

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: 140291	Period: From 01/01/2011 To 12/31/2011 Worksheet S Parts I-III Date/Time Prepared: 5/30/2012 7:03 am

PART I - COST REPORT STATUS		
Provider use only	1. <input type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 5/30/2012 Time: 7:03 am
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN 10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by GOOD SHEPHERD HOSPITAL for the cost reporting period beginning 01/01/2011 and ending 12/31/2011 and to the best of my knowledge and belief, it is a true, correct and complete statement prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services identified in this cost report were provided in compliance with such laws and regulations.

(Signed) _____
 Officer or Administrator of Provider(s)

 Title

 Date

	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	338,629	236,300	2,472,390	0	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	0	0	0	0	3.00
4.00 SUBPROVIDER I	0	0	0	0	0	4.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0	0	0	7.00
8.00 NURSING FACILITY	0	0	0	0	0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0	0	0	9.00
10.00 RURAL HEALTH CLINIC I	0	0	0	0	0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0	11.00
12.00 CMHC I	0	0	0	0	0	12.00
200.00 Total	0	338,629	236,300	2,472,390	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.

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OMB NO. 0938-0050

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Encryption Information
 ECR: Date: 5/30/2012 Time: 7:03 am
 HJUh0npS5Kw1MOI1rgmeAXaiXu:ie0
 0XnBe0RXI r0FC6GESB6Jcu90Tc7Ec8
 XI3R19EQDw0EFurV
 PI: Date: 5/30/2012 Time: 7:03 am
 9g8lq5rzkJHD5AEt3Lmv0F0dA9:jb1
 Bixpl0ysaRDi mye: sdNvtLCmSnUUVp
 :Y3Q7AHUE90KY421

(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	338,629	236,300	2,472,390	0 1.00
2.00	Subprovider - IPF	0	0	0	0	0 2.00
3.00	Subprovider - IRF	0	0	0	0	0 3.00
4.00	SUBPROVIDER I	0	0	0	0	0 4.00
5.00	Swing bed - SNF	0	0	0	0	0 5.00
6.00	Swing bed - NF	0	0	0	0	0 6.00
7.00	SKILLED NURSING FACILITY	0	0	0	0	0 7.00
8.00	NURSING FACILITY	0	0	0	0	0 8.00
9.00	HOME HEALTH AGENCY I	0	0	0	0	0 9.00
10.00	RURAL HEALTH CLINIC I	0	0	0	0	0 10.00
11.00	FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0 11.00
12.00	CMHC I	0	0	0	0	0 12.00
200.00	Total	0	338,629	236,300	2,472,390	0 200.00

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete and review the information collection is estimated 673 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving the form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140291		Period: From 01/01/2011 To 12/31/2011		Worksheet S-2 Part I Date/Time Prepared: 5/30/2012 7:01 am					
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 450 W. HIGHWAY 22		PO Box:					1.00			
2.00	City: BARRINGTON		State: IL		Zip Code: 60010-		County: LAKE				
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00		
Hospital and Hospital-Based Component Identification:											
3.00	Hospital		GOOD SHEPHERD HOSPITAL	140291	29404	1	10/17/1979	N	P	O	3.00
4.00	Subprovider - IPF		GOOD SHEPHERD PSYCH UNIT	14S291	29404	4	01/01/1988	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	8.00
9.00	Hospital-Based SNF										9.00
10.00	Hospital-Based NF										10.00
11.00	Hospital-Based OLTC										11.00
12.00	Hospital-Based HHA							N	N	N	12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital-Based Hospice										14.00
15.00	Hospital-Based Health Clinic - RHC							N	N	N	15.00
16.00	Hospital-Based Health Clinic - FQHC							N	N	N	16.00
17.00	Hospital-Based (CMHC) 1										17.00
17.10	Hospital-Based (CORF) 1							N	N	N	17.10
17.20	Hospital-Based (OPT) 1							N	N	N	17.20
17.30	Hospital-Based (OOT) 1							N	N	N	17.30
17.40	Hospital-Based (OSP) 1							N	N	N	17.40
18.00	Renal Dialysis										18.00
19.00	Other										19.00
							From:	To:			
							1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2011	12/31/2011		20.00	
21.00	Type of Control (see instructions)						1		21.00		
Inpatient PPS Information											
22.00	Does this facility qualify for and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.						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.			2,299	0	60	0	44	0	24.00	
25.00	If this provider is an IRF, enter the in-State Medicaid paid days in column 1, the in State Medicaid eligible days in column 2, the out of State Medicaid paid days in column 3, the out of State Medicaid eligible days in column 4, Medicaid HMO days in column 5, and other Medicaid days in column 6. For all columns include in these days the labor and delivery days.			0	0	0	0	0	0	25.00	
							Urban/Rural 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		

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		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)	N			60.00	
		Y/N 1.00	IME Average 2.00	Direct GME Average 3.00		
61.00	Did your facility receive additional FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. If "Y", effective for portions of cost reporting periods beginning on or after July 1, 2011 enter the average number of primary care FTE residents for IME in column 2 and direct GME in column 3, from the hospital's three most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00	61.00	
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 1.00	Unweighted FTEs in Hospital 2.00	Ratio (col. 1/ (col. 1 + col. 2)) 3.00		
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. If line 63 is yes or your facility trained residents in the base year period, enter in column 1, from your cost reporting period that begins on or after July 1, 2009, and before June 30, 2010 the number of unweighted nonprimary care FTE residents attributable to rotations that occurred in all nonprovider settings. Enter in column 2 the number of unweighted nonprimary care FTE residents that trained in your hospital. Include unweighted OB/GYN, dental and podiatry FTEs on this line. Enter in column 3, the ratio of column 1 divided by the sum of columns 1 and 2.	0.00	0.00	0.000000	64.00	
		Program Name 1.00	Program Code 2.00	Unweighted FTEs Nonprovider Site 3.00	Unweighted FTEs in Hospital 4.00	Ratio (col. 3/ (col. 3 + col. 4)) 5.00

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		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
		1.00	2.00	3.00	4.00	5.00		
65.00	If line 63 is yes or your facility trained residents in the base year period, enter from your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010, the number of unweighted primary care FTE residents for each primary care specialty program in which you train residents. Use subscripted lines 65.01 through 65.50 for each additional primary care program. Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations that occurred in nonprovider settings for each applicable program. Enter in column 4, the number of unweighted primary care FTE residents in your hospital for each applicable program. Enter in column 5 the ratio of column 3 divided by the sum of columns 3 and 4.			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

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			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)(i)? 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)				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	
			1.00	2.00	
			Speech	Respiratory	
			3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.		N	N	109.00
			1.00		
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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA			Provider CCN: 140291		Period: From 01/01/2011 To 12/31/2011		Worksheet S-2 Part I Date/Time Prepared: 5/30/2012 7:01 am		
			1.00	2.00					
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.								126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.								127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.								128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.								129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.								130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.								131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.								132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.								133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.								134.00
All Providers									
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)			Y	14H036			140.00	
	1.00	2.00	3.00						
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.									
141.00	Name: ADVOCATE HEALTH CARE		Contractor's Name: NGS		Contractor's Number: 00130			141.00	
142.00	Street: 2025 WINDSOR DRIVE		PO Box:					142.00	
143.00	City: OAK BROOK		State: IL		Zip Code: 60523			143.00	
							1.00		
144.00	Are provider based physicians' costs included in Worksheet A?						Y		144.00
145.00	If costs for renal services are claimed on Worksheet A, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.						N		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.						Y		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
161.20	OUTPATIENT PHYSICAL THERAPY							N	161.20
161.30	OUTPATIENT OCCUPATIONAL THERAPY							N	161.30
161.40	OUTPATIENT SPEECH PATHOLOGY							N	161.40
							1.00		
Multi campus									
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.							N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus		
	0	1.00	2.00	3.00	4.00	5.00			
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5							0.00	166.00
							1.00		
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act									
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.							Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)								168.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 140291	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part I Date/Time Prepared: 5/30/2012 7:01 am
			1.00
169.00 If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)	1.00	169.00	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140291	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part II Date/Time Prepared: 5/30/2012 7:01 am	
		Y/N	Date		
		1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00
		Y/N	Type	Date	
		1.00	2.00	3.00	
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	03/09/2012	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
		Y/N	Legal Oper.		
		1.00	2.00		
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N			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

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140291	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part II Date/Time Prepared: 5/30/2012 7:01 am
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		Part A				
		Description	Y/N	Date		
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	0	1.00 N	2.00		21.00
					1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)						
Capital Related Cost						
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions		N			22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.		N			23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions					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.		Y			40.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 140291

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

Worksheet S-2
Part II
Date/Time Prepared:
5/30/2012 7:01 am

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140291

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

Worksheet S-3
Part I
Date/Time Prepared:
5/30/2012 7:01 am

Cost Center Description	Worksheet A	No. of Beds	Bed Days Available	CAH Hours		
	Line Number					
	1.00	2.00	3.00	4.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	30.00	151	55,115	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)		151	55,115	0.00		7.00
8.00 INTENSIVE CARE UNIT	31.00	18	6,570	0.00		8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00					13.00
14.00 Total (see instructions)		169	61,685	0.00		14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	40.00	0	0			16.00
17.00 SUBPROVIDER - IRF	41.00	0	0			17.00
18.00 SUBPROVIDER	42.00	0	0			18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10					25.10
25.20 CMHC - OUTPATIENT PHYSICAL THERAPY	99.20					25.20
25.30 CMHC - OUTPATIENT OCCUPATIONAL THERAPY	99.30					25.30
25.40 CMHC - OUTPATIENT SPEECH PATHOLOGY	99.40					25.40
26.00 RURAL HEALTH CLINIC	88.00					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00					26.25
27.00 Total (sum of lines 14-26)		169				27.00
28.00 Observation Bed Days						28.00
28.01 SUBPROVIDER - IPF	40.00					28.01
28.02 SUBPROVIDER - IRF	41.00					28.02
28.03 SUBPROVIDER	42.00					28.03
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140291

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

Worksheet S-3
Part I
Date/Time Prepared:
5/30/2012 7:01 am

Cost Center Description	I/P Days / O/P Visits / Trips					
	Title V	Title XVIII	Title XIX	Total All Patients		
	5.00	6.00	7.00	8.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	0	20,668	1,664	34,844		1.00
2.00 HMO		1,068	44			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	20,668	1,664	34,844		7.00
8.00 INTENSIVE CARE UNIT	0	3,277	392	5,433		8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	0		204	3,089		13.00
14.00 Total (see instructions)	0	23,945	2,260	43,366		14.00
15.00 CAH visits	0	0	0	0		15.00
16.00 SUBPROVIDER - IPF	0	0	0	0		16.00
17.00 SUBPROVIDER - IRF	0	0	0	0		17.00
18.00 SUBPROVIDER	0	0	0	0		18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0	0	0	0		22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0	0	0	0		25.10
25.20 CMHC - OUTPATIENT PHYSICAL THERAPY	0	0	0	0		25.20
25.30 CMHC - OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0		25.30
25.40 CMHC - OUTPATIENT SPEECH PATHOLOGY	0	0	0	0		25.40
26.00 RURAL HEALTH CLINIC	0	0	0	0		26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0		26.25
27.00 Total (sum of lines 14-26)						27.00
28.00 Observation Bed Days	0		190	2,835		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)			49	682		32.00
33.00 LTCH non-covered days		0				33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140291

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

Worksheet S-3
Part I
Date/Time Prepared:
5/30/2012 7:01 am

Cost Center Description	Full Time Equivalents			Discharges		
	Total Interns & Residents	Employees On Payroll	Nonpaid Workers	Title V	Title XVIII	
	9.00	10.00	11.00	12.00	13.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)				0	4,627	1.00
2.00 HMO					206	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	1,141.55	0.00	0	4,627	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0.00	0.00	0	0	16.00
17.00 SUBPROVIDER - IRF	0.00	0.00	0.00	0	0	17.00
18.00 SUBPROVIDER	0.00	0.00	0.00	0	0	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00	0.00	0.00			22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0.00	0.00	0.00			25.10
25.20 CMHC - OUTPATIENT PHYSICAL THERAPY	0.00	0.00	0.00			25.20
25.30 CMHC - OUTPATIENT OCCUPATIONAL THERAPY	0.00	0.00	0.00			25.30
25.40 CMHC - OUTPATIENT SPEECH PATHOLOGY	0.00	0.00	0.00			25.40
26.00 RURAL HEALTH CLINIC	0.00	0.00	0.00			26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00	0.00	0.00			26.25
27.00 Total (sum of lines 14-26)	0.00	1,141.55	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: 140291

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

Worksheet S-3
Part I
Date/Time Prepared:
5/30/2012 7:01 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)	588	10,817		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)	588	10,817		14.00
15.00 CAH visits				15.00
16.00 SUBPROVIDER - IPF	0	0		16.00
17.00 SUBPROVIDER - IRF	0	0		17.00
18.00 SUBPROVIDER	0	0		18.00
19.00 SKILLED NURSING FACILITY				19.00
20.00 NURSING FACILITY				20.00
21.00 OTHER LONG TERM CARE				21.00
22.00 HOME HEALTH AGENCY				22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)				23.00
24.00 HOSPICE				24.00
25.00 CMHC - CMHC				25.00
25.10 CMHC - CORF				25.10
25.20 CMHC - OUTPATIENT PHYSICAL THERAPY				25.20
25.30 CMHC - OUTPATIENT OCCUPATIONAL THERAPY				25.30
25.40 CMHC - OUTPATIENT SPEECH PATHOLOGY				25.40
26.00 RURAL HEALTH CLINIC				26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER				26.25
27.00 Total (sum of lines 14-26)				27.00
28.00 Observation Bed Days				28.00
28.01 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: 140291

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

Worksheet S-3
Part II
Date/Time Prepared:
5/30/2012 7:01 am

		Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	
		1.00	2.00	3.00	4.00	5.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	78,816,870	0	78,816,870	2,418,754.00	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)		1,182,173	0	1,182,173	29,120.00	10.00
OTHER WAGES & RELATED COSTS							
11.00	Contract labor (see instructions)		41,601	0	41,601	777.00	11.00
12.00	Management and administrative services		54,059	0	54,059	2,523.00	12.00
13.00	Contract labor: physician-Part A		1,845,444	0	1,845,444	9,476.00	13.00
14.00	Home office salaries & wage-related costs		12,972,704	0	12,972,704	273,559.00	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		22,196,168	0	22,196,168		17.00
18.00	Wage-related costs (other)Wkst S-3, Part IV Line 25		0	0	0		18.00
19.00	Excluded areas		338,980	0	338,980		19.00
20.00	Non-physician anesthetist Part A		0	0	0		20.00
21.00	Non-physician anesthetist Part B		0	0	0		21.00
22.00	Physician Part A		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	1,682,475	0	1,682,475	14,560.00	26.00
27.00	Administrative & General	5.00	13,742,838	1,812	13,744,650	449,280.00	27.00
28.00	Administrative & General under contract (see inst.)		807,932	0	807,932	4,582.00	28.00
29.00	Maintenance & Repairs	6.00	879,555	0	879,555	31,200.00	29.00
30.00	Operation of Plant	7.00	472,671	0	472,671	14,560.00	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	31.00
32.00	Housekeeping	9.00	1,486,362	0	1,486,362	99,840.00	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	33.00
34.00	Dietary	10.00	1,507,960	0	1,507,960	91,520.00	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	1,274,853	0	1,274,853	31,200.00	38.00
39.00	Central Services and Supply	14.00	465,238	0	465,238	24,960.00	39.00
40.00	Pharmacy	15.00	3,024,743	0	3,024,743	68,640.00	40.00
41.00	Medical Records & Medical Records Library	16.00	1,396,488	0	1,396,488	60,320.00	41.00
42.00	Social Service	17.00	432,380	0	432,380	12,480.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 140291	Period: From 01/01/2011 To 12/31/2011	Worksheet S-3 Part II Date/Time Prepared: 5/30/2012 7:01 am
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		Average Hourly Wage (col. 4 ÷ col. 5)	
		6.00	
PART II - WAGE DATA			
SALARIES			
1.00	Total salaries (see instructions)	32.59	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)	40.60	10.00
OTHER WAGES & RELATED COSTS			
11.00	Contract labor (see instructions)	53.54	11.00
12.00	Management and administrative services	21.43	12.00
13.00	Contract labor: physician-Part A	194.75	13.00
14.00	Home office salaries & wage-related costs	47.42	14.00
15.00	Home office: physician Part A	0.00	15.00
16.00	Teaching physician salaries (see instructions)	0.00	16.00
WAGE-RELATED COSTS			
17.00	Wage-related costs (core) Wkst S-3, Part IV Line 24		17.00
18.00	Wage-related costs (other) Wkst S-3, Part IV Line 25		18.00
19.00	Excluded areas		19.00
20.00	Non-physician anesthetist Part A		20.00
21.00	Non-physician anesthetist Part B		21.00
22.00	Physician Part A		22.00
23.00	Physician Part B		23.00
24.00	Wage-related costs (RHC/FOHC)		24.00
25.00	Interns & residents (in an approved program)		25.00
OVERHEAD COSTS - DIRECT SALARIES			
26.00	Employee Benefits	115.55	26.00
27.00	Administrative & General	30.59	27.00
28.00	Administrative & General under contract (see inst.)	176.33	28.00
29.00	Maintenance & Repairs	28.19	29.00
30.00	Operation of Plant	32.46	30.00
31.00	Laundry & Linen Service	0.00	31.00
32.00	Housekeeping	14.89	32.00
33.00	Housekeeping under contract (see instructions)	0.00	33.00
34.00	Dietary	16.48	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	40.86	38.00
39.00	Central Services and Supply	18.64	39.00
40.00	Pharmacy	44.07	40.00
41.00	Medical Records & Medical Records Library	23.15	41.00
42.00	Social Service	34.65	42.00
43.00	Other General Service	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 140291		Period: From 01/01/2011 To 12/31/2011		Worksheet S-3 Part III Date/Time Prepared: 5/30/2012 7:01 am	
	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4		
	1.00	2.00	3.00	4.00	5.00		
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	79,624,802	0	79,624,802	2,423,336.00		1.00
2.00	Excluded area salaries (see instructions)	1,182,173	0	1,182,173	29,120.00		2.00
3.00	Subtotal salaries (line 1 minus line 2)	78,442,629	0	78,442,629	2,394,216.00		3.00
4.00	Subtotal other wages & related costs (see inst.)	14,913,808	0	14,913,808	286,335.00		4.00
5.00	Subtotal wage-related costs (see inst.)	22,196,168	0	22,196,168	0.00		5.00
6.00	Total (sum of lines 3 thru 5)	115,552,605	0	115,552,605	2,680,551.00		6.00
7.00	Total overhead cost (see instructions)	27,173,495	1,812	27,175,307	903,142.00		7.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140291

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

Worksheet S-3
Part III
Date/Time Prepared:
5/30/2012 7:01 am

		Average Hourly Wage (col. 4 ÷ col. 5)	
		6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY			
1.00	Net salaries (see instructions)	32.86	1.00
2.00	Excluded area salaries (see instructions)	40.60	2.00
3.00	Subtotal salaries (line 1 minus line 2)	32.76	3.00
4.00	Subtotal other wages & related costs (see inst.)	52.09	4.00
5.00	Subtotal wage-related costs (see inst.)	28.30	5.00
6.00	Total (sum of lines 3 thru 5)	43.11	6.00
7.00	Total overhead cost (see instructions)	30.09	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 140291	Period: From 01/01/2011 To 12/31/2011	Worksheet S-3 Part IV Date/Time Prepared: 5/30/2012 7:01 am
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		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	1,585,532	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Qualified and Non-Qualified Pension Plan Cost	1,169,601	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	221,250	6.00
7.00	Employee Managed Care Program Administration Fees	1,044,106	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	7,672,945	8.00
9.00	Prescription Drug Plan	1,600,194	9.00
10.00	Dental, Hearing and Vision Plan	413,184	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	105,304	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)	644,826	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	1,446,900	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	5,610,913	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	164,875	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
OTHER			
21.00	Executive Deferred Compensation	233,418	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	622,100	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	22,535,148	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: 140291	Period: From 01/01/2011 To 12/31/2011	Worksheet S-3 Part V Date/Time Prepared: 5/30/2012 7:01 am
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	435,256	22,535,148	1.00
2.00	Hospital	435,256	22,535,148	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC			16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
16.20	Hospital-Based-CMHC 20	0	0	16.20
16.30	Hospital-Based-CMHC 30	0	0	16.30
16.40	Hospital-Based-CMHC 40	0	0	16.40
17.00	Renal Dialysis			17.00
18.00		0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 140291	Period: From 01/01/2011 To 12/31/2011	Worksheet S-10 Date/Time Prepared: 5/30/2012 7:01 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)		0.319942		1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		3,587,599		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		34,910,067		6.00
7.00	Medicaid cost (line 1 times line 6)		11,169,197		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)		7,581,598		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)		7,581,598		19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	6,427,953	1,617,076	8,045,029	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	2,056,572	517,371	2,573,943	21.00
22.00	Partial payment by patients approved for charity care	28,934	114,145	143,079	22.00
23.00	Cost of charity care (line 21 minus line 22)	2,027,638	403,226	2,430,864	23.00
				1.00	
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?				24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit			0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)			11,674,000	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)			559,849	27.00
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)			11,114,151	28.00
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)			3,555,884	29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)			5,986,748	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			13,568,346	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140291

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

Worksheet A
Date/Time Prepared:
5/30/2012 7:01 am

Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
	1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT		0	0	6,250,823	6,250,823	1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP		0	0	2,914,804	2,914,804	2.00
4.00 EMPLOYEE BENEFITS	1,682,475	17,192,054	18,874,529	-581	18,873,948	4.00
5.01 NONPATIENT TELEPHONES	201,263	561,465	762,728	-779	761,949	5.01
5.02 DATA PROCESSING	0	1,603,785	1,603,785	-23,801	1,579,984	5.02
5.03 PURCHASING RECEIVING AND STORES	436,674	957,534	1,394,208	2,571	1,396,779	5.03
5.04 ADMITTING	2,385,392	407,997	2,793,389	-3,546	2,789,843	5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE	1,593,903	8,250,978	9,844,881	-44,979	9,799,902	5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL	9,125,606	37,254,573	46,380,179	-6,577,819	39,802,360	5.06
6.00 MAINTENANCE & REPAIRS	879,555	5,078,255	5,957,810	-118,528	5,839,282	6.00
7.00 OPERATION OF PLANT	472,671	2,848,241	3,320,912	-117,497	3,203,415	7.00
8.00 LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00 HOUSEKEEPING	1,486,362	813,794	2,300,156	-25,663	2,274,493	9.00
10.00 DIETARY	1,507,960	1,123,861	2,631,821	-8,277	2,623,544	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	1,274,853	269,008	1,543,861	-6,056	1,537,805	13.00
14.00 CENTRAL SERVICES & SUPPLY	465,238	1,892,062	2,357,300	-1,187,275	1,170,025	14.00
15.00 PHARMACY	3,024,743	12,678,164	15,702,907	-11,736,882	3,966,025	15.00
16.00 MEDICAL RECORDS & LIBRARY	1,396,488	1,273,105	2,669,593	-4,839	2,664,754	16.00
17.00 SOCIAL SERVICE	432,380	36,819	469,199	-4	469,195	17.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	14,711,772	3,765,359	18,477,131	2,145,327	20,622,458	30.00
31.00 INTENSIVE CARE UNIT	5,699,150	2,123,336	7,822,486	-3,787,363	4,035,123	31.00
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	1,049,806	169,362	1,219,168	-73,623	1,145,545	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	6,139,572	19,458,042	25,597,614	-16,144,600	9,453,014	50.00
51.00 RECOVERY ROOM	1,005,564	191,491	1,197,055	-54,389	1,142,666	51.00
52.00 DELIVERY ROOM & LABOR ROOM	1,786,266	1,329,564	3,115,830	-378,503	2,737,327	52.00
53.00 ANESTHESIOLOGY	118,948	489,563	608,511	-399,395	209,116	53.00
54.00 RADIOLOGY-DIAGNOSTIC	4,590,043	5,227,296	9,817,339	-1,660,055	8,157,284	54.00
56.00 NUCLEAR MEDICINE - DIAGNOSTIC	445,793	651,130	1,096,923	-552,934	543,989	56.00
56.01 ULTRA SOUND	797,968	161,708	959,676	-50,338	909,338	56.01
57.00 CT SCAN	994,028	1,276,376	2,270,404	-295,449	1,974,955	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	498,148	1,255,160	1,753,308	-119,056	1,634,252	58.00
59.00 CARDIAC CATHETERIZATION	1,350,152	6,617,576	7,967,728	-5,819,517	2,148,211	59.00
60.00 LABORATORY	1,812	7,455,227	7,457,039	-1,472,703	5,984,336	60.00
60.01 BLOOD LABORATORY	0	0	0	-176,639	-176,639	60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
62.01 BLOOD CLOTTING FACOTRS ADMIN COST	0	895,663	895,663	0	895,663	62.01
65.00 RESPIRATORY THERAPY	1,571,975	429,139	2,001,114	-200,748	1,800,366	65.00
66.00 PHYSICAL THERAPY	1,890,225	330,987	2,221,212	-49,832	2,171,380	66.00
67.00 OCCUPATIONAL THERAPY	161,484	16,252	177,736	-2,829	174,907	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	1,117,316	1,020,160	2,137,476	-112,160	2,025,316	69.00
70.00 ELECTROENCEPHALOGRAPHY	100,048	17,756	117,804	-10,011	107,793	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	17,727,699	17,727,699	71.00
71.30 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71.30
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	11,812,540	11,812,540	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	11,643,810	11,643,810	73.00
76.00 RADIOLOGY	0	0	0	0	0	76.00
76.01 CARDIAC REHAB	536,453	66,521	602,974	-8,493	594,481	76.01
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	2,593,427	1,559,442	4,152,869	-277,052	3,875,817	90.00
90.01 WOMENS HEALTH	0	0	0	0	0	90.01
90.02 SPINE CENTER	0	0	0	0	0	90.02
91.00 EMERGENCY	4,109,184	2,106,947	6,216,131	-983,147	5,232,984	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF	0	0	0	0	0	99.10
99.20 OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140291

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

Worksheet A
Date/Time Prepared:
5/30/2012 7:01 am

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
99.30	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	77,634,697	148,855,752	226,490,449	12,212	226,502,661	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	4,900	4,900	-1,855	3,045	190.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	1,182,173	392,346	1,574,519	-10,357	1,564,162	194.00
200.00	TOTAL (SUM OF LINES 118-199)	78,816,870	149,252,998	228,069,868	0	228,069,868	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140291

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

Worksheet A
Date/Time Prepared:
5/30/2012 7:01 am

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	NEW CAP REL COSTS-BLDG & FIXT	555,347	6,806,170	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	1,202,053	4,116,857	2.00
4.00	EMPLOYEE BENEFITS	2,177,867	21,051,815	4.00
5.01	NONPATIENT TELEPHONES	-366,836	395,113	5.01
5.02	DATA PROCESSING	2,327,136	3,907,120	5.02
5.03	PURCHASING RECEIVING AND STORES	211,593	1,608,372	5.03
5.04	ADMITTING	-10,523	2,779,320	5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE	-151	9,799,751	5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL	-18,902,578	20,899,782	5.06
6.00	MAINTENANCE & REPAIRS	65	5,839,347	6.00
7.00	OPERATION OF PLANT	0	3,203,415	7.00
8.00	LAUNDRY & LINEN SERVICE	0	0	8.00
9.00	HOUSEKEEPING	158	2,274,651	9.00
10.00	DIETARY	629,648	3,253,192	10.00
11.00	CAFETERIA	0	0	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	NURSING ADMINISTRATION	282	1,538,087	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	1,170,025	14.00
15.00	PHARMACY	13,366	3,979,391	15.00
16.00	MEDICAL RECORDS & LIBRARY	47,263	2,712,017	16.00
17.00	SOCIAL SERVICE	347	469,542	17.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	NURSING SCHOOL	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	125,899	20,748,357	30.00
31.00	INTENSIVE CARE UNIT	-1,952	4,033,171	31.00
40.00	SUBPROVIDER - I PF	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	41.00
42.00	SUBPROVIDER	0	0	42.00
43.00	NURSERY	241	1,145,786	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	-788,637	8,664,377	50.00
51.00	RECOVERY ROOM	0	1,142,666	51.00
52.00	DELIVERY ROOM & LABOR ROOM	-159,864	2,577,463	52.00
53.00	ANESTHESIOLOGY	0	209,116	53.00
54.00	RADIOLOGY-DIAGNOSTIC	-1,118	8,156,166	54.00
56.00	NUCLEAR MEDICINE - DIAGNOSTIC	0	543,989	56.00
56.01	ULTRA SOUND	2	909,340	56.01
57.00	CT SCAN	0	1,974,955	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	1,634,252	58.00
59.00	CARDIAC CATHETERIZATION	18	2,148,229	59.00
60.00	LABORATORY	188,904	6,173,240	60.00
60.01	BLOOD LABORATORY	0	-176,639	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
62.01	BLOOD CLOTTING FACOTRS ADMIN COST	0	895,663	62.01
65.00	RESPIRATORY THERAPY	1,260	1,801,626	65.00
66.00	PHYSICAL THERAPY	33	2,171,413	66.00
67.00	OCCUPATIONAL THERAPY	0	174,907	67.00
68.00	SPEECH PATHOLOGY	0	0	68.00
69.00	ELECTROCARDIOLOGY	-554,991	1,470,325	69.00
70.00	ELECTROENCEPHALOGRAPHY	5	107,798	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	17,727,699	71.00
71.30	IMPL. DEV. CHARGED TO PATIENT	0	0	71.30
72.00	IMPL. DEV. CHARGED TO PATIENT	0	11,812,540	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	11,643,810	73.00
76.00	CARDIOLOGY	0	0	76.00
76.01	CARDIC REHAB	1,587	596,068	76.01
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	24,941	3,900,758	90.00
90.01	WOMENS HEALTH	0	0	90.01
90.02	SPINE CENTER	0	0	90.02
91.00	EMERGENCY	-211,218	5,021,766	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
OTHER REIMBURSABLE COST CENTERS				
99.10	CORF	0	0	99.10
99.20	OUTPATIENT PHYSICAL THERAPY	0	0	99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY	0	0	99.30
99.40	OUTPATIENT SPEECH PATHOLOGY	0	0	99.40

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140291

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

Worksheet A
Date/Time Prepared:
5/30/2012 7:01 am

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
101.00	HOME HEALTH AGENCY	6.00	7.00	101.00
SPECIAL PURPOSE COST CENTERS				
109.00	PANCREAS ACQUISITION	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	110.00
111.00	ISLET ACQUISITION	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	-13,489,853	213,012,808	118.00
NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	3,045	190.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	31,856	1,596,018	194.00
200.00	TOTAL (SUM OF LINES 118-199)	-13,457,997	214,611,871	200.00

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
B - DEPRECIATION					
1.00	NEW CAP REL COSTS-BLDG & FI XT	1.00	0	6,250,823	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUI P	2.00	0	2,914,804	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
TOTALS			0	9,165,627	
C - DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	11,643,810	1.00
TOTALS			0	11,643,810	
D - OXYGEN					
1.00	RESPIRATORY THERAPY	65.00	0	43,868	1.00
TOTALS			0	43,868	
E - SALARY POSTED TO LAB					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	1,812	0	1.00
TOTALS			1,812	0	
F - MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	29,540,239	1.00
2.00	PURCHASING RECEIVING AND STORES	5.03	0	7,568	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

RECLASSIFICATIONS

Provider CCN: 140291

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

Worksheet A-6

Date/Time Prepared:
5/30/2012 7:01 am

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
40.00		0.00	0	0		40.00
	TOTALS		0	29,547,807		
G - IMPLANTS						
1.00	IMPL. DEV. CHARGED TO	72.00	0	11,812,540		1.00
	PATIENT					
	TOTALS		0	11,812,540		
H - CONTRACT LABOR RECLASS						
1.00	EMERGENCY	91.00	0	240		1.00
2.00		30.00	0	55,380		2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	12,444		3.00
4.00		50.00	0	42,990		4.00
	TOTALS		0	111,054		
I - CARDIAC REHAB						
1.00	CARDIAC REHAB	76.01	4,125	0		1.00
	TOTALS		4,125	0		
J - UNIVERSAL BEDS						
1.00	ADULTS & PEDIATRICS	30.00	1,214,327	2,080,188		1.00
	TOTALS		1,214,327	2,080,188		
500.00	Grand Total: Increases		1,220,264	64,404,894		500.00

RECLASSIFICATIONS

Provider CCN: 140291

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

Worksheet A-6
Date/Time Prepared:
5/30/2012 7:01 am

		Decreases				Wkst. A-7 Ref.	
Cost Center	Line #	Salary	Other				
6.00	7.00	8.00	9.00	10.00			
B - DEPRECIATION							
1.00	EMPLOYEE BENEFITS	4.00	0	581	9	1.00	
2.00	NONPATIENT TELEPHONES	5.01	0	582	9	2.00	
3.00	DATA PROCESSING	5.02	0	23,790	9	3.00	
4.00	PURCHASING RECEIVING AND STORES	5.03	0	4,997	9	4.00	
5.00	ADMINISTRATIVE AND GENERAL	5.04	0	2,940	9	5.00	
6.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	44,763	9	6.00	
7.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	6,464,079	9	7.00	
8.00	MAINTENANCE & REPAIRS	6.00	0	27,887	9	8.00	
9.00	OPERATION OF PLANT	7.00	0	28,625	9	9.00	
10.00	HOUSEKEEPING	9.00	0	4,726	9	10.00	
11.00	DIETARY	10.00	0	7,042	9	11.00	
12.00	NURSING ADMINISTRATION	13.00	0	5,466	9	12.00	
13.00	CENTRAL SERVICES & SUPPLY	14.00	0	91,115	9	13.00	
14.00	PHARMACY	15.00	0	7,725	9	14.00	
15.00	MEDICAL RECORDS & LIBRARY	16.00	0	4,784	9	15.00	
16.00	ADULTS & PEDIATRICS	30.00	0	331,840	9	16.00	
17.00	INTENSIVE CARE UNIT	31.00	0	46,728	9	17.00	
18.00	NURSERY	43.00	0	21,872	9	18.00	
19.00	OPERATING ROOM	50.00	0	487,525	9	19.00	
20.00	RECOVERY ROOM	51.00	0	10,426	9	20.00	
21.00	DELIVERY ROOM & LABOR ROOM	52.00	0	53,633	9	21.00	
22.00	ANESTHESIOLOGY	53.00	0	36,615	9	22.00	
23.00	RADIOLOGY-DIAGNOSTIC	54.00	0	587,175	9	23.00	
24.00	NUCLEAR MEDICINE - DIAGNOSTIC	56.00	0	75,303	9	24.00	
25.00	ULTRA SOUND	56.01	0	43,993	9	25.00	
26.00	CT SCAN	57.00	0	3,672	9	26.00	
27.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	14,447	9	27.00	
28.00	CARDIAC CATHETERIZATION	59.00	0	303,566	9	28.00	
29.00	LABORATORY	60.00	0	781	9	29.00	
30.00	RESPIRATORY THERAPY	65.00	0	51,255	9	30.00	
31.00	PHYSICAL THERAPY	66.00	0	8,137	9	31.00	
32.00	ELECTROCARDIOLOGY	69.00	0	63,719	9	32.00	
33.00	ELECTROENCEPHALOGRAPHY	70.00	0	7,544	9	33.00	
34.00	CARDIAC REHAB	76.01	0	3,784	9	34.00	
35.00	CLINIC	90.00	0	69,457	9	35.00	
36.00	EMERGENCY	91.00	0	223,661	9	36.00	
37.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	1,362	9	37.00	
38.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	0	30	9	38.00	
TOTALS			0	9,165,627			
C - DRUGS							
1.00	PHARMACY	15.00	0	11,643,810	0	1.00	
TOTALS			0	11,643,810			
D - OXYGEN							
1.00	OPERATION OF PLANT	7.00	0	43,868	0	1.00	
TOTALS			0	43,868			
E - SALARY POSTED TO LAB							
1.00	LABORATORY	60.00	1,812	0	0	1.00	
TOTALS			1,812	0			
F - MEDICAL SUPPLIES							
1.00		0.00	0	0	0	1.00	
2.00	NONPATIENT TELEPHONES	5.01	0	197	0	2.00	
3.00	DATA PROCESSING	5.02	0	11	0	3.00	
4.00	ADMINISTRATIVE AND GENERAL	5.04	0	606	0	4.00	
5.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	216	0	5.00	
6.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	4,498	0	6.00	
7.00	MAINTENANCE & REPAIRS	6.00	0	90,641	0	7.00	
8.00	OPERATION OF PLANT	7.00	0	45,004	0	8.00	
9.00	HOUSEKEEPING	9.00	0	20,937	0	9.00	
10.00	DIETARY	10.00	0	1,235	0	10.00	
11.00	NURSING ADMINISTRATION	13.00	0	590	0	11.00	
12.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,096,160	0	12.00	
13.00	PHARMACY	15.00	0	85,347	0	13.00	
14.00	MEDICAL RECORDS & LIBRARY	16.00	0	55	0	14.00	
15.00	SOCIAL SERVICE	17.00	0	4	0	15.00	

RECLASSIFICATIONS

Provider CCN: 140291

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

Worksheet A-6

Date/Time Prepared:
5/30/2012 7:01 am

Decreases								
Cost Center	Line #	Salary	Other	Wkst.	A-7 Ref.			
6.00	7.00	8.00	9.00	10.00				
16.00	ADULTS & PEDIATRICS	30.00	0	872,728	0		16.00	
17.00	INTENSIVE CARE UNIT	31.00	0	446,120	0		17.00	
18.00	NURSERY	43.00	0	51,751	0		18.00	
19.00	OPERATING ROOM	50.00	0	15,700,065	0		19.00	
20.00	RECOVERY ROOM	51.00	0	43,963	0		20.00	
21.00	DELIVERY ROOM & LABOR ROOM	52.00	0	324,870	0		21.00	
22.00	ANESTHESIOLOGY	53.00	0	362,780	0		22.00	
23.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,085,324	0		23.00	
24.00	NUCLEAR MEDICINE - DIAGNOSTIC	56.00	0	477,631	0		24.00	
25.00	ULTRA SOUND	56.01	0	6,345	0		25.00	
26.00	CT SCAN	57.00	0	291,777	0		26.00	
27.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	104,609	0		27.00	
28.00	CARDIAC CATHETERIZATION	59.00	0	5,515,951	0		28.00	
29.00	LABORATORY	60.00	0	1,470,110	0		29.00	
30.00	BLOOD LABORATORY	60.01	0	176,639	0		30.00	
31.00	RESPIRATORY THERAPY	65.00	0	193,361	0		31.00	
32.00	PHYSICAL THERAPY	66.00	0	41,695	0		32.00	
33.00	OCCUPATIONAL THERAPY	67.00	0	2,829	0		33.00	
34.00	ELECTROCARDIOLOGY	69.00	0	44,316	0		34.00	
35.00	ELECTROENCEPHALOGRAPHY	70.00	0	2,467	0		35.00	
36.00	CARDIAC REHAB	76.01	0	8,834	0		36.00	
37.00	CLINIC	90.00	0	207,595	0		37.00	
38.00	EMERGENCY	91.00	0	759,726	0		38.00	
39.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	493	0		39.00	
40.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	0	10,327	0		40.00	
	TOTALS		0	29,547,807				
G - IMPLANTS								
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	11,812,540	0		1.00	
	TOTALS		0	11,812,540				
H - CONTRACT LABOR RECLASS								
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	111,054	0		1.00	
2.00		0.00	0	0	0		2.00	
3.00		0.00	0	0	0		3.00	
4.00		0.00	0	0	0		4.00	
	TOTALS		0	111,054				
I - CARDIAC REHAB								
1.00	ELECTROCARDIOLOGY	69.00	4,125	0	0		1.00	
	TOTALS		4,125	0				
J - UNIVERSAL BEDS								
1.00	INTENSIVE CARE UNIT	31.00	1,214,327	2,080,188	0		1.00	
	TOTALS		1,214,327	2,080,188				
500.00	Grand Total: Decreases		1,220,264	64,404,894			500.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140291

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

Worksheet A-7
Parts I-III
Date/Time Prepared:
5/30/2012 7:01 am

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	3.00	4.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	5,676,896	0	0	0	0	1.00
2.00	Land Improvements	5,487,403	49,428	0	49,428	0	2.00
3.00	Buildings and Fixtures	134,660,007	13,983,547	0	13,983,547	9,367,901	3.00
4.00	Building Improvements	5,410,338	13,861	0	13,861	0	4.00
5.00	Fixed Equipment	49,607,943	4,720,360	0	4,720,360	466,808	5.00
6.00	Movable Equipment	245,824	27,525	0	27,525	0	6.00
7.00	HIT designated Assets	454,996	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	201,543,407	18,794,721	0	18,794,721	9,834,709	8.00
9.00	Reconciling Items	9,791,784	4,346,859	0	4,346,859	9,641,886	9.00
10.00	Total (line 8 minus line 9)	191,751,623	14,447,862	0	14,447,862	192,823	10.00
SUMMARY OF CAPITAL							
Cost Center Description	Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)		
	9.00	10.00	11.00	12.00	13.00		
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	0	3.00
Cost Center Description	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL	Insurance		
	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)			
	1.00	2.00	3.00	4.00			
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	1.000000	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0.000000	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	1.000000	0	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140291

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

Worksheet A-7
Parts I-III
Date/Time Prepared:
5/30/2012 7:01 am

		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	5,676,896	0		1.00		
2.00	Land Improvements	5,536,831	3,136,201		2.00		
3.00	Buildings and Fixtures	139,275,653	25,202,512		3.00		
4.00	Building Improvements	5,424,199	966,859		4.00		
5.00	Fixed Equipment	53,861,495	33,007,724		5.00		
6.00	Movable Equipment	273,349	197,837		6.00		
7.00	HIT designated Assets	454,996	454,996		7.00		
8.00	Subtotal (sum of lines 1-7)	210,503,419	62,966,129		8.00		
9.00	Reconciling Items	4,496,757	0		9.00		
10.00	Total (line 8 minus line 9)	206,006,662	62,966,129		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	6,806,170	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	4,116,857	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	10,923,027	0	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140291

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

Worksheet A-7
Parts I-III
Date/Time Prepared:
5/30/2012 7:01 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	6,806,170	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	4,116,857	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	10,923,027	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140291

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

Worksheet A-8

Date/Time Prepared:
5/30/2012 7:01 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		
			Cost Center		Line #
			1.00	2.00	3.00
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			NEW CAP REL COSTS-BLDG & FIXT	1.00	1.00
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			NEW 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	-366,836	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	-2,030,463			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	-4,518,179			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	A	-8,293	MEDICAL RECORDS & LIBRARY	16.00	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		ORESPIRATORY THERAPY	65.00	23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		OPHYSICAL 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	77,163	NEW CAP REL COSTS-BLDG & FIXT	1.00	26.00
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP	A	-3,221	NEW CAP REL COSTS-MVBLE EQUIP	2.00	27.00
28.00 Non-physician Anesthetist			NONPHYSICIAN ANESTHETISTS	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		OCCUPATIONAL THERAPY	67.00	30.00
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		OSPEECH PATHOLOGY	68.00	31.00
32.00 CAH HIT Adjustment for Depreciation and Interest	A	0		0.00	32.00
33.00 INTERCOMPANY INTEREST	A	-2,652,032	OTHER ADMINISTRATIVE AND GENERAL	5.06	33.00
34.00 MEDICAID PROVIDER TAX	A	-2,902,558	OTHER ADMINISTRATIVE AND GENERAL	5.06	34.00
35.00		0		0.00	35.00
36.00 ELIMINATE AHA/IHS/MCHC LOBBYING	A	-3,043	OTHER ADMINISTRATIVE AND GENERAL	5.06	36.00
37.00 ELIMINATE CENTER 1090/1093/1099/1120	A	-729,099	OTHER ADMINISTRATIVE AND GENERAL	5.06	37.00
37.50		0		0.00	37.50
38.00		0		0.00	38.00
39.00 LOSS ON SALE OF ASSETS	A	108,195	NEW CAP REL COSTS-MVBLE EQUIP	2.00	39.00
39.02 MIS INCOME	B	47,323	EMPLOYEE BENEFITS	4.00	39.02
39.03 MIS INCOME	B	211,593	PURCHASING RECEIVING AND STORES	5.03	39.03
40.00 MIS INCOME	B	538,438	OTHER ADMINISTRATIVE AND GENERAL	5.06	40.00
41.00 MIS INCOME	B	158	HOUSEKEEPING	9.00	41.00
42.00 MIS INCOME	B	629,237	DIETARY	10.00	42.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140291

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

Worksheet A-8

Date/Time Prepared:
5/30/2012 7:01 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
			Cost Center	Line #		
			1.00	2.00	3.00	4.00
43.00	MI SC INCOME	B	2,345	NURSING ADMINISTRATION	13.00	43.00
45.00	MI SC INCOME	B	13,366	PHARMACY	15.00	45.00
45.01	MI SC INCOME	B	44,016	MEDICAL RECORDS & LIBRARY	16.00	45.01
45.02	MI SC INCOME	B	56,961	ADULTS & PEDIATRICS	30.00	45.02
45.03	MI SC INCOME	B	86	NURSERY	43.00	45.03
45.04	MI SC INCOME	B	7,255	RADIOLOGY-DIAGNOSTIC	54.00	45.04
45.05	MI SC INCOME	B	228,900	LABORATORY	60.00	45.05
45.06	MI SC INCOME	B	1,260	RESPIRATORY THERAPY	65.00	45.06
45.08	MI SC INCOME	B	11,921	ELECTROCARDIOLOGY	69.00	45.08
45.09			0		0.00	45.09
45.10			0		0.00	45.10
45.13			0		0.00	45.13
45.16	NONALLOWABLE	A	-179	EMPLOYEE BENEFITS	4.00	45.16
45.20	NONALLOWABLE	A	-10,523	ADMINISTRATIVE	5.04	45.20
45.21	NONALLOWABLE	A	-151	CASHIERING/ACCOUNTS RECEIVABLE	5.05	45.21
45.22	NONALLOWABLE	A	-2,595,538	OTHER ADMINISTRATIVE AND GENERAL	5.06	45.22
45.24	NONALLOWABLE	A	65	MAINTENANCE & REPAIRS	6.00	45.24
45.25	NONALLOWABLE	A	411	DIETARY	10.00	45.25
45.26	NONALLOWABLE	A	15,168	NURSING ADMINISTRATION	13.00	45.26
45.28	NONALLOWABLE	A	11,540	MEDICAL RECORDS & LIBRARY	16.00	45.28
45.29	NONALLOWABLE	A	347	SOCIAL SERVICE	17.00	45.29
45.30	NONALLOWABLE	A	140,221	ADULTS & PEDIATRICS	30.00	45.30
45.32	NONALLOWABLE	A	34	INTENSIVE CARE UNIT	31.00	45.32
45.33	NONALLOWABLE	A	155	NURSERY	43.00	45.33
45.34	NONALLOWABLE	A	1,149	OPERATING ROOM	50.00	45.34
45.35	NONALLOWABLE	A	73	DELIVERY ROOM & LABOR ROOM	52.00	45.35
45.36	NONALLOWABLE	A	1,264	RADIOLOGY-DIAGNOSTIC	54.00	45.36
45.38	NONALLOWABLE	A	2	ULTRA SOUND	56.01	45.38
45.39	NONALLOWABLE	A	18	CARDIAC CATHETERIZATION	59.00	45.39
45.40	NONALLOWABLE	A	33	PHYSICAL THERAPY	66.00	45.40
45.41	NONALLOWABLE	A	415	ELECTROCARDIOLOGY	69.00	45.41
45.42	NONALLOWABLE	A	1,587	CARDIAC REHAB	76.01	45.42
45.43	NONALLOWABLE	A	5	ELECTROENCEPHALOGRAPHY	70.00	45.43
45.44	NONALLOWABLE	A	27,352	EMERGENCY	91.00	45.44
45.45	NONALLOWABLE	A	24,941	CLINIC	90.00	45.45
45.46	NONALLOWABLE	A	31,856	OTHER NONREIMBURSABLE COST CENTERS	194.00	45.46
45.47			0		0.00	45.47
45.48	INTEREST ALLOCATION BLDG	A	91,894	NEW CAP REL COSTS-BLDG & FIXT	1.00	45.48
45.49	INTEREST ALLOCATION EQUIP	A	30,593	NEW CAP REL COSTS-MVBLE EQUIP	2.00	45.49
45.50	INTEREST ALLOCATION NON CAP	A	4,778	OTHER ADMINISTRATIVE AND GENERAL	5.06	45.50
45.51			0		0.00	45.51
45.52			0		0.00	45.52
45.53			0		0.00	45.53
45.54			0		0.00	45.54
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-13,457,997			50.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140291

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

Worksheet A-8

Date/Time Prepared:
5/30/2012 7:01 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	INTERCOMPANY INTEREST	0	33.00
34.00	MEDICAID PROVIDER TAX	0	34.00
35.00		0	35.00
36.00	ELIMINATE AHA/IHS/MCHC LOBBYING	0	36.00
37.00	ELIMINATE CENTER 1090/1093/1099/1120	0	37.00
37.50		0	37.50
38.00		0	38.00
39.00	LOSS ON SALE OF ASSETS	9	39.00
39.02	MI SC INCOME	0	39.02
39.03	MI SC INCOME	0	39.03
40.00	MI SC INCOME	0	40.00
41.00	MI SC INCOME	0	41.00
42.00	MI SC INCOME	0	42.00
43.00	MI SC INCOME	0	43.00
45.00	MI SC INCOME	0	45.00
45.01	MI SC INCOME	0	45.01
45.02	MI SC INCOME	0	45.02
45.03	MI SC INCOME	0	45.03
45.04	MI SC INCOME	0	45.04
45.05	MI SC INCOME	0	45.05
45.06	MI SC INCOME	0	45.06
45.08	MI SC INCOME	0	45.08
45.09		0	45.09
45.10		0	45.10
45.13		0	45.13
45.16	NONALLOWABLE	0	45.16
45.20	NONALLOWABLE	0	45.20
45.21	NONALLOWABLE	0	45.21

Provider CCN: 140291

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

Worksheet A-8
 Date/Time Prepared:
 5/30/2012 7:01 am

Cost Center Description		Wkst. A-7 Ref.	
		5.00	
45.22	NONALLOWABLE	0	45.22
45.24	NONALLOWABLE	0	45.24
45.25	NONALLOWABLE	0	45.25
45.26	NONALLOWABLE	0	45.26
45.28	NONALLOWABLE	0	45.28
45.29	NONALLOWABLE	0	45.29
45.30	NONALLOWABLE	0	45.30
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
45.38	NONALLOWABLE	0	45.38
45.39	NONALLOWABLE	0	45.39
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
45.45	NONALLOWABLE	0	45.45
45.46	NONALLOWABLE	0	45.46
45.47		0	45.47
45.48	INTEREST ALLOCATI ON BLDG	9	45.48
45.49	INTEREST ALLOCATI ON EQUIP	9	45.49
45.50	INTEREST ALLOCATI ON NON CAP	0	45.50
45.51		0	45.51
45.52		0	45.52
45.53		0	45.53
45.54		0	45.54
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		50.00

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME

Provider CCN: 140291

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

Worksheet A-8-1

Date/Time Prepared:
5/30/2012 7:01 am

OFFICE COSTS

	Line No.	Cost Center	Expense Items	
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	EMPL BENEFITS	1.00
2.00	5.02	DATA PROCESSING	DATA PROCESSING	2.00
3.00	1.00	NEW CAP REL COSTS-BLDG & FIXT	NEW BLDG	3.00
4.00	2.00	NEW CAP REL COSTS-MVBLE EQUIP	NEW EQUIP	4.00
4.01	5.06	OTHER ADMINISTRATIVE AND GENERAL	A&G	4.01
4.02	0.00			4.02
4.03	0.00			4.03
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			5.00

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

	Symbol (1)	Name	Percentage of Ownership	
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	B		0.00	7.00
8.00	B		0.00	8.00
9.00	B		0.00	9.00
10.00	B		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: 140291

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

Worksheet A-8-1

Date/Time Prepared: 5/30/2012 7:01 am

	Amount of Allowable Cost	Amount Included in Wks. A, column 5	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00	2,130,723	0	2,130,723	0		1.00
2.00	2,327,136	0	2,327,136	0		2.00
3.00	386,290	0	386,290	9		3.00
4.00	1,066,486	0	1,066,486	9		4.00
4.01	4,115,310	14,544,124	-10,428,814	0		4.01
4.02	0	0	0	0		4.02
4.03	0	0	0	0		4.03
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.	10,025,945	14,544,124	-4,518,179		5.00

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

Related Organization(s) and/or Home Office			
Name	Percentage of Ownership	Type of Business	
4.00	5.00	6.00	
B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:			

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

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

6.00	ADVOCATE HEALTH	0.00	HEALTH CARE	6.00
7.00	ADVOCATE HEALTH	0.00	HEALTH CARE	7.00
8.00	ADVOCATE HEALTH	0.00	HEALTH CARE	8.00
9.00	ADVOCATE HEALTH	0.00	HEALTH CARE	9.00
10.00	ADVOCATE HEALTH	0.00	HEALTH CARE	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: 140291

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

Worksheet A-8-2

Date/Time Prepared:
5/30/2012 7:01 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	
	1.00	2.00	3.00	4.00	
1.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	67,050	0	1.00
2.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	109,274	109,274	2.00
3.00	13.00	NURSING ADMINISTRATION	50,440	0	3.00
4.00	30.00	ADULTS & PEDIATRICS	51,168	0	4.00
5.00	30.00	ADULTS & PEDIATRICS	54,153	54,153	5.00
6.00	31.00	INTENSIVE CARE UNIT	4,875	0	6.00
7.00	50.00	OPERATING ROOM	42,990	0	7.00
8.00	50.00	OPERATING ROOM	781,925	781,925	8.00
9.00	52.00	DELIVERY ROOM & LABOR ROOM	420,890	0	9.00
10.00	52.00	DELIVERY ROOM & LABOR ROOM	159,937	159,937	10.00
11.00	54.00	RADIOLOGY-DIAGNOSTIC	13,284	0	11.00
12.00	54.00	RADIOLOGY-DIAGNOSTIC	4,130	4,130	12.00
13.00	69.00	ELECTROCARDIOLOGY	117,425	0	13.00
14.00	69.00	ELECTROCARDIOLOGY	502,228	502,228	14.00
15.00	60.00	LABORATORY	39,996	39,996	15.00
16.00	91.00	EMERGENCY	22,790	0	16.00
17.00	91.00	EMERGENCY	225,009	225,009	17.00
200.00			2,667,564	1,876,652	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140291

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

Worksheet A-8-2

Date/Time Prepared:
5/30/2012 7:01 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	67,050	171,400	505	41,614	2,081	1.00
2.00	0	171,400	1	82	4	2.00
3.00	50,440	171,400	403	33,209	1,660	3.00
4.00	51,168	194,500	364	34,038	1,702	4.00
5.00	0	194,500	1	94	5	5.00
6.00	4,875	154,100	39	2,889	144	6.00
7.00	42,990	204,100	358	35,129	1,756	7.00
8.00	0	204,100	1	98	5	8.00
9.00	420,890	194,500	6,939	648,863	32,443	9.00
10.00	0	194,500	1	94	5	10.00
11.00	13,284	231,100	70	7,777	389	11.00
12.00	0	231,100	1	111	6	12.00
13.00	117,425	171,400	635	52,326	2,616	13.00
14.00	0	171,400	1	82	4	14.00
15.00	0	136,700	1	66	3	15.00
16.00	22,790	171,400	112	9,229	461	16.00
17.00	0	171,400	1	82	4	17.00
200.00	790,912		9,433	865,783	43,288	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140291

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

Worksheet A-8-2

Date/Time Prepared:
5/30/2012 7:01 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	41,614	1.00
2.00	0	0	0	0	82	2.00
3.00	0	0	0	0	33,209	3.00
4.00	0	0	0	0	34,038	4.00
5.00	0	0	0	0	94	5.00
6.00	0	0	0	0	2,889	6.00
7.00	0	0	0	0	35,129	7.00
8.00	0	0	0	0	98	8.00
9.00	0	0	0	0	648,863	9.00
10.00	0	0	0	0	94	10.00
11.00	0	0	0	0	7,777	11.00
12.00	0	0	0	0	111	12.00
13.00	0	0	0	0	52,326	13.00
14.00	0	0	0	0	82	14.00
15.00	0	0	0	0	66	15.00
16.00	0	0	0	0	9,229	16.00
17.00	0	0	0	0	82	17.00
200.00	0	0	0	0	865,783	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140291

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

Worksheet A-8-2

Date/Time Prepared:
5/30/2012 7:01 am

	RCE	Adjustment	
	Disallowance		
	17.00	18.00	
1.00	25,436	25,436	1.00
2.00	0	109,274	2.00
3.00	17,231	17,231	3.00
4.00	17,130	17,130	4.00
5.00	0	54,153	5.00
6.00	1,986	1,986	6.00
7.00	7,861	7,861	7.00
8.00	0	781,925	8.00
9.00	0	0	9.00
10.00	0	159,937	10.00
11.00	5,507	5,507	11.00
12.00	0	4,130	12.00
13.00	65,099	65,099	13.00
14.00	0	502,228	14.00
15.00	0	39,996	15.00
16.00	13,561	13,561	16.00
17.00	0	225,009	17.00
200.00	153,811	2,030,463	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140291

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2012 7:01 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	6,806,170	6,806,170				1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP	4,116,857		4,116,857			2.00
4.00 EMPLOYEE BENEFITS	21,051,815	37,762	22,841	21,112,418		4.00
5.01 NONPATIENT TELEPHONES	395,113	35,397	21,411	55,088	507,009	5.01
5.02 DATA PROCESSING	3,907,120	16,648	10,070	0	0	5.02
5.03 PURCHASING RECEIVING AND STORES	1,608,372	73,587	44,511	119,522	2,878	5.03
5.04 ADMINISTRATION	2,779,320	30,376	18,374	652,906	15,720	5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE	9,799,751	37,385	22,613	436,267	10,504	5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL	20,899,782	261,871	158,398	2,498,266	60,150	5.06
6.00 MAINTENANCE & REPAIRS	5,839,347	1,978,904	1,196,978	240,743	5,796	6.00
7.00 OPERATION OF PLANT	3,203,415	958,319	579,660	129,375	3,115	7.00
8.00 LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00 HOUSEKEEPING	2,274,651	135,484	81,951	406,832	9,795	9.00
10.00 DIETARY	3,253,192	158,927	96,130	412,744	9,937	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	1,538,087	14,307	8,654	348,940	8,401	13.00
14.00 CENTRAL SERVICES & SUPPLY	1,170,025	62,979	38,094	127,340	3,066	14.00
15.00 PHARMACY	3,979,391	38,241	23,131	827,902	19,933	15.00
16.00 MEDICAL RECORDS & LIBRARY	2,712,017	58,902	35,628	382,233	9,203	16.00
17.00 SOCIAL SERVICE	469,542	1,699	1,028	118,347	2,849	17.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	20,748,357	722,017	436,728	4,359,094	104,971	30.00
31.00 INTENSIVE CARE UNIT	4,033,171	161,217	97,516	1,227,541	29,555	31.00
40.00 SUBPROVIDER - I/PF	0	0	0	0	0	40.00
41.00 SUBPROVIDER - I/RF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	1,145,786	38,631	23,367	287,342	6,918	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	8,664,377	327,128	197,870	1,680,462	40,460	50.00
51.00 RECOVERY ROOM	1,142,666	3,246	1,964	275,233	6,627	51.00
52.00 DELIVERY ROOM & LABOR ROOM	2,577,463	15,389	9,309	488,919	11,771	52.00
53.00 ANESTHESIOLOGY	209,116	8,859	5,358	32,557	784	53.00
54.00 RADIOLOGY-DIAGNOSTIC	8,156,166	613,285	370,959	1,256,341	30,248	54.00
56.00 NUCLEAR MEDICINE - DIAGNOSTIC	543,989	18,346	11,097	122,018	2,938	56.00
56.01 ULTRA SOUND	909,340	3,788	2,291	218,412	5,259	56.01
57.00 CT SCAN	1,974,955	15,968	9,659	272,075	6,551	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	1,634,252	8,607	5,206	136,348	3,283	58.00
59.00 CARDIAC CATHETERIZATION	2,148,229	60,035	36,313	369,550	8,898	59.00
60.00 LABORATORY	6,173,240	98,477	59,566	0	0	60.00
60.01 BLOOD LABORATORY	-176,639	0	0	0	0	60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
62.01 BLOOD CLOTTING FACTORS ADMIN COST	895,663	6,531	3,950	0	0	62.01
65.00 RESPIRATORY THERAPY	1,801,626	5,134	3,105	430,265	10,359	65.00
66.00 PHYSICAL THERAPY	2,171,413	42,267	25,566	517,373	12,457	66.00
67.00 OCCUPATIONAL THERAPY	174,907	2,466	1,492	44,200	1,064	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	1,470,325	28,728	17,377	304,692	7,336	69.00
70.00 ELECTROENCEPHALOGRAPHY	107,798	2,970	1,796	27,384	659	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	17,727,699	0	0	0	0	71.00
71.30 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71.30
72.00 IMPL. DEV. CHARGED TO PATIENT	11,812,540	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	11,643,810	0	0	0	0	73.00
76.00 RADIOLOGY	0	0	0	0	0	76.00
76.01 CARDIAC REHAB	596,068	14,420	8,723	147,962	3,562	76.01
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	3,900,758	374,341	226,428	709,847	17,091	90.00
90.01 WOMENS HEALTH	0	0	0	0	0	90.01
90.02 SPINE CENTER	0	0	0	0	0	90.02
91.00 EMERGENCY	5,021,766	282,004	170,576	1,124,725	27,080	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140291

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2012 7:01 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			
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF	0	0	0	0	0	99.10
99.20 OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40 OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	213,012,808	6,754,642	4,085,688	20,788,845	499,218	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,045	48,697	29,456	0	0	190.00
194.00 OTHER NONREIMBURSABLE COST CENTERS	1,596,018	2,831	1,713	323,573	7,791	194.00
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)	214,611,871	6,806,170	4,116,857	21,112,418	507,009	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140291

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2012 7:01 am

Cost Center Description		DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS 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	3,933,838					5.02
5.03	PURCHASING RECEIVING AND STORES	0	1,848,870				5.03
5.04	ADMINISTRATIVE	0	2,327	3,499,023			5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE	0	2,671	0	10,309,191		5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL	0	30,152	0	0	23,908,619	5.06
6.00	MAINTENANCE & REPAIRS	0	19,983	0	0	9,281,751	6.00
7.00	OPERATION OF PLANT	0	7,123	0	0	4,881,007	7.00
8.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	HOUSEKEEPING	0	15,493	0	0	2,924,206	9.00
10.00	DIETARY	0	85,027	0	0	4,015,957	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	1,875	0	0	1,920,264	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	83,971	0	0	1,485,475	14.00
15.00	PHARMACY	0	9,602	0	0	4,898,200	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	1,815	0	0	3,199,798	16.00
17.00	SOCIAL SERVICE	0	15	0	0	593,480	17.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	PARAMED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	309,377	76,001	536,057	810,784	28,103,386	30.00
31.00	INTENSIVE CARE UNIT	80,678	18,467	139,766	211,434	5,999,345	31.00
40.00	SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	39,123	3,123	67,776	102,530	1,714,596	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	529,504	866,619	354,764	1,387,449	14,048,633	50.00
51.00	RECOVERY ROOM	67,437	2,451	37,172	176,731	1,713,527	51.00
52.00	DELIVERY ROOM & LABOR ROOM	70,198	18,627	110,209	183,968	3,485,853	52.00
53.00	ANESTHESIOLOGY	103,543	19,751	62,921	271,355	714,244	53.00
54.00	RADIOLOGY-DIAGNOSTIC	345,995	63,800	120,966	906,749	11,864,509	54.00
56.00	NUCLEAR MEDICINE - DIAGNOSTIC	58,178	26,066	22,158	152,466	957,256	56.00
56.01	ULTRA SOUND	48,788	855	12,102	127,859	1,328,694	56.01
57.00	CT SCAN	246,244	16,209	123,916	645,332	3,310,909	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	99,414	6,212	46,281	260,533	2,200,136	58.00
59.00	CARDIAC CATHETERIZATION	177,621	298,091	165,235	465,492	3,729,464	59.00
60.00	LABORATORY	307,064	79,120	295,735	804,723	7,817,925	60.00
60.01	BLOOD LABORATORY	0	0	0	0	-176,639	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
62.01	BLOOD CLOTTING FACOTRS ADMIN COST	37,886	9,507	51,643	99,288	1,104,468	62.01
65.00	RESPIRATORY THERAPY	92,463	10,990	143,784	242,317	2,740,043	65.00
66.00	PHYSICAL THERAPY	56,323	3,241	42,537	147,607	3,018,784	66.00
67.00	OCCUPATIONAL THERAPY	5,407	199	7,513	14,170	251,418	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	87,121	6,326	62,176	228,318	2,212,399	69.00
70.00	ELECTROENCEPHALOGRAPHY	3,196	134	3,141	8,375	155,453	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	177,431	0	185,573	464,995	18,555,698	71.00
71.30	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71.30
72.00	IMPL. DEV. CHARGED TO PATIENT	198,206	0	237,641	519,439	12,767,826	72.00
73.00	DRUGS CHARGED TO PATIENTS	468,173	0	513,690	1,226,942	13,852,615	73.00
76.00	CARDIOLOGY	0	0	0	0	0	76.00
76.01	CARDIC REHAB	6,615	747	653	17,337	796,087	76.01
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	58,564	16,376	782	153,479	5,457,666	90.00
90.01	WOMENS HEALTH	0	0	0	0	0	90.01
90.02	SPINE CENTER	0	0	0	0	0	90.02
91.00	EMERGENCY	259,289	44,779	154,832	679,519	7,764,570	91.00
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
99.20	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140291

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

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Cost Center Description		DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
		5.02	5.03	5.04	5.05	5A.05	
99.40	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	3,933,838	1,847,745	3,499,023	10,309,191	212,597,622	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	27	0	0	81,225	190.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	1,098	0	0	1,933,024	194.00
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)	3,933,838	1,848,870	3,499,023	10,309,191	214,611,871	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140291		Period: From 01/01/2011 To 12/31/2011		Worksheet B Part I Date/Time Prepared: 5/30/2012 7:01 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	ADMINISTRATIVE						5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL	23,908,619					5.06
6.00	MAINTENANCE & REPAIRS	1,162,586	10,444,337				6.00
7.00	OPERATION OF PLANT	611,371	2,309,288	7,801,666			7.00
8.00	LAUNDRY & LINEN SERVICE	0	0	0	0		8.00
9.00	HOUSEKEEPING	366,271	326,480	313,101	0	3,930,058	9.00
10.00	DIETARY	503,019	382,971	367,276	0	192,749	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	240,523	34,476	33,064	0	17,352	13.00
14.00	CENTRAL SERVICES & SUPPLY	186,063	151,763	145,544	0	76,382	14.00
15.00	PHARMACY	613,524	92,149	88,373	0	46,379	15.00
16.00	MEDICAL RECORDS & LIBRARY	400,791	141,939	136,122	0	71,438	16.00
17.00	SOCIAL SERVICE	74,336	4,094	3,926	0	2,060	17.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	3,520,046	1,739,864	1,668,560	0	875,676	30.00
31.00	INTENSIVE CARE UNIT	751,448	388,489	372,569	0	195,527	31.00
40.00	SUBPROVIDER - I/PF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - I/RF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	214,762	93,089	89,275	0	46,852	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	1,759,662	788,289	755,984	0	396,746	50.00
51.00	RECOVERY ROOM	214,628	7,823	7,503	0	3,937	51.00
52.00	DELIVERY ROOM & LABOR ROOM	436,621	37,084	35,564	0	18,664	52.00
53.00	ANESTHESIOLOGY	89,463	21,347	20,472	0	10,744	53.00
54.00	RADIOLOGY-DIAGNOSTIC	1,486,089	1,477,849	1,417,285	0	743,802	54.00
56.00	NUCLEAR MEDICINE - DIAGNOSTIC	119,901	44,210	42,398	0	22,251	56.00
56.01	ULTRA SOUND	166,426	9,127	8,753	0	4,594	56.01
57.00	CT SCAN	414,708	38,479	36,902	0	19,367	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	275,578	20,740	19,890	0	10,439	58.00
59.00	CARDIAC CATHETERIZATION	467,134	144,668	138,739	0	72,811	59.00
60.00	LABORATORY	979,234	237,302	227,577	0	119,434	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
62.01	BLOOD CLOTTING FACOTRS ADMIN COST	138,340	15,737	15,092	0	7,921	62.01
65.00	RESPIRATORY THERAPY	343,204	12,372	11,865	0	6,227	65.00
66.00	PHYSICAL THERAPY	378,118	101,853	97,679	0	51,262	66.00
67.00	OCCUPATIONAL THERAPY	31,491	5,943	5,700	0	2,991	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	277,114	69,226	66,389	0	34,841	69.00
70.00	ELECTROENCEPHALOGRAPHY	19,471	7,156	6,863	0	3,602	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,324,194	0	0	0	0	71.00
71.30	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71.30
72.00	IMPL. DEV. CHARGED TO PATIENT	1,599,234	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	1,735,109	0	0	0	0	73.00
76.00	CARDIOLOGY	0	0	0	0	0	76.00
76.01	CARDIC REHAB	99,714	34,749	33,325	0	17,489	76.01
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	683,600	902,058	865,091	0	454,006	90.00
90.01	WOMENS HEALTH	0	0	0	0	0	90.01
90.02	SPINE CENTER	0	0	0	0	0	90.02
91.00	EMERGENCY	972,551	679,553	651,704	0	342,020	91.00
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
99.20	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:
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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	
99.40	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	23,656,324	10,320,167	7,682,585	0	3,867,563	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	10,174	117,347	112,538	0	59,061	190.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	242,121	6,823	6,543	0	3,434	194.00
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)	23,908,619	10,444,337	7,801,666	0	3,930,058	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140291		Period: From 01/01/2011 To 12/31/2011		Worksheet B Part I Date/Time Prepared: 5/30/2012 7:01 am	
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 CASHIERING/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	5,461,972						10.00
11.00 CAFETERIA	0	0					11.00
12.00 MAINTENANCE OF PERSONNEL	0	0	0				12.00
13.00 NURSING ADMINISTRATION	0	0	0	2,245,679			13.00
14.00 CENTRAL SERVICES & SUPPLY	0	0	0	35,873	2,081,100		14.00
15.00 PHARMACY	0	0	0	0	6,045		15.00
16.00 MEDICAL RECORDS & LIBRARY	0	0	0	7,097	4		16.00
17.00 SOCIAL SERVICE	0	0	0	17,279	0		17.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0		19.00
20.00 NURSING SCHOOL	0	0	0	0	0		20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0		21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0		22.00
23.00 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 ADULTS & PEDIATRICS	4,320,673	0	0	984,982	68,178		30.00
31.00 INTENSIVE CARE UNIT	673,694	0	0	231,727	25,230		31.00
40.00 SUBPROVIDER - I PF	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	383,037	0	0	57,329	3,665		43.00
ANCILLARY SERVICE COST CENTERS							
50.00 OPERATING ROOM	0	0	0	287,338	1,111,944		50.00
51.00 RECOVERY ROOM	0	0	0	51,518	3,114		51.00
52.00 DELIVERY ROOM & LABOR ROOM	84,568	0	0	105,607	23,009		52.00
53.00 ANESTHESIOLOGY	0	0	0	9,293	25,694		53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	53,780	76,868		54.00
56.00 NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	33,828		56.00
56.01 ULTRA SOUND	0	0	0	27,910	449		56.01
57.00 CT SCAN	0	0	0	0	20,665		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	279	7,409		58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	970	390,667		59.00
60.00 LABORATORY	0	0	0	25	104,121		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
62.01 BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	0	12,510		62.01
65.00 RESPIRATORY THERAPY	0	0	0	1,181	13,695		65.00
66.00 PHYSICAL THERAPY	0	0	0	675	2,953		66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	200		67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0		68.00
69.00 ELECTROCARDIOLOGY	0	0	0	26,569	3,139		69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	175		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	46,581		71.00
71.30 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0		71.30
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	31,054		72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0		73.00
76.00 RADIOLOGY	0	0	0	0	0		76.00
76.01 CARDIAC REHAB	0	0	0	20,452	626		76.01
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	59,175	14,703		90.00
90.01 WOMENS HEALTH	0	0	0	0	0		90.01
90.02 SPINE CENTER	0	0	0	0	0		90.02
91.00 EMERGENCY	0	0	0	218,637	53,808		91.00
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
99.20 OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0		99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0		99.30

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		DI ETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
99.40	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	5,461,972	0	0	2,197,696	2,080,334	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	35	190.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	47,983	731	194.00
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)	5,461,972	0	0	2,245,679	2,081,100	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140291		Period: From 01/01/2011 To 12/31/2011		Worksheet B Part I Date/Time Prepared: 5/30/2012 7:01 am	
Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		15.00	16.00	17.00	19.00	20.00	
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	5,744,670					15.00
16.00	MEDICAL RECORDS & LIBRARY	0	3,957,189				16.00
17.00	SOCIAL SERVICE	0	0	695,175			17.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	75,435	311,220	549,916	0	0	30.00
31.00	INTENSIVE CARE UNIT	30,880	81,159	85,745	0	0	31.00
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	1,481	39,356	48,751	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	70,271	532,570	0	0	0	50.00
51.00	RECOVERY ROOM	3,541	67,838	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	11,067	70,616	10,763	0	0	52.00
53.00	ANESTHESIOLOGY	17,244	104,160	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	77,852	348,057	0	0	0	54.00
56.00	NUCLEAR MEDICINE - DIAGNOSTIC	5,307	58,524	0	0	0	56.00
56.01	ULTRA SOUND	176	49,079	0	0	0	56.01
57.00	CT SCAN	8,148	247,711	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	1,121	100,006	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	6,958	178,679	0	0	0	59.00
60.00	LABORATORY	0	308,894	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
62.01	BLOOD CLOTTING FACOTRS ADMIN COST	0	38,112	0	0	0	62.01
65.00	RESPIRATORY THERAPY	73	93,014	0	0	0	65.00
66.00	PHYSICAL THERAPY	136	56,659	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	5,439	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	1,343	87,640	0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	3,215	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	178,489	0	0	0	71.00
71.30	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71.30
72.00	IMPL. DEV. CHARGED TO PATIENT	0	199,387	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	5,349,658	470,963	0	0	0	73.00
76.00	CARDIOLOGY	0	0	0	0	0	76.00
76.01	CARDIC REHAB	0	6,655	0	0	0	76.01
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	11,161	58,913	0	0	0	90.00
90.01	WOMENS HEALTH	0	0	0	0	0	90.01
90.02	SPINE CENTER	0	0	0	0	0	90.02
91.00	EMERGENCY	72,818	260,834	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	CORF	0	0	0	0	0	99.10
99.20	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140291

Period:
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To 12/31/2011

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Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		15.00	16.00	17.00	19.00	20.00	
99.40	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	5,744,670	3,957,189	695,175	0	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
200.00	Cross Foot Adjustments				0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	5,744,670	3,957,189	695,175	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description	INTERNS & RESIDENTS		PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
	21.00	22.00				
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 ADMINISTRATION						5.04
5.05 CASHIERING/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
19.00 NONPHYSICIAN ANESTHETISTS						19.00
20.00 NURSING SCHOOL						20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0					21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0				22.00
23.00 PARAMED PRGM-(SPECIFY)	0	0	0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	0	0	0	42,217,936	0	30.00
31.00 INTENSIVE CARE UNIT	0	0	0	8,835,813	0	31.00
40.00 SUBPROVIDER - I PF	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	2,692,193	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	0	0	19,751,437	0	50.00
51.00 RECOVERY ROOM	0	0	0	2,073,429	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	4,319,416	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	1,012,661	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	17,546,091	0	54.00
56.00 NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	1,283,675	0	56.00
56.01 ULTRA SOUND	0	0	0	1,595,208	0	56.01
57.00 CT SCAN	0	0	0	4,096,889	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	2,635,598	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	5,130,090	0	59.00
60.00 LABORATORY	0	0	0	9,794,512	0	60.00
60.01 BLOOD LABORATORY	0	0	0	-176,639	0	60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
62.01 BLOOD CLOTTING FACTORS ADMIN COST	0	0	0	1,332,180	0	62.01
65.00 RESPIRATORY THERAPY	0	0	0	3,221,674	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	3,708,119	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	303,182	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	2,778,660	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	195,935	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	21,104,962	0	71.00
71.30 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71.30
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	14,597,501	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	21,408,345	0	73.00
76.00 RADIOLOGY	0	0	0	0	0	76.00
76.01 RADIOLOGY REHAB	0	0	0	1,009,097	0	76.01
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	8,506,373	0	90.00
90.01 WOMENS HEALTH	0	0	0	0	0	90.01
90.02 SPINE CENTER	0	0	0	0	0	90.02
91.00 EMERGENCY	0	0	0	11,016,495	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140291

Period:
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Cost Center Description	INTERNS & RESIDENTS		PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
	21.00	22.00				
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF	0	0	0	0	0	99.10
99.20 OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40 OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	0	0	211,990,832	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	380,380	0	190.00
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	2,240,659	0	194.00
200.00 Cross Foot Adjustments	0	0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	0	0	0	214,611,871	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140291

Period:
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Cost Center Description		Total	
		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
19.00	NONPHYSICIAN ANESTHETISTS		19.00
20.00	NURSING SCHOOL		20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
23.00	PARAMED PRGM-(SPECIFY)		23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	ADULTS & PEDIATRICS	42,217,936	30.00
31.00	INTENSIVE CARE UNIT	8,835,813	31.00
40.00	SUBPROVIDER - IPF	0	40.00
41.00	SUBPROVIDER - IRF	0	41.00
42.00	SUBPROVIDER	0	42.00
43.00	NURSERY	2,692,193	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	OPERATING ROOM	19,751,437	50.00
51.00	RECOVERY ROOM	2,073,429	51.00
52.00	DELIVERY ROOM & LABOR ROOM	4,319,416	52.00
53.00	ANESTHESIOLOGY	1,012,661	53.00
54.00	RADIOLOGY-DIAGNOSTIC	17,546,091	54.00
56.00	NUCLEAR MEDICINE - DIAGNOSTIC	1,283,675	56.00
56.01	ULTRA SOUND	1,595,208	56.01
57.00	CT SCAN	4,096,889	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	2,635,598	58.00
59.00	CARDIAC CATHETERIZATION	5,130,090	59.00
60.00	LABORATORY	9,794,512	60.00
60.01	BLOOD LABORATORY	-176,639	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	62.00
62.01	BLOOD CLOTTING FACOTRS ADMIN COST	1,332,180	62.01
65.00	RESPIRATORY THERAPY	3,221,674	65.00
66.00	PHYSICAL THERAPY	3,708,119	66.00
67.00	OCCUPATIONAL THERAPY	303,182	67.00
68.00	SPEECH PATHOLOGY	0	68.00
69.00	ELECTROCARDIOLOGY	2,778,660	69.00
70.00	ELECTROENCEPHALOGRAPHY	195,935	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	21,104,962	71.00
71.30	IMPL. DEV. CHARGED TO PATIENT	0	71.30
72.00	IMPL. DEV. CHARGED TO PATIENT	14,597,501	72.00
73.00	DRUGS CHARGED TO PATIENTS	21,408,345	73.00
76.00	CARDIOLOGY	0	76.00
76.01	CARDIAC REHAB	1,009,097	76.01
OUTPATIENT SERVICE COST CENTERS			
88.00	RURAL HEALTH CLINIC	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	CLINIC	8,506,373	90.00
90.01	WOMENS HEALTH	0	90.01
90.02	SPINE CENTER	0	90.02
91.00	EMERGENCY	11,016,495	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		92.00
OTHER REIMBURSABLE COST CENTERS			
99.10	CORF	0	99.10
99.20	OUTPATIENT PHYSICAL THERAPY	0	99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY	0	99.30
99.40	OUTPATIENT SPEECH PATHOLOGY	0	99.40
101.00	HOME HEALTH AGENCY	0	101.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		Total	
		26.00	
SPECIAL PURPOSE COST CENTERS			
109.00	PANCREAS ACQUISITION	0	109.00
110.00	INTESTINAL ACQUISITION	0	110.00
111.00	ISLET ACQUISITION	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	211,990,832	118.00
NONREIMBURSABLE COST CENTERS			
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	380,380	190.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	2,240,659	194.00
200.00	Cross Foot Adjustments	0	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118-201)	214,611,871	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140291

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

Worksheet B Part II Date/Time Prepared: 5/30/2012 7:01 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00			
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	80,079	37,762	22,841	140,682	140,682 4.00
5.01	NONPATIENT TELEPHONES	0	35,397	21,411	56,808	367 5.01
5.02	DATA PROCESSING	0	16,648	10,070	26,718	0 5.02
5.03	PURCHASING RECEIVING AND STORES	405,521	73,587	44,511	523,619	796 5.03
5.04	ADMINISTRATIVE	21,125	30,376	18,374	69,875	4,351 5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE	85,794	37,385	22,613	145,792	2,907 5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL	453,206	261,871	158,398	873,475	16,648 5.06
6.00	MAINTENANCE & REPAIRS	1,200,408	1,978,904	1,196,978	4,376,290	1,604 6.00
7.00	OPERATION OF PLANT	0	958,319	579,660	1,537,979	862 7.00
8.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0 8.00
9.00	HOUSEKEEPING	589	135,484	81,951	218,024	2,711 9.00
10.00	DIETARY	709	158,927	96,130	255,766	2,751 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	48	14,307	8,654	23,009	2,325 13.00
14.00	CENTRAL SERVICES & SUPPLY	79,878	62,979	38,094	180,951	849 14.00
15.00	PHARMACY	592,817	38,241	23,131	654,189	5,517 15.00
16.00	MEDICAL RECORDS & LIBRARY	52,483	58,902	35,628	147,013	2,547 16.00
17.00	SOCIAL SERVICE	0	1,699	1,028	2,727	789 17.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0 19.00
20.00	NURSING SCHOOL	0	0	0	0	0 20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0 21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0 22.00
23.00	PARAMEDICAL PRGM-(SPECIFY)	0	0	0	0	0 23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	234,022	722,017	436,728	1,392,767	29,041 30.00
31.00	INTENSIVE CARE UNIT	0	161,217	97,516	258,733	8,180 31.00
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	21	38,631	23,367	62,019	1,915 43.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	936,015	327,128	197,870	1,461,013	11,199 50.00
51.00	RECOVERY ROOM	19	3,246	1,964	5,229	1,834 51.00
52.00	DELIVERY ROOM & LABOR ROOM	76	15,389	9,309	24,774	3,258 52.00
53.00	ANESTHESIOLOGY	37,084	8,859	5,358	51,301	217 53.00
54.00	RADIOLOGY-DIAGNOSTIC	1,601,285	613,285	370,959	2,585,529	8,372 54.00
56.00	NUCLEAR MEDICINE - DIAGNOSTIC	43,379	18,346	11,097	72,822	813 56.00
56.01	ULTRA SOUND	28,284	3,788	2,291	34,363	1,455 56.01
57.00	CT SCAN	853,598	15,968	9,659	879,225	1,813 57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	1,058,297	8,607	5,206	1,072,110	909 58.00
59.00	CARDIAC CATHETERIZATION	264,786	60,035	36,313	361,134	2,463 59.00
60.00	LABORATORY	0	98,477	59,566	158,043	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
62.01	BLOOD CLOTTING FACOTRS ADMIN COST	0	6,531	3,950	10,481	0 62.01
65.00	RESPIRATORY THERAPY	31,624	5,134	3,105	39,863	2,867 65.00
66.00	PHYSICAL THERAPY	94,326	42,267	25,566	162,159	3,448 66.00
67.00	OCCUPATIONAL THERAPY	0	2,466	1,492	3,958	295 67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0 68.00
69.00	ELECTROCARDIOLOGY	1,947	28,728	17,377	48,052	2,030 69.00
70.00	ELECTROENCEPHALOGRAPHY	416	2,970	1,796	5,182	182 70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0 71.00
71.30	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0 71.30
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0 72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
76.00	CARDIOLOGY	0	0	0	0	0 76.00
76.01	CARDIAC REHAB	0	14,420	8,723	23,143	986 76.01
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	646,203	374,341	226,428	1,246,972	4,730 90.00
90.01	WOMENS HEALTH	0	0	0	0	0 90.01
90.02	SPINE CENTER	0	0	0	0	0 90.02
91.00	EMERGENCY	263	282,004	170,576	452,843	7,495 91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140291

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

Worksheet B
Part II
Date/Time Prepared:
5/30/2012 7:01 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	2A	4.00	
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF	0	0	0	0	0	99.10
99.20 OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40 OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	8,804,302	6,754,642	4,085,688	19,644,632	138,526	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	48,697	29,456	78,153	0	190.00
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	2,831	1,713	4,544	2,156	194.00
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)	8,804,302	6,806,170	4,116,857	19,727,329	140,682	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140291		Period: From 01/01/2011 To 12/31/2011		Worksheet B Part II Date/Time Prepared: 5/30/2012 7:01 am	
Cost Center Description		NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACCOUNTS 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	57,175					5.01
5.02	DATA PROCESSING	0	26,718				5.02
5.03	PURCHASING RECEIVING AND STORES	324	0	524,739			5.03
5.04	ADMITTING	1,772	0	660	76,658		5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE	1,184	0	758	0	150,641	5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL	6,782	0	8,558	0	0	5.06
6.00	MAINTENANCE & REPAIRS	654	0	5,672	0	0	6.00
7.00	OPERATION OF PLANT	351	0	2,022	0	0	7.00
8.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	HOUSEKEEPING	1,104	0	4,397	0	0	9.00
10.00	DIETARY	1,120	0	24,133	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	947	0	532	0	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	346	0	23,833	0	0	14.00
15.00	PHARMACY	2,247	0	2,725	0	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	1,038	0	515	0	0	16.00
17.00	SOCIAL SERVICE	321	0	4	0	0	17.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	11,850	2,107	21,571	11,725	11,850	30.00
31.00	INTENSIVE CARE UNIT	3,332	549	5,241	3,063	3,090	31.00
40.00	SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	780	266	886	1,485	1,499	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	4,562	3,535	245,953	7,774	20,243	50.00
51.00	RECOVERY ROOM	747	459	696	815	2,583	51.00
52.00	DELIVERY ROOM & LABOR ROOM	1,327	478	5,287	2,415	2,689	52.00
53.00	ANESTHESIOLOGY	88	705	5,606	1,379	3,966	53.00
54.00	RADIOLOGY-DIAGNOSTIC	3,410	2,356	18,108	2,651	13,253	54.00
56.00	NUCLEAR MEDICINE - DIAGNOSTIC	331	396	7,398	486	2,228	56.00
56.01	ULTRA SOUND	593	332	243	265	1,869	56.01
57.00	CT SCAN	739	1,677	4,601	2,716	9,432	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	370	677	1,763	1,014	3,808	58.00
59.00	CARDIAC CATHETERIZATION	1,003	1,210	84,605	3,621	6,804	59.00
60.00	LABORATORY	0	2,091	22,456	6,481	11,762	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
62.01	BLOOD CLOTTING FACOTRS ADMIN COST	0	258	2,698	1,132	1,451	62.01
65.00	RESPIRATORY THERAPY	1,168	630	3,119	3,151	3,542	65.00
66.00	PHYSICAL THERAPY	1,404	384	920	932	2,157	66.00
67.00	OCCUPATIONAL THERAPY	120	37	56	165	207	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	827	593	1,796	1,363	3,337	69.00
70.00	ELECTROENCEPHALOGRAPHY	74	22	38	69	122	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,208	0	4,067	6,796	71.00
71.30	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71.30
72.00	IMPL. DEV. CHARGED TO PATIENT	0	1,350	0	5,208	7,592	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	3,188	0	11,257	17,933	73.00
76.00	CARDIOLOGY	0	0	0	0	0	76.00
76.01	CARDIC REHAB	402	45	212	14	253	76.01
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	1,927	399	4,648	17	2,243	90.00
90.01	WOMENS HEALTH	0	0	0	0	0	90.01
90.02	SPINE CENTER	0	0	0	0	0	90.02
91.00	EMERGENCY	3,053	1,766	12,709	3,393	9,932	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	CORF	0	0	0	0	0	99.10
99.20	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140291

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description		NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	
		5.01	5.02	5.03	5.04	5.05	
99.40	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	56,297	26,718	524,419	76,658	150,641	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	8	0	0	190.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	878	0	312	0	0	194.00
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)	57,175	26,718	524,739	76,658	150,641	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140291		Period: From 01/01/2011 To 12/31/2011		Worksheet B Part II Date/Time Prepared: 5/30/2012 7:01 am	
Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL 5.06	MAINTENANCE & REPAIRS 6.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	
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	ADMINISTRATIVE						5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL	905,463					5.06
6.00	MAINTENANCE & REPAIRS	44,033	4,428,253				6.00
7.00	OPERATION OF PLANT	23,155	979,104	2,543,473			7.00
8.00	LAUNDRY & LINEN SERVICE	0	0	0	0		8.00
9.00	HOUSEKEEPING	13,872	138,423	102,076	0	480,607	9.00
10.00	DIETARY	19,052	162,374	119,738	0	23,571	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	9,110	14,618	10,779	0	2,122	13.00
14.00	CENTRAL SERVICES & SUPPLY	7,047	64,345	47,450	0	9,341	14.00
15.00	PHARMACY	23,237	39,070	28,811	0	5,672	15.00
16.00	MEDICAL RECORDS & LIBRARY	15,180	60,180	44,378	0	8,736	16.00
17.00	SOCIAL SERVICE	2,815	1,736	1,280	0	252	17.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	133,252	737,678	543,979	0	107,084	30.00
31.00	INTENSIVE CARE UNIT	28,461	164,714	121,464	0	23,911	31.00
40.00	SUBPROVIDER - I/PF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - I/RF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	8,134	39,469	29,105	0	5,730	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	66,647	334,224	246,463	0	48,518	50.00
51.00	RECOVERY ROOM	8,129	3,317	2,446	0	482	51.00
52.00	DELIVERY ROOM & LABOR ROOM	16,537	15,723	11,595	0	2,282	52.00
53.00	ANESTHESIOLOGY	3,388	9,051	6,674	0	1,314	53.00
54.00	RADIOLOGY-DIAGNOSTIC	56,285	626,587	462,058	0	90,960	54.00
56.00	NUCLEAR MEDICINE - DIAGNOSTIC	4,541	18,744	13,823	0	2,721	56.00
56.01	ULTRA SOUND	6,303	3,870	2,854	0	562	56.01
57.00	CT SCAN	15,707	16,315	12,031	0	2,368	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	10,437	8,794	6,485	0	1,277	58.00
59.00	CARDIAC CATHETERIZATION	17,693	61,337	45,231	0	8,904	59.00
60.00	LABORATORY	37,088	100,613	74,194	0	14,606	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
62.01	BLOOD CLOTTING FACOTRS ADMIN COST	5,240	6,672	4,920	0	969	62.01
65.00	RESPIRATORY THERAPY	12,999	5,245	3,868	0	761	65.00
66.00	PHYSICAL THERAPY	14,321	43,184	31,845	0	6,269	66.00
67.00	OCCUPATIONAL THERAPY	1,193	2,520	1,858	0	366	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	10,496	29,351	21,644	0	4,261	69.00
70.00	ELECTROENCEPHALOGRAPHY	737	3,034	2,237	0	440	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	88,028	0	0	0	0	71.00
71.30	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71.30
72.00	IMPL. DEV. CHARGED TO PATIENT	60,571	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	65,717	0	0	0	0	73.00
76.00	CARDIOLOGY	0	0	0	0	0	76.00
76.01	CARDIC REHAB	3,777	14,733	10,865	0	2,139	76.01
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	25,891	382,460	282,034	0	55,520	90.00
90.01	WOMENS HEALTH	0	0	0	0	0	90.01
90.02	SPINE CENTER	0	0	0	0	0	90.02
91.00	EMERGENCY	36,835	288,121	212,466	0	41,826	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	CORF	0	0	0	0	0	99.10
99.20	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140291

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

Worksheet B
Part II
Date/Time Prepared:
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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	
99.40	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	895,908	4,375,606	2,504,651	0	472,964	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	385	49,754	36,689	0	7,223	190.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	9,170	2,893	2,133	0	420	194.00
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)	905,463	4,428,253	2,543,473	0	480,607	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140291			Period: From 01/01/2011 To 12/31/2011		Worksheet B Part II Date/Time Prepared: 5/30/2012 7:01 am	
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	608,505						10.00
11.00	CAFETERIA	0	0					11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0				12.00
13.00	NURSING ADMINISTRATION	0	0	0	63,442			13.00
14.00	CENTRAL SERVICES & SUPPLY	0	0	0	1,013	335,175		14.00
15.00	PHARMACY	0	0	0	0	974		15.00
16.00	MEDICAL RECORDS & LIBRARY	0	0	0	201	1		16.00
17.00	SOCIAL SERVICE	0	0	0	488	0		17.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0		19.00
20.00	NURSING SCHOOL	0	0	0	0	0		20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0		21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0		22.00
23.00	PARAMED PRGM-(SPECIFY)	0	0	0	0	0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	481,355	0	0	27,826	10,981		30.00
31.00	INTENSIVE CARE UNIT	75,055	0	0	6,546	4,063		31.00
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	42,673	0	0	1,620	590		43.00
ANCILLARY SERVICE COST CENTERS								
50.00	OPERATING ROOM	0	0	0	8,118	179,084		50.00
51.00	RECOVERY ROOM	0	0	0	1,455	501		51.00
52.00	DELIVERY ROOM & LABOR ROOM	9,422	0	0	2,983	3,706		52.00
53.00	ANESTHESIOLOGY	0	0	0	263	4,138		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	1,519	12,380		54.00
56.00	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	5,448		56.00
56.01	ULTRA SOUND	0	0	0	788	72		56.01
57.00	CT SCAN	0	0	0	0	3,328		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	8	1,193		58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	27	62,920		59.00
60.00	LABORATORY	0	0	0	1	16,770		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
62.01	BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	0	2,015		62.01
65.00	RESPIRATORY THERAPY	0	0	0	33	2,206		65.00
66.00	PHYSICAL THERAPY	0	0	0	19	476		66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	32		67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0		68.00
69.00	ELECTROCARDIOLOGY	0	0	0	751	506		69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	28		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	7,502		71.00
71.30	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0		71.30
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	5,002		72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0		73.00
76.00	CARDIOLOGY	0	0	0	0	0		76.00
76.01	CARDIC REHAB	0	0	0	578	101		76.01
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	1,672	2,368		90.00
90.01	WOMENS HEALTH	0	0	0	0	0		90.01
90.02	SPINE CENTER	0	0	0	0	0		90.02
91.00	EMERGENCY	0	0	0	6,177	8,666		91.00
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
99.20	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0		99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0		99.30

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140291

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description		DI ETARY	CAFETERIA	MAI NTENANCE OF PERSONNEL	NURSI NG ADMI NI STRATION	CENTRAL SERVI CES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
99.40	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	608,505	0	0	62,086	335,051	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	6	190.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	1,356	118	194.00
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)	608,505	0	0	63,442	335,175	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140291		Period: From 01/01/2011 To 12/31/2011		Worksheet B Part II Date/Time Prepared: 5/30/2012 7:01 am	
Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		15.00	16.00	17.00	19.00	20.00	
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	762,442					15.00
16.00	MEDICAL RECORDS & LIBRARY	0	279,789				16.00
17.00	SOCIAL SERVICE	0	0	10,412			17.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0		21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0		22.00
23.00	PARAMED PRGM-(SPECIFY)	0	0	0	0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	10,012	22,016	8,237			30.00
31.00	INTENSIVE CARE UNIT	4,098	5,741	1,284			31.00
40.00	SUBPROVIDER - IPF	0	0	0			40.00
41.00	SUBPROVIDER - IRF	0	0	0			41.00
42.00	SUBPROVIDER	0	0	0			42.00
43.00	NURSERY	197	2,784	730			43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	9,326	37,533	0			50.00
51.00	RECOVERY ROOM	470	4,799	0			51.00
52.00	DELIVERY ROOM & LABOR ROOM	1,469	4,995	161			52.00
53.00	ANESTHESIOLOGY	2,289	7,368	0			53.00
54.00	RADIOLOGY-DIAGNOSTIC	10,333	24,621	0			54.00
56.00	NUCLEAR MEDICINE - DIAGNOSTIC	704	4,140	0			56.00
56.01	ULTRA SOUND	23	3,472	0			56.01
57.00	CT SCAN	1,081	17,523	0			57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	149	7,074	0			58.00
59.00	CARDIAC CATHETERIZATION	924	12,640	0			59.00
60.00	LABORATORY	0	21,851	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
62.01	BLOOD CLOTTING FACOTRS ADMIN COST	0	2,696	0			62.01
65.00	RESPIRATORY THERAPY	10	6,580	0			65.00
66.00	PHYSICAL THERAPY	18	4,008	0			66.00
67.00	OCCUPATIONAL THERAPY	0	385	0			67.00
68.00	SPEECH PATHOLOGY	0	0	0			68.00
69.00	ELECTROCARDIOLOGY	178	6,200	0			69.00
70.00	ELECTROENCEPHALOGRAPHY	0	227	0			70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	12,626	0			71.00
71.30	IMPL. DEV. CHARGED TO PATIENT	0	0	0			71.30
72.00	IMPL. DEV. CHARGED TO PATIENT	0	14,105	0			72.00
73.00	DRUGS CHARGED TO PATIENTS	710,015	33,316	0			73.00
76.00	CARDIOLOGY	0	0	0			76.00
76.01	CARDIC REHAB	0	471	0			76.01
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	1,481	4,167	0			90.00
90.01	WOMENS HEALTH	0	0	0			90.01
90.02	SPINE CENTER	0	0	0			90.02
91.00	EMERGENCY	9,665	18,451	0			91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	CORF	0	0	0			99.10
99.20	OUTPATIENT PHYSICAL THERAPY	0	0	0			99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0			99.30

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140291

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

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Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		15.00	16.00	17.00	19.00	20.00	
99.40	OUTPATIENT SPEECH PATHOLOGY	0	0	0			99.40
101.00	HOME HEALTH AGENCY	0	0	0			101.00
SPECIAL PURPOSE COST CENTERS							
109.00	PANCREAS ACQUISITION	0	0	0			109.00
110.00	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	ISLET ACQUISITION	0	0	0			111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	762,442	279,789	10,412	0	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0			190.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	0	0			194.00
200.00	Cross Foot Adjustments				0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	762,442	279,789	10,412	0	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140291

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

Worksheet B
Part II
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Cost Center Description	INTERNS & RESIDENTS		PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
	21.00	22.00				
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 CASHIERING/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
19.00 NONPHYSICIAN ANESTHETISTS						19.00
20.00 NURSING SCHOOL						20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0					21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD		0				22.00
23.00 PARAMED PRGM-(SPECIFY)			0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS				3,563,331	0	30.00
31.00 INTENSIVE CARE UNIT				717,525	0	31.00
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				199,882	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM				2,684,192	0	50.00
51.00 RECOVERY ROOM				33,962	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM				109,101	0	52.00
53.00 ANESTHESIOLOGY				97,747	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC				3,918,422	0	54.00
56.00 NUCLEAR MEDICINE - DIAGNOSTIC				134,595	0	56.00
56.01 ULTRA SOUND				57,064	0	56.01
57.00 CT SCAN				968,556	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)				1,116,068	0	58.00
59.00 CARDIAC CATHETERIZATION				670,516	0	59.00
60.00 LABORATORY				465,956	0	60.00
60.01 BLOOD LABORATORY				0	0	60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS				0	0	62.00
62.01 BLOOD CLOTTING FACTORS ADMIN COST				38,532	0	62.01
65.00 RESPIRATORY THERAPY				86,042	0	65.00
66.00 PHYSICAL THERAPY				271,544	0	66.00
67.00 OCCUPATIONAL THERAPY				11,192	0	67.00
68.00 SPEECH PATHOLOGY				0	0	68.00
69.00 ELECTROCARDIOLOGY				131,385	0	69.00
70.00 ELECTROENCEPHALOGRAPHY				12,392	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS				120,227	0	71.00
71.30 IMPL. DEV. CHARGED TO PATIENT				0	0	71.30
72.00 IMPL. DEV. CHARGED TO PATIENT				93,828	0	72.00
73.00 DRUGS CHARGED TO PATIENTS				841,426	0	73.00
76.00 RADIOLOGY				0	0	76.00
76.01 RADIOLOGY REHAB				57,719	0	76.01
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				2,016,529	0	90.00
90.01 WOMENS HEALTH				0	0	90.01
90.02 SPINE CENTER				0	0	90.02
91.00 EMERGENCY				1,113,398	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)				0	0	92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140291

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

Worksheet B
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Date/Time Prepared:
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Cost Center Description	INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
	21.00	22.00				
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF				0	0	99.10
99.20 OUTPATIENT PHYSICAL THERAPY				0	0	99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY				0	0	99.30
99.40 OUTPATIENT SPEECH PATHOLOGY				0	0	99.40
101.00 HOME HEALTH AGENCY				0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 PANCREAS ACQUISITION				0	0	109.00
110.00 INTESTINAL ACQUISITION				0	0	110.00
111.00 ISLET ACQUISITION				0	0	111.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	0	0	19,531,131	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN				172,218	0	190.00
194.00 OTHER NONREIMBURSABLE COST CENTERS				23,980	0	194.00
200.00 Cross Foot Adjustments	0	0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	0	0	0	19,727,329	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140291

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description		Total	
		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
19.00	NONPHYSICIAN ANESTHETISTS		19.00
20.00	NURSING SCHOOL		20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
23.00	PARAMED ED PRGM-(SPECIFY)		23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	ADULTS & PEDIATRICS	3,563,331	30.00
31.00	INTENSIVE CARE UNIT	717,525	31.00
40.00	SUBPROVIDER - IPF	0	40.00
41.00	SUBPROVIDER - IRF	0	41.00
42.00	SUBPROVIDER	0	42.00
43.00	NURSERY	199,882	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	OPERATING ROOM	2,684,192	50.00
51.00	RECOVERY ROOM	33,962	51.00
52.00	DELIVERY ROOM & LABOR ROOM	109,101	52.00
53.00	ANESTHESIOLOGY	97,747	53.00
54.00	RADIOLOGY-DIAGNOSTIC	3,918,422	54.00
56.00	NUCLEAR MEDICINE - DIAGNOSTIC	134,595	56.00
56.01	ULTRA SOUND	57,064	56.01
57.00	CT SCAN	968,556	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	1,116,068	58.00
59.00	CARDIAC CATHETERIZATION	670,516	59.00
60.00	LABORATORY	465,956	60.00
60.01	BLOOD LABORATORY	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	62.00
62.01	BLOOD CLOTTING FACOTRS ADMIN COST	38,532	62.01
65.00	RESPIRATORY THERAPY	86,042	65.00
66.00	PHYSICAL THERAPY	271,544	66.00
67.00	OCCUPATIONAL THERAPY	11,192	67.00
68.00	SPEECH PATHOLOGY	0	68.00
69.00	ELECTROCARDIOLOGY	131,385	69.00
70.00	ELECTROENCEPHALOGRAPHY	12,392	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	120,227	71.00
71.30	IMPL. DEV. CHARGED TO PATIENT	0	71.30
72.00	IMPL. DEV. CHARGED TO PATIENT	93,828	72.00
73.00	DRUGS CHARGED TO PATIENTS	841,426	73.00
76.00	CARDIOLOGY	0	76.00
76.01	CARDIAC REHAB	57,719	76.01
OUTPATIENT SERVICE COST CENTERS			
88.00	RURAL HEALTH CLINIC	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	CLINIC	2,016,529	90.00
90.01	WOMENS HEALTH	0	90.01
90.02	SPINE CENTER	0	90.02
91.00	EMERGENCY	1,113,398	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		92.00
OTHER REIMBURSABLE COST CENTERS			
99.10	CORF	0	99.10
99.20	OUTPATIENT PHYSICAL THERAPY	0	99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY	0	99.30
99.40	OUTPATIENT SPEECH PATHOLOGY	0	99.40
101.00	HOME HEALTH AGENCY	0	101.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140291	Period: From 01/01/2011 To 12/31/2011	Worksheet B Part II Date/Time Prepared: 5/30/2012 7:01 am
Cost Center Description		Total		
		26.00		
SPECIAL PURPOSE COST CENTERS				
109.00	PANCREAS ACQUISITION	0		109.00
110.00	INTESTINAL ACQUISITION	0		110.00
111.00	ISLET ACQUISITION	0		111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	19,531,131		118.00
NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	172,218		190.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	23,980		194.00
200.00	Cross Foot Adjustments	0		200.00
201.00	Negative Cost Centers	0		201.00
202.00	TOTAL (sum lines 118-201)	19,727,329		202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140291

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

Worksheet B-1
Date/Time Prepared:
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Cost Center Description	CAPITAL RELATED COSTS					DATA PROCESSING (GROSS REVENUES)	
	NEW BLDG & FIXT (BLDG SQFT)	NEW MVBLE EQUIP (BLDG SQFT)	EMPLOYEE BENEFITS (GROSS SALARIES)	NONPATIENT TELEPHONES (GROSS SALARIES)			
	1.00	2.00	4.00	5.01	5.02		
GENERAL SERVICE COST CENTERS							
1.00 NEW CAP REL COSTS-BLDG & FIXT	540,889						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP		540,889					2.00
4.00 EMPLOYEE BENEFITS	3,001	3,001	77,134,395				4.00
5.01 NONPATIENT TELEPHONES	2,813	2,813	201,263	76,933,132			5.01
5.02 DATA PROCESSING	1,323	1,323	0	0	669,672,161		5.02
5.03 PURCHASING RECEIVING AND STORES	5,848	5,848	436,674	436,674	0		5.03
5.04 ADMINITTING	2,414	2,414	2,385,392	2,385,392	0		5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE	2,971	2,971	1,593,903	1,593,903	0		5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL	20,811	20,811	9,127,418	9,127,418	0		5.06
6.00 MAINTENANCE & REPAIRS	157,264	157,264	879,555	879,555	0		6.00
7.00 OPERATION OF PLANT	76,158	76,158	472,671	472,671	0		7.00
8.00 LAUNDRY & LINEN SERVICE	0	0	0	0	0		8.00
9.00 HOUSEKEEPING	10,767	10,767	1,486,362	1,486,362	0		9.00
10.00 DIETARY	12,630	12,630	1,507,960	1,507,960	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	1,137	1,137	1,274,853	1,274,853	0		13.00
14.00 CENTRAL SERVICES & SUPPLY	5,005	5,005	465,238	465,238	0		14.00
15.00 PHARMACY	3,039	3,039	3,024,743	3,024,743	0		15.00
16.00 MEDICAL RECORDS & LIBRARY	4,681	4,681	1,396,488	1,396,488	0		16.00
17.00 SOCIAL SERVICE	135	135	432,380	432,380	0		17.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0		19.00
20.00 NURSING SCHOOL	0	0	0	0	0		20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0		21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0		22.00
23.00 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 ADULTS & PEDIATRICS	57,379	57,379	15,926,099	15,926,099	52,668,801		30.00
31.00 INTENSIVE CARE UNIT	12,812	12,812	4,484,823	4,484,823	13,734,818		31.00
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	3,070	3,070	1,049,806	1,049,806	6,660,370		43.00
ANCILLARY SERVICE COST CENTERS							
50.00 OPERATING ROOM	25,997	25,997	6,139,572	6,139,572	90,112,357		50.00
51.00 RECOVERY ROOM	258	258	1,005,564	1,005,564	11,480,527		51.00
52.00 DELIVERY ROOM & LABOR ROOM	1,223	1,223	1,786,266	1,786,266	11,950,645		52.00
53.00 ANESTHESIOLOGY	704	704	118,948	118,948	17,627,334		53.00
54.00 RADIOLOGY-DIAGNOSTIC	48,738	48,738	4,590,043	4,590,043	58,902,778		54.00
56.00 NUCLEAR MEDICINE - DIAGNOSTIC	1,458	1,458	445,793	445,793	9,904,276		56.00
56.01 ULTRA SOUND	301	301	797,968	797,968	8,305,761		56.01
57.00 CT SCAN	1,269	1,269	994,028	994,028	41,921,037		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	684	684	498,148	498,148	16,924,352		58.00
59.00 CARDIAC CATHETERIZATION	4,771	4,771	1,350,152	1,350,152	30,238,514		59.00
60.00 LABORATORY	7,826	7,826	0	0	52,275,122		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
62.01 BLOOD CLOTTING FACOTRS ADMIN COST	519	519	0	0	6,449,761		62.01
65.00 RESPIRATORY THERAPY	408	408	1,571,975	1,571,975	15,741,020		65.00
66.00 PHYSICAL THERAPY	3,359	3,359	1,890,225	1,890,225	9,588,602		66.00
67.00 OCCUPATIONAL THERAPY	196	196	161,484	161,484	920,514		67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0		68.00
69.00 ELECTROCARDIOLOGY	2,283	2,283	1,113,191	1,113,191	14,831,632		69.00
70.00 ELECTROENCEPHALOGRAPHY	236	236	100,048	100,048	544,047		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	30,206,240		71.00
71.30 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0		71.30
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	33,742,962		72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	79,702,609		73.00
76.00 CARDIOLOGY	0	0	0	0	0		76.00
76.01 CARDIAC REHAB	1,146	1,146	540,578	540,578	1,126,220		76.01
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	29,749	29,749	2,593,427	2,593,427	9,970,031		90.00
90.01 WOMENS HEALTH	0	0	0	0	0		90.01
90.02 SPINE CENTER	0	0	0	0	0		90.02
91.00 EMERGENCY	22,411	22,411	4,109,184	4,109,184	44,141,831		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0		92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140291

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

Worksheet B-1

Date/Time Prepared:
5/30/2012 7:01 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	NONPATIENT TELEPHONES (GROSS SALARIES)	DATA PROCESSING (GROSS REVENUES)	
	NEW BLDG & FIXT (BLDG SQFT)	NEW MVBLE EQUIP (BLDG SQFT)				
	1.00	2.00				
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF	0	0	0	0	0	99.10
99.20 OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40 OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	536,794	536,794	75,952,222	75,750,959	669,672,161	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,870	3,870	0	0	0	190.00
194.00 OTHER NONREIMBURSABLE COST CENTERS	225	225	1,182,173	1,182,173	0	194.00
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)	6,806,170	4,116,857	21,112,418	507,009	3,933,838	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	12.583303	7.611279	0.273710	0.006590	0.005874	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			140,682	57,175	26,718	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.001824	0.000743	0.000040	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140291

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

Worksheet B-1

Date/Time Prepared: 5/30/2012 7:01 am

Cost Center Description	PURCHASING RECEIVING AND STORES (SUPPLY \$)	ADMITTING (IP REVENUES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS REVENUES)	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	34,353,471					5.03
5.04 ADMITTING	43,236	343,840,637				5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE	49,627	0	669,672,161			5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL	560,253	0	0	-23,908,619	190,879,891	5.06
6.00 MAINTENANCE & REPAIRS	371,298	0	0	0	9,281,751	6.00
7.00 OPERATION OF PLANT	132,352	0	0	0	4,881,007	7.00
8.00 LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00 HOUSEKEEPING	287,879	0	0	0	2,924,206	9.00
10.00 DIETARY	1,579,874	0	0	0	4,015,957	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	34,842	0	0	0	1,920,264	13.00
14.00 CENTRAL SERVICES & SUPPLY	1,560,242	0	0	0	1,485,475	14.00
15.00 PHARMACY	178,404	0	0	0	4,898,200	15.00
16.00 MEDICAL RECORDS & LIBRARY	33,716	0	0	0	3,199,798	16.00
17.00 SOCIAL SERVICE	272	0	0	0	593,480	17.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	1,412,161	52,668,801	52,668,801	0	28,103,386	30.00
31.00 INTENSIVE CARE UNIT	343,135	13,734,818	13,734,818	0	5,999,345	31.00
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	58,021	6,660,370	6,660,370	0	1,714,596	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	16,102,483	34,862,799	90,112,357	0	14,048,633	50.00
51.00 RECOVERY ROOM	45,549	3,652,921	11,480,527	0	1,713,527	51.00
52.00 DELIVERY ROOM & LABOR ROOM	346,107	10,830,275	11,950,645	0	3,485,853	52.00
53.00 ANESTHESIOLOGY	366,993	6,183,259	17,627,334	0	714,244	53.00
54.00 RADIOLOGY-DIAGNOSTIC	1,185,458	11,887,370	58,902,778	0	11,864,509	54.00
56.00 NUCLEAR MEDICINE - DIAGNOSTIC	484,326	2,177,513	9,904,276	0	957,256	56.00
56.01 ULTRA SOUND	15,881	1,189,220	8,305,761	0	1,328,694	56.01
57.00 CT SCAN	301,185	12,177,264	41,921,037	0	3,310,909	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	115,420	4,548,061	16,924,352	0	2,200,136	58.00
59.00 CARDIAC CATHETERIZATION	5,538,774	16,237,760	30,238,514	0	3,729,464	59.00
60.00 LABORATORY	1,470,110	29,061,971	52,275,122	0	7,817,925	60.00
60.01 BLOOD LABORATORY	0	0	0	176,639	0	60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
62.01 BLOOD CLOTTING FACOTRS ADMIN COST	176,639	5,074,995	6,449,761	0	1,104,468	62.01
65.00 RESPIRATORY THERAPY	204,196	14,129,731	15,741,020	0	2,740,043	65.00
66.00 PHYSICAL THERAPY	60,225	4,180,133	9,588,602	0	3,018,784	66.00
67.00 OCCUPATIONAL THERAPY	3,696	738,271	920,514	0	251,418	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	117,547	6,110,097	14,831,632	0	2,212,399	69.00
70.00 ELECTROENCEPHALOGRAPHY	2,492	308,680	544,047	0	155,453	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	18,236,304	30,206,240	0	18,555,698	71.00
71.30 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71.30
72.00 IMPL. DEV. CHARGED TO PATIENT	0	23,353,073	33,742,962	0	12,767,826	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	50,480,533	79,702,609	0	13,852,615	73.00
76.00 CARDIOLOGY	0	0	0	0	0	76.00
76.01 CARDIC REHAB	13,878	64,170	1,126,220	0	796,087	76.01
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER CLINIC	0	0	0	0	0	89.00
90.00 CLINIC	304,272	76,806	9,970,031	0	5,457,666	90.00
90.01 WOMENS HEALTH	0	0	0	0	0	90.01
90.02 SPINE CENTER	0	0	0	0	0	90.02
91.00 EMERGENCY	832,024	15,215,442	44,141,831	0	7,764,570	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF	0	0	0	0	0	99.10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140291

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

Worksheet B-1

Date/Time Prepared:
5/30/2012 7:01 am

Cost Center Description	PURCHASING RECEIVING AND STORES (SUPPLY \$)	ADMITTING (IP REVENUES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS REVENUES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
	5.03	5.04	5.05	5A.06	5.06	
99.20 OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40 OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	34,332,567	343,840,637	669,672,161	-23,731,980	188,865,642	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	493	0	0	0	81,225	190.00
194.00 OTHER NONREIMBURSABLE COST CENTERS	20,411	0	0	0	1,933,024	194.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	1,848,870	3,499,023	10,309,191		23,908,619	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.053819	0.010176	0.015394		0.125255	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	524,739	76,658	150,641		905,463	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.015275	0.000223	0.000225		0.004744	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140291

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

Worksheet B-1

Date/Time Prepared:
5/30/2012 7:01 am

Cost Center Description	MAINTENANCE & REPAIRS (BLDG SQFT)	OPERATION OF PLANT (BLDG SQFT)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	HOUSEKEEPING (BLDG SQFT)	DIETARY (PATIENT DAYS)	
	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 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00 MAINTENANCE & REPAIRS	344,444					6.00
7.00 OPERATION OF PLANT	76,158	268,286				7.00
8.00 LAUNDRY & LINEN SERVICE	0	0	44,048			8.00
9.00 HOUSEKEEPING	10,767	10,767	0	257,519		9.00
10.00 DIETARY	12,630	12,630	0	12,630	44,048	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	1,137	1,137	0	1,137	0	13.00
14.00 CENTRAL SERVICES & SUPPLY	5,005	5,005	0	5,005	0	14.00
15.00 PHARMACY	3,039	3,039	0	3,039	0	15.00
16.00 MEDICAL RECORDS & LIBRARY	4,681	4,681	0	4,681	0	16.00
17.00 SOCIAL SERVICE	135	135	0	135	0	17.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	57,379	57,379	34,844	57,379	34,844	30.00
31.00 INTENSIVE CARE UNIT	12,812	12,812	5,433	12,812	5,433	31.00
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	3,070	3,070	3,089	3,070	3,089	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	25,997	25,997	0	25,997	0	50.00
51.00 RECOVERY ROOM	258	258	0	258	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	1,223	1,223	682	1,223	682	52.00
53.00 ANESTHESIOLOGY	704	704	0	704	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	48,738	48,738	0	48,738	0	54.00
56.00 NUCLEAR MEDICINE - DIAGNOSTIC	1,458	1,458	0	1,458	0	56.00
56.01 ULTRA SOUND	301	301	0	301	0	56.01
57.00 CT SCAN	1,269	1,269	0	1,269	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	684	684	0	684	0	58.00
59.00 CARDIAC CATHETERIZATION	4,771	4,771	0	4,771	0	59.00
60.00 LABORATORY	7,826	7,826	0	7,826	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
62.01 BLOOD CLOTTING FACOTRS ADMIN COST	519	519	0	519	0	62.01
65.00 RESPIRATORY THERAPY	408	408	0	408	0	65.00
66.00 PHYSICAL THERAPY	3,359	3,359	0	3,359	0	66.00
67.00 OCCUPATIONAL THERAPY	196	196	0	196	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	2,283	2,283	0	2,283	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	236	236	0	236	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
71.30 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71.30
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00 RADIOLOGY	0	0	0	0	0	76.00
76.01 CARDIAC REHAB	1,146	1,146	0	1,146	0	76.01
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	29,749	29,749	0	29,749	0	90.00
90.01 WOMENS HEALTH	0	0	0	0	0	90.01
90.02 SPINE CENTER	0	0	0	0	0	90.02
91.00 EMERGENCY	22,411	22,411	0	22,411	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF	0	0	0	0	0	99.10
99.20 OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140291

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

Worksheet B-1

Date/Time Prepared:
5/30/2012 7:01 am

Cost Center Description		MAINTENANCE & REPAIRS (BLDG SQFT)	OPERATION OF PLANT (BLDG SQFT)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	HOUSEKEEPING (BLDG SQFT)	DIETARY (PATIENT DAYS)	
		6.00	7.00	8.00	9.00	10.00	
99.30	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	340,349	264,191	44,048	253,424	44,048	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,870	3,870	0	3,870	0	190.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	225	225	0	225	0	194.00
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)	10,444,337	7,801,666	0	3,930,058	5,461,972	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	30.322308	29.079661	0.000000	15.261235	124.000454	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	4,428,253	2,543,473	0	480,607	608,505	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	12.856235	9.480454	0.000000	1.866297	13.814589	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140291

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

Worksheet B-1

Date/Time Prepared:
5/30/2012 7:01 am

Cost Center Description	CAFETERIA (GROSS SALARIES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (NURS. HOURS)	CENTRAL SERVICES & SUPPLY (MED SUPPLY \$)	PHARMACY (DRUG \$)	
	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 CASHIERING/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	59,043,197					11.00
12.00 MAINTENANCE OF PERSONNEL	0	0				12.00
13.00 NURSING ADMINISTRATION	1,274,853	0	1,520,961			13.00
14.00 CENTRAL SERVICES & SUPPLY	465,238	0	24,296	29,383,872		14.00
15.00 PHARMACY	3,024,743	0	0	85,347	12,503,578	15.00
16.00 MEDICAL RECORDS & LIBRARY	1,396,488	0	4,807	55	0	16.00
17.00 SOCIAL SERVICE	432,380	0	11,703	4	0	17.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	15,926,099	0	667,112	962,624	164,188	30.00
31.00 INTENSIVE CARE UNIT	4,484,823	0	156,945	356,224	67,211	31.00
40.00 SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00 SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	1,049,806	0	38,828	51,751	3,224	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	6,139,572	0	194,609	15,700,065	152,948	50.00
51.00 RECOVERY ROOM	1,005,564	0	34,892	43,963	7,708	51.00
52.00 DELIVERY ROOM & LABOR ROOM	1,786,266	0	71,526	324,870	24,088	52.00
53.00 ANESTHESIOLOGY	118,948	0	6,294	362,780	37,533	53.00
54.00 RADIOLOGY-DIAGNOSTIC	4,590,043	0	36,424	1,085,324	169,449	54.00
56.00 NUCLEAR MEDICINE - DIAGNOSTIC	445,793	0	0	477,631	11,551	56.00
56.01 ULTRA SOUND	797,968	0	18,903	6,345	384	56.01
57.00 CT SCAN	994,028	0	0	291,777	17,734	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	498,148	0	189	104,609	2,440	58.00
59.00 CARDIAC CATHETERIZATION	1,350,152	0	657	5,515,951	15,145	59.00
60.00 LABORATORY	0	0	17	1,470,110	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
62.01 BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	176,639	0	62.01
65.00 RESPIRATORY THERAPY	1,571,975	0	800	193,361	159	65.00
66.00 PHYSICAL THERAPY	1,890,225	0	457	41,695	297	66.00
67.00 OCCUPATIONAL THERAPY	161,484	0	0	2,829	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	1,113,191	0	17,995	44,316	2,924	69.00
70.00 ELECTROENCEPHALOGRAPHY	100,048	0	0	2,467	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	657,696	0	71.00
71.30 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71.30
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	438,464	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	11,643,810	73.00
76.00 RADIOLOGY	0	0	0	0	0	76.00
76.01 CARDIAC REHAB	540,578	0	13,852	8,834	0	76.01
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	2,593,427	0	40,078	207,595	24,293	90.00
90.01 WOMENS HEALTH	0	0	0	0	0	90.01
90.02 SPINE CENTER	0	0	0	0	0	90.02
91.00 EMERGENCY	4,109,184	0	148,079	759,726	158,492	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF	0	0	0	0	0	99.10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140291

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

Worksheet B-1

Date/Time Prepared:
5/30/2012 7:01 am

Cost Center Description		CAFETERIA (GROSS SALARIES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (NURS. HOURS)	CENTRAL SERVICES & SUPPLY (MED SUPPLY \$)	PHARMACY (DRUG \$)	
		11.00	12.00	13.00	14.00	15.00	
99.20	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	57,861,024	0	1,488,463	29,373,052	12,503,578	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	493	0	190.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	1,182,173	0	32,498	10,327	0	194.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	0	0	2,245,679	2,081,100	5,744,670	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	1.476487	0.070825	0.459442	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	0	63,442	335,175	762,442	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	0.041712	0.011407	0.060978	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140291

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

Worksheet B-1
Date/Time Prepared:
5/30/2012 7:01 am

Cost Center Description	MEDICAL RECORDS & LIBRARY (GROSS REVENUES)	SOCIAL SERVICE (PATIENT DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)		
	16.00	17.00	19.00	20.00		
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 CASHIERING/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	669,672,161					16.00
17.00 SOCIAL SERVICE	0	44,048				17.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0			19.00
20.00 NURSING SCHOOL	0	0		0		20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0				21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0				22.00
23.00 PARAMED ED PRGM-(SPECIFY)	0	0				23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	52,668,801	34,844		0		30.00
31.00 INTENSIVE CARE UNIT	13,734,818	5,433		0		31.00
40.00 SUBPROVIDER - I PF	0	0		0		40.00
41.00 SUBPROVIDER - I RF	0	0		0		41.00
42.00 SUBPROVIDER	0	0		0		42.00
43.00 NURSERY	6,660,370	3,089		0		43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	90,112,357	0	0	0		50.00
51.00 RECOVERY ROOM	11,480,527	0	0	0		51.00
52.00 DELIVERY ROOM & LABOR ROOM	11,950,645	682	0	0		52.00
53.00 ANESTHESIOLOGY	17,627,334	0	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	58,902,778	0	0	0		54.00
56.00 NUCLEAR MEDICINE - DIAGNOSTIC	9,904,276	0	0	0		56.00
56.01 ULTRA SOUND	8,305,761	0	0	0		56.01
57.00 CT SCAN	41,921,037	0	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	16,924,352	0	0	0		58.00
59.00 CARDIAC CATHETERIZATION	30,238,514	0	0	0		59.00
60.00 LABORATORY	52,275,122	0	0	0		60.00
60.01 BLOOD LABORATORY	0	0	0	0		60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0		62.00
62.01 BLOOD CLOTTING FACOTRS ADMIN COST	6,449,761	0	0	0		62.01
65.00 RESPIRATORY THERAPY	15,741,020	0	0	0		65.00
66.00 PHYSICAL THERAPY	9,588,602	0	0	0		66.00
67.00 OCCUPATIONAL THERAPY	920,514	0	0	0		67.00
68.00 SPEECH PATHOLOGY	0	0	0	0		68.00
69.00 ELECTROCARDIOLOGY	14,831,632	0	0	0		69.00
70.00 ELECTROENCEPHALOGRAPHY	544,047	0	0	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	30,206,240	0	0	0		71.00
71.30 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0		71.30
72.00 IMPL. DEV. CHARGED TO PATIENT	33,742,962	0	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	79,702,609	0	0	0		73.00
76.00 RADIOLOGY	0	0	0	0		76.00
76.01 CARDIAC REHAB	1,126,220	0	0	0		76.01
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	9,970,031	0	0	0		90.00
90.01 WOMENS HEALTH	0	0	0	0		90.01
90.02 SPINE CENTER	0	0	0	0		90.02
91.00 EMERGENCY	44,141,831	0	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF	0	0	0	0		99.10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140291

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

Worksheet B-1

Date/Time Prepared:
5/30/2012 7:01 am

Cost Center Description		MEDICAL RECORDS & LIBRARY (GROSS REVENUES)	SOCIAL SERVICE (PATIENT DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)		
		16.00	17.00	19.00	20.00		
99.20	OUTPATIENT PHYSICAL THERAPY	0	0	0	0		99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0		99.30
99.40	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0		99.40
101.00	HOME HEALTH AGENCY	0	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS							
109.00	PANCREAS ACQUISITION	0	0	0	0		109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0		110.00
111.00	ISLET ACQUISITION	0	0	0	0		111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	669,672,161	44,048	0	0		118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		190.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0		194.00
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)	3,957,189	695,175	0	0		202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.005909	15.782215	0.000000	0.000000		203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	279,789	10,412	0	0		204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000418	0.236378	0.000000	0.000000		205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140291

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

Worksheet B-1
Date/Time Prepared:
5/30/2012 7:01 am

Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM (ASSIGNED TIME)	
	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)			
	21.00	22.00	23.00		
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 CASHIERING/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
19.00 NONPHYSICIAN ANESTHETISTS					19.00
20.00 NURSING SCHOOL					20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0				21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD		0			22.00
23.00 PARAMED PRGM-(SPECIFY)			0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 ADULTS & PEDIATRICS	0	0	0		30.00
31.00 INTENSIVE CARE UNIT	0	0	0		31.00
40.00 SUBPROVIDER - IPF	0	0	0		40.00
41.00 SUBPROVIDER - IRF	0	0	0		41.00
42.00 SUBPROVIDER	0	0	0		42.00
43.00 NURSERY	0	0	0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00 OPERATING ROOM	0	0	0		50.00
51.00 RECOVERY ROOM	0	0	0		51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00 ANESTHESIOLOGY	0	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0		54.00
56.00 NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0		56.00
56.01 ULTRA SOUND	0	0	0		56.01
57.00 CT SCAN	0	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00 CARDIAC CATHETERIZATION	0	0	0		59.00
60.00 LABORATORY	0	0	0		60.00
60.01 BLOOD LABORATORY	0	0	0		60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0		62.00
62.01 BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0		62.01
65.00 RESPIRATORY THERAPY	0	0	0		65.00
66.00 PHYSICAL THERAPY	0	0	0		66.00
67.00 OCCUPATIONAL THERAPY	0	0	0		67.00
68.00 SPEECH PATHOLOGY	0	0	0		68.00
69.00 ELECTROCARDIOLOGY	0	0	0		69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0		71.00
71.30 IMPL. DEV. CHARGED TO PATIENT	0	0	0		71.30
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0		73.00
76.00 RADIOLOGY	0	0	0		76.00
76.01 CARDIAC REHAB	0	0	0		76.01
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 WOMENS HEALTH	0	0	0		90.01
90.02 SPINE CENTER	0	0	0		90.02
91.00 EMERGENCY	0	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)					92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140291

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

Worksheet B-1
Date/Time Prepared:
5/30/2012 7:01 am

Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM (ASSIGNED TIME)	
	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)			
	21.00	22.00	23.00		
OTHER REIMBURSABLE COST CENTERS					
99.10 CORF	0	0	0		99.10
99.20 OUTPATIENT PHYSICAL THERAPY	0	0	0		99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0		99.30
99.40 OUTPATIENT SPEECH PATHOLOGY	0	0	0		99.40
101.00 HOME HEALTH AGENCY	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS					
109.00 PANCREAS ACQUISITION	0	0	0		109.00
110.00 INTESTINAL ACQUISITION	0	0	0		110.00
111.00 ISLET ACQUISITION	0	0	0		111.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	0	0		118.00
NONREIMBURSABLE COST CENTERS					
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0		190.00
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	0	0		194.00
200.00 Cross Foot Adjustments					200.00
201.00 Negative Cost Centers					201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	0	0	0		202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	0.000000		203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	0	0	0		204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	0.000000		205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140291

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

Worksheet C
Part I
Date/Time Prepared:
5/30/2012 7:01 am

		Title XVIII		Hospital		PPS
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS		42,217,936	17,130	42,235,066	30.00
31.00	INTENSIVE CARE UNIT		8,835,813	1,986	8,837,799	31.00
40.00	SUBPROVIDER - 1PF		0	0	0	40.00
41.00	SUBPROVIDER - 1RF		0	0	0	41.00
42.00	SUBPROVIDER		0	0	0	42.00
43.00	NURSERY		2,692,193	0	2,692,193	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM		19,751,437	7,861	19,759,298	50.00
51.00	RECOVERY ROOM		2,073,429	0	2,073,429	51.00
52.00	DELIVERY ROOM & LABOR ROOM		4,319,416	0	4,319,416	52.00
53.00	ANESTHESIOLOGY		1,012,661	0	1,012,661	53.00
54.00	RADIOLOGY-DIAGNOSTIC		17,546,091	5,507	17,551,598	54.00
56.00	NUCLEAR MEDICINE - DIAGNOSTIC		1,283,675	0	1,283,675	56.00
56.01	ULTRA SOUND		1,595,208	0	1,595,208	56.01
57.00	CT SCAN		4,096,889	0	4,096,889	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)		2,635,598	0	2,635,598	58.00
59.00	CARDIAC CATHETERIZATION		5,130,090	0	5,130,090	59.00
60.00	LABORATORY		9,794,512	0	9,794,512	60.00
60.01	BLOOD LABORATORY		0	0	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS		0	0	0	62.00
62.01	BLOOD CLOTTING FACOTRS ADMIN COST		1,332,180	0	1,332,180	62.01
65.00	RESPIRATORY THERAPY	0	3,221,674	0	3,221,674	65.00
66.00	PHYSICAL THERAPY	0	3,708,119	0	3,708,119	66.00
67.00	OCCUPATIONAL THERAPY	0	303,182	0	303,182	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY		2,778,660	65,099	2,843,759	69.00
70.00	ELECTROENCEPHALOGRAPHY		195,935	0	195,935	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		21,104,962	0	21,104,962	71.00
71.30	IMPL. DEV. CHARGED TO PATIENT		0	0	0	71.30
72.00	IMPL. DEV. CHARGED TO PATIENT		14,597,501	0	14,597,501	72.00
73.00	DRUGS CHARGED TO PATIENTS		21,408,345	0	21,408,345	73.00
76.00	CARDIOLOGY		0	0	0	76.00
76.01	CARDIC REHAB		1,009,097	0	1,009,097	76.01
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		8,506,373	0	8,506,373	90.00
90.01	WOMENS HEALTH		0	0	0	90.01
90.02	SPINE CENTER		0	0	0	90.02
91.00	EMERGENCY		11,016,495	13,561	11,030,056	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		3,177,808	0	3,177,808	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10	CORF		0	0	0	99.10
99.20	OUTPATIENT PHYSICAL THERAPY		0	0	0	99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY		0	0	0	99.30
99.40	OUTPATIENT SPEECH PATHOLOGY		0	0	0	99.40
101.00	HOME HEALTH AGENCY		0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00	PANCREAS ACQUISITION		0	0	0	109.00
110.00	INTESTINAL ACQUISITION		0	0	0	110.00
111.00	ISLET ACQUISITION		0	0	0	111.00
200.00	Subtotal (see instructions)	0	215,345,279	111,144	215,456,423	200.00
201.00	Less Observation Beds		3,177,808	0	3,177,808	201.00
202.00	Total (see instructions)	0	212,167,471	111,144	212,278,615	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140291

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

Worksheet C
Part I
Date/Time Prepared:
5/30/2012 7:01 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			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	52,668,801		52,668,801		30.00
31.00	INTENSIVE CARE UNIT	13,734,818		13,734,818		31.00
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	6,660,370		6,660,370		43.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	34,862,799	55,279,300	90,142,099	0.219114	50.00
51.00	RECOVERY ROOM	3,652,921	7,827,606	11,480,527	0.180604	51.00
52.00	DELIVERY ROOM & LABOR ROOM	10,830,275	1,120,370	11,950,645	0.361438	52.00
53.00	ANESTHESIOLOGY	6,183,259	11,444,075	17,627,334	0.057448	53.00
54.00	RADIOLOGY-DIAGNOSTIC	10,719,581	47,015,408	57,734,989	0.303907	54.00
56.00	NUCLEAR MEDICINE - DIAGNOSTIC	2,177,513	7,726,763	9,904,276	0.129608	56.00
56.01	ULTRA SOUND	2,357,009	7,116,541	9,473,550	0.168385	56.01
57.00	CT SCAN	12,177,264	29,743,773	41,921,037	0.097729	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	4,548,061	12,376,291	16,924,352	0.155728	58.00
59.00	CARDIAC CATHETERIZATION	16,237,760	14,000,754	30,238,514	0.169654	59.00
60.00	LABORATORY	29,061,971	23,213,151	52,275,122	0.187365	60.00
60.01	BLOOD LABORATORY	0	0	0	0.000000	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	62.00
62.01	BLOOD CLOTTING FACOTRS ADMIN COST	5,074,995	1,374,766	6,449,761	0.206547	62.01
65.00	RESPIRATORY THERAPY	14,129,731	1,611,289	15,741,020	0.204667	65.00
66.00	PHYSICAL THERAPY	4,180,133	5,408,469	9,588,602	0.386722	66.00
67.00	OCCUPATIONAL THERAPY	738,271	182,243	920,514	0.329362	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0.000000	68.00
69.00	ELECTROCARDIOLOGY	6,110,097	8,721,535	14,831,632	0.187347	69.00
70.00	ELECTROENCEPHALOGRAPHY	308,680	235,367	544,047	0.360144	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	18,236,304	11,969,936	30,206,240	0.698695	71.00
71.30	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0.000000	71.30
72.00	IMPL. DEV. CHARGED TO PATIENT	23,353,073	10,360,147	33,713,220	0.432990	72.00
73.00	DRUGS CHARGED TO PATIENTS	50,480,533	29,222,076	79,702,609	0.268603	73.00
76.00	CARDIOLOGY	0	0	0	0.000000	76.00
76.01	CARDIC REHAB	64,170	1,062,050	1,126,220	0.896003	76.01
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	76,805	9,893,225	9,970,030	0.853194	90.00
90.01	WOMENS HEALTH	0	0	0	0.000000	90.01
90.02	SPI NE CENTER	0	0	0	0.000000	90.02
91.00	EMERGENCY	15,215,442	28,926,389	44,141,831	0.249570	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	661,566	2,741,534	3,403,100	0.933798	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10	CORF	0	0	0		99.10
99.20	OUTPATIENT PHYSICAL THERAPY	0	0	0		99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0		99.30
99.40	OUTPATIENT SPEECH PATHOLOGY	0	0	0		99.40
101.00	HOME HEALTH AGENCY	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS						
109.00	PANCREAS ACQUISITION	0	0	0		109.00
110.00	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	ISLET ACQUISITION	0	0	0		111.00
200.00	Subtotal (see instructions)	344,502,202	328,573,058	673,075,260		200.00
201.00	Less Observation Beds					201.00
202.00	Total (see instructions)	344,502,202	328,573,058	673,075,260		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140291	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/30/2012 7:01 am
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital
		11.00		PPS
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS			30.00
31.00	INTENSIVE CARE UNIT			31.00
40.00	SUBPROVIDER - IPF			40.00
41.00	SUBPROVIDER - IRF			41.00
42.00	SUBPROVIDER			42.00
43.00	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0.219202		50.00
51.00	RECOVERY ROOM	0.180604		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.361438		52.00
53.00	ANESTHESIOLOGY	0.057448		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.304003		54.00
56.00	NUCLEAR MEDICINE - DIAGNOSTIC	0.129608		56.00
56.01	ULTRA SOUND	0.168385		56.01
57.00	CT SCAN	0.097729		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.155728		58.00
59.00	CARDIAC CATHETERIZATION	0.169654		59.00
60.00	LABORATORY	0.187365		60.00
60.01	BLOOD LABORATORY	0.000000		60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000		62.00
62.01	BLOOD CLOTTING FACTORS ADMIN COST	0.206547		62.01
65.00	RESPIRATORY THERAPY	0.204667		65.00
66.00	PHYSICAL THERAPY	0.386722		66.00
67.00	OCCUPATIONAL THERAPY	0.329362		67.00
68.00	SPEECH PATHOLOGY	0.000000		68.00
69.00	ELECTROCARDIOLOGY	0.191736		69.00
70.00	ELECTROENCEPHALOGRAPHY	0.360144		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.698695		71.00
71.30	IMPL. DEV. CHARGED TO PATIENT	0.000000		71.30
72.00	IMPL. DEV. CHARGED TO PATIENT	0.432990		72.00
73.00	DRUGS CHARGED TO PATIENTS	0.268603		73.00
76.00	CARDIOLOGY	0.000000		76.00
76.01	CARDIAC REHAB	0.896003		76.01
OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC			88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	CLINIC	0.853194		90.00
90.01	WOMENS HEALTH	0.000000		90.01
90.02	SPINE CENTER	0.000000		90.02
91.00	EMERGENCY	0.249878		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.933798		92.00
OTHER REIMBURSABLE COST CENTERS				
99.10	CORF			99.10
99.20	OUTPATIENT PHYSICAL THERAPY			99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY			99.30
99.40	OUTPATIENT SPEECH PATHOLOGY			99.40
101.00	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS				
109.00	PANCREAS ACQUISITION			109.00
110.00	INTESTINAL ACQUISITION			110.00
111.00	ISLET ACQUISITION			111.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140291

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

Worksheet C
Part I
Date/Time Prepared:
5/30/2012 7:01 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		42,217,936	0	0	30.00
31.00	INTENSIVE CARE UNIT		8,835,813	0	0	31.00
40.00	SUBPROVIDER - 1PF		0	0	0	40.00
41.00	SUBPROVIDER - 1RF		0	0	0	41.00
42.00	SUBPROVIDER		0	0	0	42.00
43.00	NURSERY		2,692,193	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM		19,751,437	0	0	50.00
51.00	RECOVERY ROOM		2,073,429	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM		4,319,416	0	0	52.00
53.00	ANESTHESIOLOGY		1,012,661	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC		17,546,091	0	0	54.00
56.00	NUCLEAR MEDICINE - DIAGNOSTIC		1,283,675	0	0	56.00
56.01	ULTRA SOUND		1,595,208	0	0	56.01
57.00	CT SCAN		4,096,889	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)		2,635,598	0	0	58.00
59.00	CARDIAC CATHETERIZATION		5,130,090	0	0	59.00
60.00	LABORATORY		9,794,512	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
62.01	BLOOD CLOTTING FACOTRS ADMIN COST		1,332,180	0	0	62.01
65.00	RESPIRATORY THERAPY	0	3,221,674	0	0	65.00
66.00	PHYSICAL THERAPY	0	3,708,119	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	303,182	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY		2,778,660	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY		195,935	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		21,104,962	0	0	71.00
71.30	IMPL. DEV. CHARGED TO PATIENT		0	0	0	71.30
72.00	IMPL. DEV. CHARGED TO PATIENT		14,597,501	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS		21,408,345	0	0	73.00
76.00	CARDIOLOGY		0	0	0	76.00
76.01	CARDIAC REHAB		1,009,097	0	0	76.01
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		8,506,373	0	0	90.00
90.01	WOMENS HEALTH		0	0	0	90.01
90.02	SPINE CENTER		0	0	0	90.02
91.00	EMERGENCY		11,016,495	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		3,177,808	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10	CORF		0	0	0	99.10
99.20	OUTPATIENT PHYSICAL THERAPY		0	0	0	99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY		0	0	0	99.30
99.40	OUTPATIENT SPEECH PATHOLOGY		0	0	0	99.40
101.00	HOME HEALTH AGENCY		0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00	PANCREAS ACQUISITION		0	0	0	109.00
110.00	INTESTINAL ACQUISITION		0	0	0	110.00
111.00	ISLET ACQUISITION		0	0	0	111.00
200.00	Subtotal (see instructions)	0	215,345,279	0	0	200.00
201.00	Less Observation Beds		3,177,808			201.00
202.00	Total (see instructions)	0	212,167,471	0	0	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140291

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

Worksheet C
Part I
Date/Time Prepared:
5/30/2012 7:01 am

		Title XIX			Hospital	Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	52,668,801		52,668,801			30.00
31.00	INTENSIVE CARE UNIT	13,734,818		13,734,818			31.00
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	6,660,370		6,660,370			43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	34,862,799	55,279,300	90,142,099	0.219114	0.000000	50.00
51.00	RECOVERY ROOM	3,652,921	7,827,606	11,480,527	0.180604	0.000000	51.00
52.00	DELIVERY ROOM & LABOR ROOM	10,830,275	1,120,370	11,950,645	0.361438	0.000000	52.00
53.00	ANESTHESIOLOGY	6,183,259	11,444,075	17,627,334	0.057448	0.000000	53.00
54.00	RADIOLOGY-DIAGNOSTIC	10,719,581	47,015,408	57,734,989	0.303907	0.000000	54.00
56.00	NUCLEAR MEDICINE - DIAGNOSTIC	2,177,513	7,726,763	9,904,276	0.129608	0.000000	56.00
56.01	ULTRA SOUND	2,357,009	7,116,541	9,473,550	0.168385	0.000000	56.01
57.00	CT SCAN	12,177,264	29,743,773	41,921,037	0.097729	0.000000	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	4,548,061	12,376,291	16,924,352	0.155728	0.000000	58.00
59.00	CARDIAC CATHETERIZATION	16,237,760	14,000,754	30,238,514	0.169654	0.000000	59.00
60.00	LABORATORY	29,061,971	23,213,151	52,275,122	0.187365	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	0	0	0	0.000000	0.000000	62.00
62.01	BLOOD CLOTTING FACOTRS ADMIN COST	5,074,995	1,374,766	6,449,761	0.206547	0.000000	62.01
65.00	RESPIRATORY THERAPY	14,129,731	1,611,289	15,741,020	0.204667	0.000000	65.00
66.00	PHYSICAL THERAPY	4,180,133	5,408,469	9,588,602	0.386722	0.000000	66.00
67.00	OCCUPATIONAL THERAPY	738,271	182,243	920,514	0.329362	0.000000	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0.000000	0.000000	68.00
69.00	ELECTROCARDIOLOGY	6,110,097	8,721,535	14,831,632	0.187347	0.000000	69.00
70.00	ELECTROENCEPHALOGRAPHY	308,680	235,367	544,047	0.360144	0.000000	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	18,236,304	11,969,936	30,206,240	0.698695	0.000000	71.00
71.30	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0.000000	0.000000	71.30
72.00	IMPL. DEV. CHARGED TO PATIENT	23,353,073	10,360,147	33,713,220	0.432990	0.000000	72.00
73.00	DRUGS CHARGED TO PATIENTS	50,480,533	29,222,076	79,702,609	0.268603	0.000000	73.00
76.00	CARDIOLOGY	0	0	0	0.000000	0.000000	76.00
76.01	CARDIC REHAB	64,170	1,062,050	1,126,220	0.896003	0.000000	76.01
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	76,805	9,893,225	9,970,030	0.853194	0.000000	90.00
90.01	WOMENS HEALTH	0	0	0	0.000000	0.000000	90.01
90.02	SPI NE CENTER	0	0	0	0.000000	0.000000	90.02
91.00	EMERGENCY	15,215,442	28,926,389	44,141,831	0.249570	0.000000	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	661,566	2,741,534	3,403,100	0.933798	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	CORF	0	0	0			99.10
99.20	OUTPATIENT PHYSICAL THERAPY	0	0	0			99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0			99.30
99.40	OUTPATIENT SPEECH PATHOLOGY	0	0	0			99.40
101.00	HOME HEALTH AGENCY	0	0	0			101.00
SPECIAL PURPOSE COST CENTERS							
109.00	PANCREAS ACQUISITION	0	0	0			109.00
110.00	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	ISLET ACQUISITION	0	0	0			111.00
200.00	Subtotal (see instructions)	344,502,202	328,573,058	673,075,260			200.00
201.00	Less Observation Beds						201.00
202.00	Total (see instructions)	344,502,202	328,573,058	673,075,260			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140291	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/30/2012 7:01 am
Cost Center Description		PPS Inpatient Ratio 11.00	Title XIX	Hospital
				Cost
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS			30.00
31.00	INTENSIVE CARE UNIT			31.00
40.00	SUBPROVIDER - IPF			40.00
41.00	SUBPROVIDER - IRF			41.00
42.00	SUBPROVIDER			42.00
43.00	NURSERY			43.00
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
56.00	NUCLEAR MEDICINE - DIAGNOSTIC	0.000000		56.00
56.01	ULTRA SOUND	0.000000		56.01
57.00	CT SCAN	0.000000		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	LABORATORY	0.000000		60.00
60.01	BLOOD LABORATORY	0.000000		60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000		62.00
62.01	BLOOD CLOTTING FACTORS ADMIN COST	0.000000		62.01
65.00	RESPIRATORY THERAPY	0.000000		65.00
66.00	PHYSICAL THERAPY	0.000000		66.00
67.00	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	SPEECH PATHOLOGY	0.000000		68.00
69.00	ELECTROCARDIOLOGY	0.000000		69.00
70.00	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
71.30	IMPL. DEV. CHARGED TO PATIENT	0.000000		71.30
72.00	IMPL. DEV. CHARGED TO PATIENT	0.000000		72.00
73.00	DRUGS CHARGED TO PATIENTS	0.000000		73.00
76.00	CARDIOLOGY	0.000000		76.00
76.01	CARDIAC REHAB	0.000000		76.01
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	WOMENS HEALTH	0.000000		90.01
90.02	SPINE CENTER	0.000000		90.02
91.00	EMERGENCY	0.000000		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS				
99.10	CORF			99.10
99.20	OUTPATIENT PHYSICAL THERAPY			99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY			99.30
99.40	OUTPATIENT SPEECH PATHOLOGY			99.40
101.00	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS				
109.00	PANCREAS ACQUISITION			109.00
110.00	INTESTINAL ACQUISITION			110.00
111.00	ISLET ACQUISITION			111.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140291		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part I Date/Time Prepared: 5/30/2012 7:01 am	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	PPS Per Diem (col. 3 / col. 4)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	3,563,331	0	3,563,331	37,679	94.57	30.00
31.00	INTENSIVE CARE UNIT	717,525	0	717,525	5,433	132.07	31.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	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	199,882	0	199,882	3,089	64.71	43.00
200.00	Total (lines 30-199)	4,480,738		4,480,738	46,201		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140291	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part I Date/Time Prepared: 5/30/2012 7:01 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	20,668	1,954,573		30.00
31.00 INTENSIVE CARE UNIT	3,277	432,793		31.00
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
200.00 Total (lines 30-199)	23,945	2,387,366		200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140291	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part II Date/Time Prepared: 5/30/2012 7:01 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)	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	2,684,192	90,142,099	0.029777	15,090,156	449,340	50.00
51.00	RECOVERY ROOM	33,962	11,480,527	0.002958	1,430,487	4,231	51.00
52.00	DELIVERY ROOM & LABOR ROOM	109,101	11,950,645	0.009129	0	0	52.00
53.00	ANESTHESIOLOGY	97,747	17,627,334	0.005545	2,345,445	13,005	53.00
54.00	RADIOLOGY-DIAGNOSTIC	3,918,422	57,734,989	0.067869	6,242,831	423,695	54.00
56.00	NUCLEAR MEDICINE - DIAGNOSTIC	134,595	9,904,276	0.013590	1,170,461	15,907	56.00
56.01	ULTRA SOUND	57,064	9,473,550	0.006024	1,292,938	7,789	56.01
57.00	CT SCAN	968,556	41,921,037	0.023104	6,350,152	146,714	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	1,116,068	16,924,352	0.065945	2,287,874	150,874	58.00
59.00	CARDIAC CATHETERIZATION	670,516	30,238,514	0.022174	8,451,295	187,399	59.00
60.00	LABORATORY	465,956	52,275,122	0.008914	15,233,506	135,791	60.00
60.01	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0	62.00
62.01	BLOOD CLOTTING FACOTRS ADMIN COST	38,532	6,449,761	0.005974	2,444,922	14,606	62.01
65.00	RESPIRATORY THERAPY	86,042	15,741,020	0.005466	8,809,404	48,152	65.00
66.00	PHYSICAL THERAPY	271,544	9,588,602	0.028319	2,878,818	81,525	66.00
67.00	OCCUPATIONAL THERAPY	11,192	920,514	0.012158	517,869	6,296	67.00
68.00	SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	ELECTROCARDIOLOGY	131,385	14,831,632	0.008858	3,650,211	32,334	69.00
70.00	ELECTROENCEPHALOGRAPHY	12,392	544,047	0.022777	204,003	4,647	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	120,227	30,206,240	0.003980	8,767,265	34,894	71.00
71.30	IMPL. DEV. CHARGED TO PATIENT	0	0	0.000000	0	0	71.30
72.00	IMPL. DEV. CHARGED TO PATIENT	93,828	33,713,220	0.002783	11,463,808	31,904	72.00
73.00	DRUGS CHARGED TO PATIENTS	841,426	79,702,609	0.010557	21,430,254	226,239	73.00
76.00	CARDIOLOGY	0	0	0.000000	0	0	76.00
76.01	CARDIC REHAB	57,719	1,126,220	0.051250	35,616	1,825	76.01
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	2,016,529	9,970,030	0.202259	64,504	13,047	90.00
90.01	WOMENS HEALTH	0	0	0.000000	0	0	90.01
90.02	SPINE CENTER	0	0	0.000000	0	0	90.02
91.00	EMERGENCY	1,113,398	44,141,831	0.025223	8,143,411	205,401	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	268,108	3,403,100	0.078783	0	0	92.00
200.00	Total (Lines 50-199)	15,318,501	600,011,271		128,305,230	2,235,615	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140291		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part III Date/Time Prepared: 5/30/2012 7:01 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
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
200.00	Total (lines 30-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140291	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part III Date/Time Prepared: 5/30/2012 7:01 am
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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	37,679	0.00	20,668	0	0	30.00
31.00 INTENSIVE CARE UNIT	5,433	0.00	3,277	0	0	31.00
40.00 SUBPROVIDER - IPF	0	0.00	0	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	3,089	0.00	0	0	0	43.00
200.00 Total (lines 30-199)	46,201		23,945	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140291	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part III Date/Time Prepared: 5/30/2012 7:01 am
		Title XVIII	Hospital	PPS

Cost Center Description	PSA Adj . Allied Health Cost	PSA Adj . All Other Medical Education Cost		
	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
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
200.00 Total (Lines 30-199)	0	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140291

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

Worksheet D
Part IV
Date/Time Prepared:
5/30/2012 7:01 am

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	
56.00	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	56.00	
56.01	ULTRA SOUND	0	0	0	0	0	56.01	
57.00	CT SCAN	0	0	0	0	0	57.00	
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00	
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00	
60.00	LABORATORY	0	0	0	0	0	60.00	
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01	
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00	
62.01	BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	0	0	62.01	
65.00	RESPIRATORY THERAPY	0	0	0	0	0	65.00	
66.00	PHYSICAL THERAPY	0	0	0	0	0	66.00	
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00	
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00	
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	69.00	
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00	
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00	
71.30	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71.30	
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00	
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00	
76.00	CARDIOLOGY	0	0	0	0	0	76.00	
76.01	CARDIC REHAB	0	0	0	0	0	76.01	
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	WOMENS HEALTH	0	0	0	0	0	90.01	
90.02	SPI NE CENTER	0	0	0	0	0	90.02	
91.00	EMERGENCY	0	0	0	0	0	91.00	
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00	
200.00	Total (Lines 50-199)	0	0	0	0	0	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140291	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/30/2012 7:01 am
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Cost Center Description	Title XVIII					
	Hospital			PPS		
	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	90,142,099	0.000000	0.000000	15,090,156	50.00
51.00 RECOVERY ROOM	0	11,480,527	0.000000	0.000000	1,430,487	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	11,950,645	0.000000	0.000000	0	52.00
53.00 ANESTHESIOLOGY	0	17,627,334	0.000000	0.000000	2,345,445	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	57,734,989	0.000000	0.000000	6,242,831	54.00
56.00 NUCLEAR MEDICINE - DIAGNOSTIC	0	9,904,276	0.000000	0.000000	1,170,461	56.00
56.01 ULTRA SOUND	0	9,473,550	0.000000	0.000000	1,292,938	56.01
57.00 CT SCAN	0	41,921,037	0.000000	0.000000	6,350,152	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	16,924,352	0.000000	0.000000	2,287,874	58.00
59.00 CARDIAC CATHETERIZATION	0	30,238,514	0.000000	0.000000	8,451,295	59.00
60.00 LABORATORY	0	52,275,122	0.000000	0.000000	15,233,506	60.00
60.01 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0.000000	0	62.00
62.01 BLOOD CLOTTING FACOTRS ADMIN COST	0	6,449,761	0.000000	0.000000	2,444,922	62.01
65.00 RESPIRATORY THERAPY	0	15,741,020	0.000000	0.000000	8,809,404	65.00
66.00 PHYSICAL THERAPY	0	9,588,602	0.000000	0.000000	2,878,818	66.00
67.00 OCCUPATIONAL THERAPY	0	920,514	0.000000	0.000000	517,869	67.00
68.00 SPEECH PATHOLOGY	0	0	0.000000	0.000000	0	68.00
69.00 ELECTROCARDIOLOGY	0	14,831,632	0.000000	0.000000	3,650,211	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	544,047	0.000000	0.000000	204,003	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	30,206,240	0.000000	0.000000	8,767,265	71.00
71.30 IMPL. DEV. CHARGED TO PATIENT	0	0	0.000000	0.000000	0	71.30
72.00 IMPL. DEV. CHARGED TO PATIENT	0	33,713,220	0.000000	0.000000	11,463,808	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	79,702,609	0.000000	0.000000	21,430,254	73.00
76.00 RADIOLOGY	0	0	0.000000	0.000000	0	76.00
76.01 CARDIAC REHAB	0	1,126,220	0.000000	0.000000	35,616	76.01
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	9,970,030	0.000000	0.000000	64,504	90.00
90.01 WOMENS HEALTH	0	0	0.000000	0.000000	0	90.01
90.02 SPINE CENTER	0	0	0.000000	0.000000	0	90.02
91.00 EMERGENCY	0	44,141,831	0.000000	0.000000	8,143,411	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	3,403,100	0.000000	0.000000	0	92.00
200.00 Total (Lines 50-199)	0	600,011,271			128,305,230	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140291

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

Worksheet D
Part IV
Date/Time Prepared:
5/30/2012 7:01 am

Cost Center Description		Title XVIII			Hospital		PPS
		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	13,052,104	0	0	0	50.00
51.00	RECOVERY ROOM	0	1,201,248	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	2,545,164	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	13,164,212	0	0	0	54.00
56.00	NUCLEAR MEDICINE - DIAGNOSTIC	0	3,195,763	0	0	0	56.00
56.01	ULTRA SOUND	0	2,282,067	0	0	0	56.01
57.00	CT SCAN	0	8,063,544	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	2,969,338	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	6,663,680	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
62.01	BLOOD CLOTTING FACOTRS ADMIN COST	0	781,343	0	0	0	62.01
65.00	RESPIRATORY THERAPY	0	453,269	0	0	0	65.00
66.00	PHYSICAL THERAPY	0	10,209	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	3,133,477	0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	82,186	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,158,087	0	0	0	71.00
71.30	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71.30
72.00	IMPL. DEV. CHARGED TO PATIENT	0	4,483,782	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	11,304,677	0	0	0	73.00
76.00	CARDIOLOGY	0	0	0	0	0	76.00
76.01	CARDIC REHAB	0	591,867	0	0	0	76.01
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	2,340,538	0	0	0	90.00
90.01	WOMENS HEALTH	0	0	0	0	0	90.01
90.02	SPINE CENTER	0	0	0	0	0	90.02
91.00	EMERGENCY	0	5,004,656	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	164,074	0	0	0	92.00
200.00	Total (Lines 50-199)	0	84,645,285	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140291	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/30/2012 7:01 am
Title XVIII		Hospital	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
56.00 NUCLEAR MEDICINE - DIAGNOSTIC	0	0		56.00
56.01 ULTRA SOUND	0	0		56.01
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
62.01 BLOOD CLOTTING FACOTRS ADMIN COST	0	0		62.01
65.00 RESPIRATORY THERAPY	0	0		65.00
66.00 PHYSICAL THERAPY	0	0		66.00
67.00 OCCUPATIONAL THERAPY	0	0		67.00
68.00 SPEECH PATHOLOGY	0	0		68.00
69.00 ELECTROCARDIOLOGY	0	0		69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
71.30 IMPL. DEV. CHARGED TO PATIENT	0	0		71.30
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0		73.00
76.00 CARDIOLOGY	0	0		76.00
76.01 CARDIC REHAB	0	0		76.01
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 WOMENS HEALTH	0	0		90.01
90.02 SPINE CENTER	0	0		90.02
91.00 EMERGENCY	0	0		91.00
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: 140291	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/30/2012 7:01 am
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges				
		PPS Reimbursed Services (see instructions)	Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)		
	1.00	2.00	3.00	4.00		
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0.219114	13,052,104	0	0	50.00
51.00	RECOVERY ROOM	0.180604	1,201,248	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.361438	0	0	0	52.00
53.00	ANESTHESIOLOGY	0.057448	2,545,164	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.303907	13,164,212	0	0	54.00
56.00	NUCLEAR MEDICINE - DIAGNOSTIC	0.129608	3,195,763	0	0	56.00
56.01	ULTRA SOUND	0.168385	2,282,067	0	0	56.01
57.00	CT SCAN	0.097729	8,063,544	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.155728	2,969,338	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.169654	6,663,680	0	0	59.00
60.00	LABORATORY	0.187365	0	0	0	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	62.00
62.01	BLOOD CLOTTING FACTORS ADMIN COST	0.206547	781,343	0	0	62.01
65.00	RESPIRATORY THERAPY	0.204667	453,269	0	0	65.00
66.00	PHYSICAL THERAPY	0.386722	10,209	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0.329362	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0.000000	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0.187347	3,133,477	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.360144	82,186	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.698695	3,158,087	0	0	71.00
71.30	IMPL. DEV. CHARGED TO PATIENT	0.000000	0	0	0	71.30
72.00	IMPL. DEV. CHARGED TO PATIENT	0.432990	4,483,782	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.268603	11,304,677	0	62,859	73.00
76.00	CARDIOLOGY	0.000000	0	0	0	76.00
76.01	CARDIAC REHAB	0.896003	591,867	0	0	76.01
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	0.853194	2,340,538	0	0	90.00
90.01	WOMENS HEALTH	0.000000	0	0	0	90.01
90.02	SPINE CENTER	0.000000	0	0	0	90.02
91.00	EMERGENCY	0.249570	5,004,656	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.933798	164,074	0	0	92.00
200.00	Subtotal (see instructions)		84,645,285	0	62,859	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		84,645,285	0	62,859	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140291	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/30/2012 7:01 am
Title XVIII		Hospital	PPS

Cost Center Description	Costs				
	PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)		
	5.00	6.00	7.00		
ANCILLARY SERVICE COST CENTERS					
50.00 OPERATING ROOM	2,859,899	0	0		50.00
51.00 RECOVERY ROOM	216,950	0	0		51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00 ANESTHESIOLOGY	146,215	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	4,000,696	0	0		54.00
56.00 NUCLEAR MEDICINE - DIAGNOSTIC	414,196	0	0		56.00
56.01 ULTRA SOUND	384,266	0	0		56.01
57.00 CT SCAN	788,042	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	462,409	0	0		58.00
59.00 CARDIAC CATHETERIZATION	1,130,520	0	0		59.00
60.00 LABORATORY	0	0	0		60.00
60.01 BLOOD LABORATORY	0	0	0		60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0		62.00
62.01 BLOOD CLOTTING FACOTRS ADMIN COST	161,384	0	0		62.01
65.00 RESPIRATORY THERAPY	92,769	0	0		65.00
66.00 PHYSICAL THERAPY	3,948	0	0		66.00
67.00 OCCUPATIONAL THERAPY	0	0	0		67.00
68.00 SPEECH PATHOLOGY	0	0	0		68.00
69.00 ELECTROCARDIOLOGY	587,048	0	0		69.00
70.00 ELECTROENCEPHALOGRAPHY	29,599	0	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	2,206,540	0	0		71.00
71.30 IMPL. DEV. CHARGED TO PATIENT	0	0	0		71.30
72.00 IMPL. DEV. CHARGED TO PATIENT	1,941,433	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	3,036,470	0	16,884		73.00
76.00 CARDIOLOGY	0	0	0		76.00
76.01 CARDIC REHAB	530,315	0	0		76.01
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	1,996,933	0	0		90.00
90.01 WOMENS HEALTH	0	0	0		90.01
90.02 SPINE CENTER	0	0	0		90.02
91.00 EMERGENCY	1,249,012	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	153,212	0	0		92.00
200.00 Subtotal (see instructions)	22,391,856	0	16,884		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges		0			201.00
202.00 Net Charges (line 200 +/- line 201)	22,391,856	0	16,884		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140291	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part II Date/Time Prepared: 5/30/2012 7:01 am
		Component CCN: 14S291	Title XVIII	Subprovider - IPF

Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	2,684,192	90,142,099	0.029777	0	0	50.00
51.00 RECOVERY ROOM	33,962	11,480,527	0.002958	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	109,101	11,950,645	0.009129	0	0	52.00
53.00 ANESTHESIOLOGY	97,747	17,627,334	0.005545	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	3,918,422	57,734,989	0.067869	0	0	54.00
56.00 NUCLEAR MEDICINE - DIAGNOSTIC	134,595	9,904,276	0.013590	0	0	56.00
56.01 ULTRA SOUND	57,064	9,473,550	0.006024	0	0	56.01
57.00 CT SCAN	968,556	41,921,037	0.023104	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	1,116,068	16,924,352	0.065945	0	0	58.00
59.00 CARDIAC CATHETERIZATION	670,516	30,238,514	0.022174	0	0	59.00
60.00 LABORATORY	465,956	52,275,122	0.008914	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0.000000	0	0	60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0	62.00
62.01 BLOOD CLOTTING FACTORS ADMIN COST	38,532	6,449,761	0.005974	0	0	62.01
65.00 RESPIRATORY THERAPY	86,042	15,741,020	0.005466	0	0	65.00
66.00 PHYSICAL THERAPY	271,544	9,588,602	0.028319	0	0	66.00
67.00 OCCUPATIONAL THERAPY	11,192	920,514	0.012158	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00 ELECTROCARDIOLOGY	131,385	14,831,632	0.008858	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	12,392	544,047	0.022777	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	120,227	30,206,240	0.003980	0	0	71.00
71.30 IMPL. DEV. CHARGED TO PATIENT	0	0	0.000000	0	0	71.30
72.00 IMPL. DEV. CHARGED TO PATIENT	93,828	33,713,220	0.002783	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	841,426	79,702,609	0.010557	0	0	73.00
76.00 RADIOLOGY	0	0	0.000000	0	0	76.00
76.01 CARDIAC REHAB	57,719	1,126,220	0.051250	0	0	76.01
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER CLINIC	0	0	0.000000	0	0	89.00
90.00 CLINIC	2,016,529	9,970,030	0.202259	0	0	90.00
90.01 WOMENS HEALTH	0	0	0.000000	0	0	90.01
90.02 SPINE CENTER	0	0	0.000000	0	0	90.02
91.00 EMERGENCY	1,113,398	44,141,831	0.025223	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	268,108	3,403,100	0.078783	0	0	92.00
200.00 Total (lines 50-199)	15,318,501	600,011,271		0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140291 Component CCN: 14S291	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/30/2012 7:01 am
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
	1.00	2.00	3.00	4.00	5.00	
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
56.00 NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	56.00
56.01 ULTRA SOUND	0	0	0	0	0	56.01
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	0	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
62.01 BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	0	0	62.01
65.00 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
71.30 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71.30
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00 CARDIOLOGY	0	0	0	0	0	76.00
76.01 CARDIC REHAB	0	0	0	0	0	76.01
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 WOMENS HEALTH	0	0	0	0	0	90.01
90.02 SPINE CENTER	0	0	0	0	0	90.02
91.00 EMERGENCY	0	0	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00 Total (Lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140291 Component CCN: 14S291	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/30/2012 7:01 am
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description	Total	Total Charges	Ratio of Cost	Outpatient	Inpatient Program Charges
	Outpatient Cost (sum of col. 2, 3 and 4)	(from Wkst. C, Part I, col. 8)	to Charges (col. 5 + col. 7)	Ratio of Cost to Charges (col. 6 ÷ col. 7)	
	6.00	7.00	8.00	9.00	10.00
ANCILLARY SERVICE COST CENTERS					
50.00 OPERATING ROOM	0	90,142,099	0.000000	0.000000	0 50.00
51.00 RECOVERY ROOM	0	11,480,527	0.000000	0.000000	0 51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	11,950,645	0.000000	0.000000	0 52.00
53.00 ANESTHESIOLOGY	0	17,627,334	0.000000	0.000000	0 53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	57,734,989	0.000000	0.000000	0 54.00
56.00 NUCLEAR MEDICINE - DIAGNOSTIC	0	9,904,276	0.000000	0.000000	0 56.00
56.01 ULTRA SOUND	0	9,473,550	0.000000	0.000000	0 56.01
57.00 CT SCAN	0	41,921,037	0.000000	0.000000	0 57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	16,924,352	0.000000	0.000000	0 58.00
59.00 CARDIAC CATHETERIZATION	0	30,238,514	0.000000	0.000000	0 59.00
60.00 LABORATORY	0	52,275,122	0.000000	0.000000	0 60.00
60.01 BLOOD LABORATORY	0	0	0.000000	0.000000	0 60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0.000000	0 62.00
62.01 BLOOD CLOTTING FACOTRS ADMIN COST	0	6,449,761	0.000000	0.000000	0 62.01
65.00 RESPIRATORY THERAPY	0	15,741,020	0.000000	0.000000	0 65.00
66.00 PHYSICAL THERAPY	0	9,588,602	0.000000	0.000000	0 66.00
67.00 OCCUPATIONAL THERAPY	0	920,514	0.000000	0.000000	0 67.00
68.00 SPEECH PATHOLOGY	0	0	0.000000	0.000000	0 68.00
69.00 ELECTROCARDIOLOGY	0	14,831,632	0.000000	0.000000	0 69.00
70.00 ELECTROENCEPHALOGRAPHY	0	544,047	0.000000	0.000000	0 70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	30,206,240	0.000000	0.000000	0 71.00
71.30 IMPL. DEV. CHARGED TO PATIENT	0	0	0.000000	0.000000	0 71.30
72.00 IMPL. DEV. CHARGED TO PATIENT	0	33,713,220	0.000000	0.000000	0 72.00
73.00 DRUGS CHARGED TO PATIENTS	0	79,702,609	0.000000	0.000000	0 73.00
76.00 RADIOLOGY	0	0	0.000000	0.000000	0 76.00
76.01 CARDIAC REHAB	0	1,126,220	0.000000	0.000000	0 76.01
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	9,970,030	0.000000	0.000000	0 90.00
90.01 WOMENS HEALTH	0	0	0.000000	0.000000	0 90.01
90.02 SPINE CENTER	0	0	0.000000	0.000000	0 90.02
91.00 EMERGENCY	0	44,141,831	0.000000	0.000000	0 91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	3,403,100	0.000000	0.000000	0 92.00
200.00 Total (lines 50-199)	0	600,011,271			0 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140291 Component CCN: 14S291	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/30/2012 7:01 am
Title XVIII		Subprovider - IPF	PPS

Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	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	0	0	0	0	50.00
51.00 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
56.00 NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	56.00
56.01 ULTRA SOUND	0	0	0	0	0	56.01
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	0	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
62.01 BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	0	0	62.01
65.00 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
71.30 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71.30
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00 CARDIOLOGY	0	0	0	0	0	76.00
76.01 CARDIAC REHAB	0	0	0	0	0	76.01
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 WOMENS HEALTH	0	0	0	0	0	90.01
90.02 SPINE CENTER	0	0	0	0	0	90.02
91.00 EMERGENCY	0	0	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00 Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140291 Component CCN: 14S291	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/30/2012 7:01 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
56.00 NUCLEAR MEDICINE - DIAGNOSTIC	0	0	56.00
56.01 ULTRA SOUND	0	0	56.01
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
62.01 BLOOD CLOTTING FACOTRS ADMIN COST	0	0	62.01
65.00 RESPIRATORY THERAPY	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
71.30 IMPL. DEV. CHARGED TO PATIENT	0	0	71.30
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	73.00
76.00 CARDIOLOGY	0	0	76.00
76.01 CARDIC REHAB	0	0	76.01
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 WOMENS HEALTH	0	0	90.01
90.02 SPINE CENTER	0	0	90.02
91.00 EMERGENCY	0	0	91.00
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: 140291	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/30/2012 7:01 am
		Title XIX	Hospital	Cost

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges				
		PPS Reimbursed Services (see instructions)	Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)		
			1.00	2.00		
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0.219114	0	0	1,636,283	50.00
51.00	RECOVERY ROOM	0.180604	0	0	202,127	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.361438	0	0	0	52.00
53.00	ANESTHESIOLOGY	0.057448	0	0	366,986	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.303907	0	0	1,693,137	54.00
56.00	NUCLEAR MEDICINE - DIAGNOSTIC	0.129608	0	0	211,158	56.00
56.01	ULTRA SOUND	0.168385	0	0	588,563	56.01
57.00	CT SCAN	0.097729	0	0	1,619,808	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.155728	0	0	622,144	58.00
59.00	CARDIAC CATHETERIZATION	0.169654	0	0	148,252	59.00
60.00	LABORATORY	0.187365	0	0	1,656,481	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	62.00
62.01	BLOOD CLOTTING FACOTRS ADMIN COST	0.206547	0	0	42,366	62.01
65.00	RESPIRATORY THERAPY	0.204667	0	0	87,698	65.00
66.00	PHYSICAL THERAPY	0.386722	0	0	311,634	66.00
67.00	OCCUPATIONAL THERAPY	0.329362	0	0	19,803	67.00
68.00	SPEECH PATHOLOGY	0.000000	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0.187347	0	0	311,398	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.360144	0	0	35,762	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.698695	0	0	259,515	71.00
71.30	IMPL. DEV. CHARGED TO PATIENT	0.000000	0	0	0	71.30
72.00	IMPL. DEV. CHARGED TO PATIENT	0.432990	0	0	155,845	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.268603	0	0	2,105,385	73.00
76.00	CARDIOLOGY	0.000000	0	0	0	76.00
76.01	CARDIC REHAB	0.896003	0	0	4,527	76.01
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	0.853194	0	0	1,890,668	90.00
90.01	WOMENS HEALTH	0.000000	0	0	0	90.01
90.02	SPINE CENTER	0.000000	0	0	0	90.02
91.00	EMERGENCY	0.249570	0	0	3,359,773	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.933798	0	0	162,186	92.00
200.00	Subtotal (see instructions)		0	0	17,491,499	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		0	0	17,491,499	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140291		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part V Date/Time Prepared: 5/30/2012 7:01 am	
		Title XIX		Hospital		Cost	
Cost Center Description	Costs						
	PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)				
	5.00	6.00	7.00				
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	0	358,533			50.00
51.00	RECOVERY ROOM	0	0	36,505			51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0			52.00
53.00	ANESTHESIOLOGY	0	0	21,083			53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	514,556			54.00
56.00	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	27,368			56.00
56.01	ULTRA SOUND	0	0	99,105			56.01
57.00	CT SCAN	0	0	158,302			57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	96,885			58.00
59.00	CARDIAC CATHETERIZATION	0	0	25,152			59.00
60.00	LABORATORY	0	0	310,367			60.00
60.01	BLOOD LABORATORY	0	0	0			60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0			62.00
62.01	BLOOD CLOTTING FACOTRS ADMIN COST	0	0	8,751			62.01
65.00	RESPIRATORY THERAPY	0	0	17,949			65.00
66.00	PHYSICAL THERAPY	0	0	120,516			66.00
67.00	OCCUPATIONAL THERAPY	0	0	6,522			67.00
68.00	SPEECH PATHOLOGY	0	0	0			68.00
69.00	ELECTROCARDIOLOGY	0	0	58,339			69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	12,879			70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	181,322			71.00
71.30	IMPL. DEV. CHARGED TO PATIENT	0	0	0			71.30
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	67,479			72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	565,513			73.00
76.00	CARDIOLOGY	0	0	0			76.00
76.01	CARDIC REHAB	0	0	4,056			76.01
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	1,613,107			90.00
90.01	WOMENS HEALTH	0	0	0			90.01
90.02	SPINE CENTER	0	0	0			90.02
91.00	EMERGENCY	0	0	838,499			91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	151,449			92.00
200.00	Subtotal (see instructions)	0	0	5,294,237			200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0			201.00
202.00	Net Charges (line 200 +/- line 201)	0	0	5,294,237			202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140291	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/30/2012 7:01 am
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		37,679	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		37,679	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)		37,679	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)		20,668	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)		42,235,066	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)		42,235,066	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		59,329,171	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		59,329,171	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.711877	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)		1,574.60	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)		42,235,066	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)		1,120.92	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		23,167,175	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)		23,167,175	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140291		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1	
Title XVIII		Hospital		PPS		Date/Time Prepared: 5/30/2012 7:01 am	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00 NURSERY (title V & XIX only)	1.00	2.00	3.00	4.00	5.00	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	8,837,799	5,433	1,626.69	3,277	5,330,663		43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					34,565,632		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					63,063,470		49.00
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					2,387,366		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,235,615		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					4,622,981		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					58,440,489		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)					2,835		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,120.92		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					3,177,808		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140291		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1 Date/Time Prepared: 5/30/2012 7:01 am	
Title XVIII		Hospital		PPS			
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	3,563,331	42,235,066	0.084369	3,177,808	268,108	90.00
91.00	Nursing School cost	0	42,235,066	0.000000	3,177,808	0	91.00
92.00	Allied health cost	0	42,235,066	0.000000	3,177,808	0	92.00
93.00	All other Medical Education	0	42,235,066	0.000000	3,177,808	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140291	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1
		Component CCN: 14S291		Date/Time Prepared: 5/30/2012 7:01 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)			0 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			0 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)			0 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)			0 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)			0 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)			0 27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)			0 28.00
29.00	Private room charges (excluding swing-bed charges)			0 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			0 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	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)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			0 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			0 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)			0.00 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			0 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)			0 41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140291		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1	
		Component CCN: 14S291				Date/Time Prepared: 5/30/2012 7:01 am	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					0		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					0		49.00
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					0		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140291 Component CCN: 14S291		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1 Date/Time Prepared: 5/30/2012 7:01 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	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140291	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 5/30/2012 7:01 am
Cost Center Description		Cost		
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		37,679	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		37,679	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)		37,679	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		1,664	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)		3,089	15.00
16.00	Nursery days (title V or XIX only)		204	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)		42,217,936	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)		42,217,936	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		59,329,171	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		59,329,171	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.711588	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)		1,574.60	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)		42,217,936	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)		1,120.46	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,864,445	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,864,445	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 140291	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1 Date/Time Prepared: 5/30/2012 7:01 am		
Cost Center Description			Title XIX	Hospital	Cost		
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00	NURSERY (title V & XIX only)	2,692,193	3,089	871.54	204	177,794	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	8,835,813	5,433	1,626.32	392	637,517	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					3,148,942	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					5,828,698	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					2,835	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,120.46	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					3,176,504	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140291		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1 Date/Time Prepared: 5/30/2012 7:01 am	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140291	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3 Date/Time Prepared: 5/30/2012 7:01 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		26,161,511		30.00
31.00	INTENSIVE CARE UNIT		8,033,018		31.00
40.00	SUBPROVIDER - IPF		0		40.00
41.00	SUBPROVIDER - IRF		0		41.00
42.00	SUBPROVIDER		0		42.00
43.00	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.219202	15,090,156	3,307,792	50.00
51.00	RECOVERY ROOM	0.180604	1,430,487	258,352	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.361438	0	0	52.00
53.00	ANESTHESIOLOGY	0.057448	2,345,445	134,741	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.304003	6,242,831	1,897,839	54.00
56.00	NUCLEAR MEDICINE - DIAGNOSTIC	0.129608	1,170,461	151,701	56.00
56.01	ULTRA SOUND	0.168385	1,292,938	217,711	56.01
57.00	CT SCAN	0.097729	6,350,152	620,594	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.155728	2,287,874	356,286	58.00
59.00	CARDIAC CATHETERIZATION	0.169654	8,451,295	1,433,796	59.00
60.00	LABORATORY	0.187365	15,233,506	2,854,226	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	62.00
62.01	BLOOD CLOTTING FACOTRS ADMIN COST	0.206547	2,444,922	504,991	62.01
65.00	RESPIRATORY THERAPY	0.204667	8,809,404	1,802,994	65.00
66.00	PHYSICAL THERAPY	0.386722	2,878,818	1,113,302	66.00
67.00	OCCUPATIONAL THERAPY	0.329362	517,869	170,566	67.00
68.00	SPEECH PATHOLOGY	0.000000	0	0	68.00
69.00	ELECTROCARDIOLOGY	0.191736	3,650,211	699,877	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.360144	204,003	73,470	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.698695	8,767,265	6,125,644	71.00
71.30	IMPL. DEV. CHARGED TO PATIENT	0.000000	0	0	71.30
72.00	IMPL. DEV. CHARGED TO PATIENT	0.432990	11,463,808	4,963,714	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.268603	21,430,254	5,756,231	73.00
76.00	CARDIOLOGY	0.000000	0	0	76.00
76.01	CARDIC REHAB	0.896003	35,616	31,912	76.01
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	0.853194	64,504	55,034	90.00
90.01	WOMENS HEALTH	0.000000	0	0	90.01
90.02	SPI NE CENTER	0.000000	0	0	90.02
91.00	EMERGENCY	0.249878	8,143,411	2,034,859	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.933798	0	0	92.00
200.00	Total (sum of lines 50-94 and 96-98)		128,305,230	34,565,632	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)		128,305,230		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140291	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3 Date/Time Prepared: 5/30/2012 7:01 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		2,503,106		30.00
31.00	INTENSIVE CARE UNIT		948,487		31.00
40.00	SUBPROVIDER - IPF		0		40.00
41.00	SUBPROVIDER - IRF		0		41.00
42.00	SUBPROVIDER		0		42.00
43.00	NURSERY		716,459		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.219114	962,496	210,896	50.00
51.00	RECOVERY ROOM	0.180604	90,882	16,414	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.361438	837,734	302,789	52.00
53.00	ANESTHESIOLOGY	0.057448	215,106	12,357	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.303907	495,278	150,518	54.00
56.00	NUCLEAR MEDICINE - DIAGNOSTIC	0.129608	107,652	13,953	56.00
56.01	ULTRA SOUND	0.168385	138,225	23,275	56.01
57.00	CT SCAN	0.097729	737,449	72,070	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.155728	237,968	37,058	58.00
59.00	CARDIAC CATHETERIZATION	0.169654	468,681	79,514	59.00
60.00	LABORATORY	0.187365	1,661,046	311,222	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	62.00
62.01	BLOOD CLOTTING FACOTRS ADMIN COST	0.206547	268,968	55,555	62.01
65.00	RESPIRATORY THERAPY	0.204667	821,651	168,165	65.00
66.00	PHYSICAL THERAPY	0.386722	94,408	36,510	66.00
67.00	OCCUPATIONAL THERAPY	0.329362	19,037	6,270	67.00
68.00	SPEECH PATHOLOGY	0.000000	0	0	68.00
69.00	ELECTROCARDIOLOGY	0.187347	256,520	48,058	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.360144	24,101	8,680	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.698695	610,620	426,637	71.00
71.30	IMPL. DEV. CHARGED TO PATIENT	0.000000	0	0	71.30
72.00	IMPL. DEV. CHARGED TO PATIENT	0.432990	320,984	138,983	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.268603	2,730,154	733,328	73.00
76.00	CARDIOLOGY	0.000000	0	0	76.00
76.01	CARDIC REHAB	0.896003	1,493	1,338	76.01
OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC	0.000000	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	89.00
90.00	CLINIC	0.853194	0	0	90.00
90.01	WOMENS HEALTH	0.000000	0	0	90.01
90.02	SPI NE CENTER	0.000000	0	0	90.02
91.00	EMERGENCY	0.249570	971,584	242,478	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.933798	56,622	52,874	92.00
200.00	Total (sum of lines 50-94 and 96-98)		12,128,659	3,148,942	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)		12,128,659		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140291	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part A Date/Time Prepared: 5/30/2012 7:01 am
		Title XVII I	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS				
1.00	DRG Amounts Other than Outlier Payments		38,509,854	1.00
2.00	Outlier payments for discharges. (see instructions)		2,551,714	2.00
3.00	Managed Care Simulated Payments		2,062,372	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		161.23	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 line 41 divided by 7 days)		0.000000	44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41)		0	46.00
47.00	Subtotal (see instructions)		41,061,568	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)		41,061,568	49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		3,444,098	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		0	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: 140291	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part A Date/Time Prepared: 5/30/2012 7:01 am
		Title XVIII	Hospital	PPS
				1.00
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)			0 58.00
59.00	Total (sum of amounts on lines 49 through 58)			44,505,666 59.00
60.00	Primary payer payments			0 60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			44,505,666 61.00
62.00	Deductibles billed to program beneficiaries			3,670,180 62.00
63.00	Coinsurance billed to program beneficiaries			260,507 63.00
64.00	Allowable bad debts (see instructions)			476,284 64.00
65.00	Adjusted reimbursable bad debts (see instructions)			333,399 65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			40,908,378 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)			40,908,378 71.00
72.00	Interim payments			40,569,749 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)			338,629 74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2			317,706 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: 140291	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/30/2012 7:01 am
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		16,884	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		22,391,856	2.00
3.00	PPS payments		18,604,468	3.00
4.00	Outlier payment (see instructions)		60,836	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.820	5.00
6.00	Line 2 times line 5		18,361,322	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		16,884	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		62,859	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)		62,859	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		62,859	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		45,975	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)		16,884	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)		18,665,304	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		4,167,999	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)		14,514,189	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)		14,514,189	30.00
31.00	Primary payer payments		1,908	31.00
32.00	Subtotal (line 30 minus line 31)		14,512,281	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)		323,500	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		226,450	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)		14,738,731	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)		14,738,731	40.00
41.00	Interim payments		14,502,431	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)		236,300	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: 140291	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/30/2012 7:01 am
		Title XVIII	Hospital	PPS
				Overrides
				1.00
WORKSHEET OVERRIDE VALUES				
112.00	Override of Ancillary service charges (line 12)			0112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140291

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

Worksheet E-1
Part I
Date/Time Prepared:
5/30/2012 7:01 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		40,569,749		14,502,431	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)		40,569,749		14,502,431	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		338,629		236,300	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		40,908,378		14,738,731	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: 140291

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

Worksheet E-1
Part II
Date/Time Prepared:
5/30/2012 7:01 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			10,817 1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12			23,945 2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6. line 2			1,068 3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12			40,277 4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200			673,075,260 5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20			8,045,029 6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Worksheet S-2, Part I line 168			0 7.00
8.00	Calculation of the HIT incentive payment (see instructions)			2,472,390 8.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH				
30.00	Initial /interim HIT payment(s)			0 30.00
31.00	Other Adjustment (specify)			0 31.00
32.00	Balance due provider (line 8 minus line 30, plus or minus line 31)			2,472,390 32.00
		Overrides		
		1.00		
CONTRACTOR OVERRIDES				
108.00	Override of HIT payment			0 108.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140291	Period: From 01/01/2011 To 12/31/2011	Worksheet E-3 Part II Date/Time Prepared: 5/30/2012 7:01 am
		Component CCN: 14S291	Title XVII	Subprovider - IPF
				PPS
				1.00
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)		0	1.00
2.00	Net IPF PPS Outlier Payments		0	2.00
3.00	Net IPF PPS ECT Payments		0	3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)		0.00	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)		0.000000	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)		0	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)		0	16.00
17.00	Primary payer payments		0	17.00
18.00	Subtotal (line 16 less line 17).		0	18.00
19.00	Deductibles		0	19.00
20.00	Subtotal (line 18 minus line 19)		0	20.00
21.00	Coinurance		0	21.00
22.00	Subtotal (line 20 minus line 21)		0	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)		0	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)		0	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)		0	31.00
32.00	Interim payments		0	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)		0	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: 140291

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

Worksheet G

Date/Time Prepared:
5/30/2012 7:01 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	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	373,497,000	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	0	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	169,155,000	0	0	0	9.00
10.00	Due from other funds	36,896,000	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	807,854,000	0	0	0	11.00
FIXED ASSETS						
12.00	Land	97,005,000	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	0	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	1,771,448,000	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	1,013,835,000	0	0	0	23.00
24.00	Accumulated depreciation	-1,668,349,000	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	1,213,939,000	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	3,266,326,000	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	132,449,000	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	3,398,775,000	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	5,420,568,000	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	157,906,000	0	0	0	37.00
38.00	Salaries, wages, and fees payable	270,822,000	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	301,284,000	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	290,972,000	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	1,020,984,000	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	966,446,000	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	826,415,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	1,792,861,000	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	2,813,845,000	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	2,606,723,000				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	2,606,723,000	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	5,420,568,000	0	0	0	60.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 140291

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

Worksheet G-2 Parts
Date/Time Prepared:
5/30/2012 7:01 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	59,329,171		59,329,171	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	59,329,171		59,329,171	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	13,734,818		13,734,818	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	13,734,818		13,734,818	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	73,063,989		73,063,989	17.00
18.00	Ancillary services	271,271,238	316,197,834	587,469,072	18.00
19.00	Outpatient services	76,806	9,893,225	9,970,031	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		0	0	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
24.20	OUTPATIENT PHYSICAL THERAPY	0	0	0	24.20
24.30	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	24.30
24.40	OUTPATIENT SPEECH PATHOLOGY	0	0	0	24.40
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OBSERVATION	661,566	2,741,534	3,403,100	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	345,073,599	328,832,593	673,906,192	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		228,069,868		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)		228,069,868		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140291

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

Worksheet G-3

Date/Time Prepared:
5/30/2012 7:01 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	673,906,192	1.00
2.00	Less contractual allowances and discounts on patients' accounts	412,831,252	2.00
3.00	Net patient revenues (line 1 minus line 2)	261,074,940	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	228,069,868	4.00
5.00	Net income from service to patients (line 3 minus line 4)	33,005,072	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	68,753	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	630,837	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	38,433	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	43,441	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	353,783	22.00
23.00	Governmental appropriations	2,137,043	23.00
24.00	OTHER OPERATING INCOME	813,241	24.00
25.00	Total other income (sum of lines 6-24)	4,085,531	25.00
26.00	Total (line 5 plus line 25)	37,090,603	26.00
27.00	NET NON OPERATING EXPENSE	189,297	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	189,297	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	36,901,306	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140291	Period: From 01/01/2011 To 12/31/2011	Worksheet L Parts I-III Date/Time Prepared: 5/30/2012 7:01 am
		Title XVII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		3,126,457	1.00
2.00	Capital DRG outlier payments		282,937	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		110.35	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)		5.46	8.00
9.00	Sum of lines 7 and 8		5.47	9.00
10.00	Allowable disproportionate share percentage (see instructions)		1.11	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		34,704	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		3,444,098	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