00	Cafeteria	0.00	36.00
37.00	Maintenance of Personnel	0.00	37.00
38.00	Nursing Administration	32.32	38.00
39.00	Central Services and Supply	16.01	39.00
40.00	Pharmacy	41.35	40.00
41.00	Medical Records & Medical Records Library	0.00	41.00
42.00	Social Service	36.85	42.00
43.00	Other General Service	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140288

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

Worksheet S-3
Part III
Date/Time Prepared:
5/29/2012 7:49 am

	Worksheet A Line Number	Amount Reported	Reclassificati 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)	130,497,549	0	130,497,549	4,174,809.00	1.00
2.00	Excluded area salaries (see instructions)	7,150,160	0	7,150,160	225,555.00	2.00
3.00	Subtotal salaries (line 1 minus line 2)	123,347,389	0	123,347,389	3,949,254.00	3.00
4.00	Subtotal other wages & related costs (see inst.)	26,291,284	0	26,291,284	517,325.00	4.00
5.00	Subtotal wage-related costs (see inst.)	33,782,007	0	33,782,007	0.00	5.00
6.00	Total (sum of lines 3 thru 5)	183,420,680	0	183,420,680	4,466,579.00	6.00
7.00	Total overhead cost (see instructions)	36,706,401	0	36,706,401	1,340,310.00	7.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140288

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

Worksheet S-3
Part III
Date/Time Prepared:
5/29/2012 7:49 am

Average Hourly wage (col. 4 + col. 5)
6.00

PART III - HOSPITAL WAGE INDEX SUMMARY

1.00	Net salaries (see instructions)	31.26	1.00
2.00	Excluded area salaries (see instructions)	31.70	2.00
3.00	Subtotal salaries (line 1 minus line 2)	31.23	3.00
4.00	Subtotal other wages & related costs (see inst.)	50.82	4.00
5.00	Subtotal wage-related costs (see inst.)	27.39	5.00
6.00	Total (sum of lines 3 thru 5)	41.07	6.00
7.00	Total overhead cost (see instructions)	27.39	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 140288

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

Worksheet S-3
Part IV
Date/Time Prepared:
5/29/2012 7:49 am

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	2,644,973	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Qualified and Non-Qualified Pension Plan Cost	1,670,400	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	352,500	6.00
7.00	Employee Managed Care Program Administration Fees	1,771,776	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	11,062,622	8.00
9.00	Prescription Drug Plan	2,733,206	9.00
10.00	Dental, Hearing and Vision Plan	637,284	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	177,683	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	1,043,424	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	2,450,400	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	9,379,208	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	452,633	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
OTHER			
21.00	Executive Deferred Compensation	481,427	21.00
22.00	Day Care Cost and Allowances	120,248	22.00
23.00	Tuition Reimbursement	766,000	23.00
24.00	Total wage related cost (Sum of lines 1 -23)	35,743,784	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: 140288	Period: From 01/01/2011 To 12/31/2011	Worksheet S-3 Part V Date/Time Prepared: 5/29/2012 7:49 am
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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	847,458	0	1.00
2.00	Hospital	794,354	0	2.00
3.00	Subprovider - IPF	53,104	0	3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	0	8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC			16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis	0	0	17.00
18.00		0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 140288	Period: From 01/01/2011 To 12/31/2011	Worksheet S-10 Date/Time Prepared: 5/29/2012 7:49 am
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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)		0.264349	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		17,122,314	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		N	3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?			4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0	5.00
6.00	Medicaid charges		91,707,923	6.00
7.00	Medicaid cost (line 1 times line 6)		24,242,898	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)		7,120,584	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)		7,120,584	19.00
			1.00	
			Uninsured patients	Insured patients
			1.00	2.00
			Total (col. 1 + col. 2)	
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	31,091,651	3,641,592	34,733,243
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	8,219,047	962,651	9,181,698
22.00	Partial payment by patients approved for charity care	20,047	51,373	71,420
23.00	Cost of charity care (line 21 minus line 22)	8,199,000	911,278	9,110,278
			1.00	
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?			24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit		0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)		24,376,636	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		877,865	27.00
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)		23,498,771	28.00
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)		6,211,877	29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)		15,322,155	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		22,442,739	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140288

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

Worksheet A

Date/Time Prepared:
5/29/2012 7:49 am

Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassificati ons (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	9,030,612	9,030,612	1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP		0	0	5,693,237	5,693,237	2.00
3.00 OTHER CAPITAL RELATED COSTS		0	0	0	0	3.00
4.00 EMPLOYEE BENEFITS	1,857,634	27,500,282	29,357,916	145,299	29,503,215	4.00
5.01 NONPATIENT TELEPHONES	373,459	620,460	993,919	-27,572	966,347	5.01
5.02 DATA PROCESSING	0	1,585,375	1,585,375	-29,744	1,555,631	5.02
5.03 PURCHASING RECEIVING AND STORES	0	590,747	590,747	-5,670	585,077	5.03
5.04 ADMITTING	3,071,044	521,068	3,592,112	-26,926	3,565,186	5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE	2,674,641	10,914,107	13,588,748	-14,883	13,573,865	5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL	7,987,621	52,696,642	60,684,263	-9,289,819	51,394,444	5.06
6.00 MAINTENANCE & REPAIRS	1,106,046	7,408,401	8,514,447	-116,927	8,397,520	6.00
7.00 OPERATION OF PLANT	519,197	3,384,372	3,903,569	-3,053	3,900,516	7.00
8.00 LAUNDRY & LINEN SERVICE	0	254,716	254,716	68,922	323,638	8.00
9.00 HOUSEKEEPING	2,052,500	1,236,064	3,288,564	-25,978	3,262,586	9.00
10.00 DIETARY	2,405,086	2,110,437	4,515,523	-51,071	4,464,452	10.00
11.00 CAFETERIA	0	0	0	0	0	11.00
12.00 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 NURSING ADMINISTRATION	4,794,166	1,400,996	6,195,162	-35,558	6,159,604	13.00
14.00 CENTRAL SERVICES & SUPPLY	2,096,104	2,802,371	4,898,475	-1,674,500	3,223,975	14.00
15.00 PHARMACY	5,438,851	13,409,620	18,848,471	-403,097	18,445,374	15.00
16.00 MEDICAL RECORDS & LIBRARY	0	3,147,038	3,147,038	-6,749	3,140,289	16.00
17.00 SOCIAL SERVICE	2,330,052	438,536	2,768,588	-680	2,767,908	17.00
23.00 PARAMED ED PRGM-(SPECIFY)	370,458	229,645	600,103	-15,561	584,542	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	24,394,619	5,582,534	29,977,153	-1,626,505	28,350,648	30.00
31.00 INTENSIVE CARE UNIT	11,753,851	4,429,100	16,182,951	-1,374,473	14,808,478	31.00
32.00 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 SUBPROVIDER - IPF	5,579,259	851,756	6,431,015	-59,334	6,371,681	40.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	2,506,240	743,791	3,250,031	-249,172	3,000,859	43.00
44.00 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	10,092,551	29,896,794	39,989,345	-26,230,017	13,759,328	50.00
51.00 RECOVERY ROOM	1,329,567	160,470	1,490,037	-30,129	1,459,908	51.00
52.00 DELIVERY ROOM & LABOR ROOM	3,044,502	1,710,402	4,754,904	-450,571	4,304,333	52.00
53.00 ANESTHESIOLOGY	251,315	1,740,222	1,991,537	-467,281	1,524,256	53.00
54.00 RADIOLOGY-DIAGNOSTIC	13,910,099	18,949,494	32,859,593	-13,006,985	19,852,608	54.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	1,049	14,673,694	14,674,743	-2,572,943	12,101,800	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	1,008,459	1,008,459	-177,721	830,738	62.00
65.00 RESPIRATORY THERAPY	2,893,519	1,044,723	3,938,242	-710,607	3,227,635	65.00
66.00 PHYSICAL THERAPY	1,830,450	475,529	2,305,979	-23,706	2,282,273	66.00
67.00 OCCUPATIONAL THERAPY	1,565,369	139,163	1,704,532	-5,608	1,698,924	67.00
69.00 ELECTROCARDIOLOGY	2,981,218	1,889,338	4,870,556	-146,930	4,723,626	69.00
70.00 ELECTROENCEPHALOGRAPHY	170,752	127,678	298,430	-52,837	245,593	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	4,031,383	4,031,383	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	41,137,709	41,137,709	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 RENAL DIALYSIS	0	697,688	697,688	-7,158	690,530	74.00
76.00 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
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	30,984	30,984	-30,399	585	90.00
90.01 SPORTS MEDICINE	1,141,398	470,387	1,611,785	-39,678	1,572,107	90.01
90.02 WOUND CARE CLINIC	353,473	341,345	694,818	-172,957	521,861	90.02
91.00 EMERGENCY	7,590,303	6,392,969	13,983,272	-898,511	13,084,761	91.00
91.01 DAY HOSPITAL	0	0	0	0	0	91.01
91.02 PAIN CLINIC	830,713	217,694	1,048,407	-11,341	1,037,066	91.02
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140288

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

Worksheet A

Date/Time Prepared:
5/29/2012 7:49 am

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassificati ons (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	129,297,106	221,825,091	351,122,197	34,511	351,156,708	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	OTHER NONREIMBURSABLE	1,200,443	2,072,047	3,272,490	-34,511	3,237,979	190.01
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
200.00	TOTAL (SUM OF LINES 118-199)	130,497,549	223,897,138	354,394,687	0	354,394,687	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140288

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

Worksheet A

Date/Time Prepared:
5/29/2012 7:49 am

Cost Center Description		Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
GENERAL SERVICE COST CENTERS				
1.00	NEW CAP REL COSTS-BLDG & FIXT	870,457	9,901,069	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	1,610,077	7,303,314	2.00
3.00	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	EMPLOYEE BENEFITS	3,288,434	32,791,649	4.00
5.01	NONPATIENT TELEPHONES	-397,568	568,779	5.01
5.02	DATA PROCESSING	4,033,344	5,588,975	5.02
5.03	PURCHASING RECEIVING AND STORES	0	585,077	5.03
5.04	ADMITTING	0	3,565,186	5.04
5.05	CASHERING/ACCOUNTS RECEIVABLE	-387,441	13,186,424	5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL	-29,913,843	21,480,601	5.06
6.00	MAINTENANCE & REPAIRS	-51,111	8,346,409	6.00
7.00	OPERATION OF PLANT	-14,469	3,886,047	7.00
8.00	LAUNDRY & LINEN SERVICE	-4,253	319,385	8.00
9.00	HOUSEKEEPING	-6,733	3,255,853	9.00
10.00	DIETARY	-1,319,030	3,145,422	10.00
11.00	CAFETERIA	0	0	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	NURSING ADMINISTRATION	-150,510	6,009,094	13.00
14.00	CENTRAL SERVICES & SUPPLY	-1,541	3,222,434	14.00
15.00	PHARMACY	-21,929	18,423,445	15.00
16.00	MEDICAL RECORDS & LIBRARY	-11,488	3,128,801	16.00
17.00	SOCIAL SERVICE	-64,143	2,703,765	17.00
23.00	PARAMED ED PRGM-(SPECIFY)	-154,119	430,423	23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	-1,053,820	27,296,828	30.00
31.00	INTENSIVE CARE UNIT	-556,826	14,251,652	31.00
32.00	CORONARY CARE UNIT	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	SUBPROVIDER - IPF	-6,265	6,365,416	40.00
41.00	SUBPROVIDER - IRF	0	0	41.00
42.00	SUBPROVIDER	0	0	42.00
43.00	NURSERY	-154,225	2,846,634	43.00
44.00	SKILLED NURSING FACILITY	0	0	44.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	-9,089	13,750,239	50.00
51.00	RECOVERY ROOM	-24	1,459,884	51.00
52.00	DELIVERY ROOM & LABOR ROOM	-838,303	3,466,030	52.00
53.00	ANESTHESIOLOGY	-1,102,500	421,756	53.00
54.00	RADIOLOGY-DIAGNOSTIC	-196,588	19,656,020	54.00
57.00	CT SCAN	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	59.00
60.00	LABORATORY	-370,368	11,731,432	60.00
60.01	BLOOD LABORATORY	0	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	830,738	62.00
65.00	RESPIRATORY THERAPY	-638	3,226,997	65.00
66.00	PHYSICAL THERAPY	-44,298	2,237,975	66.00
67.00	OCCUPATIONAL THERAPY	-70	1,698,854	67.00
69.00	ELECTROCARDIOLOGY	-1,665,202	3,058,424	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	245,593	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	4,031,383	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	41,137,709	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	RENAL DIALYSIS	0	690,530	74.00
76.00	OTHER ANCILLARY SERVICE COST CENTERS	0	0	76.00
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	585	90.00
90.01	SPORTS MEDICINE	0	1,572,107	90.01
90.02	WOUND CARE CLINIC	0	521,861	90.02
91.00	EMERGENCY	-3,357,945	9,726,816	91.00
91.01	DAY HOSPITAL	0	0	91.01
91.02	PAIN CLINIC	0	1,037,066	91.02
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS				
99.10	CORF	0	0	99.10
SPECIAL PURPOSE COST CENTERS				
109.00	PANCREAS ACQUISITION	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	110.00
111.00	ISLET ACQUISITION	0	0	111.00
113.00	INTEREST EXPENSE	0	0	113.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140288

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

Worksheet A
Date/Time Prepared:
5/29/2012 7:49 am

Cost Center Description	Adjustments	Net Expenses	
	(See A-8)	For Allocation	
	6.00	7.00	
118.00 SUBTOTALS (SUM OF LINES 1-117)	-32,052,027	319,104,681	118.00
NONREIMBURSABLE COST CENTERS			
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
190.01 OTHER NONREIMBURSABLE	-68,958	3,169,021	190.01
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	192.00
200.00 TOTAL (SUM OF LINES 118-199)	-32,120,985	322,273,702	200.00

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - VACATION ACCRUAL					
1.00	EMPLOYEE BENEFITS	4.00	0	146,896	1.00
	TOTALS		0	146,896	
B - LAUNDRY COSTS					
1.00	LAUNDRY & LINEN SERVICE	8.00	0	79,192	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
	TOTALS		0	79,192	
C - EQUIPMENT CAPITAL DEPRECIATION					
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	5,693,237	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
	TOTALS		0	5,693,237	
D - OUTPATIENT REGISTRATION					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	2,146	1.00
	TOTALS		0	2,146	
E - GL BLDG CAPITAL DEPRECIATION					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	9,030,612	1.00
	TOTALS		0	9,030,612	
F - MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	45,169,092	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00

Provider CCN: 140288

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

Worksheet A-6

Date/Time Prepared:
5/29/2012 7:49 am

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
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
	TOTALS		0	45,169,092		
	G - IMPLANTS					
1.00	IMPL. DEV. CHARGED TO	72.00	0	41,137,709		1.00
	PATIENT					
	TOTALS		0	41,137,709		
500.00	Grand Total: Increases		0	101,258,884		500.00

		Decreases				wkst. A-7 Ref.	
Cost Center	Line #	Salary	Other				
6.00	7.00	8.00	9.00	10.00			
A - VACATION ACCRUAL							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	146,896	0		1.00
	TOTALS		0	146,896			
B - LAUNDRY COSTS							
1.00	DIETARY	10.00	0	10,727	0		1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	326	0		2.00
3.00	SPORTS MEDICINE	90.01	0	29,773	0		3.00
4.00	PHYSICAL THERAPY	66.00	0	4,623	0		4.00
5.00	EMERGENCY	91.00	0	31,420	0		5.00
6.00	ELECTROCARDIOLOGY	69.00	0	2,004	0		6.00
7.00	WOUND CARE CLINIC	90.02	0	319	0		7.00
	TOTALS		0	79,192			
C - EQUIPMENT CAPITAL DEPRECIATION							
1.00	EMPLOYEE BENEFITS	4.00	0	1,309	9		1.00
2.00	NONPATIENT TELEPHONES	5.01	0	25,223	9		2.00
3.00	DATA PROCESSING	5.02	0	29,744	9		3.00
4.00	PURCHASING RECEIVING AND STORES	5.03	0	3,945	9		4.00
5.00	ADMITTING	5.04	0	23,593	9		5.00
6.00	CASHERING/ACCOUNTS RECEIVABLE	5.05	0	14,833	9		6.00
7.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	112,316	9		7.00
8.00	MAINTENANCE & REPAIRS	6.00	0	39,473	9		8.00
9.00	OPERATION OF PLANT	7.00	0	1,036	9		9.00
10.00	HOUSEKEEPING	9.00	0	9,646	9		10.00
11.00	DIETARY	10.00	0	30,847	9		11.00
12.00	NURSING ADMINISTRATION	13.00	0	26,614	9		12.00
13.00	CENTRAL SERVICES & SUPPLY	14.00	0	75,002	9		13.00
14.00	PHARMACY	15.00	0	115,406	9		14.00
15.00	MEDICAL RECORDS & LIBRARY	16.00	0	5,925	9		15.00
16.00	SOCIAL SERVICE	17.00	0	673	9		16.00
17.00	PARAMED ED PRGM-(SPECIFY)	23.00	0	14,350	9		17.00
18.00	ADULTS & PEDIATRICS	30.00	0	293,399	9		18.00
19.00	INTENSIVE CARE UNIT	31.00	0	637,005	9		19.00
20.00	SUBPROVIDER - IPF	40.00	0	21,774	9		20.00
21.00	NURSERY	43.00	0	127,867	9		21.00
22.00	OPERATING ROOM	50.00	0	2,274,729	9		22.00
23.00	RECOVERY ROOM	51.00	0	2,418	9		23.00
24.00	DELIVERY ROOM & LABOR ROOM	52.00	0	59,701	9		24.00
25.00	ANESTHESIOLOGY	53.00	0	10,694	9		25.00
26.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,381,179	9		26.00
27.00	LABORATORY	60.00	0	14,765	9		27.00
28.00	RESPIRATORY THERAPY	65.00	0	105,789	9		28.00
29.00	PHYSICAL THERAPY	66.00	0	7,349	9		29.00
30.00	OCCUPATIONAL THERAPY	67.00	0	781	9		30.00
31.00	ELECTROCARDIOLOGY	69.00	0	77,004	9		31.00
32.00	ELECTROENCEPHALOGRAPHY	70.00	0	28,068	9		32.00
33.00	EMERGENCY	91.00	0	98,711	9		33.00
34.00	CLINIC	90.00	0	3,122	9		34.00
35.00	PAIN CLINIC	91.02	0	11,341	9		35.00
36.00	OTHER NONREIMBURSABLE	190.01	0	5,131	9		36.00
37.00	SPORTS MEDICINE	90.01	0	2,475	9		37.00
	TOTALS		0	5,693,237			
D - OUTPATIENT REGISTRATION							
1.00	ADMITTING	5.04	0	2,146	0		1.00
	TOTALS		0	2,146			
E - GL BLDG CAPITAL DEPRECIATION							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	9,030,612	9		1.00
	TOTALS		0	9,030,612			
F - MEDICAL SUPPLIES							
1.00	EMPLOYEE BENEFITS	4.00	0	288	0		1.00
2.00	NONPATIENT TELEPHONES	5.01	0	2,349	0		2.00
3.00	PURCHASING RECEIVING AND STORES	5.03	0	1,725	0		3.00
4.00	ADMITTING	5.04	0	1,187	0		4.00
5.00	CASHERING/ACCOUNTS RECEIVABLE	5.05	0	50	0		5.00
6.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	2,141	0		6.00
7.00	MAINTENANCE & REPAIRS	6.00	0	77,454	0		7.00
8.00	OPERATION OF PLANT	7.00	0	2,017	0		8.00

Provider CCN: 140288

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

Worksheet A-6
Date/Time Prepared:
5/29/2012 7:49 am

		Decreases							
	Cost Center	Line #	Salary	Other	Wkst. A-7	Ref.			
	6.00	7.00	8.00	9.00	10.00				
9.00	LAUNDRY & LINEN SERVICE	8.00	0	10,270	0				9.00
10.00	HOUSEKEEPING	9.00	0	16,332	0				10.00
11.00	DIETARY	10.00	0	9,497	0				11.00
12.00	NURSING ADMINISTRATION	13.00	0	8,944	0				12.00
13.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,599,498	0				13.00
14.00	PHARMACY	15.00	0	287,691	0				14.00
15.00	MEDICAL RECORDS & LIBRARY	16.00	0	824	0				15.00
16.00	SOCIAL SERVICE	17.00	0	7	0				16.00
17.00	PARAMED ED PRGM-(SPECIFY)	23.00	0	1,211	0				17.00
18.00	ADULTS & PEDIATRICS	30.00	0	1,333,106	0				18.00
19.00	INTENSIVE CARE UNIT	31.00	0	737,468	0				19.00
20.00	SUBPROVIDER - IPF	40.00	0	37,560	0				20.00
21.00	NURSERY	43.00	0	121,305	0				21.00
22.00	OPERATING ROOM	50.00	0	23,955,288	0				22.00
23.00	RECOVERY ROOM	51.00	0	27,711	0				23.00
24.00	DELIVERY ROOM & LABOR ROOM	52.00	0	390,870	0				24.00
25.00	ANESTHESIOLOGY	53.00	0	456,587	0				25.00
26.00	RADIOLOGY-DIAGNOSTIC	54.00	0	11,625,480	0				26.00
27.00	LABORATORY	60.00	0	2,558,178	0				27.00
28.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0	177,721	0				28.00
29.00	RESPIRATORY THERAPY	65.00	0	604,818	0				29.00
30.00	PHYSICAL THERAPY	66.00	0	11,734	0				30.00
31.00	OCCUPATIONAL THERAPY	67.00	0	4,827	0				31.00
32.00	ELECTROCARDIOLOGY	69.00	0	67,922	0				32.00
33.00	ELECTROENCEPHALOGRAPHY	70.00	0	24,769	0				33.00
34.00	RENAL DIALYSIS	74.00	0	7,158	0				34.00
35.00	CLINIC	90.00	0	27,277	0				35.00
36.00	WOUND CARE CLINIC	90.02	0	172,638	0				36.00
37.00	EMERGENCY	91.00	0	768,380	0				37.00
38.00	SPORTS MEDICINE	90.01	0	7,430	0				38.00
39.00	OTHER NONREIMBURSABLE	190.01	0	29,380	0				39.00
	TOTALS		0	45,169,092					
G - IMPLANTS									
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	41,137,709	0				1.00
	TOTALS		0	41,137,709					
500.00	Grand Total: Decreases		0	101,258,884					500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140288

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

Worksheet A-7
Parts I-III
Date/Time Prepared:
5/29/2012 7:49 am

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	4,804,313	0	0	0	1.00
2.00	Land Improvements	7,305,534	963,073	0	963,073	2.00
3.00	Buildings and Fixtures	194,394,839	4,841,844	0	4,841,844	3.00
4.00	Building Improvements	4,428,174	5,300	0	5,300	4.00
5.00	Fixed Equipment	83,271,814	6,227,418	0	6,227,418	5.00
6.00	Movable Equipment	146,112	59,663	0	59,663	6.00
7.00	HIT designated Assets	0	700,491	0	700,491	7.00
8.00	Subtotal (sum of lines 1-7)	294,350,786	12,797,789	0	12,797,789	8.00
9.00	Reconciling Items	-1,951,131	-1,097,691	0	-1,097,691	9.00
10.00	Total (line 8 minus line 9)	296,301,917	13,895,480	0	13,895,480	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	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	3.00
COMPUTATION OF RATIOS						
Cost Center Description	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	ALLOCATION OF OTHER CAPITAL Ratio (see instructions)	Insurance	
	1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	1.000000	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0.000000	2.00
3.00	Total (sum of lines 1-2)	0	0	0	1.000000	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140288

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

Worksheet A-7
Parts I-III
Date/Time Prepared:
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		Ending Balance	Fully Depreciated Assets			
		6.00	7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	4,804,313	0		1.00	
2.00	Land Improvements	8,268,607	5,465,617		2.00	
3.00	Buildings and Fixtures	199,230,576	34,587,905		3.00	
4.00	Building Improvements	4,433,474	517,727		4.00	
5.00	Fixed Equipment	88,246,399	48,570,015		5.00	
6.00	Movable Equipment	205,775	146,112		6.00	
7.00	HIT designated Assets	700,491	0		7.00	
8.00	Subtotal (sum of lines 1-7)	305,889,635	89,287,376		8.00	
9.00	Reconciling Items	-1,955,443	0		9.00	
10.00	Total (line 8 minus line 9)	307,845,078	89,287,376		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	9,901,069	0 1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	7,303,314	0 2.00
3.00	Total (sum of lines 1-2)	0	0	0	17,204,383	0 3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140288

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

Worksheet A-7
Parts I-III
Date/Time Prepared:
5/29/2012 7:49 am

Cost Center Description		SUMMARY OF CAPITAL					Total (2) (sum of cols. 9 through 14)	
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)			
		11.00	12.00	13.00	14.00	15.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS								
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	9,901,069	1.00	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	7,303,314	2.00	
3.00	Total (sum of lines 1-2)	0	0	0	0	17,204,383	3.00	

ADJUSTMENTS TO EXPENSES

Provider CCN: 140288

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

Worksheet A-8

Date/Time Prepared:
5/29/2012 7:49 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on worksheet A To/From which the Amount is to be Adjusted	
			Cost Center	Line #
			1.00	2.00
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			0NEW CAP REL COSTS-BLDG & FIXT	1.00 1.00
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			0NEW CAP REL COSTS-MVBLE EQUIP	2.00 2.00
3.00 Investment income - other (chapter 2)		0		0.00 3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0		0.00 4.00
5.00 Refunds and rebates of expenses (chapter 8)		0		0.00 5.00
6.00 Rental of provider space by suppliers (chapter 8)		0		0.00 6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	A	-397,568	NONPATIENT TELEPHONES	5.01 7.00
8.00 Television and radio service (chapter 21)		0		0.00 8.00
9.00 Parking lot (chapter 21)		0		0.00 9.00
10.00 Provider-based physician adjustment	A-8-2	-7,502,549		10.00 10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0		0.00 11.00
12.00 Related organization transactions (chapter 10)	A-8-1	-5,527,506		12.00 12.00
13.00 Laundry and linen service		0		0.00 13.00
14.00 Cafeteria-employees and guests		0		0.00 14.00
15.00 Rental of quarters to employee and others		0		0.00 15.00
16.00 Sale of medical and surgical supplies to other than patients		0		0.00 16.00
17.00 Sale of drugs to other than patients		0		0.00 17.00
18.00 Sale of medical records and abstracts		0		0.00 18.00
19.00 Nursing school (tuition, fees, books, etc.)		0		0.00 19.00
20.00 Vending machines		0		0.00 20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00 21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00 22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	0RESPIRATORY THERAPY	65.00 23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	0PHYSICAL THERAPY	66.00 24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00 25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT	A	283,151	NEW CAP REL COSTS-BLDG & FIXT	1.00 26.00
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP	A	-11,388	NEW CAP REL COSTS-MVBLE EQUIP	2.00 27.00
28.00 Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00 28.00
29.00 Physicians' assistant		0		0.00 29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	0OCCUPATIONAL THERAPY	67.00 30.00
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	*** Cost Center Deleted ***	68.00 31.00
32.00 CAH HIT Adjustment for Depreciation and Interest	A	0		0.00 32.00
33.00 CONTRIBUTION EXPS	A	-5,550	OTHER ADMINISTRATIVE AND GENERAL	5.06 34.00
34.02 PERINATAL	A	-115,476	NURSERY	43.00 34.02
35.00 INTEREST EXPS	A	-3,835,675	OTHER ADMINISTRATIVE AND GENERAL	5.06 35.00
36.00 OOR	B	-487,291	EMERGENCY	91.00 36.00
37.00 OOR	B	-25,850	EMPLOYEE BENEFITS	4.00 37.00
38.00 OOR	B	-281,727	CASHERING/ACCOUNTS RECEIVABLE	5.05 38.00
39.00 OOR	B	-1,136,114	OTHER ADMINISTRATIVE AND GENERAL	5.06 39.00
40.00 OOR	B	-50,963	MAINTENANCE & REPAIRS	6.00 40.00
41.00 OOR	B	-14,469	OPERATION OF PLANT	7.00 41.00
42.00 OOR	B	-4,253	LAUNDRY & LINEN SERVICE	8.00 42.00
43.00 OOR	B	-6,600	HOUSEKEEPING	9.00 43.00
44.00 OOR	B	-1,318,731	DIETARY	10.00 44.00
44.01 OOR	B	-127,720	NURSING ADMINISTRATION	13.00 44.01
45.00 OOR	B	-1,541	CENTRAL SERVICES & SUPPLY	14.00 45.00
45.01 OOR	B	-17,684	PHARMACY	15.00 45.01

ADJUSTMENTS TO EXPENSES

Provider CCN: 140288

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

Worksheet A-8

Date/Time Prepared:
5/29/2012 7:49 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on worksheet A To/From which the Amount is to be Adjusted	
			Cost Center	Line #
			1.00	2.00
45.02 OOR	B	-11,488	MEDICAL RECORDS & LIBRARY	16.00 45.02
45.03 OOR	B	-129,175	PARAMED ED PRGM-(SPECIFY)	23.00 45.03
45.04 OOR	B	-714,549	ADULTS & PEDIATRICS	30.00 45.04
45.05 OOR	B	-6,143	INTENSIVE CARE UNIT	31.00 45.05
45.06 OOR	B	-99	SUBPROVIDER - IPF	40.00 45.06
45.07 OOR	B	-19,200	NURSERY	43.00 45.07
45.08 OOR	B	-13,263	RADIOLOGY-DIAGNOSTIC	54.00 45.08
45.10 ORR	B	-370,368	LABORATORY	60.00 45.10
45.12 OOR	B	-510	RESPIRATORY THERAPY	65.00 45.12
45.13 OOR	B	-350	PHYSICAL THERAPY	66.00 45.13
45.14 OOR	B	-70	OCCUPATIONAL THERAPY	67.00 45.14
45.16 OOR	B	-6,338	ELECTROCARDIOLOGY	69.00 45.16
45.18 PA ASSESSMENT EXPENSE	A	-5,691,232	OTHER ADMINISTRATIVE AND GENERAL	5.06 45.18
45.20 PHD	A	-2,552,756	OTHER ADMINISTRATIVE AND GENERAL	5.06 45.20
45.21 SPECIALTY BILLING	A	-105,158	CASHERING/ACCOUNTS RECEIVABLE	5.05 45.21
45.22 PROFESSIONAL PART B	A	-883,884	OTHER ADMINISTRATIVE AND GENERAL	5.06 45.22
45.23 AHA LOBBYING	A	-39,768	OTHER ADMINISTRATIVE AND GENERAL	5.06 45.23
45.25 NONALLOWABLE	A	-182,594	EMPLOYEE BENEFITS	4.00 45.25
45.26 NONALLOWABLE	A	-556	CASHERING/ACCOUNTS RECEIVABLE	5.05 45.26
45.27 NONALLOWABLE	A	-502,365	OTHER ADMINISTRATIVE AND GENERAL	5.06 45.27
45.28 NONALLOWABLE	A	-148	MAINTENANCE & REPAIRS	6.00 45.28
45.29 NONALLOWABLE	A	-133	HOUSEKEEPING	9.00 45.29
45.30 NONALLOWABLE	A	-299	DIETARY	10.00 45.30
45.31 NONALLOWABLE	A	-22,790	NURSING ADMINISTRATION	13.00 45.31
45.32 NONALLOWABLE	A	-4,245	PHARMACY	15.00 45.32
45.33 NONALLOWABLE	A	-64,143	SOCIAL SERVICE	17.00 45.33
45.34 NONALLOWABLE	A	-24,944	PARAMED ED PRGM-(SPECIFY)	23.00 45.34
45.35 NONALLOWABLE	A	-7,574	ADULTS & PEDIATRICS	30.00 45.35
45.36 NONALLOWABLE	A	-3,556	INTENSIVE CARE UNIT	31.00 45.36
45.37 NONALLOWABLE	A	-6,166	SUBPROVIDER - IPF	40.00 45.37
45.38 NONALLOWABLE	A	-19,549	NURSERY	43.00 45.38
45.40 NONALLOWABLE	A	-9,089	OPERATING ROOM	50.00 45.40
45.41 NONALLOWABLE	A	-24	RECOVERY ROOM	51.00 45.41
45.42 NONALLOWABLE	A	-7,289	DELIVERY ROOM & LABOR ROOM	52.00 45.42
45.43 NONALLOWABLE	A	-10,180	RADIOLOGY-DIAGNOSTIC	54.00 45.43
45.44 NONALLOWABLE	A	-128	RESPIRATORY THERAPY	65.00 45.44
45.46 NONALLOWABLE	A	-474	ELECTROCARDIOLOGY	69.00 45.46
45.47 NONALLOWABLE	A	-55,926	EMERGENCY	91.00 45.47
45.48 NONALLOWABLE	A	-68,958	OTHER NONREIMBURSABLE	190.01 45.48
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200.)		-32,120,985		50.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140288

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

Worksheet A-8

Date/Time Prepared:
5/29/2012 7:49 am

Cost Center Description		Wkst. A-7 Ref.	
		5.00	
1.00	Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	0	1.00
2.00	Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)	0	2.00
3.00	Investment income - other (chapter 2)	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	0	7.00
8.00	Television and radio service (chapter 21)	0	8.00
9.00	Parking lot (chapter 21)	0	9.00
10.00	Provider-based physician adjustment	0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)	0	11.00
12.00	Related organization transactions (chapter 10)	0	12.00
13.00	Laundry and linen service	0	13.00
14.00	Cafeteria-employees and guests	0	14.00
15.00	Rental of quarters to employee and others	0	15.00
16.00	Sale of medical and surgical supplies to other than patients	0	16.00
17.00	Sale of drugs to other than patients	0	17.00
18.00	Sale of medical records and abstracts	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)	0	19.00
20.00	Vending machines	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		25.00
26.00	Depreciation - NEW CAP REL COSTS-BLDG & FIXT	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		0	33.00
34.00	CONTRIBUTION EXPS	0	34.00
34.02	PERINATAL	0	34.02
35.00	INTEREST EXPS	0	35.00
36.00	OOR	0	36.00
37.00	OOR	0	37.00
38.00	OOR	0	38.00
39.00	OOR	0	39.00
40.00	OOR	0	40.00
41.00	OOR	0	41.00
42.00	OOR	0	42.00
43.00	OOR	0	43.00
44.00	OOR	0	44.00
44.01	OOR	0	44.01
45.00	OOR	0	45.00
45.01	OOR	0	45.01
45.02	OOR	0	45.02
45.03	OOR	0	45.03
45.04	OOR	0	45.04
45.05	OOR	0	45.05
45.06	OOR	0	45.06
45.07	OOR	0	45.07
45.08	OOR	0	45.08
45.10	ORR	0	45.10
45.12	OOR	0	45.12
45.13	OOR	0	45.13
45.14	OOR	0	45.14
45.16	OOR	0	45.16

Provider CCN: 140288

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

Worksheet A-8

Date/Time Prepared:
5/29/2012 7:49 am

Cost Center Description		Wkst. A-7 Ref.	
		5.00	
45.18	PA ASSESSMENT EXPENSE	0	45.18
45.20	PHO	0	45.20
45.21	SPECIALTY BILLING	0	45.21
45.22	PROFESSIONAL PART B	0	45.22
45.23	AHA LOBBYING	0	45.23
45.25	NONALLOWABLE	0	45.25
45.26	NONALLOWABLE	0	45.26
45.27	NONALLOWABLE	0	45.27
45.28	NONALLOWABLE	0	45.28
45.29	NONALLOWABLE	0	45.29
45.30	NONALLOWABLE	0	45.30
45.31	NONALLOWABLE	0	45.31
45.32	NONALLOWABLE	0	45.32
45.33	NONALLOWABLE	0	45.33
45.34	NONALLOWABLE	0	45.34
45.35	NONALLOWABLE	0	45.35
45.36	NONALLOWABLE	0	45.36
45.37	NONALLOWABLE	0	45.37
45.38	NONALLOWABLE	0	45.38
45.40	NONALLOWABLE	0	45.40
45.41	NONALLOWABLE	0	45.41
45.42	NONALLOWABLE	0	45.42
45.43	NONALLOWABLE	0	45.43
45.44	NONALLOWABLE	0	45.44
45.46	NONALLOWABLE	0	45.46
45.47	NONALLOWABLE	0	45.47
45.48	NONALLOWABLE	0	45.48
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200.)	0	50.00

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

Provider CCN: 140288

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

Worksheet A-8-1

Date/Time Prepared:
5/29/2012 7:49 am

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

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

	Symbol (1)	Name	Percentage of Ownership	
	1.00	2.00	3.00	

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

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

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

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

Provider CCN: 140288

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

Worksheet A-8-1

Date/Time Prepared:
5/29/2012 7:49 am

	Amount of Allowable Cost	Amount Included in wks. A, column 5	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.	
	4.00	5.00	6.00	7.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED					
HOME OFFICE COSTS:					
1.00	3,496,878	0	3,496,878	0	1.00
2.00	4,033,344	0	4,033,344	0	2.00
3.00	6,256,829	21,523,328	-15,266,499	0	3.00
4.00	0	0	0	0	4.00
4.01	0	0	0	0	4.01
4.02	587,306	0	587,306	9	4.02
4.03	1,621,465	0	1,621,465	9	4.03
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to worksheet A-8, column 2, line 12.	21,523,328	-5,527,506		5.00

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

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

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

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

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

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140288

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

Worksheet A-8-2

Date/Time Prepared:
5/29/2012 7:49 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	
	1.00	2.00	3.00	4.00	
1.00	31.00	INTENSIVE CARE UNIT	547,127	712	1.00
2.00	52.00	DELIVERY ROOM & LABOR ROOM	831,014	0	2.00
3.00	53.00	ANESTHESIOLOGY	1,102,500	0	3.00
4.00	54.00	RADIOLOGY-DIAGNOSTIC	173,145	0	4.00
5.00	66.00	PHYSICAL THERAPY	43,975	0	5.00
6.00	69.00	ELECTROCARDIOLOGY	1,658,390	1,658,390	6.00
7.00	91.00	EMERGENCY	2,814,728	0	7.00
8.00	30.00	ADULTS & PEDIATRICS	331,697	331,697	8.00
9.00	0.00		0	0	9.00
10.00	0.00		0	0	10.00
200.00			7,502,576	1,990,799	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140288

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

Worksheet A-8-2

Date/Time Prepared:
5/29/2012 7:49 am

	Provider Component	RCE Amount	Physician/Provider Component Hours	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	
	5.00	6.00	7.00	8.00	9.00	
1.00	546,415	154	1	0	0	1.00
2.00	831,014	208	1	0	0	2.00
3.00	1,102,500	200	1	0	0	3.00
4.00	173,145	225	1	0	0	4.00
5.00	43,975	208	270	27	1	5.00
6.00	0	208	1	0	0	6.00
7.00	2,814,728	208	1	0	0	7.00
8.00	0	208	96	10	1	8.00
9.00	0	0	0	0	0	9.00
10.00	0	0	0	0	0	10.00
200.00	5,511,777		372	37	2	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140288

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

Worksheet A-8-2

Date/Time Prepared:
5/29/2012 7:49 am

	Cost of Memberships & Continuing Education 12.00	Provider Component Share of col. 12 13.00	Physician Cost of Malpractice Insurance 14.00	Provider Component Share of col. 14 15.00	Adjusted RCE Limit 16.00	
1.00	0	0	0	0	0	1.00
2.00	0	0	0	0	0	2.00
3.00	0	0	0	0	0	3.00
4.00	0	0	0	0	0	4.00
5.00	0	0	0	0	27	5.00
6.00	0	0	0	0	0	6.00
7.00	0	0	0	0	0	7.00
8.00	0	0	0	0	10	8.00
9.00	0	0	0	0	0	9.00
10.00	0	0	0	0	0	10.00
200.00	0	0	0	0	37	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140288

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

Worksheet A-8-2

Date/Time Prepared:
5/29/2012 7:49 am

	RCE Disallowance	Adjustment	
	17.00	18.00	
1.00	546,415	547,127	1.00
2.00	831,014	831,014	2.00
3.00	1,102,500	1,102,500	3.00
4.00	173,145	173,145	4.00
5.00	43,948	43,948	5.00
6.00	0	1,658,390	6.00
7.00	2,814,728	2,814,728	7.00
8.00	0	331,697	8.00
9.00	0	0	9.00
10.00	0	0	10.00
200.00	5,511,750	7,502,549	200.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140288	Period: From 01/01/2011 To 12/31/2011	Worksheet B Part I Date/Time Prepared: 5/29/2012 7:49 am		
Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
GENERAL SERVICE COST CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	9,901,069	9,901,069			1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	7,303,314		7,303,314		2.00
4.00	EMPLOYEE BENEFITS	32,791,649	26,698	19,693	32,838,040	4.00
5.01	NONPATIENT TELEPHONES	568,779	27,023	19,933	95,333	711,068
5.02	DATA PROCESSING	5,588,975	25,356	18,703	0	19,446
5.03	PURCHASING RECEIVING AND STORES	585,077	12,495	9,217	0	290
5.04	ADMITTING	3,565,186	25,877	19,087	783,948	10,448
5.05	CASHERING/ACCOUNTS RECEIVABLE	13,186,424	11,753	8,669	682,758	18,285
5.06	OTHER ADMINISTRATIVE AND GENERAL	21,480,601	479,867	353,964	2,039,008	109,708
6.00	MAINTENANCE & REPAIRS	8,346,409	3,096,161	2,283,820	282,341	33,667
7.00	OPERATION OF PLANT	3,886,047	229,334	169,163	132,536	871
8.00	LAUNDRY & LINEN SERVICE	319,385	7,974	5,882	0	580
9.00	HOUSEKEEPING	3,255,853	33,330	24,585	523,944	4,644
10.00	DIETARY	3,145,422	236,422	174,392	613,949	8,417
11.00	CAFETERIA	0	0	0	0	0
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	NURSING ADMINISTRATION	6,009,094	79,715	58,800	1,223,812	10,739
14.00	CENTRAL SERVICES & SUPPLY	3,222,434	283,980	209,472	535,075	7,546
15.00	PHARMACY	18,423,445	72,992	53,841	1,388,381	11,029
16.00	MEDICAL RECORDS & LIBRARY	3,128,801	45,473	33,542	0	1,161
17.00	SOCIAL SERVICE	2,703,765	0	0	594,795	871
23.00	PARAMED ED PRGM-(SPECIFY)	430,423	0	0	94,567	2,902
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	27,296,828	1,109,171	818,157	6,227,240	123,055
31.00	INTENSIVE CARE UNIT	14,251,652	589,889	435,119	3,000,417	44,696
32.00	CORONARY CARE UNIT	0	0	0	0	0
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00	SUBPROVIDER - IPF	6,365,416	285,948	210,923	1,424,223	20,897
41.00	SUBPROVIDER - IRF	0	0	0	0	0
42.00	SUBPROVIDER	0	0	0	0	0
43.00	NURSERY	2,846,634	54,490	40,193	639,770	5,514
44.00	SKILLED NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	13,750,239	1,026,564	757,223	2,576,336	56,305
51.00	RECOVERY ROOM	1,459,884	83,859	61,856	339,400	4,644
52.00	DELIVERY ROOM & LABOR ROOM	3,466,030	206,741	152,498	777,173	17,414
53.00	ANESTHESIOLOGY	421,756	5,069	3,739	64,153	1,161
54.00	RADIOLOGY-DIAGNOSTIC	19,656,020	468,089	345,276	3,550,845	89,682
57.00	CT SCAN	0	0	0	0	0
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	LABORATORY	11,731,432	181,945	134,208	268	19,155
60.01	BLOOD LABORATORY	0	0	0	0	0
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	830,738	0	0	0	0
65.00	RESPIRATORY THERAPY	3,226,997	23,245	17,146	738,631	3,193
66.00	PHYSICAL THERAPY	2,237,975	58,698	43,298	467,261	4,934
67.00	OCCUPATIONAL THERAPY	1,698,854	59,988	44,249	399,593	4,644
69.00	ELECTROCARDIOLOGY	3,058,424	132,355	97,629	761,019	21,477
70.00	ELECTROENCEPHALOGRAPHY	245,593	3,088	2,278	43,588	290
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	4,031,383	0	0	0	0
72.00	IMPL. DEV. CHARGED TO PATIENT	41,137,709	0	0	0	0
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00	RENAL DIALYSIS	690,530	0	0	0	0
76.00	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	CLINIC	585	0	0	0	4,063
90.01	SPORTS MEDICINE	1,572,107	0	0	291,366	1,451
90.02	WOUND CARE CLINIC	521,861	31,571	23,287	90,231	0
91.00	EMERGENCY	9,726,816	267,003	196,949	1,937,584	39,472
91.01	DAY HOSPITAL	0	0	0	0	0
91.02	PAIN CLINIC	1,037,066	48,405	35,705	212,057	0
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS						
99.10	CORF	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140288

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

Worksheet B
Part I
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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
SPECIAL PURPOSE COST CENTERS						
109.00	PANCREAS ACQUISITION	0	0	0	0	0 109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0 110.00
111.00	ISLET ACQUISITION	0	0	0	0	0 111.00
113.00	INTEREST EXPENSE					113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	319,104,681	9,330,568	6,882,496	32,531,602	702,651 118.00
NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0 190.00
190.01	OTHER NONREIMBURSABLE	3,169,021	570,501	420,818	306,438	8,417 190.01
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0 192.00
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers		0	0	0	0 201.00
202.00	TOTAL (sum lines 118-201)	322,273,702	9,901,069	7,303,314	32,838,040	711,068 202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140288

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

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Part I
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Cost Center Description		DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHERING/ACCO UNTS RECEIVABLE	Subtotal	
		5.02	5.03	5.04	5.05	5A.05	
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
5.01	NONPATIENT TELEPHONES						5.01
5.02	DATA PROCESSING	5,652,480					5.02
5.03	PURCHASING RECEIVING AND STORES	0	607,079				5.03
5.04	ADMITTING	0	148	4,404,694			5.04
5.05	CASHERING/ACCOUNTS RECEIVABLE	0	280	0	13,908,169		5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL	0	14,645	0	0	24,477,793	5.06
6.00	MAINTENANCE & REPAIRS	0	9,558	0	0	14,051,956	6.00
7.00	OPERATION OF PLANT	0	1,161	0	0	4,419,112	7.00
8.00	LAUNDRY & LINEN SERVICE	0	521	0	0	334,342	8.00
9.00	HOUSEKEEPING	0	4,638	0	0	3,846,994	9.00
10.00	DIETARY	0	26,842	0	0	4,205,444	10.00
11.00	CAFETERIA	0	0	0	0	0	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	NURSING ADMINISTRATION	0	975	0	0	7,383,135	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	19,848	0	0	4,278,355	14.00
15.00	PHARMACY	0	4,111	0	0	19,953,799	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	0	0	0	3,208,977	16.00
17.00	SOCIAL SERVICE	0	81	0	0	3,299,512	17.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	96	0	0	527,988	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	370,760	20,801	451,990	912,322	37,330,324	30.00
31.00	INTENSIVE CARE UNIT	243,579	10,443	296,945	599,369	19,472,109	31.00
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	SUBPROVIDER - IPF	82,879	1,940	101,037	203,938	8,697,201	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	88,185	1,848	107,506	216,995	4,001,135	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	648,926	280,719	405,927	1,596,800	21,099,039	50.00
51.00	RECOVERY ROOM	95,280	346	57,250	234,454	2,336,973	51.00
52.00	DELIVERY ROOM & LABOR ROOM	109,526	4,773	112,440	269,509	5,116,104	52.00
53.00	ANESTHESIOLOGY	113,659	5,329	76,701	279,678	971,245	53.00
54.00	RADIOLOGY-DIAGNOSTIC	1,212,183	137,100	620,576	2,982,015	29,061,786	54.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	568,517	29,678	413,870	1,398,940	14,478,013	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	39,766	2,058	40,756	97,852	1,011,170	62.00
65.00	RESPIRATORY THERAPY	170,405	7,440	199,003	419,312	4,805,372	65.00
66.00	PHYSICAL THERAPY	43,408	2,907	38,912	106,814	3,004,207	66.00
67.00	OCCUPATIONAL THERAPY	30,441	110	16,350	74,907	2,329,136	67.00
69.00	ELECTROCARDIOLOGY	156,702	1,113	90,266	385,593	4,704,578	69.00
70.00	ELECTROENCEPHALOGRAPHY	19,083	291	21,053	46,957	382,221	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	208,598	0	197,880	513,294	4,951,155	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	392,135	0	386,566	964,919	42,881,329	72.00
73.00	DRUGS CHARGED TO PATIENTS	544,433	0	531,272	1,339,675	2,415,380	73.00
74.00	RENAL DIALYSIS	18,635	87	22,083	45,855	777,190	74.00
76.00	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
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	288	0	0	709	5,645	90.00
90.01	SPORTS MEDICINE	24,223	142	6	59,605	1,948,900	90.01
90.02	WOUND CARE CLINIC	10,759	2,041	51	26,474	706,275	90.02
91.00	EMERGENCY	441,673	9,999	214,001	1,086,816	13,920,313	91.00
91.01	DAY HOSPITAL	0	0	0	0	0	91.01
91.02	PAIN CLINIC	16,660	368	1,554	40,995	1,392,810	91.02
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140288

Period:
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To 12/31/2011

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Cost Center Description	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHERING/ACCO UNTS RECEIVABLE	Subtotal	
	5.02	5.03	5.04	5.05	5A.05	
118.00 SUBTOTALS (SUM OF LINES 1-117)	5,650,703	602,437	4,403,995	13,903,797	317,787,017	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01 OTHER NONREIMBURSABLE	1,777	4,642	699	4,372	4,486,685	190.01
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	5,652,480	607,079	4,404,694	13,908,169	322,273,702	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140288

Period:
From 01/01/2011
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Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.06	6.00	7.00	8.00	9.00	
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
5.01	NONPATIENT TELEPHONES						5.01
5.02	DATA PROCESSING						5.02
5.03	PURCHASING RECEIVING AND STORES						5.03
5.04	ADMITTING						5.04
5.05	CASHERING/ACCOUNTS RECEIVABLE						5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL	24,477,793					5.06
6.00	MAINTENANCE & REPAIRS	1,155,029	15,206,985				6.00
7.00	OPERATION OF PLANT	363,238	562,875	5,345,225			7.00
8.00	LAUNDRY & LINEN SERVICE	27,482	19,572	7,144	388,540		8.00
9.00	HOUSEKEEPING	316,211	81,804	29,859	186	4,275,054	9.00
10.00	DIETARY	345,675	580,272	211,804	0	170,579	10.00
11.00	CAFETERIA	0	0	0	0	0	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	NURSING ADMINISTRATION	606,872	195,652	71,415	0	57,515	13.00
14.00	CENTRAL SERVICES & SUPPLY	351,668	696,997	254,410	10,122	204,893	14.00
15.00	PHARMACY	1,640,142	179,150	65,391	0	52,664	15.00
16.00	MEDICAL RECORDS & LIBRARY	263,768	111,609	40,738	0	32,809	16.00
17.00	SOCIAL SERVICE	271,210	0	0	0	0	17.00
23.00	PARAMED ED PRGM-(SPECIFY)	43,399	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	3,068,441	2,722,334	993,676	146,573	800,274	30.00
31.00	INTENSIVE CARE UNIT	1,600,549	1,447,817	528,465	31,121	425,607	31.00
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	SUBPROVIDER - IPF	714,884	701,826	256,173	11,433	206,312	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	328,881	133,739	48,816	1,524	39,315	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	1,734,278	2,519,584	919,670	49,970	740,669	50.00
51.00	RECOVERY ROOM	192,092	205,821	75,127	0	60,504	51.00
52.00	DELIVERY ROOM & LABOR ROOM	420,528	507,422	185,213	19,502	149,164	52.00
53.00	ANESTHESIOLOGY	79,833	12,440	4,541	0	3,657	53.00
54.00	RADIOLOGY-DIAGNOSTIC	2,388,792	1,148,871	419,348	30,924	337,728	54.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	1,190,049	446,564	163,000	0	131,274	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	83,115	0	0	0	0	62.00
65.00	RESPIRATORY THERAPY	394,987	57,052	20,824	0	16,771	65.00
66.00	PHYSICAL THERAPY	246,937	144,069	52,586	0	42,351	66.00
67.00	OCCUPATIONAL THERAPY	191,448	147,235	53,742	0	43,282	67.00
69.00	ELECTROCARDIOLOGY	386,702	324,850	118,573	13,934	95,494	69.00
70.00	ELECTROENCEPHALOGRAPHY	31,417	7,579	2,766	0	2,228	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	406,970	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	3,524,579	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	198,537	0	0	0	0	73.00
74.00	RENAL DIALYSIS	63,883	0	0	0	0	74.00
76.00	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
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	464	0	0	0	0	90.00
90.01	SPORTS MEDICINE	160,194	0	0	0	0	90.01
90.02	WOUND CARE CLINIC	58,054	77,487	28,283	0	22,778	90.02
91.00	EMERGENCY	1,144,208	655,328	239,200	71,727	192,643	91.00
91.01	DAY HOSPITAL	0	0	0	0	0	91.01
91.02	PAIN CLINIC	114,485	118,805	43,365	1,524	34,924	91.02
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140288

Period:
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To 12/31/2011

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Cost Center Description		OTHER	MAINTENANCE &	OPERATION OF	LAUNDRY &	HOUSEKEEPING	
		ADMINISTRATIVE AND GENERAL	REPAIRS	PLANT	LINEN SERVICE		
		5.06	6.00	7.00	8.00	9.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)	24,109,001	13,806,754	4,834,129	388,540	3,863,435	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	OTHER NONREIMBURSABLE	368,792	1,400,231	511,096	0	411,619	190.01
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	24,477,793	15,206,985	5,345,225	388,540	4,275,054	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140288

Period:
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To 12/31/2011

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Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	12.00	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
5.01	NONPATIENT TELEPHONES						5.01
5.02	DATA PROCESSING						5.02
5.03	PURCHASING RECEIVING AND STORES						5.03
5.04	ADMITTING						5.04
5.05	CASHERING/ACCOUNTS RECEIVABLE						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	5,513,774					10.00
11.00	CAFETERIA	3,027,969	3,027,969				11.00
12.00	MAINTENANCE OF PERSONNEL	0	31,633	31,633			12.00
13.00	NURSING ADMINISTRATION	0	126,531	880	8,442,000		13.00
14.00	CENTRAL SERVICES & SUPPLY	0	110,715	696	0	5,907,856	14.00
15.00	PHARMACY	0	110,715	2,676	0	45,947	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	0	447	0	0	16.00
17.00	SOCIAL SERVICE	0	52,721	393	0	910	17.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	24,603	85	0	1,075	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	1,665,293	694,168	4,257	3,456,000	232,480	30.00
31.00	INTENSIVE CARE UNIT	488,383	274,152	2,298	1,593,000	116,716	31.00
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	SUBPROVIDER - IPF	285,878	147,620	913	486,000	21,678	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	50,964	462	0	20,658	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	258,335	5,570	819,000	3,137,341	50.00
51.00	RECOVERY ROOM	0	28,118	212	180,000	3,868	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	68,538	675	450,000	53,347	52.00
53.00	ANESTHESIOLOGY	0	10,544	283	0	59,555	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	326,873	4,666	216,000	1,532,309	54.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	0	196,827	2,084	0	331,705	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	14,059	143	0	23,000	62.00
65.00	RESPIRATORY THERAPY	0	82,597	559	0	83,149	65.00
66.00	PHYSICAL THERAPY	0	45,692	327	0	32,495	66.00
67.00	OCCUPATIONAL THERAPY	46,251	35,148	242	0	1,232	67.00
69.00	ELECTROCARDIOLOGY	0	73,810	692	270,000	12,443	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	5,272	42	0	3,254	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	99	0	977	74.00
76.00	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
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	149	0	4,074	90.00
90.01	SPORTS MEDICINE	0	29,875	229	0	1,583	90.01
90.02	WOUND CARE CLINIC	0	8,787	99	0	22,811	90.02
91.00	EMERGENCY	0	195,069	1,986	873,000	111,753	91.00
91.01	DAY HOSPITAL	0	0	0	0	0	91.01
91.02	PAIN CLINIC	0	24,603	4	99,000	0	91.02
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE						113.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140288

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

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Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)	5,513,774	3,027,969	31,168	8,442,000	5,854,360	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	OTHER NONREIMBURSABLE	0	0	465	0	53,496	190.01
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	5,513,774	3,027,969	31,633	8,442,000	5,907,856	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140288

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Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PARAMED ED PRGM	Subtotal	
		15.00	16.00	17.00	23.00	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
5.01	NONPATIENT TELEPHONES						5.01
5.02	DATA PROCESSING						5.02
5.03	PURCHASING RECEIVING AND STORES						5.03
5.04	ADMITTING						5.04
5.05	CASHERING/ACCOUNTS RECEIVABLE						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
12.00	MAINTENANCE OF PERSONNEL						12.00
13.00	NURSING ADMINISTRATION						13.00
14.00	CENTRAL SERVICES & SUPPLY						14.00
15.00	PHARMACY	22,050,484					15.00
16.00	MEDICAL RECORDS & LIBRARY	0	3,658,348				16.00
17.00	SOCIAL SERVICE	0	0	3,624,746			17.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	0	597,150		23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	448,260	377,496	3,179,994	0	55,119,570	30.00
31.00	INTENSIVE CARE UNIT	179,186	0	68,729	0	26,228,132	31.00
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	SUBPROVIDER - IPF	1,720	667,850	0	0	12,199,488	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	32,007	125,832	102,526	0	4,885,859	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	285,335	223,279	0	0	31,792,070	50.00
51.00	RECOVERY ROOM	36,777	3,435	0	0	3,122,927	51.00
52.00	DELIVERY ROOM & LABOR ROOM	46,881	35,616	102,526	0	7,155,516	52.00
53.00	ANESTHESIOLOGY	109,783	6,509	0	0	1,258,390	53.00
54.00	RADIOLOGY-DIAGNOSTIC	85,922	141,561	0	0	35,694,780	54.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	0	657,725	0	0	17,597,241	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	1,131,487	62.00
65.00	RESPIRATORY THERAPY	1,571	12,113	0	0	5,474,995	65.00
66.00	PHYSICAL THERAPY	347	85,877	0	0	3,654,888	66.00
67.00	OCCUPATIONAL THERAPY	0	2,893	0	0	2,850,609	67.00
69.00	ELECTROCARDIOLOGY	30,413	293,970	0	0	6,325,459	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	904	0	0	435,683	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	22,795	0	0	0	5,380,920	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	46,405,908	72.00
73.00	DRUGS CHARGED TO PATIENTS	20,193,013	174,104	0	0	22,981,034	73.00
74.00	RENAL DIALYSIS	2,157	3,616	0	0	847,922	74.00
76.00	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
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	10,332	90.00
90.01	SPORTS MEDICINE	12	0	0	0	2,140,793	90.01
90.02	WOUND CARE CLINIC	337	0	34,081	0	958,992	90.02
91.00	EMERGENCY	536,844	845,568	136,890	597,150	19,521,679	91.00
91.01	DAY HOSPITAL	0	0	0	0	0	91.01
91.02	PAIN CLINIC	34,422	0	0	0	1,863,942	91.02
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE						113.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140288

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

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Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PARAMED ED PRGM	Subtotal	
		15.00	16.00	17.00	23.00	24.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)	22,047,782	3,658,348	3,624,746	597,150	315,038,616	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	OTHER NONREIMBURSABLE	2,702	0	0	0	7,235,086	190.01
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
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)	22,050,484	3,658,348	3,624,746	597,150	322,273,702	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140288

Period:
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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
5.01	NONPATIENT TELEPHONES			5.01
5.02	DATA PROCESSING			5.02
5.03	PURCHASING RECEIVING AND STORES			5.03
5.04	ADMITTING			5.04
5.05	CASHERING/ACCOUNTS RECEIVABLE			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
12.00	MAINTENANCE OF PERSONNEL			12.00
13.00	NURSING ADMINISTRATION			13.00
14.00	CENTRAL SERVICES & SUPPLY			14.00
15.00	PHARMACY			15.00
16.00	MEDICAL RECORDS & LIBRARY			16.00
17.00	SOCIAL SERVICE			17.00
23.00	PARAMED ED PRGM-(SPECIFY)			23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	0	55,119,570	30.00
31.00	INTENSIVE CARE UNIT	0	26,228,132	31.00
32.00	CORONARY CARE UNIT	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	SUBPROVIDER - IPF	0	12,199,488	40.00
41.00	SUBPROVIDER - IRF	0	0	41.00
42.00	SUBPROVIDER	0	0	42.00
43.00	NURSERY	0	4,885,859	43.00
44.00	SKILLED NURSING FACILITY	0	0	44.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0	31,792,070	50.00
51.00	RECOVERY ROOM	0	3,122,927	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	7,155,516	52.00
53.00	ANESTHESIOLOGY	0	1,258,390	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	35,694,780	54.00
57.00	CT SCAN	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	59.00
60.00	LABORATORY	0	17,597,241	60.00
60.01	BLOOD LABORATORY	0	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	1,131,487	62.00
65.00	RESPIRATORY THERAPY	0	5,474,995	65.00
66.00	PHYSICAL THERAPY	0	3,654,888	66.00
67.00	OCCUPATIONAL THERAPY	0	2,850,609	67.00
69.00	ELECTROCARDIOLOGY	0	6,325,459	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	435,683	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	5,380,920	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	46,405,908	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	22,981,034	73.00
74.00	RENAL DIALYSIS	0	847,922	74.00
76.00	OTHER ANCILLARY SERVICE COST CENTERS	0	0	76.00
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	10,332	90.00
90.01	SPORTS MEDICINE	0	2,140,793	90.01
90.02	WOUND CARE CLINIC	0	958,992	90.02
91.00	EMERGENCY	0	19,521,679	91.00
91.01	DAY HOSPITAL	0	0	91.01
91.02	PAIN CLINIC	0	1,863,942	91.02
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS				
99.10	CORF	0	0	99.10
SPECIAL PURPOSE COST CENTERS				
109.00	PANCREAS ACQUISITION	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	110.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140288

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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
111.00	ISLET ACQUISITION	0	0	111.00
113.00	INTEREST EXPENSE			113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	315,038,616	118.00
NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
190.01	OTHER NONREIMBURSABLE	0	7,235,086	190.01
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
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)	0	322,273,702	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140288

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

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Part II
Date/Time Prepared:
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Cost Center Description	CAPITAL RELATED COSTS			Subtotal	EMPLOYEE BENEFITS	
	Directly Assigned New Capital Related Costs	NEW BLDG & FIXT	NEW MVBLE EQUIP			
		1.00	2.00			
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	587	26,698	19,693	46,978	46,978
5.01	NONPATIENT TELEPHONES	0	27,023	19,933	46,956	136
5.02	DATA PROCESSING	0	25,356	18,703	44,059	0
5.03	PURCHASING RECEIVING AND STORES	581	12,495	9,217	22,293	0
5.04	ADMITTING	75,860	25,877	19,087	120,824	1,121
5.05	CASHERING/ACCOUNTS RECEIVABLE	94,526	11,753	8,669	114,948	976
5.06	OTHER ADMINISTRATIVE AND GENERAL	2,432,365	479,867	353,964	3,266,196	2,915
6.00	MAINTENANCE & REPAIRS	22,253	3,096,161	2,283,820	5,402,234	404
7.00	OPERATION OF PLANT	9,432	229,334	169,163	407,929	190
8.00	LAUNDRY & LINEN SERVICE	0	7,974	5,882	13,856	0
9.00	HOUSEKEEPING	0	33,330	24,585	57,915	749
10.00	DIETARY	1,049	236,422	174,392	411,863	878
11.00	CAFETERIA	0	0	0	0	0
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	NURSING ADMINISTRATION	309	79,715	58,800	138,824	1,750
14.00	CENTRAL SERVICES & SUPPLY	463,398	283,980	209,472	956,850	765
15.00	PHARMACY	138,571	72,992	53,841	265,404	1,985
16.00	MEDICAL RECORDS & LIBRARY	29,557	45,473	33,542	108,572	0
17.00	SOCIAL SERVICE	0	0	0	0	850
23.00	PARAMED ED PRGM-(SPECIFY)	100,876	0	0	100,876	135
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	33,925	1,109,171	818,157	1,961,253	8,932
31.00	INTENSIVE CARE UNIT	11,600	589,889	435,119	1,036,608	4,290
32.00	CORONARY CARE UNIT	0	0	0	0	0
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00	SUBPROVIDER - IPF	88	285,948	210,923	496,959	2,036
41.00	SUBPROVIDER - IRF	0	0	0	0	0
42.00	SUBPROVIDER	0	0	0	0	0
43.00	NURSERY	632	54,490	40,193	95,315	915
44.00	SKILLED NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	182,130	1,026,564	757,223	1,965,917	3,684
51.00	RECOVERY ROOM	27	83,859	61,856	145,742	485
52.00	DELIVERY ROOM & LABOR ROOM	67,373	206,741	152,498	426,612	1,111
53.00	ANESTHESIOLOGY	70,157	5,069	3,739	78,965	92
54.00	RADIOLOGY-DIAGNOSTIC	2,372,774	468,089	345,276	3,186,139	5,077
57.00	CT SCAN	0	0	0	0	0
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	LABORATORY	0	181,945	134,208	316,153	0
60.01	BLOOD LABORATORY	0	0	0	0	0
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0
65.00	RESPIRATORY THERAPY	25,176	23,245	17,146	65,567	1,056
66.00	PHYSICAL THERAPY	0	58,698	43,298	101,996	668
67.00	OCCUPATIONAL THERAPY	1,676	59,988	44,249	105,913	571
69.00	ELECTROCARDIOLOGY	286	132,355	97,629	230,270	1,088
70.00	ELECTROENCEPHALOGRAPHY	0	3,088	2,278	5,366	62
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00	RENAL DIALYSIS	0	0	0	0	0
76.00	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	CLINIC	0	0	0	0	0
90.01	SPORTS MEDICINE	320,158	0	0	320,158	417
90.02	WOUND CARE CLINIC	130,255	31,571	23,287	185,113	129
91.00	EMERGENCY	265,689	267,003	196,949	729,641	2,770
91.01	DAY HOSPITAL	0	0	0	0	0
91.02	PAIN CLINIC	0	48,405	35,705	84,110	303
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS						
99.10	CORF	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
109.00	PANCREAS ACQUISITION	0	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140288

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

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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	2A	4.00	
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	6,851,310	9,330,568	6,882,496	23,064,374	46,540	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01 OTHER NONREIMBURSABLE	256,051	570,501	420,818	1,247,370	438	190.01
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
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)	7,107,361	9,901,069	7,303,314	24,311,744	46,978	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140288

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

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Cost Center Description		NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHERING/ACCO UNITS RECEIVABLE	
		5.01	5.02	5.03	5.04	5.05	
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
5.01	NONPATIENT TELEPHONES	47,092					5.01
5.02	DATA PROCESSING	1,288	45,347				5.02
5.03	PURCHASING RECEIVING AND STORES	19	0	22,312			5.03
5.04	ADMITTING	692	0	5	122,642		5.04
5.05	CASHERING/ACCOUNTS RECEIVABLE	1,211	0	10	0	117,145	5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL	7,266	0	539	0	0	5.06
6.00	MAINTENANCE & REPAIRS	2,230	0	352	0	0	6.00
7.00	OPERATION OF PLANT	58	0	43	0	0	7.00
8.00	LAUNDRY & LINDEN SERVICE	38	0	19	0	0	8.00
9.00	HOUSEKEEPING	308	0	171	0	0	9.00
10.00	DIETARY	557	0	988	0	0	10.00
11.00	CAFETERIA	0	0	0	0	0	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	NURSING ADMINISTRATION	711	0	36	0	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	500	0	730	0	0	14.00
15.00	PHARMACY	730	0	151	0	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	77	0	0	0	0	16.00
17.00	SOCIAL SERVICE	58	0	3	0	0	17.00
23.00	PARAMED ED PRGM-(SPECIFY)	192	0	4	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	8,150	2,962	765	12,551	7,718	30.00
31.00	INTENSIVE CARE UNIT	2,960	1,946	384	8,246	5,070	31.00
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	SUBPROVIDER - IPF	1,384	662	71	2,806	1,725	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	365	705	68	2,985	1,836	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	3,729	5,185	10,303	11,272	13,508	50.00
51.00	RECOVERY ROOM	308	761	13	1,590	1,983	51.00
52.00	DELIVERY ROOM & LABOR ROOM	1,153	875	176	3,122	2,280	52.00
53.00	ANESTHESIOLOGY	77	908	196	2,130	2,366	53.00
54.00	RADIOLOGY-DIAGNOSTIC	5,939	9,870	5,044	17,564	24,715	54.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	1,269	4,542	1,092	11,492	11,834	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	318	76	1,132	828	62.00
65.00	RESPIRATORY THERAPY	211	1,362	274	5,526	3,547	65.00
66.00	PHYSICAL THERAPY	327	347	107	1,081	904	66.00
67.00	OCCUPATIONAL THERAPY	308	243	4	454	634	67.00
69.00	ELECTROCARDIOLOGY	1,422	1,252	41	2,507	3,262	69.00
70.00	ELECTROENCEPHALOGRAPHY	19	152	11	585	397	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,667	0	5,495	4,342	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	3,133	0	10,734	8,163	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	4,350	0	14,752	11,333	73.00
74.00	RENAL DIALYSIS	0	149	3	613	388	74.00
76.00	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
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	269	2	0	0	6	90.00
90.01	SPORTS MEDICINE	96	194	5	0	504	90.01
90.02	WOUND CARE CLINIC	0	86	75	1	224	90.02
91.00	EMERGENCY	2,614	3,529	368	5,942	9,194	91.00
91.01	DAY HOSPITAL	0	0	0	0	0	91.01
91.02	PAIN CLINIC	0	133	14	43	347	91.02
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140288

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

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Cost Center Description	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHERING/ACCO UNITS RECEIVABLE	
	5.01	5.02	5.03	5.04	5.05	
118.00 SUBTOTALS (SUM OF LINES 1-117)	46,535	45,333	22,141	122,623	117,108	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	0 190.00
190.01 OTHER NONREIMBURSABLE	557	14	171	19	37	190.01
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0 192.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	0 201.00
202.00 TOTAL (sum lines 118-201)	47,092	45,347	22,312	122,642	117,145	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140288		Period: From 01/01/2011 To 12/31/2011		Worksheet B Part II Date/Time Prepared: 5/29/2012 7:49 am	
Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.06	6.00	7.00	8.00	9.00	
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
5.01	NONPATIENT TELEPHONES						5.01
5.02	DATA PROCESSING						5.02
5.03	PURCHASING RECEIVING AND STORES						5.03
5.04	ADMITTING						5.04
5.05	CASHERING/ACCOUNTS RECEIVABLE						5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL	3,276,916					5.06
6.00	MAINTENANCE & REPAIRS	154,628	5,559,848				6.00
7.00	OPERATION OF PLANT	48,628	205,793	662,641			7.00
8.00	LAUNDRY & LINEN SERVICE	3,679	7,156	886	25,634		8.00
9.00	HOUSEKEEPING	42,332	29,909	3,702	12	135,098	9.00
10.00	DIETARY	46,277	212,154	26,257	0	5,391	10.00
11.00	CAFETERIA	0	0	0	0	0	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	NURSING ADMINISTRATION	81,244	71,533	8,853	0	1,818	13.00
14.00	CENTRAL SERVICES & SUPPLY	47,079	254,830	31,539	668	6,475	14.00
15.00	PHARMACY	219,572	65,499	8,106	0	1,664	15.00
16.00	MEDICAL RECORDS & LIBRARY	35,312	40,806	5,050	0	1,037	16.00
17.00	SOCIAL SERVICE	36,308	0	0	0	0	17.00
23.00	PARAMED ED PRGM-(SPECIFY)	5,810	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	410,783	995,317	123,186	9,670	25,288	30.00
31.00	INTENSIVE CARE UNIT	214,271	529,338	65,513	2,053	13,450	31.00
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	SUBPROVIDER - IPF	95,704	256,596	31,757	754	6,520	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	44,028	48,897	6,052	101	1,242	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	232,174	921,189	114,010	3,297	23,406	50.00
51.00	RECOVERY ROOM	25,716	75,251	9,313	0	1,912	51.00
52.00	DELIVERY ROOM & LABOR ROOM	56,298	185,519	22,961	1,287	4,714	52.00
53.00	ANESTHESIOLOGY	10,688	4,548	563	0	116	53.00
54.00	RADIOLOGY-DIAGNOSTIC	319,796	420,040	51,986	2,040	10,673	54.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	159,316	163,269	20,207	0	4,148	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	11,127	0	0	0	0	62.00
65.00	RESPIRATORY THERAPY	52,878	20,859	2,582	0	530	65.00
66.00	PHYSICAL THERAPY	33,058	52,673	6,519	0	1,338	66.00
67.00	OCCUPATIONAL THERAPY	25,630	53,831	6,662	0	1,368	67.00
69.00	ELECTROCARDIOLOGY	51,769	118,769	14,699	919	3,018	69.00
70.00	ELECTROENCEPHALOGRAPHY	4,206	2,771	343	0	70	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	54,483	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	471,835	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	26,579	0	0	0	0	73.00
74.00	RENAL DIALYSIS	8,552	0	0	0	0	74.00
76.00	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
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	62	0	0	0	0	90.00
90.01	SPORTS MEDICINE	21,446	0	0	0	0	90.01
90.02	WOUND CARE CLINIC	7,772	28,330	3,506	0	720	90.02
91.00	EMERGENCY	153,179	239,595	29,653	4,732	6,088	91.00
91.01	DAY HOSPITAL	0	0	0	0	0	91.01
91.02	PAIN CLINIC	15,326	43,436	5,376	101	1,104	91.02
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE						113.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140288

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

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Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.06	6.00	7.00	8.00	9.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)	3,227,545	5,047,908	599,281	25,634	122,090	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	OTHER NONREIMBURSABLE	49,371	511,940	63,360	0	13,008	190.01
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	3,276,916	5,559,848	662,641	25,634	135,098	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140288

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Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	12.00	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
5.01	NONPATIENT TELEPHONES						5.01
5.02	DATA PROCESSING						5.02
5.03	PURCHASING RECEIVING AND STORES						5.03
5.04	ADMITTING						5.04
5.05	CASHERING/ACCOUNTS RECEIVABLE						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	704,365					10.00
11.00	CAFETERIA	386,813	386,813				11.00
12.00	MAINTENANCE OF PERSONNEL	0	4,041	4,041			12.00
13.00	NURSING ADMINISTRATION	0	16,164	112	321,045		13.00
14.00	CENTRAL SERVICES & SUPPLY	0	14,143	88	0	1,313,667	14.00
15.00	PHARMACY	0	14,143	339	0	10,217	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	0	57	0	0	16.00
17.00	SOCIAL SERVICE	0	6,735	50	0	202	17.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	3,143	11	0	239	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	212,735	88,682	540	131,431	51,693	30.00
31.00	INTENSIVE CARE UNIT	62,389	35,022	291	60,581	25,952	31.00
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	SUBPROVIDER - IPF	36,520	18,858	116	18,482	4,820	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	6,510	59	0	4,593	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	33,001	733	31,146	697,628	50.00
51.00	RECOVERY ROOM	0	3,592	27	6,845	860	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	8,755	86	17,113	11,862	52.00
53.00	ANESTHESIOLOGY	0	1,347	36	0	13,242	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	41,757	591	8,214	340,718	54.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	0	25,144	264	0	73,757	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	1,796	18	0	5,114	62.00
65.00	RESPIRATORY THERAPY	0	10,551	71	0	18,489	65.00
66.00	PHYSICAL THERAPY	0	5,837	42	0	7,225	66.00
67.00	OCCUPATIONAL THERAPY	5,908	4,490	31	0	274	67.00
69.00	ELECTROCARDIOLOGY	0	9,429	88	10,268	2,767	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	673	5	0	724	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	13	0	217	74.00
76.00	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
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	19	0	906	90.00
90.01	SPORTS MEDICINE	0	3,816	29	0	352	90.01
90.02	WOUND CARE CLINIC	0	1,122	13	0	5,072	90.02
91.00	EMERGENCY	0	24,919	252	33,200	24,849	91.00
91.01	DAY HOSPITAL	0	0	0	0	0	91.01
91.02	PAIN CLINIC	0	3,143	1	3,765	0	91.02
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140288

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

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Cost Center Description	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
	10.00	11.00	12.00	13.00	14.00	
118.00 SUBTOTALS (SUM OF LINES 1-117)	704,365	386,813	3,982	321,045	1,301,772	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01 OTHER NONREIMBURSABLE	0	0	59	0	11,895	190.01
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	704,365	386,813	4,041	321,045	1,313,667	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140288		Period: From 01/01/2011 To 12/31/2011		Worksheet B Part II Date/Time Prepared: 5/29/2012 7:49 am	
Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PARAMED ED PRGM	Subtotal		
	15.00	16.00	17.00	23.00	24.00		
GENERAL SERVICE COST CENTERS							
1.00							1.00
2.00							2.00
4.00							4.00
5.01							5.01
5.02							5.02
5.03							5.03
5.04							5.04
5.05							5.05
5.06							5.06
6.00							6.00
7.00							7.00
8.00							8.00
9.00							9.00
10.00							10.00
11.00							11.00
12.00							12.00
13.00							13.00
14.00							14.00
15.00	587,810						15.00
16.00	0	190,911					16.00
17.00	0	0	44,206				17.00
23.00	0	0	0	110,410			23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	11,950	19,700	38,783		4,122,089		30.00
31.00	4,777	0	838		2,073,979		31.00
32.00	0	0	0		0		32.00
33.00	0	0	0		0		33.00
34.00	0	0	0		0		34.00
40.00	46	34,852	0		1,010,668		40.00
41.00	0	0	0		0		41.00
42.00	0	0	0		0		42.00
43.00	853	6,567	1,250		222,341		43.00
44.00	0	0	0		0		44.00
ANCILLARY SERVICE COST CENTERS							
50.00	7,606	11,652	0		4,089,440		50.00
51.00	980	179	0		275,557		51.00
52.00	1,250	1,859	1,250		748,283		52.00
53.00	2,927	340	0		118,541		53.00
54.00	2,290	7,387	0		4,459,840		54.00
57.00	0	0	0		0		57.00
58.00	0	0	0		0		58.00
59.00	0	0	0		0		59.00
60.00	0	34,323	0		826,810		60.00
60.01	0	0	0		0		60.01
62.00	0	0	0		20,409		62.00
65.00	42	632	0		184,177		65.00
66.00	9	4,481	0		216,612		66.00
67.00	0	151	0		206,472		67.00
69.00	811	15,341	0		467,720		69.00
70.00	0	47	0		15,431		70.00
71.00	608	0	0		66,595		71.00
72.00	0	0	0		493,865		72.00
73.00	538,294	9,086	0		604,394		73.00
74.00	57	189	0		10,181		74.00
76.00	0	0	0		0		76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	0	0	0		0		88.00
89.00	0	0	0		0		89.00
90.00	0	0	0		1,264		90.00
90.01	0	0	0		347,017		90.01
90.02	9	0	416		232,588		90.02
91.00	14,311	44,125	1,669		1,330,630		91.00
91.01	0	0	0		0		91.01
91.02	918	0	0		158,120		91.02
92.00							92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	0	0	0		0		99.10
SPECIAL PURPOSE COST CENTERS							
109.00	0	0	0		0		109.00
110.00	0	0	0		0		110.00
111.00	0	0	0		0		111.00
113.00							113.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140288

Period:
From 01/01/2011
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Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PARAMED ED PRGM	Subtotal	
	15.00	16.00	17.00	23.00	24.00	
118.00 SUBTOTALS (SUM OF LINES 1-117)	587,738	190,911	44,206	0	22,303,023	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0			0 190.00
190.01 OTHER NONREIMBURSABLE	72	0	0		1,898,311	190.01
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0			0 192.00
200.00 Cross Foot Adjustments				110,410	110,410	200.00
201.00 Negative Cost Centers	0	0	0	0		0 201.00
202.00 TOTAL (sum lines 118-201)	587,810	190,911	44,206	110,410	24,311,744	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140288

Period:
From 01/01/2011
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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
5.01	NONPATIENT TELEPHONES			5.01
5.02	DATA PROCESSING			5.02
5.03	PURCHASING RECEIVING AND STORES			5.03
5.04	ADMITTING			5.04
5.05	CASHERING/ACCOUNTS RECEIVABLE			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
12.00	MAINTENANCE OF PERSONNEL			12.00
13.00	NURSING ADMINISTRATION			13.00
14.00	CENTRAL SERVICES & SUPPLY			14.00
15.00	PHARMACY			15.00
16.00	MEDICAL RECORDS & LIBRARY			16.00
17.00	SOCIAL SERVICE			17.00
23.00	PARAMED ED PRGM-(SPECIFY)			23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	0	4,122,089	30.00
31.00	INTENSIVE CARE UNIT	0	2,073,979	31.00
32.00	CORONARY CARE UNIT	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	SUBPROVIDER - IPF	0	1,010,668	40.00
41.00	SUBPROVIDER - IRF	0	0	41.00
42.00	SUBPROVIDER	0	0	42.00
43.00	NURSERY	0	222,341	43.00
44.00	SKILLED NURSING FACILITY	0	0	44.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0	4,089,440	50.00
51.00	RECOVERY ROOM	0	275,557	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	748,283	52.00
53.00	ANESTHESIOLOGY	0	118,541	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	4,459,840	54.00
57.00	CT SCAN	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	59.00
60.00	LABORATORY	0	826,810	60.00
60.01	BLOOD LABORATORY	0	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	20,409	62.00
65.00	RESPIRATORY THERAPY	0	184,177	65.00
66.00	PHYSICAL THERAPY	0	216,612	66.00
67.00	OCCUPATIONAL THERAPY	0	206,472	67.00
69.00	ELECTROCARDIOLOGY	0	467,720	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	15,431	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	66,595	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	493,865	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	604,394	73.00
74.00	RENAL DIALYSIS	0	10,181	74.00
76.00	OTHER ANCILLARY SERVICE COST CENTERS	0	0	76.00
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	1,264	90.00
90.01	SPORTS MEDICINE	0	347,017	90.01
90.02	WOUND CARE CLINIC	0	232,588	90.02
91.00	EMERGENCY	0	1,330,630	91.00
91.01	DAY HOSPITAL	0	0	91.01
91.02	PAIN CLINIC	0	158,120	91.02
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS				
99.10	CORF	0	0	99.10
SPECIAL PURPOSE COST CENTERS				
109.00	PANCREAS ACQUISITION	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	110.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140288

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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
111.00	ISLET ACQUISITION	0	0	111.00
113.00	INTEREST EXPENSE			113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	22,303,023	118.00
NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
190.01	OTHER NONREIMBURSABLE	0	1,898,311	190.01
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
200.00	Cross Foot Adjustments	0	110,410	200.00
201.00	Negative Cost Centers	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	24,311,744	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140288

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

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Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (SALARIES)	NONPATIENT TELEPHONES (#OF PHONES)	DATA PROCESSING (REVENUE)	
	NEW BLDG & FIXT (SQUARE FEET 2)	NEW MVBLE EQUIP (SQUARE FEET 2)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT	759,890					1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP		759,890				2.00
4.00 EMPLOYEE BENEFITS	2,049	2,049	128,639,915			4.00
5.01 NONPATIENT TELEPHONES	2,074	2,074	373,459	2,450		5.01
5.02 DATA PROCESSING	1,946	1,946	0	67	1,188,391,941	5.02
5.03 PURCHASING RECEIVING AND STORES	959	959	0	1	0	5.03
5.04 ADMITTING	1,986	1,986	3,071,044	36	0	5.04
5.05 CASHING/ACCOUNTS RECEIVABLE	902	902	2,674,641	63	0	5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL	36,829	36,829	7,987,621	378	0	5.06
6.00 MAINTENANCE & REPAIRS	237,625	237,625	1,106,046	116	0	6.00
7.00 OPERATION OF PLANT	17,601	17,601	519,197	3	0	7.00
8.00 LAUNDRY & LINEN SERVICE	612	612	0	2	0	8.00
9.00 HOUSEKEEPING	2,558	2,558	2,052,500	16	0	9.00
10.00 DIETARY	18,145	18,145	2,405,086	29	0	10.00
11.00 CAFETERIA	0	0	0	0	0	11.00
12.00 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 NURSING ADMINISTRATION	6,118	6,118	4,794,166	37	0	13.00
14.00 CENTRAL SERVICES & SUPPLY	21,795	21,795	2,096,104	26	0	14.00
15.00 PHARMACY	5,602	5,602	5,438,851	38	0	15.00
16.00 MEDICAL RECORDS & LIBRARY	3,490	3,490	0	4	0	16.00
17.00 SOCIAL SERVICE	0	0	2,330,052	3	0	17.00
23.00 PARAMED ED PRGM-(SPECIFY)	0	0	370,458	10	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	85,127	85,127	24,394,619	424	77,956,239	30.00
31.00 INTENSIVE CARE UNIT	45,273	45,273	11,753,851	154	51,215,012	31.00
32.00 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 SUBPROVIDER - IPF	21,946	21,946	5,579,259	72	17,426,155	40.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	4,182	4,182	2,506,240	19	18,541,864	43.00
44.00 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	78,787	78,787	10,092,551	194	136,443,650	50.00
51.00 RECOVERY ROOM	6,436	6,436	1,329,567	16	20,033,700	51.00
52.00 DELIVERY ROOM & LABOR ROOM	15,867	15,867	3,044,502	60	23,029,074	52.00
53.00 ANESTHESIOLOGY	389	389	251,315	4	23,897,947	53.00
54.00 RADIOLOGY-DIAGNOSTIC	35,925	35,925	13,910,099	309	254,771,989	54.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	13,964	13,964	1,049	66	119,536,845	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00 RESPIRATORY THERAPY	1,784	1,784	2,893,519	11	35,829,440	65.00
66.00 PHYSICAL THERAPY	4,505	4,505	1,830,450	17	9,127,064	66.00
67.00 OCCUPATIONAL THERAPY	4,604	4,604	1,565,369	16	6,400,645	67.00
69.00 ELECTROCARDIOLOGY	10,158	10,158	2,981,218	74	32,948,192	69.00
70.00 ELECTROENCEPHALOGRAPHY	237	237	170,752	1	4,012,408	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	43,859,997	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	82,450,604	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	114,472,798	73.00
74.00 RENAL DIALYSIS	0	0	0	0	3,918,258	74.00
76.00 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
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	14	60,615	90.00
90.01 SPORTS MEDICINE	0	0	1,141,398	5	5,093,096	90.01
90.02 WOUND CARE CLINIC	2,423	2,423	353,473	0	2,262,182	90.02
91.00 EMERGENCY	20,492	20,492	7,590,303	136	92,866,415	91.00
91.01 DAY HOSPITAL	0	0	0	0	0	91.01
91.02 PAIN CLINIC	3,715	3,715	830,713	0	3,502,913	91.02
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140288

Period:
From 01/01/2011
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Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (SALARIES)	NONPATIENT TELEPHONES (#OF PHONES)	DATA PROCESSING (REVENUE)		
	NEW BLDG & FIXT (SQUARE FEET 2)	NEW MVBLE EQUIP (SQUARE FEET 2)					
	1.00	2.00					
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	716,105	716,105	127,439,472	2,421	1,188,018,340	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	OTHER NONREIMBURSABLE	43,785	43,785	1,200,443	29	373,601	190.01
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per wkst. B, Part I)	9,901,069	7,303,314	32,838,040	711,068	5,652,480	202.00
203.00	Unit cost multiplier (wkst. B, Part I)	13.029608	9.611015	0.255271	290.231837	0.004756	203.00
204.00	Cost to be allocated (per wkst. B, Part II)			46,978	47,092	45,347	204.00
205.00	Unit cost multiplier (wkst. B, Part II)			0.000365	19.221224	0.000038	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140288

Period:
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Cost Center Description	PURCHASING RECEIVING AND STORES (SUPPLY COSTS)	ADMITTING (I/P REVENUE)	CASHERING/ACCOUNTS RECEIVABLE (REVENUE)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
	5.03	5.04	5.05	5A.06	5.06	
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
5.01 NONPATIENT TELEPHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING RECEIVING AND STORES	52,428,080					5.03
5.04 ADMITTING	12,778	759,629,672				5.04
5.05 CASHERING/ACCOUNTS RECEIVABLE	24,223	0	1,188,391,941			5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL	1,264,801	0	0	-24,477,793	297,795,909	5.06
6.00 MAINTENANCE & REPAIRS	825,493	0	0	0	14,051,956	6.00
7.00 OPERATION OF PLANT	100,250	0	0	0	4,419,112	7.00
8.00 LAUNDRY & LINEN SERVICE	45,005	0	0	0	334,342	8.00
9.00 HOUSEKEEPING	400,539	0	0	0	3,846,994	9.00
10.00 DIETARY	2,318,161	0	0	0	4,205,444	10.00
11.00 CAFETERIA	0	0	0	0	0	11.00
12.00 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 NURSING ADMINISTRATION	84,194	0	0	0	7,383,135	13.00
14.00 CENTRAL SERVICES & SUPPLY	1,714,110	0	0	0	4,278,355	14.00
15.00 PHARMACY	355,040	0	0	0	19,953,799	15.00
16.00 MEDICAL RECORDS & LIBRARY	0	0	0	0	3,208,977	16.00
17.00 SOCIAL SERVICE	7,032	0	0	0	3,299,512	17.00
23.00 PARAMED ED PRGM-(SPECIFY)	8,303	0	0	0	527,988	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	1,796,407	77,956,239	77,956,239	0	37,330,324	30.00
31.00 INTENSIVE CARE UNIT	901,878	51,215,012	51,215,012	0	19,472,109	31.00
32.00 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 SUBPROVIDER - IPF	167,508	17,426,155	17,426,155	0	8,697,201	40.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	159,627	18,541,864	18,541,864	0	4,001,135	43.00
44.00 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	24,242,564	70,011,541	136,443,650	0	21,099,039	50.00
51.00 RECOVERY ROOM	29,887	9,874,097	20,033,700	0	2,336,973	51.00
52.00 DELIVERY ROOM & LABOR ROOM	412,219	19,392,921	23,029,074	0	5,116,104	52.00
53.00 ANESTHESIOLOGY	460,188	13,228,895	23,897,947	0	971,245	53.00
54.00 RADIOLOGY-DIAGNOSTIC	11,840,362	106,970,352	254,771,989	0	29,061,786	54.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	2,563,128	71,381,573	119,536,845	0	14,478,013	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	177,721	7,029,386	8,361,238	0	1,011,170	62.00
65.00 RESPIRATORY THERAPY	642,507	34,322,643	35,829,440	0	4,805,372	65.00
66.00 PHYSICAL THERAPY	251,092	6,711,238	9,127,064	0	3,004,207	66.00
67.00 OCCUPATIONAL THERAPY	9,523	2,820,015	6,400,645	0	2,329,136	67.00
69.00 ELECTROCARDIOLOGY	96,151	15,568,526	32,948,192	0	4,704,578	69.00
70.00 ELECTROENCEPHALOGRAPHY	25,143	3,631,000	4,012,408	0	382,221	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	34,128,972	43,859,997	0	4,951,155	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	66,672,348	82,450,604	0	42,881,329	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	91,630,192	114,472,798	0	2,415,380	73.00
74.00 RENAL DIALYSIS	7,546	3,808,701	3,918,258	0	777,190	74.00
76.00 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
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	60,615	0	5,645	90.00
90.01 SPORTS MEDICINE	12,231	1,111	5,093,096	0	1,948,900	90.01
90.02 WOUND CARE CLINIC	176,262	8,838	2,262,182	0	706,275	90.02
91.00 EMERGENCY	863,533	36,909,420	92,866,415	0	13,920,313	91.00
91.01 DAY HOSPITAL	0	0	0	0	0	91.01
91.02 PAIN CLINIC	31,783	268,051	3,502,913	0	1,392,810	91.02
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140288

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

Worksheet B-1

Date/Time Prepared:
5/29/2012 7:49 am

Cost Center Description	PURCHASING RECEIVING AND STORES (SUPPLY COSTS)	ADMITTING (I/P REVENUE)	CASHERING/ACCO UNTS RECEIVABLE (REVENUE)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
	5.03	5.04	5.05	5A.06	5.06	
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	52,027,189	759,509,090	1,188,018,340	-24,477,793	293,309,224	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01 OTHER NONREIMBURSABLE	400,891	120,582	373,601	0	4,486,685	190.01
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per wkst. B, Part I)	607,079	4,404,694	13,908,169		24,477,793	202.00
203.00 Unit cost multiplier (wkst. B, Part I)	0.011579	0.005798	0.011703		0.082197	203.00
204.00 Cost to be allocated (per wkst. B, Part II)	22,312	122,642	117,145		3,276,916	204.00
205.00 Unit cost multiplier (wkst. B, Part II)	0.000426	0.000161	0.000099		0.011004	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140288

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

Worksheet B-1

Date/Time Prepared:
5/29/2012 7:49 am

Cost Center Description	MAINTENANCE & REPAIRS (SQUARE FEET 2)	OPERATION OF PLANT (SQUARE FEET 2)	LAUNDRY & LINEN SERVICE (#OF POUNDS)	HOUSEKEEPING (SQUARE FEET 2)	DIETARY (MEALS SERVED)	
	6.00	7.00	8.00	9.00	10.00	
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
5.01 NONPATIENT TELEPHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING RECEIVING AND STORES						5.03
5.04 ADMITTING						5.04
5.05 CASHING/ACCOUNTS RECEIVABLE						5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00 MAINTENANCE & REPAIRS	475,520					6.00
7.00 OPERATION OF PLANT	17,601	457,919				7.00
8.00 LAUNDRY & LINEN SERVICE	612	612	1,852,577			8.00
9.00 HOUSEKEEPING	2,558	2,558	886	454,749		9.00
10.00 DIETARY	18,145	18,145	0	18,145	537,533	10.00
11.00 CAFETERIA	0	0	0	0	295,194	11.00
12.00 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 NURSING ADMINISTRATION	6,118	6,118	0	6,118	0	13.00
14.00 CENTRAL SERVICES & SUPPLY	21,795	21,795	48,263	21,795	0	14.00
15.00 PHARMACY	5,602	5,602	0	5,602	0	15.00
16.00 MEDICAL RECORDS & LIBRARY	3,490	3,490	0	3,490	0	16.00
17.00 SOCIAL SERVICE	0	0	0	0	0	17.00
23.00 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	85,127	85,127	698,864	85,127	162,348	30.00
31.00 INTENSIVE CARE UNIT	45,273	45,273	148,386	45,273	47,612	31.00
32.00 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 SUBPROVIDER - IPF	21,946	21,946	54,512	21,946	27,870	40.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	4,182	4,182	7,268	4,182	0	43.00
44.00 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	78,787	78,787	238,259	78,787	0	50.00
51.00 RECOVERY ROOM	6,436	6,436	0	6,436	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	15,867	15,867	92,985	15,867	0	52.00
53.00 ANESTHESIOLOGY	389	389	0	389	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	35,925	35,925	147,449	35,925	0	54.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	13,964	13,964	0	13,964	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00 RESPIRATORY THERAPY	1,784	1,784	0	1,784	0	65.00
66.00 PHYSICAL THERAPY	4,505	4,505	0	4,505	0	66.00
67.00 OCCUPATIONAL THERAPY	4,604	4,604	0	4,604	4,509	67.00
69.00 ELECTROCARDIOLOGY	10,158	10,158	66,437	10,158	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	237	237	0	237	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
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 SPORTS MEDICINE	0	0	0	0	0	90.01
90.02 WOUND CARE CLINIC	2,423	2,423	0	2,423	0	90.02
91.00 EMERGENCY	20,492	20,492	342,000	20,492	0	91.00
91.01 DAY HOSPITAL	0	0	0	0	0	91.01
91.02 PAIN CLINIC	3,715	3,715	7,268	3,715	0	91.02
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140288

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

worksheet B-1

Date/Time Prepared:
5/29/2012 7:49 am

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET 2)	OPERATION OF PLANT (SQUARE FEET 2)	LAUNDRY & LINEN SERVICE (#OF POUNDS)	HOUSEKEEPING (SQUARE FEET 2)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
113.00	INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	431,735	414,134	1,852,577	410,964	537,533	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	OTHER NONREIMBURSABLE	43,785	43,785	0	43,785	0	190.01
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per wkst. B, Part I)	15,206,985	5,345,225	388,540	4,275,054	5,513,774	202.00
203.00	Unit cost multiplier (wkst. B, Part I)	31.979696	11.672861	0.209729	9.400909	10.257554	203.00
204.00	Cost to be allocated (per wkst. B, Part II)	5,559,848	662,641	25,634	135,098	704,365	204.00
205.00	Unit cost multiplier (wkst. B, Part II)	11.692143	1.447070	0.013837	0.297083	1.310366	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140288

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

worksheet B-1

Date/Time Prepared:
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Cost Center Description	CAFETERIA (FTE'S)	MAINTENANCE OF PERSONNEL (ACC COST)	NURSING ADMINISTRATION (FTE'S)	CENTRAL SERVICES & SUPPLY (COSTS)	PHARMACY (COSTS)	
	11.00	12.00	13.00	14.00	15.00	
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
5.01 NONPATIENT TELEPHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING RECEIVING AND STORES						5.03
5.04 ADMITTING						5.04
5.05 CASHING/ACCOUNTS RECEIVABLE						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	1,723					11.00
12.00 MAINTENANCE OF PERSONNEL	18	223,524,786				12.00
13.00 NURSING ADMINISTRATION	72	6,195,162	938			13.00
14.00 CENTRAL SERVICES & SUPPLY	63	4,898,475	0	45,650,704		14.00
15.00 PHARMACY	63	18,848,471	0	355,040	13,138,385	15.00
16.00 MEDICAL RECORDS & LIBRARY	0	3,147,038	0	0	0	16.00
17.00 SOCIAL SERVICE	30	2,768,588	0	7,032	0	17.00
23.00 PARAMED ED PRGM-(SPECIFY)	14	600,102	0	8,303	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	395	29,977,153	384	1,796,407	267,088	30.00
31.00 INTENSIVE CARE UNIT	156	16,182,951	177	901,878	106,765	31.00
32.00 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 SUBPROVIDER - IPF	84	6,431,015	54	167,508	1,025	40.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	29	3,250,031	0	159,627	19,071	43.00
44.00 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	147	39,989,345	91	24,242,564	170,012	50.00
51.00 RECOVERY ROOM	16	1,490,037	20	29,887	21,913	51.00
52.00 DELIVERY ROOM & LABOR ROOM	39	4,754,905	50	412,219	27,933	52.00
53.00 ANESTHESIOLOGY	6	1,991,537	0	460,188	65,412	53.00
54.00 RADIOLOGY-DIAGNOSTIC	186	32,859,593	24	11,840,362	51,195	54.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	112	14,674,743	0	2,563,128	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	8	1,008,459	0	177,721	0	62.00
65.00 RESPIRATORY THERAPY	47	3,938,242	0	642,507	936	65.00
66.00 PHYSICAL THERAPY	26	2,305,978	0	251,092	207	66.00
67.00 OCCUPATIONAL THERAPY	20	1,704,533	0	9,523	0	67.00
69.00 ELECTROCARDIOLOGY	42	4,870,555	30	96,151	18,121	69.00
70.00 ELECTROENCEPHALOGRAPHY	3	298,429	0	25,143	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	13,582	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	12,031,643	73.00
74.00 RENAL DIALYSIS	0	697,688	0	7,546	1,285	74.00
76.00 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
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	1,048,407	0	31,483	0	90.00
90.01 SPORTS MEDICINE	17	1,611,786	0	12,231	7	90.01
90.02 WOUND CARE CLINIC	5	694,818	0	176,262	201	90.02
91.00 EMERGENCY	111	13,983,271	97	863,533	319,869	91.00
91.01 DAY HOSPITAL	0	0	0	0	0	91.01
91.02 PAIN CLINIC	14	30,984	11	0	20,510	91.02
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140288

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

Worksheet B-1

Date/Time Prepared:
5/29/2012 7:49 am

Cost Center Description		CAFETERIA (FTE'S)	MAINTENANCE OF PERSONNEL (ACC COST)	NURSING ADMINISTRATION (FTE'S)	CENTRAL SERVICES & SUPPLY (COSTS)	PHARMACY (COSTS)	
		11.00	12.00	13.00	14.00	15.00	
113.00	INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,723	220,252,296	938	45,237,335	13,136,775	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	OTHER NONREIMBURSABLE	0	3,272,490	0	413,369	1,610	190.01
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per wkst. B, Part I)	3,027,969	31,633	8,442,000	5,907,856	22,050,484	202.00
203.00	Unit cost multiplier (wkst. B, Part I)	1,757.381892	0.000142	9,000.000000	0.129414	1.678325	203.00
204.00	Cost to be allocated (per wkst. B, Part II)	386,813	4,041	321,045	1,313,667	587,810	204.00
205.00	Unit cost multiplier (wkst. B, Part II)	224.499710	0.000018	342.265458	0.028776	0.044740	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140288

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

Worksheet B-1

Date/Time Prepared:
5/29/2012 7:49 am

Cost Center Description		MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (PATIENTS DAYS)	PARAMED ED PRGM (ASSIGNED TIME)	
		16.00	17.00	23.00	
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
5.01	NONPATIENT TELEPHONES				5.01
5.02	DATA PROCESSING				5.02
5.03	PURCHASING RECEIVING AND STORES				5.03
5.04	ADMITTING				5.04
5.05	CASHERING/ACCOUNTS RECEIVABLE				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
12.00	MAINTENANCE OF PERSONNEL				12.00
13.00	NURSING ADMINISTRATION				13.00
14.00	CENTRAL SERVICES & SUPPLY				14.00
15.00	PHARMACY				15.00
16.00	MEDICAL RECORDS & LIBRARY	20,235			16.00
17.00	SOCIAL SERVICE	0	12,763		17.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	19,488	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS	2,088	11,197	0	30.00
31.00	INTENSIVE CARE UNIT	0	242	0	31.00
32.00	CORONARY CARE UNIT	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	34.00
40.00	SUBPROVIDER - IPF	3,694	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	42.00
43.00	NURSERY	696	361	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	1,235	0	0	50.00
51.00	RECOVERY ROOM	19	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	197	361	0	52.00
53.00	ANESTHESIOLOGY	36	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	783	0	0	54.00
57.00	CT SCAN	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	LABORATORY	3,638	0	0	60.00
60.01	BLOOD LABORATORY	0	0	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
65.00	RESPIRATORY THERAPY	67	0	0	65.00
66.00	PHYSICAL THERAPY	475	0	0	66.00
67.00	OCCUPATIONAL THERAPY	16	0	0	67.00
69.00	ELECTROCARDIOLOGY	1,626	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	5	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	963	0	0	73.00
74.00	RENAL DIALYSIS	20	0	0	74.00
76.00	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	76.00
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	SPORTS MEDICINE	0	0	0	90.01
90.02	WOUND CARE CLINIC	0	120	0	90.02
91.00	EMERGENCY	4,677	482	19,488	91.00
91.01	DAY HOSPITAL	0	0	0	91.01
91.02	PAIN CLINIC	0	0	0	91.02
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
99.10	CORF	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS					
109.00	PANCREAS ACQUISITION	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	110.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140288

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

Worksheet B-1

Date/Time Prepared:
5/29/2012 7:49 am

Cost Center Description		MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (PATIENTS DAYS)	PARAMED ED PRGM (ASSIGNED TIME)	
111.00	ISLET ACQUISITION	0	0	0	111.00
113.00	INTEREST EXPENSE				113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	20,235	12,763	19,488	118.00
NONREIMBURSABLE COST CENTERS					
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	190.00
190.01	OTHER NONREIMBURSABLE	0	0	0	190.01
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	192.00
200.00	Cross Foot Adjustments				200.00
201.00	Negative Cost Centers				201.00
202.00	Cost to be allocated (per wkst. B, Part I)	3,658,348	3,624,746	597,150	202.00
203.00	Unit cost multiplier (wkst. B, Part I)	180.793081	284.004231	30.641933	203.00
204.00	Cost to be allocated (per wkst. B, Part II)	190,911	44,206	110,410	204.00
205.00	Unit cost multiplier (wkst. B, Part II)	9.434692	3.463606	5.665538	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140288

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

Worksheet C
Part I
Date/Time Prepared:
5/29/2012 7:49 am

		Title XVIII		Hospital		PPS	
Cost Center Description	Total Cost (from wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE	Total Costs		
				Disallowance			
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	55,119,570		55,119,570	0	55,119,570	30.00
31.00	INTENSIVE CARE UNIT	26,228,132		26,228,132	546,415	26,774,547	31.00
32.00	CORONARY CARE UNIT	0		0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
40.00	SUBPROVIDER - IPF	12,199,488		12,199,488	0	12,199,488	40.00
41.00	SUBPROVIDER - IRF	0		0	0	0	41.00
42.00	SUBPROVIDER	0		0	0	0	42.00
43.00	NURSERY	4,885,859		4,885,859	0	4,885,859	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	31,792,070		31,792,070	0	31,792,070	50.00
51.00	RECOVERY ROOM	3,122,927		3,122,927	0	3,122,927	51.00
52.00	DELIVERY ROOM & LABOR ROOM	7,155,516		7,155,516	831,014	7,986,530	52.00
53.00	ANESTHESIOLOGY	1,258,390		1,258,390	1,102,500	2,360,890	53.00
54.00	RADIOLOGY-DIAGNOSTIC	35,694,780		35,694,780	173,145	35,867,925	54.00
57.00	CT SCAN	0		0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0		0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0		0	0	0	59.00
60.00	LABORATORY	17,597,241		17,597,241	0	17,597,241	60.00
60.01	BLOOD LABORATORY	0		0	0	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,131,487		1,131,487	0	1,131,487	62.00
65.00	RESPIRATORY THERAPY	5,474,995	0	5,474,995	0	5,474,995	65.00
66.00	PHYSICAL THERAPY	3,654,888	0	3,654,888	43,948	3,698,836	66.00
67.00	OCCUPATIONAL THERAPY	2,850,609	0	2,850,609	0	2,850,609	67.00
69.00	ELECTROCARDIOLOGY	6,325,459		6,325,459	0	6,325,459	69.00
70.00	ELECTROENCEPHALOGRAPHY	435,683		435,683	0	435,683	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	5,380,920		5,380,920	0	5,380,920	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	46,405,908		46,405,908	0	46,405,908	72.00
73.00	DRUGS CHARGED TO PATIENTS	22,981,034		22,981,034	0	22,981,034	73.00
74.00	RENAL DIALYSIS	847,922		847,922	0	847,922	74.00
76.00	OTHER ANCILLARY SERVICE COST CENTERS	0		0	0	0	76.00
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	10,332		10,332	0	10,332	90.00
90.01	SPORTS MEDICINE	2,140,793		2,140,793	0	2,140,793	90.01
90.02	WOUND CARE CLINIC	958,992		958,992	0	958,992	90.02
91.00	EMERGENCY	19,521,679		19,521,679	2,814,728	22,336,407	91.00
91.01	DAY HOSPITAL	0		0	0	0	91.01
91.02	PAIN CLINIC	1,863,942		1,863,942	0	1,863,942	91.02
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	1,539,590		1,539,590	0	1,539,590	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	CORF	0		0	0	0	99.10
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
113.00	INTEREST EXPENSE	0		0	0	0	113.00
200.00	Subtotal (see instructions)	316,578,206	0	316,578,206	5,511,750	322,089,956	200.00
201.00	Less Observation Beds	1,539,590		1,539,590	0	1,539,590	201.00
202.00	Total (see instructions)	315,038,616	0	315,038,616	5,511,750	320,550,366	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140288

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

Worksheet C
Part I
Date/Time Prepared:
5/29/2012 7:49 am

		Title XVIII			Hospital	PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				
	9.00	10.00					
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	77,956,239		77,956,239			30.00
31.00	INTENSIVE CARE UNIT	51,215,012		51,215,012			31.00
32.00	CORONARY CARE UNIT	0		0			32.00
33.00	BURN INTENSIVE CARE UNIT	0		0			33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0			34.00
40.00	SUBPROVIDER - IPF	17,426,155		17,426,155			40.00
41.00	SUBPROVIDER - IRF	0		0			41.00
42.00	SUBPROVIDER	0		0			42.00
43.00	NURSERY	18,541,864		18,541,864			43.00
44.00	SKILLED NURSING FACILITY	0		0			44.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	70,011,541	66,432,109	136,443,650	0.233005	0.000000	50.00
51.00	RECOVERY ROOM	9,874,097	10,159,603	20,033,700	0.155884	0.000000	51.00
52.00	DELIVERY ROOM & LABOR ROOM	19,392,921	3,636,153	23,029,074	0.310717	0.000000	52.00
53.00	ANESTHESIOLOGY	13,228,895	10,664,309	23,893,204	0.052667	0.000000	53.00
54.00	RADIOLOGY-DIAGNOSTIC	106,970,352	147,801,638	254,771,990	0.140105	0.000000	54.00
57.00	CT SCAN	0	0	0	0.000000	0.000000	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	0.000000	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000	59.00
60.00	LABORATORY	71,381,573	48,155,271	119,536,844	0.147212	0.000000	60.00
60.01	BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	7,029,386	1,331,852	8,361,238	0.135325	0.000000	62.00
65.00	RESPIRATORY THERAPY	34,322,643	1,506,797	35,829,440	0.152807	0.000000	65.00
66.00	PHYSICAL THERAPY	6,711,238	2,415,826	9,127,064	0.400445	0.000000	66.00
67.00	OCCUPATIONAL THERAPY	2,820,015	3,580,630	6,400,645	0.445363	0.000000	67.00
69.00	ELECTROCARDIOLOGY	15,568,526	17,379,666	32,948,192	0.191982	0.000000	69.00
70.00	ELECTROENCEPHALOGRAPHY	3,631,000	381,408	4,012,408	0.108584	0.000000	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	34,128,972	9,731,025	43,859,997	0.122684	0.000000	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	66,672,348	15,778,256	82,450,604	0.562833	0.000000	72.00
73.00	DRUGS CHARGED TO PATIENTS	91,630,192	22,842,606	114,472,798	0.200755	0.000000	73.00
74.00	RENAL DIALYSIS	3,808,701	109,557	3,918,258	0.216403	0.000000	74.00
76.00	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0.000000	0.000000	76.00
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	60,615	60,615	0.170453	0.000000	90.00
90.01	SPORTS MEDICINE	1,111	5,091,985	5,093,096	0.420332	0.000000	90.01
90.02	WOUND CARE CLINIC	8,838	2,253,344	2,262,182	0.423923	0.000000	90.02
91.00	EMERGENCY	36,909,420	55,956,995	92,866,415	0.210212	0.000000	91.00
91.01	DAY HOSPITAL	0	0	0	0.000000	0.000000	91.01
91.02	PAIN CLINIC	268,051	3,234,862	3,502,913	0.532112	0.000000	91.02
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	1,303,739	8,257,572	9,561,311	0.161023	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	CORF	0	0	0			99.10
SPECIAL PURPOSE COST CENTERS							
109.00	PANCREAS ACQUISITION	0	0	0			109.00
110.00	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	ISLET ACQUISITION	0	0	0			111.00
113.00	INTEREST EXPENSE						113.00
200.00	Subtotal (see instructions)	760,812,829	436,762,079	1,197,574,908			200.00
201.00	Less Observation Beds						201.00
202.00	Total (see instructions)	760,812,829	436,762,079	1,197,574,908			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140288

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

Worksheet C
Part I
Date/Time Prepared:
5/29/2012 7:49 am

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
33.00	BURN INTENSIVE CARE UNIT				33.00
34.00	SURGICAL INTENSIVE CARE UNIT				34.00
40.00	SUBPROVIDER - IPF				40.00
41.00	SUBPROVIDER - IRF				41.00
42.00	SUBPROVIDER				42.00
43.00	NURSERY				43.00
44.00	SKILLED NURSING FACILITY				44.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.233005			50.00
51.00	RECOVERY ROOM	0.155884			51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.346802			52.00
53.00	ANESTHESIOLOGY	0.098810			53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.140784			54.00
57.00	CT SCAN	0.000000			57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000			58.00
59.00	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	LABORATORY	0.147212			60.00
60.01	BLOOD LABORATORY	0.000000			60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.135325			62.00
65.00	RESPIRATORY THERAPY	0.152807			65.00
66.00	PHYSICAL THERAPY	0.405260			66.00
67.00	OCCUPATIONAL THERAPY	0.445363			67.00
69.00	ELECTROCARDIOLOGY	0.191982			69.00
70.00	ELECTROENCEPHALOGRAPHY	0.108584			70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.122684			71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.562833			72.00
73.00	DRUGS CHARGED TO PATIENTS	0.200755			73.00
74.00	RENAL DIALYSIS	0.216403			74.00
76.00	OTHER ANCILLARY SERVICE COST CENTERS	0.000000			76.00
OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC				88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER				89.00
90.00	CLINIC	0.170453			90.00
90.01	SPORTS MEDICINE	0.420332			90.01
90.02	WOUND CARE CLINIC	0.423923			90.02
91.00	EMERGENCY	0.240522			91.00
91.01	DAY HOSPITAL	0.000000			91.01
91.02	PAIN CLINIC	0.532112			91.02
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.161023			92.00
OTHER REIMBURSABLE COST CENTERS					
99.10	CORF				99.10
SPECIAL PURPOSE COST CENTERS					
109.00	PANCREAS ACQUISITION				109.00
110.00	INTESTINAL ACQUISITION				110.00
111.00	ISLET ACQUISITION				111.00
113.00	INTEREST EXPENSE				113.00
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: 140288

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

Worksheet C
Part I
Date/Time Prepared:
5/29/2012 7:49 am

		Title XIX		Hospital		Cost	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
			1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	55,119,570		55,119,570	0	0	30.00
31.00	INTENSIVE CARE UNIT	26,228,132		26,228,132	0	0	31.00
32.00	CORONARY CARE UNIT	0		0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
40.00	SUBPROVIDER - IPF	12,199,488		12,199,488	0	0	40.00
41.00	SUBPROVIDER - IRF	0		0	0	0	41.00
42.00	SUBPROVIDER	0		0	0	0	42.00
43.00	NURSERY	4,885,859		4,885,859	0	0	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	31,792,070		31,792,070	0	0	50.00
51.00	RECOVERY ROOM	3,122,927		3,122,927	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	7,155,516		7,155,516	0	0	52.00
53.00	ANESTHESIOLOGY	1,258,390		1,258,390	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	35,694,780		35,694,780	0	0	54.00
57.00	CT SCAN	0		0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0		0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0		0	0	0	59.00
60.00	LABORATORY	17,597,241		17,597,241	0	0	60.00
60.01	BLOOD LABORATORY	0		0	0	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,131,487		1,131,487	0	0	62.00
65.00	RESPIRATORY THERAPY	5,474,995	0	5,474,995	0	0	65.00
66.00	PHYSICAL THERAPY	3,654,888	0	3,654,888	0	0	66.00
67.00	OCCUPATIONAL THERAPY	2,850,609	0	2,850,609	0	0	67.00
69.00	ELECTROCARDIOLOGY	6,325,459		6,325,459	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	435,683		435,683	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	5,380,920		5,380,920	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	46,405,908		46,405,908	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	22,981,034		22,981,034	0	0	73.00
74.00	RENAL DIALYSIS	847,922		847,922	0	0	74.00
76.00	OTHER ANCILLARY SERVICE COST CENTERS	0		0	0	0	76.00
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	10,332		10,332	0	0	90.00
90.01	SPORTS MEDICINE	2,140,793		2,140,793	0	0	90.01
90.02	WOUND CARE CLINIC	958,992		958,992	0	0	90.02
91.00	EMERGENCY	19,521,679		19,521,679	0	0	91.00
91.01	DAY HOSPITAL	0		0	0	0	91.01
91.02	PAIN CLINIC	1,863,942		1,863,942	0	0	91.02
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	1,539,590		1,539,590	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	CORF	0		0			99.10
SPECIAL PURPOSE COST CENTERS							
109.00	PANCREAS ACQUISITION	0		0			109.00
110.00	INTESTINAL ACQUISITION	0		0			110.00
111.00	ISLET ACQUISITION	0		0			111.00
113.00	INTEREST EXPENSE						113.00
200.00	Subtotal (see instructions)	316,578,206	0	316,578,206	0	0	200.00
201.00	Less Observation Beds	1,539,590		1,539,590			201.00
202.00	Total (see instructions)	315,038,616	0	315,038,616	0	0	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140288

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

Worksheet C
Part I
Date/Time Prepared:
5/29/2012 7:49 am

Cost Center Description	Title XIX			Hospital	Cost	
	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	77,956,239		77,956,239			30.00
31.00 INTENSIVE CARE UNIT	51,215,012		51,215,012			31.00
32.00 CORONARY CARE UNIT	0		0			32.00
33.00 BURN INTENSIVE CARE UNIT	0		0			33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0		0			34.00
40.00 SUBPROVIDER - IPF	17,426,155		17,426,155			40.00
41.00 SUBPROVIDER - IRF	0		0			41.00
42.00 SUBPROVIDER	0		0			42.00
43.00 NURSERY	18,541,864		18,541,864			43.00
44.00 SKILLED NURSING FACILITY	0		0			44.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	70,011,541	66,432,109	136,443,650	0.233005	0.000000	50.00
51.00 RECOVERY ROOM	9,874,097	10,159,603	20,033,700	0.155884	0.000000	51.00
52.00 DELIVERY ROOM & LABOR ROOM	19,392,921	3,636,153	23,029,074	0.310717	0.000000	52.00
53.00 ANESTHESIOLOGY	13,228,895	10,664,309	23,893,204	0.052667	0.000000	53.00
54.00 RADIOLOGY-DIAGNOSTIC	106,970,352	147,801,638	254,771,990	0.140105	0.000000	54.00
57.00 CT SCAN	0	0	0	0.000000	0.000000	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	0.000000	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000	59.00
60.00 LABORATORY	71,381,573	48,155,271	119,536,844	0.147212	0.000000	60.00
60.01 BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	7,029,386	1,331,852	8,361,238	0.135325	0.000000	62.00
65.00 RESPIRATORY THERAPY	34,322,643	1,506,797	35,829,440	0.152807	0.000000	65.00
66.00 PHYSICAL THERAPY	6,711,238	2,415,826	9,127,064	0.400445	0.000000	66.00
67.00 OCCUPATIONAL THERAPY	2,820,015	3,580,630	6,400,645	0.445363	0.000000	67.00
69.00 ELECTROCARDIOLOGY	15,568,526	17,379,666	32,948,192	0.191982	0.000000	69.00
70.00 ELECTROENCEPHALOGRAPHY	3,631,000	381,408	4,012,408	0.108584	0.000000	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	34,128,972	9,731,025	43,859,997	0.122684	0.000000	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	66,672,348	15,778,256	82,450,604	0.562833	0.000000	72.00
73.00 DRUGS CHARGED TO PATIENTS	91,630,192	22,842,606	114,472,798	0.200755	0.000000	73.00
74.00 RENAL DIALYSIS	3,808,701	109,557	3,918,258	0.216403	0.000000	74.00
76.00 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0.000000	0.000000	76.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0.000000	0.000000	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	0.000000	89.00
90.00 CLINIC	0	60,615	60,615	0.170453	0.000000	90.00
90.01 SPORTS MEDICINE	1,111	5,091,985	5,093,096	0.420332	0.000000	90.01
90.02 WOUND CARE CLINIC	8,838	2,253,344	2,262,182	0.423923	0.000000	90.02
91.00 EMERGENCY	36,909,420	55,956,995	92,866,415	0.210212	0.000000	91.00
91.01 DAY HOSPITAL	0	0	0	0.000000	0.000000	91.01
91.02 PAIN CLINIC	268,051	3,234,862	3,502,913	0.532112	0.000000	91.02
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	1,303,739	8,257,572	9,561,311	0.161023	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF	0	0	0			99.10
SPECIAL PURPOSE COST CENTERS						
109.00 PANCREAS ACQUISITION	0	0	0			109.00
110.00 INTESTINAL ACQUISITION	0	0	0			110.00
111.00 ISLET ACQUISITION	0	0	0			111.00
113.00 INTEREST EXPENSE						113.00
200.00 Subtotal (see instructions)	760,812,829	436,762,079	1,197,574,908			200.00
201.00 Less Observation Beds						201.00
202.00 Total (see instructions)	760,812,829	436,762,079	1,197,574,908			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140288

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

Worksheet C
Part I
Date/Time Prepared:
5/29/2012 7:49 am

Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital	Cost
		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
33.00	BURN INTENSIVE CARE UNIT				33.00
34.00	SURGICAL INTENSIVE CARE UNIT				34.00
40.00	SUBPROVIDER - IPF				40.00
41.00	SUBPROVIDER - IRF				41.00
42.00	SUBPROVIDER				42.00
43.00	NURSERY				43.00
44.00	SKILLED NURSING FACILITY				44.00
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
57.00	CT SCAN	0.000000			57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000			58.00
59.00	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	LABORATORY	0.000000			60.00
60.01	BLOOD LABORATORY	0.000000			60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000			62.00
65.00	RESPIRATORY THERAPY	0.000000			65.00
66.00	PHYSICAL THERAPY	0.000000			66.00
67.00	OCCUPATIONAL THERAPY	0.000000			67.00
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
76.00	OTHER ANCILLARY SERVICE COST CENTERS	0.000000			76.00
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	SPORTS MEDICINE	0.000000			90.01
90.02	WOUND CARE CLINIC	0.000000			90.02
91.00	EMERGENCY	0.000000			91.00
91.01	DAY HOSPITAL	0.000000			91.01
91.02	PAIN CLINIC	0.000000			91.02
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
OTHER REIMBURSABLE COST CENTERS					
99.10	CORF				99.10
SPECIAL PURPOSE COST CENTERS					
109.00	PANCREAS ACQUISITION				109.00
110.00	INTESTINAL ACQUISITION				110.00
111.00	ISLET ACQUISITION				111.00
113.00	INTEREST EXPENSE				113.00
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: 140288

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

Worksheet D
Part I
Date/Time Prepared:
5/29/2012 7:49 am

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	4,122,089	0	4,122,089	55,671	74.04	30.00
31.00	INTENSIVE CARE UNIT	2,073,979		2,073,979	13,998	148.16	31.00
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
40.00	SUBPROVIDER - IPF	1,010,668	0	1,010,668	9,290	108.79	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	222,341		222,341	4,043	54.99	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
200.00	Total (lines 30-199)	7,429,077		7,429,077	83,002		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140288	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part I Date/Time Prepared: 5/29/2012 7:49 am
		Title XVIII	Hospital	PPS

Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)		
	6.00	7.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00 ADULTS & PEDIATRICS	27,756	2,055,054		30.00
31.00 INTENSIVE CARE UNIT	7,246	1,073,567		31.00
32.00 CORONARY CARE UNIT	0	0		32.00
33.00 BURN INTENSIVE CARE UNIT	0	0		33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0		34.00
40.00 SUBPROVIDER - IPF	4,731	514,685		40.00
41.00 SUBPROVIDER - IRF	0	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
200.00 Total (lines 30-199)	39,733	3,643,306		200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS	Provider CCN: 140288	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part II Date/Time Prepared: 5/29/2012 7:49 am
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Hospital Inpatient Program Charges	Capital Costs (column 3 x column 4)	PPS
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	4,089,440	136,443,650	0.029972	27,038,031	810,384	50.00
51.00	RECOVERY ROOM	275,557	20,033,700	0.013755	3,643,531	50,117	51.00
52.00	DELIVERY ROOM & LABOR ROOM	748,283	23,029,074	0.032493	90,030	2,925	52.00
53.00	ANESTHESIOLOGY	118,541	23,893,204	0.004961	4,428,263	21,969	53.00
54.00	RADIOLOGY-DIAGNOSTIC	4,459,840	254,771,990	0.017505	59,571,991	1,042,808	54.00
57.00	CT SCAN	0	0	0.000000	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	LABORATORY	826,810	119,536,844	0.006917	37,449,122	259,036	60.00
60.01	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	20,409	8,361,238	0.002441	3,699,328	9,030	62.00
65.00	RESPIRATORY THERAPY	184,177	35,829,440	0.005140	17,933,237	92,177	65.00
66.00	PHYSICAL THERAPY	216,612	9,127,064	0.023733	4,107,294	97,478	66.00
67.00	OCCUPATIONAL THERAPY	206,472	6,400,645	0.032258	1,769,084	57,067	67.00
69.00	ELECTROCARDIOLOGY	467,720	32,948,192	0.014196	8,970,449	127,344	69.00
70.00	ELECTROENCEPHALOGRAPHY	15,431	4,012,408	0.003846	1,015,370	3,905	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	66,595	43,859,997	0.001518	16,067,698	24,391	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	493,865	82,450,604	0.005990	28,735,887	172,128	72.00
73.00	DRUGS CHARGED TO PATIENTS	604,394	114,472,798	0.005280	42,279,983	223,238	73.00
74.00	RENAL DIALYSIS	10,181	3,918,258	0.002598	2,808,831	7,297	74.00
76.00	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0	0	76.00
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	1,264	60,615	0.020853	0	0	90.00
90.01	SPORTS MEDICINE	347,017	5,093,096	0.068135	1,111	76	90.01
90.02	WOUND CARE CLINIC	232,588	2,262,182	0.102816	7,714	793	90.02
91.00	EMERGENCY	1,330,630	92,866,415	0.014328	18,130,351	259,772	91.00
91.01	DAY HOSPITAL	0	0	0.000000	0	0	91.01
91.02	PAIN CLINIC	158,120	3,502,913	0.045140	78,433	3,540	91.02
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	115,137	9,561,311	0.012042	826,995	9,959	92.00
200.00	Total (lines 50-199)	14,989,083	1,032,435,638		278,652,733	3,275,434	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140288		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part III Date/Time Prepared: 5/29/2012 7:49 am	
Cost Center Description	Title XVIII			Hospital		PPS	
	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	0	0	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
200.00	Total (lines 30-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140288		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part III Date/Time Prepared: 5/29/2012 7:49 am	
Cost Center Description		Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. Nursing School	PPS
		6.00	7.00	8.00	9.00	11.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	55,671	0.00	27,756	0	0	30.00
31.00	INTENSIVE CARE UNIT	13,998	0.00	7,246	0	0	31.00
32.00	CORONARY CARE UNIT	0	0.00	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0.00	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0.00	0	0	0	34.00
40.00	SUBPROVIDER - IPF	9,290	0.00	4,731	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0.00	0	0	0	41.00
42.00	SUBPROVIDER	0	0.00	0	0	0	42.00
43.00	NURSERY	4,043	0.00	0	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0.00	0	0	0	44.00
200.00	Total (lines 30-199)	83,002		39,733	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140288		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part III Date/Time Prepared: 5/29/2012 7:49 am	
Cost Center Description		PSA Adj. Allied Health Cost	PSA Adj. All Other Medical Education Cost	Title XVIII	Hospital	PPS	
		12.00	13.00				
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	0	0				30.00
31.00	INTENSIVE CARE UNIT	0	0				31.00
32.00	CORONARY CARE UNIT	0	0				32.00
33.00	BURN INTENSIVE CARE UNIT	0	0				33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0				34.00
40.00	SUBPROVIDER - IPF	0	0				40.00
41.00	SUBPROVIDER - IRF	0	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
200.00	Total (lines 30-199)	0	0				200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140288	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/29/2012 7:49 am
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Cost Center Description	Title XVIII				Hospital	PPS
	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
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	0	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
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
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
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 SPORTS MEDICINE	0	0	0	0	0	90.01
90.02 WOUND CARE CLINIC	0	0	0	0	0	90.02
91.00 EMERGENCY	0	0	597,150	0	597,150	91.00
91.01 DAY HOSPITAL	0	0	0	0	0	91.01
91.02 PAIN CLINIC	0	0	0	0	0	91.02
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00 Total (lines 50-199)	0	0	597,150	0	597,150	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140288

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

Worksheet D
Part IV
Date/Time Prepared:
5/29/2012 7:49 am

Cost Center Description		Title XVIII			Hospital		PPS
		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	136,443,650	0.000000	0.000000	27,038,031	50.00
51.00	RECOVERY ROOM	0	20,033,700	0.000000	0.000000	3,643,531	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	23,029,074	0.000000	0.000000	90,030	52.00
53.00	ANESTHESIOLOGY	0	23,893,204	0.000000	0.000000	4,428,263	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	254,771,990	0.000000	0.000000	59,571,991	54.00
57.00	CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00	LABORATORY	0	119,536,844	0.000000	0.000000	37,449,122	60.00
60.01	BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	8,361,238	0.000000	0.000000	3,699,328	62.00
65.00	RESPIRATORY THERAPY	0	35,829,440	0.000000	0.000000	17,933,237	65.00
66.00	PHYSICAL THERAPY	0	9,127,064	0.000000	0.000000	4,107,294	66.00
67.00	OCCUPATIONAL THERAPY	0	6,400,645	0.000000	0.000000	1,769,084	67.00
69.00	ELECTROCARDIOLOGY	0	32,948,192	0.000000	0.000000	8,970,449	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	4,012,408	0.000000	0.000000	1,015,370	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	43,859,997	0.000000	0.000000	16,067,698	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	82,450,604	0.000000	0.000000	28,735,887	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	114,472,798	0.000000	0.000000	42,279,983	73.00
74.00	RENAL DIALYSIS	0	3,918,258	0.000000	0.000000	2,808,831	74.00
76.00	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0.000000	0	76.00
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	60,615	0.000000	0.000000	0	90.00
90.01	SPORTS MEDICINE	0	5,093,096	0.000000	0.000000	1,111	90.01
90.02	WOUND CARE CLINIC	0	2,262,182	0.000000	0.000000	7,714	90.02
91.00	EMERGENCY	597,150	92,866,415	0.006430	0.006430	18,130,351	91.00
91.01	DAY HOSPITAL	0	0	0.000000	0.000000	0	91.01
91.02	PAIN CLINIC	0	3,502,913	0.000000	0.000000	78,433	91.02
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	9,561,311	0.000000	0.000000	826,995	92.00
200.00	Total (lines 50-199)	597,150	1,032,435,638			278,652,733	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140288	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/29/2012 7:49 am
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Cost Center Description	Title XVIII			Hospital		PPS
	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
	11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	14,517,121	0	0	0	50.00
51.00 RECOVERY ROOM	0	1,901,830	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	11,615	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	1,938,085	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	48,148,894	0	0	0	54.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	0	17,763,783	0	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	682,981	0	0	0	62.00
65.00 RESPIRATORY THERAPY	0	436,672	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	890,439	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	827,093	0	0	0	67.00
69.00 ELECTROCARDIOLOGY	0	6,070,569	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	82,890	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,187,839	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	6,923,459	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	6,848,752	0	0	0	73.00
74.00 RENAL DIALYSIS	0	85,930	0	0	0	74.00
76.00 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
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 SPORTS MEDICINE	0	1,738,376	0	0	0	90.01
90.02 WOUND CARE CLINIC	0	1,206,439	0	0	0	90.02
91.00 EMERGENCY	116,578	9,747,388	62,676	0	0	91.00
91.01 DAY HOSPITAL	0	0	0	0	0	91.01
91.02 PAIN CLINIC	0	1,570,379	0	0	0	91.02
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	2,418,805	0	0	0	92.00
200.00 Total (lines 50-199)	116,578	125,999,339	62,676	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140288

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

Worksheet D
Part IV
Date/Time Prepared:
5/29/2012 7:49 am

Cost Center Description		PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	
		23.00	24.00	
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
57.00	CT SCAN	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	59.00
60.00	LABORATORY	0	0	60.00
60.01	BLOOD LABORATORY	0	0	60.01
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
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	0	73.00
74.00	RENAL DIALYSIS	0	0	74.00
76.00	OTHER ANCILLARY SERVICE COST CENTERS	0	0	76.00
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	SPORTS MEDICINE	0	0	90.01
90.02	WOUND CARE CLINIC	0	0	90.02
91.00	EMERGENCY	0	0	91.00
91.01	DAY HOSPITAL	0	0	91.01
91.02	PAIN CLINIC	0	0	91.02
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00	Total (lines 50-199)	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140288	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/29/2012 7:49 am
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Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges				PPS
		PPS Reimbursed Services (see instructions)	Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)	Hospital	
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0.233005	14,517,121	0	0	50.00
51.00	RECOVERY ROOM	0.155884	1,901,830	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.310717	11,615	0	0	52.00
53.00	ANESTHESIOLOGY	0.052667	1,938,085	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.140105	48,148,894	0	0	54.00
57.00	CT SCAN	0.000000	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.000000	0	0	0	59.00
60.00	LABORATORY	0.147212	17,763,783	0	0	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.135325	682,981	0	0	62.00
65.00	RESPIRATORY THERAPY	0.152807	436,672	0	0	65.00
66.00	PHYSICAL THERAPY	0.400445	890,439	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0.445363	827,093	0	0	67.00
69.00	ELECTROCARDIOLOGY	0.191982	6,070,569	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.108584	82,890	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.122684	2,187,839	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.562833	6,923,459	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.200755	6,848,752	0	92,696	73.00
74.00	RENAL DIALYSIS	0.216403	85,930	0	0	74.00
76.00	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	76.00
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	0.170453	0	0	0	90.00
90.01	SPORTS MEDICINE	0.420332	1,738,376	0	0	90.01
90.02	WOUND CARE CLINIC	0.423923	1,206,439	0	0	90.02
91.00	EMERGENCY	0.210212	9,747,388	0	0	91.00
91.01	DAY HOSPITAL	0.000000	0	0	0	91.01
91.02	PAIN CLINIC	0.532112	1,570,379	0	0	91.02
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.161023	2,418,805	0	0	92.00
200.00	Subtotal (see instructions)		125,999,339	0	92,696	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		125,999,339	0	92,696	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140288	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/29/2012 7:49 am
		Title XVIII	Hospital	PPS

Cost Center Description	Costs			Hospital	PPS
	PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)		
	5.00	6.00	7.00		
ANCILLARY SERVICE COST CENTERS					
50.00 OPERATING ROOM	3,382,562	0	0		50.00
51.00 RECOVERY ROOM	296,465	0	0		51.00
52.00 DELIVERY ROOM & LABOR ROOM	3,609	0	0		52.00
53.00 ANESTHESIOLOGY	102,073	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	6,745,901	0	0		54.00
57.00 CT SCAN	0	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00 CARDIAC CATHETERIZATION	0	0	0		59.00
60.00 LABORATORY	2,615,042	0	0		60.00
60.01 BLOOD LABORATORY	0	0	0		60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	92,424	0	0		62.00
65.00 RESPIRATORY THERAPY	66,727	0	0		65.00
66.00 PHYSICAL THERAPY	356,572	0	0		66.00
67.00 OCCUPATIONAL THERAPY	368,357	0	0		67.00
69.00 ELECTROCARDIOLOGY	1,165,440	0	0		69.00
70.00 ELECTROENCEPHALOGRAPHY	9,001	0	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	268,413	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	3,896,751	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	1,374,921	0	18,609		73.00
74.00 RENAL DIALYSIS	18,596	0	0		74.00
76.00 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0		76.00
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 SPORTS MEDICINE	730,695	0	0		90.01
90.02 WOUND CARE CLINIC	511,437	0	0		90.02
91.00 EMERGENCY	2,049,018	0	0		91.00
91.01 DAY HOSPITAL	0	0	0		91.01
91.02 PAIN CLINIC	835,618	0	0		91.02
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	389,483	0	0		92.00
200.00 Subtotal (see instructions)	25,279,105	0	18,609		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges		0			201.00
202.00 Net Charges (line 200 +/- line 201)	25,279,105	0	18,609		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140288 Component CCN: 14S288		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part II Date/Time Prepared: 5/29/2012 7:49 am	
Title XVIII				Subprovider - IPF		PPS	
Cost Center Description		Capital Related Cost (from wkst. B, Part II, col. 26)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	4,089,440	136,443,650	0.029972	23,381	701	50.00
51.00	RECOVERY ROOM	275,557	20,033,700	0.013755	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	748,283	23,029,074	0.032493	0	0	52.00
53.00	ANESTHESIOLOGY	118,541	23,893,204	0.004961	136,845	679	53.00
54.00	RADIOLOGY-DIAGNOSTIC	4,459,840	254,771,990	0.017505	337,614	5,910	54.00
57.00	CT SCAN	0	0	0.000000	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	LABORATORY	826,810	119,536,844	0.006917	843,183	5,832	60.00
60.01	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	20,409	8,361,238	0.002441	0	0	62.00
65.00	RESPIRATORY THERAPY	184,177	35,829,440	0.005140	193,636	995	65.00
66.00	PHYSICAL THERAPY	216,612	9,127,064	0.023733	65,208	1,548	66.00
67.00	OCCUPATIONAL THERAPY	206,472	6,400,645	0.032258	39,687	1,280	67.00
69.00	ELECTROCARDIOLOGY	467,720	32,948,192	0.014196	62,469	887	69.00
70.00	ELECTROENCEPHALOGRAPHY	15,431	4,012,408	0.003846	6,180	24	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	66,595	43,859,997	0.001518	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	493,865	82,450,604	0.005990	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	604,394	114,472,798	0.005280	1,336,064	7,054	73.00
74.00	RENAL DIALYSIS	10,181	3,918,258	0.002598	0	0	74.00
76.00	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0	0	76.00
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	1,264	60,615	0.020853	0	0	90.00
90.01	SPORTS MEDICINE	347,017	5,093,096	0.068135	0	0	90.01
90.02	WOUND CARE CLINIC	232,588	2,262,182	0.102816	0	0	90.02
91.00	EMERGENCY	1,330,630	92,866,415	0.014328	537,523	7,702	91.00
91.01	DAY HOSPITAL	0	0	0.000000	0	0	91.01
91.02	PAIN CLINIC	158,120	3,502,913	0.045140	55,620	2,511	91.02
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	115,137	9,561,311	0.012042	0	0	92.00
200.00	Total (lines 50-199)	14,989,083	1,032,435,638		3,637,410	35,123	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140288
Component CCN:145288

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

Worksheet D
Part IV
Date/Time Prepared:
5/29/2012 7:49 am

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
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	0	0	0	0	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
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
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
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	SPORTS MEDICINE	0	0	0	0	0	90.01
90.02	WOUND CARE CLINIC	0	0	0	0	0	90.02
91.00	EMERGENCY	0	0	597,150	0	597,150	91.00
91.01	DAY HOSPITAL	0	0	0	0	0	91.01
91.02	PAIN CLINIC	0	0	0	0	0	91.02
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00	Total (lines 50-199)	0	0	597,150	0	597,150	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140288

Period: From 01/01/2011

Worksheet D

Component CCN: 145288

To 12/31/2011

Part IV
Date/Time Prepared: 5/29/2012 7:49 am

Title XVIII

Subprovider - IPF

PPS

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	136,443,650	0.000000	0.000000	23,381	50.00
51.00	RECOVERY ROOM	0	20,033,700	0.000000	0.000000	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	23,029,074	0.000000	0.000000	0	52.00
53.00	ANESTHESIOLOGY	0	23,893,204	0.000000	0.000000	136,845	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	254,771,990	0.000000	0.000000	337,614	54.00
57.00	CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00	LABORATORY	0	119,536,844	0.000000	0.000000	843,183	60.00
60.01	BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	8,361,238	0.000000	0.000000	0	62.00
65.00	RESPIRATORY THERAPY	0	35,829,440	0.000000	0.000000	193,636	65.00
66.00	PHYSICAL THERAPY	0	9,127,064	0.000000	0.000000	65,208	66.00
67.00	OCCUPATIONAL THERAPY	0	6,400,645	0.000000	0.000000	39,687	67.00
69.00	ELECTROCARDIOLOGY	0	32,948,192	0.000000	0.000000	62,469	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	4,012,408	0.000000	0.000000	6,180	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	43,859,997	0.000000	0.000000	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	82,450,604	0.000000	0.000000	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	114,472,798	0.000000	0.000000	1,336,064	73.00
74.00	RENAL DIALYSIS	0	3,918,258	0.000000	0.000000	0	74.00
76.00	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0.000000	0	76.00
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	60,615	0.000000	0.000000	0	90.00
90.01	SPORTS MEDICINE	0	5,093,096	0.000000	0.000000	0	90.01
90.02	WOUND CARE CLINIC	0	2,262,182	0.000000	0.000000	0	90.02
91.00	EMERGENCY	597,150	92,866,415	0.006430	0.006430	537,523	91.00
91.01	DAY HOSPITAL	0	0	0.000000	0.000000	0	91.01
91.02	PAIN CLINIC	0	3,502,913	0.000000	0.000000	55,620	91.02
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	9,561,311	0.000000	0.000000	0	92.00
200.00	Total (lines 50-199)	597,150	1,032,435,638			3,637,410	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140288 Component CCN: 145288	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/29/2012 7:49 am
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	3,347,322	0	0	0	50.00
51.00	RECOVERY ROOM	0	594,726	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	1,016,236	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	606,893	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	8,940,241	0	0	0	54.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	0	3,916,957	0	0	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	83,338	0	0	0	62.00
65.00	RESPIRATORY THERAPY	0	210,838	0	0	0	65.00
66.00	PHYSICAL THERAPY	0	160,768	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	552,704	0	0	0	67.00
69.00	ELECTROCARDIOLOGY	0	922,243	0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	17,725	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	440,346	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	336,950	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	1,534,892	0	0	0	73.00
74.00	RENAL DIALYSIS	0	4,718	0	0	0	74.00
76.00	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
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	146	0	0	0	90.00
90.01	SPORTS MEDICINE	0	442,994	0	0	0	90.01
90.02	WOUND CARE CLINIC	0	33,577	0	0	0	90.02
91.00	EMERGENCY	3,456	8,361,817	53,766	0	0	91.00
91.01	DAY HOSPITAL	0	0	0	0	0	91.01
91.02	PAIN CLINIC	0	175,531	0	0	0	91.02
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	890,138	0	0	0	92.00
200.00	Total (lines 50-199)	3,456	32,591,100	53,766	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140288 Component CCN: 145288	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/29/2012 7:49 am
Title XVIII		Subprovider - IPF	PPS

Cost Center Description	PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	
	23.00	24.00	
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
57.00 CT SCAN	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	59.00
60.00 LABORATORY	0	0	60.00
60.01 BLOOD LABORATORY	0	0	60.01
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
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	0	73.00
74.00 RENAL DIALYSIS	0	0	74.00
76.00 OTHER ANCILLARY SERVICE COST CENTERS	0	0	76.00
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 SPORTS MEDICINE	0	0	90.01
90.02 WOUND CARE CLINIC	0	0	90.02
91.00 EMERGENCY	0	0	91.00
91.01 DAY HOSPITAL	0	0	91.01
91.02 PAIN CLINIC	0	0	91.02
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00 Total (lines 50-199)	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140288	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/29/2012 7:49 am		
		Component CCN: 14S288		PPS		
		Title XVIII	Subprovider - IPF			
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges				
		PPS Reimbursed Services (see instructions)	Cost Reimbursed Subject To Ded. & Coins. (see instructions)	Cost Reimbursed Subject To Ded. & Coins. (see instructions)		
	1.00	2.00	3.00	4.00		
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0.233005	3,347,322	0	0	50.00
51.00	RECOVERY ROOM	0.155884	594,726	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.310717	1,016,236	0	0	52.00
53.00	ANESTHESIOLOGY	0.052667	606,893	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.140105	8,940,241	0	0	54.00
57.00	CT SCAN	0.000000	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.000000	0	0	0	59.00
60.00	LABORATORY	0.147212	3,916,957	0	0	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.135325	83,338	0	0	62.00
65.00	RESPIRATORY THERAPY	0.152807	210,838	0	0	65.00
66.00	PHYSICAL THERAPY	0.400445	160,768	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0.445363	552,704	0	0	67.00
69.00	ELECTROCARDIOLOGY	0.191982	922,243	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.108584	17,725	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.122684	440,346	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.562833	336,950	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.200755	1,534,892	0	0	73.00
74.00	RENAL DIALYSIS	0.216403	4,718	0	0	74.00
76.00	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	76.00
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	0.170453	146	0	0	90.00
90.01	SPORTS MEDICINE	0.420332	442,994	0	0	90.01
90.02	WOUND CARE CLINIC	0.423923	33,577	0	0	90.02
91.00	EMERGENCY	0.210212	8,361,817	0	0	91.00
91.01	DAY HOSPITAL	0.000000	0	0	0	91.01
91.02	PAIN CLINIC	0.532112	175,531	0	0	91.02
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.161023	890,138	0	0	92.00
200.00	Subtotal (see instructions)		32,591,100	0	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		32,591,100	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140288 Component CCN: 14S288	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/29/2012 7:49 am
	Title XVIII	Subprovider - IPF	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	779,943	0	0		50.00
51.00 RECOVERY ROOM	92,708	0	0		51.00
52.00 DELIVERY ROOM & LABOR ROOM	315,762	0	0		52.00
53.00 ANESTHESIOLOGY	31,963	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	1,252,572	0	0		54.00
57.00 CT SCAN	0	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00 CARDIAC CATHETERIZATION	0	0	0		59.00
60.00 LABORATORY	576,623	0	0		60.00
60.01 BLOOD LABORATORY	0	0	0		60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	11,278	0	0		62.00
65.00 RESPIRATORY THERAPY	32,218	0	0		65.00
66.00 PHYSICAL THERAPY	64,379	0	0		66.00
67.00 OCCUPATIONAL THERAPY	246,154	0	0		67.00
69.00 ELECTROCARDIOLOGY	177,054	0	0		69.00
70.00 ELECTROENCEPHALOGRAPHY	1,925	0	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	54,023	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	189,647	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	308,137	0	0		73.00
74.00 RENAL DIALYSIS	1,021	0	0		74.00
76.00 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0		76.00
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	25	0	0		90.00
90.01 SPORTS MEDICINE	186,205	0	0		90.01
90.02 WOUND CARE CLINIC	14,234	0	0		90.02
91.00 EMERGENCY	1,757,754	0	0		91.00
91.01 DAY HOSPITAL	0	0	0		91.01
91.02 PAIN CLINIC	93,402	0	0		91.02
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	143,333	0	0		92.00
200.00 Subtotal (see instructions)	6,330,360	0	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges		0	0		201.00
202.00 Net Charges (line 200 +/- line 201)	6,330,360	0	0		202.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 140288	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1 Date/Time Prepared: 5/29/2012 7:49 am
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	Title XVIII	Hospital	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)	55,671	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	55,671	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)	55,671	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)	27,756	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)	55,119,570	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)	55,119,570	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28.00	General inpatient routine service charges (excluding swing-bed charges)	77,956,239	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	77,956,239	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.707058	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)	1,400.30	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)	55,119,570	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)	990.09	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	27,480,938	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)	27,480,938	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140288

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

Worksheet D-1

Date/Time Prepared:
5/29/2012 7:49 am

Cost Center Description	Title XVIII			Hospital	PPS	
	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	26,774,547	13,998	1,912.74	7,246	13,859,714	43.00
44.00 CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00 OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						
48.00 Program inpatient ancillary service cost (wkst. D-3, col. 3, line 200)					60,542,144	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					101,882,796	49.00
PASS THROUGH COST ADJUSTMENTS						
50.00 Pass through costs applicable to Program inpatient routine services (from wkst. D, sum of Parts I and III)					3,128,621	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from wkst. D, sum of Parts II and IV)					3,392,012	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					6,520,633	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					95,362,163	53.00
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00 Program discharges					0	54.00
55.00 Target amount per discharge					0.00	55.00
56.00 Target amount (line 54 x line 55)					0	56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00 Bonus payment (see instructions)					0	58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00 Relief payment (see instructions)					0	62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY						
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00 Program routine service cost (line 9 x line 71)						72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from worksheet B, Part II, column 26, line 45)						75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00 Program capital-related costs (line 9 x line 76)						77.00
78.00 Inpatient routine service cost (line 74 minus line 77)						78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00 Inpatient routine service cost per diem limitation						81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00 Reasonable inpatient routine service costs (see instructions)						83.00
84.00 Program inpatient ancillary services (see instructions)						84.00
85.00 Utilization review - physician compensation (see instructions)						85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00 Total observation bed days (see instructions)					1,555	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					990.09	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					1,539,590	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140288

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

Worksheet D-1

Date/Time Prepared:
5/29/2012 7:49 am

Cost Center Description	Title XVIII			Hospital	PPS	
	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	4,122,089	55,119,570	0.074784	1,539,590	115,137	90.00
91.00 Nursing School cost	0	55,119,570	0.000000	1,539,590	0	91.00
92.00 Allied health cost	0	55,119,570	0.000000	1,539,590	0	92.00
93.00 All other Medical Education	0	55,119,570	0.000000	1,539,590	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140288	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1
		Component CCN: 14S288		Date/Time Prepared: 5/29/2012 7:49 am
		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)		9,290	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		9,290	2.00
3.00	Private room days (excluding swing-bed and observation bed days)		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		9,290	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)		4,731	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)		12,199,488	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)		12,199,488	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		17,426,155	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		17,426,155	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.700068	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)		1,875.80	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)		12,199,488	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)		1,313.18	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		6,212,655	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)		6,212,655	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140288 Component CCN: 14S288		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1 Date/Time Prepared: 5/29/2012 7:49 am	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Total	Total	Average Per	Program Days	Program Cost		
	Inpatient Cost	Inpatient Days	Diem (col. 1 + col. 2)				
	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
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)				704,086		48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				6,916,741		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)				514,685		50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from wkst. D, sum of Parts II and IV)				38,579		51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)				553,264		52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)				6,363,477		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: 140288 Component CCN: 14S288		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1 Date/Time Prepared: 5/29/2012 7:49 am	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,010,668	12,199,488	0.082845	0	0	90.00
91.00	Nursing School cost	0	12,199,488	0.000000	0	0	91.00
92.00	Allied health cost	0	12,199,488	0.000000	0	0	92.00
93.00	All other Medical Education	0	12,199,488	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140288	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3 Date/Time Prepared: 5/29/2012 7:49 am
Cost Center Description		Ratio of Cost To Charges	Hospital Inpatient Program Charges	PPS Inpatient Program Costs (col. 1 x col. 2)
		1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS		39,213,284	30.00
31.00	INTENSIVE CARE UNIT		26,866,163	31.00
32.00	CORONARY CARE UNIT		0	32.00
33.00	BURN INTENSIVE CARE UNIT		0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	SUBPROVIDER - IPF		0	40.00
41.00	SUBPROVIDER - IRF		0	41.00
42.00	SUBPROVIDER		0	42.00
43.00	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0.233005	27,038,031	50.00
51.00	RECOVERY ROOM	0.155884	3,643,531	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.346802	90,030	52.00
53.00	ANESTHESIOLOGY	0.098810	4,428,263	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.140784	59,571,991	54.00
57.00	CT SCAN	0.000000	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	58.00
59.00	CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	LABORATORY	0.147212	37,449,122	60.00
60.01	BLOOD LABORATORY	0.000000	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.135325	3,699,328	62.00
65.00	RESPIRATORY THERAPY	0.152807	17,933,237	65.00
66.00	PHYSICAL THERAPY	0.405260	4,107,294	66.00
67.00	OCCUPATIONAL THERAPY	0.445363	1,769,084	67.00
69.00	ELECTROCARDIOLOGY	0.191982	8,970,449	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.108584	1,015,370	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.122684	16,067,698	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.562833	28,735,887	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.200755	42,279,983	73.00
74.00	RENAL DIALYSIS	0.216403	2,808,831	74.00
76.00	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	76.00
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	0.170453	0	90.00
90.01	SPORTS MEDICINE	0.420332	1,111	90.01
90.02	WOUND CARE CLINIC	0.423923	7,714	90.02
91.00	EMERGENCY	0.240522	18,130,351	91.00
91.01	DAY HOSPITAL	0.000000	0	91.01
91.02	PAIN CLINIC	0.532112	78,433	91.02
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.161023	826,995	92.00
200.00	Total (sum of lines 50-94 and 96-98)		278,652,733	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)		278,652,733	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140288 Component CCN: 14S288	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3 Date/Time Prepared: 5/29/2012 7:49 am
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
		1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS		237,227	30.00
31.00	INTENSIVE CARE UNIT		0	31.00
32.00	CORONARY CARE UNIT		0	32.00
33.00	BURN INTENSIVE CARE UNIT		0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	SUBPROVIDER - IPF		8,878,938	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	0.233005	23,381	5,448 50.00
51.00	RECOVERY ROOM	0.155884	0	0 51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.346802	0	0 52.00
53.00	ANESTHESIOLOGY	0.098810	136,845	13,522 53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.140784	337,614	47,531 54.00
57.00	CT SCAN	0.000000	0	0 57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0 58.00
59.00	CARDIAC CATHETERIZATION	0.000000	0	0 59.00
60.00	LABORATORY	0.147212	843,183	124,127 60.00
60.01	BLOOD LABORATORY	0.000000	0	0 60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.135325	0	0 62.00
65.00	RESPIRATORY THERAPY	0.152807	193,636	29,589 65.00
66.00	PHYSICAL THERAPY	0.405260	65,208	26,426 66.00
67.00	OCCUPATIONAL THERAPY	0.445363	39,687	17,675 67.00
69.00	ELECTROCARDIOLOGY	0.191982	62,469	11,993 69.00
70.00	ELECTROENCEPHALOGRAPHY	0.108584	6,180	671 70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.122684	0	0 71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.562833	0	0 72.00
73.00	DRUGS CHARGED TO PATIENTS	0.200755	1,336,064	268,222 73.00
74.00	RENAL DIALYSIS	0.216403	0	0 74.00
76.00	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0 76.00
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	0.170453	0	0 90.00
90.01	SPORTS MEDICINE	0.420332	0	0 90.01
90.02	WOUND CARE CLINIC	0.423923	0	0 90.02
91.00	EMERGENCY	0.240522	537,523	129,286 91.00
91.01	DAY HOSPITAL	0.000000	0	0 91.01
91.02	PAIN CLINIC	0.532112	55,620	29,596 91.02
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.161023	0	0 92.00
200.00	Total (sum of lines 50-94 and 96-98)		3,637,410	704,086 200.00
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)		3,637,410	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140288	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part A Date/Time Prepared: 5/29/2012 7:49 am
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS				
1.00	DRG Amounts Other than Outlier Payments		63,748,911	1.00
2.00	Outlier payments for discharges. (see instructions)		3,529,709	2.00
3.00	Managed Care Simulated Payments		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		284.74	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)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8,01 and 8,02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
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)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment. (see instructions)		0.000000	27.00
28.00	IME Adjustment (see instructions)		0	28.00
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		0.00	30.00
31.00	Percentage of Medicaid patient days to total days reported on worksheet S-2, Part I, line 24. (see instructions)		0.00	31.00
32.00	Sum of lines 30 and 31		0.00	32.00
33.00	Allowable disproportionate share percentage (see instructions)		0.00	33.00
34.00	Disproportionate share adjustment (see instructions)		0	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 7 days)		0.000000	44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		405.45	45.00
46.00	Total additional payment (line 45 times line 44 times line 41)		0	46.00
47.00	Subtotal (see instructions)		67,278,620	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)		67,278,620	49.00
50.00	Payment for inpatient program capital (from worksheet L, Parts I, II, as applicable)		5,500,967	50.00
51.00	Exception payment for inpatient program capital (worksheet L, Part III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from worksheet E-4, line 49 see instructions).		0	52.00
53.00	Nursing and Allied Health Managed Care payment		552	53.00
54.00	Special add-on payments for new technologies		0	54.00
55.00	Net organ acquisition cost (worksheet D-4 Part III, col. 1, line 69)		0	55.00
56.00	Cost of teaching physicians (worksheet D-5, Part II, col. 3, line 20)		0	56.00
57.00	Routine service other pass through costs		0	57.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140288	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part A Date/Time Prepared: 5/29/2012 7:49 am
		Title XVIII	Hospital	PPS
				1.00
58.00	Ancillary service other pass through costs worksheet D, Part IV, col. 11 line 200)			116,578 58.00
59.00	Total (sum of amounts on lines 49 through 58)			72,896,717 59.00
60.00	Primary payer payments			40,051 60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			72,856,666 61.00
62.00	Deductibles billed to program beneficiaries			6,160,592 62.00
63.00	Coinsurance billed to program beneficiaries			177,887 63.00
64.00	Allowable bad debts (see instructions)			868,880 64.00
65.00	Adjusted reimbursable bad debts (see instructions)			608,216 65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			500,214 66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			67,126,403 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)			67,126,403 71.00
72.00	Interim payments			66,614,525 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)			511,878 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: 140288	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/29/2012 7:49 am
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		18,609	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		25,216,429	2.00
3.00	PPS payments		18,337,451	3.00
4.00	Outlier payment (see instructions)		99,441	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		62,676	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		18,609	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		92,696	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)		92,696	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 chargebasis 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)		92,696	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		74,087	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)		18,609	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		18,499,568	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)		3,646,713	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		14,871,464	27.00
28.00	Direct graduate medical education payments (from worksheet E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from worksheet E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		14,871,464	30.00
31.00	Primary payer payments		2,478	31.00
32.00	Subtotal (line 30 minus line 31)		14,868,986	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)		385,213	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		269,649	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		280,400	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		15,138,635	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (line 37 plus or minus lines 39 minus 38)		15,138,635	40.00
41.00	Interim payments		15,050,469	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)		88,166	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: 140288	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/29/2012 7:49 am
		Title XVIII	Hospital
			PPS Overrides
			1.00
WORKSHEET OVERRIDE VALUES			
112.00	Override of Ancillary service charges (line 12)		0112.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140288 Component CCN: 145288	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/29/2012 7:49 am
		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)		6,276,594	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		53,766	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 chargebasis 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)		53,766	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)		53,766	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)		53,766	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		53,766	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)		53,766	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)		53,766	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)		53,766	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: 140288	Period: From 01/01/2011	Worksheet E
	Component CCN: 145288	To 12/31/2011	Part B Date/Time Prepared: 5/29/2012 7:49 am
	Title XVIII	Subprovider - IPF	PPS
			Overrides
			1.00
WORKSHEET OVERRIDE VALUES			
112.00	override of Ancillary service charges (line 12)		0112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140288

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

Worksheet E-1
Part I
Date/Time Prepared:
5/29/2012 7:49 am

		Title XVIII		Hospital		PPS
		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		66,410,973		14,787,702	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER	07/29/2011	158,651	07/29/2011	99,873	3.01
3.02		12/27/2011	44,901	12/27/2011	162,894	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)		203,552		262,767	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)		66,614,525		15,050,469	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		511,878		88,166	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		67,126,403		15,138,635	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: 140288

Period:

Worksheet E-1

Component CCN: 145288

From 01/01/2011

Part I

To 12/31/2011

Date/Time Prepared:

5/29/2012 7:49 am

Title XVIII

Subprovider -

PPS

IPF

		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		4,318,906		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		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to wkst. E or wkst. E-3, line and column as appropriate)		4,318,906		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		3,456		53,766	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		4,322,362		53,766	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: 140288	Period: From 01/01/2011 To 12/31/2011	Worksheet E-1 Part II Date/Time Prepared: 5/29/2012 7:49 am
		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			17,631 1.00
2.00	Medicare days from wkst S-3, Part I, column 6 sum of lines 1, 8-12			35,002 2.00
3.00	Medicare HMO days from wkst S-3, Part I, column 6. line 2			2,488 3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12			68,114 4.00
5.00	Total hospital charges from wkst C, Part I, column 8 line 200			1,197,574,908 5.00
6.00	Total hospital charity care charges from wkst S-10, column 3 line 20			34,733,243 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)			3,002,238 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)			3,002,238 32.00
				Overrides
				1.00
CONTRACTOR OVERRIDES				
108.00	Override of HIT payment			0 108.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140288	Period: From 01/01/2011 To 12/31/2011	Worksheet E-3 Part II Date/Time Prepared: 5/29/2012 7:49 am
		Component CCN: 14S288		
		Title XVIII	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)			3,797,267 1.00
2.00	Net IPF PPS Outlier Payments			762,611 2.00
3.00	Net IPF PPS ECT Payments			32,214 3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)			0.00 4.00
5.00	New Teaching program adjustment. (see instructions)			0.00 5.00
6.00	Current year's unweighted FTE count of I&R other than FTEs in the first 3 years of a "new teaching program". (see inst.)			0.00 6.00
7.00	Current year's unweighted I&R FTE count for residents within the first 3 years of a "new teaching program". (see inst.)			0.00 7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)			0.00 8.00
9.00	Average Daily Census (see instructions)			25.452055 9.00
10.00	Medical Education Adjustment Factor $\{(1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1\}$.			0.000000 10.00
11.00	Medical Education Adjustment (line 1 multiplied by line 10).			0 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			4,592,092 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)			4,592,092 16.00
17.00	Primary payer payments			0 17.00
18.00	Subtotal (line 16 less line 17).			4,592,092 18.00
19.00	Deductibles			220,548 19.00
20.00	Subtotal (line 18 minus line 19)			4,371,544 20.00
21.00	Coinsurance			52,638 21.00
22.00	Subtotal (line 20 minus line 21)			4,318,906 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			0 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			0 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 25.00
26.00	Subtotal (sum of lines 22 and 24)			4,318,906 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)			3,456 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)			4,322,362 31.00
32.00	Interim payments			4,318,906 32.00
33.00	Tentative settlement (for contractor use only)			0 33.00
34.00	Balance due provider/program (line 31 minus the sum lines 32 and 33)			3,456 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

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

Provider CCN: 140288

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

Worksheet G
Date/Time Prepared:
5/29/2012 7:49 am

		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	1,022,000	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	1,022,000	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	-891,109,000	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	1,013,835,000	0	0	0	23.00
24.00	Accumulated depreciation	-777,240,000	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	1,022,000	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		1,022,000			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	1,022,000	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	5,420,568,000	1,022,000	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140288

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

Worksheet G-1

Date/Time Prepared:
5/29/2012 7:49 am

	General Fund		Special Purpose Fund		
	1.00	2.00	3.00	4.00	
	1.00				
2.00		2,529,786,262		0	2.00
3.00		33,524,738			3.00
4.00		2,563,311,000		0	4.00
5.00	43,412,000		1,022,000		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		43,412,000		1,022,000	10.00
11.00		2,606,723,000		1,022,000	11.00
12.00	0		0		12.00
13.00	0		0		13.00
14.00	0		0		14.00
15.00	0		0		15.00
16.00	0		0		16.00
17.00	0		0		17.00
18.00		0		0	18.00
19.00		2,606,723,000		1,022,000	19.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140288

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

Worksheet G-1

Date/Time Prepared:
5/29/2012 7:49 am

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

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 140288

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

Worksheet G-2 Parts

Date/Time Prepared:
5/29/2012 7:49 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	77,956,239		77,956,239	1.00
2.00	SUBPROVIDER - IPF	17,426,155		17,426,155	2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	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)	95,382,394		95,382,394	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	51,215,012		51,215,012	11.00
12.00	CORONARY CARE UNIT	0		0	12.00
13.00	BURN INTENSIVE CARE UNIT	0		0	13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	51,215,012		51,215,012	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	146,597,406		146,597,406	17.00
18.00	Ancillary services	575,415,051	368,703,132	944,118,183	18.00
19.00	Outpatient services	38,800,372	68,058,947	106,859,319	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	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)	760,812,829	436,762,079	1,197,574,908	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per wkst. A, column 3, line 200)		354,394,687		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to wkst. G-3, line 4)		354,394,687		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140288

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

Worksheet G-3

Date/Time Prepared:
5/29/2012 7:49 am

		1.00	
1.00	Total patient revenues (from wkst. G-2, Part I, column 3, line 28)	1,197,574,908	1.00
2.00	Less contractual allowances and discounts on patients' accounts	817,214,402	2.00
3.00	Net patient revenues (line 1 minus line 2)	380,360,506	3.00
4.00	Less total operating expenses (from wkst. G-2, Part II, line 43)	354,394,687	4.00
5.00	Net income from service to patients (line 3 minus line 4)	25,965,819	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and telegraph service	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER (SPECIFY)	7,558,919	24.00
25.00	Total other income (sum of lines 6-24)	7,558,919	25.00
26.00	Total (line 5 plus line 25)	33,524,738	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	33,524,738	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140288	Period: From 01/01/2011 To 12/31/2011	Worksheet L Parts I-III Date/Time Prepared: 5/29/2012 7:49 am
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		5,175,954	1.00
2.00	Capital DRG outlier payments		224,599	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		186.61	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (worksheet E, part A line 30) (see instructions)		0.01	7.00
8.00	Percentage of Medicaid patient days to total days reported on worksheet S-3, Part I (see instructions)		9.48	8.00
9.00	Sum of lines 7 and 8		9.49	9.00
10.00	Allowable disproportionate share percentage (see instructions)		1.94	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		100,414	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		5,500,967	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

CALCULATION OF CAPITAL PAYMENT	Provider CCN: 140288	Period: From 01/01/2011 To 12/31/2011	Worksheet L Parts I-III Date/Time Prepared: 5/29/2012 7:49 am
	Component CCN: 14S288	Title XVIII	Subprovider - IPF

		1.00	
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PART I - FULLY PROSPECTIVE METHOD

CAPITAL FEDERAL AMOUNT

1.00	Capital DRG other than outlier	0	1.00
2.00	Capital DRG outlier payments	0	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)	0.00	3.00
4.00	Number of interns & residents (see instructions)	0.00	4.00
5.00	Indirect medical education percentage (see instructions)	0.00	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)	0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (worksheet E, part A line 30) (see instructions)	0.00	7.00
8.00	Percentage of Medicaid patient days to total days reported on worksheet S-3, Part I (see instructions)	0.00	8.00
9.00	Sum of lines 7 and 8	0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)	0.00	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)	0	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)	0	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