

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: 150100	Period: From 07/01/2010 To 06/30/2011	Worksheet S Parts I-III Date/Time Prepared: 1/23/2012 7:39 am
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PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input checked="" type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 1/23/2012	Time: 7:39 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 ST. MARY'S MEDICAL CENTER for the cost reporting period beginning 07/01/2010 and ending 06/30/2011 and to the best of my knowledge and belief, it is a true, correct and complete statement prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services identified in this cost report were provided in compliance with such laws and regulations.

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

 Title

 Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	-854,041	222,789	0	0	1.00
2.00 Subprovider - IPF	0	20,931	0		0	2.00
3.00 Subprovider - IRF	0	76,166	0		0	3.00
4.00 SUBPROVIDER I	0	0	0		0	4.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
7.00 Skilled Nursing Facility	0	0	0		0	7.00
8.00 Nursing Facility	0				0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00 RURAL HEALTH CLINIC I	0		0		0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
12.00 CMHC I	0		0		0	12.00
200.00 Total	0	-756,944	222,789	0	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: 150100		Period: From 07/01/2010 To 06/30/2011		Worksheet S-2 Part I Date/Time Prepared: 1/23/2012 7:36 am			
1.00		2.00		3.00		4.00						
Hospital and Hospital Health Care Complex Address:												
1.00	Street: 3700 WASHINGTON AVE			PO Box:						1.00		
2.00	City: EVANSVILLE			State: IN		Zip Code: 47750		County: VANDERBURGH		2.00		
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00		
Hospital and Hospital-Based Component Identification:												
3.00	Hospital		ST. MARY'S MEDICAL CENTER		150100	21780	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF		ST. MARY'S STRESS CENTER		15S100	21780	4	07/01/1987	N	P	O	4.00
5.00	Subprovider - IRF		ST. MARY'S REHAB UNIT		15T100	21780	5	07/01/1999	N	P	O	5.00
6.00	Subprovider - (Other)											6.00
7.00	Swing Beds - SNF								N	N	N	7.00
8.00	Swing Beds - NF								N		N	8.00
9.00	Hospital-Based SNF											9.00
10.00	Hospital-Based NF											10.00
11.00	Hospital-Based OLTC											11.00
12.00	Hospital-Based HHA											12.00
13.00	Separately Certified ASC											13.00
14.00	Hospital-Based Hospice											14.00
15.00	Hospital-Based Health Clinic - RHC											15.00
16.00	Hospital-Based Health Clinic - FOHC											16.00
17.00	Hospital-Based (CMHC) 1											17.00
18.00	Renal Dialysis											18.00
19.00	Other											19.00
							From:		To:			
							1.00		2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						07/01/2010		06/30/2011		20.00	
21.00	Type of Control (see instructions)						1				21.00	
Inpatient PPS Information												
22.00	Does this facility qualify for and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.						Y		N		22.00	
23.00	Indicate in column 1 the method used to capture Medicaid (title XIX) days reported on lines 24 and/or 25 of this worksheet during the cost reporting period by entering a "1" if days are based on the date of admission, "2" if days are based on census days (also referred to as the day count), or "3" if the days are based on the date of discharge. Is the method of identifying the days in the current cost reporting period different from the method used in the prior cost reporting period? Enter in column 2 "Y" for yes or "N" for no.						2		N		23.00	
				In-State Medicaid paid days	In-State Medicaid eligible days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible days	Medicaid HMO days	Other Medicaid days			
				1.00	2.00	3.00	4.00	5.00	6.00			
24.00	If line 22 and/or line 45 is "yes", and this provider is an IPPS hospital enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible days in col. 4, Medicaid HMO days in col. 5, and other Medicaid days in col. 6.			4,735	1,217	1,311	2,833	6,543	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.			159	264	55	288	22	0		25.00	
									1.00			
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	Enter your standard geographic classification (not wage) status at the end of the cost reporting period? Enter (1) for urban or (2) for rural.										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
							Beginning:		Ending:			
							1.00		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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150100	Period: From 07/01/2010 To 06/30/2011	Worksheet S-2 Part I Date/Time Prepared: 1/23/2012 7:36 am		
		Beginning:	Ending:			
		1.00	2.00			
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	XVIII	XIX		
		1.00	2.00	3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N	45.00	
46.00	Is this facility eligible for the special exceptions payment pursuant to 42 CFR Section §412.348(g)? If yes, complete Worksheet L, Part III and L-1, Parts I through III	N	N	N	46.00	
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N	47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00	
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y			56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.	N	N		57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N			58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N			59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N			60.00	
		Y/N	IME Average	Direct GME Average		
		1.00	2.00	3.00		
61.00	Did your facility receive additional FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. If "Y", effective for portions of cost reporting periods beginning on or after July 1, 2011 enter the average number of primary care FTE residents for IME in column 2 and direct GME in column 3, from the hospital's three most recent cost reports ending and submitted before March 23, 2010. (see instructions)	N	0.00	0.00	61.00	
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	0.00			62.00	
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00			62.01	
Teaching Hospitals that Claim Residents in Non-Provider Settings						
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete lines 64-67. (see instructions)	N			63.00	
		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
		1.00	2.00	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. 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	64.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))
		1.00	2.00	3.00	4.00	5.00

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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	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		65.00	
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))			
				1.00	2.00	3.00			
Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010									
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			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	N	0	71.00
75.00	Inpatient Rehabilitation Facility PPS Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.					Y			75.00
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)					N	N	0	76.00
						1.00			
80.00	Long Term Care Hospital PPS Is this a Long Term Care Hospital (LTCH)? Enter "Y" for yes or "N" for no.						N		80.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150100	Period: From 07/01/2010 To 06/30/2011	Worksheet S-2 Part I Date/Time Prepared: 1/23/2012 7:36 am		
				1.00		
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.		N	Y	90.00	
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.		N	N	91.00	
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N	92.00	
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.		N	N	93.00	
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.		N	N	94.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.		0.00	0.00	95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.		N	N	96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.		0.00	0.00	97.00	
Rural Providers						
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?		N		105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)		N		106.00	
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)		N	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 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.		N	N	N	N
					1.00	2.00
Miscellaneous Cost Reporting Information						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2.		N		115.00	
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.		N		116.00	
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.		N		117.00	
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.			0	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.			0	0	
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	
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y		121.00	
Transplant Center Information						
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N		125.00	
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00	
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00	
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00	
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00	
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00	
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00	
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00	
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150100	Period: From 07/01/2010 To 06/30/2011	Worksheet S-2 Part II Date/Time Prepared: 1/23/2012 7:36 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)		N		3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.		Y	A	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.		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.		Y		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	10/31/2011	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: 150100	Period: From 07/01/2010 To 06/30/2011	Worksheet S-2 Part II Date/Time Prepared: 1/23/2012 7:36 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				N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				N	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				N	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.				N	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				N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				N	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.				N	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.				N	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.				Y	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.				N	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.				N	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				N	40.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 150100

Period:
From 07/01/2010
To 06/30/2011

Worksheet S-2
Part II
Date/Time Prepared:
1/23/2012 7:36 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	10/31/2011	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: 150100	Period: From 07/01/2010 To 06/30/2011	Worksheet S-3 Part I Date/Time Prepared: 1/23/2012 7:36 am
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Cost Center Description	Worksheet A	No. of Beds	Bed Days Available	CAH Hours		
	Line Number					
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	30.00	284	103,660	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)		284	103,660	0.00		7.00
8.00 INTENSIVE CARE UNIT	31.00	62	22,630	0.00		8.00
8.02 NICU	31.02	40	14,600	0.00		8.02
9.00 CORONARY CARE UNIT	32.00	9	3,285	0.00		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)		395	144,175	0.00		14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	40.00	14	5,110			16.00
17.00 SUBPROVIDER - IRF	41.00	24	8,760			17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		433				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
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: 150100

Period:
From 07/01/2010
To 06/30/2011

Worksheet S-3
Part I
Date/Time Prepared:
1/23/2012 7:36 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	25,485	2,929	55,014		1.00
2.00 HMO		4,941	11,548			2.00
3.00 HMO IPF		0	0			3.00
4.00 HMO IRF		397	629			4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0	0		5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0	0		6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	0	25,485	2,929	55,014		7.00
8.00 INTENSIVE CARE UNIT	0	6,784	683	13,627		8.00
8.02 NICU	0	0	1,063	8,338		8.02
9.00 CORONARY CARE UNIT	0	977	60	2,021		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		0	3,280		13.00
14.00 Total (see instructions)	0	33,246	4,735	82,280		14.00
15.00 CAH visits	0	0	0	0		15.00
16.00 SUBPROVIDER - IPF	0	722	245	2,599		16.00
17.00 SUBPROVIDER - IRF	0	2,963	159	6,224		17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)						27.00
28.00 Observation Bed Days	0		0	6,978		28.00
28.01 SUBPROVIDER - IPF	0	0	0	0		28.01
28.02 SUBPROVIDER - IRF	0	0	0	0		28.02
29.00 Ambulance Trips						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)			356	793		32.00
33.00 LTCH non-covered days		0				33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150100

Period:
From 07/01/2010
To 06/30/2011

Worksheet S-3
Part I
Date/Time Prepared:
1/23/2012 7:36 am

Cost Center Description	Full Time Equivalents			Discharges		
	Total Interns & Residents	Employees On Payroll	Nonpaid Workers	Title V	Title XVIII	
	9.00	10.00	11.00	12.00	13.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)				0	7,064	1.00
2.00 HMO					0	2.00
3.00 HMO IPF						3.00
4.00 HMO IRF						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
8.02 NICU						8.02
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	3.00	2,127.41	0.00	0	7,064	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	16.68	0.00	0	88	16.00
17.00 SUBPROVIDER - IRF	0.00	35.95	0.00	0	229	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)	3.00	2,180.04	0.00			27.00
28.00 Observation Bed Days						28.00
28.01 SUBPROVIDER - IPF						28.01
28.02 SUBPROVIDER - IRF						28.02
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: 150100

Period:
From 07/01/2010
To 06/30/2011

Worksheet S-3
Part I
Date/Time Prepared:
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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)	942	17,260		1.00
2.00 HMO				2.00
3.00 HMO IPF				3.00
4.00 HMO IRF				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF				5.00
6.00 Hospital Adults & Peds. Swing Bed NF				6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)				7.00
8.00 INTENSIVE CARE UNIT				8.00
8.02 NICU				8.02
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)	942	17,260		14.00
15.00 CAH visits				15.00
16.00 SUBPROVIDER - IPF	41	430		16.00
17.00 SUBPROVIDER - IRF	11	443		17.00
18.00 SUBPROVIDER				18.00
19.00 SKILLED NURSING FACILITY				19.00
20.00 NURSING FACILITY				20.00
21.00 OTHER LONG TERM CARE				21.00
22.00 HOME HEALTH AGENCY				22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)				23.00
24.00 HOSPICE				24.00
25.00 CMHC - CMHC				25.00
26.00 RURAL HEALTH CLINIC				26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER				26.25
27.00 Total (sum of lines 14-26)				27.00
28.00 Observation Bed Days				28.00
28.01 SUBPROVIDER - IPF				28.01
28.02 SUBPROVIDER - IRF				28.02
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: 150100	Period: From 07/01/2010 To 06/30/2011	Worksheet S-3 Part II Date/Time Prepared: 1/23/2012 7:36 am
	Worksheet A Line Number	Amount Reported	Salary Adjustments for Vacation, Holiday, Sick, Other Paid Time Off, Severance, and Bonus, Paid to Employees and Not Reflected in Column 2	Recl assifi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)
	1.00	2.00	2.50	3.00	4.00

PART II - WAGE DATA						
SALARIES						
1.00	Total salaries (see instructions)	200.00	118,195,597	0	-529,019	117,666,578
2.00	Non-physician anesthetist Part A		0	0	0	0
3.00	Non-physician anesthetist Part B		0	0	0	0
4.00	Physician-Part A		116,946	0	0	116,946
4.01	Physicians - Part A - direct teaching		0	0	0	0
5.00	Physician-Part B		1,907,549	0	0	1,907,549
6.00	Non-physician-Part B		0	0	0	0
7.00	Interns & residents (in an approved program)	21.00	151,187	0	0	151,187
7.01	Contracted interns and residents (in approved programs)		0	0	0	0
8.00	Home office personnel		4,412,621	0	0	4,412,621
9.00	SNF	44.00	0	0	0	0
10.00	Excluded area salaries (see instructions)		18,986,072	0	-503,988	18,482,084
OTHER WAGES & RELATED COSTS						
11.00	Contract labor (see instructions)		816,697	0	0	816,697
12.00	Management and administrative services		0	0	0	0
13.00	Contract labor: physician-Part A		0	0	0	0
14.00	Home office salaries & wage-related costs		12,522,919	0	0	12,522,919
15.00	Home office: physician Part A		0	0	0	0
16.00	Teaching physician salaries (see instructions)		0	0	0	0
WAGE-RELATED COSTS						
17.00	Wage-related costs (core) Wkst S-3, Part IV Line 24		35,179,822	0	0	35,179,822
18.00	Wage-related costs (other)Wkst S-3, Part IV Line 25		0	0	0	0
19.00	Excluded areas		4,959,703	0	0	4,959,703
20.00	Non-physician anesthetist Part A		0	0	0	0
21.00	Non-physician anesthetist Part B		0	0	0	0
22.00	Physician Part A		23,159	0	0	23,159
23.00	Physician Part B		385,208	0	0	385,208
24.00	Wage-related costs (RHC/FOHC)		0	0	0	0
25.00	Interns & residents (in an approved program)		61,517	0	0	61,517
OVERHEAD COSTS - DIRECT SALARIES						
26.00	Employee Benefits	4.00	965,626	0	0	965,626
27.00	Administrative & General	5.00	14,084,931	0	0	14,084,931
28.00	Administrative & General under contract (see inst.)		28,214	0	0	28,214
29.00	Maintenance & Repairs	6.00	0	0	0	0
30.00	Operation of Plant	7.00	2,862,075	0	0	2,862,075
31.00	Laundry & Linen Service	8.00	598,207	0	0	598,207
32.00	Housekeeping	9.00	2,140,753	0	0	2,140,753
33.00	Housekeeping under contract (see instructions)		0	0	0	0
34.00	Dietary	10.00	1,772,249	0	-1,374,379	397,870
35.00	Dietary under contract (see instructions)		0	0	0	0
36.00	Cafeteria	11.00	0	0	1,374,379	1,374,379
37.00	Maintenance of Personnel	12.00	0	0	0	0
38.00	Nursing Administration	13.00	3,062,411	0	0	3,062,411
39.00	Central Services and Supply	14.00	1,302,177	0	0	1,302,177
40.00	Pharmacy	15.00	3,536,653	0	0	3,536,653
41.00	Medical Records & Medical Records Library	16.00	2,973,261	0	0	2,973,261
42.00	Social Service	17.00	0	0	0	0
43.00	Other General Service	18.00	0	0	0	0

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 150100	Period: From 07/01/2010 To 06/30/2011	Worksheet S-3 Part II Date/Time Prepared: 1/23/2012 7:36 am
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		Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		5.00	6.00	
PART II - WAGE DATA				
SALARIES				
1.00	Total salaries (see instructions)	4,534,480.00	25.95	1.00
2.00	Non-physician anesthetist Part A	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B	0.00	0.00	3.00
4.00	Physician-Part A	724.00	161.53	4.00
4.01	Physicians - Part A - direct teaching	0.00	0.00	4.01
5.00	Physician-Part B	16,893.00	112.92	5.00
6.00	Non-physician-Part B	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	7,489.00	20.19	7.00
7.01	Contracted interns and residents (in approved programs)	0.00	0.00	7.01
8.00	Home office personnel	107,475.00	41.06	8.00
9.00	SNF	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)	417,132.00	44.31	10.00
OTHER WAGES & RELATED COSTS				
11.00	Contract labor (see instructions)	13,729.00	59.49	11.00
12.00	Management and administrative services	0.00	0.00	12.00
13.00	Contract labor: physician-Part A	0.00	0.00	13.00
14.00	Home office salaries & wage-related costs	196,933.00	63.59	14.00
15.00	Home office: physician Part A	0.00	0.00	15.00
16.00	Teaching physician salaries (see instructions)	0.00	0.00	16.00
WAGE-RELATED COSTS				
17.00	Wage-related costs (core) Wkst S-3, Part IV Line 24			17.00
18.00	Wage-related costs (other) Wkst S-3, Part IV Line 25			18.00
19.00	Excluded areas			19.00
20.00	Non-physician anesthetist Part A			20.00
21.00	Non-physician anesthetist Part B			21.00
22.00	Physician Part A			22.00
23.00	Physician Part B			23.00
24.00	Wage-related costs (RHC/FQHC)			24.00
25.00	Interns & residents (in an approved program)			25.00
OVERHEAD COSTS - DIRECT SALARIES				
26.00	Employee Benefits	37,405.00	25.82	26.00
27.00	Administrative & General	520,885.00	27.04	27.00
28.00	Administrative & General under contract (see inst.)	2,062.00	13.68	28.00
29.00	Maintenance & Repairs	0.00	0.00	29.00
30.00	Operation of Plant	131,646.00	21.74	30.00
31.00	Laundry & Linen Service	48,463.00	12.34	31.00
32.00	Housekeeping	187,668.00	11.41	32.00
33.00	Housekeeping under contract (see instructions)	0.00	0.00	33.00
34.00	Dietary	33,169.00	12.00	34.00
35.00	Dietary under contract (see instructions)	0.00	0.00	35.00
36.00	Cafeteria	114,577.00	12.00	36.00
37.00	Maintenance of Personnel	0.00	0.00	37.00
38.00	Nursing Administration	137,367.00	22.29	38.00
39.00	Central Services and Supply	76,483.00	17.03	39.00
40.00	Pharmacy	104,521.00	33.84	40.00
41.00	Medical Records & Medical Records Library	140,206.00	21.21	41.00
42.00	Social Service	0.00	0.00	42.00
43.00	Other General Service	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150100

Period:
From 07/01/2010
To 06/30/2011

Worksheet S-3
Part III
Date/Time Prepared:
1/23/2012 7:36 am

	Worksheet A Line Number	Amount Reported	Salary Adjustments for Vacation, Holiday, Sick, Other Paid Time Off, Severance, and Bonus, Paid to Employees and Not Reflected in Column 2	Recl assi fi cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	
	1.00	2.00	2.50	3.00	4.00	
PART III - HOSPITAL WAGE INDEX SUMMARY						
1.00	Net salaries (see instructions)	111,635,508	0	-529,019	111,106,489	1.00
2.00	Excluded area salaries (see instructions)	18,986,072	0	-503,988	18,482,084	2.00
3.00	Subtotal salaries (line 1 minus line 2)	92,649,436	0	-25,031	92,624,405	3.00
4.00	Subtotal other wages & related costs (see inst.)	13,339,616	0	0	13,339,616	4.00
5.00	Subtotal wage-related costs (see inst.)	35,202,981	0	0	35,202,981	5.00
6.00	Total (sum of lines 3 thru 5)	141,192,033	0	-25,031	141,167,002	6.00
7.00	Total overhead cost (see instructions)	33,326,557	0	0	33,326,557	7.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 150100	Period: From 07/01/2010 To 06/30/2011	Worksheet S-3 Part III Date/Time Prepared: 1/23/2012 7:36 am
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		Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY				
1.00	Net salaries (see instructions)	4,404,685.00	25.22	1.00
2.00	Excluded area salaries (see instructions)	417,132.00	44.31	2.00
3.00	Subtotal salaries (line 1 minus line 2)	3,987,553.00	23.23	3.00
4.00	Subtotal other wages & related costs (see inst.)	210,662.00	63.32	4.00
5.00	Subtotal wage-related costs (see inst.)	0.00	38.01	5.00
6.00	Total (sum of lines 3 thru 5)	4,198,215.00	33.63	6.00
7.00	Total overhead cost (see instructions)	1,534,452.00	21.72	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 150100	Period: From 07/01/2010 To 06/30/2011	Worksheet S-3 Part IV Date/Time Prepared: 1/23/2012 7:36 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	0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	2,515,102	2.00
3.00	Qualified and Non-Qualified Pension Plan Cost	5,976,403	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	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	16,679,747	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	1,257,490	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	188,064	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	105,606	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	272,562	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	793,017	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	6,710,017	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	143,275	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
OTHER			
21.00	Executive Deferred Compensation	150,843	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	387,696	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	35,179,822	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: 150100	Period: From 07/01/2010 To 06/30/2011	Worksheet S-3 Part V Date/Time Prepared: 1/23/2012 7:36 am
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Cost Center Description		Contract Labor	Benefit Cost	
PART V - Contract Labor and Benefit Cost		1.00	2.00	
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	0	0	1.00
2.00	Hospital	0	0	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			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00		0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 150100	Period: From 07/01/2010 To 06/30/2011	Worksheet S-10 Date/Time Prepared: 1/23/2012 7:36 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)		0.265867		1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		16,427,558		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?		N		4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0		5.00
6.00	Medicaid charges		128,843,595		6.00
7.00	Medicaid cost (line 1 times line 6)		34,255,260		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)		17,827,702		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		1,676		17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		229,346		18.00
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		17,827,702		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	18,986,551	33,259,201	52,245,752	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	5,047,897	8,842,524	13,890,421	21.00
22.00	Partial payment by patients approved for charity care	273,878	176,853	450,731	22.00
23.00	Cost of charity care (line 21 minus line 22)	4,774,019	8,665,671	13,439,690	23.00
				1.00	
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N		24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit		0		25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)		12,550,043		26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		1,638,491		27.00
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)		10,911,552		28.00
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)		2,901,022		29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)		16,340,712		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		34,168,414		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES				Provider CCN: 150100	Period: From 07/01/2010 To 06/30/2011	Worksheet A Date/Time Prepared: 1/23/2012 7:36 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 CAP REL COSTS-BLDG & FIXT		8,843,773	8,843,773	3,809,426	12,653,199	1.00
2.00 CAP REL COSTS-MVBLE EQUIP		9,448,307	9,448,307	1,529,374	10,977,681	2.00
3.00 OTHER CAP RELATED COST		0	0	0	0	3.00
4.00 EMPLOYEE BENEFITS	965,626	38,160,209	39,125,835	-83,973	39,041,862	4.00
5.01 COMMUNICATION	185,363	309,847	495,210	0	495,210	5.01
5.03 PURCHASING RECEIVING AND STORES	566,365	292,548	858,913	-1,476	857,437	5.03
5.05 ADMINISTRATION	2,080,452	101,782	2,182,234	0	2,182,234	5.05
5.06 CASHIERING/ACCOUNTS RECEIVABLE	456,521	7,626,808	8,083,329	0	8,083,329	5.06
5.07 PATIENT PLACEMENT	440,152	4,233	444,385	503	444,888	5.07
5.08 MISC ADMINISTRATIVE AND GENERAL	10,356,078	36,119,752	46,475,830	-368,457	46,107,373	5.08
7.00 OPERATION OF PLANT	2,862,075	5,931,479	8,793,554	-261	8,793,293	7.00
8.00 LAUNDRY & LINEN SERVICE	598,207	405,441	1,003,648	0	1,003,648	8.00
9.00 HOUSEKEEPING	2,140,753	497,068	2,637,821	0	2,637,821	9.00
10.00 DIETARY	1,772,249	2,450,110	4,222,359	-3,280,364	941,995	10.00
11.00 CAFETERIA	0	0	0	3,274,439	3,274,439	11.00
13.00 NURSING ADMINISTRATION	3,062,411	243,967	3,306,378	-25,502	3,280,876	13.00
14.00 CENTRAL SERVICES & SUPPLY	1,302,177	2,429,420	3,731,597	-85,795	3,645,802	14.00
15.00 PHARMACY	3,536,653	13,106,378	16,643,031	-12,695,172	3,947,859	15.00
16.00 MEDICAL RECORDS & LIBRARY	2,973,261	559,402	3,532,663	-34,963	3,497,700	16.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	151,187	42,438	193,625	-8,472	185,153	21.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	16,374,457	1,753,082	18,127,539	-853,010	17,274,529	30.00
31.00 INTENSIVE CARE UNIT	6,654,393	767,490	7,421,883	-151,467	7,270,416	31.00
31.02 NICU	3,516,135	295,749	3,811,884	-7,499	3,804,385	31.02
32.00 CORONARY CARE UNIT	1,206,856	132,239	1,339,095	-6,343	1,332,752	32.00
40.00 SUBPROVIDER - IPF	1,305,026	111,908	1,416,934	-1,386	1,415,548	40.00
41.00 SUBPROVIDER - IRF	1,957,346	123,416	2,080,762	-23,171	2,057,591	41.00
43.00 NURSERY	0	0	0	682,916	682,916	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	6,657,919	54,771,179	61,429,098	-24,203,585	37,225,513	50.00
51.00 RECOVERY ROOM	1,268,173	321,100	1,589,273	-241,737	1,347,536	51.00
52.00 DELIVERY ROOM & LABOR ROOM	1,983,306	734,211	2,717,517	-87,479	2,630,038	52.00
53.00 ANESTHESIOLOGY	35,220	2,439,958	2,475,178	-197,669	2,277,509	53.00
54.00 RADIOLOGY - DIAGNOSTIC	2,994,170	3,376,220	6,370,390	-923,911	5,446,479	54.00
54.02 ULTRASOUND	478,446	149,679	628,125	-47,837	580,288	54.02
54.03 NUCLEAR MEDICINE	440,509	1,110,449	1,550,958	-189,204	1,361,754	54.03
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 CT SCAN	689,987	683,222	1,373,209	-121,464	1,251,745	57.00
59.00 CARDIAC CATHETERIZATION	1,166,042	7,591,949	8,757,991	-4,310,810	4,447,181	59.00
60.00 LABORATORY	5,100,167	4,743,755	9,843,922	-222,031	9,621,891	60.00
63.00 BLOOD STORING, PROCESSING, & TRANS.	337,193	2,537,191	2,874,384	-17	2,874,367	63.00
64.00 INTRAVENOUS THERAPY	396,177	2,692,570	3,088,747	-838,775	2,249,972	64.00
65.00 RESPIRATORY THERAPY	2,467,270	646,052	3,113,322	-134,121	2,979,201	65.00
66.00 PHYSICAL THERAPY	2,717,932	467,550	3,185,482	-262,758	2,922,724	66.00
67.00 OCCUPATIONAL THERAPY	1,071,190	10,318	1,081,508	0	1,081,508	67.00
68.00 SPEECH PATHOLOGY	311,336	7,416	318,752	0	318,752	68.00
69.00 ELECTROCARDIOLOGY	485,302	3,827,462	4,312,764	-168	4,312,596	69.00
69.02 CARDIAC REHAB	491,979	289,562	781,541	-269,936	511,605	69.02
69.03 DIABETIC EDUCATION	219,457	179,945	399,402	-57,006	342,396	69.03
70.00 ELECTROENCEPHALOGRAPHY	615,543	221,964	837,507	-4,908	832,599	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	9,964,937	9,964,937	71.00
72.00 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	18,930,483	18,930,483	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	13,241,656	13,241,656	73.00
74.00 RENAL DIALYSIS	57,750	1,216,026	1,273,776	-8,968	1,264,808	74.00
76.00 OTHER ANCILLARY	81,464	3,013	84,477	-178	84,299	76.00
76.01 MOBILE OUTREACH CLINIC	525,835	464,696	990,531	0	990,531	76.01
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	288,577	183,244	471,821	-144,666	327,155	90.00
90.01 OUTPATIENT PSYCH	51,492	7,896	59,388	-31,303	28,085	90.01
90.02 PEDIATRIC CLINIC	0	0	0	0	0	90.02
90.04 BARIATRICS	282,718	130,732	413,450	-91,513	321,937	90.04
91.00 EMERGENCY	5,035,633	4,243,000	9,278,633	-34,429	9,244,204	91.00
91.01 DIAGNOSTIC TREATMENT CENTER	1,757,367	767,277	2,524,644	-107,577	2,417,067	91.01
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVICES	800,859	1,669,687	2,470,546	-9,166	2,461,380	95.00
97.00 DURABLE MEDICAL EQUIP. - SOLD	0	0	0	0	0	97.00
SPECIAL PURPOSE COST CENTERS						
106.00 HEART ACQUISITION	0	0	0	0	0	106.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	103,272,756	225,244,169	328,516,925	1,265,207	329,782,132	118.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 150100		Period: From 07/01/2010 To 06/30/2011		Worksheet A Date/Time Prepared: 1/23/2012 7:36 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			
NONREIMBURSABLE COST CENTERS								
191.00	RESEARCH	0	24,796	24,796	0	24,796	191.00	
192.00	PHYSICIANS' PRIVATE OFFICES	9,181,621	3,317,816	12,499,437	-896,083	11,603,354	192.00	
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00	
194.01	APOTHECARY	481,780	4,713,059	5,194,839	-44,463	5,150,376	194.01	
194.02	OCCUPATIONAL MEDICINE	205,373	236,693	442,066	-13,545	428,521	194.02	
194.03	CANCER CENTER/PHYSICIAN RECRUITMENT	57,216	56,459	113,675	-29,108	84,567	194.03	
194.04	MARKETING	1,511,836	1,006,077	2,517,913	-167,281	2,350,632	194.04	
194.06	MOB	0	541,843	541,843	0	541,843	194.06	
194.07	SENIOR PARTNERS	0	60,866	60,866	0	60,866	194.07	
194.08	ASCENSION PHYSICIAN RECRUITMENT	123,102	3,901,644	4,024,746	0	4,024,746	194.08	
194.09	CONV CARE	2,878,807	577,323	3,456,130	-114,727	3,341,403	194.09	
194.10	EMPLOYEE FITNESS CENTER	0	805	805	0	805	194.10	
194.11	ST ELIZABETH	0	0	0	0	0	194.11	
194.14	FREE STANDING CATH LAB	0	0	0	0	0	194.14	
194.15	FAMILY PRACTICE	0	0	0	0	0	194.15	
194.17	FOUNDATION	483,106	-226,535	256,571	0	256,571	194.17	
200.00	TOTAL (SUM OF LINES 118-199)	118,195,597	239,455,015	357,650,612	0	357,650,612	200.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES	Provider CCN: 150100	Period: From 07/01/2010 To 06/30/2011	Worksheet A Date/Time Prepared: 1/23/2012 7:36 am
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Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT	-9,437,775	3,215,424	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	-2,316,236	8,661,445	2.00
3.00	OTHER CAP RELATED COST	0	0	3.00
4.00	EMPLOYEE BENEFITS	-4,960,285	34,081,577	4.00
5.01	COMMUNICATION	-181,879	313,331	5.01
5.03	PURCHASING RECEIVING AND STORES	-857,437	0	5.03
5.05	ADMINISTRATIVE	-33	2,182,201	5.05
5.06	CASHIERING/ACCOUNTS RECEIVABLE	-546	8,082,783	5.06
5.07	PATIENT PLACEMENT	0	444,888	5.07
5.08	MISC ADMINISTRATIVE AND GENERAL	-3,091,191	43,016,182	5.08
7.00	OPERATION OF PLANT	-1,819,861	6,973,432	7.00
8.00	LAUNDRY & LINEN SERVICE	-124,309	879,339	8.00
9.00	HOUSEKEEPING	-341,407	2,296,414	9.00
10.00	DIETARY	-92	941,903	10.00
11.00	CAFETERIA	-1,990,040	1,284,399	11.00
13.00	NURSING ADMINISTRATION	-88,310	3,192,566	13.00
14.00	CENTRAL SERVICES & SUPPLY	-1,857	3,643,945	14.00
15.00	PHARMACY	-66,847	3,881,012	15.00
16.00	MEDICAL RECORDS & LIBRARY	-279,529	3,218,171	16.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	-6,725	178,428	21.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	-74,698	17,199,831	30.00
31.00	INTENSIVE CARE UNIT	-783,882	6,486,534	31.00
31.02	NICU	-96,710	3,707,675	31.02
32.00	CORONARY CARE UNIT	0	1,332,752	32.00
40.00	SUBPROVIDER - I PF	-399,811	1,015,737	40.00
41.00	SUBPROVIDER - I RF	-8,343	2,049,248	41.00
43.00	NURSERY	0	682,916	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	-656,234	36,569,279	50.00
51.00	RECOVERY ROOM	0	1,347,536	51.00
52.00	DELIVERY ROOM & LABOR ROOM	-416,280	2,213,758	52.00
53.00	ANESTHESIOLOGY	-2,236,258	41,251	53.00
54.00	RADIOLOGY - DIAGNOSTIC	-46,343	5,400,136	54.00
54.02	ULTRASOUND	-3,764	576,524	54.02
54.03	NUCLEAR MEDICINE	0	1,361,754	54.03
56.00	RADIOISOTOPE	0	0	56.00
57.00	CT SCAN	0	1,251,745	57.00
59.00	CARDIAC CATHETERIZATION	-1,110,351	3,336,830	59.00
60.00	LABORATORY	-980,616	8,641,275	60.00
63.00	BLOOD STORING, PROCESSING, & TRANS.	0	2,874,367	63.00
64.00	INTRAVENOUS THERAPY	-763,160	1,486,812	64.00
65.00	RESPIRATORY THERAPY	-219	2,978,982	65.00
66.00	PHYSICAL THERAPY	-74,414	2,848,310	66.00
67.00	OCCUPATIONAL THERAPY	-625	1,080,883	67.00
68.00	SPEECH PATHOLOGY	0	318,752	68.00
69.00	ELECTROCARDIOLOGY	-113,300	4,199,296	69.00
69.02	CARDIAC REHAB	-102,852	408,753	69.02
69.03	DIABETIC EDUCATION	-960	341,436	69.03
70.00	ELECTROENCEPHALOGRAPHY	-69,179	763,420	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	9,964,937	71.00
72.00	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	18,930,483	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	13,241,656	73.00
74.00	RENAL DIALYSIS	-23	1,264,785	74.00
76.00	OTHER ANCILLARY	0	84,299	76.00
76.01	MOBILE OUTREACH CLINIC	-499,107	491,424	76.01
OUTPATIENT SERVICE COST CENTERS				
90.00	CLINIC	-49,328	277,827	90.00
90.01	OUTPATIENT PSYCH	-5,391	22,694	90.01
90.02	PEDS CLINIC	0	0	90.02
90.04	BARIATRICS	-96,810	225,127	90.04
91.00	EMERGENCY	-59,949	9,184,255	91.00
91.01	DIAGNOSTIC TREATMENT CENTER	-1,623	2,415,444	91.01
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	AMBULANCE SERVICES	-5,663	2,455,717	95.00
97.00	DURABLE MEDICAL EQUIP. - SOLD	0	0	97.00
SPECIAL PURPOSE COST CENTERS				
106.00	HEART ACQUISITION	0	0	106.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	-34,220,252	295,561,880	118.00
NONREIMBURSABLE COST CENTERS				
191.00	RESEARCH	0	24,796	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	11,603,354	192.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 150100	Period: From 07/01/2010 To 06/30/2011	Worksheet A Date/Time Prepared: 1/23/2012 7:36 am
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Cost Center Description	Adjustments	Net Expenses		
	(See A-8)	For Allocation		
	6.00	7.00		
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	0		194.00
194.01 APOTHECARY	0	5,150,376		194.01
194.02 OCCUPATIONAL MEDICINE	0	428,521		194.02
194.03 CANCER CENTER/PHYSICIAN RECRUITMENT	0	84,567		194.03
194.04 MARKETING	0	2,350,632		194.04
194.06 MOB	0	541,843		194.06
194.07 SENIOR PARTNERS	0	60,866		194.07
194.08 ASCENSION PHYSICIAN RECRUITMENT	0	4,024,746		194.08
194.09 CONV CARE	0	3,341,403		194.09
194.10 EMPLOYEE FITNESS CENTER	0	805		194.10
194.11 ST ELIZABETH	0	0		194.11
194.14 FREE STANDING CATH LAB	0	0		194.14
194.15 FAMILY PRACTICE	0	0		194.15
194.17 FOUNDATION	0	256,571		194.17
200.00 TOTAL (SUM OF LINES 118-199)	-34,220,252	323,430,360		200.00

RECLASSIFICATIONS

Provider CCN: 150100

Period:
From 07/01/2010
To 06/30/2011

Worksheet A-6
Date/Time Prepared:
1/23/2012 7:36 am

		Increases				
Cost Center		Line #	Salary	Other		
2.00	3.00	4.00	5.00			
A - RENT						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	3,809,426	1.00	
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,529,374	2.00	
3.00	PATIENT PLACEMENT	5.07	0	503	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
6.00		0.00	0	0	6.00	
7.00		0.00	0	0	7.00	
8.00		0.00	0	0	8.00	
9.00		0.00	0	0	9.00	
10.00		0.00	0	0	10.00	
11.00		0.00	0	0	11.00	
12.00		0.00	0	0	12.00	
13.00		0.00	0	0	13.00	
14.00		0.00	0	0	14.00	
15.00		0.00	0	0	15.00	
16.00		0.00	0	0	16.00	
17.00		0.00	0	0	17.00	
18.00		0.00	0	0	18.00	
19.00		0.00	0	0	19.00	
20.00		0.00	0	0	20.00	
21.00		0.00	0	0	21.00	
22.00		0.00	0	0	22.00	
23.00		0.00	0	0	23.00	
24.00		0.00	0	0	24.00	
25.00		0.00	0	0	25.00	
26.00		0.00	0	0	26.00	
27.00		0.00	0	0	27.00	
28.00		0.00	0	0	28.00	
29.00		0.00	0	0	29.00	
30.00		0.00	0	0	30.00	
31.00		0.00	0	0	31.00	
32.00		0.00	0	0	32.00	
33.00		0.00	0	0	33.00	
34.00		0.00	0	0	34.00	
35.00		0.00	0	0	35.00	
36.00		0.00	0	0	36.00	
37.00		0.00	0	0	37.00	
38.00		0.00	0	0	38.00	
39.00		0.00	0	0	39.00	
40.00		0.00	0	0	40.00	
TOTALS			0	5,339,303		
B - CAFETERIA						
1.00	CAFETERIA	11.00	1,374,379	1,900,060	1.00	
TOTALS			1,374,379	1,900,060		
C - NURSERY						
1.00	NURSERY	43.00	621,447	61,469	1.00	
TOTALS			621,447	61,469		
D - SUPPLY						
1.00	OPERATION OF PLANT	7.00	0	42	1.00	
2.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	9,964,937	2.00	
3.00	IMPLANTABLE DEVICES CHARGED TO PATIENTS	72.00	0	18,930,483	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	

RECLASSIFICATIONS

Provider CCN: 150100

Period:
From 07/01/2010
To 06/30/2011

Worksheet A-6

Date/Time Prepared:
1/23/2012 7:36 am

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
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
TOTALS			0	28,895,462	
E - DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	13,241,656	1.00
2.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	6	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
TOTALS			0	13,241,662	
F - PHYSICIAN SALARY					
1.00	SUBPROVIDER - IPF	40.00	0	324,029	1.00
2.00	RADIOLOGY - DIAGNOSTIC	54.00	0	11,500	2.00
3.00	ELECTROCARDIOLOGY	69.00	0	13,531	3.00
4.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	179,807	4.00
5.00	CONV CARE	194.09	0	152	5.00
TOTALS			0	529,019	
500.00	Grand Total : Increases		1,995,826	49,966,975	500.00

RECLASSIFICATIONS

Provider CCN: 150100

Period:
From 07/01/2010
To 06/30/2011

Worksheet A-6
Date/Time Prepared:
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		Decreases				Wkst. A-7 Ref.	
	Cost Center	Line #	Salary	Other			
	6.00	7.00	8.00	9.00	10.00		
A - RENT							
1.00	EMPLOYEE BENEFITS	4.00	0	16,530	10		1.00
2.00	PURCHASING RECEIVING AND STORES	5.03	0	1,476	10		2.00
3.00	MISC ADMINISTRATIVE AND GENERAL	5.08	0	367,972	0		3.00
4.00	OPERATION OF PLANT	7.00	0	294	0		4.00
5.00	DIETARY	10.00	0	1,209	0		5.00
6.00	NURSING ADMINISTRATION	13.00	0	25,432	0		6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	0	45,400	0		7.00
8.00	PHARMACY	15.00	0	48,388	0		8.00
9.00	MEDICAL RECORDS & LIBRARY	16.00	0	34,963	0		9.00
10.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	8,009	0		10.00
11.00	ADULTS & PEDIATRICS	30.00	0	130,401	0		11.00
12.00	INTENSIVE CARE UNIT	31.00	0	130,878	0		12.00
13.00	CORONARY CARE UNIT	32.00	0	2,840	0		13.00
14.00	SUBPROVIDER - IPF	40.00	0	1,233	0		14.00
15.00	SUBPROVIDER - IRF	41.00	0	23,147	0		15.00
16.00	OPERATING ROOM	50.00	0	121,412	0		16.00
17.00	RECOVERY ROOM	51.00	0	239,301	0		17.00
18.00	DELIVERY ROOM & LABOR ROOM	52.00	0	594	0		18.00
19.00	RADIOLOGY - DIAGNOSTIC	54.00	0	869,009	0		19.00
20.00	ULTRASOUND	54.02	0	45,562	0		20.00
21.00	NUCLEAR MEDICINE	54.03	0	187,407	0		21.00
22.00	CT SCAN	57.00	0	104,032	0		22.00
23.00	LABORATORY	60.00	0	218,534	0		23.00
24.00	INTRAVENOUS THERAPY	64.00	0	657,775	0		24.00
25.00	RESPIRATORY THERAPY	65.00	0	7,320	0		25.00
26.00	PHYSICAL THERAPY	66.00	0	262,303	0		26.00
27.00	CARDIAC REHAB	69.02	0	267,519	0		27.00
28.00	DIABETIC EDUCATION	69.03	0	57,006	0		28.00
29.00	ELECTROENCEPHALOGRAPHY	70.00	0	4,079	0		29.00
30.00	OTHER ANCILLARY	76.00	0	3	0		30.00
31.00	CLINIC	90.00	0	73,568	0		31.00
32.00	OUTPATIENT PSYCH	90.01	0	31,303	0		32.00
33.00	BARIATRICS	90.04	0	91,513	0		33.00
34.00	EMERGENCY	91.00	0	1,631	0		34.00
35.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	896,089	0		35.00
36.00	APOTHECARY	194.01	0	44,237	0		36.00
37.00	OCCUPATIONAL MEDICINE	194.02	0	13,545	0		37.00
38.00	CANCER CNETER/PHYSICIAN RECRUITMENT	194.03	0	29,108	0		38.00
39.00	MARKETING	194.04	0	167,032	0		39.00
40.00	CONV CARE	194.09	0	111,249	0		40.00
	TOTALS		0	5,339,303			
B - CAFETERIA							
1.00	DIETARY	10.00	1,374,379	1,900,060	0		1.00
	TOTALS		1,374,379	1,900,060			
C - NURSERY							
1.00	ADULTS & PEDIATRICS	30.00	621,447	61,469	0		1.00
	TOTALS		621,447	61,469			
D - SUPPLY							
1.00	DIETARY	10.00	0	160	0		1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	28,309	0		2.00
3.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	131	0		3.00
4.00	ADULTS & PEDIATRICS	30.00	0	4,653	0		4.00
5.00	INTENSIVE CARE UNIT	31.00	0	3,665	0		5.00
6.00	NICU	31.02	0	915	0		6.00
7.00	CORONARY CARE UNIT	32.00	0	508	0		7.00
8.00	OPERATING ROOM	50.00	0	24,025,203	0		8.00
9.00	RECOVERY ROOM	51.00	0	1,900	0		9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0	84,161	0		10.00
11.00	ANESTHESIOLOGY	53.00	0	17,051	0		11.00
12.00	RADIOLOGY - DIAGNOSTIC	54.00	0	30,898	0		12.00
13.00	ULTRASOUND	54.02	0	824	0		13.00
14.00	CT SCAN	57.00	0	1,535	0		14.00
15.00	CARDIAC CATHETERIZATION	59.00	0	4,302,532	0		15.00
16.00	LABORATORY	60.00	0	3,052	0		16.00
17.00	INTRAVENOUS THERAPY	64.00	0	96,559	0		17.00
18.00	RESPIRATORY THERAPY	65.00	0	122,585	0		18.00
19.00	PHYSICAL THERAPY	66.00	0	73	0		19.00
20.00	ELECTROCARDIOLOGY	69.00	0	4	0		20.00

RECLASSIFICATIONS

Provider CCN: 150100

Period:
From 07/01/2010
To 06/30/2011

Worksheet A-6
Date/Time Prepared:
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Decreases							
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
6.00	7.00	8.00	9.00	10.00			
21.00	CARDIAC REHAB	69.02	0	2,417	0	21.00	
22.00	ELECTROENCEPHALOGRAPHY	70.00	0	829	0	22.00	
23.00	RENAL DIALYSIS	74.00	0	512	0	23.00	
24.00	OTHER ANCILLARY	76.00	0	119	0	24.00	
25.00	CLINIC	90.00	0	70,894	0	25.00	
26.00	EMERGENCY	91.00	0	3,475	0	26.00	
27.00	DIAGNOSTIC TREATMENT CENTER	91.01	0	82,494	0	27.00	
28.00	AMBULANCE SERVICES	95.00	0	6,525	0	28.00	
29.00	MARKETING	194.04	0	249	0	29.00	
30.00	CONV CARE	194.09	0	3,230	0	30.00	
	TOTALS		0	28,895,462			
E - DRUGS							
1.00	EMPLOYEE BENEFITS	4.00	0	67,443	0	1.00	
2.00	MISC ADMINISTRATIVE AND GENERAL	5.08	0	485	0	2.00	
3.00	OPERATION OF PLANT	7.00	0	9	0	3.00	
4.00	DIETARY	10.00	0	4,556	0	4.00	
5.00	NURSING ADMINISTRATION	13.00	0	70	0	5.00	
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	12,086	0	6.00	
7.00	PHARMACY	15.00	0	12,646,784	0	7.00	
8.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	332	0	8.00	
9.00	ADULTS & PEDIATRICS	30.00	0	35,040	0	9.00	
10.00	INTENSIVE CARE UNIT	31.00	0	16,924	0	10.00	
11.00	NICU	31.02	0	6,584	0	11.00	
12.00	CORONARY CARE UNIT	32.00	0	2,995	0	12.00	
13.00	SUBPROVIDER - IPF	40.00	0	153	0	13.00	
14.00	SUBPROVIDER - IRF	41.00	0	24	0	14.00	
15.00	OPERATING ROOM	50.00	0	56,970	0	15.00	
16.00	RECOVERY ROOM	51.00	0	536	0	16.00	
17.00	DELIVERY ROOM & LABOR ROOM	52.00	0	2,724	0	17.00	
18.00	ANESTHESIOLOGY	53.00	0	180,618	0	18.00	
19.00	RADIOLOGY - DIAGNOSTIC	54.00	0	24,004	0	19.00	
20.00	ULTRASOUND	54.02	0	1,451	0	20.00	
21.00	NUCLEAR MEDICINE	54.03	0	1,797	0	21.00	
22.00	CT SCAN	57.00	0	15,897	0	22.00	
23.00	CARDIAC CATHETERIZATION	59.00	0	8,278	0	23.00	
24.00	LABORATORY	60.00	0	445	0	24.00	
25.00	BLOOD STORING, PROCESSING, & TRANS.	63.00	0	17	0	25.00	
26.00	INTRAVENOUS THERAPY	64.00	0	84,441	0	26.00	
27.00	RESPIRATORY THERAPY	65.00	0	4,216	0	27.00	
28.00	PHYSICAL THERAPY	66.00	0	382	0	28.00	
29.00	ELECTROCARDIOLOGY	69.00	0	164	0	29.00	
30.00	RENAL DIALYSIS	74.00	0	8,456	0	30.00	
31.00	OTHER ANCILLARY	76.00	0	56	0	31.00	
32.00	CLINIC	90.00	0	204	0	32.00	
33.00	EMERGENCY	91.00	0	29,323	0	33.00	
34.00	DIAGNOSTIC TREATMENT CENTER	91.01	0	25,083	0	34.00	
35.00	AMBULANCE SERVICES	95.00	0	2,641	0	35.00	
36.00	APOTHECARY	194.01	0	226	0	36.00	
37.00	CONV CARE	194.09	0	248	0	37.00	
	TOTALS		0	13,241,662			
F - PHYSICIAN SALARY							
1.00	SUBPROVIDER - IPF	40.00	324,029	0	0	1.00	
2.00	RADIOLOGY - DIAGNOSTIC	54.00	11,500	0	0	2.00	
3.00	ELECTROCARDIOLOGY	69.00	13,531	0	0	3.00	
4.00	PHYSICIANS' PRIVATE OFFICES	192.00	179,807	0	0	4.00	
5.00	CONV CARE	194.09	152	0	0	5.00	
	TOTALS		529,019	0	0		
500.00	Grand Total: Decreases		2,524,845	49,437,956		500.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150100

Period:
From 07/01/2010
To 06/30/2011

Worksheet A-7
Parts I-III
Date/Time Prepared:
1/23/2012 7:36 am

	Beginning Balances	Acquisitions			Disposals and Retirements		
		Purchases	Donation	Total			
	1.00	2.00	3.00	4.00	5.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	10,016,328	0	0	68,306	1.00	
2.00	Land Improvements	9,041,203	0	0	0	2.00	
3.00	Buildings and Fixtures	151,591,561	0	0	2,226,593	3.00	
4.00	Building Improvements	0	0	0	0	4.00	
5.00	Fixed Equipment	0	0	0	0	5.00	
6.00	Movable Equipment	158,043,061	2,075,106	0	2,075,106	6.00	
7.00	HIT designated Assets	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	328,692,153	2,075,106	0	2,075,106	2,294,899	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	328,692,153	2,075,106	0	2,075,106	2,294,899	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	CAP REL COSTS-BLDG & FIXT	3,295,642	0	5,547,310	821	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	9,431,382	0	0	16,925	0	2.00
3.00	Total (sum of lines 1-2)	12,727,024	0	5,547,310	17,746	0	3.00
COMPUTATION OF RATIOS							
Cost Center Description	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	ALLOCATION OF OTHER CAPITAL Ratio (see instructions)	Insurance		
	1.00	2.00	3.00	4.00	5.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	168,354,193	0	168,354,193	0.512537	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	160,118,167	0	160,118,167	0.487463	0	2.00
3.00	Total (sum of lines 1-2)	328,472,360	0	328,472,360	1.000000	0	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150100

Period:
From 07/01/2010
To 06/30/2011

Worksheet A-7
Parts I-III
Date/Time Prepared:
1/23/2012 7:36 am

		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	9,948,022	0			1.00	
2.00	Land Improvements	9,041,203	0			2.00	
3.00	Buildings and Fixtures	149,364,968	0			3.00	
4.00	Building Improvements	0	0			4.00	
5.00	Fixed Equipment	0	0			5.00	
6.00	Movable Equipment	160,118,167	0			6.00	
7.00	HIT designated Assets	0	0			7.00	
8.00	Subtotal (sum of lines 1-7)	328,472,360	0			8.00	
9.00	Reconciling Items	0	0			9.00	
10.00	Total (line 8 minus line 9)	328,472,360	0			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	CAP REL COSTS-BLDG & FIXT	0	8,843,773			1.00	
2.00	CAP REL COSTS-MVBLE EQUIP	0	9,448,307			2.00	
3.00	Total (sum of lines 1-2)	0	18,292,080			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	CAP REL COSTS-BLDG & FIXT	0	0	0	-594,823	3,809,426	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	7,115,146	1,529,374	2.00
3.00	Total (sum of lines 1-2)	0	0	0	6,520,323	5,338,800	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150100

Period:
From 07/01/2010
To 06/30/2011

Worksheet A-7
Parts I-III
Date/Time Prepared:
1/23/2012 7:36 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	CAP REL COSTS-BLDG & FIXT	5,547,310	-5,546,489	0	0	3,215,424	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	16,925	0	0	8,661,445	2.00
3.00	Total (sum of lines 1-2)	5,547,310	-5,529,564	0	0	11,876,869	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150100

Period:
From 07/01/2010
To 06/30/2011

Worksheet A-8

Date/Time Prepared:
1/23/2012 7:36 am

		Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
		Basis/Code (2)	Amount	Cost Center	Line #
		1.00	2.00	3.00	4.00
1.00	Investment income - buildings and fixtures (chapter 2)	B	-5,547,310	CAP REL COSTS-BLDG & FIXT	1.00 1.00
2.00	Investment income - movable equipment (chapter 2)		0	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)		0		0.00 7.00
8.00	Television and radio service (chapter 21)	B	-11,518	MISC ADMINISTRATIVE AND GENERAL	5.08 8.00
9.00	Parking lot (chapter 21)		0		0.00 9.00
10.00	Provider-based physician adjustment	A-8-2	-6,285,195		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	-10,349,048		12.00
13.00	Laundry and linen service		0		0.00 13.00
14.00	Cafeteria-employees and guests	B	-1,851,722	CAFETERIA	11.00 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	B	-1,857	CENTRAL SERVICES & SUPPLY	14.00 16.00
17.00	Sale of drugs to other than patients	B	-51,847	PHARMACY	15.00 17.00
18.00	Sale of medical records and abstracts	B	-15,416	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	0	RESPIRATORY THERAPY	65.00 23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00 24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00 25.00
26.00	Depreciation - buildings and fixtures		0	CAP REL COSTS-BLDG & FIXT	1.00 26.00
27.00	Depreciation - movable equipment		0	CAP REL COSTS-MVBLE EQUIP	2.00 27.00
28.00	Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00 28.00
29.00	Physicians' assistant		0		0.00 29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00 30.00
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00 31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00 32.00
33.00	MISC INCOME - EMPLOYEE BENEFITS	B	-3,238	EMPLOYEE BENEFITS	4.00 33.00
33.01	MISC INCOME - COMMUNICATIONS	B	-94,767	COMMUNICATION	5.01 33.01
33.02	MISC INCOME - OTHER A&G	B	-575,789	MISC ADMINISTRATIVE AND GENERAL	5.08 33.02
33.03	MISC INCOME - PLANT	B	-823,273	OPERATION OF PLANT	7.00 33.03
33.04	MISC INCOME - LAUNDRY	B	-124,309	LAUNDRY & LINEN SERVICE	8.00 33.04
33.05	MISC INCOME - HOUSEKEEPING	B	-470	HOUSEKEEPING	9.00 33.05
33.06	MISC INCOME - NURSING ADMIN	B	-10,721	NURSING ADMINISTRATION	13.00 33.06
33.07	MISC INCOME - INTERNS & RESIDENTS	B	-3,600	I&R SERVICES-SALARY & FRINGES APPRVD	21.00 33.07
33.08	MISC INCOME - ADULTS & PEDS	B	-37,468	ADULTS & PEDIATRICS	30.00 33.08
33.09	MISC INCOME - PSYCH	B	-63,113	SUBPROVIDER - IPF	40.00 33.09
33.10	MISC INCOME - REHAB	B	-7,532	SUBPROVIDER - IRF	41.00 33.10
33.11	MISC INCOME - OR	B	-3,679	OPERATING ROOM	50.00 33.11
33.12	MISC INCOME - ANESTHESIOLOGY	B	-737	ANESTHESIOLOGY	53.00 33.12
33.13	MISC INCOME - RADIOLOGY	B	-31,473	RADIOLOGY - DIAGNOSTIC	54.00 33.13
33.14	MISC INCOME - ULTRASOUND	B	-3,764	ULTRASOUND	54.02 33.14
33.15	MISC INCOME - MRI	B	1,280	RADIOLOGY - DIAGNOSTIC	54.00 33.15
33.16	MISC INCOME - CARDIAC CATH	B	-70,041	CARDIAC CATHETERIZATION	59.00 33.16
33.17	MISC INCOME - LAB	B	-559,340	LABORATORY	60.00 33.17
33.18	MISC INCOME - IV THERAPY	B	-70,731	INTRAVENOUS THERAPY	64.00 33.18

ADJUSTMENTS TO EXPENSES

Provider CCN: 150100

Period:
From 07/01/2010
To 06/30/2011

Worksheet A-8

Date/Time Prepared:
1/23/2012 7:36 am

				Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted	
		Basis/Code (2)	Amount	Cost Center	Line #
		1.00	2.00	3.00	4.00
33.19	MISC INCOME - RT	B	-219	RESPIRATORY THERAPY	65.00 33.19
33.20	MISC INCOME - PT	B	-55,906	PHYSICAL THERAPY	66.00 33.20
33.21	MISC INCOME - CARDIAC REHAB	B	-102,852	CARDIAC REHAB	69.02 33.21
33.22	MISC INCOME - DIABETIC EDUCATION	B	-960	DIABETIC EDUCATION	69.03 33.22
33.23	MISC INCOME - EKG	B	-19,294	ELECTROENCEPHALOGRAPHY	70.00 33.23
33.24	MISC INCOME - OTHER ANCILLARY	B	-499,107	MOBILE OUTREACH CLINIC	76.01 33.24
33.25	MISC INCOME - CLINIC	B	-20	CLINIC	90.00 33.25
33.26	MISC INCOME - OUTPATIENT PSYCH	B	-49,308	CLINIC	90.00 33.26
33.27	MISC INCOME - ER	B	-40,963	EMERGENCY	91.00 33.27
33.28	MISC INCOME - DIAGNOSTIC TREATMENT C	B	-1,623	DIAGNOSTIC TREATMENT CENTER	91.01 33.28
33.29	MISC INCOME - AMBULANCE	B	-3,470	AMBULANCE SERVICES	95.00 33.29
33.30	ADVERTISING - EMPLOYEE BENEFITS	A	-31,723	EMPLOYEE BENEFITS	4.00 33.30
33.31	ADVERTISING - OTHER A&G	A	-15,563	MISC ADMINISTRATIVE AND GENERAL	5.08 33.31
33.32	ADVERTISING - ADULTS & PEDS	A	-32,749	ADULTS & PEDIATRICS	30.00 33.32
33.33	ADVERTISING - REHAB	A	-554	SUBPROVIDER - IRF	41.00 33.33
33.34	ADVERTISING - ER	A	-3,119	EMERGENCY	91.00 33.34
33.35	MISC EXPENSE - EMPLOYEE BENEFITS	A	-32,361	EMPLOYEE BENEFITS	4.00 33.35
33.36	MISC EXPENSE- COMMUNICATIONS	A	-84	COMMUNICATION	5.01 33.36
33.37	MISC EXPENSE- CASHIERING /AR	A	-520	CASHIERING/ACCOUNTS RECEIVABLE	5.06 33.37
33.38	MISC EXPENSE- OTHER A&G	A	-1,435,051	MISC ADMINISTRATIVE AND GENERAL	5.08 33.38
33.39	MISC EXPENSE- PLANT	A	-17	OPERATION OF PLANT	7.00 33.39
33.40	MISC EXPENSE- NURSING ADMIN	A	-77,589	NURSING ADMINISTRATION	13.00 33.40
33.41	MISC EXPENSE- PHARMACY	A	-15,000	PHARMACY	15.00 33.41
33.42	MISC EXPENSE- MEDICAL RECORDS	A	-55	MEDICAL RECORDS & LIBRARY	16.00 33.42
33.43	MISC EXPENSE- INTERNS & RESIDENTS	A	-3,125	I&R SERVICES-SALARY & FRINGES APPRVD	21.00 33.43
33.44	MISC EXPENSE - ADULTS & PEDS	A	-4,481	ADULTS & PEDIATRICS	30.00 33.44
33.45	MISC EXPENSE - ICU	A	-2,500	INTENSIVE CARE UNIT	31.00 33.45
33.46	MISC EXPENSE - OR	A	-559	OPERATING ROOM	50.00 33.46
33.47	MISC EXPENSE - PT	A	-18,508	PHYSICAL THERAPY	66.00 33.47
33.48	MISC EXPENSE - OT	A	-625	OCCUPATIONAL THERAPY	67.00 33.48
33.49	MISC EXPENSE - OUTPATIENT PSYCH	A	-53	OUTPATIENT PSYCH	90.01 33.49
33.50	MISC EXPENSE - ER	A	-6,687	EMERGENCY	91.00 33.50
33.51	MISC EXPENSE - AMBULANCE	A	-2,193	AMBULANCE SERVICES	95.00 33.51
33.52	PV LAB BENEFITS	A	-69,739	EMPLOYEE BENEFITS	4.00 33.52
33.53	PV LAB PROFIT	A	-692,429	INTRAVENOUS THERAPY	64.00 33.53
33.54	FREESTANDING CATH LAB BENEFITS	A	-70,872	EMPLOYEE BENEFITS	4.00 33.54
33.55	FREESTANDING CATH LAB PROFIT	A	-1,040,310	CARDIAC CATHETERIZATION	59.00 33.55
33.56	PROFESSIONAL LIABILITY INSURANCE	A	-150,720	MISC ADMINISTRATIVE AND GENERAL	5.08 33.56
33.57	LOBBYING DUES	A	-6,236	MISC ADMINISTRATIVE AND GENERAL	5.08 33.57
33.58	PHYSICIAN BILLING	A	-12,669	SUBPROVIDER - IRF	40.00 33.58
33.59	PHYSICIAN BILLING	A	-11,514	BARIATRICS	90.04 33.59
33.60	PHYSICIAN BILLING	A	-96,710	ICU	31.02 33.60
33.61	PHYSICIAN BILLING	A	-9,856	INTENSIVE CARE UNIT	31.00 33.61
33.62	PHYSICIAN BILLING	A	-910	OPERATING ROOM	50.00 33.62
33.63	PHYSICIAN BILLING	A	-732	ELECTROENCEPHALOGRAPHY	70.00 33.63
33.64	PATIENT PHONES	A	-36,183	COMMUNICATION	5.01 33.64
33.65	PATIENT PHONES	A	-33	ADMINISTRATIVE	5.05 33.65
33.66	PATIENT PHONES	A	-26	CASHIERING/ACCOUNTS RECEIVABLE	5.06 33.66
33.67	PATIENT PHONES	A	-454	MISC ADMINISTRATIVE AND GENERAL	5.08 33.67
33.68	PATIENT PHONES	A	-14	OPERATION OF PLANT	7.00 33.68
33.69	PATIENT PHONES	A	-92	DIETARY	10.00 33.69
33.70	PATIENT PHONES	A	-1,154	MEDICAL RECORDS & LIBRARY	16.00 33.70
33.71	PATIENT PHONES	A	-34	SUBPROVIDER - IRF	41.00 33.71
33.72	PATIENT PHONES	A	-10	LABORATORY	60.00 33.72
33.73	PATIENT PHONES	A	-53	ELECTROENCEPHALOGRAPHY	70.00 33.73
33.74	PATIENT PHONES	A	-23	RENAL DIALYSIS	74.00 33.74
33.75	PATIENT PHONES	A	-589	OUTPATIENT PSYCH	90.01 33.75
33.76	PATIENT PHONES	A	-10	BARIATRICS	90.04 33.76
33.77	SELF-INSURANCE	A	-2,876,412	EMPLOYEE BENEFITS	4.00 33.77
33.78	HOME OFFICE INTEREST INCOME	B	-88,952	MISC ADMINISTRATIVE AND GENERAL	5.08 33.78

ADJUSTMENTS TO EXPENSES		Provider CCN: 150100	Period: From 07/01/2010 To 06/30/2011	Worksheet A-8 Date/Time Prepared: 1/23/2012 7:36 am	
		Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
		Basis/Code (2)	Amount	Cost Center	Line #
		1.00	2.00	3.00	4.00
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-34,220,252		50.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150100

Period:
From 07/01/2010
To 06/30/2011

Worksheet A-8

Date/Time Prepared:
1/23/2012 7:36 am

		Wkst. A-7 Ref.	
		5.00	
1.00	Investment income - buildings and fixtures (chapter 2)	12	1.00
2.00	Investment income - movable equipment (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 - buildings and fixtures	0	26.00
27.00	Depreciation - movable equipment	0	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	MI SC INCOME - EMPLOYEE BENEFITS	0	33.00
33.01	MI SC INCOME - COMMUNICATIONS	0	33.01
33.02	MI SC INCOME - OTHER A&G	0	33.02
33.03	MI SC INCOME - PLANT	0	33.03
33.04	MI SC INCOME - LAUNDRY	0	33.04
33.05	MI SC INCOME - HOUSEKEEPING	0	33.05
33.06	MI SC INCOME - NURSING ADMIN	0	33.06
33.07	MI SC INCOME - INTERNS & RESIDENTS	0	33.07
33.08	MI SC INCOME - ADULTS & PEDS	0	33.08
33.09	MI SC INCOME - PSYCH	0	33.09
33.10	MI SC INCOME - REHAB	0	33.10
33.11	MI SC INCOME - OR	0	33.11
33.12	MI SC INCOME - ANESTHESIOLOGY	0	33.12
33.13	MI SC INCOME - RADIOLOGY	0	33.13
33.14	MI SC INCOME - ULTRASOUND	0	33.14
33.15	MI SC INCOME - MRI	0	33.15
33.16	MI SC INCOME - CARDIAC CATH	0	33.16
33.17	MI SC INCOME - LAB	0	33.17
33.18	MI SC INCOME - IV THERAPY	0	33.18
33.19	MI SC INCOME - RT	0	33.19
33.20	MI SC INCOME - PT	0	33.20
33.21	MI SC INCOME - CARDIAC REHAB	0	33.21
33.22	MI SC INCOME - DIABETIC EDUCATION	0	33.22
33.23	MI SC INCOME - EKG	0	33.23
33.24	MI SC INCOME - OTHER ANCILLARY	0	33.24
33.25	MI SC INCOME - CLINIC	0	33.25
33.26	MI SC INCOME - OUTPATIENT PSYCH	0	33.26
33.27	MI SC INCOME - ER	0	33.27

ADJUSTMENTS TO EXPENSES

Provider CCN: 150100

Period:
From 07/01/2010
To 06/30/2011

Worksheet A-8

Date/Time Prepared:
1/23/2012 7:36 am

		Wkst. A-7 Ref.	
		5.00	
33.28	MISC INCOME - DIAGNOSTIC TREATMENT C	0	33.28
33.29	MISC INCOME - AMBULANCE	0	33.29
33.30	ADVERTISING - EMPLOYEE BENEFITS	0	33.30
33.31	ADVERTISING - OTHER A&G	0	33.31
33.32	ADVERTISING - ADULTS & PEDS	0	33.32
33.33	ADVERTISING - REHAB	0	33.33
33.34	ADVERTISING - ER	0	33.34
33.35	MISC EXPENSE - EMPLOYEE BENEFITS	0	33.35
33.36	MISC EXPENSE- COMMUNICATIONS	0	33.36
33.37	MISC EXPENSE- CASHIERING /AR	0	33.37
33.38	MISC EXPENSE- OTHER A&G	0	33.38
33.39	MISC EXPENSE- PLANT	0	33.39
33.40	MISC EXPENSE- NURSING ADMIN	0	33.40
33.41	MISC EXPENSE- PHARMACY	0	33.41
33.42	MISC EXPENSE- MEDICAL RECORDS	0	33.42
33.43	MISC EXPENSE- INTERNS & RESIDENTS	0	33.43
33.44	MISC EXPENSE - ADULTS & PEDS	0	33.44
33.45	MISC EXPENSE - ICU	0	33.45
33.46	MISC EXPENSE - OR	0	33.46
33.47	MISC EXPENSE - PT	0	33.47
33.48	MISC EXPENSE - OT	0	33.48
33.49	MISC EXPENSE - OUTPATIENT PSYCH	0	33.49
33.50	MISC EXPENSE - ER	0	33.50
33.51	MISC EXPENSE - AMBULANCE	0	33.51
33.52	PV LAB BENEFITS	0	33.52
33.53	PV LAB PROFIT	0	33.53
33.54	FREESTANDING CATH LAB BENEFITS	0	33.54
33.55	FREESTANDING CATH LAB PROFIT	0	33.55
33.56	PROFESSIONAL LIABILITY INSURANCE	0	33.56
33.57	LOBBYING DUES	0	33.57
33.58	PHYSICIAN BILLING	0	33.58
33.59	PHYSICIAN BILLING	0	33.59
33.60	PHYSICIAN BILLING	0	33.60
33.61	PHYSICIAN BILLING	0	33.61
33.62	PHYSICIAN BILLING	0	33.62
33.63	PHYSICIAN BILLING	0	33.63
33.64	PATIENT PHONES	0	33.64
33.65	PATIENT PHONES	0	33.65
33.66	PATIENT PHONES	0	33.66
33.67	PATIENT PHONES	0	33.67
33.68	PATIENT PHONES	0	33.68
33.69	PATIENT PHONES	0	33.69
33.70	PATIENT PHONES	0	33.70
33.71	PATIENT PHONES	0	33.71
33.72	PATIENT PHONES	0	33.72
33.73	PATIENT PHONES	0	33.73
33.74	PATIENT PHONES	0	33.74
33.75	PATIENT PHONES	0	33.75
33.76	PATIENT PHONES	0	33.76
33.77	SELF-INSURANCE	0	33.77
33.78	HOME OFFICE INTEREST INCOME	0	33.78
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		50.00

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

Provider CCN: 150100

Period:
From 07/01/2010
To 06/30/2011

Worksheet A-8-1

Date/Time Prepared:
1/23/2012 7:36 am

	Line No.	Cost Center	Expense Items	
	1.00	2.00	3.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	1.00	CAP REL COSTS-BLDG & FIXT	ASCENSION - CRC - BUILDING	1.00
2.00	2.00	CAP REL COSTS-MVBLE EQUIP	ASCENSION - CRC - EQUIPMENT	2.00
3.00	5.08	MI SC ADMINISTRATIVE AND GENERAL	ASCENSION A&G / MGMT FEES	3.00
4.00	1.00	CAP REL COSTS-BLDG & FIXT	AHIS - CRC - BUILDING	4.00
4.01	2.00	CAP REL COSTS-MVBLE EQUIP	AHIS - CRC - EQUIPMENT	4.01
4.02	5.08	MI SC ADMINISTRATIVE AND GENERAL	AHIS A&G / MGMT FEES	4.02
4.03	1.00	CAP REL COSTS-BLDG & FIXT	BOND AMORTIZATION	4.03
4.04	5.08	MI SC ADMINISTRATIVE AND GENERAL	BOND AMORTIZATION A&G	4.04
4.05	1.00	CAP REL COSTS-BLDG & FIXT	CHAN ALLOCATION - CAPITAL	4.05
4.06	5.08	MI SC ADMINISTRATIVE AND GENERAL	CHAN ALLOCATION - NON-CAPITAL	4.06
4.07	1.00	CAP REL COSTS-BLDG & FIXT	ST. MARY'S HOME OFFICE	4.07
4.08	2.00	CAP REL COSTS-MVBLE EQUIP	ST. MARY'S HOME OFFICE	4.08
4.09	4.00	EMPLOYEE BENEFITS	ST. MARY'S HOME OFFICE	4.09
4.10	5.01	COMMUNICATION	ST. MARY'S HOME OFFICE	4.10
4.11	5.03	PURCHASING RECEIVING AND STORES	ST. MARY'S HOME OFFICE	4.11
4.12	5.08	MI SC ADMINISTRATIVE AND GENERAL	ST. MARY'S HOME OFFICE	4.12
4.13	7.00	OPERATION OF PLANT	ST. MARY'S HOME OFFICE	4.13
4.14	9.00	HOUSEKEEPING	ST. MARY'S HOME OFFICE	4.14
4.15	11.00	CAFETERIA	ST. MARY'S HOME OFFICE	4.15
4.16	16.00	MEDICAL RECORDS & LIBRARY	ST. MARY'S HOME OFFICE	4.16
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			5.00

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

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

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

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

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

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

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

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

Provider CCN: 150100

Period: From 07/01/2010 To 06/30/2011

Worksheet A-8-1

Date/Time Prepared: 1/23/2012 7:36 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	80,014	0	80,014	9	1.00
2.00	51,563	0	51,563	9	2.00
3.00	3,745,917	13,681,597	-9,935,680	0	3.00
4.00	12,868	0	12,868	9	4.00
4.01	389,618	655,570	-265,952	9	4.01
4.02	16,002,999	16,322,998	-319,999	0	4.02
4.03	1,311,131	4,922,385	-3,611,254	9	4.03
4.04	485,093	624,925	-139,832	0	4.04
4.05	5,246	0	5,246	9	4.05
4.06	181,373	0	181,373	0	4.06
4.07	0	377,339	-377,339	9	4.07
4.08	0	2,101,847	-2,101,847	9	4.08
4.09	0	1,875,940	-1,875,940	0	4.09
4.10	0	50,845	-50,845	0	4.10
4.11	0	857,437	-857,437	0	4.11
4.12	36,777,526	26,182,797	10,594,729	0	4.12
4.13	0	996,557	-996,557	0	4.13
4.14	0	340,937	-340,937	0	4.14
4.15	0	138,318	-138,318	0	4.15
4.16	0	262,904	-262,904	0	4.16
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.	59,043,348	69,392,396	-10,349,048	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		ASCENSION HEALT	100.00	HOME OFFICE	6.00
7.00		ST MARY'S HEALT	100.00	SYSTEM HOME OFF	7.00
8.00			0.00		8.00
9.00			0.00		9.00
10.00			0.00		10.00
100.00	G. Other (financial or non-financial) specify:				100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150100

Period:
From 07/01/2010
To 06/30/2011

Worksheet A-8-2

Date/Time Prepared:
1/23/2012 7:36 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	
	1.00	2.00	3.00	4.00	
1.00	5.08	MISC ADMIN & GENERAL	1,187,499	1,187,499	1.00
2.00	31.00	INTENSIVE CARE UNIT	771,526	771,526	2.00
3.00	32.00	CORONARY CARE UNIT	0	0	3.00
4.00	40.00	SUBPROVIDER - IPF	324,029	324,029	4.00
5.00	41.00	SUBPROVIDER - IRF	223	223	5.00
6.00	50.00	OPERATING ROOM	651,086	651,086	6.00
7.00	52.00	LABOR ROOM AND DELIVERY ROOM	416,280	416,280	7.00
8.00	53.00	ANESTHESIOLOGY	2,235,521	2,235,521	8.00
9.00	54.00	RADIOLOGY-DIAGNOSTIC	16,150	16,150	9.00
10.00	57.00	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	10.00
11.00	60.00	LABORATORY	421,266	421,266	11.00
12.00	69.00	ELECTROCARDIOLOGY	113,300	113,300	12.00
13.00	70.00	ELECTROENCEPHALOGRAPHY	49,100	49,100	13.00
14.00	90.01	OUTPATIENT PSYCH	4,749	4,749	14.00
15.00	90.04	BARiatricS	85,286	85,286	15.00
16.00	91.00	EMERGENCY	9,180	9,180	16.00
200.00		TOTAL (lines 1.00 through 199.00)	6,285,195	6,285,195	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150100

Period:
From 07/01/2010
To 06/30/2011

Worksheet A-8-2

Date/Time Prepared:
1/23/2012 7:36 am

	Provider Component	RCE Amount	Physician/Provider Component Hours	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	
	5.00	6.00	7.00	8.00	9.00	
1.00	0	136,700	0	0	0	1.00
2.00	0	136,700	0	0	0	2.00
3.00	0	136,700	0	0	0	3.00
4.00	0	142,500	0	0	0	4.00
5.00	0	136,700	0	0	0	5.00
6.00	0	204,100	0	0	0	6.00
7.00	0	194,500	0	0	0	7.00
8.00	0	200,300	0	0	0	8.00
9.00	0	231,100	0	0	0	9.00
10.00	0	231,100	0	0	0	10.00
11.00	0	136,700	0	0	0	11.00
12.00	0	136,700	0	0	0	12.00
13.00	0	136,700	0	0	0	13.00
14.00	0	142,500	0	0	0	14.00
15.00	0	136,700	0	0	0	15.00
16.00	0	136,700	0	0	0	16.00
200.00	0		0	0	0	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150100

Period:
From 07/01/2010
To 06/30/2011

Worksheet A-8-2

Date/Time Prepared:
1/23/2012 7:36 am

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150100

Period:
From 07/01/2010
To 06/30/2011

Worksheet A-8-2
Date/Time Prepared:
1/23/2012 7:36 am

	RCE		Adjustment	
	Disallowance			
	17.00		18.00	
1.00		0	1,187,499	1.00
2.00		0	771,526	2.00
3.00		0	0	3.00
4.00		0	324,029	4.00
5.00		0	223	5.00
6.00		0	651,086	6.00
7.00		0	416,280	7.00
8.00		0	2,235,521	8.00
9.00		0	16,150	9.00
10.00		0	0	10.00
11.00		0	421,266	11.00
12.00		0	113,300	12.00
13.00		0	49,100	13.00
14.00		0	4,749	14.00
15.00		0	85,286	15.00
16.00		0	9,180	16.00
200.00		0	6,285,195	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150100

Period:
From 07/01/2010
To 06/30/2011

Worksheet B
Part I
Date/Time Prepared:
1/23/2012 7:36 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	COMMUNICATION	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
GENERAL SERVICE COST CENTERS						
1.00 CAP REL COSTS-BLDG & FIXT	3,215,424	3,215,424				1.00
2.00 CAP REL COSTS-MVBLE EQUIP	8,661,445		8,661,445			2.00
4.00 EMPLOYEE BENEFITS	34,081,577	18,848	3,056	34,103,481		4.00
5.01 COMMUNICATION	313,331	4,289	3,815	54,169	375,604	5.01
5.03 PURCHASING RECEIVING AND STORES	0	47,592	2,111	165,509	3,408	5.03
5.05 ADMINISTRATION	2,182,201	54,940	4,813	607,970	9,448	5.05
5.06 CASHIERING/ACCOUNTS RECEIVABLE	8,082,783	24,832	1,663	133,409	17,967	5.06
5.07 PATIENT PLACEMENT	444,888	4,501	0	128,626	0	5.07
5.08 MISC ADMINISTRATIVE AND GENERAL	43,016,182	407,917	1,699,929	3,026,357	61,950	5.08
7.00 OPERATION OF PLANT	6,973,432	279,311	41,558	836,384	16,263	7.00
8.00 LAUNDRY & LINEN SERVICE	879,339	26,769	136,532	174,814	310	8.00
9.00 HOUSEKEEPING	2,296,414	59,509	10,695	625,592	2,014	9.00
10.00 DIETARY	941,903	77,986	42,786	116,270	4,337	10.00
11.00 CAFETERIA	1,284,399	0	0	401,635	0	11.00
13.00 NURSING ADMINISTRATION	3,192,566	5,370	92,207	894,928	4,956	13.00
14.00 CENTRAL SERVICES & SUPPLY	3,643,945	55,550	67,340	380,535	2,014	14.00
15.00 PHARMACY	3,881,012	19,536	19,112	1,033,516	8,674	15.00
16.00 MEDICAL RECORDS & LIBRARY	3,218,171	30,868	18,009	868,876	28,190	16.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	178,428	0	0	44,181	465	21.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	17,199,831	503,844	361,526	4,603,464	35,160	30.00
31.00 INTENSIVE CARE UNIT	6,486,534	132,023	270,317	1,944,613	9,293	31.00
31.02 NICU	3,707,675	39,540	88,858	1,027,520	6,350	31.02
32.00 CORONARY CARE UNIT	1,332,752	17,580	79,254	352,680	2,633	32.00
40.00 SUBPROVIDER - I/PF	1,015,737	36,045	2,022	286,677	3,098	40.00
41.00 SUBPROVIDER - I/RF	2,049,248	109,998	30,788	571,995	8,364	41.00
43.00 NURSERY	682,916	0	0	181,605	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	36,569,279	136,788	1,488,075	1,945,644	17,038	50.00
51.00 RECOVERY ROOM	1,347,536	29,180	30,031	370,598	2,633	51.00
52.00 DELIVERY ROOM & LABOR ROOM	2,213,758	75,389	10,861	579,582	2,943	52.00
53.00 ANESTHESIOLOGY	41,251	0	74,490	10,292	620	53.00
54.00 RADIOLOGY - DIAGNOSTIC	5,400,136	87,166	993,984	871,626	15,799	54.00
54.02 ULTRASOUND	576,524	5,825	98,201	139,816	620	54.02
54.03 NUCLEAR MEDICINE	1,361,754	21,941	229,526	128,730	5,421	54.03
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 CT SCAN	1,251,745	16,163	1,094,541	201,635	929	57.00
59.00 CARDIAC CATHETERIZATION	3,336,830	39,954	927,450	340,752	8,209	59.00
60.00 LABORATORY	8,641,275	44,863	204,042	1,490,422	14,250	60.00
63.00 BLOOD STORING, PROCESSING, & TRANS.	2,874,367	1,931	15,068	98,538	0	63.00
64.00 INTRAVENOUS THERAPY	1,486,812	1,589	86,802	115,775	310	64.00
65.00 RESPIRATORY THERAPY	2,978,982	8,971	99,477	721,010	1,859	65.00
66.00 PHYSICAL THERAPY	2,848,310	18,452	19,164	794,261	4,956	66.00
67.00 OCCUPATIONAL THERAPY	1,080,883	0	9,800	313,034	620	67.00
68.00 SPEECH PATHOLOGY	318,752	0	382	90,982	155	68.00
69.00 ELECTROCARDIOLOGY	4,199,296	14,260	17,621	137,866	6,505	69.00
69.02 CARDIAC REHAB	408,753	23,922	18,160	143,771	3,098	69.02
69.03 DIABETIC EDUCATION	341,436	14,434	1,301	64,132	5,731	69.03
70.00 ELECTROENCEPHALOGRAPHY	763,420	22,318	26,628	179,880	1,084	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	9,964,937	0	0	0	0	71.00
72.00 IMPLANTABLE DEVICES CHARGED TO PATIENTS	18,930,483	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	13,241,656	0	0	0	0	73.00
74.00 RENAL DIALYSIS	1,264,785	913	19,515	16,876	620	74.00
76.00 OTHER ANCILLARY	84,299	0	0	23,806	0	76.00
76.01 MOBILE OUTREACH CLINIC	491,424	0	0	153,665	0	76.01
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	277,827	3,183	224	84,331	1,859	90.00
90.01 OUTPATIENT PSYCH	22,694	41,331	2,613	15,048	7,590	90.01
90.02 PEDIATRIC CLINIC	0	0	0	0	0	90.02
90.04 BARIATRICS	225,127	0	11,102	82,619	4,647	90.04
91.00 EMERGENCY	9,184,255	74,925	42,106	1,471,563	15,024	91.00
91.01 DIAGNOSTIC TREATMENT CENTER	2,415,444	36,789	53,441	513,555	8,519	91.01
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVICES	2,455,717	0	13,435	234,035	1,239	95.00
97.00 DURABLE MEDICAL EQUIP. - SOLD	0	0	0	0	0	97.00
SPECIAL PURPOSE COST CENTERS						
106.00 HEART ACQUISITION	0	0	0	0	0	106.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150100

Period:
From 07/01/2010
To 06/30/2011

Worksheet B
Part I
Date/Time Prepared:
1/23/2012 7:36 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	COMMUNICATION	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
118.00 SUBTOTALS (SUM OF LINES 1-117)	295,561,880	2,677,135	8,564,431	29,795,169	357,172	118.00
NONREIMBURSABLE COST CENTERS						
191.00 RESEARCH	24,796	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	11,603,354	90,421	21,771	2,630,600	5,421	192.00
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	111,172	0	0	0	194.00
194.01 APOTHECARY	5,150,376	567	3,568	140,791	1,859	194.01
194.02 OCCUPATIONAL MEDICINE	428,521	123,077	0	60,016	0	194.02
194.03 CANCER CENTER/PHYSICIAN RECRUITMENT	84,567	0	60	16,720	774	194.03
194.04 MARKETING	2,350,632	0	20,758	441,804	4,647	194.04
194.06 MOB	541,843	0	0	0	0	194.06
194.07 SENIOR PARTNERS	60,866	0	2,407	0	465	194.07
194.08 ASCENSION PHYSICIAN RECRUITMENT	4,024,746	0	0	35,974	310	194.08
194.09 CONV CARE	3,341,403	0	44,318	841,229	2,478	194.09
194.10 EMPLOYEE FITNESS CENTER	805	0	4,132	0	2,478	194.10
194.11 ST ELIZABETH	0	3,417	0	0	0	194.11
194.14 FREE STANDING CATH LAB	0	3,227	0	0	0	194.14
194.15 FAMILY PRACTICE	0	76,410	0	0	0	194.15
194.17 FOUNDATION	256,571	129,998	0	141,178	0	194.17
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)	323,430,360	3,215,424	8,661,445	34,103,481	375,604	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 150100		Period: From 07/01/2010 To 06/30/2011		Worksheet B Part I Date/Time Prepared: 1/23/2012 7:36 am	
Cost Center Description	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	PATIENT PLACEMENT	Subtotal		
	5.03	5.05	5.06	5.07	5A.07		
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	COMMUNICATION						5.01
5.03	PURCHASING RECEIVING AND STORES	218,620					5.03
5.05	ADMINISTRATIVE	2,594	2,861,966				5.05
5.06	CASHIERING/ACCOUNTS RECEIVABLE	399	0	8,261,053			5.06
5.07	PATIENT PLACEMENT	134	0	0	578,149		5.07
5.08	MISC ADMINISTRATIVE AND GENERAL	20,505	0	0	0	48,232,840	5.08
7.00	OPERATION OF PLANT	10,591	0	0	0	8,157,539	7.00
8.00	LAUNDRY & LINEN SERVICE	2,588	0	0	0	1,220,352	8.00
9.00	HOUSEKEEPING	7,594	0	0	0	3,001,818	9.00
10.00	DIETARY	35,534	0	0	0	1,218,816	10.00
11.00	CAFETERIA	0	0	0	0	1,686,034	11.00
13.00	NURSING ADMINISTRATION	1,225	0	0	0	4,191,252	13.00
14.00	CENTRAL SERVICES & SUPPLY	10,841	0	0	0	4,160,225	14.00
15.00	PHARMACY	4,719	0	0	0	4,966,569	15.00
16.00	MEDICAL RECORDS & LIBRARY	912	0	0	0	4,165,026	16.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	103	0	0	0	223,177	21.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	18,142	122,244	352,839	0	23,197,050	30.00
31.00	INTENSIVE CARE UNIT	6,063	49,510	142,903	0	9,041,256	31.00
31.02	NICU	3,350	39,225	113,218	0	5,025,736	31.02
32.00	CORONARY CARE UNIT	971	8,928	25,769	0	1,820,567	32.00
40.00	SUBPROVIDER - I PF	635	7,318	21,123	0	1,372,655	40.00
41.00	SUBPROVIDER - I RF	1,870	11,825	34,132	0	2,818,220	41.00
43.00	NURSERY	0	4,752	13,717	0	882,990	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	42,110	427,819	1,235,226	0	41,861,979	50.00
51.00	RECOVERY ROOM	1,048	41,280	119,149	0	1,941,455	51.00
52.00	DELIVERY ROOM & LABOR ROOM	3,130	28,115	81,151	0	2,994,929	52.00
53.00	ANESTHESIOLOGY	0	34,102	98,431	0	259,186	53.00
54.00	RADIOLOGY - DIAGNOSTIC	72	152,620	440,518	0	7,961,921	54.00
54.02	ULTRASOUND	382	38,443	110,961	0	970,772	54.02
54.03	NUCLEAR MEDICINE	403	52,027	150,167	0	1,949,969	54.03
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	CT SCAN	249	190,973	551,219	0	3,307,454	57.00
59.00	CARDIAC CATHETERIZATION	4,705	137,452	396,737	0	5,192,089	59.00
60.00	LABORATORY	5,517	182,662	527,229	0	11,110,260	60.00
63.00	BLOOD STORING, PROCESSING, & TRANS.	1,331	21,409	61,794	0	3,074,438	63.00
64.00	INTRAVENOUS THERAPY	301	15,719	45,370	0	1,752,678	64.00
65.00	RESPIRATORY THERAPY	1,446	74,334	214,554	0	4,100,633	65.00
66.00	PHYSICAL THERAPY	1,639	49,213	142,046	0	3,878,041	66.00
67.00	OCCUPATIONAL THERAPY	64	20,999	60,610	0	1,486,010	67.00
68.00	SPEECH PATHOLOGY	39	9,643	27,832	0	447,785	68.00
69.00	ELECTROCARDIOLOGY	761	104,217	300,807	0	4,781,333	69.00
69.02	CARDIAC REHAB	421	2,133	6,157	0	606,415	69.02
69.03	DIABETIC EDUCATION	121	851	2,457	0	430,463	69.03
70.00	ELECTROENCEPHALOGRAPHY	819	17,441	50,341	0	1,061,931	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	200,100	577,561	0	10,742,598	71.00
72.00	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	234,708	677,451	0	19,842,642	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	275,985	796,592	0	14,314,233	73.00
74.00	RENAL DIALYSIS	286	8,113	23,418	0	1,334,526	74.00
76.00	OTHER ANCILLARY	19	2,694	7,777	0	118,595	76.00
76.01	MOBILE OUTREACH CLINIC	0	1,714	4,947	0	651,750	76.01
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	270	2,487	7,178	0	377,359	90.00
90.01	OUTPATIENT PSYCH	1,429	1,055	3,045	0	94,805	90.01
90.02	PEDS CLINIC	0	0	0	0	0	90.02
90.04	BARITRICS	191	643	1,855	0	326,184	90.04
91.00	EMERGENCY	7,530	222,973	643,580	0	11,661,956	91.00
91.01	DIAGNOSTIC TREATMENT CENTER	3,078	46,550	134,359	0	3,211,735	91.01
92.00	OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES	577	19,690	56,833	0	2,781,526	95.00
97.00	DURABLE MEDICAL EQUIP. - SOLD	0	0	0	0	0	97.00
SPECIAL PURPOSE COST CENTERS							
106.00	HEART ACQUISITION	0	0	0	0	0	106.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	206,708	2,861,966	8,261,053	0	290,009,772	118.00
NONREIMBURSABLE COST CENTERS							
191.00	RESEARCH	0	0	0	0	24,796	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	7,246	0	0	0	14,358,813	192.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150100

Period:
From 07/01/2010
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Cost Center Description	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	PATIENT PLACEMENT	Subtotal	
	5.03	5.05	5.06	5.07	5A.07	
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	111,172	194.00
194.01 APOTHECARY	777	0	0	0	5,297,938	194.01
194.02 OCCUPATIONAL MEDICINE	60	0	0	0	611,674	194.02
194.03 CANCER CENTER/PHYSICIAN RECRUITMENT	56	0	0	0	102,177	194.03
194.04 MARKETING	1,444	0	0	0	2,819,285	194.04
194.06 MOB	0	0	0	0	541,843	194.06
194.07 SENIOR PARTNERS	235	0	0	578,149	642,122	194.07
194.08 ASCENSION PHYSICIAN RECRUITMENT	112	0	0	0	4,061,142	194.08
194.09 CONV CARE	1,766	0	0	0	4,231,194	194.09
194.10 EMPLOYEE FITNESS CENTER	24	0	0	0	7,439	194.10
194.11 ST ELIZABETH	0	0	0	0	3,417	194.11
194.14 FREE STANDING CATH LAB	0	0	0	0	3,227	194.14
194.15 FAMILY PRACTICE	0	0	0	0	76,410	194.15
194.17 FOUNDATION	192	0	0	0	527,939	194.17
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)	218,620	2,861,966	8,261,053	578,149	323,430,360	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 150100		Period: From 07/01/2010 To 06/30/2011		Worksheet B Part I Date/Time Prepared: 1/23/2012 7:36 am	
Cost Center Description		MISC ADMINISTRATIVE AND GENERAL 5.08	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	DIETARY 10.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	COMMUNICATION						5.01
5.03	PURCHASING RECEIVING AND STORES						5.03
5.05	ADMINISTRATIVE						5.05
5.06	CASHIERING/ACCOUNTS RECEIVABLE						5.06
5.07	PATIENT PLACEMENT						5.07
5.08	MISC ADMINISTRATIVE AND GENERAL	48,232,840					5.08
7.00	OPERATION OF PLANT	1,429,739	9,587,278				7.00
8.00	LAUNDRY & LINEN SERVICE	213,886	86,823	1,521,061			8.00
9.00	HOUSEKEEPING	526,117	193,013	0	3,720,948		9.00
10.00	DIETARY	213,617	252,943	0	101,122	1,786,498	10.00
11.00	CAFETERIA	295,504	0	0	0	0	11.00
13.00	NURSING ADMINISTRATION	734,584	34,653	0	13,853	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	729,146	180,173	0	72,030	0	14.00
15.00	PHARMACY	870,471	63,365	0	25,332	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	729,987	129,376	0	51,722	0	16.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	39,115	0	0	0	0	21.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	4,065,654	1,636,011	577,344	654,047	1,431,299	30.00
31.00	INTENSIVE CARE UNIT	1,584,625	428,206	161,855	171,189	72,758	31.00
31.02	NICU	880,841	128,245	49,033	51,270	0	31.02
32.00	CORONARY CARE UNIT	319,083	57,020	24,454	22,796	40,879	32.00
40.00	SUBPROVIDER - I PF	240,580	116,909	0	46,738	62,927	40.00
41.00	SUBPROVIDER - I RF	493,938	356,769	45,751	142,630	144,395	41.00
43.00	NURSERY	154,758	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	7,337,055	473,022	164,763	189,106	0	50.00
51.00	RECOVERY ROOM	340,271	154,391	57,155	61,723	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	524,909	244,517	72,462	97,754	0	52.00
53.00	ANESTHESIOLOGY	45,426	0	0	0	0	53.00
54.00	RADIOLOGY - DIAGNOSTIC	1,395,454	361,336	31,516	144,456	0	54.00
54.02	ULTRASOUND	170,143	30,541	0	12,210	0	54.02
54.03	NUCLEAR MEDICINE	341,763	112,242	4,024	44,872	0	54.03
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	CT SCAN	579,684	78,519	25,354	31,390	0	57.00
59.00	CARDIAC CATHETERIZATION	909,997	129,588	20,913	51,807	0	59.00
60.00	LABORATORY	1,947,251	262,228	0	104,834	0	60.00
63.00	BLOOD STORING, PROCESSING, & TRANS.	538,844	6,264	0	2,504	0	63.00
64.00	INTRAVENOUS THERAPY	307,185	5,152	0	2,060	0	64.00
65.00	RESPIRATORY THERAPY	718,702	29,096	0	11,632	0	65.00
66.00	PHYSICAL THERAPY	679,689	151,319	8,054	60,495	792	66.00
67.00	OCCUPATIONAL THERAPY	260,447	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	78,481	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	838,005	49,706	10,114	19,871	0	69.00
69.02	CARDIAC REHAB	106,284	153,138	9,942	61,222	0	69.02
69.03	DIABETIC EDUCATION	75,446	167,686	0	67,038	0	69.03
70.00	ELECTROENCEPHALOGRAPHY	186,120	72,386	4,922	28,939	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,882,812	0	0	0	0	71.00
72.00	IMPLANTABLE DEVICES CHARGED TO PATIENTS	3,477,740	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	2,508,798	0	0	0	0	73.00
74.00	RENAL DIALYSIS	233,897	2,960	1,761	1,183	0	74.00
76.00	OTHER ANCILLARY	20,786	0	0	0	0	76.00
76.01	MOBILE OUTREACH CLINIC	114,230	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	66,138	10,325	29,481	4,128	0	90.00
90.01	OUTPATIENT PSYCH	16,616	189,073	0	75,588	0	90.01
90.02	PEDS CLINIC	0	0	0	0	0	90.02
90.04	BARITRICS	57,169	0	0	0	0	90.04
91.00	EMERGENCY	2,043,944	243,012	177,605	97,152	94	91.00
91.01	DIAGNOSTIC TREATMENT CENTER	562,908	119,324	43,274	47,704	33,354	91.01
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES	487,507	0	0	0	0	95.00
97.00	DURABLE MEDICAL EQUIP. - SOLD	0	0	0	0	0	97.00
SPECIAL PURPOSE COST CENTERS							
106.00	HEART ACQUISITION	0	0	0	0	0	106.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	42,375,346	6,709,331	1,519,777	2,570,397	1,786,498	118.00
NONREIMBURSABLE COST CENTERS							
191.00	RESEARCH	4,346	0	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	2,516,612	320,379	0	128,082	0	192.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150100

Period:
From 07/01/2010
To 06/30/2011

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Cost Center Description	MISC	OPERATION OF	LAUNDRY &	HOUSEKEEPING	DIETARY	
	ADMINISTRATIVE AND GENERAL	PLANT	LINEN SERVICE			
	5.08	7.00	8.00	9.00	10.00	
194.00 OTHER NONREIMBURSABLE COST CENTERS	19,485	372,277	0	148,830	0	194.00
194.01 APOTHECARY	928,548	30,935	0	12,367	0	194.01
194.02 OCCUPATIONAL MEDICINE	107,206	399,191	0	159,589	0	194.02
194.03 CANCER CENTER/PHYSICIAN RECRUITMENT	17,908	3,203	0	1,280	0	194.03
194.04 MARKETING	494,125	27,227	0	10,885	0	194.04
194.06 MOB	94,967	0	0	0	0	194.06
194.07 SENIOR PARTNERS	112,542	0	0	0	0	194.07
194.08 ASCENSION PHYSICIAN RECRUITMENT	711,780	0	0	0	0	194.08
194.09 CONV CARE	741,584	73,306	1,284	29,306	0	194.09
194.10 EMPLOYEE FITNESS CENTER	1,304	0	0	0	0	194.10
194.11 ST ELIZABETH	599	11,083	0	4,431	0	194.11
194.14 FREE STANDING CATH LAB	566	10,466	0	4,184	0	194.14
194.15 FAMILY PRACTICE	13,392	814,869	0	325,770	0	194.15
194.17 FOUNDATION	92,530	815,011	0	325,827	0	194.17
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)	48,232,840	9,587,278	1,521,061	3,720,948	1,786,498	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 150100		Period: From 07/01/2010 To 06/30/2011		Worksheet B Part I Date/Time Prepared: 1/23/2012 7:36 am	
Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	COMMUNICATION						5.01
5.03	PURCHASING RECEIVING AND STORES						5.03
5.05	ADMINISTRATION						5.05
5.06	CASHIERING/ACCOUNTS RECEIVABLE						5.06
5.07	PATIENT PLACEMENT						5.07
5.08	MISC ADMINISTRATIVE AND GENERAL						5.08
7.00	OPERATION OF PLANT						7.00
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
10.00	DIETARY						10.00
11.00	CAFETERIA	1,981,538					11.00
13.00	NURSING ADMINISTRATION	84,668	5,059,010				13.00
14.00	CENTRAL SERVICES & SUPPLY	47,141	0	5,188,715			14.00
15.00	PHARMACY	64,423	0	0	5,990,160		15.00
16.00	MEDICAL RECORDS & LIBRARY	86,418	0	0	0	5,162,529	16.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	4,616	0	0	0	0	21.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	428,356	1,833,999	0	0	220,485	30.00
31.00	INTENSIVE CARE UNIT	149,756	447,367	0	0	89,298	31.00
31.02	NICU	75,774	0	0	0	70,748	31.02
32.00	CORONARY CARE UNIT	27,136	92,861	0	0	16,103	32.00
40.00	SUBPROVIDER - I PF	21,380	131,115	0	0	13,199	40.00
41.00	SUBPROVIDER - I RF	46,094	256,535	0	0	21,329	41.00
43.00	NURSERY	15,109	0	0	0	8,572	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	143,892	396,556	0	0	772,184	50.00
51.00	RECOVERY ROOM	25,733	186,451	0	0	74,455	51.00
52.00	DELIVERY ROOM & LABOR ROOM	43,122	267,486	0	0	50,710	52.00
53.00	ANESTHESIOLOGY	1,223	0	0	0	61,508	53.00
54.00	RADIOLOGY - DIAGNOSTIC	69,426	0	0	0	275,274	54.00
54.02	ULTRASOUND	9,888	0	0	0	69,338	54.02
54.03	NUCLEAR MEDICINE	8,866	0	0	0	93,838	54.03
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	CT SCAN	14,961	0	0	0	344,449	57.00
59.00	CARDIAC CATHETERIZATION	22,847	136,371	0	0	247,916	59.00
60.00	LABORATORY	144,171	0	0	0	329,458	60.00
63.00	BLOOD STORING, PROCESSING, & TRANS.	6,688	0	0	0	38,614	63.00
64.00	INTRAVENOUS THERAPY	7,533	0	0	0	28,351	64.00
65.00	RESPIRATORY THERAPY	0	0	0	0	134,072	65.00
66.00	PHYSICAL THERAPY	951	0	0	0	88,762	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	37,874	67.00
68.00	SPEECH PATHOLOGY	6,029	0	0	0	17,392	68.00
69.00	ELECTROCARDIOLOGY	13,977	81,764	0	0	187,970	69.00
69.02	CARDIAC REHAB	11,201	54,899	0	0	3,848	69.02
69.03	DIABETIC EDUCATION	5,524	0	0	0	1,535	69.03
70.00	ELECTROENCEPHALOGRAPHY	16,479	0	0	0	31,458	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	1,789,394	0	360,911	71.00
72.00	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	3,399,321	0	423,330	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	5,990,160	497,780	73.00
74.00	RENAL DIALYSIS	0	116,806	0	0	14,633	74.00
76.00	OTHER ANCILLARY	1,646	25,989	0	0	4,859	76.00
76.01	MOBILE OUTREACH CLINIC	0	0	0	0	3,091	76.01
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	6,674	0	0	0	4,485	90.00
90.01	OUTPATIENT PSYCH	15,076	0	0	0	1,903	90.01
90.02	PEDS CLINIC	0	0	0	0	0	90.02
90.04	BARIATRICS	7,012	0	0	0	1,159	90.04
91.00	EMERGENCY	129,832	580,817	0	0	402,165	91.00
91.01	DIAGNOSTIC TREATMENT CENTER	37,111	262,813	0	0	83,959	91.01
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES	13,868	187,181	0	0	35,514	95.00
97.00	DURABLE MEDICAL EQUIP. - SOLD	0	0	0	0	0	97.00
SPECIAL PURPOSE COST CENTERS							
106.00	HEART ACQUISITION	0	0	0	0	0	106.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,814,601	5,059,010	5,188,715	5,990,160	5,162,529	118.00
NONREIMBURSABLE COST CENTERS							
191.00	RESEARCH	0	0	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	67,114	0	0	0	0	192.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150100

Period:
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To 06/30/2011

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Cost Center Description	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
	11.00	13.00	14.00	15.00	16.00	
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01 APOTHECARY	0	0	0	0	0	194.01
194.02 OCCUPATIONAL MEDICINE	5,038	0	0	0	0	194.02
194.03 CANCER CENTER/PHYSICIAN RECRUITMENT	1,835	0	0	0	0	194.03
194.04 MARKETING	30,925	0	0	0	0	194.04
194.06 MOB	0	0	0	0	0	194.06
194.07 SENIOR PARTNERS	192	0	0	0	0	194.07
194.08 ASCENSION PHYSICIAN RECRUITMENT	2,796	0	0	0	0	194.08
194.09 CONV CARE	48,760	0	0	0	0	194.09
194.10 EMPLOYEE FITNESS CENTER	0	0	0	0	0	194.10
194.11 ST ELIZABETH	0	0	0	0	0	194.11
194.14 FREE STANDING CATH LAB	0	0	0	0	0	194.14
194.15 FAMILY PRACTICE	0	0	0	0	0	194.15
194.17 FOUNDATION	10,277	0	0	0	0	194.17
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)	1,981,538	5,059,010	5,188,715	5,990,160	5,162,529	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 150100	Period: From 07/01/2010 To 06/30/2011	Worksheet B Part I Date/Time Prepared: 1/23/2012 7:36 am
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Cost Center Description	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	21.00				
GENERAL SERVICE COST CENTERS					
1.00	CAP REL COSTS-BLDG & FIXT				1.00
2.00	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	EMPLOYEE BENEFITS				4.00
5.01	COMMUNICATION				5.01
5.03	PURCHASING RECEIVING AND STORES				5.03
5.05	ADMINISTRATIVE				5.05
5.06	CASHIERING/ACCOUNTS RECEIVABLE				5.06
5.07	PATIENT PLACEMENT				5.07
5.08	MISC ADMINISTRATIVE AND GENERAL				5.08
7.00	OPERATION OF PLANT				7.00
8.00	LAUNDRY & LINEN SERVICE				8.00
9.00	HOUSEKEEPING				9.00
10.00	DIETARY				10.00
11.00	CAFETERIA				11.00
13.00	NURSING ADMINISTRATION				13.00
14.00	CENTRAL SERVICES & SUPPLY				14.00
15.00	PHARMACY				15.00
16.00	MEDICAL RECORDS & LIBRARY				16.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	266,908			21.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS	266,908	34,311,153	-266,908	30.00
31.00	INTENSIVE CARE UNIT	0	12,146,310	0	31.00
31.02	NICU	0	6,281,647	0	31.02
32.00	CORONARY CARE UNIT	0	2,420,899	0	32.00
40.00	SUBPROVIDER - I/PF	0	2,005,503	0	40.00
41.00	SUBPROVIDER - I/RF	0	4,325,661	0	41.00
43.00	NURSERY	0	1,061,429	0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0	51,338,557	0	50.00
51.00	RECOVERY ROOM	0	2,841,634	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	4,295,889	0	52.00
53.00	ANESTHESIOLOGY	0	367,343	0	53.00
54.00	RADIOLOGY - DIAGNOSTIC	0	10,239,383	0	54.00
54.02	ULTRASOUND	0	1,262,892	0	54.02
54.03	NUCLEAR MEDICINE	0	2,555,574	0	54.03
56.00	RADIOISOTOPE	0	0	0	56.00
57.00	CT SCAN	0	4,381,811	0	57.00
59.00	CARDIAC CATHETERIZATION	0	6,711,528	0	59.00
60.00	LABORATORY	0	13,898,202	0	60.00
63.00	BLOOD STORING, PROCESSING, & TRANS.	0	3,667,352	0	63.00
64.00	INTRAVENOUS THERAPY	0	2,102,959	0	64.00
65.00	RESPIRATORY THERAPY	0	4,994,135	0	65.00
66.00	PHYSICAL THERAPY	0	4,868,103	0	66.00
67.00	OCCUPATIONAL THERAPY	0	1,784,331	0	67.00
68.00	SPEECH PATHOLOGY	0	549,687	0	68.00
69.00	ELECTROCARDIOLOGY	0	5,982,740	0	69.00
69.02	CARDIAC REHAB	0	1,006,949	0	69.02
69.03	DIABETIC EDUCATION	0	747,692	0	69.03
70.00	ELECTROENCEPHALOGRAPHY	0	1,402,235	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	14,775,715	0	71.00
72.00	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	27,143,033	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	23,310,971	0	73.00
74.00	RENAL DIALYSIS	0	1,705,766	0	74.00
76.00	OTHER ANCILLARY	0	171,875	0	76.00
76.01	MOBILE OUTREACH CLINIC	0	769,071	0	76.01
OUTPATIENT SERVICE COST CENTERS					
90.00	CLINIC	0	498,590	0	90.00
90.01	OUTPATIENT PSYCH	0	393,061	0	90.01
90.02	PEDS CLINIC	0	0	0	90.02
90.04	BARIATRICS	0	391,524	0	90.04
91.00	EMERGENCY	0	15,336,577	0	91.00
91.01	DIAGNOSTIC TREATMENT CENTER	0	4,402,182	0	91.01
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	AMBULANCE SERVICES	0	3,505,596	0	95.00
97.00	DURABLE MEDICAL EQUIP. - SOLD	0	0	0	97.00
SPECIAL PURPOSE COST CENTERS					
106.00	HEART ACQUISITION	0	0	0	106.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150100

Period:
From 07/01/2010
To 06/30/2011

Worksheet B
Part I
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Cost Center Description	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	21.00				
118.00 SUBTOTALS (SUM OF LINES 1-117)	266,908	279,955,559	-266,908	279,688,651	118.00
NONREIMBURSABLE COST CENTERS					
191.00 RESEARCH	0	29,142	0	29,142	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	17,391,000	0	17,391,000	192.00
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	651,764	0	651,764	194.00
194.01 APOTHECARY	0	6,269,788	0	6,269,788	194.01
194.02 OCCUPATIONAL MEDICINE	0	1,282,698	0	1,282,698	194.02
194.03 CANCER CENTER/PHYSICIAN RECRUITMENT	0	126,403	0	126,403	194.03
194.04 MARKETING	0	3,382,447	0	3,382,447	194.04
194.06 MOB	0	636,810	0	636,810	194.06
194.07 SENIOR PARTNERS	0	754,856	0	754,856	194.07
194.08 ASCENSION PHYSICIAN RECRUITMENT	0	4,775,718	0	4,775,718	194.08
194.09 CONV CARE	0	5,125,434	0	5,125,434	194.09
194.10 EMPLOYEE FITNESS CENTER	0	8,743	0	8,743	194.10
194.11 ST ELIZABETH	0	19,530	0	19,530	194.11
194.14 FREE STANDING CATH LAB	0	18,443	0	18,443	194.14
194.15 FAMILY PRACTICE	0	1,230,441	0	1,230,441	194.15
194.17 FOUNDATION	0	1,771,584	0	1,771,584	194.17
200.00 Cross Foot Adjustments	0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	266,908	323,430,360	-266,908	323,163,452	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150100

Period:
From 07/01/2010
To 06/30/2011

Worksheet B
Part II
Date/Time Prepared:
1/23/2012 7:36 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS		
		BLDG & FIXT	MVBLE EQUIP				
		0	1.00				2.00
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT					1.00	
2.00	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	EMPLOYEE BENEFITS	0	18,848	3,056	21,904	21,904	4.00
5.01	COMMUNICATION	0	4,289	3,815	8,104	35	5.01
5.03	PURCHASING RECEIVING AND STORES	0	47,592	2,111	49,703	106	5.03
5.05	ADMITTING	0	54,940	4,813	59,753	391	5.05
5.06	CASHIERING/ACCOUNTS RECEIVABLE	0	24,832	1,663	26,495	86	5.06
5.07	PATIENT PLACEMENT	0	4,501	0	4,501	83	5.07
5.08	MISC ADMINISTRATIVE AND GENERAL	0	407,917	1,699,929	2,107,846	1,947	5.08
7.00	OPERATION OF PLANT	0	279,311	41,558	320,869	538	7.00
8.00	LAUNDRY & LINEN SERVICE	0	26,769	136,532	163,301	112	8.00
9.00	HOUSEKEEPING	0	59,509	10,695	70,204	402	9.00
10.00	DIETARY	0	77,986	42,786	120,772	75	10.00
11.00	CAFETERIA	0	0	0	0	258	11.00
13.00	NURSING ADMINISTRATION	0	5,370	92,207	97,577	576	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	55,550	67,340	122,890	245	14.00
15.00	PHARMACY	0	19,536	19,112	38,648	665	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	30,868	18,009	48,877	559	16.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	28	21.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	0	503,844	361,526	865,370	2,926	30.00
31.00	INTENSIVE CARE UNIT	0	132,023	270,317	402,340	1,251	31.00
31.02	NICU	0	39,540	88,858	128,398	661	31.02
32.00	CORONARY CARE UNIT	0	17,580	79,254	96,834	227	32.00
40.00	SUBPROVIDER - IPF	0	36,045	2,022	38,067	184	40.00
41.00	SUBPROVIDER - IRF	0	109,998	30,788	140,786	368	41.00
43.00	NURSERY	0	0	0	0	117	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	136,788	1,488,075	1,624,863	1,252	50.00
51.00	RECOVERY ROOM	0	29,180	30,031	59,211	238	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	75,389	10,861	86,250	373	52.00
53.00	ANESTHESIOLOGY	0	0	74,490	74,490	7	53.00
54.00	RADIOLOGY - DIAGNOSTIC	0	87,166	993,984	1,081,150	561	54.00
54.02	ULTRASOUND	0	5,825	98,201	104,026	90	54.02
54.03	NUCLEAR MEDICINE	0	21,941	229,526	251,467	83	54.03
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	CT SCAN	0	16,163	1,094,541	1,110,704	130	57.00
59.00	CARDIAC CATHETERIZATION	0	39,954	927,450	967,404	219	59.00
60.00	LABORATORY	0	44,863	204,042	248,905	959	60.00
63.00	BLOOD STORING, PROCESSING, & TRANS.	0	1,931	15,068	16,999	63	63.00
64.00	INTRAVENOUS THERAPY	0	1,589	86,802	88,391	74	64.00
65.00	RESPIRATORY THERAPY	0	8,971	99,477	108,448	464	65.00
66.00	PHYSICAL THERAPY	0	18,452	19,164	37,616	511	66.00
67.00	OCCUPATIONAL THERAPY	0	0	9,800	9,800	201	67.00
68.00	SPEECH PATHOLOGY	0	0	382	382	59	68.00
69.00	ELECTROCARDIOLOGY	0	14,260	17,621	31,881	89	69.00
69.02	CARDIAC REHAB	0	23,922	18,160	42,082	92	69.02
69.03	DIABETIC EDUCATION	0	14,434	1,301	15,735	41	69.03
70.00	ELECTROENCEPHALOGRAPHY	0	22,318	26,628	48,946	116	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	913	19,515	20,428	11	74.00
76.00	OTHER ANCILLARY	0	0	0	0	15	76.00
76.01	MOBILE OUTREACH CLINIC	0	0	0	0	99	76.01
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	0	3,183	224	3,407	54	90.00
90.01	OUTPATIENT PSYCH	0	41,331	2,613	43,944	10	90.01
90.02	PEDS CLINIC	0	0	0	0	0	90.02
90.04	BARITRICS	0	0	11,102	11,102	53	90.04
91.00	EMERGENCY	0	74,925	42,106	117,031	947	91.00
91.01	DIAGNOSTIC TREATMENT CENTER	0	36,789	53,441	90,230	330	91.01
92.00	OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES	0	0	13,435	13,435	151	95.00
97.00	DURABLE MEDICAL EQUIP. - SOLD	0	0	0	0	0	97.00
SPECIAL PURPOSE COST CENTERS							
106.00	HEART ACQUISITION	0	0	0	0	0	106.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	2,677,135	8,564,431	11,241,566	19,132	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150100

Period:
From 07/01/2010
To 06/30/2011

Worksheet B
Part II
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	2A	4.00	
NONREIMBURSABLE COST CENTERS						
191.00 RESEARCH	0	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	90,421	21,771	112,192	1,692	192.00
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	111,172	0	111,172	0	194.00
194.01 APOTHECARY	0	567	3,568	4,135	91	194.01
194.02 OCCUPATIONAL MEDICINE	0	123,077	0	123,077	39	194.02
194.03 CANCER CENTER/PHYSICIAN RECRUITMENT	0	0	60	60	11	194.03
194.04 MARKETING	0	0	20,758	20,758	284	194.04
194.06 MOB	0	0	0	0	0	194.06
194.07 SENIOR PARTNERS	0	0	2,407	2,407	0	194.07
194.08 ASCENSION PHYSICIAN RECRUITMENT	0	0	0	0	23	194.08
194.09 CONV CARE	0	0	44,318	44,318	541	194.09
194.10 EMPLOYEE FITNESS CENTER	0	0	4,132	4,132	0	194.10
194.11 ST ELIZABETH	0	3,417	0	3,417	0	194.11
194.14 FREE STANDING CATH LAB	0	3,227	0	3,227	0	194.14
194.15 FAMILY PRACTICE	0	76,410	0	76,410	0	194.15
194.17 FOUNDATION	0	129,998	0	129,998	91	194.17
200.00 Cross Foot Adjustments				0	0	200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	0	3,215,424	8,661,445	11,876,869	21,904	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150100		Period: From 07/01/2010 To 06/30/2011		Worksheet B Part II Date/Time Prepared: 1/23/2012 7:36 am	
Cost Center Description		COMMUNICATION	PURCHASING RECEIVING AND STORES	ADMINING	CASHIERING/ACCOUNTS RECEIVABLE	PATIENT PLACEMENT	
		5.01	5.03	5.05	5.06	5.07	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	COMMUNICATION	8,139					5.01
5.03	PURCHASING RECEIVING AND STORES	74	49,883				5.03
5.05	ADMINING	205	592	60,941			5.05
5.06	CASHIERING/ACCOUNTS RECEIVABLE	389	91	0	27,061		5.06
5.07	PATIENT PLACEMENT	0	31	0	0	4,615	5.07
5.08	MISC ADMINISTRATION AND GENERAL	1,345	4,679	0	0	0	5.08
7.00	OPERATION OF PLANT	352	2,417	0	0	0	7.00
8.00	LAUNDRY & LINEN SERVICE	7	591	0	0	0	8.00
9.00	HOUSEKEEPING	44	1,733	0	0	0	9.00
10.00	DIETARY	94	8,108	0	0	0	10.00
11.00	CAFETERIA	0	0	0	0	0	11.00
13.00	NURSING ADMINISTRATION	107	280	0	0	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	44	2,474	0	0	0	14.00
15.00	PHARMACY	188	1,077	0	0	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	611	208	0	0	0	16.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	10	23	0	0	0	21.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	762	4,140	2,596	1,139	0	30.00
31.00	INTENSIVE CARE UNIT	201	1,384	1,051	461	0	31.00
31.02	NICU	138	764	833	365	0	31.02
32.00	CORONARY CARE UNIT	57	222	190	83	0	32.00
40.00	SUBPROVIDER - I PF	67	145	155	68	0	40.00
41.00	SUBPROVIDER - I RF	181	427	251	110	0	41.00
43.00	NURSERY	0	0	101	44	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	369	9,601	9,249	4,388	0	50.00
51.00	RECOVERY ROOM	57	239	877	385	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	64	714	597	262	0	52.00
53.00	ANESTHESIOLOGY	13	0	724	318	0	53.00
54.00	RADIOLOGY - DIAGNOSTIC	342	16	3,241	1,422	0	54.00
54.02	ULTRASOUND	13	87	816	358	0	54.02
54.03	NUCLEAR MEDICINE	117	92	1,105	485	0	54.03
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	CT SCAN	20	57	4,056	1,779	0	57.00
59.00	CARDIAC CATHETERIZATION	178	1,074	2,919	1,280	0	59.00
60.00	LABORATORY	309	1,259	3,879	1,701	0	60.00
63.00	BLOOD STORING, PROCESSING, & TRANS.	0	304	455	199	0	63.00
64.00	INTRAVENOUS THERAPY	7	69	334	146	0	64.00
65.00	RESPIRATORY THERAPY	40	330	1,579	692	0	65.00
66.00	PHYSICAL THERAPY	107	374	1,045	458	0	66.00
67.00	OCCUPATIONAL THERAPY	13	15	446	196	0	67.00
68.00	SPEECH PATHOLOGY	3	9	205	90	0	68.00
69.00	ELECTROCARDIOLOGY	141	174	2,213	971	0	69.00
69.02	CARDIAC REHAB	67	96	45	20	0	69.02
69.03	DIABETIC EDUCATION	124	28	18	8	0	69.03
70.00	ELECTROENCEPHALOGRAPHY	23	187	370	162	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	4,250	1,864	0	71.00
72.00	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	4,984	2,186	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	5,861	2,571	0	73.00
74.00	RENAL DIALYSIS	13	65	172	76	0	74.00
76.00	OTHER ANCILLARY	0	4	57	25	0	76.00
76.01	MOBILE OUTREACH CLINIC	0	0	36	16	0	76.01
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	40	62	53	23	0	90.00
90.01	OUTPATIENT PSYCH	164	326	22	10	0	90.01
90.02	PEDS CLINIC	0	0	0	0	0	90.02
90.04	BARITRICS	101	44	14	6	0	90.04
91.00	EMERGENCY	326	1,718	4,735	2,077	0	91.00
91.01	DIAGNOSTIC TREATMENT CENTER	185	702	989	434	0	91.01
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES	27	132	418	183	0	95.00
97.00	DURABLE MEDICAL EQUIP. - SOLD	0	0	0	0	0	97.00
SPECIAL PURPOSE COST CENTERS							
106.00	HEART ACQUISITION	0	0	0	0	0	106.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	7,739	47,164	60,941	27,061	0	118.00
NONREIMBURSABLE COST CENTERS							
191.00	RESEARCH	0	0	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	117	1,653	0	0	0	192.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150100

Period:
From 07/01/2010
To 06/30/2011

Worksheet B
Part II
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Cost Center Description	COMMUNICATION	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACC OUNTS RECEIVABLE	PATIENT PLACEMENT	
	5.01	5.03	5.05	5.06	5.07	
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01 APOTHECARY	40	177	0	0	0	194.01
194.02 OCCUPATIONAL MEDICINE	0	14	0	0	0	194.02
194.03 CANCER CENTER/PHYSICIAN RECRUITMENT	17	13	0	0	0	194.03
194.04 MARKETING	101	330	0	0	0	194.04
194.06 MOB	0	0	0	0	0	194.06
194.07 SENIOR PARTNERS	10	54	0	0	4,615	194.07
194.08 ASCENSION PHYSICIAN RECRUITMENT	7	26	0	0	0	194.08
194.09 CONV CARE	54	403	0	0	0	194.09
194.10 EMPLOYEE FITNESS CENTER	54	5	0	0	0	194.10
194.11 ST ELIZABETH	0	0	0	0	0	194.11
194.14 FREE STANDING CATH LAB	0	0	0	0	0	194.14
194.15 FAMILY PRACTICE	0	0	0	0	0	194.15
194.17 FOUNDATION	0	44	0	0	0	194.17
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)	8,139	49,883	60,941	27,061	4,615	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150100		Period: From 07/01/2010 To 06/30/2011		Worksheet B Part II Date/Time Prepared: 1/23/2012 7:36 am	
Cost Center Description		MISC ADMINISTRATIVE AND GENERAL 5.08	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	DIETARY 10.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	COMMUNICATION						5.01
5.03	PURCHASING RECEIVING AND STORES						5.03
5.05	ADMINISTRATIVE						5.05
5.06	CASHIERING/ACCOUNTS RECEIVABLE						5.06
5.07	PATIENT PLACEMENT						5.07
5.08	MISC ADMINISTRATIVE AND GENERAL	2,115,817					5.08
7.00	OPERATION OF PLANT	62,715	386,891				7.00
8.00	LAUNDRY & LINEN SERVICE	9,382	3,504	176,897			8.00
9.00	HOUSEKEEPING	23,078	7,789	0	103,250		9.00
10.00	DIETARY	9,370	10,207	0	2,806	151,432	10.00
11.00	CAFETERIA	12,962	0	0	0	0	11.00
13.00	NURSING ADMINISTRATION	32,222	1,398	0	384	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	31,984	7,271	0	1,999	0	14.00
15.00	PHARMACY	38,183	2,557	0	703	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	32,021	5,221	0	1,435	0	16.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	1,716	0	0	0	0	21.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	178,339	66,024	67,145	18,147	121,324	30.00
31.00	INTENSIVE CARE UNIT	69,509	17,280	18,823	4,750	6,167	31.00
31.02	NICU	38,638	5,175	5,702	1,423	0	31.02
32.00	CORONARY CARE UNIT	13,997	2,301	2,844	633	3,465	32.00
40.00	SUBPROVIDER - I PF	10,553	4,718	0	1,297	5,334	40.00
41.00	SUBPROVIDER - I RF	21,666	14,397	5,321	3,958	12,240	41.00
43.00	NURSERY	6,788	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	321,931	19,089	19,162	5,247	0	50.00
51.00	RECOVERY ROOM	14,926	6,230	6,647	1,713	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	23,025	9,867	8,427	2,713	0	52.00
53.00	ANESTHESIOLOGY	1,993	0	0	0	0	53.00
54.00	RADIOLOGY - DIAGNOSTIC	61,211	14,582	3,665	4,008	0	54.00
54.02	ULTRASOUND	7,463	1,232	0	339	0	54.02
54.03	NUCLEAR MEDICINE	14,991	4,529	468	1,245	0	54.03
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	CT SCAN	25,428	3,169	2,949	871	0	57.00
59.00	CARDIAC CATHETERIZATION	39,917	5,229	2,432	1,438	0	59.00
60.00	LABORATORY	85,416	10,582	0	2,909	0	60.00
63.00	BLOOD STORING, PROCESSING, & TRANS.	23,636	253	0	69	0	63.00
64.00	INTRAVENOUS THERAPY	13,475	208	0	57	0	64.00
65.00	RESPIRATORY THERAPY	31,526	1,174	0	323	0	65.00
66.00	PHYSICAL THERAPY	29,814	6,106	937	1,679	67	66.00
67.00	OCCUPATIONAL THERAPY	11,424	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	3,443	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	36,759	2,006	1,176	551	0	69.00
69.02	CARDIAC REHAB	4,662	6,180	1,156	1,699	0	69.02
69.03	DIABETIC EDUCATION	3,309	6,767	0	1,860	0	69.03
70.00	ELECTROENCEPHALOGRAPHY	8,164	2,921	572	803	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	82,589	0	0	0	0	71.00
72.00	IMPLANTABLE DEVICES CHARGED TO PATIENTS	152,550	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	110,048	0	0	0	0	73.00
74.00	RENAL DIALYSIS	10,260	119	205	33	0	74.00
76.00	OTHER ANCILLARY	912	0	0	0	0	76.00
76.01	MOBILE OUTREACH CLINIC	5,011	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	2,901	417	3,429	115	0	90.00
90.01	OUTPATIENT PSYCH	729	7,630	0	2,097	0	90.01
90.02	PEDS CLINIC	0	0	0	0	0	90.02
90.04	BARIATRICS	2,508	0	0	0	0	90.04
91.00	EMERGENCY	89,657	9,807	20,655	2,696	8	91.00
91.01	DIAGNOSTIC TREATMENT CENTER	24,692	4,815	5,033	1,324	2,827	91.01
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES	21,384	0	0	0	0	95.00
97.00	DURABLE MEDICAL EQUIP. - SOLD	0	0	0	0	0	97.00
SPECIAL PURPOSE COST CENTERS							
106.00	HEART ACQUISITION	0	0	0	0	0	106.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,858,877	270,754	176,748	71,324	151,432	118.00
NONREIMBURSABLE COST CENTERS							
191.00	RESEARCH	191	0	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	110,391	12,929	0	3,554	0	192.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150100

Period:
From 07/01/2010
To 06/30/2011

Worksheet B
Part II
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Cost Center Description	MISC	OPERATION OF	LAUNDRY &	HOUSEKEEPING	DIETARY	
	ADMINISTRATIVE AND GENERAL	PLANT	LINEN SERVICE			
	5.08	7.00	8.00	9.00	10.00	
194.00 OTHER NONREIMBURSABLE COST CENTERS	855	15,023	0	4,130	0	194.00
194.01 APOTHECARY	40,731	1,248	0	343	0	194.01
194.02 OCCUPATIONAL MEDICINE	4,703	16,109	0	4,428	0	194.02
194.03 CANCER CENTER/PHYSICIAN RECRUITMENT	786	129	0	36	0	194.03
194.04 MARKETING	21,675	1,099	0	302	0	194.04
194.06 MOB	4,166	0	0	0	0	194.06
194.07 SENIOR PARTNERS	4,937	0	0	0	0	194.07
194.08 ASCENSION PHYSICIAN RECRUITMENT	31,222	0	0	0	0	194.08
194.09 CONV CARE	32,529	2,958	149	813	0	194.09
194.10 EMPLOYEE FITNESS CENTER	57	0	0	0	0	194.10
194.11 ST ELIZABETH	26	447	0	123	0	194.11
194.14 FREE STANDING CATH LAB	25	422	0	116	0	194.14
194.15 FAMILY PRACTICE	587	32,884	0	9,040	0	194.15
194.17 FOUNDATION	4,059	32,889	0	9,041	0	194.17
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	2,115,817	386,891	176,897	103,250	151,432	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150100		Period: From 07/01/2010 To 06/30/2011		Worksheet B Part II Date/Time Prepared: 1/23/2012 7:36 am	
Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	COMMUNICATION						5.01
5.03	PURCHASING RECEIVING AND STORES						5.03
5.05	ADMINISTRATION						5.05
5.06	CASHIERING/ACCOUNTS RECEIVABLE						5.06
5.07	PATIENT PLACEMENT						5.07
5.08	MISC ADMINISTRATION AND GENERAL						5.08
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	13,220					11.00
13.00	NURSING ADMINISTRATION	565	133,109				13.00
14.00	CENTRAL SERVICES & SUPPLY	314	0	167,221			14.00
15.00	PHARMACY	430	0	0	82,451		15.00
16.00	MEDICAL RECORDS & LIBRARY	577	0	0	0	89,509	16.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	31	0	0	0	0	21.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	2,854	48,255	0	0	3,826	30.00
31.00	INTENSIVE CARE UNIT	999	11,771	0	0	1,549	31.00
31.02	NICU	506	0	0	0	1,228	31.02
32.00	CORONARY CARE UNIT	181	2,443	0	0	279	32.00
40.00	SUBPROVIDER - I PF	143	3,450	0	0	229	40.00
41.00	SUBPROVIDER - I RF	308	6,750	0	0	370	41.00
43.00	NURSERY	101	0	0	0	149	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	960	10,434	0	0	13,329	50.00
51.00	RECOVERY ROOM	172	4,906	0	0	1,292	51.00
52.00	DELIVERY ROOM & LABOR ROOM	288	7,038	0	0	880	52.00
53.00	ANESTHESIOLOGY	8	0	0	0	1,067	53.00
54.00	RADIOLOGY - DIAGNOSTIC	463	0	0	0	4,776	54.00
54.02	ULTRASOUND	66	0	0	0	1,203	54.02
54.03	NUCLEAR MEDICINE	59	0	0	0	1,628	54.03
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	CT SCAN	100	0	0	0	5,977	57.00
59.00	CARDIAC CATHETERIZATION	152	3,588	0	0	4,302	59.00
60.00	LABORATORY	962	0	0	0	5,717	60.00
63.00	BLOOD STORING, PROCESSING, & TRANS.	45	0	0	0	670	63.00
64.00	INTRAVENOUS THERAPY	50	0	0	0	492	64.00
65.00	RESPIRATORY THERAPY	0	0	0	0	2,326	65.00
66.00	PHYSICAL THERAPY	6	0	0	0	1,540	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	657	67.00
68.00	SPEECH PATHOLOGY	40	0	0	0	302	68.00
69.00	ELECTROCARDIOLOGY	93	2,151	0	0	3,262	69.00
69.02	CARDIAC REHAB	75	1,444	0	0	67	69.02
69.03	DIABETIC EDUCATION	37	0	0	0	27	69.03
70.00	ELECTROENCEPHALOGRAPHY	110	0	0	0	546	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	57,667	0	6,262	71.00
72.00	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	109,554	0	7,346	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	82,451	8,637	73.00
74.00	RENAL DIALYSIS	0	3,073	0	0	254	74.00
76.00	OTHER ANCILLARY	11	684	0	0	84	76.00
76.01	MOBILE OUTREACH CLINIC	0	0	0	0	54	76.01
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	45	0	0	0	78	90.00
90.01	OUTPATIENT PSYCH	101	0	0	0	33	90.01
90.02	PEDS CLINIC	0	0	0	0	0	90.02
90.04	BARIATRICS	47	0	0	0	20	90.04
91.00	EMERGENCY	866	15,282	0	0	6,978	91.00
91.01	DIAGNOSTIC TREATMENT CENTER	248	6,915	0	0	1,457	91.01
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES	93	4,925	0	0	616	95.00
97.00	DURABLE MEDICAL EQUIP. - SOLD	0	0	0	0	0	97.00
SPECIAL PURPOSE COST CENTERS							
106.00	HEART ACQUISITION	0	0	0	0	0	106.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	12,106	133,109	167,221	82,451	89,509	118.00
NONREIMBURSABLE COST CENTERS							
191.00	RESEARCH	0	0	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	448	0	0	0	0	192.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150100

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From 07/01/2010
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Cost Center Description	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
	11.00	13.00	14.00	15.00	16.00	
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	0 194.00
194.01 APOTHECARY	0	0	0	0	0	0 194.01
194.02 OCCUPATIONAL MEDICINE	34	0	0	0	0	0 194.02
194.03 CANCER CENTER/PHYSICIAN RECRUITMENT	12	0	0	0	0	0 194.03
194.04 MARKETING	206	0	0	0	0	0 194.04
194.06 MOB	0	0	0	0	0	0 194.06
194.07 SENIOR PARTNERS	1	0	0	0	0	0 194.07
194.08 ASCENSION PHYSICIAN RECRUITMENT	19	0	0	0	0	0 194.08
194.09 CONV CARE	325	0	0	0	0	0 194.09
194.10 EMPLOYEE FITNESS CENTER	0	0	0	0	0	0 194.10
194.11 ST ELIZABETH	0	0	0	0	0	0 194.11
194.14 FREE STANDING CATH LAB	0	0	0	0	0	0 194.14
194.15 FAMILY PRACTICE	0	0	0	0	0	0 194.15
194.17 FOUNDATION	69	0	0	0	0	0 194.17
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	0 201.00
202.00 TOTAL (sum lines 118-201)	13,220	133,109	167,221	82,451	89,509	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150100	Period: From 07/01/2010 To 06/30/2011	Worksheet B Part II Date/Time Prepared: 1/23/2012 7:36 am	
Cost Center Description	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	21.00				
GENERAL SERVICE COST CENTERS					
1.00	CAP REL COSTS-BLDG & FIXT				1.00
2.00	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	EMPLOYEE BENEFITS				4.00
5.01	COMMUNICATION				5.01
5.03	PURCHASING RECEIVING AND STORES				5.03
5.05	ADMINISTRATIVE				5.05
5.06	CASHIERING/ACCOUNTS RECEIVABLE				5.06
5.07	PATIENT PLACEMENT				5.07
5.08	MISC ADMINISTRATIVE AND GENERAL				5.08
7.00	OPERATION OF PLANT				7.00
8.00	LAUNDRY & LINEN SERVICE				8.00
9.00	HOUSEKEEPING				9.00
10.00	DIETARY				10.00
11.00	CAFETERIA				11.00
13.00	NURSING ADMINISTRATION				13.00
14.00	CENTRAL SERVICES & SUPPLY				14.00
15.00	PHARMACY				15.00
16.00	MEDICAL RECORDS & LIBRARY				16.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	1,808			21.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS	1,382,847	0	1,382,847	30.00
31.00	INTENSIVE CARE UNIT	537,536	0	537,536	31.00
31.02	NICU	183,831	0	183,831	31.02
32.00	CORONARY CARE UNIT	123,756	0	123,756	32.00
40.00	SUBPROVIDER - I/PF	64,410	0	64,410	40.00
41.00	SUBPROVIDER - I/PF	207,133	0	207,133	41.00
43.00	NURSERY	7,300	0	7,300	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	2,039,874	0	2,039,874	50.00
51.00	RECOVERY ROOM	96,893	0	96,893	51.00
52.00	DELIVERY ROOM & LABOR ROOM	140,498	0	140,498	52.00
53.00	ANESTHESIOLOGY	78,620	0	78,620	53.00
54.00	RADIOLOGY - DIAGNOSTIC	1,175,437	0	1,175,437	54.00
54.02	ULTRASOUND	115,693	0	115,693	54.02
54.03	NUCLEAR MEDICINE	276,269	0	276,269	54.03
56.00	RADIOISOTOPE	0	0	0	56.00
57.00	CT SCAN	1,155,240	0	1,155,240	57.00
59.00	CARDIAC CATHETERIZATION	1,030,132	0	1,030,132	59.00
60.00	LABORATORY	362,598	0	362,598	60.00
63.00	BLOOD STORING, PROCESSING, & TRANS.	42,693	0	42,693	63.00
64.00	INTRAVENOUS THERAPY	103,303	0	103,303	64.00
65.00	RESPIRATORY THERAPY	146,902	0	146,902	65.00
66.00	PHYSICAL THERAPY	80,260	0	80,260	66.00
67.00	OCCUPATIONAL THERAPY	22,752	0	22,752	67.00
68.00	SPEECH PATHOLOGY	4,533	0	4,533	68.00
69.00	ELECTROCARDIOLOGY	81,467	0	81,467	69.00
69.02	CARDIAC REHAB	57,685	0	57,685	69.02
69.03	DIABETIC EDUCATION	27,954	0	27,954	69.03
70.00	ELECTROENCEPHALOGRAPHY	62,920	0	62,920	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	152,632	0	152,632	71.00
72.00	IMPLANTABLE DEVICES CHARGED TO PATIENTS	276,620	0	276,620	72.00
73.00	DRUGS CHARGED TO PATIENTS	209,568	0	209,568	73.00
74.00	RENAL DIALYSIS	34,709	0	34,709	74.00
76.00	OTHER ANCILLARY	1,792	0	1,792	76.00
76.01	MOBILE OUTREACH CLINIC	5,216	0	5,216	76.01
OUTPATIENT SERVICE COST CENTERS					
90.00	CLINIC	10,624	0	10,624	90.00
90.01	OUTPATIENT PSYCH	55,066	0	55,066	90.01
90.02	PEDS CLINIC	0	0	0	90.02
90.04	BARIATRICS	13,895	0	13,895	90.04
91.00	EMERGENCY	272,783	0	272,783	91.00
91.01	DIAGNOSTIC TREATMENT CENTER	140,181	0	140,181	91.01
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		0		92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	AMBULANCE SERVICES	41,364	0	41,364	95.00
97.00	DURABLE MEDICAL EQUIP. - SOLD	0	0	0	97.00
SPECIAL PURPOSE COST CENTERS					
106.00	HEART ACQUISITION		0	0	106.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150100

Period:
From 07/01/2010
To 06/30/2011

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Cost Center Description	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	21.00				
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	10,822,986	0	10,822,986	118.00
NONREIMBURSABLE COST CENTERS					
191.00 RESEARCH		191	0	191	191.00
192.00 PHYSICIANS' PRIVATE OFFICES		242,976	0	242,976	192.00
194.00 OTHER NONREIMBURSABLE COST CENTERS		131,180	0	131,180	194.00
194.01 APOTHECARY		46,765	0	46,765	194.01
194.02 OCCUPATIONAL MEDICINE		148,404	0	148,404	194.02
194.03 CANCER CENTER/PHYSICIAN RECRUITMENT		1,064	0	1,064	194.03
194.04 MARKETING		44,755	0	44,755	194.04
194.06 MOB		4,166	0	4,166	194.06
194.07 SENIOR PARTNERS		12,024	0	12,024	194.07
194.08 ASCENSION PHYSICIAN RECRUITMENT		31,297	0	31,297	194.08
194.09 CONV CARE		82,090	0	82,090	194.09
194.10 EMPLOYEE FITNESS CENTER		4,248	0	4,248	194.10
194.11 ST ELIZABETH		4,013	0	4,013	194.11
194.14 FREE STANDING CATH LAB		3,790	0	3,790	194.14
194.15 FAMILY PRACTICE		118,921	0	118,921	194.15
194.17 FOUNDATION		176,191	0	176,191	194.17
200.00 Cross Foot Adjustments	1,808	1,808	0	1,808	200.00
201.00 Negative Cost Centers	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	1,808	11,876,869	0	11,876,869	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150100

Period:
From 07/01/2010
To 06/30/2011

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Date/Time Prepared:
1/23/2012 7:36 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	COMMUNICATION (NON-PATIENT PHONES)	PURCHASING RECEIVING AND STORES (NON-CHARGE SUPPLY EXPENSE)	
	BLDG & FIXT (HOSPITAL SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	1,032,290				1.00
2.00	CAP REL COSTS-MVBLE EQUIP		8,383,785			2.00
4.00	EMPLOYEE BENEFITS	6,051	2,958	116,700,952		4.00
5.01	COMMUNICATION	1,377	3,693	185,363	2,425	5.01
5.03	PURCHASING RECEIVING AND STORES	15,279	2,043	566,365	22	5,883,354
5.05	ADMINISTRATIVE	17,638	4,659	2,080,452	61	69,820
5.06	CASHIERING/ACCOUNTS RECEIVABLE	7,972	1,610	456,521	116	10,736
5.07	PATIENT PLACEMENT	1,445	0	440,152	0	3,601
5.08	MISC ADMINISTRATIVE AND GENERAL	130,959	1,645,439	10,356,078	400	551,811
7.00	OPERATION OF PLANT	89,671	40,226	2,862,075	105	285,005
8.00	LAUNDRY & LINEN SERVICE	8,594	132,155	598,207	2	69,656
9.00	HOUSEKEEPING	19,105	10,352	2,140,753	13	204,357
10.00	DIETARY	25,037	41,414	397,870	28	956,279
11.00	CAFETERIA	0	0	1,374,379	0	0
13.00	NURSING ADMINISTRATION	1,724	89,251	3,062,411	32	32,965
14.00	CENTRAL SERVICES & SUPPLY	17,834	65,181	1,302,177	13	291,753
15.00	PHARMACY	6,272	18,499	3,536,653	56	126,985
16.00	MEDICAL RECORDS & LIBRARY	9,910	17,432	2,973,261	182	24,531
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	151,187	3	2,770
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	161,756	349,936	15,753,010	227	488,228
31.00	INTENSIVE CARE UNIT	42,385	261,651	6,654,393	60	163,171
31.02	NICU	12,694	86,009	3,516,135	41	90,146
32.00	CORONARY CARE UNIT	5,644	76,713	1,206,856	17	26,130
40.00	SUBPROVIDER - IPF	11,572	1,957	980,997	20	17,093
41.00	SUBPROVIDER - IRF	35,314	29,801	1,957,346	54	50,331
43.00	NURSERY	0	0	621,447	0	0
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	43,915	1,440,371	6,657,919	110	1,133,227
51.00	RECOVERY ROOM	9,368	29,068	1,268,173	17	28,210
52.00	DELIVERY ROOM & LABOR ROOM	24,203	10,513	1,983,306	19	84,241
53.00	ANESTHESIOLOGY	0	72,102	35,220	4	0
54.00	RADIOLOGY - DIAGNOSTIC	27,984	962,120	2,982,670	102	1,930
54.02	ULTRASOUND	1,870	95,053	478,446	4	10,289
54.03	NUCLEAR MEDICINE	7,044	222,168	440,509	35	10,853
56.00	RADIOISOTOPE	0	0	0	0	0
57.00	CT SCAN	5,189	1,059,453	689,987	6	6,702
59.00	CARDIAC CATHETERIZATION	12,827	897,718	1,166,042	53	126,617
60.00	LABORATORY	14,403	197,501	5,100,167	92	148,479
63.00	BLOOD STORING, PROCESSING, & TRANS.	620	14,585	337,193	0	35,806
64.00	INTRAVENOUS THERAPY	510	84,019	396,177	2	8,108
65.00	RESPIRATORY THERAPY	2,880	96,288	2,467,270	12	38,911
66.00	PHYSICAL THERAPY	5,924	18,550	2,717,932	32	44,097
67.00	OCCUPATIONAL THERAPY	0	9,486	1,071,190	4	1,727
68.00	SPEECH PATHOLOGY	0	370	311,336	1	1,057
69.00	ELECTROCARDIOLOGY	4,578	17,056	471,771	42	20,483
69.02	CARDIAC REHAB	7,680	17,578	491,979	20	11,337
69.03	DIABETIC EDUCATION	4,634	1,259	219,457	37	3,267
70.00	ELECTROENCEPHALOGRAPHY	7,165	25,774	615,543	7	22,029
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00	RENAL DIALYSIS	293	18,889	57,750	4	7,703
76.00	OTHER ANCILLARY	0	0	81,464	0	511
76.01	MOBILE OUTREACH CLINIC	0	0	525,835	0	0
OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	1,022	217	288,577	12	7,259
90.01	OUTPATIENT PSYCH	13,269	2,529	51,492	49	38,461
90.02	PEDS CLINIC	0	0	0	0	0
90.04	BARITRICS	0	10,746	282,718	30	5,140
91.00	EMERGENCY	24,054	40,756	5,035,633	97	202,640
91.01	DIAGNOSTIC TREATMENT CENTER	11,811	51,728	1,757,367	55	82,841
92.00	OBSERVATION BEDS (NON-DIAGNOSTIC PART)					
OTHER REIMBURSABLE COST CENTERS						
95.00	AMBULANCE SERVICES	0	13,004	800,859	8	15,524
97.00	DURABLE MEDICAL EQUIP. - SOLD	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150100

Period:
From 07/01/2010
To 06/30/2011

Worksheet B-1

Date/Time Prepared:
1/23/2012 7:36 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	COMMUNICATION (NON-PATIENT PHONES)	PURCHASING RECEIVING AND STORES (NON-CHARGE SUPPLY EXPENSE)	
	BLDG & FIXT (HOSPITAL SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
SPECIAL PURPOSE COST CENTERS						
106.00 HEART ACQUISITION	0	0	0	0	0	106.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	859,476	8,289,880	101,958,070	2,306	5,562,817	118.00
NONREIMBURSABLE COST CENTERS						
191.00 RESEARCH	0	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	29,029	21,073	9,001,814	35	194,997	192.00
194.00 OTHER NONREIMBURSABLE COST CENTERS	35,691	0	0	0	0	194.00
194.01 APOTHECARY	182	3,454	481,780	12	20,899	194.01
194.02 OCCUPATIONAL MEDICINE	39,513	0	205,373	0	1,624	194.02
194.03 CANCER CENTER/PHYSICIAN RECRUITMENT	0	58	57,216	5	1,497	194.03
194.04 MARKETING	0	20,093	1,511,836	30	38,867	194.04
194.06 MOB	0	0	0	0	0	194.06
194.07 SENIOR PARTNERS	0	2,330	0	3	6,323	194.07
194.08 ASCENSION PHYSICIAN RECRUITMENT	0	0	123,102	2	3,010	194.08
194.09 CONV CARE	0	42,897	2,878,655	16	47,519	194.09
194.10 EMPLOYEE FITNESS CENTER	0	4,000	0	16	638	194.10
194.11 ST ELIZABETH	1,097	0	0	0	0	194.11
194.14 FREE STANDING CATH LAB	1,036	0	0	0	0	194.14
194.15 FAMILY PRACTICE	24,531	0	0	0	0	194.15
194.17 FOUNDATION	41,735	0	483,106	0	5,163	194.17
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)	3,215,424	8,661,445	34,103,481	375,604	218,620	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	3.114846	1.033119	0.292230	154.888247	0.037159	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			21,904	8,139	49,883	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.000188	3.356289	0.008479	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150100

Period:
From 07/01/2010
To 06/30/2011

Worksheet B-1
Date/Time Prepared:
1/23/2012 7:36 am

Cost Center Description	ADMITTING (GROSS CHARGES)	CASHIERING/ACC OUNTS RECEIVABLE (GROSS CHARGES)	PATIENT PLACEMENT (ASSIGNED TIME)	Reconciliation	MISC ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
	5.05	5.06	5.07	5A.08	5.08	
GENERAL SERVICE COST CENTERS						
1.00 CAP REL COSTS-BLDG & FIXT						1.00
2.00 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 COMMUNICATION						5.01
5.03 PURCHASING RECEIVING AND STORES						5.03
5.05 ADMITTING	1,066,400,098					5.05
5.06 CASHIERING/ACCOUNTS RECEIVABLE	0	1,066,400,098				5.06
5.07 PATIENT PLACEMENT	0	0	100			5.07
5.08 MISC ADMINISTRATIVE AND GENERAL	0	0	0	-48,232,840	275,197,520	5.08
7.00 OPERATION OF PLANT	0	0	0	0	8,157,539	7.00
8.00 LAUNDRY & LINEN SERVICE	0	0	0	0	1,220,352	8.00
9.00 HOUSEKEEPING	0	0	0	0	3,001,818	9.00
10.00 DIETARY	0	0	0	0	1,218,816	10.00
11.00 CAFETERIA	0	0	0	0	1,686,034	11.00
13.00 NURSING ADMINISTRATION	0	0	0	0	4,191,252	13.00
14.00 CENTRAL SERVICES & SUPPLY	0	0	0	0	4,160,225	14.00
15.00 PHARMACY	0	0	0	0	4,966,569	15.00
16.00 MEDICAL RECORDS & LIBRARY	0	0	0	0	4,165,026	16.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	223,177	21.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	45,545,270	45,545,270	0	0	23,197,050	30.00
31.00 INTENSIVE CARE UNIT	18,446,270	18,446,270	0	0	9,041,256	31.00
31.02 NICU	14,614,399	14,614,399	0	0	5,025,736	31.02
32.00 CORONARY CARE UNIT	3,326,308	3,326,308	0	0	1,820,567	32.00
40.00 SUBPROVIDER - IPF	2,726,601	2,726,601	0	0	1,372,655	40.00
41.00 SUBPROVIDER - IRF	4,405,884	4,405,884	0	0	2,818,220	41.00
43.00 NURSERY	1,770,660	1,770,660	0	0	882,990	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	159,490,730	159,490,730	0	0	41,861,979	50.00
51.00 RECOVERY ROOM	15,380,001	15,380,001	0	0	1,941,455	51.00
52.00 DELIVERY ROOM & LABOR ROOM	10,475,098	10,475,098	0	0	2,994,929	52.00
53.00 ANESTHESIOLOGY	12,705,671	12,705,671	0	0	259,186	53.00
54.00 RADIOLOGY - DIAGNOSTIC	56,863,070	56,863,070	0	0	7,961,921	54.00
54.02 ULTRASOUND	14,323,078	14,323,078	0	0	970,772	54.02
54.03 NUCLEAR MEDICINE	19,383,948	19,383,948	0	0	1,949,969	54.03
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 CT SCAN	71,152,518	71,152,518	0	0	3,307,454	57.00
59.00 CARDIAC CATHETERIZATION	51,211,715	51,211,715	0	0	5,192,089	59.00
60.00 LABORATORY	68,055,868	68,055,868	0	0	11,110,260	60.00
63.00 BLOOD STORING, PROCESSING, & TRANS.	7,976,508	7,976,508	0	0	3,074,438	63.00
64.00 INTRAVENOUS THERAPY	5,856,501	5,856,501	0	0	1,752,678	64.00
65.00 RESPIRATORY THERAPY	27,695,093	27,695,093	0	0	4,100,633	65.00
66.00 PHYSICAL THERAPY	18,335,557	18,335,557	0	0	3,878,041	66.00
67.00 OCCUPATIONAL THERAPY	7,823,635	7,823,635	0	0	1,486,010	67.00
68.00 SPEECH PATHOLOGY	3,592,622	3,592,622	0	0	447,785	68.00
69.00 ELECTROCARDIOLOGY	38,828,844	38,828,844	0	0	4,781,333	69.00
69.02 CARDIAC REHAB	794,816	794,816	0	0	606,415	69.02
69.03 DIABETIC EDUCATION	317,160	317,160	0	0	430,463	69.03
70.00 ELECTROENCEPHALOGRAPHY	6,498,169	6,498,169	0	0	1,061,931	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	74,552,917	74,552,917	0	0	10,742,598	71.00
72.00 IMPLANTABLE DEVICES CHARGED TO PATIENTS	87,446,909	87,446,909	0	0	19,842,642	72.00
73.00 DRUGS CHARGED TO PATIENTS	102,825,822	102,825,822	0	0	14,314,233	73.00
74.00 RENAL DIALYSIS	3,022,790	3,022,790	0	0	1,334,526	74.00
76.00 OTHER ANCILLARY	1,003,818	1,003,818	0	0	118,595	76.00
76.01 MOBILE OUTREACH CLINIC	638,582	638,582	0	0	651,750	76.01
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	926,507	926,507	0	0	377,359	90.00
90.01 OUTPATIENT PSYCH	393,099	393,099	0	0	94,805	90.01
90.02 PEDI CLINIC	0	0	0	0	0	90.02
90.04 BARIATRICS	239,425	239,425	0	0	326,184	90.04
91.00 EMERGENCY	83,074,736	83,074,736	0	0	11,661,956	91.00
91.01 DIAGNOSTIC TREATMENT CENTER	17,343,386	17,343,386	0	0	3,211,735	91.01
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVICES	7,336,113	7,336,113	0	0	2,781,526	95.00
97.00 DURABLE MEDICAL EQUIP. - SOLD	0	0	0	0	0	97.00
SPECIAL PURPOSE COST CENTERS						
106.00 HEART ACQUISITION	0	0	0	0	0	106.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	1,066,400,098	1,066,400,098	0	-48,232,840	241,776,932	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150100

Period:
From 07/01/2010
To 06/30/2011

Worksheet B-1

Date/Time Prepared:
1/23/2012 7:36 am

Cost Center Description	ADMINISTRATIVE (GROSS CHARGES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	PATIENT PLACEMENT (ASSIGNED TIME)	Reconciliation	MISC ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
	5.05	5.06	5.07	5A.08	5.08	
NONREIMBURSABLE COST CENTERS						
191.00 RESEARCH	0	0	0	0	24,796	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	14,358,813	192.00
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	111,172	194.00
194.01 APOTHECARY	0	0	0	0	5,297,938	194.01
194.02 OCCUPATIONAL MEDICINE	0	0	0	0	611,674	194.02
194.03 CANCER CENTER/PHYSICIAN RECRUITMENT	0	0	0	0	102,177	194.03
194.04 MARKETING	0	0	0	0	2,819,285	194.04
194.06 MOB	0	0	0	0	541,843	194.06
194.07 SENIOR PARTNERS	0	0	100	0	642,122	194.07
194.08 ASCENSION PHYSICIAN RECRUITMENT	0	0	0	0	4,061,142	194.08
194.09 CONV CARE	0	0	0	0	4,231,194	194.09
194.10 EMPLOYEE FITNESS CENTER	0	0	0	0	7,439	194.10
194.11 ST ELIZABETH	0	0	0	0	3,417	194.11
194.14 FREE STANDING CATH LAB	0	0	0	0	3,227	194.14
194.15 FAMILY PRACTICE	0	0	0	0	76,410	194.15
194.17 FOUNDATION	0	0	0	0	527,939	194.17
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)	2,861,966	8,261,053	578,149		48,232,840	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.002684	0.007747	5,781.490000		0.175266	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	60,941	27,061	4,615		2,115,817	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.000057	0.000025	46.150000		0.007688	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150100

Period:
From 07/01/2010
To 06/30/2011

Worksheet B-1

Date/Time Prepared:
1/23/2012 7:36 am

Cost Center Description	OPERATION OF PLANT (TOTAL SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (TOTAL SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MANHOURS)	
	7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS						
1.00						1.00
2.00						2.00
4.00						4.00
5.01						5.01
5.03						5.03
5.05						5.05
5.06						5.06
5.07						5.07
5.08						5.08
7.00	948,975					7.00
8.00	8,594	4,171,786				8.00
9.00	19,105	0	921,276			9.00
10.00	25,037	0	25,037	227,688		10.00
11.00	0	0	0	0	3,214,875	11.00
13.00	3,430	0	3,430	0	137,367	13.00
14.00	17,834	0	17,834	0	76,483	14.00
15.00	6,272	0	6,272	0	104,521	15.00
16.00	12,806	0	12,806	0	140,206	16.00
21.00	0	0	0	0	7,489	21.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	161,937	1,583,473	161,937	182,418	694,970	30.00
31.00	42,385	443,916	42,385	9,273	242,967	31.00
31.02	12,694	134,481	12,694	0	122,937	31.02
32.00	5,644	67,069	5,644	5,210	44,026	32.00
40.00	11,572	0	11,572	8,020	34,688	40.00
41.00	35,314	125,480	35,314	18,403	74,783	41.00
43.00	0	0	0	0	24,513	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	46,821	451,893	46,821	0	233,452	50.00
51.00	15,282	156,759	15,282	0	41,750	51.00
52.00	24,203	198,739	24,203	0	69,961	52.00
53.00	0	0	0	0	1,985	53.00
54.00	35,766	86,439	35,766	0	112,638	54.00
54.02	3,023	0	3,023	0	16,042	54.02
54.03	11,110	11,037	11,110	0	14,384	54.03
56.00	0	0	0	0	0	56.00
57.00	7,772	69,537	7,772	0	24,273	57.00
59.00	12,827	57,357	12,827	0	37,067	59.00
60.00	25,956	0	25,956	0	233,905	60.00
63.00	620	0	620	0	10,851	63.00
64.00	510	0	510	0	12,221	64.00
65.00	2,880	0	2,880	0	0	65.00
66.00	14,978	22,089	14,978	101	1,543	66.00
67.00	0	0	0	0	0	67.00
68.00	0	0	0	0	9,782	68.00
69.00	4,920	27,740	4,920	0	22,676	69.00
69.02	15,158	27,268	15,158	0	18,172	69.02
69.03	16,598	0	16,598	0	8,962	69.03
70.00	7,165	13,500	7,165	0	26,735	70.00
71.00	0	0	0	0	0	71.00
72.00	0	0	0	0	0	72.00
73.00	0	0	0	0	0	73.00
74.00	293	4,829	293	0	0	74.00
76.00	0	0	0	0	2,671	76.00
76.01	0	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS						
90.00	1,022	80,858	1,022	0	10,828	90.00
90.01	18,715	0	18,715	0	24,460	90.01
90.02	0	0	0	0	0	90.02
90.04	0	0	0	0	11,376	90.04
91.00	24,054	487,114	24,054	12	210,642	91.00
91.01	11,811	118,686	11,811	4,251	60,209	91.01
92.00						92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	0	0	0	0	22,499	95.00
97.00	0	0	0	0	0	97.00
SPECIAL PURPOSE COST CENTERS						
106.00	0	0	0	0	0	106.00
118.00	664,108	4,168,264	636,409	227,688	2,944,034	118.00
NONREIMBURSABLE COST CENTERS						
191.00	0	0	0	0	0	191.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150100

Period:
From 07/01/2010
To 06/30/2011

Worksheet B-1

Date/Time Prepared:
1/23/2012 7:36 am

Cost Center Description	OPERATION OF PLANT (TOTAL SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (TOTAL SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MANHOURS)	
	7.00	8.00	9.00	10.00	11.00	
192.00 PHYSICIANS' PRIVATE OFFICES	31,712	0	31,712	0	108,887	192.00
194.00 OTHER NONREIMBURSABLE COST CENTERS	36,849	0	36,849	0	0	194.00
194.01 APOTHECARY	3,062	0	3,062	0	0	194.01
194.02 OCCUPATIONAL MEDICINE	39,513	0	39,513	0	8,174	194.02
194.03 CANCER CENTER/PHYSICIAN RECRUITMENT	317	0	317	0	2,977	194.03
194.04 MARKETING	2,695	0	2,695	0	50,173	194.04
194.06 MOB	0	0	0	0	0	194.06
194.07 SENIOR PARTNERS	0	0	0	0	311	194.07
194.08 ASCENSION PHYSICIAN RECRUITMENT	0	0	0	0	4,537	194.08
194.09 CONV CARE	7,256	3,522	7,256	0	79,109	194.09
194.10 EMPLOYEE FITNESS CENTER	0	0	0	0	0	194.10
194.11 ST ELIZABETH	1,097	0	1,097	0	0	194.11
194.14 FREE STANDING CATH LAB	1,036	0	1,036	0	0	194.14
194.15 FAMILY PRACTICE	80,658	0	80,658	0	0	194.15
194.17 FOUNDATION	80,672	0	80,672	0	16,673	194.17
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	9,587,278	1,521,061	3,720,948	1,786,498	1,981,538	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	10.102772	0.364607	4.038907	7.846255	0.616365	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	386,891	176,897	103,250	151,432	13,220	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.407694	0.042403	0.112073	0.665086	0.004112	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150100

Period:
From 07/01/2010
To 06/30/2011

Worksheet B-1

Date/Time Prepared:
1/23/2012 7:36 am

Cost Center Description		NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
		13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT					1.00
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	EMPLOYEE BENEFITS					4.00
5.01	COMMUNICATION					5.01
5.03	PURCHASING RECEIVING AND STORES					5.03
5.05	ADMINITTING					5.05
5.06	CASHIERING/ACCOUNTS RECEIVABLE					5.06
5.07	PATIENT PLACEMENT					5.07
5.08	MISC ADMINISTRATIVE AND GENERAL					5.08
7.00	OPERATION OF PLANT					7.00
8.00	LAUNDRY & LINEN SERVICE					8.00
9.00	HOUSEKEEPING					9.00
10.00	DIETARY					10.00
11.00	CAFETERIA					11.00
13.00	NURSING ADMINISTRATION	34,649				13.00
14.00	CENTRAL SERVICES & SUPPLY	0	28,895,420			14.00
15.00	PHARMACY	0	0	1		15.00
16.00	MEDICAL RECORDS & LIBRARY	0	0	0	1,066,400,098	16.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	12,561	0	0	45,545,270	30.00
31.00	INTENSIVE CARE UNIT	3,064	0	0	18,446,270	31.00
31.02	NICU	0	0	0	14,614,399	31.02
32.00	CORONARY CARE UNIT	636	0	0	3,326,308	32.00
40.00	SUBPROVIDER - IPF	898	0	0	2,726,601	40.00
41.00	SUBPROVIDER - IRF	1,757	0	0	4,405,884	41.00
43.00	NURSERY	0	0	0	1,770,660	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	2,716	0	0	159,490,730	50.00
51.00	RECOVERY ROOM	1,277	0	0	15,380,001	51.00
52.00	DELIVERY ROOM & LABOR ROOM	1,832	0	0	10,475,098	52.00
53.00	ANESTHESIOLOGY	0	0	0	12,705,671	53.00
54.00	RADIOLOGY - DIAGNOSTIC	0	0	0	56,863,070	54.00
54.02	ULTRASOUND	0	0	0	14,323,078	54.02
54.03	NUCLEAR MEDICINE	0	0	0	19,383,948	54.03
56.00	RADIOISOTOPE	0	0	0	0	56.00
57.00	CT SCAN	0	0	0	71,152,518	57.00
59.00	CARDIAC CATHETERIZATION	934	0	0	51,211,715	59.00
60.00	LABORATORY	0	0	0	68,055,868	60.00
63.00	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	7,976,508	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	5,856,501	64.00
65.00	RESPIRATORY THERAPY	0	0	0	27,695,093	65.00
66.00	PHYSICAL THERAPY	0	0	0	18,335,557	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	7,823,635	67.00
68.00	SPEECH PATHOLOGY	0	0	0	3,592,622	68.00
69.00	ELECTROCARDIOLOGY	560	0	0	38,828,844	69.00
69.02	CARDIAC REHAB	376	0	0	794,816	69.02
69.03	DIABETIC EDUCATION	0	0	0	317,160	69.03
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	6,498,169	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	9,964,937	0	74,552,917	71.00
72.00	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	18,930,483	0	87,446,909	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	1	102,825,822	73.00
74.00	RENAL DIALYSIS	800	0	0	3,022,790	74.00
76.00	OTHER ANCILLARY	178	0	0	1,003,818	76.00
76.01	MOBILE OUTREACH CLINIC	0	0	0	638,582	76.01
OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	0	0	0	926,507	90.00
90.01	OUTPATIENT PSYCH	0	0	0	393,099	90.01
90.02	PEDS CLINIC	0	0	0	0	90.02
90.04	BARITRICS	0	0	0	239,425	90.04
91.00	EMERGENCY	3,978	0	0	83,074,736	91.00
91.01	DIAGNOSTIC TREATMENT CENTER	1,800	0	0	17,343,386	91.01
92.00	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	AMBULANCE SERVICES	1,282	0	0	7,336,113	95.00
97.00	DURABLE MEDICAL EQUIP. - SOLD	0	0	0	0	97.00
SPECIAL PURPOSE COST CENTERS						
106.00	HEART ACQUISITION	0	0	0	0	106.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	34,649	28,895,420	1	1,066,400,098	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150100

Period:
From 07/01/2010
To 06/30/2011

Worksheet B-1

Date/Time Prepared:
1/23/2012 7:36 am

Cost Center Description	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)		
	13.00	14.00	15.00	16.00		
NONREIMBURSABLE COST CENTERS						
191.00 RESEARCH	0	0	0	0		191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0		192.00
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0		194.00
194.01 APOTHECARY	0	0	0	0		194.01
194.02 OCCUPATIONAL MEDICINE	0	0	0	0		194.02
194.03 CANCER CENTER/PHYSICIAN RECRUITMENT	0	0	0	0		194.03
194.04 MARKETING	0	0	0	0		194.04
194.06 MOB	0	0	0	0		194.06
194.07 SENIOR PARTNERS	0	0	0	0		194.07
194.08 ASCENSION PHYSICIAN RECRUITMENT	0	0	0	0		194.08
194.09 CONV CARE	0	0	0	0		194.09
194.10 EMPLOYEE FITNESS CENTER	0	0	0	0		194.10
194.11 ST ELIZABETH	0	0	0	0		194.11
194.14 FREE STANDING CATH LAB	0	0	0	0		194.14
194.15 FAMILY PRACTICE	0	0	0	0		194.15
194.17 FOUNDATION	0	0	0	0		194.17
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	5,059,010	5,188,715	5,990,160	5,162,529		202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	146.007388	0.179569	5,990,160.0000	0.004841		203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	133,109	167,221	82,451	89,509		204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	3.841640	0.005787	82,451.000000	0.000084		205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150100

Period:
From 07/01/2010
To 06/30/2011

Worksheet B-1
Date/Time Prepared:
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Cost Center Description		INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (ASSIGNED TIME)	21.00
GENERAL SERVICE COST CENTERS			
1.00	CAP REL COSTS-BLDG & FIXT		1.00
2.00	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	EMPLOYEE BENEFITS		4.00
5.01	COMMUNICATION		5.01
5.03	PURCHASING RECEIVING AND STORES		5.03
5.05	ADMINISTRATIVE		5.05
5.06	CASHIERING/ACCOUNTS RECEIVABLE		5.06
5.07	PATIENT PLACEMENT		5.07
5.08	MISC ADMINISTRATIVE AND GENERAL		5.08
7.00	OPERATION OF PLANT		7.00
8.00	LAUNDRY & LINEN SERVICE		8.00
9.00	HOUSEKEEPING		9.00
10.00	DIETARY		10.00
11.00	CAFETERIA		11.00
13.00	NURSING ADMINISTRATION		13.00
14.00	CENTRAL SERVICES & SUPPLY		14.00
15.00	PHARMACY		15.00
16.00	MEDICAL RECORDS & LIBRARY		16.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	1	21.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	ADULTS & PEDIATRICS	1	30.00
31.00	INTENSIVE CARE UNIT	0	31.00
31.02	NICU	0	31.02
32.00	CORONARY CARE UNIT	0	32.00
40.00	SUBPROVIDER - I PF	0	40.00
41.00	SUBPROVIDER - I RF	0	41.00
43.00	NURSERY	0	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	OPERATING ROOM	0	50.00
51.00	RECOVERY ROOM	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	52.00
53.00	ANESTHESIOLOGY	0	53.00
54.00	RADIOLOGY - DIAGNOSTIC	0	54.00
54.02	ULTRASOUND	0	54.02
54.03	NUCLEAR MEDICINE	0	54.03
56.00	RADIOISOTOPE	0	56.00
57.00	CT SCAN	0	57.00
59.00	CARDIAC CATHETERIZATION	0	59.00
60.00	LABORATORY	0	60.00
63.00	BLOOD STORING, PROCESSING, & TRANS.	0	63.00
64.00	INTRAVENOUS THERAPY	0	64.00
65.00	RESPIRATORY THERAPY	0	65.00
66.00	PHYSICAL THERAPY	0	66.00
67.00	OCCUPATIONAL THERAPY	0	67.00
68.00	SPEECH PATHOLOGY	0	68.00
69.00	ELECTROCARDIOLOGY	0	69.00
69.02	CARDIAC REHAB	0	69.02
69.03	DIABETIC EDUCATION	0	69.03
70.00	ELECTROENCEPHALOGRAPHY	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	71.00
72.00	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	73.00
74.00	RENAL DIALYSIS	0	74.00
76.00	OTHER ANCILLARY	0	76.00
76.01	MOBILE OUTREACH CLINIC	0	76.01
OUTPATIENT SERVICE COST CENTERS			
90.00	CLINIC	0	90.00
90.01	OUTPATIENT PSYCH	0	90.01
90.02	PEDS CLINIC	0	90.02
90.04	BARIATRICS	0	90.04
91.00	EMERGENCY	0	91.00
91.01	DIAGNOSTIC TREATMENT CENTER	0	91.01
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	92.00
OTHER REIMBURSABLE COST CENTERS			
95.00	AMBULANCE SERVICES	0	95.00
97.00	DURABLE MEDICAL EQUIP. - SOLD	0	97.00
SPECIAL PURPOSE COST CENTERS			
106.00	HEART ACQUISITION	0	106.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	1	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150100

Period:
From 07/01/2010
To 06/30/2011

Worksheet B-1

Date/Time Prepared:
1/23/2012 7:36 am

Cost Center Description	INTERNS & RESIDENTS		
	SERVICES-SALARY & FRINGES (ASSIGNED TIME)		
	21.00		
NONREIMBURSABLE COST CENTERS			
191.00 RESEARCH	0		191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0		192.00
194.00 OTHER NONREIMBURSABLE COST CENTERS	0		194.00
194.01 APOTHECARY	0		194.01
194.02 OCCUPATIONAL MEDICINE	0		194.02
194.03 CANCER CENTER/PHYSICIAN RECRUITMENT	0		194.03
194.04 MARKETING	0		194.04
194.06 MOB	0		194.06
194.07 SENIOR PARTNERS	0		194.07
194.08 ASCENSION PHYSICIAN RECRUITMENT	0		194.08
194.09 CONV CARE	0		194.09
194.10 EMPLOYEE FITNESS CENTER	0		194.10
194.11 ST ELIZABETH	0		194.11
194.14 FREE STANDING CATH LAB	0		194.14
194.15 FAMILY PRACTICE	0		194.15
194.17 FOUNDATION	0		194.17
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)	266,908		202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	266,908.000000		203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	1,808		204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	1,808.000000		205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provi der CCN: 150100		Period: From 07/01/2010 To 06/30/2011		Worksheet C Part I Date/Time Prepared: 1/23/2012 7:36 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		34,044,245	0	34,044,245	30.00	
31.00	INTENSIVE CARE UNIT		12,146,310	0	12,146,310	31.00	
31.02	NICU		6,281,647	0	6,281,647	31.02	
32.00	CORONARY CARE UNIT		2,420,899	0	2,420,899	32.00	
40.00	SUBPROVIDER - IPF		2,005,503	0	2,005,503	40.00	
41.00	SUBPROVIDER - IRF		4,325,661	0	4,325,661	41.00	
43.00	NURSERY		1,061,429	0	1,061,429	43.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM		51,338,557	0	51,338,557	50.00	
51.00	RECOVERY ROOM		2,841,634	0	2,841,634	51.00	
52.00	DELIVERY ROOM & LABOR ROOM		4,295,889	0	4,295,889	52.00	
53.00	ANESTHESIOLOGY		367,343	0	367,343	53.00	
54.00	RADIOLOGY - DIAGNOSTIC		10,239,383	0	10,239,383	54.00	
54.02	ULTRASOUND		1,262,892	0	1,262,892	54.02	
54.03	NUCLEAR MEDICINE		2,555,574	0	2,555,574	54.03	
56.00	RADIOISOTOPE		0	0	0	56.00	
57.00	CT SCAN		4,381,811	0	4,381,811	57.00	
59.00	CARDIAC CATHETERIZATION		6,711,528	0	6,711,528	59.00	
60.00	LABORATORY		13,898,202	0	13,898,202	60.00	
63.00	BLOOD STORING, PROCESSING, & TRANS.		3,667,352	0	3,667,352	63.00	
64.00	INTRAVENOUS THERAPY		2,102,959	0	2,102,959	64.00	
65.00	RESPIRATORY THERAPY	0	4,994,135	0	4,994,135	65.00	
66.00	PHYSICAL THERAPY	0	4,868,103	0	4,868,103	66.00	
67.00	OCCUPATIONAL THERAPY	0	1,784,331	0	1,784,331	67.00	
68.00	SPEECH PATHOLOGY	0	549,687	0	549,687	68.00	
69.00	ELECTROCARDIOLOGY		5,982,740	0	5,982,740	69.00	
69.02	CARDIAC REHAB		1,006,949	0	1,006,949	69.02	
69.03	DIABETIC EDUCATION		747,692	0	747,692	69.03	
70.00	ELECTROENCEPHALOGRAPHY		1,402,235	0	1,402,235	70.00	
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		14,775,715	0	14,775,715	71.00	
72.00	IMPLANTABLE DEVICES CHARGED TO PATIENTS		27,143,033	0	27,143,033	72.00	
73.00	DRUGS CHARGED TO PATIENTS		23,310,971	0	23,310,971	73.00	
74.00	RENAL DIALYSIS		1,705,766	0	1,705,766	74.00	
76.00	OTHER ANCILLARY		171,875	0	171,875	76.00	
76.01	MOBILE OUTREACH CLINIC		769,071	0	769,071	76.01	
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC		498,590	0	498,590	90.00	
90.01	OUTPATIENT PSYCH		393,061	0	393,061	90.01	
90.02	PEDS CLINIC		0	0	0	90.02	
90.04	BARIATRICS		391,524	0	391,524	90.04	
91.00	EMERGENCY		15,336,577	0	15,336,577	91.00	
91.01	DIAGNOSTIC TREATMENT CENTER		4,402,182	0	4,402,182	91.01	
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		3,832,108	0	3,832,108	92.00	
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES		3,505,596	0	3,505,596	95.00	
97.00	DURABLE MEDICAL EQUIP. - SOLD		0	0	0	97.00	
SPECIAL PURPOSE COST CENTERS							
106.00	HEART ACQUISITION		0	0	0	106.00	
200.00	Subtotal (see instructions)		283,520,759	0	283,520,759	200.00	
201.00	Less Observation Beds		3,832,108	0	3,832,108	201.00	
202.00	Total (see instructions)		279,688,651	0	279,688,651	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 150100	Period: From 07/01/2010 To 06/30/2011	Worksheet C Part I Date/Time Prepared: 1/23/2012 7:36 am	
			Title XVII	Hospital	PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
9.00	10.00					
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	39,863,531		39,863,531		30.00
31.00	INTENSIVE CARE UNIT	18,446,270		18,446,270		31.00
31.02	NICU	14,614,399		14,614,399		31.02
32.00	CORONARY CARE UNIT	3,326,308		3,326,308		32.00
40.00	SUBPROVIDER - IPF	2,726,601		2,726,601		40.00
41.00	SUBPROVIDER - IRF	4,405,884		4,405,884		41.00
43.00	NURSERY	1,770,660		1,770,660		43.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	54,087,507	105,403,223	159,490,730	0.321891	50.00
51.00	RECOVERY ROOM	8,212,465	7,167,536	15,380,001	0.184762	51.00
52.00	DELIVERY ROOM & LABOR ROOM	8,773,842	1,701,256	10,475,098	0.410105	52.00
53.00	ANESTHESIOLOGY	7,194,493	5,511,178	12,705,671	0.028912	53.00
54.00	RADIOLOGY - DIAGNOSTIC	18,344,531	38,518,539	56,863,070	0.180071	54.00
54.02	ULTRASOUND	6,520,336	7,802,742	14,323,078	0.088172	54.02
54.03	NUCLEAR MEDICINE	7,222,186	12,161,762	19,383,948	0.131840	54.03
56.00	RADIOISOTOPE	0	0	0	0.000000	56.00
57.00	CT SCAN	25,152,994	45,999,524	71,152,518	0.061583	57.00
59.00	CARDIAC CATHETERIZATION	32,241,375	18,970,340	51,211,715	0.131055	59.00
60.00	LABORATORY	28,787,939	39,267,929	68,055,868	0.204218	60.00
63.00	BLOOD STORING, PROCESSING, & TRANS.	5,982,063	1,994,445	7,976,508	0.459769	63.00
64.00	INTRAVENOUS THERAPY	3,047,750	2,808,751	5,856,501	0.359081	64.00
65.00	RESPIRATORY THERAPY	25,446,276	2,248,817	27,695,093	0.180326	65.00
66.00	PHYSICAL THERAPY	11,740,572	6,594,985	18,335,557	0.265501	66.00
67.00	OCCUPATIONAL THERAPY	7,648,060	175,575	7,823,635	0.228069	67.00
68.00	SPEECH PATHOLOGY	3,413,790	178,832	3,592,622	0.153004	68.00
69.00	ELECTROCARDIOLOGY	13,930,066	24,898,778	38,828,844	0.154080	69.00
69.02	CARDIAC REHAB	975	793,841	794,816	1.266896	69.02
69.03	DIABETIC EDUCATION	258	316,902	317,160	2.357460	69.03
70.00	ELECTROENCEPHALOGRAPHY	2,685,345	3,812,824	6,498,169	0.215789	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	49,276,166	25,276,751	74,552,917	0.198191	71.00
72.00	IMPLANTABLE DEVICES CHARGED TO PATIENTS	62,368,955	25,077,954	87,446,909	0.310394	72.00
73.00	DRUGS CHARGED TO PATIENTS	62,047,706	40,778,116	102,825,822	0.226703	73.00
74.00	RENAL DIALYSIS	2,650,037	372,753	3,022,790	0.564302	74.00
76.00	OTHER ANCILLARY	479,913	523,905	1,003,818	0.171221	76.00
76.01	MOBILE OUTREACH CLINIC	0	638,582	638,582	1.204342	76.01
OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	18,805	907,702	926,507	0.538139	90.00
90.01	OUTPATIENT PSYCH	357,483	35,616	393,099	0.999903	90.01
90.02	PEDS CLINIC	0	0	0	0.000000	90.02
90.04	BARIATRICS	0	239,425	239,425	1.635268	90.04
91.00	EMERGENCY	26,113,789	56,960,947	83,074,736	0.184612	91.00
91.01	DIAGNOSTIC TREATMENT CENTER	5,855,123	11,488,263	17,343,386	0.253825	91.01
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	65,919	5,615,820	5,681,739	0.674460	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	AMBULANCE SERVICES	102,610	7,233,503	7,336,113	0.477855	95.00
97.00	DURABLE MEDICAL EQUIP. - SOLD	0	0	0	0.000000	97.00
SPECIAL PURPOSE COST CENTERS						
106.00	HEART ACQUISITION	0	0	0		106.00
200.00	Subtotal (see instructions)	564,922,982	501,477,116	1,066,400,098		200.00
201.00	Less Observation Beds					201.00
202.00	Total (see instructions)	564,922,982	501,477,116	1,066,400,098		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150100	Period: From 07/01/2010 To 06/30/2011	Worksheet C Part I Date/Time Prepared: 1/23/2012 7:36 am
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital PPS
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	ADULTS & PEDIATRICS			30.00
31.00	INTENSIVE CARE UNIT			31.00
31.02	NICU			31.02
32.00	CORONARY CARE UNIT			32.00
40.00	SUBPROVIDER - IPF			40.00
41.00	SUBPROVIDER - IRF			41.00
43.00	NURSERY			43.00
	ANCILLARY SERVICE COST CENTERS			
50.00	OPERATING ROOM	0.321891		50.00
51.00	RECOVERY ROOM	0.184762		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.410105		52.00
53.00	ANESTHESIOLOGY	0.028912		53.00
54.00	RADIOLOGY - DIAGNOSTIC	0.180071		54.00
54.02	ULTRASOUND	0.088172		54.02
54.03	NUCLEAR MEDICINE	0.131840		54.03
56.00	RADIOISOTOPE	0.000000		56.00
57.00	CT SCAN	0.061583		57.00
59.00	CARDIAC CATHETERIZATION	0.131055		59.00
60.00	LABORATORY	0.204218		60.00
63.00	BLOOD STORING, PROCESSING, & TRANS.	0.459769		63.00
64.00	INTRAVENOUS THERAPY	0.359081		64.00
65.00	RESPIRATORY THERAPY	0.180326		65.00
66.00	PHYSICAL THERAPY	0.265501		66.00
67.00	OCCUPATIONAL THERAPY	0.228069		67.00
68.00	SPEECH PATHOLOGY	0.153004		68.00
69.00	ELECTROCARDIOLOGY	0.154080		69.00
69.02	CARDIAC REHAB	1.266896		69.02
69.03	DIABETIC EDUCATION	2.357460		69.03
70.00	ELECTROENCEPHALOGRAPHY	0.215789		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.198191		71.00
72.00	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.310394		72.00
73.00	DRUGS CHARGED TO PATIENTS	0.226703		73.00
74.00	RENAL DIALYSIS	0.564302		74.00
76.00	OTHER ANCILLARY	0.171221		76.00
76.01	MOBILE OUTREACH CLINIC	1.204342		76.01
	OUTPATIENT SERVICE COST CENTERS			
90.00	CLINIC	0.538139		90.00
90.01	OUTPATIENT PSYCH	0.999903		90.01
90.02	PEDS CLINIC	0.000000		90.02
90.04	BARIATRICS	1.635268		90.04
91.00	EMERGENCY	0.184612		91.00
91.01	DIAGNOSTIC TREATMENT CENTER	0.253825		91.01
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.674460		92.00
	OTHER REIMBURSABLE COST CENTERS			
95.00	AMBULANCE SERVICES	0.477855		95.00
97.00	DURABLE MEDICAL EQUIP. - SOLD	0.000000		97.00
	SPECIAL PURPOSE COST CENTERS			
106.00	HEART ACQUISITION			106.00
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: 150100	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part I Date/Time Prepared: 1/23/2012 7:36 am
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Cost Center Description	Title XVIII			Hospital	PPS	
	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	1,382,847	0	1,382,847	61,992	22.31	30.00
31.00 INTENSIVE CARE UNIT	537,536		537,536	13,627	39.45	31.00
31.02 NICU	183,831		183,831	8,338	22.05	31.02
32.00 CORONARY CARE UNIT	123,756		123,756	2,021	61.24	32.00
40.00 SUBPROVIDER - IPF	64,410	0	64,410	2,599	24.78	40.00
41.00 SUBPROVIDER - IRF	207,133	0	207,133	6,224	33.28	41.00
43.00 NURSERY	7,300		7,300	3,280	2.23	43.00
200.00 Total (Lines 30-199)	2,506,813		2,506,813	98,081		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150100	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part I Date/Time Prepared: 1/23/2012 7:36 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	25,485	568,570		30.00
31.00 INTENSIVE CARE UNIT	6,784	267,629		31.00
31.02 NICU	0	0		31.02
32.00 CORONARY CARE UNIT	977	59,831		32.00
40.00 SUBPROVIDER - IPF	722	17,891		40.00
41.00 SUBPROVIDER - IRF	2,963	98,609		41.00
43.00 NURSERY	0	0		43.00
200.00 Total (Lines 30-199)	36,931	1,012,530		200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 150100	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part II Date/Time Prepared: 1/23/2012 7:36 am		
			Title XVIII	Hospital	PPS		
Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	2,039,874	159,490,730	0.012790	20,600,633	263,482	50.00
51.00	RECOVERY ROOM	96,893	15,380,001	0.006300	3,611,363	22,752	51.00
52.00	DELIVERY ROOM & LABOR ROOM	140,498	10,475,098	0.013413	1,331,274	17,856	52.00
53.00	ANESTHESIOLOGY	78,620	12,705,671	0.006188	2,888,486	17,874	53.00
54.00	RADIOLOGY - DIAGNOSTIC	1,175,437	56,863,070	0.020671	7,994,428	165,253	54.00
54.02	ULTRASOUND	115,693	14,323,078	0.008077	2,421,054	19,555	54.02
54.03	NUCLEAR MEDICINE	276,269	19,383,948	0.014252	3,689,173	52,578	54.03
56.00	RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	CT SCAN	1,155,240	71,152,518	0.016236	11,068,412	179,707	57.00
59.00	CARDIAC CATHETERIZATION	1,030,132	51,211,715	0.020115	15,864,056	319,105	59.00
60.00	LABORATORY	362,598	68,055,868	0.005328	11,643,325	62,036	60.00
63.00	BLOOD STORING, PROCESSING, & TRANS.	42,693	7,976,508	0.005352	3,589,365	19,210	63.00
64.00	INTRAVENOUS THERAPY	103,303	5,856,501	0.017639	1,588,180	28,014	64.00
65.00	RESPIRATORY THERAPY	146,902	27,695,093	0.005304	10,072,571	53,425	65.00
66.00	PHYSICAL THERAPY	80,260	18,335,557	0.004377	3,761,664	16,465	66.00
67.00	OCCUPATIONAL THERAPY	22,752	7,823,635	0.002908	2,217,105	6,447	67.00
68.00	SPEECH PATHOLOGY	4,533	3,592,622	0.001262	706,670	892	68.00
69.00	ELECTROCARDIOLOGY	81,467	38,828,844	0.002098	7,193,065	15,091	69.00
69.02	CARDIAC REHAB	57,685	794,816	0.072577	780	57	69.02
69.03	DIABETIC EDUCATION	27,954	317,160	0.088138	0	0	69.03
70.00	ELECTROENCEPHALOGRAPHY	62,920	6,498,169	0.009683	804,049	7,786	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	152,632	74,552,917	0.002047	20,509,856	41,984	71.00
72.00	IMPLANTABLE DEVICES CHARGED TO PATIENTS	276,620	87,446,909	0.003163	27,207,859	86,058	72.00
73.00	DRUGS CHARGED TO PATIENTS	209,568	102,825,822	0.002038	26,229,151	53,455	73.00
74.00	RENAL DIALYSIS	34,709	3,022,790	0.011482	1,706,141	19,590	74.00
76.00	OTHER ANCILLARY	1,792	1,003,818	0.001785	0	0	76.00
76.01	MOBILE OUTREACH CLINIC	5,216	638,582	0.008168	0	0	76.01
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	10,624	926,507	0.011467	6,597	76	90.00
90.01	OUTPATIENT PSYCH	55,066	393,099	0.140082	15,400	2,157	90.01
90.02	PEDS CLINIC	0	0	0.000000	0	0	90.02
90.04	BARIATRICS	13,895	239,425	0.058035	0	0	90.04
91.00	EMERGENCY	272,783	83,074,736	0.003284	10,816,723	35,522	91.00
91.01	DIAGNOSTIC TREATMENT CENTER	140,181	17,343,386	0.008083	2,956,219	23,895	91.01
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	155,656	5,681,739	0.027396	23,585	646	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
97.00	DURABLE MEDICAL EQUIP. - SOLD	0	0	0.000000	0	0	97.00
200.00	Total (lines 50-199)	8,430,465	973,910,332		200,517,184	1,530,968	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150100		Period: From 07/01/2010 To 06/30/2011		Worksheet D Part III Date/Time Prepared: 1/23/2012 7:36 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
31.02	NICU	0	0	0	0	0	31.02
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
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: 150100		Period: From 07/01/2010 To 06/30/2011		Worksheet D Part III Date/Time Prepared: 1/23/2012 7:36 am	
		Title XVIII		Hospital		PPS	
Cost Center Description		Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
		6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	61,992	0.00	25,485	0		30.00
31.00	INTENSIVE CARE UNIT	13,627	0.00	6,784	0		31.00
31.02	NICU	8,338	0.00	0	0		31.02
32.00	CORONARY CARE UNIT	2,021	0.00	977	0		32.00
40.00	SUBPROVIDER - IPF	2,599	0.00	722	0		40.00
41.00	SUBPROVIDER - IRF	6,224	0.00	2,963	0		41.00
43.00	NURSERY	3,280	0.00	0	0		43.00
200.00	Total (Lines 30-199)	98,081		36,931	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150100	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 1/23/2012 7:36 am
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Cost Center Description		Title XVIII				Hospital		PPS	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)			
		1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS									
50.00	OPERATING ROOM	0	0	0	0	0	0	50.00	
51.00	RECOVERY ROOM	0	0	0	0	0	0	51.00	
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00	
53.00	ANESTHESIOLOGY	0	0	0	0	0	0	53.00	
54.00	RADIOLOGY - DIAGNOSTIC	0	0	0	0	0	0	54.00	
54.02	ULTRASOUND	0	0	0	0	0	0	54.02	
54.03	NUCLEAR MEDICINE	0	0	0	0	0	0	54.03	
56.00	RADIOISOTOPE	0	0	0	0	0	0	56.00	
57.00	CT SCAN	0	0	0	0	0	0	57.00	
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00	
60.00	LABORATORY	0	0	0	0	0	0	60.00	
63.00	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	0	63.00	
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	0	64.00	
65.00	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00	
66.00	PHYSICAL THERAPY	0	0	0	0	0	0	66.00	
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00	
68.00	SPEECH PATHOLOGY	0	0	0	0	0	0	68.00	
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00	
69.02	CARDIAC REHAB	0	0	0	0	0	0	69.02	
69.03	DIABETIC EDUCATION	0	0	0	0	0	0	69.03	
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00	
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	71.00	
72.00	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	0	72.00	
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00	
74.00	RENAL DIALYSIS	0	0	0	0	0	0	74.00	
76.00	OTHER ANCILLARY	0	0	0	0	0	0	76.00	
76.01	MOBILE OUTREACH CLINIC	0	0	0	0	0	0	76.01	
OUTPATIENT SERVICE COST CENTERS									
90.00	CLINIC	0	0	0	0	0	0	90.00	
90.01	OUTPATIENT PSYCH	0	0	0	0	0	0	90.01	
90.02	PEDS CLINIC	0	0	0	0	0	0	90.02	
90.04	BARIATRICS	0	0	0	0	0	0	90.04	
91.00	EMERGENCY	0	0	0	0	0	0	91.00	
91.01	DIAGNOSTIC TREATMENT CENTER	0	0	0	0	0	0	91.01	
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00	
OTHER REIMBURSABLE COST CENTERS									
95.00	AMBULANCE SERVICES							95.00	
97.00	DURABLE MEDICAL EQUIP. - SOLD	0	0	0	0	0	0	97.00	
200.00	Total (Lines 50-199)	0	0	0	0	0	0	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150100	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 1/23/2012 7:36 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	159,490,730	0.000000	0.000000	20,600,633	50.00
51.00 RECOVERY ROOM	0	15,380,001	0.000000	0.000000	3,611,363	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	10,475,098	0.000000	0.000000	1,331,274	52.00
53.00 ANESTHESIOLOGY	0	12,705,671	0.000000	0.000000	2,888,486	53.00
54.00 RADIOLOGY - DIAGNOSTIC	0	56,863,070	0.000000	0.000000	7,994,428	54.00
54.02 ULTRASOUND	0	14,323,078	0.000000	0.000000	2,421,054	54.02
54.03 NUCLEAR MEDICINE	0	19,383,948	0.000000	0.000000	3,689,173	54.03
56.00 RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
57.00 CT SCAN	0	71,152,518	0.000000	0.000000	11,068,412	57.00
59.00 CARDIAC CATHETERIZATION	0	51,211,715	0.000000	0.000000	15,864,056	59.00
60.00 LABORATORY	0	68,055,868	0.000000	0.000000	11,643,325	60.00
63.00 BLOOD STORING, PROCESSING, & TRANS.	0	7,976,508	0.000000	0.000000	3,589,365	63.00
64.00 INTRAVENOUS THERAPY	0	5,856,501	0.000000	0.000000	1,588,180	64.00
65.00 RESPIRATORY THERAPY	0	27,695,093	0.000000	0.000000	10,072,571	65.00
66.00 PHYSICAL THERAPY	0	18,335,557	0.000000	0.000000	3,761,664	66.00
67.00 OCCUPATIONAL THERAPY	0	7,823,635	0.000000	0.000000	2,217,105	67.00
68.00 SPEECH PATHOLOGY	0	3,592,622	0.000000	0.000000	706,670	68.00
69.00 ELECTROCARDIOLOGY	0	38,828,844	0.000000	0.000000	7,193,065	69.00
69.02 CARDIAC REHAB	0	794,816	0.000000	0.000000	780	69.02
69.03 DIABETIC EDUCATION	0	317,160	0.000000	0.000000	0	69.03
70.00 ELECTROENCEPHALOGRAPHY	0	6,498,169	0.000000	0.000000	804,049	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	74,552,917	0.000000	0.000000	20,509,856	71.00
72.00 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	87,446,909	0.000000	0.000000	27,207,859	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	102,825,822	0.000000	0.000000	26,229,151	73.00
74.00 RENAL DIALYSIS	0	3,022,790	0.000000	0.000000	1,706,141	74.00
76.00 OTHER ANCILLARY	0	1,003,818	0.000000	0.000000	0	76.00
76.01 MOBILE OUTREACH CLINIC	0	638,582	0.000000	0.000000	0	76.01
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	0	926,507	0.000000	0.000000	6,597	90.00
90.01 OUTPATIENT PSYCH	0	393,099	0.000000	0.000000	15,400	90.01
90.02 PEDS CLINIC	0	0	0.000000	0.000000	0	90.02
90.04 BARIATRICS	0	239,425	0.000000	0.000000	0	90.04
91.00 EMERGENCY	0	83,074,736	0.000000	0.000000	10,816,723	91.00
91.01 DIAGNOSTIC TREATMENT CENTER	0	17,343,386	0.000000	0.000000	2,956,219	91.01
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	5,681,739	0.000000	0.000000	23,585	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVICES						95.00
97.00 DURABLE MEDICAL EQUIP. - SOLD	0	0	0.000000	0.000000	0	97.00
200.00 Total (Lines 50-199)	0	973,910,332			200,517,184	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150100	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 1/23/2012 7:36 am
Title XVIII		Hospital	PPS

Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS				
50.00 OPERATING ROOM	0	31,297,630	0	50.00
51.00 RECOVERY ROOM	0	2,078,905	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	27,206	0	52.00
53.00 ANESTHESIOLOGY	0	1,255,678	0	53.00
54.00 RADIOLOGY - DIAGNOSTIC	0	10,004,549	0	54.00
54.02 ULTRASOUND	0	1,816,740	0	54.02
54.03 NUCLEAR MEDICINE	0	3,796,214	0	54.03
56.00 RADIOISOTOPE	0	0	0	56.00
57.00 CT SCAN	0	11,360,279	0	57.00
59.00 CARDIAC CATHETERIZATION	0	5,038,751	0	59.00
60.00 LABORATORY	0	951,390	0	60.00
63.00 BLOOD STORING, PROCESSING, & TRANS.	0	1,097,408	0	63.00
64.00 INTRAVENOUS THERAPY	0	962,655	0	64.00
65.00 RESPIRATORY THERAPY	0	748,936	0	65.00
66.00 PHYSICAL THERAPY	0	71,385	0	66.00
67.00 OCCUPATIONAL THERAPY	0	2,650	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	8,444,254	0	69.00
69.02 CARDIAC REHAB	0	401,349	0	69.02
69.03 DIABETIC EDUCATION	0	0	0	69.03
70.00 ELECTROENCEPHALOGRAPHY	0	757,582	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	7,255,176	0	71.00
72.00 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	9,169,102	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	15,278,206	0	73.00
74.00 RENAL DIALYSIS	0	164,282	0	74.00
76.00 OTHER ANCILLARY	0	374,445	0	76.00
76.01 MOBILE OUTREACH CLINIC	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS				
90.00 CLINIC	0	380,665	0	90.00
90.01 OUTPATIENT PSYCH	0	16,681	0	90.01
90.02 PEDIATRIC CLINIC	0	0	0	90.02
90.04 BARIATRICS	0	0	0	90.04
91.00 EMERGENCY	0	8,602,290	0	91.00
91.01 DIAGNOSTIC TREATMENT CENTER	0	3,374,883	0	91.01
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	1,408,050	0	92.00
OTHER REIMBURSABLE COST CENTERS				
95.00 AMBULANCE SERVICES				95.00
97.00 DURABLE MEDICAL EQUIP. - SOLD	0	0	0	97.00
200.00 Total (Lines 50-199)	0	126,137,341	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150100	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part V Date/Time Prepared: 1/23/2012 7:36 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	0.321891	31,297,630	0	0		50.00
51.00 RECOVERY ROOM	0.184762	2,078,905	0	0		51.00
52.00 DELIVERY ROOM & LABOR ROOM	0.410105	27,206	0	0		52.00
53.00 ANESTHESIOLOGY	0.028912	1,255,678	0	0		53.00
54.00 RADIOLOGY - DIAGNOSTIC	0.180071	10,004,549	0	0		54.00
54.02 ULTRASOUND	0.088172	1,816,740	0	0		54.02
54.03 NUCLEAR MEDICINE	0.131840	3,796,214	0	0		54.03
56.00 RADIOISOTOPE	0.000000	0	0	0		56.00
57.00 CT SCAN	0.061583	11,360,279	0	0		57.00
59.00 CARDIAC CATHETERIZATION	0.131055	5,038,751	0	0		59.00
60.00 LABORATORY	0.204218	951,390	0	0		60.00
63.00 BLOOD STORING, PROCESSING, & TRANS.	0.459769	1,097,408	0	0		63.00
64.00 INTRAVENOUS THERAPY	0.359081	962,655	0	0		64.00
65.00 RESPIRATORY THERAPY	0.180326	748,936	0	0		65.00
66.00 PHYSICAL THERAPY	0.265501	71,385	0	0		66.00
67.00 OCCUPATIONAL THERAPY	0.228069	2,650	0	0		67.00
68.00 SPEECH PATHOLOGY	0.153004	0	0	0		68.00
69.00 ELECTROCARDIOLOGY	0.154080	8,444,254	0	0		69.00
69.02 CARDIAC REHAB	1.266896	401,349	0	0		69.02
69.03 DIABETIC EDUCATION	2.357460	0	0	0		69.03
70.00 ELECTROENCEPHALOGRAPHY	0.215789	757,582	0	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.198191	7,255,176	0	0		71.00
72.00 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.310394	9,169,102	18,847	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	0.226703	15,278,206	28,317	0		73.00
74.00 RENAL DIALYSIS	0.564302	164,282	0	0		74.00
76.00 OTHER ANCILLARY	0.171221	374,445	0	0		76.00
76.01 MOBILE OUTREACH CLINIC	1.204342	0	0	0		76.01
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	0.538139	380,665	0	0		90.00
90.01 OUTPATIENT PSYCH	0.999903	16,681	0	0		90.01
90.02 PEDS CLINIC	0.000000	0	0	0		90.02
90.04 BARIATRICS	1.635268	0	0	0		90.04
91.00 EMERGENCY	0.184612	8,602,290	0	0		91.00
91.01 DIAGNOSTIC TREATMENT CENTER	0.253825	3,374,883	0	0		91.01
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0.674460	1,408,050	0	0		92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVICES	0.477855	0	0	0		95.00
97.00 DURABLE MEDICAL EQUIP. - SOLD	0.000000	0	0	0		97.00
200.00 Subtotal (see instructions)		126,137,341	47,164	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00 Net Charges (line 200 +/- line 201)		126,137,341	47,164	0		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150100	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part V Date/Time Prepared: 1/23/2012 7:36 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	10,074,425	0	0		50.00
51.00 RECOVERY ROOM	384,103	0	0		51.00
52.00 DELIVERY ROOM & LABOR ROOM	11,157	0	0		52.00
53.00 ANESTHESIOLOGY	36,304	0	0		53.00
54.00 RADIOLOGY - DIAGNOSTIC	1,801,529	0	0		54.00
54.02 ULTRASOUND	160,186	0	0		54.02
54.03 NUCLEAR MEDICINE	500,493	0	0		54.03
56.00 RADIOISOTOPE	0	0	0		56.00
57.00 CT SCAN	699,600	0	0		57.00
59.00 CARDIAC CATHETERIZATION	660,354	0	0		59.00
60.00 LABORATORY	194,291	0	0		60.00
63.00 BLOOD STORING, PROCESSING, & TRANS.	504,554	0	0		63.00
64.00 INTRAVENOUS THERAPY	345,671	0	0		64.00
65.00 RESPIRATORY THERAPY	135,053	0	0		65.00
66.00 PHYSICAL THERAPY	18,953	0	0		66.00
67.00 OCCUPATIONAL THERAPY	604	0	0		67.00
68.00 SPEECH PATHOLOGY	0	0	0		68.00
69.00 ELECTROCARDIOLOGY	1,301,091	0	0		69.00
69.02 CARDIAC REHAB	508,467	0	0		69.02
69.03 DIABETIC EDUCATION	0	0	0		69.03
70.00 ELECTROENCEPHALOGRAPHY	163,478	0	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,437,911	0	0		71.00
72.00 IMPLANTABLE DEVICES CHARGED TO PATIENTS	2,846,034	5,850	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	3,463,615	6,420	0		73.00
74.00 RENAL DIALYSIS	92,705	0	0		74.00
76.00 OTHER ANCILLARY	64,113	0	0		76.00
76.01 MOBILE OUTREACH CLINIC	0	0	0		76.01
OUTPATIENT SERVICE COST CENTERS					
90.00 CLINIC	204,851	0	0		90.00
90.01 OUTPATIENT PSYCH	16,679	0	0		90.01
90.02 PEDS CLINIC	0	0	0		90.02
90.04 BARIATRICS	0	0	0		90.04
91.00 EMERGENCY	1,588,086	0	0		91.00
91.01 DIAGNOSTIC TREATMENT CENTER	856,630	0	0		91.01
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	949,673	0	0		92.00
OTHER REIMBURSABLE COST CENTERS					
95.00 AMBULANCE SERVICES		0			95.00
97.00 DURABLE MEDICAL EQUIP. - SOLD	0	0	0		97.00
200.00 Subtotal (see instructions)	29,020,610	12,270	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges		0			201.00
202.00 Net Charges (line 200 +/- line 201)	29,020,610	12,270	0		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150100 Component CCN: 15S100		Period: From 07/01/2010 To 06/30/2011		Worksheet D Part II Date/Time Prepared: 1/23/2012 7:36 am	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	2,039,874	159,490,730	0.012790	0	0	50.00
51.00	RECOVERY ROOM	96,893	15,380,001	0.006300	750	5	51.00
52.00	DELIVERY ROOM & LABOR ROOM	140,498	10,475,098	0.013413	0	0	52.00
53.00	ANESTHESIOLOGY	78,620	12,705,671	0.006188	0	0	53.00
54.00	RADIOLOGY - DIAGNOSTIC	1,175,437	56,863,070	0.020671	11,945	247	54.00
54.02	ULTRASOUND	115,693	14,323,078	0.008077	1,300	11	54.02
54.03	NUCLEAR MEDICINE	276,269	19,383,948	0.014252	6,790	97	54.03
56.00	RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	CT SCAN	1,155,240	71,152,518	0.016236	20,845	338	57.00
59.00	CARDIAC CATHETERIZATION	1,030,132	51,211,715	0.020115	0	0	59.00
60.00	LABORATORY	362,598	68,055,868	0.005328	65,962	351	60.00
63.00	BLOOD STORING, PROCESSING, & TRANS.	42,693	7,976,508	0.005352	1,014	5	63.00
64.00	INTRAVENOUS THERAPY	103,303	5,856,501	0.017639	0	0	64.00
65.00	RESPIRATORY THERAPY	146,902	27,695,093	0.005304	1,042	6	65.00
66.00	PHYSICAL THERAPY	80,260	18,335,557	0.004377	14,410	63	66.00
67.00	OCCUPATIONAL THERAPY	22,752	7,823,635	0.002908	5,620	16	67.00
68.00	SPEECH PATHOLOGY	4,533	3,592,622	0.001262	650	1	68.00
69.00	ELECTROCARDIOLOGY	81,467	38,828,844	0.002098	9,390	20	69.00
69.02	CARDIAC REHAB	57,685	794,816	0.072577	0	0	69.02
69.03	DIABETIC EDUCATION	27,954	317,160	0.088138	0	0	69.03
70.00	ELECTROENCEPHALOGRAPHY	62,920	6,498,169	0.009683	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	152,632	74,552,917	0.002047	19,339	40	71.00
72.00	IMPLANTABLE DEVICES CHARGED TO PATIENTS	276,620	87,446,909	0.003163	72	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	209,568	102,825,822	0.002038	164,662	336	73.00
74.00	RENAL DIALYSIS	34,709	3,022,790	0.011482	0	0	74.00
76.00	OTHER ANCILLARY	1,792	1,003,818	0.001785	66,780	119	76.00
76.01	MOBILE OUTREACH CLINIC	5,216	638,582	0.008168	0	0	76.01
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	10,624	926,507	0.011467	0	0	90.00
90.01	OUTPATIENT PSYCH	55,066	393,099	0.140082	90,514	12,679	90.01
90.02	PEDS CLINIC	0	0	0.000000	0	0	90.02
90.04	BARIATRICS	13,895	239,425	0.058035	0	0	90.04
91.00	EMERGENCY	272,783	83,074,736	0.003284	73,371	241	91.00
91.01	DIAGNOSTIC TREATMENT CENTER	140,181	17,343,386	0.008083	1,995	16	91.01
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	155,656	5,681,739	0.027396	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
97.00	DURABLE MEDICAL EQUIP. - SOLD	0	0	0.000000	0	0	97.00
200.00	Total (lines 50-199)	8,430,465	973,910,332		556,451	14,591	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150100 Component CCN: 15S100	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 1/23/2012 7:36 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
54.02 ULTRASOUND	0	0	0	0	0	54.02
54.03 NUCLEAR MEDICINE	0	0	0	0	0	54.03
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 CT SCAN	0	0	0	0	0	57.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	0	0	0	60.00
63.00 BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.02 CARDIAC REHAB	0	0	0	0	0	69.02
69.03 DIABETIC EDUCATION	0	0	0	0	0	69.03
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00 OTHER ANCILLARY	0	0	0	0	0	76.00
76.01 MOBILE OUTREACH CLINIC	0	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	0	0	0	0	0	90.00
90.01 OUTPATIENT PSYCH	0	0	0	0	0	90.01
90.02 PEDS CLINIC	0	0	0	0	0	90.02
90.04 BARIATRICS	0	0	0	0	0	90.04
91.00 EMERGENCY	0	0	0	0	0	91.00
91.01 DIAGNOSTIC TREATMENT CENTER	0	0	0	0	0	91.01
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVICES						95.00
97.00 DURABLE MEDICAL EQUIP. - SOLD	0	0	0	0	0	97.00
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: 150100 Component CCN: 15S100	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 1/23/2012 7:36 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	159,490,730	0.000000	0.000000	0	50.00
51.00 RECOVERY ROOM	0	15,380,001	0.000000	0.000000	750	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	10,475,098	0.000000	0.000000	0	52.00
53.00 ANESTHESIOLOGY	0	12,705,671	0.000000	0.000000	0	53.00
54.00 RADIOLOGY - DIAGNOSTIC	0	56,863,070	0.000000	0.000000	11,945	54.00
54.02 ULTRASOUND	0	14,323,078	0.000000	0.000000	1,300	54.02
54.03 NUCLEAR MEDICINE	0	19,383,948	0.000000	0.000000	6,790	54.03
56.00 RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
57.00 CT SCAN	0	71,152,518	0.000000	0.000000	20,845	57.00
59.00 CARDIAC CATHETERIZATION	0	51,211,715	0.000000	0.000000	0	59.00
60.00 LABORATORY	0	68,055,868	0.000000	0.000000	65,962	60.00
63.00 BLOOD STORING, PROCESSING, & TRANS.	0	7,976,508	0.000000	0.000000	1,014	63.00
64.00 INTRAVENOUS THERAPY	0	5,856,501	0.000000	0.000000	0	64.00
65.00 RESPIRATORY THERAPY	0	27,695,093	0.000000	0.000000	1,042	65.00
66.00 PHYSICAL THERAPY	0	18,335,557	0.000000	0.000000	14,410	66.00
67.00 OCCUPATIONAL THERAPY	0	7,823,635	0.000000	0.000000	5,620	67.00
68.00 SPEECH PATHOLOGY	0	3,592,622	0.000000	0.000000	650	68.00
69.00 ELECTROCARDIOLOGY	0	38,828,844	0.000000	0.000000	9,390	69.00
69.02 CARDIAC REHAB	0	794,816	0.000000	0.000000	0	69.02
69.03 DIABETIC EDUCATION	0	317,160	0.000000	0.000000	0	69.03
70.00 ELECTROENCEPHALOGRAPHY	0	6,498,169	0.000000	0.000000	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	74,552,917	0.000000	0.000000	19,339	71.00
72.00 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	87,446,909	0.000000	0.000000	72	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	102,825,822	0.000000	0.000000	164,662	73.00
74.00 RENAL DIALYSIS	0	3,022,790	0.000000	0.000000	0	74.00
76.00 OTHER ANCILLARY	0	1,003,818	0.000000	0.000000	66,780	76.00
76.01 MOBILE OUTREACH CLINIC	0	638,582	0.000000	0.000000	0	76.01
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	0	926,507	0.000000	0.000000	0	90.00
90.01 OUTPATIENT PSYCH	0	393,099	0.000000	0.000000	90,514	90.01
90.02 PEDS CLINIC	0	0	0.000000	0.000000	0	90.02
90.04 BARIATRICS	0	239,425	0.000000	0.000000	0	90.04
91.00 EMERGENCY	0	83,074,736	0.000000	0.000000	73,371	91.00
91.01 DIAGNOSTIC TREATMENT CENTER	0	17,343,386	0.000000	0.000000	1,995	91.01
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	5,681,739	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVICES						95.00
97.00 DURABLE MEDICAL EQUIP. - SOLD	0	0	0.000000	0.000000	0	97.00
200.00 Total (Lines 50-199)	0	973,910,332			556,451	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150100 Component CCN: 15S100	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 1/23/2012 7:36 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)	
	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS				
50.00 OPERATING ROOM	0	0	0	50.00
51.00 RECOVERY ROOM	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	53.00
54.00 RADIOLOGY - DIAGNOSTIC	0	0	0	54.00
54.02 ULTRASOUND	0	0	0	54.02
54.03 NUCLEAR MEDICINE	0	0	0	54.03
56.00 RADIOISOTOPE	0	0	0	56.00
57.00 CT SCAN	0	0	0	57.00
59.00 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00 LABORATORY	0	0	0	60.00
63.00 BLOOD STORING, PROCESSING, & TRANS.	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	64.00
65.00 RESPIRATORY THERAPY	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	69.00
69.02 CARDIAC REHAB	0	0	0	69.02
69.03 DIABETIC EDUCATION	0	0	0	69.03
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	74.00
76.00 OTHER ANCILLARY	0	0	0	76.00
76.01 MOBILE OUTREACH CLINIC	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS				
90.00 CLINIC	0	0	0	90.00
90.01 OUTPATIENT PSYCH	0	0	0	90.01
90.02 PEDS CLINIC	0	0	0	90.02
90.04 BARIATRICS	0	0	0	90.04
91.00 EMERGENCY	0	0	0	91.00
91.01 DIAGNOSTIC TREATMENT CENTER	0	0	0	91.01
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS				
95.00 AMBULANCE SERVICES	0	0	0	95.00
97.00 DURABLE MEDICAL EQUIP. - SOLD	0	0	0	97.00
200.00 Total (lines 50-199)	0	0	0	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 150100	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part II Date/Time Prepared: 1/23/2012 7:36 am	
			Title XVIII		Subprovider - IRF	PPS
Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	2,039,874	159,490,730	0.012790	34,315	439	50.00
51.00 RECOVERY ROOM	96,893	15,380,001	0.006300	5,085	32	51.00
52.00 DELIVERY ROOM & LABOR ROOM	140,498	10,475,098	0.013413	0	0	52.00
53.00 ANESTHESIOLOGY	78,620	12,705,671	0.006188	1,900	12	53.00
54.00 RADIOLOGY - DIAGNOSTIC	1,175,437	56,863,070	0.020671	74,400	1,538	54.00
54.02 ULTRASOUND	115,693	14,323,078	0.008077	269,415	2,176	54.02
54.03 NUCLEAR MEDICINE	276,269	19,383,948	0.014252	22,805	325	54.03
56.00 RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00 CT SCAN	1,155,240	71,152,518	0.016236	135,850	2,206	57.00
59.00 CARDIAC CATHETERIZATION	1,030,132	51,211,715	0.020115	0	0	59.00
60.00 LABORATORY	362,598	68,055,868	0.005328	320,168	1,706	60.00
63.00 BLOOD STORING, PROCESSING, & TRANS.	42,693	7,976,508	0.005352	28,821	154	63.00
64.00 INTRAVENOUS THERAPY	103,303	5,856,501	0.017639	0	0	64.00
65.00 RESPIRATORY THERAPY	146,902	27,695,093	0.005304	105,465	559	65.00
66.00 PHYSICAL THERAPY	80,260	18,335,557	0.004377	1,789,325	7,832	66.00
67.00 OCCUPATIONAL THERAPY	22,752	7,823,635	0.002908	1,692,540	4,922	67.00
68.00 SPEECH PATHOLOGY	4,533	3,592,622	0.001262	434,495	548	68.00
69.00 ELECTROCARDIOLOGY	81,467	38,828,844	0.002098	25,975	54	69.00
69.02 CARDIAC REHAB	57,685	794,816	0.072577	0	0	69.02
69.03 DIABETIC EDUCATION	27,954	317,160	0.088138	0	0	69.03
70.00 ELECTROENCEPHALOGRAPHY	62,920	6,498,169	0.009683	3,210	31	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	152,632	74,552,917	0.002047	186,424	382	71.00
72.00 IMPLANTABLE DEVICES CHARGED TO PATIENTS	276,620	87,446,909	0.003163	8,708	28	72.00
73.00 DRUGS CHARGED TO PATIENTS	209,568	102,825,822	0.002038	644,179	1,313	73.00
74.00 RENAL DIALYSIS	34,709	3,022,790	0.011482	161,794	1,858	74.00
76.00 OTHER ANCILLARY	1,792	1,003,818	0.001785	0	0	76.00
76.01 MOBILE OUTREACH CLINIC	5,216	638,582	0.008168	0	0	76.01
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	10,624	926,507	0.011467	145	2	90.00
90.01 OUTPATIENT PSYCH	55,066	393,099	0.140082	275	39	90.01
90.02 PEDS CLINIC	0	0	0.000000	0	0	90.02
90.04 BARIATRICS	13,895	239,425	0.058035	0	0	90.04
91.00 EMERGENCY	272,783	83,074,736	0.003284	14,125	46	91.00
91.01 DIAGNOSTIC TREATMENT CENTER	140,181	17,343,386	0.008083	10,175	82	91.01
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	155,656	5,681,739	0.027396	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
97.00 DURABLE MEDICAL EQUIP. - SOLD	0	0	0.000000	0	0	97.00
200.00 Total (lines 50-199)	8,430,465	973,910,332		5,969,594	26,284	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150100 Component CCN: 15T100	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 1/23/2012 7:36 am
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	0	0	0	0	50.00
51.00 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY - DIAGNOSTIC	0	0	0	0	0	54.00
54.02 ULTRASOUND	0	0	0	0	0	54.02
54.03 NUCLEAR MEDICINE	0	0	0	0	0	54.03
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 CT SCAN	0	0	0	0	0	57.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	0	0	0	60.00
63.00 BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.02 CARDIAC REHAB	0	0	0	0	0	69.02
69.03 DIABETIC EDUCATION	0	0	0	0	0	69.03
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00 OTHER ANCILLARY	0	0	0	0	0	76.00
76.01 MOBILE OUTREACH CLINIC	0	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	0	0	0	0	0	90.00
90.01 OUTPATIENT PSYCH	0	0	0	0	0	90.01
90.02 PEDIATRIC CLINIC	0	0	0	0	0	90.02
90.04 BARIATRICS	0	0	0	0	0	90.04
91.00 EMERGENCY	0	0	0	0	0	91.00
91.01 DIAGNOSTIC TREATMENT CENTER	0	0	0	0	0	91.01
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVICES						95.00
97.00 DURABLE MEDICAL EQUIP. - SOLD	0	0	0	0	0	97.00
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: 150100 Component CCN: 15T100		Period: From 07/01/2010 To 06/30/2011		Worksheet D Part IV Date/Time Prepared: 1/23/2012 7:36 am	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Total	Total Charges	Ratio of Cost	Outpatient	Inpatient	Program	Charges
	Outpatient	(from Wkst. C,	to Charges	Ratio of Cost			
	Cost (sum of	Part I, col.	(col. 5 + col.	to Charges			
	col. 2, 3 and	8)	7)	(col. 6 + col.			
	4)			7)			
	6.00	7.00	8.00	9.00			10.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	159,490,730	0.000000	0.000000		34,315 50.00
51.00	RECOVERY ROOM	0	15,380,001	0.000000	0.000000		5,085 51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	10,475,098	0.000000	0.000000		0 52.00
53.00	ANESTHESIOLOGY	0	12,705,671	0.000000	0.000000		1,900 53.00
54.00	RADIOLOGY - DIAGNOSTIC	0	56,863,070	0.000000	0.000000		74,400 54.00
54.02	ULTRASOUND	0	14,323,078	0.000000	0.000000		269,415 54.02
54.03	NUCLEAR MEDICINE	0	19,383,948	0.000000	0.000000		22,805 54.03
56.00	RADIOISOTOPE	0	0	0.000000	0.000000		0 56.00
57.00	CT SCAN	0	71,152,518	0.000000	0.000000		135,850 57.00
59.00	CARDIAC CATHETERIZATION	0	51,211,715	0.000000	0.000000		0 59.00
60.00	LABORATORY	0	68,055,868	0.000000	0.000000		320,168 60.00
63.00	BLOOD STORING, PROCESSING, & TRANS.	0	7,976,508	0.000000	0.000000		28,821 63.00
64.00	INTRAVENOUS THERAPY	0	5,856,501	0.000000	0.000000		0 64.00
65.00	RESPIRATORY THERAPY	0	27,695,093	0.000000	0.000000		105,465 65.00
66.00	PHYSICAL THERAPY	0	18,335,557	0.000000	0.000000		1,789,325 66.00
67.00	OCCUPATIONAL THERAPY	0	7,823,635	0.000000	0.000000		1,692,540 67.00
68.00	SPEECH PATHOLOGY	0	3,592,622	0.000000	0.000000		434,495 68.00
69.00	ELECTROCARDIOLOGY	0	38,828,844	0.000000	0.000000		25,975 69.00
69.02	CARDIAC REHAB	0	794,816	0.000000	0.000000		0 69.02
69.03	DIABETIC EDUCATION	0	317,160	0.000000	0.000000		0 69.03
70.00	ELECTROENCEPHALOGRAPHY	0	6,498,169	0.000000	0.000000		3,210 70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	74,552,917	0.000000	0.000000		186,424 71.00
72.00	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	87,446,909	0.000000	0.000000		8,708 72.00
73.00	DRUGS CHARGED TO PATIENTS	0	102,825,822	0.000000	0.000000		644,179 73.00
74.00	RENAL DIALYSIS	0	3,022,790	0.000000	0.000000		161,794 74.00
76.00	OTHER ANCILLARY	0	1,003,818	0.000000	0.000000		0 76.00
76.01	MOBILE OUTREACH CLINIC	0	638,582	0.000000	0.000000		0 76.01
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	0	926,507	0.000000	0.000000		145 90.00
90.01	OUTPATIENT PSYCH	0	393,099	0.000000	0.000000		275 90.01
90.02	PEDS CLINIC	0	0	0.000000	0.000000		0 90.02
90.04	BARIATRICS	0	239,425	0.000000	0.000000		0 90.04
91.00	EMERGENCY	0	83,074,736	0.000000	0.000000		14,125 91.00
91.01	DIAGNOSTIC TREATMENT CENTER	0	17,343,386	0.000000	0.000000		10,175 91.01
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	5,681,739	0.000000	0.000000		0 92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES						
97.00	DURABLE MEDICAL EQUIP. - SOLD	0	0	0.000000	0.000000		0 97.00
200.00	Total (Lines 50-199)	0	973,910,332				5,969,594 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150100	Period: From 07/01/2010	Worksheet D Part IV Date/Time Prepared: 1/23/2012 7:36 am
	Component CCN: 15T100	To 06/30/2011	
Title XVIII		Subprovider - IRF	PPS

Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS				
50.00 OPERATING ROOM	0	0	0	50.00
51.00 RECOVERY ROOM	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	53.00
54.00 RADIOLOGY - DIAGNOSTIC	0	6,190	0	54.00
54.02 ULTRASOUND	0	3,885	0	54.02
54.03 NUCLEAR MEDICINE	0	1,120	0	54.03
56.00 RADIOISOTOPE	0	0	0	56.00
57.00 CT SCAN	0	0	0	57.00
59.00 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00 LABORATORY	0	0	0	60.00
63.00 BLOOD STORING, PROCESSING, & TRANS.	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	64.00
65.00 RESPIRATORY THERAPY	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	225	0	69.00
69.02 CARDIAC REHAB	0	0	0	69.02
69.03 DIABETIC EDUCATION	0	0	0	69.03
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	6,240	0	71.00
72.00 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	5,795	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	74.00
76.00 OTHER ANCILLARY	0	0	0	76.00
76.01 MOBILE OUTREACH CLINIC	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS				
90.00 CLINIC	0	0	0	90.00
90.01 OUTPATIENT PSYCH	0	0	0	90.01
90.02 PEDS CLINIC	0	0	0	90.02
90.04 BARIATRICS	0	0	0	90.04
91.00 EMERGENCY	0	0	0	91.00
91.01 DIAGNOSTIC TREATMENT CENTER	0	0	0	91.01
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS				
95.00 AMBULANCE SERVICES	0	0	0	95.00
97.00 DURABLE MEDICAL EQUIP. - SOLD	0	0	0	97.00
200.00 Total (Lines 50-199)	0	23,455	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150100	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part V Date/Time Prepared: 1/23/2012 7:36 am		
		Title XVIII	Subprovider - IRF	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	0.321891	0	0	0	50.00
51.00	RECOVERY ROOM	0.184762	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.410105	0	0	0	52.00
53.00	ANESTHESIOLOGY	0.028912	0	0	0	53.00
54.00	RADIOLOGY - DIAGNOSTIC	0.180071	6,190	0	0	54.00
54.02	ULTRASOUND	0.088172	3,885	0	0	54.02
54.03	NUCLEAR MEDICINE	0.131840	1,120	0	0	54.03
56.00	RADIOISOTOPE	0.000000	0	0	0	56.00
57.00	CT SCAN	0.061583	0	0	0	57.00
59.00	CARDIAC CATHETERIZATION	0.131055	0	0	0	59.00
60.00	LABORATORY	0.204218	0	0	0	60.00
63.00	BLOOD STORING, PROCESSING, & TRANS.	0.459769	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0.359081	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0.180326	0	0	0	65.00
66.00	PHYSICAL THERAPY	0.265501	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0.228069	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0.153004	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0.154080	225	0	0	69.00
69.02	CARDIAC REHAB	1.266896	0	0	0	69.02
69.03	DIABETIC EDUCATION	2.357460	0	0	0	69.03
70.00	ELECTROENCEPHALOGRAPHY	0.215789	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.198191	6,240	0	0	71.00
72.00	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.310394	5,795	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.226703	0	0	0	73.00
74.00	RENAL DIALYSIS	0.564302	0	0	0	74.00
76.00	OTHER ANCILLARY	0.171221	0	0	0	76.00
76.01	MOBILE OUTREACH CLINIC	1.204342	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	0.538139	0	0	0	90.00
90.01	OUTPATIENT PSYCH	0.999903	0	0	0	90.01
90.02	PEDS CLINIC	0.000000	0	0	0	90.02
90.04	BARIATRICS	1.635268	0	0	0	90.04
91.00	EMERGENCY	0.184612	0	0	0	91.00
91.01	DIAGNOSTIC TREATMENT CENTER	0.253825	0	0	0	91.01
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.674460	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	AMBULANCE SERVICES	0.477855	0	0	0	95.00
97.00	DURABLE MEDICAL EQUIP. - SOLD	0.000000	0	0	0	97.00
200.00	Subtotal (see instructions)		23,455	0	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		23,455	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150100 Component CCN: 15T100	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part V Date/Time Prepared: 1/23/2012 7:36 am
	Title XVIII	Subprovider - IRF	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	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	1,115	0	0		54.00
54.02 ULTRASOUND	343	0	0		54.02
54.03 NUCLEAR MEDICINE	148	0	0		54.03
56.00 RADIOISOTOPE	0	0	0		56.00
57.00 CT SCAN	0	0	0		57.00
59.00 CARDIAC CATHETERIZATION	0	0	0		59.00
60.00 LABORATORY	0	0	0		60.00
63.00 BLOOD STORING, PROCESSING, & TRANS.	0	0	0		63.00
64.00 INTRAVENOUS THERAPY	0	0	0		64.00
65.00 RESPIRATORY THERAPY	0	0	0		65.00
66.00 PHYSICAL THERAPY	0	0	0		66.00
67.00 OCCUPATIONAL THERAPY	0	0	0		67.00
68.00 SPEECH PATHOLOGY	0	0	0		68.00
69.00 ELECTROCARDIOLOGY	35	0	0		69.00
69.02 CARDIAC REHAB	0	0	0		69.02
69.03 DIABETIC EDUCATION	0	0	0		69.03
70.00 ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,237	0	0		71.00
72.00 IMPLANTABLE DEVICES CHARGED TO PATIENTS	1,799	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0		73.00
74.00 RENAL DIALYSIS	0	0	0		74.00
76.00 OTHER ANCILLARY	0	0	0		76.00
76.01 MOBILE OUTREACH CLINIC	0	0	0		76.01
OUTPATIENT SERVICE COST CENTERS					
90.00 CLINIC	0	0	0		90.00
90.01 OUTPATIENT PSYCH	0	0	0		90.01
90.02 PEDIATRIC CLINIC	0	0	0		90.02
90.04 BARIATRICS	0	0	0		90.04
91.00 EMERGENCY	0	0	0		91.00
91.01 DIAGNOSTIC TREATMENT CENTER	0	0	0		91.01
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
OTHER REIMBURSABLE COST CENTERS					
95.00 AMBULANCE SERVICES		0			95.00
97.00 DURABLE MEDICAL EQUIP. - SOLD	0	0	0		97.00
200.00 Subtotal (see instructions)	4,677	0	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges		0			201.00
202.00 Net Charges (line 200 +/- line 201)	4,677	0	0		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150100	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part V Date/Time Prepared: 1/23/2012 7:36 am
	Title XIX	Hospital	Cost

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Cost
		PPS Reimbursed Services (see instructions)	Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)	
	1.00	2.00	3.00	4.00	
ANCILLARY SERVICE COST CENTERS					
50.00 OPERATING ROOM	0.000000	3,400,790	0	0	50.00
51.00 RECOVERY ROOM	0.000000	318,339	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0.000000	169,775	0	0	52.00
53.00 ANESTHESIOLOGY	0.000000	243,641	0	0	53.00
54.00 RADIOLOGY - DIAGNOSTIC	0.000000	1,518,992	0	0	54.00
54.02 ULTRASOUND	0.000000	662,824	0	0	54.02
54.03 NUCLEAR MEDICINE	0.000000	803,432	0	0	54.03
56.00 RADIOISOTOPE	0.000000	0	0	0	56.00
57.00 CT SCAN	0.000000	3,123,789	0	0	57.00
59.00 CARDIAC CATHETERIZATION	0.000000	944,251	0	0	59.00
60.00 LABORATORY	0.000000	2,545,446	0	0	60.00
63.00 BLOOD STORING, PROCESSING, & TRANS.	0.000000	107,810	0	0	63.00
64.00 INTRAVENOUS THERAPY	0.000000	268,698	0	0	64.00
65.00 RESPIRATORY THERAPY	0.000000	191,101	0	0	65.00
66.00 PHYSICAL THERAPY	0.000000	407,205	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0.000000	10,296	0	0	67.00
68.00 SPEECH PATHOLOGY	0.000000	7,858	0	0	68.00
69.00 ELECTROCARDIOLOGY	0.000000	923,079	0	0	69.00
69.02 CARDIAC REHAB	0.000000	2,715	0	0	69.02
69.03 DIABETIC EDUCATION	0.000000	15,279	0	0	69.03
70.00 ELECTROENCEPHALOGRAPHY	0.000000	148,407	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	91,658	0	0	71.00
72.00 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.000000	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0.000000	2,196,999	0	0	73.00
74.00 RENAL DIALYSIS	0.000000	39,132	0	0	74.00
76.00 OTHER ANCILLARY	0.000000	0	0	0	76.00
76.01 MOBILE OUTREACH CLINIC	0.000000	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS					
90.00 CLINIC	0.000000	22,850	0	0	90.00
90.01 OUTPATIENT PSYCH	0.000000	3,513	0	0	90.01
90.02 PEDS CLINIC	0.000000	0	0	0	90.02
90.04 BARIATRICS	0.000000	0	0	0	90.04
91.00 EMERGENCY	0.000000	4,882,212	0	0	91.00
91.01 DIAGNOSTIC TREATMENT CENTER	0.000000	540,499	0	0	91.01
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	355,878	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00 AMBULANCE SERVICES	0.000000	226,018	0	0	95.00
97.00 DURABLE MEDICAL EQUIP. - SOLD	0.000000	0	0	0	97.00
200.00 Subtotal (see instructions)		23,946,468	0	0	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00 Net Charges (line 200 +/- line 201)		23,946,468	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150100	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part V Date/Time Prepared: 1/23/2012 7:36 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	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
54.02 ULTRASOUND	0	0	0		54.02
54.03 NUCLEAR MEDICINE	0	0	0		54.03
56.00 RADIOISOTOPE	0	0	0		56.00
57.00 CT SCAN	0	0	0		57.00
59.00 CARDIAC CATHETERIZATION	0	0	0		59.00
60.00 LABORATORY	0	0	0		60.00
63.00 BLOOD STORING, PROCESSING, & TRANS.	0	0	0		63.00
64.00 INTRAVENOUS THERAPY	0	0	0		64.00
65.00 RESPIRATORY THERAPY	0	0	0		65.00
66.00 PHYSICAL THERAPY	0	0	0		66.00
67.00 OCCUPATIONAL THERAPY	0	0	0		67.00
68.00 SPEECH PATHOLOGY	0	0	0		68.00
69.00 ELECTROCARDIOLOGY	0	0	0		69.00
69.02 CARDIAC REHAB	0	0	0		69.02
69.03 DIABETIC EDUCATION	0	0	0		69.03
70.00 ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0		71.00
72.00 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0		73.00
74.00 RENAL DIALYSIS	0	0	0		74.00
76.00 OTHER ANCILLARY	0	0	0		76.00
76.01 MOBILE OUTREACH CLINIC	0	0	0		76.01
OUTPATIENT SERVICE COST CENTERS					
90.00 CLINIC	0	0	0		90.00
90.01 OUTPATIENT PSYCH	0	0	0		90.01
90.02 PEDS CLINIC	0	0	0		90.02
90.04 BARIATRICS	0	0	0		90.04
91.00 EMERGENCY	0	0	0		91.00
91.01 DIAGNOSTIC TREATMENT CENTER	0	0	0		91.01
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
OTHER REIMBURSABLE COST CENTERS					
95.00 AMBULANCE SERVICES		0			95.00
97.00 DURABLE MEDICAL EQUIP. - SOLD	0	0	0		97.00
200.00 Subtotal (see instructions)	0	0	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges		0			201.00
202.00 Net Charges (line 200 +/- line 201)	0	0	0		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150100	Period: From 07/01/2010 To 06/30/2011	Worksheet D-1 Date/Time Prepared: 1/23/2012 7:36 am
		Title XVIII	Hospital	PPS
Cost Center Description		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		61,992	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		61,992	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)		61,992	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)		25,485	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)		34,044,245	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)		34,044,245	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		76,316,427	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)		0.446093	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)		34,044,245	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)		549.17	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		13,995,597	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)		13,995,597	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 150100	Period: From 07/01/2010 To 06/30/2011	Worksheet D-1 Date/Time Prepared: 1/23/2012 7:36 am
				Title XVIII	Hospital	PPS
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
	1.00	2.00	3.00	4.00	5.00	
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units						
43.00 INTENSIVE CARE UNIT	12,146,310	13,627	891.34	6,784	6,046,851	43.00
43.02 NICU	6,281,647	8,338	753.38	0	0	43.02
44.00 CORONARY CARE UNIT	2,420,899	2,021	1,197.87	977	1,170,319	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)					44,339,115	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					65,551,882	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)					896,030	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,530,968	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					2,426,998	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					63,124,884	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)					6,978	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					549.17	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					3,832,108	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150100		Period: From 07/01/2010 To 06/30/2011		Worksheet D-1 Date/Time Prepared: 1/23/2012 7:36 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	1,382,847	34,044,245	0.040619	3,832,108	155,656	90.00
91.00	Nursing School cost	0	34,044,245	0.000000	3,832,108	0	91.00
92.00	Allied health cost	0	34,044,245	0.000000	3,832,108	0	92.00
93.00	All other Medical Education	0	34,044,245	0.000000	3,832,108	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150100 Component CCN: 15S100	Period: From 07/01/2010 To 06/30/2011	Worksheet D-1 Date/Time Prepared: 1/23/2012 7:36 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)			2,599 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			2,599 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)			2,599 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)			722 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)			2,005,503 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)			2,005,503 27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)			2,726,601 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)			0.735532 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)			2,005,503 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)			771.64 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			557,124 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)			557,124 41.00

COMPUTATION OF INPATIENT OPERATING COST					Provider CCN: 150100	Period: From 07/01/2010 To 06/30/2011	Worksheet D-1
					Component CCN: 15S100		Date/Time Prepared: 1/23/2012 7:36 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	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	0	43.00
43.02 NICU	0	0	0.00	0	0	0	43.02
44.00 CORONARY CARE UNIT	0	0	0.00	0	0	0	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)					182,537		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					739,661		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)					17,891		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					14,591		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					32,482		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					707,179		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: 150100 Component CCN: 15S100		Period: From 07/01/2011 To 06/30/2011		Worksheet D-1 Date/Time Prepared: 1/23/2012 7:36 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	64,410	2,005,503	0.032117	0	0	90.00
91.00	Nursing School cost	0	2,005,503	0.000000	0	0	91.00
92.00	Allied health cost	0	2,005,503	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,005,503	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150100 Component CCN: 15T100	Period: From 07/01/2010 To 06/30/2011	Worksheet D-1 Date/Time Prepared: 1/23/2012 7:36 am
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			6,224 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			6,224 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)			6,224 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)			2,963 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)			4,325,661 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)			4,325,661 27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)			4,405,884 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)			0.981792 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)			4,325,661 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)			695.00 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			2,059,285 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)			2,059,285 41.00

COMPUTATION OF INPATIENT OPERATING COST					Provider CCN: 150100	Period: From 07/01/2010 To 06/30/2011	Worksheet D-1
					Component CCN: 15T100		Date/Time Prepared: 1/23/2012 7:36 am
					Title XVIII	Subprovider - IRF	PPS
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	0	43.00
43.02 NICU	0	0	0.00	0	0	0	43.02
44.00 CORONARY CARE UNIT	0	0	0.00	0	0	0	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)					1,373,010		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,432,295		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)					98,609		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					26,284		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					124,893		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					3,307,402		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: 150100 Component CCN: 15T100		Period: From 07/01/2010 To 06/30/2011		Worksheet D-1 Date/Time Prepared: 1/23/2012 7:36 am	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	207,133	4,325,661	0.047885	0	0	90.00
91.00	Nursing School cost	0	4,325,661	0.000000	0	0	91.00
92.00	Allied health cost	0	4,325,661	0.000000	0	0	92.00
93.00	All other Medical Education	0	4,325,661	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150100	Period: From 07/01/2010 To 06/30/2011	Worksheet D-1 Date/Time Prepared: 1/23/2012 7:36 am
Cost Center Description		Title XIX	Hospital	Cost
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			61,992 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			61,992 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)			61,992 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)			2,929 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)			3,280 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)			76,316,427 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: 150100	Period: From 07/01/2010 To 06/30/2011	Worksheet D-1 Date/Time Prepared: 1/23/2012 7:36 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)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	3,280	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	13,627	0.00	683	0	43.00
43.02	NICU	0	8,338	0.00	1,063	0	43.02
44.00	CORONARY CARE UNIT	0	2,021	0.00	60	0	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)					6,978	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: 150100		Period: From 07/01/2010 To 06/30/2011		Worksheet D-1 Date/Time Prepared: 1/23/2012 7:36 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: 150100	Period: From 07/01/2010 To 06/30/2011	Worksheet D-3 Date/Time Prepared: 1/23/2012 7:36 am	
Cost Center Description		Title XVIII	Hospital	PPS	
		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		18,670,287		30.00
31.00	INTENSIVE CARE UNIT		9,122,604		31.00
31.02	NICU		0		31.02
32.00	CORONARY CARE UNIT		1,641,512		32.00
40.00	SUBPROVIDER - IPF		0		40.00
41.00	SUBPROVIDER - IRF		0		41.00
43.00	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.321891	20,600,633	6,631,158	50.00
51.00	RECOVERY ROOM	0.184762	3,611,363	667,243	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.410105	1,331,274	545,962	52.00
53.00	ANESTHESIOLOGY	0.028912	2,888,486	83,512	53.00
54.00	RADIOLOGY - DIAGNOSTIC	0.180071	7,994,428	1,439,565	54.00
54.02	ULTRASOUND	0.088172	2,421,054	213,469	54.02
54.03	NUCLEAR MEDICINE	0.131840	3,689,173	486,381	54.03
56.00	RADIOISOTOPE	0.000000	0	0	56.00
57.00	CT SCAN	0.061583	11,068,412	681,626	57.00
59.00	CARDIAC CATHETERIZATION	0.131055	15,864,056	2,079,064	59.00
60.00	LABORATORY	0.204218	11,643,325	2,377,777	60.00
63.00	BLOOD STORING, PROCESSING, & TRANS.	0.459769	3,589,365	1,650,279	63.00
64.00	INTRAVENOUS THERAPY	0.359081	1,588,180	570,285	64.00
65.00	RESPIRATORY THERAPY	0.180326	10,072,571	1,816,346	65.00
66.00	PHYSICAL THERAPY	0.265501	3,761,664	998,726	66.00
67.00	OCCUPATIONAL THERAPY	0.228069	2,217,105	505,653	67.00
68.00	SPEECH PATHOLOGY	0.153004	706,670	108,123	68.00
69.00	ELECTROCARDIOLOGY	0.154080	7,193,065	1,108,307	69.00
69.02	CARDIAC REHAB	1.266896	780	988	69.02
69.03	DIABETIC EDUCATION	2.357460	0	0	69.03
70.00	ELECTROENCEPHALOGRAPHY	0.215789	804,049	173,505	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.198191	20,509,856	4,064,869	71.00
72.00	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.310394	27,207,859	8,445,156	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.226703	26,229,151	5,946,227	73.00
74.00	RENAL DIALYSIS	0.564302	1,706,141	962,779	74.00
76.00	OTHER ANCILLARY	0.171221	0	0	76.00
76.01	MOBILE OUTREACH CLINIC	1.204342	0	0	76.01
OUTPATIENT SERVICE COST CENTERS					
90.00	CLINIC	0.538139	6,597	3,550	90.00
90.01	OUTPATIENT PSYCH	0.999903	15,400	15,399	90.01
90.02	PEDS CLINIC	0.000000	0	0	90.02
90.04	BARIATRICS	1.635268	0	0	90.04
91.00	EMERGENCY	0.184612	10,816,723	1,996,897	91.00
91.01	DIAGNOSTIC TREATMENT CENTER	0.253825	2,956,219	750,362	91.01
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.674460	23,585	15,907	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	AMBULANCE SERVICES				95.00
97.00	DURABLE MEDICAL EQUIP. - SOLD	0.000000	0	0	97.00
200.00	Total (sum of lines 50-94 and 96-98)		200,517,184	44,339,115	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)		200,517,184		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150100 Component CCN: 15S100	Period: From 07/01/2010 To 06/30/2011	Worksheet D-3 Date/Time Prepared: 1/23/2012 7:36 am	
		Title VIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS		0		30.00
31.00	INTENSIVE CARE UNIT		0		31.00
31.02	NICU		0		31.02
32.00	CORONARY CARE UNIT		0		32.00
40.00	SUBPROVIDER - IPF		857,412		40.00
41.00	SUBPROVIDER - IRF		0		41.00
43.00	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.321891	0	0	50.00
51.00	RECOVERY ROOM	0.184762	750	139	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.410105	0	0	52.00
53.00	ANESTHESIOLOGY	0.028912	0	0	53.00
54.00	RADIOLOGY - DIAGNOSTIC	0.180071	11,945	2,151	54.00
54.02	ULTRASOUND	0.088172	1,300	115	54.02
54.03	NUCLEAR MEDICINE	0.131840	6,790	895	54.03
56.00	RADIOISOTOPE	0.000000	0	0	56.00
57.00	CT SCAN	0.061583	20,845	1,284	57.00
59.00	CARDIAC CATHETERIZATION	0.131055	0	0	59.00
60.00	LABORATORY	0.204218	65,962	13,471	60.00
63.00	BLOOD STORING, PROCESSING, & TRANS.	0.459769	1,014	466	63.00
64.00	INTRAVENOUS THERAPY	0.359081	0	0	64.00
65.00	RESPIRATORY THERAPY	0.180326	1,042	188	65.00
66.00	PHYSICAL THERAPY	0.265501	14,410	3,826	66.00
67.00	OCCUPATIONAL THERAPY	0.228069	5,620	1,282	67.00
68.00	SPEECH PATHOLOGY	0.153004	650	99	68.00
69.00	ELECTROCARDIOLOGY	0.154080	9,390	1,447	69.00
69.02	CARDIAC REHAB	1.266896	0	0	69.02
69.03	DIABETIC EDUCATION	2.357460	0	0	69.03
70.00	ELECTROENCEPHALOGRAPHY	0.215789	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.198191	19,339	3,833	71.00
72.00	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.310394	72	22	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.226703	164,662	37,329	73.00
74.00	RENAL DIALYSIS	0.564302	0	0	74.00
76.00	OTHER ANCILLARY	0.171221	66,780	11,434	76.00
76.01	MOBILE OUTREACH CLINIC	1.204342	0	0	76.01
OUTPATIENT SERVICE COST CENTERS					
90.00	CLINIC	0.538139	0	0	90.00
90.01	OUTPATIENT PSYCH	0.999903	90,514	90,505	90.01
90.02	PEDS CLINIC	0.000000	0	0	90.02
90.04	BARiatricS	1.635268	0	0	90.04
91.00	EMERGENCY	0.184612	73,371	13,545	91.00
91.01	DIAGNOSTIC TREATMENT CENTER	0.253825	1,995	506	91.01
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.674460	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	AMBULANCE SERVICES				95.00
97.00	DURABLE MEDICAL EQUIP. - SOLD	0.000000	0	0	97.00
200.00	Total (sum of lines 50-94 and 96-98)		556,451	182,537	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)		556,451		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150100	Period: From 07/01/2010 To 06/30/2011	Worksheet D-3	
		Component CCN: 15T100		Date/Time Prepared: 1/23/2012 7:36 am	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS		0		30.00
31.00	INTENSIVE CARE UNIT		0		31.00
31.02	NICU		0		31.02
32.00	CORONARY CARE UNIT		0		32.00
40.00	SUBPROVIDER - IPF		0		40.00
41.00	SUBPROVIDER - IRF		2,096,744		41.00
43.00	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.321891	34,315	11,046	50.00
51.00	RECOVERY ROOM	0.184762	5,085	940	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.410105	0	0	52.00
53.00	ANESTHESIOLOGY	0.028912	1,900	55	53.00
54.00	RADIOLOGY - DIAGNOSTIC	0.180071	74,400	13,397	54.00
54.02	ULTRASOUND	0.088172	269,415	23,755	54.02
54.03	NUCLEAR MEDICINE	0.131840	22,805	3,007	54.03
56.00	RADIOISOTOPE	0.000000	0	0	56.00
57.00	CT SCAN	0.061583	135,850	8,366	57.00
59.00	CARDIAC CATHETERIZATION	0.131055	0	0	59.00
60.00	LABORATORY	0.204218	320,168	65,384	60.00
63.00	BLOOD STORING, PROCESSING, & TRANS.	0.459769	28,821	13,251	63.00
64.00	INTRAVENOUS THERAPY	0.359081	0	0	64.00
65.00	RESPIRATORY THERAPY	0.180326	105,465	19,018	65.00
66.00	PHYSICAL THERAPY	0.265501	1,789,325	475,068	66.00
67.00	OCCUPATIONAL THERAPY	0.228069	1,692,540	386,016	67.00
68.00	SPEECH PATHOLOGY	0.153004	434,495	66,479	68.00
69.00	ELECTROCARDIOLOGY	0.154080	25,975	4,002	69.00
69.02	CARDIAC REHAB	1.266896	0	0	69.02
69.03	DIABETIC EDUCATION	2.357460	0	0	69.03
70.00	ELECTROENCEPHALOGRAPHY	0.215789	3,210	693	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.198191	186,424	36,948	71.00
72.00	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.310394	8,708	2,703	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.226703	644,179	146,037	73.00
74.00	RENAL DIALYSIS	0.564302	161,794	91,301	74.00
76.00	OTHER ANCILLARY	0.171221	0	0	76.00
76.01	MOBILE OUTREACH CLINIC	1.204342	0	0	76.01
OUTPATIENT SERVICE COST CENTERS					
90.00	CLINIC	0.538139	145	78	90.00
90.01	OUTPATIENT PSYCH	0.999903	275	275	90.01
90.02	PEDS CLINIC	0.000000	0	0	90.02
90.04	BARIATRICS	1.635268	0	0	90.04
91.00	EMERGENCY	0.184612	14,125	2,608	91.00
91.01	DIAGNOSTIC TREATMENT CENTER	0.253825	10,175	2,583	91.01
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.674460	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	AMBULANCE SERVICES				95.00
97.00	DURABLE MEDICAL EQUIP. - SOLD	0.000000	0	0	97.00
200.00	Total (sum of lines 50-94 and 96-98)		5,969,594	1,373,010	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)		5,969,594		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150100	Period: From 07/01/2010 To 06/30/2011	Worksheet D-3 Date/Time Prepared: 1/23/2012 7:36 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		2,213,329		30.00
31.00	INTENSIVE CARE UNIT		977,291		31.00
31.02	NICU		1,971,425		31.02
32.00	CORONARY CARE UNIT		103,633		32.00
40.00	SUBPROVIDER - IPF		0		40.00
41.00	SUBPROVIDER - IRF		0		41.00
43.00	NURSERY		0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.000000	2,724,821	0	50.00
51.00	RECOVERY ROOM	0.000000	262,067	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.000000	687,126	0	52.00
53.00	ANESTHESIOLOGY	0.000000	218,797	0	53.00
54.00	RADIOLOGY - DIAGNOSTIC	0.000000	1,042,630	0	54.00
54.02	ULTRASOUND	0.000000	443,008	0	54.02
54.03	NUCLEAR MEDICINE	0.000000	368,208	0	54.03
56.00	RADIOISOTOPE	0.000000	0	0	56.00
57.00	CT SCAN	0.000000	1,245,229	0	57.00
59.00	CARDIAC CATHETERIZATION	0.000000	1,553,858	0	59.00
60.00	LABORATORY	0.000000	1,667,552	0	60.00
63.00	BLOOD STORING, PROCESSING, & TRANS.	0.000000	237,219	0	63.00
64.00	INTRAVENOUS THERAPY	0.000000	846,573	0	64.00
65.00	RESPIRATORY THERAPY	0.000000	2,404,037	0	65.00
66.00	PHYSICAL THERAPY	0.000000	558,293	0	66.00
67.00	OCCUPATIONAL THERAPY	0.000000	462,677	0	67.00
68.00	SPEECH PATHOLOGY	0.000000	239,474	0	68.00
69.00	ELECTROCARDIOLOGY	0.000000	741,072	0	69.00
69.02	CARDIAC REHAB	0.000000	0	0	69.02
69.03	DIABETIC EDUCATION	0.000000	0	0	69.03
70.00	ELECTROENCEPHALOGRAPHY	0.000000	95,386	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	429,667	0	71.00
72.00	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.000000	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.000000	3,172,375	0	73.00
74.00	RENAL DIALYSIS	0.000000	133,607	0	74.00
76.00	OTHER ANCILLARY	0.000000	4,306	0	76.00
76.01	MOBILE OUTREACH CLINIC	0.000000	0	0	76.01
OUTPATIENT SERVICE COST CENTERS					
90.00	CLINIC	0.000000	0	0	90.00
90.01	OUTPATIENT PSYCH	0.000000	0	0	90.01
90.02	PEDS CLINIC	0.000000	0	0	90.02
90.04	BARIATRICS	0.000000	0	0	90.04
91.00	EMERGENCY	0.000000	1,271,980	0	91.00
91.01	DIAGNOSTIC TREATMENT CENTER	0.000000	252,236	0	91.01
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	AMBULANCE SERVICES				95.00
97.00	DURABLE MEDICAL EQUIP. - SOLD	0.000000	0	0	97.00
200.00	Total (sum of lines 50-94 and 96-98)		21,062,198	0	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net Charges (line 200 minus line 201)		21,062,198	0	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150100	Period: From 07/01/2010 To 06/30/2011	Worksheet D-3
		Component CCN: 15S100	Date/Time Prepared: 1/23/2012 7:36 am	
		Title XIX	Subprovider - IPF	Cost
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
		1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS		0	30.00
31.00	INTENSIVE CARE UNIT		0	31.00
31.02	NICU		0	31.02
32.00	CORONARY CARE UNIT		0	32.00
40.00	SUBPROVIDER - IPF		257,501	40.00
41.00	SUBPROVIDER - IRF		0	41.00
43.00	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0.000000	0	50.00
51.00	RECOVERY ROOM	0.000000	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.000000	0	52.00
53.00	ANESTHESIOLOGY	0.000000	0	53.00
54.00	RADIOLOGY - DIAGNOSTIC	0.000000	0	54.00
54.02	ULTRASOUND	0.000000	0	54.02
54.03	NUCLEAR MEDICINE	0.000000	0	54.03
56.00	RADIOISOTOPE	0.000000	0	56.00
57.00	CT SCAN	0.000000	0	57.00
59.00	CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	LABORATORY	0.000000	0	60.00
63.00	BLOOD STORING, PROCESSING, & TRANS.	0.000000	0	63.00
64.00	INTRAVENOUS THERAPY	0.000000	0	64.00
65.00	RESPIRATORY THERAPY	0.000000	0	65.00
66.00	PHYSICAL THERAPY	0.000000	0	66.00
67.00	OCCUPATIONAL THERAPY	0.000000	0	67.00
68.00	SPEECH PATHOLOGY	0.000000	0	68.00
69.00	ELECTROCARDIOLOGY	0.000000	0	69.00
69.02	CARDIAC REHAB	0.000000	0	69.02
69.03	DIABETIC EDUCATION	0.000000	0	69.03
70.00	ELECTROENCEPHALOGRAPHY	0.000000	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	71.00
72.00	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.000000	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.000000	0	73.00
74.00	RENAL DIALYSIS	0.000000	0	74.00
76.00	OTHER ANCILLARY	0.000000	0	76.00
76.01	MOBILE OUTREACH CLINIC	0.000000	0	76.01
OUTPATIENT SERVICE COST CENTERS				
90.00	CLINIC	0.000000	0	90.00
90.01	OUTPATIENT PSYCH	0.000000	0	90.01
90.02	PEDS CLINIC	0.000000	0	90.02
90.04	BARIATRICS	0.000000	0	90.04
91.00	EMERGENCY	0.000000	0	91.00
91.01	DIAGNOSTIC TREATMENT CENTER	0.000000	0	91.01
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	AMBULANCE SERVICES			95.00
97.00	DURABLE MEDICAL EQUIP. - SOLD	0.000000	0	97.00
200.00	Total (sum of lines 50-94 and 96-98)		0	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00	Net Charges (line 200 minus line 201)		0	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150100	Period: From 07/01/2010 To 06/30/2011	Worksheet D-3
		Component CCN: 15T100	Date/Time Prepared: 1/23/2012 7:36 am	
		Title XIX	Subprovider - IRF	Cost
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
		1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS		0	30.00
31.00	INTENSIVE CARE UNIT		0	31.00
31.02	NICU		0	31.02
32.00	CORONARY CARE UNIT		0	32.00
40.00	SUBPROVIDER - IPF		0	40.00
41.00	SUBPROVIDER - IRF		400,277	41.00
43.00	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0.000000	0	50.00
51.00	RECOVERY ROOM	0.000000	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.000000	0	52.00
53.00	ANESTHESIOLOGY	0.000000	0	53.00
54.00	RADIOLOGY - DIAGNOSTIC	0.000000	0	54.00
54.02	ULTRASOUND	0.000000	0	54.02
54.03	NUCLEAR MEDICINE	0.000000	0	54.03
56.00	RADIOISOTOPE	0.000000	0	56.00
57.00	CT SCAN	0.000000	0	57.00
59.00	CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	LABORATORY	0.000000	0	60.00
63.00	BLOOD STORING, PROCESSING, & TRANS.	0.000000	0	63.00
64.00	INTRAVENOUS THERAPY	0.000000	0	64.00
65.00	RESPIRATORY THERAPY	0.000000	0	65.00
66.00	PHYSICAL THERAPY	0.000000	0	66.00
67.00	OCCUPATIONAL THERAPY	0.000000	0	67.00
68.00	SPEECH PATHOLOGY	0.000000	0	68.00
69.00	ELECTROCARDIOLOGY	0.000000	0	69.00
69.02	CARDIAC REHAB	0.000000	0	69.02
69.03	DIABETIC EDUCATION	0.000000	0	69.03
70.00	ELECTROENCEPHALOGRAPHY	0.000000	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	71.00
72.00	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.000000	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.000000	0	73.00
74.00	RENAL DIALYSIS	0.000000	0	74.00
76.00	OTHER ANCILLARY	0.000000	0	76.00
76.01	MOBILE OUTREACH CLINIC	0.000000	0	76.01
OUTPATIENT SERVICE COST CENTERS				
90.00	CLINIC	0.000000	0	90.00
90.01	OUTPATIENT PSYCH	0.000000	0	90.01
90.02	PEDS CLINIC	0.000000	0	90.02
90.04	BARIATRICS	0.000000	0	90.04
91.00	EMERGENCY	0.000000	0	91.00
91.01	DIAGNOSTIC TREATMENT CENTER	0.000000	0	91.01
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	AMBULANCE SERVICES			95.00
97.00	DURABLE MEDICAL EQUIP. - SOLD	0.000000	0	97.00
200.00	Total (sum of lines 50-94 and 96-98)		0	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00	Net Charges (line 200 minus line 201)		0	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150100	Period: From 07/01/2010 To 06/30/2011	Worksheet E Part A Date/Time Prepared: 1/23/2012 7:36 am
		Title XVIII	Hospital	PPS
			before 1/1	on/after 1/1
			1.00	1.01
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS				
1.00	DRG Amounts Other than Outlier Payments		52,452,671	1.00
2.00	Outlier payments for discharges. (see instructions)		1,267,575	2.00
3.00	Managed Care Simulated Payments		7,769,637	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		375.88	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)		16.42	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)		5.20	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)		11.22	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.		3.00	11.00
12.00	Current year allowable FTE (see instructions)		3.00	12.00
13.00	Total allowable FTE count for the prior year.		3.00	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.		3.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		3.00	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		3.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.007981	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.007819	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.007819	21.00
22.00	IME payment adjustment (see instructions)		256,848	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)		256,848	29.00
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		5.05	30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)		20.03	31.00
32.00	Sum of lines 30 and 31		25.08	32.00
33.00	Allowable disproportionate share percentage (see instructions)		9.91	33.00
34.00	Disproportionate share adjustment (see instructions)		5,198,060	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)		59,175,154	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)		59,175,154	49.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150100	Period: From 07/01/2010 To 06/30/2011	Worksheet E Part A Date/Time Prepared: 1/23/2012 7:36 am	
		Title XVIII	Hospital	PPS	
			before 1/1	on/after 1/1	
			1.00	1.01	
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		4,557,473		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).		93,428		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
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)		63,826,055		59.00
60.00	Primary payer payments		74,080		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		63,751,975		61.00
62.00	Deductibles billed to program beneficiaries		5,493,836		62.00
63.00	Coinsurance billed to program beneficiaries		210,373		63.00
64.00	Allowable bad debts (see instructions)		1,069,771		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		748,840		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		756,910		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		58,796,606		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)		17,724		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)		58,814,330		71.00
72.00	Interim payments		59,668,371		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)		-854,041		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		493,055		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: 150100	Period: From 07/01/2010 To 06/30/2011	Worksheet E Part B Date/Time Prepared: 1/23/2012 7:36 am
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		12,270	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		29,020,610	2.00
3.00	PPS payments		24,209,983	3.00
4.00	Outlier payment (see instructions)		0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		12,270	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		47,164	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)		47,164	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)		47,164	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		34,894	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		12,270	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)		24,209,983	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		3,769	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		5,164,924	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)		19,053,560	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		38,948	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)		19,092,508	30.00
31.00	Primary payer payments		3,493	31.00
32.00	Subtotal (line 30 minus line 31)		19,089,015	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		1,241,028	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		868,720	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		886,873	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		19,957,735	37.00
38.00	MSP-LCC reconciliation amount from PS&R		606	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)		19,957,129	40.00
41.00	Interim payments		19,734,340	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)		222,789	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: 150100 Component CCN: 15S100	Period: From 07/01/2010 To 06/30/2011	Worksheet E Part B Date/Time Prepared: 1/23/2012 7:36 am
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)			0 1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)			0 2.00
3.00	PPS payments			0 3.00
4.00	Outlier payment (see instructions)			0 4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)			0.000 5.00
6.00	Line 2 times line 5			0 6.00
7.00	Sum of line 3 plus line 4 divided by line 6			0.00 7.00
8.00	Transitional corridor payment (see instructions)			0 8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200			0 9.00
10.00	Organ acquisitions			0 10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)			0 11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges			0 12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)			0 13.00
14.00	Total reasonable charges (sum of lines 12 and 13)			0 14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis			0 15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)			0 16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)			0.000000 17.00
18.00	Total customary charges (see instructions)			0 18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			0 19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)			0 20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)			0 21.00
22.00	Interns and residents (see instructions)			0 22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)			0 23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)			0 24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)			0 25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)			0 26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)			0 27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)			0 28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)			0 29.00
30.00	Subtotal (sum of lines 27 through 29)			0 30.00
31.00	Primary payer payments			0 31.00
32.00	Subtotal (line 30 minus line 31)			0 32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)			0 33.00
34.00	Allowable bad debts (see instructions)			0 34.00
35.00	Adjusted reimbursable bad debts (see instructions)			0 35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)			0 37.00
38.00	MSP-LCC reconciliation amount from PS&R			0 38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 39.00
39.99	RECOVERY OF ACCELERATED DEPRECIATION			0 39.99
40.00	Subtotal (line 37 plus or minus lines 39 minus 38)			0 40.00
41.00	Interim payments			0 41.00
42.00	Tentative settlement (for contractors use only)			0 42.00
43.00	Balance due provider/program (line 40 minus the sum of lines 41, and 42)			0 43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2			0 44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)			0 90.00
91.00	Outlier reconciliation adjustment amount (see instructions)			0 91.00
92.00	The rate used to calculate the Time Value of Money			0.00 92.00
93.00	Time Value of Money (see instructions)			0 93.00
94.00	Total (sum of lines 91 and 93)			0 94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150100 Component CCN: 15T100	Period: From 07/01/2010 To 06/30/2011	Worksheet E Part B Date/Time Prepared: 1/23/2012 7:36 am
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)			0 1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)			4,677 2.00
3.00	PPS payments			2,499 3.00
4.00	Outlier payment (see instructions)			0 4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)			0.000 5.00
6.00	Line 2 times line 5			0 6.00
7.00	Sum of line 3 plus line 4 divided by line 6			0.00 7.00
8.00	Transitional corridor payment (see instructions)			0 8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200			0 9.00
10.00	Organ acquisitions			0 10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)			0 11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges			0 12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)			0 13.00
14.00	Total reasonable charges (sum of lines 12 and 13)			0 14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis			0 15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)			0 16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)			0.000000 17.00
18.00	Total customary charges (see instructions)			0 18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			0 19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)			0 20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)			0 21.00
22.00	Interns and residents (see instructions)			0 22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)			0 23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)			2,499 24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)			0 25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)			611 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)			1,888 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)			1,888 30.00
31.00	Primary payer payments			0 31.00
32.00	Subtotal (line 30 minus line 31)			1,888 32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)			0 33.00
34.00	Allowable bad debts (see instructions)			0 34.00
35.00	Adjusted reimbursable bad debts (see instructions)			0 35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)			1,888 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)			1,888 40.00
41.00	Interim payments			1,888 41.00
42.00	Tentative settlement (for contractors use only)			0 42.00
43.00	Balance due provider/program (line 40 minus the sum of lines 41, and 42)			0 43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2			0 44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)			0 90.00
91.00	Outlier reconciliation adjustment amount (see instructions)			0 91.00
92.00	The rate used to calculate the Time Value of Money			0.00 92.00
93.00	Time Value of Money (see instructions)			0 93.00
94.00	Total (sum of lines 91 and 93)			0 94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN: 150100		Period: From 07/01/2010 To 06/30/2011		Worksheet E-1 Part I Date/Time Prepared: 1/23/2012 7:36 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		58,988,627		19,678,760	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	06/28/2011	463,520	06/28/2011	55,580	3.01	
3.02		03/10/2011	216,224		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)		679,744		55,580	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)		59,668,371		19,734,340	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00	
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00	
6.01	SETTLEMENT TO PROVIDER		0		222,789	6.01	
6.02	SETTLEMENT TO PROGRAM		854,041		0	6.02	
7.00	Total Medicare program liability (see instructions)		58,814,330		19,957,129	7.00	
				Contractor Number	Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN: 150100 Component CCN: 15S100		Period: From 07/01/2010 To 06/30/2011		Worksheet E-1 Part I Date/Time Prepared: 1/23/2012 7:36 am	
		Title XVIII		Subprovider - IPF		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		478,939		0		1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0		2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						3.00
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0		3.01
3.02			0		0		3.02
3.03			0		0		3.03
3.04			0		0		3.04
3.05			0		0		3.05
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0		3.50
3.51			0		0		3.51
3.52			0		0		3.52
3.53			0		0		3.53
3.54			0		0		3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0		3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		478,939		0		4.00
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						5.00
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0		5.01
5.02			0		0		5.02
5.03			0		0		5.03
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0		5.50
5.51			0		0		5.51
5.52			0		0		5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0		5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)						6.00
6.01	SETTLEMENT TO PROVIDER		20,931		0		6.01
6.02	SETTLEMENT TO PROGRAM		0		0		6.02
7.00	Total Medicare program liability (see instructions)		499,870		0		7.00
		0		Contractor Number	Date (Mo/Day/Yr)		
				1.00	2.00		
8.00	Name of Contractor						

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN: 150100 Component CCN: 15T100		Period: From 07/01/2010 To 06/30/2011		Worksheet E-1 Part I Date/Time Prepared: 1/23/2012 7:36 am	
		Title XVIII		Subprovider - IRF		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider						1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		3,543,805		1,888		2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)		0		0		3.00
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER	03/10/2011	26,595		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)		26,595		0		3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		3,570,400		1,888		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		76,166		0		6.01
6.02	SETTLEMENT TO PROGRAM		0		0		6.02
7.00	Total Medicare program liability (see instructions)		3,646,566		1,888		7.00
				Contractor Number	Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150100 Component CCN: 15S100	Period: From 07/01/2010 To 06/30/2011	Worksheet E-3 Part II Date/Time Prepared: 1/23/2012 7:36 am
		Title XVIIII	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)			488,492 1.00
2.00	Net IPF PPS Outlier Payments			45,234 2.00
3.00	Net IPF PPS ECT Payments			21,391 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)			7.120548 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)			555,117 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)			555,117 16.00
17.00	Primary payer payments			2,362 17.00
18.00	Subtotal (line 16 less line 17).			552,755 18.00
19.00	Deductibles			63,628 19.00
20.00	Subtotal (line 18 minus line 19)			489,127 20.00
21.00	Coinurance			10,188 21.00
22.00	Subtotal (line 20 minus line 21)			478,939 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			29,902 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			20,931 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)			499,870 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)			499,870 31.00
32.00	Interim payments			478,939 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)			20,931 34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2			0 35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2			0 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150100 Component CCN: 15T100	Period: From 07/01/2010 To 06/30/2011	Worksheet E-3 Part III Date/Time Prepared: 1/23/2012 7:36 am
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			3,384,894 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0216 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			222,821 3.00
4.00	Outlier Payments			107,149 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R other than FTEs in the first 3 years of a "new teaching program". (see inst.)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the first 3 years of a "new teaching program". (see inst.)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			17.052055 10.00
11.00	Medical Education Adjustment Factor $\{((1 + (\text{line 9}/\text{line 10})) \text{ raised to the power of } .6876 - 1)\}$.			0.000000 11.00
12.00	Medical Education Adjustment (line 1 multiplied by line 11).			0 12.00
13.00	Total PPS Payment (sum of lines 1, 3, 4 and 12)			3,714,864 13.00
14.00	Nursing and Allied Health Managed Care payment (see instruction)			0 14.00
15.00	Organ acquisition			0 15.00
16.00	Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions)			0 16.00
17.00	Subtotal (see instructions)			3,714,864 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			3,714,864 19.00
20.00	Deductibles			22,416 20.00
21.00	Subtotal (line 19 minus line 20)			3,692,448 21.00
22.00	Coinsurance			45,882 22.00
23.00	Subtotal (line 21 minus line 22)			3,646,566 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			0 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			0 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 26.00
27.00	Subtotal (sum of lines 23 and 25)			3,646,566 27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			0 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.99	Recovery of Accelerated Depreciation			0 31.99
32.00	Total amount payable to the provider (see instructions)			3,646,566 32.00
33.00	Interim payments			3,570,400 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus the sum lines 33 and 34)			76,166 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2			0 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part III, line 4			0 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 150100	Period: From 07/01/2010 To 06/30/2011	Worksheet E-4 Date/Time Prepared: 1/23/2012 7:36 am	
		Title XVIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			18.00	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			5.58	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus line 4.01 plus line 4.02 plus applicable subscripts)			12.42	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			3.00	6.00
7.00	Enter the lesser of line 5 or line 6			3.00	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	0.00	0.00	0.00	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	0.00	0.00	0.00	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		3.00		10.00
11.00	Total weighted FTE count	0.00	3.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.00	3.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.00	3.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	0.00	3.00		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
17.00	Adjusted rolling average FTE count	0.00	3.00		17.00
18.00	Per resident amount	0.00	93,345.19		18.00
19.00	Approved amount for resident costs	0	280,036	280,036	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	GME FTE weighted Resident count over Cap (see instructions)			0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			280,036	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days	36,931	5,338		26.00
27.00	Total Inpatient Days	87,823	87,823		27.00
28.00	Ratio of inpatient days to total inpatient days	0.420516	0.060781		28.00
29.00	Program direct GME amount	117,760	17,021		29.00
30.00	Reduction for nursing/allied health		2,405		30.00
31.00	Net Program direct GME amount			132,376	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 150100	Period: From 07/01/2010 To 06/30/2011	Worksheet E-4 Date/Time Prepared: 1/23/2012 7:36 am
		Title XVIII	Hospital	PPS
				1.00
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Worksheet B, Part I, sum of columns 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Worksheet C, Part I, column 8, sum of lines 74 and 94)		3,022,790	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		69,723,838	37.00
38.00	Organ acquisition costs (Worksheet D-4, Part III, column 1, line 69)		0	38.00
39.00	Cost of teaching physicians (Worksheet D-5, Part II, column 3, line 20)		0	39.00
40.00	Primary payer payments (see instructions)		76,442	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		69,647,396	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		29,037,557	42.00
43.00	Primary payer payments (see instructions)		3,493	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		29,034,064	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		98,681,460	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.705780	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.294220	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		132,376	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (Title XVIII only) (see instructions)		93,428	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		38,948	50.00

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only)		Provider CCN: 150100	Period: From 07/01/2010 To 06/30/2011	Worksheet G		
		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	10,337,087	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	180,585,739	0	0	0	4.00
5.00	Other receivable	6,828,122	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-126,410,049	0	0	0	6.00
7.00	Inventory	4,666,429	0	0	0	7.00
8.00	Prepaid expenses	2,994,618	0	0	0	8.00
9.00	Other current assets	134,223	0	0	0	9.00
10.00	Due from other funds	1,018,839	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	80,155,008	0	0	0	11.00
FIXED ASSETS						
12.00	Land	9,948,022	0	0	0	12.00
13.00	Land improvements	9,041,203	0	0	0	13.00
14.00	Accumulated depreciation	-7,177,500	0	0	0	14.00
15.00	Buildings	149,364,968	0	0	0	15.00
16.00	Accumulated depreciation	-114,279,973	0	0	0	16.00
17.00	Leasehold improvements	4,326,976	0	0	0	17.00
18.00	Accumulated depreciation	-3,504,927	0	0	0	18.00
19.00	Fixed equipment	7,307,300	0	0	0	19.00
20.00	Accumulated depreciation	-4,316,784	0	0	0	20.00
21.00	Automobiles and trucks	1,146,844	0	0	0	21.00
22.00	Accumulated depreciation	-1,936,539	0	0	0	22.00
23.00	Major movable equipment	145,160,726	0	0	0	23.00
24.00	Accumulated depreciation	-107,263,285	0	0	0	24.00
25.00	Minor equipment depreciable	2,176,321	0	0	0	25.00
26.00	Accumulated depreciation	-7,107,994	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)	82,885,358	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	351,505,968	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	13,344,515	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	364,850,483	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	527,890,849	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	16,866,990	0	0	0	37.00
38.00	Salaries, wages, and fees payable	16,698,747	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	1,003,341	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	511,210	0	0	0	43.00
44.00	Other current liabilities	149,087,798	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	184,168,086	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	936,412	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	367,237	0	0	0	48.00
49.00	Other long term liabilities	11,516,893	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	12,820,542	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	196,988,628	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	330,902,221	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	330,902,221	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	527,890,849	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150100

Period:
From 07/01/2010
To 06/30/2011

Worksheet G-1

Date/Time Prepared:
1/23/2012 7:36 am

		General Fund		Special Purpose Fund		
		1.00	2.00	3.00	4.00	
1.00	Fund balances at beginning of period		252,172,175		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		27,255,333			2.00
3.00	Total (sum of line 1 and line 2)		279,427,508		0	3.00
4.00	Additions (credit adjustments) (specify)	52,120,872		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		52,120,872		0	10.00
11.00	Subtotal (line 3 plus line 10)		331,548,380		0	11.00
12.00	Deductions (debit adjustments) (specify)	646,159		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		646,159		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		330,902,221		0	19.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150100

Period:
From 07/01/2010
To 06/30/2011

Worksheet G-1

Date/Time Prepared:
1/23/2012 7:36 am

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

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 150100

Period:
From 07/01/2010
To 06/30/2011

Worksheet G-2 Parts
Date/Time Prepared:
1/23/2012 7:36 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	47,599,797		47,599,797	1.00
2.00	SUBPROVIDER - IPF	3,084,574		3,084,574	2.00
3.00	SUBPROVIDER - IRF	4,738,766		4,738,766	3.00
4.00	SUBPROVIDER				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)	55,423,137		55,423,137	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	18,945,293		18,945,293	11.00
11.02	NICU	14,928,174		14,928,174	11.02
12.00	CORONARY CARE UNIT	3,360,298		3,360,298	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)	37,233,765		37,233,765	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	92,656,902		92,656,902	17.00
18.00	Ancillary services	432,667,331	393,912,269	826,579,600	18.00
19.00	Outpatient services	26,371,665	58,470,336	84,842,001	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES	102,610	7,233,503	7,336,113	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	23,958,662	57,685,375	81,644,037	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	575,757,170	517,301,483	1,093,058,653	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		357,650,612		29.00
30.00	BAD DEBT	5,068,991			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)		5,068,991		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)		362,719,603		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 150100

Period:
From 07/01/2010
To 06/30/2011

Worksheet G-3

Date/Time Prepared:
1/23/2012 7:36 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,093,058,653	1.00
2.00	Less contractual allowances and discounts on patients' accounts	713,534,938	2.00
3.00	Net patient revenues (line 1 minus line 2)	379,523,715	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	362,719,603	4.00
5.00	Net income from service to patients (line 3 minus line 4)	16,804,112	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and telegraph service	94,767	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	1,857	16.00
17.00	Revenue from sale of drugs to other than patients	51,376	17.00
18.00	Revenue from sale of medical records and abstracts	14,516	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	751,928	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER (SPECIFY)	9,536,971	24.00
25.00	Total other income (sum of lines 6-24)	10,451,415	25.00
26.00	Total (line 5 plus line 25)	27,255,527	26.00
27.00	PURCHASE DISCOUNTS	194	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	194	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	27,255,333	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 150100	Period: From 07/01/2010 To 06/30/2011	Worksheet L Parts I-III Date/Time Prepared: 1/23/2012 7:36 am
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		4,215,813	1.00
2.00	Capital DRG outlier payments		105,574	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		216.44	3.00
4.00	Number of interns & residents (see instructions)		3.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.39	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)		16,442	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		5.05	7.00
8.00	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)		20.03	8.00
9.00	Sum of lines 7 and 8		25.08	9.00
10.00	Allowable disproportionate share percentage (see instructions)		5.21	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		219,644	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		4,557,473	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