This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Falure 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: 260020	Period: From 07/01/2010 To 06/30/2011	Worksheet S Parts I-III Date/Time Prepared: 1/26/2012 1:32 pm

PART I - COST REPORT STATUS

Provider use only

1. [X] Electronically filed cost report — Date: 1/26/2012 Time: 1:32 pm
2. [X] Manually submitted cost report
3. [0] If this is an amended report enter the number of times the provider resubmitted this cost report
4. [F] Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only

5. [0] 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. [N] Initial Report for this Provider CCN
9. [N] Final Report for this Provider CCN
10. NPR Date:
11. Contractor's Vendor Code: 4
12. [0] 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. JOHN'S MERCY 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	Title XVIII Part A	Title XVIII Part B	HIT	Title XIX	
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	1,768,001	159,946	0	29,654,564	1.00
2.00	Subprovider - IPF	0	13,928	0		934,144	2.00
3.00	Subprovider - IRF	0	0	0		0	3.00
4.00	SUBPROVIDER I	0	0	0		0	4.00
5.00	Swing bed - SNF	0	0	0		0	5.00
6.00	Swing bed - NF	0				0	6.00
7.00	Skilled Nursing Facility	0	7,350	0		13,027	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	1,789,279	159,946	0	30,601,735	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: 260020	Period: From 07/01/2010 To 06/30/2011	Worksheet S-2 Part I Date/Time Prepared: 1/26/2012 1:32 pm

	1.00	2.00	3.00	4.00	
	Hospital and Hospital Health Care Complex Address:				
1.00	Street: 615 S. NEW BALLAS ROAD	PO Box:			1.00
2.00	City: ST. LOUIS	State: MO	Zip Code: 63141-	County: ST. LOUIS	2.00

		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N) V	XVIII	XIX	
		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. JOHN'S MERCY MEDICAL CENTER	260020	41180	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF	ST. JOHN'S MERCY PSYCH CENTER	26S020	41180	4	07/01/1984	N	P	O	4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF						N	N	N	7.00
8.00	Swing Beds - NF						N		N	8.00
9.00	Hospital-Based SNF	ST. JOHN'S MERCY SNF	265298	41180		10/18/1985	N	P	O	9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC	ST. JOHN'S MERCY SNF NON-CERT								11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC						N	N	N	15.00
16.00	Hospital-Based Health Clinic - FQHC						N	N	N	16.00
17.00	Hospital-Based (CMHC) 1									17.00
17.10	Hospital-Based (CORF) 1						N	N	N	17.10
18.00	Renal Dialysis	ST. JOHN'S MERCY MEDICAL CENTER - RE	262319	41180		07/01/1966				18.00
19.00	Other									19.00

		From: 1.00	To: 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.	3	N	23.00

		In-State Medicaid paid days	In-State Medicaid eligible days	Out-of State Medicaid paid days	Out-of State Medicaid eligible days	Medicaid HMO days	Other Medicaid days	
		1.00	2.00	3.00	4.00	5.00	6.00	
24.00	If line 22 and/or line 45 is "yes", and this provider is an IPPS hospital enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible days in col. 4, Medicaid HMO days in col. 5, and other Medicaid days in col. 6.	13,558	0	0	0	29,081	793	24.00
25.00	If this provider is an IRF, enter the in-State Medicaid paid days in column 1, the in State Medicaid eligible days in column 2, the out of State Medicaid paid days in column 3, the out of State Medicaid eligible days in column 4, Medicaid HMO days in column 5, and other Medicaid days in column 6. For all columns include in these days the labor and delivery days.	0	0	0	0	0	0	25.00

		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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 260020	Period: From 07/01/2010 To 06/30/2011	Worksheet S-2 Part I Date/Time Prepared: 1/26/2012 1:32 pm

		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
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			57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N			59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y			60.00

		Y/N	IME Average	Direct GME Average	
		1.00	2.00	3.00	
61.00	Did your facility receive additional FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. If "Y", effective for portions of cost reporting periods beginning on or after July 1, 2011 enter the average number of primary care FTE residents for IME in column 2 and direct GME in column 3, from the hospital's three most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00	61.00
	ACA Provisions Affecting the Health Resources and Services Administration (HRSA)				
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	0.00			62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00			62.01
	Teaching Hospitals that Claim Residents in Non-Provider Settings				
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete lines 64-67. (see instructions)	Y			63.00

		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
		1.00	2.00	3.00	
	Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.				
64.00	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)	0.34	33.87	0.009939	64.00

Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))
1.00	2.00	3.00	4.00	5.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 260020 | Period: From 07/01/2010 To 06/30/2011 | Worksheet S-2 Part I Date/Time Prepared: 1/26/2012 1:32 pm

		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)	FAMILY MEDICINE	1350	0.25	16.52	0.014908	65.00
65.01		INTERNAL MEDICINE	1400	0.25	21.92	0.011276	65.01
65.02		OB/GYN	1750	0.00	20.51	0.000000	65.02

		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)	0.08	36.64	0.002179	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)	FAMILY MEDICINE	1350	1.55	16.16	0.087521	67.00
67.01		INTERNAL MEDICINE	1400	0.33	22.34	0.014557	67.01
67.02		OB/GYN	1750	0.15	22.87	0.006516	67.02

		1.00	2.00	3.00	
	Inpatient Psychiatric Facility PPS				
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	Y			70.00
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)	Y	N	0	71.00
	Inpatient Rehabilitation Facility PPS				
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	N			75.00
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)			0	76.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 260020	Period: From 07/01/2010 To 06/30/2011	Worksheet S-2 Part I Date/Time Prepared: 1/26/2012 1:32 pm

		1.00	
	Long Term Care Hospital PPS		
80.00	Is this a Long Term Care Hospital (LTCH)? Enter "Y" for yes or "N" for no.	N	80.00
	TEFRA Providers		
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.	N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.	N	86.00

		V	XIX	
		1.00	2.00	
	Title V or XIX Inpatient Services			
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	Y	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N	92.00
93.00	Does this facility operate an ICF\MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00
	Rural Providers			
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	N		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N		106.00
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I &R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N		107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00

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

		1.00	2.00	
	Miscellaneous Cost Reporting Information			
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2.	N		115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N		116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y		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.	2		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.	10,000,000	20,000,000	119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 as amended by the Medicaid Extender Act (MMEA) §108? Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with <= 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121? Enter in column 2 "Y" for yes or "N" for no.	N	N	120.00
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
	Transplant Center Information			
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00
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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 260020	Period: From 07/01/2010 To 06/30/2011	Worksheet S-2 Part I Date/Time Prepared: 1/26/2012 1:32 pm

		1.00	2.00	
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
	All Providers			
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	269034	140.00

	1.00	2.00	3.00	
	If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.			
141.00	Name: ST. JOHN'S MERCY HEALTH CARE	Contractor's Name: WISCONSIN PHYSICIAN SERVICE	Contractor's Number: 05301	141.00
142.00	Street: 645 MARYVILLE CENTRE DRIVE, STE. 100	PO Box: BOX 1602		142.00
143.00	City: ST. LOUIS, MO 63141	State: WI	Zip Code: OMAHA	143.00

		1.00	
144.00	Are provider based physicians' costs included in Worksheet A?	Y	144.00
145.00	If costs for renal services are claimed on Worksheet A, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.	N	145.00

		1.00	2.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N		146.00
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N		147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N		148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N		149.00

		Part A	Part B	
		1.00	2.00	
	Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)			
155.00	Hospital	N	N	155.00
156.00	Subprovider - IPF	N	N	156.00
157.00	Subprovider - IRF	N	N	157.00
158.00	Subprovider - Other	N	N	158.00
159.00	SNF	N	N	159.00
160.00	HHA	N	N	160.00
161.00	CMHC		N	161.00

		1.00	
	Multicampus		
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.	N	165.00

		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5						0.00	166.00

		1.00	
	Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act		
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.	N	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)	0	168.00
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)	0.00	169.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider CCN: 260020	Period: From 07/01/2010 To 06/30/2011	Worksheet S-2 Part II Date/Time Prepared: 1/26/2012 1:32 pm

		Y/N	Date	
		1.00	2.00	
	General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.			
	COMPLETED BY ALL HOSPITALS			
	Provider Organization and Operation			
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00

		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00

		Y/N	Type	Date	
		1.00	2.00	3.00	
	Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	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.	Y		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	Y		9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	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.	Y	15.00

			Part A			
		Description	Y/N	Date		
		0	1.00	2.00		
	PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see instructions)		N			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)		Y	10/27/2011		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: 260020	Period: From 07/01/2010 To 06/30/2011	Worksheet S-2 Part II Date/Time Prepared: 1/26/2012 1:32 pm

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

	COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)		
	Capital Related Cost		
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions		22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.		23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions		24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.		25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.		26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.		27.00
	Interest Expense		
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.		28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions		29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		31.00
	Purchased Services		
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.		32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.		33.00
	Provider-Based Physicians		
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.		34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.		35.00

		Y/N	Date	
		1.00	2.00	
	Home Office Costs			
36.00	Were home office costs claimed on the cost report?			36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			37.00
38.00	If line 36 is yes , was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			40.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider CCN: 260020	Period: From 07/01/2010 To 06/30/2011	Worksheet S-2 Part II Date/Time Prepared: 1/26/2012 1:32 pm

		Part B		
		Y/N	Date	
		3.00	4.00	
	PS&R Data			
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see instructions)	N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	10/27/2011	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.			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:			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: 260020 | Period: From 07/01/2010 To 06/30/2011 | Worksheet S-3 Part I Date/Time Prepared: 1/26/2012 1:32 pm

	Cost Center Description	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours		
		1.00	2.00	3.00	4.00		
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	30.00	486	177,390	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)		486	177,390	0.00		7.00
8.00	INTENSIVE CARE UNIT	31.00	134	48,910	0.00		8.00
9.00	CORONARY CARE UNIT	32.00	17	6,205	0.00		9.00
10.00	BURN INTENSIVE CARE UNIT	33.00	9	3,285	0.00		10.00
11.00	SURGICAL INTENSIVE CARE UNIT	34.00	17	6,205	0.00		11.00
12.00	NEONATAL INTENSIVE CARE UNIT	35.00	98	35,770	0.00		12.00
13.00	NURSERY	43.00					13.00
14.00	Total (see instructions)		761	277,765	0.00		14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF	40.00	48	17,520			16.00
17.00	SUBPROVIDER - IRF	41.00	0	0			17.00
18.00	SUBPROVIDER	42.00	0	0			18.00
19.00	SKILLED NURSING FACILITY	44.00	60	21,900			19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE	46.00	60	21,900			21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
25.00	CMHC - CMHC						25.00
25.10	CMHC - CORF	99.10					25.10
26.00	RURAL HEALTH CLINIC	88.00					26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	89.00					26.25
27.00	Total (sum of lines 14-26)		929				27.00
28.00	Observation Bed Days						28.00
28.01	SUBPROVIDER - IPF	40.00					28.01
28.02	SUBPROVIDER - IRF	41.00					28.02
28.03	SUBPROVIDER	42.00					28.03
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
33.00	LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 260020 | Period: From 07/01/2010 To 06/30/2011 | Worksheet S-3 Part I Date/Time Prepared: 1/26/2012 1:32 pm

	Cost Center Description	I/P Days / O/P Visits / Trips					
		Title V	Title XVIII	Title XIX	Total All Patients		
		5.00	6.00	7.00	8.00		
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	0	22,830	5,830	98,286		1.00
2.00	HMO		17,456	29,081			2.00
3.00	HMO IPF		466	0			3.00
4.00	HMO IRF		0	0			4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0	0		5.00
6.00	Hospital Adults & Peds. Swing Bed NF	0		0	0		6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	0	22,830	5,830	98,286		7.00
8.00	INTENSIVE CARE UNIT	0	20,335	3,375	46,162		8.00
9.00	CORONARY CARE UNIT	0	3,086	214	4,868		9.00
10.00	BURN INTENSIVE CARE UNIT	0	497	398	2,256		10.00
11.00	SURGICAL INTENSIVE CARE UNIT	0	2,850	229	5,921		11.00
12.00	NEONATAL INTENSIVE CARE UNIT	0	0	2,644	25,074		12.00
13.00	NURSERY	0		868	18,943		13.00
14.00	Total (see instructions)	0	49,598	13,558	201,510		14.00
15.00	CAH visits	0	0	0	0		15.00
16.00	SUBPROVIDER - IPF	0	8,178	1,777	15,515		16.00
17.00	SUBPROVIDER - IRF	0	0	0	0		17.00
18.00	SUBPROVIDER	0	0	0	0		18.00
19.00	SKILLED NURSING FACILITY	0	10,968	1,995	19,006		19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE				17,676		21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
25.00	CMHC - CMHC						25.00
25.10	CMHC - CORF	0	0	0	0		25.10
26.00	RURAL HEALTH CLINIC	0	0	0	0		26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0		26.25
27.00	Total (sum of lines 14-26)						27.00
28.00	Observation Bed Days	0		1,384	10,649		28.00
28.01	SUBPROVIDER - IPF	0	0	0	0		28.01
28.02	SUBPROVIDER - IRF	0	0	0	0		28.02
28.03	SUBPROVIDER	0	0	0	0		28.03
29.00	Ambulance Trips		0				29.00
30.00	Employee discount days (see instruction)				0		30.00
31.00	Employee discount days - IRF				0		31.00
32.00	Labor & delivery days (see instructions)			793	3,941		32.00
33.00	LTCH non-covered days		0				33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 260020 | Period: From 07/01/2010 To 06/30/2011 | Worksheet S-3 Part I Date/Time Prepared: 1/26/2012 1:32 pm

	Cost Center Description	Full Time Equivalents			Discharges		
		Total Interns & Residents	Employees On Payroll	Nonpaid Workers	Title V	Title XVIII	
		9.00	10.00	11.00	12.00	13.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)				0	8,521	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
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	NEONATAL INTENSIVE CARE UNIT						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	95.14	4,603.97	0.00	0	8,521	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF	1.56	101.94	0.00	0	836	16.00
17.00	SUBPROVIDER - IRF	0.00	0.00	0.00	0	0	17.00
18.00	SUBPROVIDER	0.00	0.00	0.00	0	0	18.00
19.00	SKILLED NURSING FACILITY	0.00	134.22	0.00			19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE	0.00	23.61	0.00			21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
25.00	CMHC - CMHC						25.00
25.10	CMHC - CORF	0.00	0.00	0.00			25.10
26.00	RURAL HEALTH CLINIC	0.00	0.00	0.00			26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0.00	0.00	0.00			26.25
27.00	Total (sum of lines 14-26)	96.70	4,863.74	0.00			27.00
28.00	Observation Bed Days						28.00
28.01	SUBPROVIDER - IPF						28.01
28.02	SUBPROVIDER - IRF						28.02
28.03	SUBPROVIDER						28.03
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
33.00	LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 260020 | Period: From 07/01/2010 To 06/30/2011 | Worksheet S-3 Part I Date/Time Prepared: 1/26/2012 1:32 pm

	Cost Center Description	Discharges			
		Title XIX	Total All Patients		
		14.00	15.00		
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	2,012	32,903		1.00
2.00	HMO				2.00
3.00	HMO IPF				3.00
4.00	HMO IRF				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF				5.00
6.00	Hospital Adults & Peds. Swing Bed NF				6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)				7.00
8.00	INTENSIVE CARE UNIT				8.00
9.00	CORONARY CARE UNIT				9.00
10.00	BURN INTENSIVE CARE UNIT				10.00
11.00	SURGICAL INTENSIVE CARE UNIT				11.00
12.00	NEONATAL INTENSIVE CARE UNIT				12.00
13.00	NURSERY				13.00
14.00	Total (see instructions)	2,012	32,903		14.00
15.00	CAH visits				15.00
16.00	SUBPROVIDER - IPF	364	2,434		16.00
17.00	SUBPROVIDER - IRF	0	0		17.00
18.00	SUBPROVIDER	0	0		18.00
19.00	SKILLED NURSING FACILITY				19.00
20.00	NURSING FACILITY				20.00
21.00	OTHER LONG TERM CARE		0		21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)				23.00
24.00	HOSPICE				24.00
25.00	CMHC - CMHC				25.00
25.10	CMHC - CORF				25.10
26.00	RURAL HEALTH CLINIC				26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER				26.25
27.00	Total (sum of lines 14-26)				27.00
28.00	Observation Bed Days				28.00
28.01	SUBPROVIDER - IPF				28.01
28.02	SUBPROVIDER - IRF				28.02
28.03	SUBPROVIDER				28.03
29.00	Ambulance Trips				29.00
30.00	Employee discount days (see instruction)				30.00
31.00	Employee discount days - IRF				31.00
32.00	Labor & delivery days (see instructions)				32.00
33.00	LTCH non-covered days				33.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 260020 | Period: From 07/01/2010 To 06/30/2011 | Worksheet S-3 Part II Date/Time Prepared: 1/26/2012 1:32 pm

		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	Reclassification 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	298,137,149	0	-4,237,844	293,899,305	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0	3.00
4.00	Physician-Part A		5,044,615	0	-126,575	4,918,040	4.00
4.01	Physicians - Part A - direct teaching		4,295,407	0	0	4,295,407	4.01
5.00	Physician-Part B		28,929,173	0	-14,167,341	14,761,832	5.00
6.00	Non-physician-Part B		0	0	0	0	6.00
7.00	Interns & residents (in an approved program)	21.00	4,451,398	0	1,750	4,453,148	7.00
7.01	Contracted interns and residents (in approved programs)		944,126	0	0	944,126	7.01
8.00	Home office personnel		0	0	0	0	8.00
9.00	SNF	44.00	7,082,929	0	-2,064,699	5,018,230	9.00
10.00	Excluded area salaries (see instructions)		35,591,699	0	-10,704,046	24,887,653	10.00
	OTHER WAGES & RELATED COSTS						
11.00	Contract labor (see instructions)		2,819,013	0	0	2,819,013	11.00
12.00	Management and administrative services		0	0	0	0	12.00
13.00	Contract labor: physician-Part A		189,137	0	0	189,137	13.00
14.00	Home office salaries & wage-related costs		59,486,081	0	0	59,486,081	14.00
15.00	Home office: physician Part A		0	0	0	0	15.00
16.00	Teaching physician salaries (see instructions)		186	0	0	186	16.00
	WAGE-RELATED COSTS						
17.00	Wage-related costs (core) Wkst S-3, Part IV line 24		55,716,791	0	0	55,716,791	17.00
18.00	Wage-related costs (other)Wkst S-3, Part IV line 25		0	0	0	0	18.00
19.00	Excluded areas		6,948,407	0	0	6,948,407	19.00
20.00	Non-physician anesthetist Part A		0	0	0	0	20.00
21.00	Non-physician anesthetist Part B		0	0	0	0	21.00
22.00	Physician Part A		564,943	0	0	564,943	22.00
23.00	Physician Part B		1,695,716	0	0	1,695,716	23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0	0	24.00
25.00	Interns & residents (in an approved program)		1,034,249	0	0	1,034,249	25.00
	OVERHEAD COSTS - DIRECT SALARIES						
26.00	Employee Benefits	4.00	974,836	0	83,175	1,058,011	26.00
27.00	Administrative & General	5.00	27,967,866	0	-17,845,830	10,122,036	27.00
28.00	Administrative & General under contract (see inst.)		590,859	0	0	590,859	28.00
29.00	Maintenance & Repairs	6.00	3,075,994	0	0	3,075,994	29.00
30.00	Operation of Plant	7.00	1,355,514	0	0	1,355,514	30.00
31.00	Laundry & Linen Service	8.00	221,956	0	0	221,956	31.00
32.00	Housekeeping	9.00	5,410,732	0	0	5,410,732	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0	33.00
34.00	Dietary	10.00	6,178,384	0	-86,827	6,091,557	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0	35.00
36.00	Cafeteria	11.00	0	0	0	0	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0	37.00
38.00	Nursing Administration	13.00	5,548,983	0	-451,194	5,097,789	38.00
39.00	Central Services and Supply	14.00	2,551,437	0	0	2,551,437	39.00
40.00	Pharmacy	15.00	9,915,454	0	0	9,915,454	40.00
41.00	Medical Records & Medical Records Library	16.00	648,183	0	0	648,183	41.00
42.00	Social Service	17.00	3,715,293	0	0	3,715,293	42.00
43.00	Other General Service	18.00	0	0	0	0	43.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 260020 | Period: From 07/01/2010 To 06/30/2011 | Worksheet S-3 Part II Date/Time Prepared: 1/26/2012 1:32 pm

		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)	10,574,243.00	27.79		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	32,179.00	152.83		4.00
4.01	Physicians - Part A - direct teaching	34,285.00	125.29		4.01
5.00	Physician-Part B	129,140.00	114.31		5.00
6.00	Non-physician-Part B	0.00	0.00		6.00
7.00	Interns & residents (in an approved program)	192,403.00	23.14		7.00
7.01	Contracted interns and residents (in approved programs)	30,372.00	31.09		7.01
8.00	Home office personnel	0.00	0.00		8.00
9.00	SNF	279,180.00	17.97		9.00
10.00	Excluded area salaries (see instructions)	845,141.00	29.45		10.00
	OTHER WAGES & RELATED COSTS				
11.00	Contract labor (see instructions)	39,435.00	71.49		11.00
12.00	Management and administrative services	0.00	0.00		12.00
13.00	Contract labor: physician-Part A	1,074.00	176.11		13.00
14.00	Home office salaries & wage-related costs	1,320,793.00	45.04		14.00
15.00	Home office: physician Part A	0.00	0.00		15.00
16.00	Teaching physician salaries (see instructions)	3.00	62.00		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	33,080.00	31.98		26.00
27.00	Administrative & General	492,434.00	20.56		27.00
28.00	Administrative & General under contract (see inst.)	6,621.00	89.24		28.00
29.00	Maintenance & Repairs	130,997.00	23.48		29.00
30.00	Operation of Plant	84,356.00	16.07		30.00
31.00	Laundry & Linen Service	19,284.00	11.51		31.00
32.00	Housekeeping	425,273.00	12.72		32.00
33.00	Housekeeping under contract (see instructions)	0.00	0.00		33.00
34.00	Dietary	423,552.00	14.38		34.00
35.00	Dietary under contract (see instructions)	0.00	0.00		35.00
36.00	Cafeteria	0.00	0.00		36.00
37.00	Maintenance of Personnel	0.00	0.00		37.00
38.00	Nursing Administration	153,660.00	33.18		38.00
39.00	Central Services and Supply	166,315.00	15.34		39.00
40.00	Pharmacy	254,404.00	38.98		40.00
41.00	Medical Records & Medical Records Library	30,704.00	21.11		41.00
42.00	Social Service	128,409.00	28.93		42.00
43.00	Other General Service	0.00	0.00		43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 260020

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

Worksheet S-3
Part III
Date/Time Prepared:
1/26/2012 1:32 pm

		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	Reclassification 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)		255,063,289	0	10,054,322	265,117,611	1.00
2.00	Excluded area salaries (see instructions)		42,674,628	0	-12,768,745	29,905,883	2.00
3.00	Subtotal salaries (line 1 minus line 2)		212,388,661	0	22,823,067	235,211,728	3.00
4.00	Subtotal other wages & related costs (see inst.)		62,494,231	0	0	62,494,231	4.00
5.00	Subtotal wage-related costs (see inst.)		56,281,734	0	0	56,281,734	5.00
6.00	Total (sum of lines 3 thru 5)		331,164,626	0	22,823,067	353,987,693	6.00
7.00	Total overhead cost (see instructions)		68,155,491	0	-18,300,676	49,854,815	7.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 260020

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

Worksheet S-3
Part III
Date/Time Prepared:
1/26/2012 1:32 pm

		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)	10,194,664.00	26.01		1.00
2.00	Excluded area salaries (see instructions)	1,124,321.00	26.60		2.00
3.00	Subtotal salaries (line 1 minus line 2)	9,070,343.00	25.93		3.00
4.00	Subtotal other wages & related costs (see inst.)	1,361,302.00	45.91		4.00
5.00	Subtotal wage-related costs (see inst.)	0.00	23.93		5.00
6.00	Total (sum of lines 3 thru 5)	10,431,645.00	33.93		6.00
7.00	Total overhead cost (see instructions)	2,349,089.00	21.22		7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 260020	Period: From 07/01/2010 To 06/30/2011	Worksheet S-3 Part IV Date/Time Prepared: 1/26/2012 1:32 pm

		Amount Reported	
		1.00	
	PART IV - WAGE RELATED COSTS		
	Part A - Core List		
	RETIREMENT COST		
1.00	401K Employer Contributions	2,197,044	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Qualified and Non-Qualified Pension Plan Cost	5,786,960	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)	29,202,494	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	2,035,209	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	651,475	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	1,229,165	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	2,023,257	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
	TAXES		
17.00	FICA-Employers Portion Only	15,484,615	17.00
18.00	Medicare Taxes - Employers Portion Only	3,994,489	18.00
19.00	Unemployment Insurance	610,717	19.00
20.00	State or Federal Unemployment Taxes	3,082	20.00
	OTHER		
21.00	Executive Deferred Compensation	0	21.00
22.00	Day Care Cost and Allowances	712,042	22.00
23.00	Tuition Reimbursement	2,522,977	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	66,453,526	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: 260020	Period: From 07/01/2010 To 06/30/2011	Worksheet S-3 Part V Date/Time Prepared: 1/26/2012 1:32 pm

	Cost Center Description	Contract Labor	Benefit Cost	
		1.00	2.00	
	PART V - Contract Labor and Benefit Cost			
	Hospital and Hospital-Based Component Identification:			
1.00	Total facility's contract labor and benefit cost	8,339,507	0	1.00
2.00	Hospital	8,339,507	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	0	0	8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC			16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis	0	0	17.00
18.00		0	0	18.00

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA | Provider CCN: 260020 | Period: From 07/01/2010 To 06/30/2011 | Worksheet S-5 | Date/Time Prepared: 1/26/2012 1:32 pm

		Outpatient		Training			
		Regular	High Flux	Hemodialysis	CAPD / CCPD		
		1.00	2.00	3.00	4.00		
1.00	Number of patients in program at end of cost reporting period	77	0	0	0		1.00
2.00	Number of times per week patient receives dialysis	0.00	0.00	0.00	0.00		2.00
3.00	Average patient dialysis time including setup	0.00	0.00	0.00	0.00		3.00
4.00	CAPD exchanges per day				0.00		4.00
5.00	Number of days in year dialysis furnished	365	0				5.00
6.00	Number of stations	0	0	0	0		6.00
7.00	Treatment capacity per day per station	0	0				7.00
8.00	Utilization (see instructions)	0.00	0.00				8.00
9.00	Average times dialyzers re-used	0.00	0.00				9.00
10.00	Percentage of patients re-using dialyzers	0.00	0.00				10.00
	TRANSPLANT INFORMATION						
11.00	Number of patients on transplant list	0					11.00
12.00	Number of patients transplanted during the cost reporting period	0					12.00
	EPOETIN						
13.00	Net costs of Epoetin furnished to all maintenance dialysis patients by the provider.	1,443,131					13.00
14.00	Epoetin amount from Worksheet A for Home Dialysis program	0					14.00
15.00	Number of EPO units furnished relating to the renal dialysis department	5,480					15.00
16.00	Number of EPO units furnished relating to the home dialysis department	0					16.00
	ARANESP						
17.00	Net costs of ARANESP furnished to all maintenance dialysis patients by the provider.	0					17.00
18.00	ARANESP amount from Worksheet A for Home Dialysis program	0					18.00
19.00	Number of ARANESP units furnished relating to the renal dialysis department	0					19.00
20.00	Number of ARANESP units furnished relating to the home dialysis department	0					20.00
					MCP	INITIAL METHOD	
					1.00	2.00	
	PHYSICIAN PAYMENT METHOD						
21.00	enter "X" if method(s) is applicable				X		21.00

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA | Provider CCN: 260020 | Period: From 07/01/2010 To 06/30/2011 | Worksheet S-5 | Date/Time Prepared: 1/26/2012 1:32 pm

		Home			
		Hemodialysis	CAPD / CCPD		
		5.00	6.00		
1.00	Number of patients in program at end of cost reporting period	0	0		1.00
2.00	Number of times per week patient receives dialysis	0.00	0.00		2.00
3.00	Average patient dialysis time including setup				3.00
4.00	CAPD exchanges per day		0.00		4.00
5.00	Number of days in year dialysis furnished				5.00
6.00	Number of stations				6.00
7.00	Treatment capacity per day per station				7.00
8.00	Utilization (see instructions)				8.00
9.00	Average times dialyzers re-used				9.00
10.00	Percentage of patients re-using dialyzers				10.00
	TRANSPLANT INFORMATION				
11.00	Number of patients on transplant list				11.00
12.00	Number of patients transplanted during the cost reporting period				12.00
	EPOETIN				
13.00	Net costs of Epoetin furnished to all maintenance dialysis patients by the provider.				13.00
14.00	Epoetin amount from Worksheet A for Home Dialysis program				14.00
15.00	Number of EPO units furnished relating to the renal dialysis department				15.00
16.00	Number of EPO units furnished relating to the home dialysis department				16.00
	ARANESP				
17.00	Net costs of ARANESP furnished to all maintenance dialysis patients by the provider.				17.00
18.00	ARANESP amount from Worksheet A for Home Dialysis program				18.00
19.00	Number of ARANESP units furnished relating to the renal dialysis department				19.00
20.00	Number of ARANESP units furnished relating to the home dialysis department				20.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA	Provider CCN: 260020	Period: From 07/01/2010 To 06/30/2011	Worksheet S-7 Date/Time Prepared: 1/26/2012 1:32 pm

		1.00	2.00	
1.00	If this facility contains a hospital-based SNF, were all patients under managed care or was there no Medicare utilization? Enter "Y" for yes in column 1 and do not complete the rest of this worksheet.	N		1.00
2.00	Does this hospital have an agreement under either section 1883 or section 1913 for swing beds? Enter "Y" for yes or "N" for no in column 1. If yes, enter the agreement date (mm/dd/yyyy) in column 2.	N		2.00

		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
		1.00	2.00	3.00	4.00	
3.00		RUX	0	0	0	3.00
4.00		RUL	122	0	122	4.00
5.00		RVX	0	0	0	5.00
6.00		RVL	196	0	196	6.00
7.00		RHX	0	0	0	7.00
8.00		RHL	4	0	4	8.00
9.00		RMX	111	0	111	9.00
10.00		RML	197	0	197	10.00
11.00		RLX	0	0	0	11.00
12.00		RUC	0	0	0	12.00
13.00		RUB	1,096	0	1,096	13.00
14.00		RUA	921	0	921	14.00
15.00		RVC	85	0	85	15.00
16.00		RVB	2,597	0	2,597	16.00
17.00		RVA	2,296	0	2,296	17.00
18.00		RHC	514	0	514	18.00
19.00		RHB	941	0	941	19.00
20.00		RHA	995	0	995	20.00
21.00		RMC	75	0	75	21.00
22.00		RMB	235	0	235	22.00
23.00		RMA	404	0	404	23.00
24.00		RLB	0	0	0	24.00
25.00		RLA	0	0	0	25.00
26.00		ES3	0	0	0	26.00
27.00		ES2	0	0	0	27.00
28.00		ES1	1	0	1	28.00
29.00		HE2	0	0	0	29.00
30.00		HE1	0	0	0	30.00
31.00		HD2	9	0	9	31.00
32.00		HD1	0	0	0	32.00
33.00		HC2	6	0	6	33.00
34.00		HC1	0	0	0	34.00
35.00		HB2	0	0	0	35.00
36.00		HB1	0	0	0	36.00
37.00		LE2	0	0	0	37.00
38.00		LE1	0	0	0	38.00
39.00		LD2	7	0	7	39.00
40.00		LD1	0	0	0	40.00
41.00		LC2	0	0	0	41.00
42.00		LC1	1	0	1	42.00
43.00		LB2	3	0	3	43.00
44.00		LB1	1	0	1	44.00
45.00		CE2	0	0	0	45.00
46.00		CE1	0	0	0	46.00
47.00		CD2	0	0	0	47.00
48.00		CD1	0	0	0	48.00
49.00		CC2	8	0	8	49.00
50.00		CC1	7	0	7	50.00
51.00		CB2	7	0	7	51.00
52.00		CB1	14	0	14	52.00
53.00		CA2	0	0	0	53.00
54.00		CA1	7	0	7	54.00
55.00		SE3	9	0	9	55.00
56.00		SE2	47	0	47	56.00
57.00		SE1	2	0	2	57.00
58.00		SSC	0	0	0	58.00
59.00		SSB	0	0	0	59.00
60.00		SSA	3	0	3	60.00
61.00		IB2	0	0	0	61.00
62.00		IB1	0	0	0	62.00
63.00		IA2	0	0	0	63.00
64.00		IA1	0	0	0	64.00
65.00		BB2	0	0	0	65.00
66.00		BB1	14	0	14	66.00
67.00		BA2	0	0	0	67.00
68.00		BA1	0	0	0	68.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA	Provider CCN: 260020	Period: From 07/01/2010 To 06/30/2011	Worksheet S-7 Date/Time Prepared: 1/26/2012 1:32 pm

		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
		1.00	2.00	3.00	4.00	
69.00		PE2	0	0	0	69.00
70.00		PE1	0	0	0	70.00
71.00		PD2	0	0	0	71.00
72.00		PD1	6	0	6	72.00
73.00		PC2	0	0	0	73.00
74.00		PC1	15	0	15	74.00
75.00		PB2	0	0	0	75.00
76.00		PB1	7	0	7	76.00
77.00		PA2	0	0	0	77.00
78.00		PA1	4	0	4	78.00
199.00		AAA	1	0	1	199.00
200.00	TOTAL		10,968	0	10,968	200.00

		CBSA at Beginning of Cost Reporting Period	CBSA on/after October 1 of the Cost Reporting Period (if applicable)	
		1.00	2.00	
	SNF SERVICES			
201.00	Enter in column 1 the SNF CBSA code or 5 character non-CBSA code if a rural facility, in effect at the beginning of the cost reporting period. Enter in column 2, the code in effect on or after October 1 of the cost reporting period (if applicable).		0	201.00

		Expenses	Percentage	Associated with Direct Patient Care and Related Expenses?	
		1.00	2.00	3.00	
	A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 202 through 207: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 7, column 3. In column 3, enter "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (see instructions)				
202.00	Staffing	7,082,928	100.00		202.00
203.00	Recruitment	0	0.00		203.00
204.00	Retention of employees	0	0.00		204.00
205.00	Training	0	0.00		205.00
206.00	OTHER (SPECIFY)	0	0.00		206.00
207.00	Total SNF revenue (Worksheet G-2, Part I, line 7, column 3)	21,220,073			207.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 260020	Period: From 07/01/2010 To 06/30/2011	Worksheet S-10 Date/Time Prepared: 1/26/2012 1:32 pm

		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)	0.255523	1.00
	Medicaid (see instructions for each line)		
2.00	Net revenue from Medicaid	73,458,000	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?	Y	3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?	Y	4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid	0	5.00
6.00	Medicaid charges	265,644,772	6.00
7.00	Medicaid cost (line 1 times line 6)	67,878,349	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)	0	8.00
	State Children's Health Insurance Program (SCHIP) (see instructions for each line)		
9.00	Net revenue from stand-alone SCHIP	0	9.00
10.00	Stand-alone SCHIP charges	0	10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)	0	11.00
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)	0	12.00
	Other state or local government indigent care program (see instructions for each line)		
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)	0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)	0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)	0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)	0	16.00
	Uncompensated care (see instructions for each line)		
17.00	Private grants, donations, or endowment income restricted to funding charity care	0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations	0	18.00
19.00	Total unreimbursed cost for Medicaid , SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)	0	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	86,765,462	20,328,432	107,093,894	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	22,170,571	5,194,382	27,364,953	21.00
22.00	Partial payment by patients approved for charity care	1,714,489	311,938	2,026,427	22.00
23.00	Cost of charity care (line 21 minus line 22)	20,456,082	4,882,444	25,338,526	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)	19,167,131	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)	1,276,081	27.00
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)	17,891,050	28.00
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)	4,571,575	29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)	29,910,101	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	29,910,101	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 260020 | Period: From 07/01/2010 To 06/30/2011 | Worksheet A | Date/Time Prepared: 1/26/2012 1:32 pm

	Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	GENERAL SERVICE COST CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT		0	0	31,417,577	31,417,577	1.00
1.01	OTHER BUILDING-MOB		0	0	1,691,825	1,691,825	1.01
1.02	OTHER BUILDING-CANCER CENTER		0	0	1,937,352	1,937,352	1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP		0	0	23,626,457	23,626,457	2.00
2.01	NEW CAP REL COSTS-MVBLE EQUIP-MOB		0	0	871,925	871,925	2.01
2.02	NEW CAP REL COSTS-MVBLE EQUIP-CANCER		0	0	3,406,776	3,406,776	2.02
4.00	EMPLOYEE BENEFITS	974,836	65,469,663	66,444,499	-6,823,595	59,620,904	4.00
5.02	PURCHASING	174,533	13,289	187,822	-3,915	183,907	5.02
5.03	ADMITTING	4,251,002	428,739	4,679,741	-99,233	4,580,508	5.03
5.04	OTHER ADMINISTRATIVE AND GENERAL	23,542,331	166,961,895	190,504,226	-10,778,506	179,725,720	5.04
6.00	MAINTENANCE & REPAIRS	3,075,994	7,931,636	11,007,630	-4,563,082	6,444,548	6.00
7.00	OPERATION OF PLANT	1,353,556	13,632,489	14,986,045	-4,044,417	10,941,628	7.00
7.01	OTHER BUILDING-MOB	1,553	6,473,154	6,474,707	-4,241,986	2,232,721	7.01
7.02	OTHER BUILDING-CANCER CENTER	405	2,658,930	2,659,335	-1,894,420	764,915	7.02
7.03	HEART HOSPITAL	0	6,740,610	6,740,610	-6,740,610	0	7.03
8.00	LAUNDRY & LINEN SERVICE	221,956	16,387	238,343	2,474,460	2,712,803	8.00
9.00	HOUSEKEEPING	5,410,732	407,660	5,818,392	-450,678	5,367,714	9.00
9.01	HOUSEKEEPING-MED CENTER	0	0	0	0	0	9.01
9.02	HOUSEKEEPING-MOB	0	0	0	0	0	9.02
9.03	HOUSEKEEPING-CANCER CENTER	0	0	0	0	0	9.03
10.00	DIETARY	6,178,384	6,766,833	12,945,217	-565,974	12,379,243	10.00
11.00	CAFETERIA	0	0	0	0	0	11.00
13.00	NURSING ADMINISTRATION	5,548,983	1,201,401	6,750,384	-950,539	5,799,845	13.00
14.00	CENTRAL SERVICES & SUPPLY	2,551,437	1,182,157	3,733,594	-516,105	3,217,489	14.00
15.00	PHARMACY	9,915,454	39,900,493	49,815,947	-38,910,254	10,905,693	15.00
16.00	MEDICAL RECORDS & LIBRARY	648,183	857,026	1,505,209	-1,804	1,503,405	16.00
17.00	SOCIAL SERVICE	3,715,293	935,129	4,650,422	-40,391	4,610,031	17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	4,451,398	1,097,480	5,548,878	-64,719	5,484,159	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	6,062,454	4,010,194	10,072,648	1,184,768	11,257,416	22.00
23.00	PARAMED ED PRGM	183,338	14,050	197,388	-1,883	195,505	23.00
23.01	RADIOLOGY SCHOOL	190,958	5,403	196,361	-591	195,770	23.01
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	35,267,902	7,921,880	43,189,782	7,464,793	50,654,575	30.00
31.00	INTENSIVE CARE UNIT	19,031,425	5,421,404	24,452,829	-1,327,097	23,125,732	31.00
32.00	CORONARY CARE UNIT	2,746,803	1,529,438	4,276,241	3,064,913	7,341,154	32.00
33.00	BURN INTENSIVE CARE UNIT	1,373,475	677,889	2,051,364	-400,351	1,651,013	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	1,760,805	323,935	2,084,740	-166,595	1,918,145	34.00
35.00	NEONATAL INTENSIVE CARE UNIT	11,232,454	3,833,027	15,065,481	-2,397,459	12,668,022	35.00
40.00	SUBPROVIDER - IPF	5,154,196	540,760	5,694,956	595,478	6,290,434	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	2,096,469	116,405	2,212,874	4,770,576	6,983,450	43.00
44.00	SKILLED NURSING FACILITY	7,082,929	1,431,583	8,514,512	-2,947,249	5,567,263	44.00
46.00	OTHER LONG TERM CARE	0	0	0	2,363,383	2,363,383	46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	14,062,104	51,436,099	65,498,203	-43,029,636	22,468,567	50.00
51.00	RECOVERY ROOM	2,074,556	120,479	2,195,035	-49,702	2,145,333	51.00
52.00	DELIVERY ROOM & LABOR ROOM	8,434,537	2,609,715	11,044,252	-1,627,991	9,416,261	52.00
53.00	ANESTHESIOLOGY	609,724	4,543,553	5,153,277	-3,902,225	1,251,052	53.00
54.00	RADIOLOGY-DIAGNOSTIC	7,359,081	8,788,028	16,147,109	-6,293,790	9,853,319	54.00
54.01	ULTRASOUND	1,605,283	2,674,412	4,279,695	-589,834	3,689,861	54.01
55.00	RADIOLOGY-THERAPEUTIC	2,389,067	7,526,785	9,915,852	-3,991,452	5,924,400	55.00
56.00	RADIOISOTOPE	1,269,507	2,657,247	3,926,754	-2,427,974	1,498,780	56.00
56.01	ONCOLOGY	0	0	0	0	0	56.01
57.00	CT SCAN	1,052,921	1,904,112	2,957,033	-1,679,427	1,277,606	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	590,751	1,733,226	2,323,977	-1,641,982	681,995	58.00
59.00	CARDIAC CATHETERIZATION	2,567,437	5,376,235	7,943,672	-3,727,402	4,216,270	59.00
60.00	LABORATORY	9,019,735	10,005,600	19,025,335	-653,121	18,372,214	60.00
60.01	LABORATORY-PATHOLOGICAL	0	0	0	0	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	2,555,435	2,872,390	5,427,825	-89,457	5,338,368	62.00
65.00	RESPIRATORY THERAPY	6,966,993	2,326,877	9,293,870	-1,500,477	7,793,393	65.00
66.00	PHYSICAL THERAPY	6,512,567	3,726,850	10,239,417	-847,831	9,391,586	66.00
69.00	ELECTROCARDIOLOGY	5,563,948	12,065,548	17,629,496	-6,904,472	10,725,024	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	30,847,626	30,847,626	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	31,763,688	31,763,688	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	47,283,394	47,283,394	73.00
74.00	RENAL DIALYSIS	820,067	273,534	1,093,601	1,302,986	2,396,587	74.00
75.00	ASC (NON-DISTINCT PART)	3,514,474	2,896,633	6,411,107	-1,829,788	4,581,319	75.00
76.00	CARDIAC REHAB	734,197	55,891	790,088	-30,276	759,812	76.00
76.01	GI LAB	1,855,039	1,900,788	3,755,827	-1,708,931	2,046,896	76.01
76.02	ECT	177,233	71,547	248,780	-56,195	192,585	76.02

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 260020 | Period: From 07/01/2010 To 06/30/2011 | Worksheet A | Date/Time Prepared: 1/26/2012 1:32 pm

	Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
76.03	O/P PSYCH	584,595	786,210	1,370,805	-196,416	1,174,389	76.03
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	4,146,089	5,544,606	9,690,695	-4,322,130	5,368,565	90.00
90.01	HYPERBARIC/OP WOUND	574,647	294,551	869,198	-281,589	587,609	90.01
91.00	EMERGENCY	17,303,489	2,921,846	20,225,335	-2,527,471	17,697,864	91.00
91.02	NATURAL FAMILY PLANNING	0	0	0	0	0	91.02
91.03	PAIN THERAPY CENTER	0	0	0	0	0	91.03
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	AMBULATORY CARE UNIT	1,531,228	229,780	1,761,008	-1,011,106	749,902	92.01
	OTHER REIMBURSABLE COST CENTERS						
95.00	AMBULANCE SERVICES	0	35,572	35,572	0	35,572	95.00
99.10	CORF	0	0	0	0	0	99.10
	SPECIAL PURPOSE COST CENTERS						
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	268,073,942	483,879,053	751,952,995	17,215,849	769,168,844	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	52,531	107,862	160,393	-1,106	159,287	190.00
190.01	VENDING MACHINES	0	0	0	0	0	190.01
190.02	VISITOR MEALS	0	0	0	0	0	190.02
191.00	RESEARCH	1,301,937	599,416	1,901,353	-350,164	1,551,189	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	16,450,375	4,954,357	21,404,732	-17,769,024	3,635,708	192.00
193.00	NONPAID WORKERS	72,047	24,716	96,763	-242	96,521	193.00
193.01	MEALS ON WHEELS	0	0	0	0	0	193.01
193.03	CONVENT	0	0	0	0	0	193.03
193.06	VACANT SPACE	0	0	0	0	0	193.06
193.07	SALES & SERVICE-PHYSICIAN PRACTICE	0	0	0	0	0	193.07
194.00	NEIGHBORHOOD MINISTRIES	190,085	97,022	287,107	-19,102	268,005	194.00
194.01	HOSPICE	16	63,246	63,262	-4	63,258	194.01
194.02	SHARED SERVICES	4,613	0	4,613	0	4,613	194.02
194.03	ST. JOHN'S MERCY HEALTH CARE	1,113,496	1,861,428	2,974,924	923,793	3,898,717	194.03
194.04	SJMH SHARED SERVICES	0	0	0	0	0	194.04
194.05	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.05
194.06	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.06
194.07	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.07
194.08	REHAB HOSPITAL	10,878,107	14,660,090	25,538,197	0	25,538,197	194.08
200.00	TOTAL (SUM OF LINES 118-199)	298,137,149	506,247,190	804,384,339	0	804,384,339	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 260020 | Period: From 07/01/2010 To 06/30/2011 | Worksheet A | Date/Time Prepared: 1/26/2012 1:32 pm

	Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation		
		6.00	7.00		
	GENERAL SERVICE COST CENTERS				
1.00	NEW CAP REL COSTS-BLDG & FIXT	-615,388	30,802,189		1.00
1.01	OTHER BUILDING-MOB	0	1,691,825		1.01
1.02	OTHER BUILDING-CANCER CENTER	0	1,937,352		1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP	-219,763	23,406,694		2.00
2.01	NEW CAP REL COSTS-MVBLE EQUIP-MOB	0	871,925		2.01
2.02	NEW CAP REL COSTS-MVBLE EQUIP-CANCER	0	3,406,776		2.02
4.00	EMPLOYEE BENEFITS	19,135,493	78,756,397		4.00
5.02	PURCHASING	212,955	396,862		5.02
5.03	ADMITTING	0	4,580,508		5.03
5.04	OTHER ADMINISTRATIVE AND GENERAL	-13,394,465	166,331,255		5.04
6.00	MAINTENANCE & REPAIRS	0	6,444,548		6.00
7.00	OPERATION OF PLANT	-172,557	10,769,071		7.00
7.01	OTHER BUILDING-MOB	-495,199	1,737,522		7.01
7.02	OTHER BUILDING-CANCER CENTER	-868,107	-103,192		7.02
7.03	HEART HOSPITAL	0	0		7.03
8.00	LAUNDRY & LINEN SERVICE	0	2,712,803		8.00
9.00	HOUSEKEEPING	0	5,367,714		9.00
9.01	HOUSEKEEPING-MED CENTER	0	0		9.01
9.02	HOUSEKEEPING-MOB	0	0		9.02
9.03	HOUSEKEEPING-CANCER CENTER	0	0		9.03
10.00	DIETARY	-4,556,478	7,822,765		10.00
11.00	CAFETERIA	0	0		11.00
13.00	NURSING ADMINISTRATION	-89,238	5,710,607		13.00
14.00	CENTRAL SERVICES & SUPPLY	19,543	3,237,032		14.00
15.00	PHARMACY	-296,390	10,609,303		15.00
16.00	MEDICAL RECORDS & LIBRARY	-73,139	1,430,266		16.00
17.00	SOCIAL SERVICE	-40,980	4,569,051		17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	-1,276	5,482,883		21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	-2,351,254	8,906,162		22.00
23.00	PARAMED ED PRGM	-40,715	154,790		23.00
23.01	RADIOLOGY SCHOOL	-78,570	117,200		23.01
	INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	-17,632,507	33,022,068		30.00
31.00	INTENSIVE CARE UNIT	-882	23,124,850		31.00
32.00	CORONARY CARE UNIT	-2,940,819	4,400,335		32.00
33.00	BURN INTENSIVE CARE UNIT	0	1,651,013		33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	1,918,145		34.00
35.00	NEONATAL INTENSIVE CARE UNIT	-315,000	12,353,022		35.00
40.00	SUBPROVIDER - IPF	-756,095	5,534,339		40.00
41.00	SUBPROVIDER - IRF	0	0		41.00
42.00	SUBPROVIDER	0	0		42.00
43.00	NURSERY	-834,996	6,148,454		43.00
44.00	SKILLED NURSING FACILITY	-15,754	5,551,509		44.00
46.00	OTHER LONG TERM CARE	0	2,363,383		46.00
	ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	-2,904,766	19,563,801		50.00
51.00	RECOVERY ROOM	0	2,145,333		51.00
52.00	DELIVERY ROOM & LABOR ROOM	-1,159	9,415,102		52.00
53.00	ANESTHESIOLOGY	0	1,251,052		53.00
54.00	RADIOLOGY-DIAGNOSTIC	-590,406	9,262,913		54.00
54.01	ULTRASOUND	-1,883,303	1,806,558		54.01
55.00	RADIOLOGY-THERAPEUTIC	-192	5,924,208		55.00
56.00	RADIOISOTOPE	0	1,498,780		56.00
56.01	ONCOLOGY	0	0		56.01
57.00	CT SCAN	-18,022	1,259,584		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	-3,400	678,595		58.00
59.00	CARDIAC CATHETERIZATION	0	4,216,270		59.00
60.00	LABORATORY	-127,670	18,244,544		60.00
60.01	LABORATORY-PATHOLOGICAL	0	0		60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	-57,193	5,281,175		62.00
65.00	RESPIRATORY THERAPY	-144,066	7,649,327		65.00
66.00	PHYSICAL THERAPY	-1,418,483	7,973,103		66.00
69.00	ELECTROCARDIOLOGY	-2,492,842	8,232,182		69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	30,847,626		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	31,763,688		72.00
73.00	DRUGS CHARGED TO PATIENTS	0	47,283,394		73.00
74.00	RENAL DIALYSIS	0	2,396,587		74.00
75.00	ASC (NON-DISTINCT PART)	0	4,581,319		75.00
76.00	CARDIAC REHAB	0	759,812		76.00
76.01	GI LAB	0	2,046,896		76.01
76.02	ECT	0	192,585		76.02
76.03	O/P PSYCH	-149,781	1,024,608		76.03

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 260020 | Period: From 07/01/2010 To 06/30/2011 | Worksheet A | Date/Time Prepared: 1/26/2012 1:32 pm

	Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation		
		6.00	7.00		
	OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC	0	0		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00	CLINIC	-2,849,410	2,519,155		90.00
90.01	HYPERBARIC/OP WOUND	-132	587,477		90.01
91.00	EMERGENCY	-8,701,123	8,996,741		91.00
91.02	NATURAL FAMILY PLANNING	0	0		91.02
91.03	PAIN THERAPY CENTER	0	0		91.03
92.00	OBSERVATION BEDS (NON-DISTINCT PART)				92.00
92.01	AMBULATORY CARE UNIT	0	749,902		92.01
	OTHER REIMBURSABLE COST CENTERS				
95.00	AMBULANCE SERVICES	0	35,572		95.00
99.10	CORF	0	0		99.10
	SPECIAL PURPOSE COST CENTERS				
109.00	PANCREAS ACQUISITION	0	0		109.00
110.00	INTESTINAL ACQUISITION	0	0		110.00
111.00	ISLET ACQUISITION	0	0		111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	-47,763,529	721,405,315		118.00
	NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	163,825	323,112		190.00
190.01	VENDING MACHINES	0	0		190.01
190.02	VISITOR MEALS	0	0		190.02
191.00	RESEARCH	0	1,551,189		191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	3,635,708		192.00
193.00	NONPAID WORKERS	0	96,521		193.00
193.01	MEALS ON WHEELS	0	0		193.01
193.03	CONVENT	0	0		193.03
193.06	VACANT SPACE	0	0		193.06
193.07	SALES & SERVICE-PHYSICIAN PRACTICE	0	0		193.07
194.00	NEIGHBORHOOD MINISTRIES	0	268,005		194.00
194.01	HOSPICE	0	63,258		194.01
194.02	SHARED SERVICES	0	4,613		194.02
194.03	ST. JOHN'S MERCY HEALTH CARE	0	3,898,717		194.03
194.04	SJMH SHARED SERVICES	93,875,364	93,875,364		194.04
194.05	OTHER NONREIMBURSABLE COST CENTERS	0	0		194.05
194.06	OTHER NONREIMBURSABLE COST CENTERS	0	0		194.06
194.07	OTHER NONREIMBURSABLE COST CENTERS	0	0		194.07
194.08	REHAB HOSPITAL	0	25,538,197		194.08
200.00	TOTAL (SUM OF LINES 118-199)	46,275,660	850,659,999		200.00

RECLASSIFICATIONS | Provider CCN: 260020 | Period: From 07/01/2010 To 06/30/2011 | Worksheet A-6 | Date/Time Prepared: 1/26/2012 1:32 pm

	Increases				
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
	A - NURSERY COSTS				
1.00	NURSERY	43.00	3,772,571	1,005,060	1.00
	TOTALS		3,772,571	1,005,060	
	B - INTERNS AND RESIDENTS TEACHING				
1.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	2,979,634	0	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
	TOTALS		2,979,634	0	
	C - CONFIDENTIAL				
1.00	ADULTS & PEDIATRICS	30.00	8,505,776	0	1.00
2.00	ADULTS & PEDIATRICS	30.00	6,358,859	0	2.00
3.00	ADULTS & PEDIATRICS	30.00	355,698	0	3.00
4.00	ADULTS & PEDIATRICS	30.00	0	572,713	4.00
5.00	CORONARY CARE UNIT	32.00	3,540,035	0	5.00
6.00	SUBPROVIDER - IPF	40.00	656,859	0	6.00
7.00	OPERATING ROOM	50.00	2,713,794	0	7.00
8.00	OPERATING ROOM	50.00	0	45,600	8.00
9.00	ELECTROCARDIOLOGY	69.00	1,167,879	0	9.00
10.00	ADULTS & PEDIATRICS	30.00	1,183,432	0	10.00
	TOTALS		24,482,332	618,313	
	D - BUILDING DEPRECIATION				
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	28,678,995	1.00
2.00	OTHER BUILDING-MOB	1.01	0	1,691,825	2.00
3.00	OTHER BUILDING-CANCER CENTER	1.02	0	1,937,352	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
40.00		0.00	0	0	40.00
41.00		0.00	0	0	41.00
42.00		0.00	0	0	42.00
43.00		0.00	0	0	43.00
44.00		0.00	0	0	44.00
45.00		0.00	0	0	45.00
46.00		0.00	0	0	46.00
47.00		0.00	0	0	47.00
48.00		0.00	0	0	48.00
49.00		0.00	0	0	49.00

RECLASSIFICATIONS | Provider CCN: 260020 | Period: From 07/01/2010 To 06/30/2011 | Worksheet A-6 | Date/Time Prepared: 1/26/2012 1:32 pm

	Increases				
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
50.00		0.00	0	0	50.00
	TOTALS		0	32,308,172	
	E - HOUSEKEEPING SERVICES				
1.00	OPERATION OF PLANT	7.00	0	2,106,076	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
	TOTALS		0	2,106,076	
	F - COST OF DRUGS				
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	48,729,234	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
40.00		0.00	0	0	40.00
41.00		0.00	0	0	41.00
42.00		0.00	0	0	42.00
43.00		0.00	0	0	43.00
	TOTALS		0	48,729,234	
	G - PLANT MAINTENANCE				
1.00	OPERATION OF PLANT	7.00	0	406,355	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00

	Increases				
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
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
	TOTALS		0	406,355	
	H - NONCERTIFIED SNF				
1.00	OTHER LONG TERM CARE	46.00	2,064,699	298,684	1.00
2.00	MAINTENANCE & REPAIRS	6.00	0	162,985	2.00
	TOTALS		2,064,699	461,669	
	I - PROPERTY TAX				
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1,884,714	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
	TOTALS		0	1,884,714	
	J - PENSION EXPENSE				
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	11,862,811	1.00
	TOTALS		0	11,862,811	
	K - COMMUNITY ONCOLOGY				
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	87,287	1.00
	TOTALS		0	87,287	
	L - INTEREST				
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	853,868	1.00
	TOTALS		0	853,868	
	M - DIETARY TECH SALARY				
1.00	CLINIC	90.00	36,171	0	1.00
2.00	SUBPROVIDER - IPF	40.00	50,656	0	2.00
	TOTALS		86,827	0	
	N - EQUIPMENT DEPRECIATION (PT I)				
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	23,000,689	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP-MOB	2.01	0	868,992	2.00
3.00	NEW CAP REL COSTS-MVBLE EQUIP-CANCER	2.02	0	3,355,170	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

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
40.00		0.00	0	0		40.00
41.00		0.00	0	0		41.00
42.00		0.00	0	0		42.00
43.00		0.00	0	0		43.00
44.00		0.00	0	0		44.00
45.00		0.00	0	0		45.00
46.00		0.00	0	0		46.00
47.00		0.00	0	0		47.00
48.00		0.00	0	0		48.00
49.00		0.00	0	0		49.00
50.00		0.00	0	0		50.00
51.00		0.00	0	0		51.00
	TOTALS		0	27,224,851		
	O - CRITICAL CARE FELLOWSHIP PROGRAM					
1.00	INTENSIVE CARE UNIT	31.00	574,879	1,035		1.00
2.00	CORONARY CARE UNIT	32.00	328,502	592		2.00
3.00	EMERGENCY	91.00	164,251	296		3.00
	TOTALS		1,067,632	1,923		
	P - UTILITIES - SNF ADMINISTRATION					
1.00	OPERATION OF PLANT	7.00	0	152,119		1.00
	TOTALS		0	152,119		
	Q - STAFF BENEFITS					
1.00	EMPLOYEE BENEFITS	4.00	0	2,020,062		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	1,402		2.00
3.00	INTENSIVE CARE UNIT	31.00	0	2,211		3.00
4.00	CORONARY CARE UNIT	32.00	0	1,140		4.00
5.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	43		5.00
6.00	RECOVERY ROOM	51.00	0	2,614		6.00
7.00	DELIVERY ROOM & LABOR ROOM	52.00	0	2,452		7.00
8.00	ANESTHESIOLOGY	53.00	0	436		8.00
9.00	ULTRASOUND	54.01	0	2		9.00
10.00	CARDIAC REHAB	76.00	0	35		10.00
11.00	EMERGENCY	91.00	0	1,730		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
	TOTALS		0	2,032,127		
	R - PHYSICIANS' BENEFITS					
1.00	EMPLOYEE BENEFITS	4.00	0	3,064,511		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
	TOTALS		0	3,064,511		

RECLASSIFICATIONS | Provider CCN: 260020 | Period: From 07/01/2010 To 06/30/2011 | Worksheet A-6 | Date/Time Prepared: 1/26/2012 1:32 pm

	Cost Center	Increases Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	S - LAUNDRY					
1.00	LAUNDRY & LINEN SERVICE	8.00	0	2,492,160		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
40.00		0.00	0	0		40.00
41.00		0.00	0	0		41.00
42.00		0.00	0	0		42.00
43.00		0.00	0	0		43.00
	TOTALS		0	2,492,160		
	U - WORKER'S COMP LIGHT DUTY					
1.00	EMPLOYEE BENEFITS	4.00	675	0		1.00
	TOTALS		675	0		
	V - EPOETIN COSTS					
1.00	RENAL DIALYSIS	74.00	0	1,443,131		1.00
	TOTALS		0	1,443,131		
	W - PATIENT PLACEMENT					
1.00	NURSING ADMINISTRATION	13.00	616,438	5,412		1.00
	TOTALS		616,438	5,412		
	X - INTERVENTIONAL CARE HH					
1.00	CORONARY CARE UNIT	32.00	116,814	12,752		1.00
	TOTALS		116,814	12,752		
	Y - PACU					
1.00	ADULTS & PEDIATRICS	30.00	5,915	304		1.00
	TOTALS		5,915	304		
	Z - EMERGENCY DEPARTMENT ROUTINE REVENUE					
1.00	ADULTS & PEDIATRICS	30.00	461,792	108,731		1.00
	TOTALS		461,792	108,731		
	AA - AMBULATORY CARE UNIT					
1.00	ADULTS & PEDIATRICS	30.00	774,970	79,261		1.00
	TOTALS		774,970	79,261		
	BB - MOB HEART HOSPITAL					
1.00	OPERATION OF PLANT	7.00	0	26,844		1.00
	TOTALS		0	26,844		
	CC - RECRUITMENT & SIGN-ON BONUS					
1.00	EMPLOYEE BENEFITS	4.00	82,500	0		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	95,000	0		2.00

	Cost Center	Increases Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
3.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	1,750	0		3.00
4.00	INTENSIVE CARE UNIT	31.00	0	300		4.00
5.00	PHYSICIANS' PRIVATE OFFICES	192.00	35,000	0		5.00
	TOTALS		214,250	300		
	DD - MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	30,847,626		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
	TOTALS		0	30,847,626		
	EE - IMPLANT SUPPLIES					
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	31,763,688		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
	TOTALS		0	31,763,688		
	FF - SAFEWATCH EXPENSE					
1.00	INTENSIVE CARE UNIT	31.00	1,176,346	277,068		1.00
2.00	CORONARY CARE UNIT	32.00	155,217	36,559		2.00
	TOTALS		1,331,563	313,627		
	GG - CHILD CARE CENTER					
1.00	ST. JOHN'S MERCY HEALTH CARE	194.03	1,024,835	97,927		1.00
	TOTALS		1,024,835	97,927		

RECLASSIFICATIONS | Provider CCN: 260020 | Period: From 07/01/2010 To 06/30/2011 | Worksheet A-6 | Date/Time Prepared: 1/26/2012 1:32 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	HH - EQUIPMENT DEPRECIATION (PT. II)					
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	625,768		1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP-MOB	2.01	0	2,933		2.00
3.00	NEW CAP REL COSTS-MVBLE EQUIP-CANCER	2.02	0	51,606		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
	TOTALS		0	680,307		
	II - MERCY SAFEWATCH NON STL SALARIES					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	4,451,794		1.00
	TOTALS		0	4,451,794		
500.00	Grand Total: Increases		39,000,947	205,122,954		500.00

RECLASSIFICATIONS | Provider CCN: 260020 | Period: From 07/01/2010 To 06/30/2011 | Worksheet A-6 | Date/Time Prepared: 1/26/2012 1:32 pm

	Cost Center	Decreases Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - NURSERY COSTS						
1.00	ADULTS & PEDIATRICS	30.00	3,772,571	1,005,060	0		1.00
	TOTALS		3,772,571	1,005,060			
	B - INTERNS AND RESIDENTS TEACHING						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	2,947,519	0	0		1.00
2.00	LABORATORY	60.00	186	0	0		2.00
3.00	ELECTROCARDIOLOGY	69.00	22,230	0	0		3.00
4.00	EMERGENCY	91.00	8,577	0	0		4.00
5.00	PHYSICIANS' PRIVATE OFFICES	192.00	1,122	0	0		5.00
	TOTALS		2,979,634	0			
	C - CONFIDENTIAL						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	8,184,444	0	0		1.00
2.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	328,012	572,713	0		2.00
3.00	ELECTROCARDIOLOGY	69.00	1,019,580	45,600	0		3.00
4.00	ASC (NON-DISTINCT PART)	75.00	66,975	0	0		4.00
5.00	CLINIC	90.00	141,795	0	0		5.00
6.00	HYPERBARIC/OP WOUND	90.01	206,553	0	0		6.00
7.00	PHYSICIANS' PRIVATE OFFICES	192.00	14,534,973	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
	TOTALS		24,482,332	618,313			
	D - BUILDING DEPRECIATION						
1.00	EMPLOYEE BENEFITS	4.00	0	29,692	9		1.00
2.00	ADMITTING	5.03	0	86,634	9		2.00
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	3,466,771	9		3.00
4.00	MAINTENANCE & REPAIRS	6.00	0	4,554,910	9		4.00
5.00	OPERATION OF PLANT	7.00	0	5,994,292	9		5.00
6.00	OTHER BUILDING-MOB	7.01	0	1,734,160	9		6.00
7.00	OTHER BUILDING-CANCER CENTER	7.02	0	1,220,766	9		7.00
8.00	HEART HOSPITAL	7.03	0	6,238,526	9		8.00
9.00	HOUSEKEEPING	9.00	0	400	9		9.00
10.00	DIETARY	10.00	0	114,461	9		10.00
11.00	NURSING ADMINISTRATION	13.00	0	143,988	9		11.00
12.00	CENTRAL SERVICES & SUPPLY	14.00	0	215,803	9		12.00
13.00	PHARMACY	15.00	0	80,460	9		13.00
14.00	MEDICAL RECORDS & LIBRARY	16.00	0	1,779	9		14.00
15.00	SOCIAL SERVICE	17.00	0	28,125	9		15.00
16.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	59,714	9		16.00
17.00	ADULTS & PEDIATRICS	30.00	0	2,626,611	9		17.00
18.00	INTENSIVE CARE UNIT	31.00	0	82,223	9		18.00
19.00	CORONARY CARE UNIT	32.00	0	8,335	9		19.00
20.00	BURN INTENSIVE CARE UNIT	33.00	0	4,390	9		20.00
21.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	756,438	9		21.00
22.00	SUBPROVIDER - IPF	40.00	0	27,619	9		22.00
23.00	SKILLED NURSING FACILITY	44.00	0	58,978	9		23.00
24.00	OPERATING ROOM	50.00	0	629,136	9		24.00
25.00	DELIVERY ROOM & LABOR ROOM	52.00	0	318,311	9		25.00
26.00	ANESTHESIOLOGY	53.00	0	96,127	9		26.00
27.00	RADIOLOGY-DIAGNOSTIC	54.00	0	576,314	9		27.00
28.00	ULTRASOUND	54.01	0	161,996	9		28.00
29.00	RADIOLOGY-THERAPEUTIC	55.00	0	433,231	9		29.00
30.00	RADIOISOTOPE	56.00	0	51,370	9		30.00
31.00	CT SCAN	57.00	0	87,932	9		31.00
32.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	151,010	9		32.00
33.00	CARDIAC CATHETERIZATION	59.00	0	239,886	9		33.00
34.00	LABORATORY	60.00	0	220,124	9		34.00
35.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0	48,539	9		35.00
36.00	RESPIRATORY THERAPY	65.00	0	80,639	9		36.00
37.00	PHYSICAL THERAPY	66.00	0	287,694	9		37.00
38.00	ELECTROCARDIOLOGY	69.00	0	136,060	9		38.00
39.00	RENAL DIALYSIS	74.00	0	6,957	9		39.00
40.00	ASC (NON-DISTINCT PART)	75.00	0	458,773	9		40.00
41.00	GI LAB	76.01	0	113,316	9		41.00
42.00	O/P PSYCH	76.03	0	130,803	9		42.00
43.00	CLINIC	90.00	0	176,583	9		43.00
44.00	HYPERBARIC/OP WOUND	90.01	0	3,193	9		44.00

	Cost Center	Decreases Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
45.00	EMERGENCY	91.00	0	20,315	9		45.00
46.00	AMBULATORY CARE UNIT	92.01	0	36,706	9		46.00
47.00	RESEARCH	191.00	0	146,935	9		47.00
48.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	136,894	9		48.00
49.00	NEIGHBORHOOD MINISTRIES	194.00	0	16,888	9		49.00
50.00	ST. JOHN'S MERCY HEALTH CARE	194.03	0	7,365	9		50.00
	TOTALS		0	32,308,172			
	E - HOUSEKEEPING SERVICES						
1.00	OTHER BUILDING-MOB	7.01	0	1,209,199	0		1.00
2.00	OTHER BUILDING-CANCER CENTER	7.02	0	432,294	0		2.00
3.00	HEART HOSPITAL	7.03	0	382,620	0		3.00
4.00	DIETARY	10.00	0	83	0		4.00
5.00	RADIOLOGY-THERAPEUTIC	55.00	0	709	0		5.00
6.00	CARDIAC CATHETERIZATION	59.00	0	1,125	0		6.00
7.00	LABORATORY	60.00	0	4,404	0		7.00
8.00	PHYSICAL THERAPY	66.00	0	25,908	0		8.00
9.00	ASC (NON-DISTINCT PART)	75.00	0	2,437	0		9.00
10.00	O/P PSYCH	76.03	0	35,860	0		10.00
11.00	EMERGENCY	91.00	0	11,437	0		11.00
	TOTALS		0	2,106,076			
	F - COST OF DRUGS						
1.00	PURCHASING	5.02	0	343	0		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	7	0		2.00
3.00	MAINTENANCE & REPAIRS	6.00	0	2	0		3.00
4.00	OPERATION OF PLANT	7.00	0	10	0		4.00
5.00	NURSING ADMINISTRATION	13.00	0	5	0		5.00
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	3,647	0		6.00
7.00	PHARMACY	15.00	0	38,586,252	0		7.00
8.00	SOCIAL SERVICE	17.00	0	1,807	0		8.00
9.00	ADULTS & PEDIATRICS	30.00	0	18,161	0		9.00
10.00	INTENSIVE CARE UNIT	31.00	0	9,070	0		10.00
11.00	CORONARY CARE UNIT	32.00	0	1,355	0		11.00
12.00	BURN INTENSIVE CARE UNIT	33.00	0	1,177	0		12.00
13.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	1,711	0		13.00
14.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	13,994	0		14.00
15.00	SUBPROVIDER - IPF	40.00	0	1,978	0		15.00
16.00	SKILLED NURSING FACILITY	44.00	0	16,857	0		16.00
17.00	OPERATING ROOM	50.00	0	229,786	0		17.00
18.00	RECOVERY ROOM	51.00	0	492	0		18.00
19.00	DELIVERY ROOM & LABOR ROOM	52.00	0	7,952	0		19.00
20.00	ANESTHESIOLOGY	53.00	0	1,442,280	0		20.00
21.00	RADIOLOGY-DIAGNOSTIC	54.00	0	374,065	0		21.00
22.00	ULTRASOUND	54.01	0	583	0		22.00
23.00	RADIOLOGY-THERAPEUTIC	55.00	0	23,435	0		23.00
24.00	RADIOISOTOPE	56.00	0	1,825,605	0		24.00
25.00	CT SCAN	57.00	0	812,707	0		25.00
26.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	220,349	0		26.00
27.00	CARDIAC CATHETERIZATION	59.00	0	143,990	0		27.00
28.00	LABORATORY	60.00	0	708	0		28.00
29.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0	3,111	0		29.00
30.00	RESPIRATORY THERAPY	65.00	0	376,482	0		30.00
31.00	PHYSICAL THERAPY	66.00	0	1,075	0		31.00
32.00	ELECTROCARDIOLOGY	69.00	0	22,144	0		32.00
33.00	RENAL DIALYSIS	74.00	0	468	0		33.00
34.00	ASC (NON-DISTINCT PART)	75.00	0	2,237	0		34.00
35.00	CARDIAC REHAB	76.00	0	5	0		35.00
36.00	GI LAB	76.01	0	6,517	0		36.00
37.00	ECT	76.02	0	42,868	0		37.00
38.00	CLINIC	90.00	0	3,783,683	0		38.00
39.00	HYPERBARIC/OP WOUND	90.01	0	1,324	0		39.00
40.00	EMERGENCY	91.00	0	21,107	0		40.00
41.00	AMBULATORY CARE UNIT	92.01	0	2,214	0		41.00
42.00	RESEARCH	191.00	0	8	0		42.00
43.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	727,663	0		43.00
	TOTALS		0	48,729,234			
	G - PLANT MAINTENANCE						
1.00	OTHER BUILDING-MOB	7.01	0	281,683	0		1.00
2.00	OTHER BUILDING-CANCER CENTER	7.02	0	103,193	0		2.00
3.00	DIETARY	10.00	0	3,698	0		3.00
4.00	CENTRAL SERVICES & SUPPLY	14.00	0	480	0		4.00
5.00	PHARMACY	15.00	0	1,882	0		5.00

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	Cost Center	Decreases Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
6.00	RADIOLOGY SCHOOL	23.01	0	416	0		6.00
7.00	ADULTS & PEDIATRICS	30.00	0	631	0		7.00
8.00	INTENSIVE CARE UNIT	31.00	0	424	0		8.00
9.00	OPERATING ROOM	50.00	0	5,600	0		9.00
10.00	RECOVERY ROOM	51.00	0	1,420	0		10.00
11.00	ANESTHESIOLOGY	53.00	0	899	0		11.00
12.00	LABORATORY	60.00	0	2,698	0		12.00
13.00	RESPIRATORY THERAPY	65.00	0	374	0		13.00
14.00	ELECTROCARDIOLOGY	69.00	0	350	0		14.00
15.00	GI LAB	76.01	0	1,464	0		15.00
16.00	EMERGENCY	91.00	0	693	0		16.00
17.00	ST. JOHN'S MERCY HEALTH CARE	194.03	0	450	0		17.00
	TOTALS		0	406,355			
	H - NONCERTIFIED SNF						
1.00	SKILLED NURSING FACILITY	44.00	2,064,699	461,669	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		2,064,699	461,669			
	I - PROPERTY TAX						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	706,031	13		1.00
2.00	OTHER BUILDING-MOB	7.01	0	1,009,569	13		2.00
3.00	OTHER BUILDING-CANCER CENTER	7.02	0	116,181	13		3.00
4.00	PHYSICAL THERAPY	66.00	0	33,933	13		4.00
5.00	O/P PSYCH	76.03	0	18,931	13		5.00
6.00	HYPERBARIC/OP WOUND	90.01	0	69	13		6.00
	TOTALS		0	1,884,714			
	J - PENSION EXPENSE						
1.00	EMPLOYEE BENEFITS	4.00	0	11,862,811	0		1.00
	TOTALS		0	11,862,811			
	K - COMMUNITY ONCOLOGY						
1.00	RESEARCH	191.00	0	87,287	0		1.00
	TOTALS		0	87,287			
	L - INTEREST						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	853,868	11		1.00
	TOTALS		0	853,868			
	M - DIETARY TECH SALARY						
1.00	DIETARY	10.00	36,171	0	0		1.00
2.00	DIETARY	10.00	50,656	0	0		2.00
	TOTALS		86,827	0			
	N - EQUIPMENT DEPRECIATION (PT I)						
1.00	EMPLOYEE BENEFITS	4.00	0	9,986	9		1.00
2.00	PURCHASING	5.02	0	3,572	9		2.00
3.00	ADMITTING	5.03	0	10,692	9		3.00
4.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	2,584,503	9		4.00
5.00	MAINTENANCE & REPAIRS	6.00	0	171,154	9		5.00
6.00	OPERATION OF PLANT	7.00	0	739,213	9		6.00
7.00	OTHER BUILDING-MOB	7.01	0	7,375	9		7.00
8.00	OTHER BUILDING-CANCER CENTER	7.02	0	21,986	9		8.00
9.00	HEART HOSPITAL	7.03	0	92,620	9		9.00
10.00	LAUNDRY & LINEN SERVICE	8.00	0	17,700	9		10.00
11.00	HOUSEKEEPING	9.00	0	448,824	9		11.00
12.00	DIETARY	10.00	0	259,942	9		12.00
13.00	NURSING ADMINISTRATION	13.00	0	263,914	9		13.00
14.00	CENTRAL SERVICES & SUPPLY	14.00	0	294,291	9		14.00
15.00	PHARMACY	15.00	0	238,141	9		15.00
16.00	SOCIAL SERVICE	17.00	0	10,391	9		16.00
17.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	624	9		17.00
18.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	57,084	9		18.00
19.00	PARAMED ED PRGM	23.00	0	1,883	9		19.00
20.00	RADIOLOGY SCHOOL	23.01	0	175	9		20.00
21.00	ADULTS & PEDIATRICS	30.00	0	1,107,621	9		21.00
22.00	INTENSIVE CARE UNIT	31.00	0	1,196,461	9		22.00
23.00	CORONARY CARE UNIT	32.00	0	873,587	9		23.00
24.00	BURN INTENSIVE CARE UNIT	33.00	0	74,496	9		24.00
25.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	32,053	9		25.00
26.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	968,771	9		26.00
27.00	SUBPROVIDER - IPF	40.00	0	26,463	9		27.00
28.00	NURSERY	43.00	0	7,055	9		28.00
29.00	SKILLED NURSING FACILITY	44.00	0	109,489	9		29.00
30.00	OPERATING ROOM	50.00	0	2,941,942	9		30.00

	Cost Center	Decreases Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
31.00	RECOVERY ROOM	51.00	0	6,126	9		31.00
32.00	DELIVERY ROOM & LABOR ROOM	52.00	0	260,393	9		32.00
33.00	ANESTHESIOLOGY	53.00	0	588,038	9		33.00
34.00	RADIOLOGY-DIAGNOSTIC	54.00	0	3,599,984	9		34.00
35.00	ULTRASOUND	54.01	0	400,153	9		35.00
36.00	RADIOLOGY-THERAPEUTIC	55.00	0	3,360,802	9		36.00
37.00	RADIOISOTOPE	56.00	0	503,021	9		37.00
38.00	CT SCAN	57.00	0	707,542	9		38.00
39.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	1,224,336	9		39.00
40.00	CARDIAC CATHETERIZATION	59.00	0	944,740	9		40.00
41.00	LABORATORY	60.00	0	415,191	9		41.00
42.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0	27,960	9		42.00
43.00	RESPIRATORY THERAPY	65.00	0	407,658	9		43.00
44.00	PHYSICAL THERAPY	66.00	0	111,867	9		44.00
45.00	ELECTROCARDIOLOGY	69.00	0	880,437	9		45.00
46.00	RENAL DIALYSIS	74.00	0	53,487	9		46.00
47.00	ASC (NON-DISTINCT PART)	75.00	0	678,952	9		47.00
48.00	CARDIAC REHAB	76.00	0	25,975	9		48.00
49.00	GI LAB	76.01	0	438,123	9		49.00
50.00	ECT	76.02	0	7,236	9		50.00
51.00	O/P PSYCH	76.03	0	10,822	0		51.00
	TOTALS		0	27,224,851			
	O - CRITICAL CARE FELLOWSHIP PROGRAM						
1.00	NURSING ADMINISTRATION	13.00	1,067,632	1,923	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
	TOTALS		1,067,632	1,923			
	P - UTILITIES - SNF ADMINISTRATION						
1.00	SKILLED NURSING FACILITY	44.00	0	152,119	0		1.00
	TOTALS		0	152,119			
	Q - STAFF BENEFITS						
1.00	ADMITTING	5.03	0	1,907	0		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	945,250	0		2.00
3.00	OPERATION OF PLANT	7.00	0	2,057	0		3.00
4.00	HOUSEKEEPING	9.00	0	1,360	0		4.00
5.00	DIETARY	10.00	0	2,057	0		5.00
6.00	NURSING ADMINISTRATION	13.00	0	93,780	0		6.00
7.00	PHARMACY	15.00	0	2,582	0		7.00
8.00	MEDICAL RECORDS & LIBRARY	16.00	0	25	0		8.00
9.00	SOCIAL SERVICE	17.00	0	68	0		9.00
10.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	58,948	0		10.00
11.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	208,904	0		11.00
12.00	BURN INTENSIVE CARE UNIT	33.00	0	2,000	0		12.00
13.00	SUBPROVIDER - IPF	40.00	0	496	0		13.00
14.00	SKILLED NURSING FACILITY	44.00	0	2,154	0		14.00
15.00	OPERATING ROOM	50.00	0	3,757	0		15.00
16.00	RADIOLOGY-DIAGNOSTIC	54.00	0	6,013	0		16.00
17.00	RADIOISOTOPE	56.00	0	3,000	0		17.00
18.00	LABORATORY	60.00	0	552	0		18.00
19.00	RESPIRATORY THERAPY	65.00	0	2,057	0		19.00
20.00	PHYSICAL THERAPY	66.00	0	3,876	0		20.00
21.00	ELECTROCARDIOLOGY	69.00	0	45,994	0		21.00
22.00	ASC (NON-DISTINCT PART)	75.00	0	261	0		22.00
23.00	CLINIC	90.00	0	2,346	0		23.00
24.00	HYPERBARIC/OP WOUND	90.01	0	186	0		24.00
25.00	AMBULATORY CARE UNIT	92.01	0	125	0		25.00
26.00	RESEARCH	191.00	0	64,322	0		26.00
27.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	444,734	0		27.00
28.00	NEIGHBORHOOD MINISTRIES	194.00	0	1,330	0		28.00
29.00	HOSPICE	194.01	0	4	0		29.00
30.00	ST. JOHN'S MERCY HEALTH CARE	194.03	0	131,982	0		30.00
	TOTALS		0	2,032,127			
	R - PHYSICIANS' BENEFITS						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	271,369	0		1.00
2.00	OPERATION OF PLANT	7.00	0	239	0		2.00
3.00	NURSING ADMINISTRATION	13.00	0	220	0		3.00
4.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	5,147	0		4.00

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	Cost Center	Decreases Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
5.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	567,896	0		5.00
6.00	INTENSIVE CARE UNIT	31.00	0	138	0		6.00
7.00	SUBPROVIDER - IPF	40.00	0	1,075	0		7.00
8.00	PHYSICAL THERAPY	66.00	0	182,983	0		8.00
9.00	ELECTROCARDIOLOGY	69.00	0	47,336	0		9.00
10.00	GI LAB	76.01	0	105	0		10.00
11.00	CLINIC	90.00	0	25,003	0		11.00
12.00	HYPERBARIC/OP WOUND	90.01	0	27,878	0		12.00
13.00	EMERGENCY	91.00	0	12,636	0		13.00
14.00	RESEARCH	191.00	0	11,028	0		14.00
15.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	1,854,121	0		15.00
16.00	ST. JOHN'S MERCY HEALTH CARE	194.03	0	57,337	0		16.00
	TOTALS		0	3,064,511			
	S - LAUNDRY						
1.00	EMPLOYEE BENEFITS	4.00	0	6,354	0		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	215	0		2.00
3.00	MAINTENANCE & REPAIRS	6.00	0	1	0		3.00
4.00	HOUSEKEEPING	9.00	0	94	0		4.00
5.00	NURSING ADMINISTRATION	13.00	0	927	0		5.00
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,884	0		6.00
7.00	PHARMACY	15.00	0	937	0		7.00
8.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	543	0		8.00
9.00	ADULTS & PEDIATRICS	30.00	0	892,851	0		9.00
10.00	INTENSIVE CARE UNIT	31.00	0	463,627	0		10.00
11.00	CORONARY CARE UNIT	32.00	0	47,101	0		11.00
12.00	BURN INTENSIVE CARE UNIT	33.00	0	44,410	0		12.00
13.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	64,558	0		13.00
14.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	50,353	0		14.00
15.00	SUBPROVIDER - IPF	40.00	0	45,596	0		15.00
16.00	SKILLED NURSING FACILITY	44.00	0	6,304	0		16.00
17.00	OPERATING ROOM	50.00	0	100,209	0		17.00
18.00	RECOVERY ROOM	51.00	0	7,883	0		18.00
19.00	DELIVERY ROOM & LABOR ROOM	52.00	0	178,990	0		19.00
20.00	ANESTHESIOLOGY	53.00	0	4,270	0		20.00
21.00	RADIOLOGY-DIAGNOSTIC	54.00	0	65,745	0		21.00
22.00	ULTRASOUND	54.01	0	21,790	0		22.00
23.00	RADIOLOGY-THERAPEUTIC	55.00	0	25,066	0		23.00
24.00	RADIOISOTOPE	56.00	0	9,875	0		24.00
25.00	CT SCAN	57.00	0	21,104	0		25.00
26.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	19,919	0		26.00
27.00	CARDIAC CATHETERIZATION	59.00	0	39,711	0		27.00
28.00	LABORATORY	60.00	0	8,836	0		28.00
29.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0	2,316	0		29.00
30.00	RESPIRATORY THERAPY	65.00	0	1,380	0		30.00
31.00	PHYSICAL THERAPY	66.00	0	30,922	0		31.00
32.00	ELECTROCARDIOLOGY	69.00	0	24,525	0		32.00
33.00	RENAL DIALYSIS	74.00	0	2,798	0		33.00
34.00	ASC (NON-DISTINCT PART)	75.00	0	69,908	0		34.00
35.00	CARDIAC REHAB	76.00	0	4,288	0		35.00
36.00	GI LAB	76.01	0	29,587	0		36.00
37.00	ECT	76.02	0	6,003	0		37.00
38.00	CLINIC	90.00	0	10,063	0		38.00
39.00	EMERGENCY	91.00	0	158,035	0		39.00
40.00	AMBULATORY CARE UNIT	92.01	0	19,725	0		40.00
41.00	RESEARCH	191.00	0	4	0		41.00
42.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	3,384	0		42.00
43.00	ST. JOHN'S MERCY HEALTH CARE	194.03	0	69	0		43.00
	TOTALS		0	2,492,160			
	U - WORKER'S COMP LIGHT DUTY						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	675	0	0		1.00
	TOTALS		675	0			
	V - EPOETIN COSTS						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	1,443,131	0		1.00
	TOTALS		0	1,443,131			
	W - PATIENT PLACEMENT						
1.00	ADULTS & PEDIATRICS	30.00	616,438	5,412	0		1.00
	TOTALS		616,438	5,412			

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	X - INTERVENTIONAL CARE HH						
1.00	CARDIAC CATHETERIZATION	59.00	116,814	12,752	0		1.00
	TOTALS		116,814	12,752			
	Y - PACU						
1.00	RECOVERY ROOM	51.00	5,915	304	0		1.00
	TOTALS		5,915	304			
	Z - EMERGENCY DEPARTMENT ROUTINE REVENUE						
1.00	EMERGENCY	91.00	461,792	108,731	0		1.00
	TOTALS		461,792	108,731			
	AA - AMBULATORY CARE UNIT						
1.00	AMBULATORY CARE UNIT	92.01	774,970	79,261	0		1.00
	TOTALS		774,970	79,261			
	BB - MOB HEART HOSPITAL						
1.00	HEART HOSPITAL	7.03	0	26,844	0		1.00
	TOTALS		0	26,844			
	CC - RECRUITMENT & SIGN-ON BONUS						
1.00	EMPLOYEE BENEFITS	4.00	0	82,500	0		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	95,000	0		2.00
3.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	1,750	0		3.00
4.00	INTENSIVE CARE UNIT	31.00	300	0	0		4.00
5.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	35,000	0		5.00
	TOTALS		300	214,250			
	DD - MEDICAL SUPPLIES						
1.00	DIETARY	10.00	0	98,906	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	897,282	0		2.00
3.00	INTENSIVE CARE UNIT	31.00	0	1,606,601	0		3.00
4.00	CORONARY CARE UNIT	32.00	0	195,656	0		4.00
5.00	BURN INTENSIVE CARE UNIT	33.00	0	264,179	0		5.00
6.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	68,273	0		6.00
7.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	607,071	0		7.00
8.00	SUBPROVIDER - IPF	40.00	0	8,810	0		8.00
9.00	SKILLED NURSING FACILITY	44.00	0	74,980	0		9.00
10.00	OPERATING ROOM	50.00	0	16,216,184	0		10.00
11.00	RECOVERY ROOM	51.00	0	30,176	0		11.00
12.00	DELIVERY ROOM & LABOR ROOM	52.00	0	864,583	0		12.00
13.00	ANESTHESIOLOGY	53.00	0	1,770,964	0		13.00
14.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,460,355	0		14.00
15.00	ULTRASOUND	54.01	0	5,314	0		15.00
16.00	RADIOLOGY-THERAPEUTIC	55.00	0	79,709	0		16.00
17.00	RADIOISOTOPE	56.00	0	35,103	0		17.00
18.00	CT SCAN	57.00	0	50,123	0		18.00
19.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	26,365	0		19.00
20.00	CARDIAC CATHETERIZATION	59.00	0	781,099	0		20.00
21.00	LABORATORY	60.00	0	422	0		21.00
22.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0	7,531	0		22.00
23.00	RESPIRATORY THERAPY	65.00	0	631,887	0		23.00
24.00	PHYSICAL THERAPY	66.00	0	63,840	0		24.00
25.00	ELECTROCARDIOLOGY	69.00	0	1,877,894	0		25.00
26.00	DRUGS CHARGED TO PATIENTS	73.00	0	2,709	0		26.00
27.00	RENAL DIALYSIS	74.00	0	76,435	0		27.00
28.00	ASC (NON-DISTINCT PART)	75.00	0	289,406	0		28.00
29.00	CARDIAC REHAB	76.00	0	43	0		29.00
30.00	GI LAB	76.01	0	1,089,598	0		30.00
31.00	ECT	76.02	0	88	0		31.00
32.00	CLINIC	90.00	0	115,261	0		32.00
33.00	HYPERBARIC/OP WOUND	90.01	0	5,804	0		33.00
34.00	EMERGENCY	91.00	0	1,468,257	0		34.00
35.00	AMBULATORY CARE UNIT	92.01	0	76,718	0		35.00
	TOTALS		0	30,847,626			
	EE - IMPLANT SUPPLIES						
1.00	ADULTS & PEDIATRICS	30.00	0	1,422	0		1.00
2.00	INTENSIVE CARE UNIT	31.00	0	92	0		2.00
3.00	CORONARY CARE UNIT	32.00	0	664	0		3.00
4.00	BURN INTENSIVE CARE UNIT	33.00	0	9,699	0		4.00
5.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	875	0		5.00
6.00	OPERATING ROOM	50.00	0	25,662,416	0		6.00
7.00	DELIVERY ROOM & LABOR ROOM	52.00	0	214	0		7.00
8.00	ANESTHESIOLOGY	53.00	0	83	0		8.00
9.00	RADIOLOGY-DIAGNOSTIC	54.00	0	211,314	0		9.00
10.00	RADIOLOGY-THERAPEUTIC	55.00	0	68,500	0		10.00

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	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
11.00	CT SCAN	57.00	0	19	0		11.00
12.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	3	0		12.00
13.00	CARDIAC CATHETERIZATION	59.00	0	1,447,285	0		13.00
14.00	PHYSICAL THERAPY	66.00	0	105,733	0		14.00
15.00	ELECTROCARDIOLOGY	69.00	0	3,950,201	0		15.00
16.00	ASC (NON-DISTINCT PART)	75.00	0	260,839	0		16.00
17.00	GI LAB	76.01	0	30,221	0		17.00
18.00	HYPERBARIC/OP WOUND	90.01	0	183	0		18.00
19.00	EMERGENCY	91.00	0	13,925	0		19.00
	TOTALS		0	31,763,688			
	FF - SAFEWATCH EXPENSE						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	1,331,563	313,627	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		1,331,563	313,627			
	GG - CHILD CARE CENTER						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	1,024,835	97,927	0		1.00
	TOTALS		1,024,835	97,927			
	HH - EQUIPMENT DEPRECIATION (PT. II)						
1.00	CLINIC	90.00	0	103,567	9		1.00
2.00	HYPERBARIC/OP WOUND	90.01	0	36,399	9		2.00
3.00	EMERGENCY	91.00	0	408,243	9		3.00
4.00	AMBULATORY CARE UNIT	92.01	0	21,387	9		4.00
5.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	1,106	9		5.00
6.00	RESEARCH	191.00	0	40,580	9		6.00
7.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	66,133	9		7.00
8.00	NONPAID WORKERS	193.00	0	242	9		8.00
9.00	NEIGHBORHOOD MINISTRIES	194.00	0	884	9		9.00
10.00	ST. JOHN'S MERCY HEALTH CARE	194.03	0	1,766	9		10.00
	TOTALS		0	680,307			
	II - MERCY SAFEWATCH NON STL SALARIES						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	4,451,794	0	0		1.00
	TOTALS		4,451,794	0			
500.00	Grand Total: Decreases		43,238,791	200,885,110			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 260020 | Period: From 07/01/2010 To 06/30/2011 | Worksheet A-7 Parts I-III Date/Time Prepared: 1/26/2012 1:32 pm

			Acquisitions				
		Beginning Balances	Purchases	Donation	Total	Disposals and Retirements	
		1.00	2.00	3.00	4.00	5.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	7,316,244	0	0	0	0	1.00
2.00	Land Improvements	12,030,846	21,270	0	21,270	0	2.00
3.00	Buildings and Fixtures	687,222,872	23,077,669	0	23,077,669	47,507	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	6,176,795	12,415	0	12,415	0	5.00
6.00	Movable Equipment	206,187,208	22,229,607	0	22,229,607	1,401,127	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	918,933,965	45,340,961	0	45,340,961	1,448,634	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	918,933,965	45,340,961	0	45,340,961	1,448,634	10.00

		SUMMARY OF CAPITAL					
	Cost Center Description	Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
1.01	OTHER BUILDING-MOB	0	0	0	0	0	1.01
1.02	OTHER BUILDING-CANCER CENTER	0	0	0	0	0	1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
2.01	NEW CAP REL COSTS-MVBLE EQUIP-MOB	0	0	0	0	0	2.01
2.02	NEW CAP REL COSTS-MVBLE EQUIP-CANCER	0	0	0	0	0	2.02
3.00	Total (sum of lines 1-2)	0	0	0	0	0	3.00

		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
	Cost Center Description	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	1.000000	0	1.00
1.01	OTHER BUILDING-MOB	0	0	0	0.000000	0	1.01
1.02	OTHER BUILDING-CANCER CENTER	0	0	0	0.000000	0	1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0.000000	0	2.00
2.01	NEW CAP REL COSTS-MVBLE EQUIP-MOB	0	0	0	0.000000	0	2.01
2.02	NEW CAP REL COSTS-MVBLE EQUIP-CANCER	0	0	0	0.000000	0	2.02
3.00	Total (sum of lines 1-2)	0	0	0	1.000000	0	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 260020 | Period: From 07/01/2010 To 06/30/2011 | Worksheet A-7 Parts I-III Date/Time Prepared: 1/26/2012 1:32 pm

		Ending Balance	Fully Depreciated Assets	
		6.00	7.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES			
1.00	Land	7,316,244	0	1.00
2.00	Land Improvements	12,052,116	5,702,232	2.00
3.00	Buildings and Fixtures	710,253,034	180,143,704	3.00
4.00	Building Improvements	0	0	4.00
5.00	Fixed Equipment	6,189,210	3,000,495	5.00
6.00	Movable Equipment	227,015,688	93,442,166	6.00
7.00	HIT designated Assets	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	962,826,292	282,288,597	8.00
9.00	Reconciling Items	0	0	9.00
10.00	Total (line 8 minus line 9)	962,826,292	282,288,597	10.00

	Cost Center Description	SUMMARY OF CAPITAL		
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)	
		14.00	15.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2			
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	1.00
1.01	OTHER BUILDING-MOB	0	0	1.01
1.02	OTHER BUILDING-CANCER CENTER	0	0	1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	2.00
2.01	NEW CAP REL COSTS-MVBLE EQUIP-MOB	0	0	2.01
2.02	NEW CAP REL COSTS-MVBLE EQUIP-CANCER	0	0	2.02
3.00	Total (sum of lines 1-2)	0	0	3.00

	Cost Center Description	ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	28,859,051	0	1.00
1.01	OTHER BUILDING-MOB	0	0	0	1,691,825	0	1.01
1.02	OTHER BUILDING-CANCER CENTER	0	0	0	1,937,352	0	1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	23,406,694	0	2.00
2.01	NEW CAP REL COSTS-MVBLE EQUIP-MOB	0	0	0	871,925	0	2.01
2.02	NEW CAP REL COSTS-MVBLE EQUIP-CANCER	0	0	0	3,406,776	0	2.02
3.00	Total (sum of lines 1-2)	0	0	0	60,173,623	0	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 260020 | Period: From 07/01/2010 To 06/30/2011 | Worksheet A-7 Parts I-III Date/Time Prepared: 1/26/2012 1:32 pm

	Cost Center Description	SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	58,424	0	1,884,714	0	30,802,189	1.00
1.01	OTHER BUILDING-MOB	0	0	0	0	1,691,825	1.01
1.02	OTHER BUILDING-CANCER CENTER	0	0	0	0	1,937,352	1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	23,406,694	2.00
2.01	NEW CAP REL COSTS-MVBLE EQUIP-MOB	0	0	0	0	871,925	2.01
2.02	NEW CAP REL COSTS-MVBLE EQUIP-CANCER	0	0	0	0	3,406,776	2.02
3.00	Total (sum of lines 1-2)	58,424	0	1,884,714	0	62,116,761	3.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 260020 | Period: From 07/01/2010 To 06/30/2011 | Worksheet A-8 | Date/Time Prepared: 1/26/2012 1:32 pm

				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)		0	NEW CAP REL COSTS-BLDG & FIXT	1.00	1.00
2.00	Investment income - movable equipment (chapter 2)		0	NEW CAP REL COSTS-MVBLE EQUIP	2.00	2.00
3.00	Investment income - other (chapter 2)		0		0.00	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	7.00
8.00	Television and radio service (chapter 21)		0		0.00	8.00
9.00	Parking lot (chapter 21)		0		0.00	9.00
10.00	Provider-based physician adjustment	A-8-2	-40,341,315			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	881,840			12.00
13.00	Laundry and linen service		0		0.00	13.00
14.00	Cafeteria-employees and guests	B	-4,531,860	DIETARY	10.00	14.00
15.00	Rental of quarters to employee and others		0		0.00	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	16.00
17.00	Sale of drugs to other than patients		0		0.00	17.00
18.00	Sale of medical records and abstracts		0		0.00	18.00
19.00	Nursing school (tuition, fees, books, etc.)		0		0.00	19.00
20.00	Vending machines		0		0.00	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	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	NEW CAP REL COSTS-BLDG & FIXT	1.00	26.00
27.00	Depreciation - movable equipment		0	NEW CAP REL COSTS-MVBLE EQUIP	2.00	27.00
28.00	Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00	28.00
29.00	Physicians' assistant		0		0.00	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	*** Cost Center Deleted ***	67.00	30.00
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	*** Cost Center Deleted ***	68.00	31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	32.00
33.00	A&G NON-ALLOWABLE COSTS	A	-1,061,734	OTHER ADMINISTRATIVE AND GENERAL	5.04	33.00
34.00	A&G NON-ALLOWABLE COSTS	A	-112,165	EMPLOYEE BENEFITS	4.00	34.00
35.00	TELEVISION ELIMINATION	A	-172,257	OPERATION OF PLANT	7.00	35.00
36.00	TELEVISION ELIMINATION	A	-2,594	EMPLOYEE BENEFITS	4.00	36.00
37.00	TELEVISION ELIMINATION	A	-80,452	NEW CAP REL COSTS-MVBLE EQUIP	2.00	37.00
38.00	SJMH SHARED SERVICES	A	93,875,364	SJMH SHARED SERVICES	194.04	38.00
39.00	TELEPHONE ADJUSTMENT	A	-43,724	OTHER ADMINISTRATIVE AND GENERAL	5.04	39.00
40.00	AHA CARRYFORWARD SCHEDULE	A	-66,319	NEW CAP REL COSTS-MVBLE EQUIP	2.00	40.00
40.01	KYPHOPLASTY LEGAL FEES	A	-73,566	OTHER ADMINISTRATIVE AND GENERAL	5.04	40.01
41.00	MOB RENTAL INCOME ELIMINATION	A	-495,199	OTHER BUILDING-MOB	7.01	41.00
42.00	MOB RENTAL INCOME ELIMINATION	A	-868,107	OTHER BUILDING-CANCER CENTER	7.02	42.00
43.00	MOB RENTAL INCOME ELIMINATION	A	-135,263	O/P PSYCH	76.03	43.00
44.00	MERCY SAFEWATCH	A	-6,507,456	OTHER ADMINISTRATIVE AND GENERAL	5.04	44.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 260020 | Period: From 07/01/2010 To 06/30/2011 | Worksheet A-8 | Date/Time Prepared: 1/26/2012 1:32 pm

		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	
		1.00	2.00	3.00	4.00	
45.00	FRA ADJUSTMENT	A	43,691,600	OTHER ADMINISTRATIVE AND GENERAL	5.04	45.00
45.01			0		0.00	45.01
45.02	'MISC INCOME - UNNECESSARY BORROWING	A	-196,621	NEW CAP REL COSTS-BLDG & FIXT	1.00	45.02
45.03	MISC INCOME - INTEREST INCOME OFFSET	A	-598,823	NEW CAP REL COSTS-BLDG & FIXT	1.00	45.03
45.04			0		0.00	45.04
45.05	AHA/MHA/CHA DUES	A	-24,257	OTHER ADMINISTRATIVE AND GENERAL	5.04	45.05
45.06	ELIMINATE BAD DEBT EXPENSE	A	-26,470,039	OTHER ADMINISTRATIVE AND GENERAL	5.04	45.06
45.07	AHA CARRYFORWARD/MEDICARE DEPREC.	A	50,724	NEW CAP REL COSTS-MVBLE EQUIP	2.00	45.07
45.08	BUILDING DEPRECIATION	A	180,056	NEW CAP REL COSTS-BLDG & FIXT	1.00	45.08
45.09	AHA ADJUSTMENT	A	-123,716	NEW CAP REL COSTS-MVBLE EQUIP	2.00	45.09
45.10	GIFT SHOP	A	163,825	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	45.10
45.11	NON-ALLOWABLE MARKETING/PROMOTION	A	-40,507	OTHER ADMINISTRATIVE AND GENERAL	5.04	45.11
45.12	NON-ALLOWABLE MARKETING/PROMOTION	A	-1,276	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	45.12
45.13	NON-ALLOWABLE MARKETING/PROMOTION	A	-20,668	SUBPROVIDER - IPF	40.00	45.13
45.14	NON-ALLOWABLE MARKETING/PROMOTION	A	-5,424	SKILLED NURSING FACILITY	44.00	45.14
45.15	NON-ALLOWABLE MARKETING/PROMOTION	A	-57,193	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	45.15
45.16	NON-ALLOWABLE MARKETING/PROMOTION	A	-16,295	PHYSICAL THERAPY	66.00	45.16
45.17	NON-ALLOWABLE MARKETING/PROMOTION	A	-757	CLINIC	90.00	45.17
45.18	NON-ALLOWABLE MARKETING/PROMOTION	A	-50	HYPERBARIC/OP WOUND	90.01	45.18
45.19			0		0.00	45.19
45.20	MISCELLANEOUS INCOME	B	-37,545	EMERGENCY	91.00	45.20
45.22	MISCELLANEOUS INCOME	B	-64,577	EMPLOYEE BENEFITS	4.00	45.22
45.23	MISCELLANEOUS INCOME	B	-4,218,838	OTHER ADMINISTRATIVE AND GENERAL	5.04	45.23
45.24	MISCELLANEOUS INCOME	B	-300	OPERATION OF PLANT	7.00	45.24
45.25	MISCELLANEOUS INCOME	B	-24,618	DIETARY	10.00	45.25
45.26	MISCELLANEOUS INCOME	B	-89,238	NURSING ADMINISTRATION	13.00	45.26
45.27	MISCELLANEOUS INCOME	B	19,543	CENTRAL SERVICES & SUPPLY	14.00	45.27
45.28	MISCELLANEOUS INCOME	B	-296,390	PHARMACY	15.00	45.28
45.29	MISCELLANEOUS INCOME	B	-73,139	MEDICAL RECORDS & LIBRARY	16.00	45.29
45.30	MISCELLANEOUS INCOME	B	-201,143	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	45.30
45.31	MISCELLANEOUS INCOME	B	-40,715	PARAMED ED PRGM	23.00	45.31
45.32	MISCELLANEOUS INCOME	B	-78,570	RADIOLOGY SCHOOL	23.01	45.32
45.33	MISCELLANEOUS INCOME	B	-8,644	ADULTS & PEDIATRICS	30.00	45.33
45.34	MISCELLANEOUS INCOME	B	-882	INTENSIVE CARE UNIT	31.00	45.34
45.35	MISCELLANEOUS INCOME	B	-67,980	SUBPROVIDER - IPF	40.00	45.35
45.36	MISCELLANEOUS INCOME	B	-834,996	NURSERY	43.00	45.36
45.37	MISCELLANEOUS INCOME	B	-10,330	SKILLED NURSING FACILITY	44.00	45.37
45.38	MISCELLANEOUS INCOME	B	-20,369	OPERATING ROOM	50.00	45.38
45.39	MISCELLANEOUS INCOME	B	-1,159	DELIVERY ROOM & LABOR ROOM	52.00	45.39
45.40	MISCELLANEOUS INCOME	B	-6,508	RADIOLOGY-DIAGNOSTIC	54.00	45.40
45.41	MISCELLANEOUS INCOME	B	-192	RADIOLOGY-THERAPEUTIC	55.00	45.41
45.42	MISCELLANEOUS INCOME	B	-3,400	MAGNETIC RESONANCE IMAGING (MRI)	58.00	45.42
45.43	MISCELLANEOUS INCOME	B	-82,884	PHYSICAL THERAPY	66.00	45.43
45.44	MISCELLANEOUS INCOME	B	-625	ELECTROCARDIOLOGY	69.00	45.44
45.46	MISCELLANEOUS INCOME	B	-14,518	O/P PSYCH	76.03	45.46
45.48	MISCELLANEOUS INCOME	B	-2,505,146	CLINIC	90.00	45.48
45.49	MISCELLANEOUS INCOME	B	-82	HYPERBARIC/OP WOUND	90.01	45.49
45.50	PHYSICIAN TEACHING RCE ELIMINATION	A	-1,856,867	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	45.50
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		46,275,660			50.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 260020 | Period: From 07/01/2010 To 06/30/2011 | Worksheet A-8 | Date/Time Prepared: 1/26/2012 1:32 pm

		Wkst. A-7 Ref. 5.00		
1.00	Investment income - buildings and fixtures (chapter 2)	0		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	A&G NON-ALLOWABLE COSTS	0		33.00
34.00	A&G NON-ALLOWABLE COSTS	0		34.00
35.00	TELEVISION ELIMINATION	0		35.00
36.00	TELEVISION ELIMINATION	0		36.00
37.00	TELEVISION ELIMINATION	9		37.00
38.00	SJMH SHARED SERVICES	0		38.00
39.00	TELEPHONE ADJUSTMENT	0		39.00
40.00	AHA CARRYFORWARD SCHEDULE	9		40.00
40.01	KYPHOPLASTY LEGAL FEES	0		40.01
41.00	MOB RENTAL INCOME ELIMINATION	0		41.00
42.00	MOB RENTAL INCOME ELIMINATION	0		42.00
43.00	MOB RENTAL INCOME ELIMINATION	0		43.00
44.00	MERCY SAFEWATCH	0		44.00
45.00	FRA ADJUSTMENT	0		45.00
45.01		0		45.01
45.02	'MISC INCOME - UNNECESSARY BORROWING	11		45.02
45.03	MISC INCOME - INTEREST INCOME OFFSET	11		45.03
45.04		0		45.04
45.05	AHA/MHA/CHA DUES	0		45.05
45.06	ELIMINATE BAD DEBT EXPENSE	0		45.06
45.07	AHA CARRYFORWARD/MEDICARE DEPREC.	9		45.07
45.08	BUILDING DEPRECIATION	9		45.08
45.09	AHA ADJUSTMENT	9		45.09
45.10	GIFT SHOP	0		45.10
45.11	NON-ALLOWABLE MARKETING/PROMOTION	0		45.11
45.12	NON-ALLOWABLE MARKETING/PROMOTION	0		45.12
45.13	NON-ALLOWABLE MARKETING/PROMOTION	0		45.13
45.14	NON-ALLOWABLE MARKETING/PROMOTION	0		45.14

ADJUSTMENTS TO EXPENSES | Provider CCN: 260020 | Period: From 07/01/2010 To 06/30/2011 | Worksheet A-8 | Date/Time Prepared: 1/26/2012 1:32 pm

		Wkst. A-7 Ref. 5.00		
45.15	NON-ALLOWABLE MARKETING/PROMOTION	0		45.15
45.16	NON-ALLOWABLE MARKETING/PROMOTION	0		45.16
45.17	NON-ALLOWABLE MARKETING/PROMOTION	0		45.17
45.18	NON-ALLOWABLE MARKETING/PROMOTION	0		45.18
45.19		0		45.19
45.20	MISCELLANEOUS INCOME	0		45.20
45.22	MISCELLANEOUS INCOME	0		45.22
45.23	MISCELLANEOUS INCOME	0		45.23
45.24	MISCELLANEOUS INCOME	0		45.24
45.25	MISCELLANEOUS INCOME	0		45.25
45.26	MISCELLANEOUS INCOME	0		45.26
45.27	MISCELLANEOUS INCOME	0		45.27
45.28	MISCELLANEOUS INCOME	0		45.28
45.29	MISCELLANEOUS INCOME	0		45.29
45.30	MISCELLANEOUS INCOME	0		45.30
45.31	MISCELLANEOUS INCOME	0		45.31
45.32	MISCELLANEOUS INCOME	0		45.32
45.33	MISCELLANEOUS INCOME	0		45.33
45.34	MISCELLANEOUS INCOME	0		45.34
45.35	MISCELLANEOUS INCOME	0		45.35
45.36	MISCELLANEOUS INCOME	0		45.36
45.37	MISCELLANEOUS INCOME	0		45.37
45.38	MISCELLANEOUS INCOME	0		45.38
45.39	MISCELLANEOUS INCOME	0		45.39
45.40	MISCELLANEOUS INCOME	0		45.40
45.41	MISCELLANEOUS INCOME	0		45.41
45.42	MISCELLANEOUS INCOME	0		45.42
45.43	MISCELLANEOUS INCOME	0		45.43
45.44	MISCELLANEOUS INCOME	0		45.44
45.46	MISCELLANEOUS INCOME	0		45.46
45.48	MISCELLANEOUS INCOME	0		45.48
45.49	MISCELLANEOUS INCOME	0		45.49
45.50	PHYSICIAN TEACHING RCE ELIMINATION	0		45.50
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: 260020	Period: From 07/01/2010 To 06/30/2011	Worksheet A-8-1 Date/Time Prepared: 1/26/2012 1:32 pm

		Line No.	Cost Center	Expense Items	
		1.00	2.00	3.00	
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00		5.04	OTHER ADMINISTRATIVE AND GENERAL	DIRECT - CORP. FEE	1.00
2.00		5.04	OTHER ADMINISTRATIVE AND GENERAL	DIRECT - NETWORK SUPPORT	2.00
3.00		5.04	OTHER ADMINISTRATIVE AND GENERAL	DIRECT - ROI FEE	3.00
4.00		5.04	OTHER ADMINISTRATIVE AND GENERAL	DIRECT - CORP. FEE	4.00
4.01		5.04	OTHER ADMINISTRATIVE AND GENERAL	DIRECT - PHYSICIAN BILLING	4.01
4.02		5.04	OTHER ADMINISTRATIVE AND GENERAL	DIRECT - MCES	4.02
4.03		5.04	OTHER ADMINISTRATIVE AND GENERAL	DIRECT - SAFEWATCH	4.03
4.04		5.04	OTHER ADMINISTRATIVE AND GENERAL	DIRECT COSTS	4.04
4.05		5.04	OTHER ADMINISTRATIVE AND GENERAL	DIRECT COSTS	4.05
4.06		5.04	OTHER ADMINISTRATIVE AND GENERAL	POOLED COSTS	4.06
4.07		91.00	EMERGENCY	FUNCTIONAL - E/R	4.07
4.08		54.01	ULTRASOUND	FUNCTIONAL - ULTRASOUNDS	4.08
4.09		60.00	LABORATORY	FUNCTIONAL - LAB	4.09
4.10		56.00	RADIOISOTOPE	FUNCTIONAL - RADIO-ISOPTOPES	4.10
4.11		69.00	ELECTROCARDIOLOGY	FUNCTIONAL - EKG	4.11
4.12		192.00	PHYSICIANS' PRIVATE OFFICES	FUNCTIONAL - PHYSICIANS OFFICES	4.12
4.13		66.00	PHYSICAL THERAPY	FUNCTIONAL - PT	4.13
4.14		10.00	DIETARY	FUNCTIONAL - DIETARY	4.14
4.15		65.00	RESPIRATORY THERAPY	FUNCTIONAL - RT	4.15
4.16		5.04	OTHER ADMINISTRATIVE AND GENERAL	FUNCTIONAL - PAT. ACCTS.	4.16
4.17		5.02	PURCHASING	FUNCTIONAL - PURCHASING	4.17
4.18		4.00	EMPLOYEE BENEFITS	FUNCTIONAL - PERSONNEL	4.18
4.19		5.04	OTHER ADMINISTRATIVE AND GENERAL	FUNCTIONAL	4.19
4.20		5.04	OTHER ADMINISTRATIVE AND GENERAL	FUNCTIONAL - CENTRAL TEST SCH.	4.20
4.21		5.04	OTHER ADMINISTRATIVE AND GENERAL	FUNCTIONAL - MGD. MENTAL HEALTH	4.21
4.22		5.04	OTHER ADMINISTRATIVE AND GENERAL	FUNCTIONAL - CENTRAL CODING	4.22
4.23		0.00			4.23
4.24		0.00			4.24
4.25		0.00			4.25
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.				5.00

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

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

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

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

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

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS	Provider CCN: 260020	Period: From 07/01/2010 To 06/30/2011	Worksheet A-8-1 Date/Time Prepared: 1/26/2012 1:32 pm

	Symbol (1)	Name	Percentage of Ownership		
	1.00	2.00	3.00		

(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: 260020	Period: From 07/01/2010 To 06/30/2011	Worksheet A-8-1 Date/Time Prepared: 1/26/2012 1:32 pm

		Amount of Allowable Cost	Amount Included in Wks. A, column 5	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
		4.00	5.00	6.00	7.00		
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00		0	83,235,632	-83,235,632	0		1.00
2.00		0	110,442	-110,442	0		2.00
3.00		0	2,304,449	-2,304,449	0		3.00
4.00		0	28,016,911	-28,016,911	0		4.00
4.01		0	-339,684	339,684	0		4.01
4.02		0	8,602,787	-8,602,787	0		4.02
4.03		0	1,811,196	-1,811,196	0		4.03
4.04		5,348,541	0	5,348,541	0		4.04
4.05		8,583,618	0	8,583,618	0		4.05
4.06		86,854,301	0	86,854,301	0		4.06
4.07		231,117	231,117	0	0		4.07
4.08		58,346	58,346	0	0		4.08
4.09		242,540	242,540	0	0		4.09
4.10		161,090	161,090	0	0		4.10
4.11		257,553	257,553	0	0		4.11
4.12		459,253	459,253	0	0		4.12
4.13		690,237	690,237	0	0		4.13
4.14		146,103	146,103	0	0		4.14
4.15		64,425	64,425	0	0		4.15
4.16		234,506	0	234,506	0		4.16
4.17		212,955	0	212,955	0		4.17
4.18		19,314,829	0	19,314,829	0		4.18
4.19		3,059,243	3,059,243	0	0		4.19
4.20		2,177,051	0	2,177,051	0		4.20
4.21		1,243,941	0	1,243,941	0		4.21
4.22		653,831	0	653,831	0		4.22
4.23		0	0	0	0		4.23
4.24		0	0	0	0		4.24
4.25		0	0	0	0		4.25
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.	129,993,480	129,111,640	881,840			5.00

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

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

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

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

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 260020 | Period: From 07/01/2010 To 06/30/2011 | Worksheet A-8-2 | Date/Time Prepared: 1/26/2012 1:32 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	
	1.00	2.00	3.00	4.00	
1.00	17.00	CARE COORDINATION	40,980	40,980	1.00
2.00	22.00	I&R SERVICES-OTHER PRGM COSTS	293,244	293,244	2.00
3.00	30.00	A&P OB/GYN	171,856	400	3.00
4.00	30.00	A&P MEDICINE	9,461,354	8,261,944	4.00
5.00	30.00	A&P PEDS	7,073,242	6,403,645	5.00
6.00	30.00	A&P OB/GYN	841,995	177,996	6.00
7.00	32.00	CORONARY CARE UNIT	3,937,739	1,962,358	7.00
8.00	35.00	NEONATAL INTENSIVE CARE UNIT	315,000	315,000	8.00
9.00	40.00	SUBPROVIDER - IPF	13,250	13,250	9.00
10.00	40.00	SUBPROVIDER - IPF	730,654	589,859	10.00
11.00	50.00	OPERATING ROOM	3,069,397	2,746,383	11.00
12.00	54.00	RADIOLOGY - DIAGNOSTIC	13,939	13,939	12.00
13.00	54.00	RADIOLOGY - DIAGNOSTIC	569,959	569,959	13.00
14.00	54.01	ULTRASOUND	1,883,303	1,883,303	14.00
15.00	57.00	CT SCAN	18,022	18,022	15.00
16.00	60.00	LABORATORY	145,351	127,670	16.00
17.00	65.00	RESPIRATORY THERAPY	144,066	144,066	17.00
18.00	66.00	PHYSICAL THERAPY	1,319,304	1,319,304	18.00
19.00	69.00	ELECTROCARDIOLOGY	953,703	953,703	19.00
20.00	69.00	ELECTROCARDIOLOGY	1,575,658	1,497,929	20.00
21.00	90.00	CLINIC	311,096	311,096	21.00
22.00	90.00	CLINIC	32,411	32,411	22.00
23.00	30.00	ONCOLOGY	1,316,385	1,283,679	23.00
24.00	91.00	EMERGENCY	8,718,953	8,639,449	24.00
200.00		TOTAL (lines 1.00 through 199.00)	42,950,861	37,599,589	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 260020 | Period: From 07/01/2010 To 06/30/2011 | Worksheet A-8-2 | Date/Time Prepared: 1/26/2012 1:32 pm

		Provider Component	RCE Amount	Physician/Provider Component Hours	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	
		5.00	6.00	7.00	8.00	9.00	
1.00		0	177,200	0	0	0	1.00
2.00		0	177,200	0	0	0	2.00
3.00		171,456	196,400	800	75,538	3,777	3.00
4.00		1,199,409	165,600	7,599	604,997	30,250	4.00
5.00		669,598	140,600	4,971	336,021	16,801	5.00
6.00		663,998	196,400	2,226	210,186	10,509	6.00
7.00		1,975,381	177,200	11,702	996,920	49,846	7.00
8.00		0	177,200	0	0	0	8.00
9.00		0	154,100	0	0	0	9.00
10.00		140,795	154,100	1,032	76,457	3,823	10.00
11.00		323,014	208,000	1,850	185,000	9,250	11.00
12.00		0	225,300	0	0	0	12.00
13.00		0	0	0	0	0	13.00
14.00		0	225,300	0	0	0	14.00
15.00		0	225,300	0	0	0	15.00
16.00		17,681	215,700	274	28,414	1,421	16.00
17.00		0	177,200	0	0	0	17.00
18.00		0	177,200	0	0	0	18.00
19.00		0	0	0	0	0	19.00
20.00		77,729	177,200	436	37,144	1,857	20.00
21.00		0	177,200	0	0	0	21.00
22.00		0	177,200	0	0	0	22.00
23.00		32,706	177,200	167	14,227	711	23.00
24.00		79,503	177,200	650	55,375	2,769	24.00
200.00		5,351,270		31,707	2,620,279	131,014	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 260020 | Period: From 07/01/2010 To 06/30/2011 | Worksheet A-8-2 | Date/Time Prepared: 1/26/2012 1:32 pm

		Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	Provider Component Share of col. 14	Adjusted RCE Limit	
		12.00	13.00	14.00	15.00	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	75,538	3.00
4.00		0	0	0	0	604,997	4.00
5.00		0	0	0	0	336,021	5.00
6.00		0	0	0	0	210,186	6.00
7.00		0	0	0	0	996,920	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	76,457	10.00
11.00		0	0	0	0	185,000	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	28,414	16.00
17.00		0	0	0	0	0	17.00
18.00		0	0	0	0	0	18.00
19.00		0	0	0	0	0	19.00
20.00		0	0	0	0	37,144	20.00
21.00		0	0	0	0	0	21.00
22.00		0	0	0	0	0	22.00
23.00		0	0	0	0	14,227	23.00
24.00		0	0	0	0	55,375	24.00
200.00		0	0	0	0	2,620,279	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 260020 | Period: From 07/01/2010 To 06/30/2011 | Worksheet A-8-2 | Date/Time Prepared: 1/26/2012 1:32 pm

		RCE Disallowance	Adjustment		
		17.00	18.00		
1.00		0	40,980		1.00
2.00		0	293,244		2.00
3.00		95,918	96,318		3.00
4.00		594,412	8,856,357		4.00
5.00		333,577	6,737,221		5.00
6.00		453,812	631,809		6.00
7.00		978,461	2,940,819		7.00
8.00		0	315,000		8.00
9.00		0	13,250		9.00
10.00		64,338	654,197		10.00
11.00		138,014	2,884,397		11.00
12.00		0	13,939		12.00
13.00		0	569,959		13.00
14.00		0	1,883,303		14.00
15.00		0	18,022		15.00
16.00		0	127,670		16.00
17.00		0	144,066		17.00
18.00		0	1,319,304		18.00
19.00		0	953,703		19.00
20.00		40,585	1,538,514		20.00
21.00		0	311,096		21.00
22.00		0	32,411		22.00
23.00		18,479	1,302,158		23.00
24.00		24,128	8,663,578		24.00
200.00		2,741,724	40,341,315		200.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260020 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part I Date/Time Prepared: 1/26/2012 1:32 pm

	Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS NEW BLDG & FIXT	OTHER BUILDING-MOB	OTHER BUILDING-CANCER CENTER	NEW MVBLE EQUIP	
		0	1.00	1.01	1.02	2.00	
	GENERAL SERVICE COST CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	30,802,189	30,802,189				1.00
1.01	OTHER BUILDING-MOB	1,691,825	0	1,691,825			1.01
1.02	OTHER BUILDING-CANCER CENTER	1,937,352	0	0	1,937,352		1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP	23,406,694				23,406,694	2.00
2.01	NEW CAP REL COSTS-MVBLE EQUIP-MOB	871,925				0	2.01
2.02	NEW CAP REL COSTS-MVBLE EQUIP-CANCER	3,406,776				0	2.02
4.00	EMPLOYEE BENEFITS	78,756,397	177,253	0	34,088	9,895	4.00
5.02	PURCHASING	396,862	63,224	0	0	3,540	5.02
5.03	ADMITTING	4,580,508	113,872	547	0	10,457	5.03
5.04	OTHER ADMINISTRATIVE AND GENERAL	166,331,255	491,767	91,034	112,003	2,334,233	5.04
6.00	MAINTENANCE & REPAIRS	6,444,548	3,533,450	76,290	225,518	153,194	6.00
7.00	OPERATION OF PLANT	10,769,071	91,145	0	855	823,962	7.00
7.01	OTHER BUILDING-MOB	1,737,522	37,333	0	0	0	7.01
7.02	OTHER BUILDING-CANCER CENTER	-103,192	0	0	0	0	7.02
7.03	HEART HOSPITAL	0	0	0	0	0	7.03
8.00	LAUNDRY & LINEN SERVICE	2,712,803	85,463	0	0	17,539	8.00
9.00	HOUSEKEEPING	5,367,714	260,623	10,802	11,071	387,747	9.00
9.01	HOUSEKEEPING-MED CENTER	0	0	0	0	0	9.01
9.02	HOUSEKEEPING-MOB	0	0	0	0	0	9.02
9.03	HOUSEKEEPING-CANCER CENTER	0	0	0	0	0	9.03
10.00	DIETARY	7,822,765	647,426	11,325	25,084	254,120	10.00
11.00	CAFETERIA	0	0	0	0	0	11.00
13.00	NURSING ADMINISTRATION	5,710,607	122,985	0	0	261,513	13.00
14.00	CENTRAL SERVICES & SUPPLY	3,237,032	311,413	0	0	291,614	14.00
15.00	PHARMACY	10,609,303	193,764	0	26,078	235,975	15.00
16.00	MEDICAL RECORDS & LIBRARY	1,430,266	76,445	0	13,556	0	16.00
17.00	SOCIAL SERVICE	4,569,051	92,089	0	0	10,296	17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	5,482,883	56,991	0	0	618	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	8,906,162	58,345	41,290	0	11,555	22.00
23.00	PARAMED ED PRGM	154,790	14,260	0	0	1,866	23.00
23.01	RADIOLOGY SCHOOL	117,200	0	0	0	173	23.01
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	33,022,068	3,944,272	3,821	0	1,064,920	30.00
31.00	INTENSIVE CARE UNIT	23,124,850	1,814,005	0	0	1,228,501	31.00
32.00	CORONARY CARE UNIT	4,400,335	498,503	0	0	871,305	32.00
33.00	BURN INTENSIVE CARE UNIT	1,651,013	71,739	0	0	73,818	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	1,918,145	231,695	0	0	31,761	34.00
35.00	NEONATAL INTENSIVE CARE UNIT	12,353,022	1,013,658	0	0	959,959	35.00
40.00	SUBPROVIDER - IPF	5,534,339	464,412	0	0	26,222	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	6,148,454	65,899	0	0	6,991	43.00
44.00	SKILLED NURSING FACILITY	5,551,509	345,567	0	0	92,308	44.00
46.00	OTHER LONG TERM CARE	2,363,383	334,738	0	0	16,185	46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	19,563,801	1,484,020	0	0	2,915,182	50.00
51.00	RECOVERY ROOM	2,145,333	89,225	0	0	6,070	51.00
52.00	DELIVERY ROOM & LABOR ROOM	9,415,102	604,160	0	0	258,024	52.00
53.00	ANESTHESIOLOGY	1,251,052	57,652	0	0	582,689	53.00
54.00	RADIOLOGY-DIAGNOSTIC	9,262,913	825,167	86,798	48,816	3,021,395	54.00
54.01	ULTRASOUND	1,806,558	202,231	0	0	396,513	54.01
55.00	RADIOLOGY-THERAPEUTIC	5,924,208	125,566	0	387,391	465,055	55.00
56.00	RADIOISOTOPE	1,498,780	211,439	0	36,970	429,094	56.00
56.01	ONCOLOGY	0	0	0	0	0	56.01
57.00	CT SCAN	1,259,584	58,282	0	61,935	380,730	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	678,595	137,040	0	0	1,213,199	58.00
59.00	CARDIAC CATHETERIZATION	4,216,270	444,959	0	0	936,147	59.00
60.00	LABORATORY	18,244,544	634,142	12,413	0	405,199	60.00
60.01	LABORATORY-PATHOLOGICAL	0	0	0	0	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	5,281,175	122,875	0	0	27,706	62.00
65.00	RESPIRATORY THERAPY	7,649,327	203,364	10,698	0	329,396	65.00
66.00	PHYSICAL THERAPY	7,973,103	558,611	40,847	29,357	63,659	66.00
69.00	ELECTROCARDIOLOGY	8,232,182	467,450	10,859	0	807,296	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	30,847,626	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	31,763,688	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	47,283,394	0	0	0	0	73.00
74.00	RENAL DIALYSIS	2,396,587	51,970	0	0	53,000	74.00
75.00	ASC (NON-DISTINCT PART)	4,581,319	676,402	0	0	672,776	75.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260020 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part I Date/Time Prepared: 1/26/2012 1:32 pm

	Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS NEW BLDG & FIXT	OTHER BUILDING-MOB	OTHER BUILDING-CANCER CENTER	NEW MVBLE EQUIP	
		0	1.00	1.01	1.02	2.00	
76.00	CARDIAC REHAB	759,812	81,749	0	0	25,739	76.00
76.01	GI LAB	2,046,896	236,401	0	0	434,138	76.01
76.02	ECT	192,585	33,619	0	0	7,170	76.02
76.03	O/P PSYCH	1,024,608	267,485	0	0	10,724	76.03
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	2,519,155	277,432	0	104,391	54,509	90.00
90.01	HYPERBARIC/OP WOUND	587,477	57,668	0	0	36,068	90.01
91.00	EMERGENCY	8,996,741	675,678	0	0	404,530	91.00
91.02	NATURAL FAMILY PLANNING	0	0	0	0	0	91.02
91.03	PAIN THERAPY CENTER	0	0	0	0	0	91.03
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	AMBULATORY CARE UNIT	749,902	268,146	0	0	21,192	92.01
	OTHER REIMBURSABLE COST CENTERS						
95.00	AMBULANCE SERVICES	35,572	0	0	0	0	95.00
99.10	CORF	0	0	0	0	0	99.10
	SPECIAL PURPOSE COST CENTERS						
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	721,405,315	24,065,069	396,724	1,117,113	23,137,467	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	323,112	9,884	0	0	1,096	190.00
190.01	VENDING MACHINES	0	0	0	0	0	190.01
190.02	VISITOR MEALS	0	0	0	0	0	190.02
191.00	RESEARCH	1,551,189	15,393	19,296	68,872	40,211	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	3,635,708	1,351,985	931,173	225,418	59,558	192.00
193.00	NONPAID WORKERS	96,521	77,420	0	0	240	193.00
193.01	MEALS ON WHEELS	0	0	0	0	0	193.01
193.03	CONVENT	0	0	0	0	0	193.03
193.06	VACANT SPACE	0	0	0	0	0	193.06
193.07	SALES & SERVICE-PHYSICIAN PRACTICE	0	0	0	0	0	193.07
194.00	NEIGHBORHOOD MINISTRIES	268,005	33,052	0	0	876	194.00
194.01	HOSPICE	63,258	0	0	0	0	194.01
194.02	SHARED SERVICES	4,613	0	0	0	0	194.02
194.03	ST. JOHN'S MERCY HEALTH CARE	3,898,717	2,533,312	282,055	462,762	167,246	194.03
194.04	SJMH SHARED SERVICES	93,875,364	2,716,074	62,577	63,187	0	194.04
194.05	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.05
194.06	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.06
194.07	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.07
194.08	REHAB HOSPITAL	25,538,197	0	0	0	0	194.08
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)	850,659,999	30,802,189	1,691,825	1,937,352	23,406,694	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260020 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part I Date/Time Prepared: 1/26/2012 1:32 pm

	Cost Center Description	CAPITAL RELATED COSTS NEW MVBLE EQUIP-MOB	NEW MVBLE EQUIP-CANCER	EMPLOYEE BENEFITS	PURCHASING	ADMITTING	
		2.01	2.02	4.00	5.02	5.03	
	GENERAL SERVICE COST CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	OTHER BUILDING-MOB						1.01
1.02	OTHER BUILDING-CANCER CENTER						1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
2.01	NEW CAP REL COSTS-MVBLE EQUIP-MOB	871,925					2.01
2.02	NEW CAP REL COSTS-MVBLE EQUIP-CANCER	0	3,406,776				2.02
4.00	EMPLOYEE BENEFITS	0	0	78,977,633			4.00
5.02	PURCHASING	0	0	48,127	511,753		5.02
5.03	ADMITTING	138	0	1,172,193	748	5,878,463	5.03
5.04	OTHER ADMINISTRATIVE AND GENERAL	9,480	3,229	1,570,781	2,926	0	5.04
6.00	MAINTENANCE & REPAIRS	9,213	7,263	848,190	1,286	0	6.00
7.00	OPERATION OF PLANT	0	307	373,236	173	0	7.00
7.01	OTHER BUILDING-MOB	7,307	0	428	66	0	7.01
7.02	OTHER BUILDING-CANCER CENTER	0	22,006	112	24	0	7.02
7.03	HEART HOSPITAL	0	0	0	0	0	7.03
8.00	LAUNDRY & LINEN SERVICE	0	0	61,203	2,857	0	8.00
9.00	HOUSEKEEPING	43,949	13,174	1,491,982	3,182	0	9.00
9.01	HOUSEKEEPING-MED CENTER	0	0	0	0	0	9.01
9.02	HOUSEKEEPING-MOB	0	0	0	0	0	9.02
9.03	HOUSEKEEPING-CANCER CENTER	0	0	0	0	0	9.03
10.00	DIETARY	2,561	905	1,679,716	21,110	2,548	10.00
11.00	CAFETERIA	0	0	0	0	0	11.00
13.00	NURSING ADMINISTRATION	0	0	1,405,690	443	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	0	703,546	1,007	0	14.00
15.00	PHARMACY	0	0	2,734,137	134,213	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	0	178,733	24	0	16.00
17.00	SOCIAL SERVICE	0	0	1,024,473	138	0	17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	1,227,933	25	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	45,006	0	2,402,863	141	24,138	22.00
23.00	PARAMED ED PRGM	0	0	50,555	7	0	23.00
23.01	RADIOLOGY SCHOOL	0	0	52,656	8	0	23.01
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	32,625	0	13,380,755	9,505	401,712	30.00
31.00	INTENSIVE CARE UNIT	0	0	5,727,960	11,164	382,624	31.00
32.00	CORONARY CARE UNIT	0	0	1,898,806	1,715	55,115	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	378,729	1,758	35,682	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	485,533	574	34,560	34.00
35.00	NEONATAL INTENSIVE CARE UNIT	0	0	3,097,293	3,873	230,645	35.00
40.00	SUBPROVIDER - IPF	0	0	1,616,337	287	32,771	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	0	1,618,358	1,518	30,992	43.00
44.00	SKILLED NURSING FACILITY	0	0	1,383,752	0	48,181	44.00
46.00	OTHER LONG TERM CARE	0	0	569,330	0	8,448	46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	0	4,625,870	161,133	236,173	50.00
51.00	RECOVERY ROOM	0	0	570,417	367	70,532	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	2,325,781	6,345	114,584	52.00
53.00	ANESTHESIOLOGY	0	0	168,128	13,150	87,490	53.00
54.00	RADIOLOGY-DIAGNOSTIC	522,593	23,454	2,029,230	8,911	280,416	54.00
54.01	ULTRASOUND	0	0	442,649	245	81,116	54.01
55.00	RADIOLOGY-THERAPEUTIC	0	2,894,164	658,773	892	134,956	55.00
56.00	RADIOISOTOPE	0	70,053	350,060	6,543	103,676	56.00
56.01	ONCOLOGY	0	0	0	0	0	56.01
57.00	CT SCAN	0	323,618	290,338	3,447	283,300	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	162,897	1,137	96,855	58.00
59.00	CARDIAC CATHETERIZATION	0	0	675,747	14,175	126,562	59.00
60.00	LABORATORY	6,215	0	2,487,096	16,718	681,055	60.00
60.01	LABORATORY-PATHOLOGICAL	0	0	0	0	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	704,648	7,054	56,991	62.00
65.00	RESPIRATORY THERAPY	74,549	0	1,921,113	5,459	116,884	65.00
66.00	PHYSICAL THERAPY	47,188	0	1,795,808	1,936	74,368	66.00
69.00	ELECTROCARDIOLOGY	65,128	0	1,568,994	32,258	296,833	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	194,817	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	900,579	73.00
74.00	RENAL DIALYSIS	0	0	226,129	720	11,037	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	950,631	2,570	44,724	75.00
76.00	CARDIAC REHAB	0	0	202,451	62	2,845	76.00
76.01	GI LAB	0	0	511,518	4,430	104,156	76.01
76.02	ECT	0	0	48,871	195	7,329	76.02

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260020 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part I Date/Time Prepared: 1/26/2012 1:32 pm

	Cost Center Description	CAPITAL RELATED COSTS NEW MVBLE EQUIP-MOB	NEW MVBLE EQUIP-CANCER	EMPLOYEE BENEFITS	PURCHASING	ADMITTING	
		2.01	2.02	4.00	5.02	5.03	
76.03	O/P PSYCH	0	0	161,199	114	8,562	76.03
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	48,603	1,114,138	14,208	36,562	90.00
90.01	HYPERBARIC/OP WOUND	0	0	101,500	379	4,415	90.01
91.00	EMERGENCY	0	0	4,686,940	5,886	334,472	91.00
91.02	NATURAL FAMILY PLANNING	0	0	0	0	0	91.02
91.03	PAIN THERAPY CENTER	0	0	0	0	0	91.03
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	AMBULATORY CARE UNIT	0	0	208,534	323	54,674	92.01
	OTHER REIMBURSABLE COST CENTERS						
95.00	AMBULANCE SERVICES	0	0	0	0	80	95.00
99.10	CORF	0	0	0	0	0	99.10
	SPECIAL PURPOSE COST CENTERS						
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	865,952	3,406,776	76,172,867	507,429	5,833,459	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	14,485	194	0	190.00
190.01	VENDING MACHINES	0	0	0	0	0	190.01
190.02	VISITOR MEALS	0	0	0	0	0	190.02
191.00	RESEARCH	0	0	359,003	101	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	5,973	0	537,504	2,889	45,004	192.00
193.00	NONPAID WORKERS	0	0	19,867	68	0	193.00
193.01	MEALS ON WHEELS	0	0	0	0	0	193.01
193.03	CONVENT	0	0	0	0	0	193.03
193.06	VACANT SPACE	0	0	0	0	0	193.06
193.07	SALES & SERVICE-PHYSICIAN PRACTICE	0	0	0	0	0	193.07
194.00	NEIGHBORHOOD MINISTRIES	0	0	52,415	15	0	194.00
194.01	HOSPICE	0	0	4	5	0	194.01
194.02	SHARED SERVICES	0	0	1,272	0	0	194.02
194.03	ST. JOHN'S MERCY HEALTH CARE	0	0	1,820,216	1,052	0	194.03
194.04	SJMH SHARED SERVICES	0	0	0	0	0	194.04
194.05	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.05
194.06	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.06
194.07	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.07
194.08	REHAB HOSPITAL	0	0	0	0	0	194.08
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)	871,925	3,406,776	78,977,633	511,753	5,878,463	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260020 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part I Date/Time Prepared: 1/26/2012 1:32 pm

	Cost Center Description	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	OTHER BUILDING-MOB	
		5A.03	5.04	6.00	7.00	7.01	
	GENERAL SERVICE COST CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	OTHER BUILDING-MOB						1.01
1.02	OTHER BUILDING-CANCER CENTER						1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
2.01	NEW CAP REL COSTS-MVBLE EQUIP-MOB						2.01
2.02	NEW CAP REL COSTS-MVBLE EQUIP-CANCER						2.02
4.00	EMPLOYEE BENEFITS						4.00
5.02	PURCHASING						5.02
5.03	ADMITTING						5.03
5.04	OTHER ADMINISTRATIVE AND GENERAL	170,946,708	170,946,708				5.04
6.00	MAINTENANCE & REPAIRS	11,298,952	2,841,325	14,140,277			6.00
7.00	OPERATION OF PLANT	12,058,749	3,032,389	48,777	15,139,915		7.00
7.01	OTHER BUILDING-MOB	1,782,656	448,281	19,979	21,466	2,272,382	7.01
7.02	OTHER BUILDING-CANCER CENTER	-81,050	0	0	0	0	7.02
7.03	HEART HOSPITAL	0	0	0	0	0	7.03
8.00	LAUNDRY & LINEN SERVICE	2,879,865	724,194	45,736	49,139	0	8.00
9.00	HOUSEKEEPING	7,590,244	1,908,703	139,475	149,851	16,106	9.00
9.01	HOUSEKEEPING-MED CENTER	0	0	0	0	0	9.01
9.02	HOUSEKEEPING-MOB	0	0	0	0	0	9.02
9.03	HOUSEKEEPING-CANCER CENTER	0	0	0	0	0	9.03
10.00	DIETARY	10,467,560	2,632,256	346,475	372,253	16,887	10.00
11.00	CAFETERIA	0	0	0	0	0	11.00
13.00	NURSING ADMINISTRATION	7,501,238	1,886,321	65,816	70,713	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	4,544,612	1,142,824	166,655	179,054	0	14.00
15.00	PHARMACY	13,933,470	3,503,822	103,694	111,409	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	1,699,024	427,250	40,910	43,954	0	16.00
17.00	SOCIAL SERVICE	5,696,047	1,432,374	49,282	52,949	0	17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	6,768,450	1,702,049	30,499	32,768	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	11,489,500	2,889,242	31,224	33,547	61,568	22.00
23.00	PARAMED ED PRGM	221,478	55,695	7,631	8,199	0	23.00
23.01	RADIOLOGY SCHOOL	170,037	42,759	0	0	0	23.01
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	51,859,678	13,041,050	2,110,810	2,267,856	5,698	30.00
31.00	INTENSIVE CARE UNIT	32,289,104	8,119,676	970,779	1,043,006	0	31.00
32.00	CORONARY CARE UNIT	7,725,779	1,942,786	266,778	286,626	0	32.00
33.00	BURN INTENSIVE CARE UNIT	2,212,739	556,433	38,392	41,248	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	2,702,268	679,534	123,993	133,218	0	34.00
35.00	NEONATAL INTENSIVE CARE UNIT	17,658,450	4,440,535	542,467	582,827	0	35.00
40.00	SUBPROVIDER - IPF	7,674,368	1,929,858	248,534	267,025	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	7,872,212	1,979,609	35,267	37,890	0	43.00
44.00	SKILLED NURSING FACILITY	7,421,317	1,866,224	184,933	198,692	0	44.00
46.00	OTHER LONG TERM CARE	3,292,084	827,854	179,138	192,466	0	46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	28,986,179	7,289,096	794,185	853,273	0	50.00
51.00	RECOVERY ROOM	2,881,944	724,717	47,749	51,302	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	12,723,996	3,199,678	323,321	347,376	0	52.00
53.00	ANESTHESIOLOGY	2,160,161	543,211	30,853	33,149	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	16,109,693	4,051,072	441,595	474,450	129,426	54.00
54.01	ULTRASOUND	2,929,312	736,628	108,226	116,278	0	54.01
55.00	RADIOLOGY-THERAPEUTIC	10,591,005	2,663,299	67,198	72,197	0	55.00
56.00	RADIOISOTOPE	2,706,615	680,627	113,153	121,572	0	56.00
56.01	ONCOLOGY	0	0	0	0	0	56.01
57.00	CT SCAN	2,661,234	669,215	31,190	33,510	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	2,289,723	575,792	73,338	78,794	0	58.00
59.00	CARDIAC CATHETERIZATION	6,413,860	1,612,881	238,123	255,840	0	59.00
60.00	LABORATORY	22,487,382	5,654,857	339,366	364,615	18,509	60.00
60.01	LABORATORY-PATHOLOGICAL	0	0	0	0	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	6,200,449	1,559,215	65,757	70,650	0	62.00
65.00	RESPIRATORY THERAPY	10,310,790	2,592,834	108,832	116,929	15,952	65.00
66.00	PHYSICAL THERAPY	10,584,877	2,661,758	298,945	321,187	60,907	66.00
69.00	ELECTROCARDIOLOGY	11,481,000	2,887,104	250,160	268,772	16,192	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	30,847,626	7,757,191	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	31,958,505	8,036,541	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	48,183,973	12,116,727	0	0	0	73.00
74.00	RENAL DIALYSIS	2,739,443	688,882	27,812	29,882	0	74.00
75.00	ASC (NON-DISTINCT PART)	6,928,422	1,742,276	361,982	388,913	0	75.00
76.00	CARDIAC REHAB	1,072,658	269,739	43,748	47,003	0	76.00
76.01	GI LAB	3,337,539	839,284	126,512	135,924	0	76.01
76.02	ECT	289,769	72,868	17,991	19,330	0	76.02
76.03	O/P PSYCH	1,472,692	370,335	143,147	153,797	0	76.03

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260020 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part I Date/Time Prepared: 1/26/2012 1:32 pm

	Cost Center Description	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	OTHER BUILDING-MOB	
		5A.03	5.04	6.00	7.00	7.01	
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	4,168,998	1,048,370	148,470	159,516	0	90.00
90.01	HYPERBARIC/OP WOUND	787,507	198,033	30,861	33,158	0	90.01
91.00	EMERGENCY	15,104,247	3,798,235	361,594	388,497	0	91.00
91.02	NATURAL FAMILY PLANNING	0	0	0	0	0	91.02
91.03	PAIN THERAPY CENTER	0	0	0	0	0	91.03
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0					92.00
92.01	AMBULATORY CARE UNIT	1,302,771	327,605	143,501	154,177	0	92.01
	OTHER REIMBURSABLE COST CENTERS						
95.00	AMBULANCE SERVICES	35,652	8,965	0	0	0	95.00
99.10	CORF	0	0	0	0	0	99.10
	SPECIAL PURPOSE COST CENTERS						
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	709,423,561	135,430,078	10,534,853	11,266,247	341,245	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	348,771	87,705	5,290	5,683	0	190.00
190.01	VENDING MACHINES	0	0	0	0	0	190.01
190.02	VISITOR MEALS	0	0	0	0	0	190.02
191.00	RESEARCH	2,054,065	516,532	8,238	8,850	28,772	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	6,795,212	1,708,778	723,526	777,356	1,388,481	192.00
193.00	NONPAID WORKERS	194,116	48,814	41,432	44,515	0	193.00
193.01	MEALS ON WHEELS	0	0	0	0	0	193.01
193.03	CONVENT	0	0	0	0	0	193.03
193.06	VACANT SPACE	0	0	0	0	0	193.06
193.07	SALES & SERVICE-PHYSICIAN PRACTICE	0	0	0	0	0	193.07
194.00	NEIGHBORHOOD MINISTRIES	354,363	89,111	17,688	19,004	0	194.00
194.01	HOSPICE	63,267	15,910	0	0	0	194.01
194.02	SHARED SERVICES	5,885	1,480	0	0	0	194.02
194.03	ST. JOHN'S MERCY HEALTH CARE	9,165,360	2,304,795	1,355,722	1,456,588	420,575	194.03
194.04	SJMH SHARED SERVICES	96,717,202	24,321,466	1,453,528	1,561,672	93,309	194.04
194.05	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.05
194.06	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.06
194.07	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.07
194.08	REHAB HOSPITAL	25,538,197	6,422,039	0	0	0	194.08
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)	850,659,999	170,946,708	14,140,277	15,139,915	2,272,382	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260020 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part I Date/Time Prepared: 1/26/2012 1:32 pm

	Cost Center Description	OTHER BUILDING-CANCER CENTER	HEART HOSPITAL	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING-MED CENTER	
		7.02	7.03	8.00	9.00	9.01	
	GENERAL SERVICE COST CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	OTHER BUILDING-MOB						1.01
1.02	OTHER BUILDING-CANCER CENTER						1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
2.01	NEW CAP REL COSTS-MVBLE EQUIP-MOB						2.01
2.02	NEW CAP REL COSTS-MVBLE EQUIP-CANCER						2.02
4.00	EMPLOYEE BENEFITS						4.00
5.02	PURCHASING						5.02
5.03	ADMITTING						5.03
5.04	OTHER ADMINISTRATIVE AND GENERAL						5.04
6.00	MAINTENANCE & REPAIRS						6.00
7.00	OPERATION OF PLANT						7.00
7.01	OTHER BUILDING-MOB						7.01
7.02	OTHER BUILDING-CANCER CENTER	-81,050					7.02
7.03	HEART HOSPITAL	0	0				7.03
8.00	LAUNDRY & LINEN SERVICE	0	0	3,698,934			8.00
9.00	HOUSEKEEPING	0	0	140	9,804,519		9.00
9.01	HOUSEKEEPING-MED CENTER	0	0	0	8,137,757	8,137,757	9.01
9.02	HOUSEKEEPING-MOB	0	0	0	1,313,795	0	9.02
9.03	HOUSEKEEPING-CANCER CENTER	0	0	0	352,967	0	9.03
10.00	DIETARY	0	0	0	0	203,044	10.00
11.00	CAFETERIA	0	0	0	0	0	11.00
13.00	NURSING ADMINISTRATION	0	0	1,379	0	38,570	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	0	2,804	0	97,664	14.00
15.00	PHARMACY	0	0	1,394	0	60,768	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	0	0	0	23,974	16.00
17.00	SOCIAL SERVICE	0	0	0	0	28,881	17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	17,873	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	808	0	18,298	22.00
23.00	PARAMED ED PRGM	0	0	0	0	4,472	23.00
23.01	RADIOLOGY SCHOOL	0	0	0	0	0	23.01
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	0	0	1,350,861	0	1,236,992	30.00
31.00	INTENSIVE CARE UNIT	0	0	689,949	0	568,903	31.00
32.00	CORONARY CARE UNIT	0	0	68,498	0	156,339	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	66,086	0	22,498	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	96,068	0	72,663	34.00
35.00	NEONATAL INTENSIVE CARE UNIT	0	0	74,929	0	317,901	35.00
40.00	SUBPROVIDER - IPF	0	0	67,851	0	145,648	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	0	0	0	20,667	43.00
44.00	SKILLED NURSING FACILITY	0	0	4,882	0	108,376	44.00
46.00	OTHER LONG TERM CARE	0	0	4,498	0	104,980	46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	0	149,119	0	465,414	50.00
51.00	RECOVERY ROOM	0	0	11,701	0	27,982	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	266,352	0	189,475	52.00
53.00	ANESTHESIOLOGY	0	0	6,354	0	18,081	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	97,834	0	258,787	54.00
54.01	ULTRASOUND	0	0	32,425	0	63,423	54.01
55.00	RADIOLOGY-THERAPEUTIC	0	0	37,300	0	39,380	55.00
56.00	RADIOISOTOPE	0	0	14,695	0	66,311	56.00
56.01	ONCOLOGY	0	0	0	0	0	56.01
57.00	CT SCAN	0	0	31,404	0	18,278	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	29,641	0	42,978	58.00
59.00	CARDIAC CATHETERIZATION	0	0	60,690	0	139,547	59.00
60.00	LABORATORY	0	0	13,149	0	198,878	60.00
60.01	LABORATORY-PATHOLOGICAL	0	0	0	0	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	3,446	0	38,536	62.00
65.00	RESPIRATORY THERAPY	0	0	2,054	0	63,779	65.00
66.00	PHYSICAL THERAPY	0	0	46,014	0	175,190	66.00
69.00	ELECTROCARDIOLOGY	0	0	36,495	0	146,600	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	4,164	0	16,299	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	104,029	0	212,131	75.00
76.00	CARDIAC REHAB	0	0	6,381	0	25,638	76.00
76.01	GI LAB	0	0	44,028	0	74,139	76.01
76.02	ECT	0	0	8,933	0	10,543	76.02
76.03	O/P PSYCH	0	0	0	0	83,888	76.03

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260020 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part I Date/Time Prepared: 1/26/2012 1:32 pm

	Cost Center Description	OTHER BUILDING-CANCER CENTER	HEART HOSPITAL	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING-MED CENTER	
		7.02	7.03	8.00	9.00	9.01	
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	14,975	0	87,008	90.00
90.01	HYPERBARIC/OP WOUND	0	0	0	0	18,086	90.01
91.00	EMERGENCY	0	0	223,937	0	211,904	91.00
91.02	NATURAL FAMILY PLANNING	0	0	0	0	0	91.02
91.03	PAIN THERAPY CENTER	0	0	0	0	0	91.03
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	AMBULATORY CARE UNIT	0	0	18,390	0	84,095	92.01
	OTHER REIMBURSABLE COST CENTERS						
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00
99.10	CORF	0	0	0	0	0	99.10
	SPECIAL PURPOSE COST CENTERS						
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	0	3,693,657	9,804,519	6,024,881	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	3,100	190.00
190.01	VENDING MACHINES	0	0	0	0	0	190.01
190.02	VISITOR MEALS	0	0	0	0	0	190.02
191.00	RESEARCH	0	0	6	0	4,827	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	5,036	0	424,006	192.00
193.00	NONPAID WORKERS	0	0	0	0	24,280	193.00
193.01	MEALS ON WHEELS	0	0	0	0	0	193.01
193.03	CONVENT	0	0	0	0	0	193.03
193.06	VACANT SPACE	0	0	0	0	0	193.06
193.07	SALES & SERVICE-PHYSICIAN PRACTICE	0	0	0	0	0	193.07
194.00	NEIGHBORHOOD MINISTRIES	0	0	0	0	10,366	194.00
194.01	HOSPICE	0	0	0	0	0	194.01
194.02	SHARED SERVICES	0	0	0	0	0	194.02
194.03	ST. JOHN'S MERCY HEALTH CARE	0	0	235	0	794,490	194.03
194.04	SJMH SHARED SERVICES	0	0	0	0	851,807	194.04
194.05	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.05
194.06	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.06
194.07	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.07
194.08	REHAB HOSPITAL	0	0	0	0	0	194.08
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	-81,050	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	-81,050	0	3,698,934	9,804,519	8,137,757	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260020 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part I Date/Time Prepared: 1/26/2012 1:32 pm

	Cost Center Description	HOUSEKEEPING-MOB	HOUSEKEEPING-CANCER CENTER	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		9.02	9.03	10.00	11.00	13.00	
	GENERAL SERVICE COST CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	OTHER BUILDING-MOB						1.01
1.02	OTHER BUILDING-CANCER CENTER						1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
2.01	NEW CAP REL COSTS-MVBLE EQUIP-MOB						2.01
2.02	NEW CAP REL COSTS-MVBLE EQUIP-CANCER						2.02
4.00	EMPLOYEE BENEFITS						4.00
5.02	PURCHASING						5.02
5.03	ADMITTING						5.03
5.04	OTHER ADMINISTRATIVE AND GENERAL						5.04
6.00	MAINTENANCE & REPAIRS						6.00
7.00	OPERATION OF PLANT						7.00
7.01	OTHER BUILDING-MOB						7.01
7.02	OTHER BUILDING-CANCER CENTER						7.02
7.03	HEART HOSPITAL						7.03
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
9.01	HOUSEKEEPING-MED CENTER						9.01
9.02	HOUSEKEEPING-MOB	1,313,795					9.02
9.03	HOUSEKEEPING-CANCER CENTER	0	352,967				9.03
10.00	DIETARY	9,833	5,698	14,054,006			10.00
11.00	CAFETERIA	0	0	7,244,557	7,244,557		11.00
13.00	NURSING ADMINISTRATION	0	0	0	100,480	9,664,517	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	0	0	157,569	0	14.00
15.00	PHARMACY	0	5,924	0	239,832	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	3,079	0	28,922	0	16.00
17.00	SOCIAL SERVICE	0	0	0	121,072	0	17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	181,236	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	35,850	0	0	127,964	0	22.00
23.00	PARAMED ED PRGM	0	0	0	4,851	0	23.00
23.01	RADIOLOGY SCHOOL	0	0	0	4,304	0	23.01
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	3,318	0	2,500,906	1,432,836	2,858,263	30.00
31.00	INTENSIVE CARE UNIT	0	0	1,577,210	736,329	1,735,717	31.00
32.00	CORONARY CARE UNIT	0	0	166,306	137,834	262,564	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	77,072	46,961	114,178	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	202,109	67,473	164,049	34.00
35.00	NEONATAL INTENSIVE CARE UNIT	0	0	0	345,740	840,603	35.00
40.00	SUBPROVIDER - IPF	0	0	530,107	200,370	384,407	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	0	0	164,731	87,733	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	323,296	44.00
46.00	OTHER LONG TERM CARE	0	0	0	0	112,453	46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	0	0	470,725	999,348	50.00
51.00	RECOVERY ROOM	0	0	0	65,996	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	285,865	695,029	52.00
53.00	ANESTHESIOLOGY	0	0	0	36,175	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	75,363	11,089	0	200,069	0	54.00
54.01	ULTRASOUND	0	0	0	44,858	93,495	54.01
55.00	RADIOLOGY-THERAPEUTIC	0	88,000	0	63,991	0	55.00
56.00	RADIOISOTOPE	0	8,398	0	27,951	0	56.00
56.01	ONCOLOGY	0	0	0	0	0	56.01
57.00	CT SCAN	0	14,069	0	35,120	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	18,949	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	69,010	77,995	59.00
60.00	LABORATORY	10,777	0	0	367,287	0	60.00
60.01	LABORATORY-PATHOLOGICAL	0	0	0	0	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	81,339	0	62.00
65.00	RESPIRATORY THERAPY	9,289	0	0	247,401	0	65.00
66.00	PHYSICAL THERAPY	35,465	6,669	0	156,114	0	66.00
69.00	ELECTROCARDIOLOGY	9,428	0	0	107,983	180,690	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	22,005	53,501	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	89,053	0	75.00
76.00	CARDIAC REHAB	0	0	0	21,378	0	76.00
76.01	GI LAB	0	0	0	63,943	0	76.01
76.02	ECT	0	0	0	6,784	0	76.02
76.03	O/P PSYCH	0	0	0	21,230	0	76.03

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260020 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part I Date/Time Prepared: 1/26/2012 1:32 pm

	Cost Center Description	HOUSEKEEPING-MOB	HOUSEKEEPING-CANCER CENTER	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		9.02	9.03	10.00	11.00	13.00	
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	23,714	0	117,412	0	90.00
90.01	HYPERBARIC/OP WOUND	0	0	0	0	0	90.01
91.00	EMERGENCY	0	0	0	318,422	628,336	91.00
91.02	NATURAL FAMILY PLANNING	0	0	0	0	0	91.02
91.03	PAIN THERAPY CENTER	0	0	0	0	0	91.03
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	AMBULATORY CARE UNIT	0	0	0	21,741	52,860	92.01
	OTHER REIMBURSABLE COST CENTERS						
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00
99.10	CORF	0	0	0	0	0	99.10
	SPECIAL PURPOSE COST CENTERS						
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	189,323	166,640	12,298,267	7,059,305	9,664,517	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	1,693,672	0	0	190.00
190.01	VENDING MACHINES	0	0	0	0	0	190.01
190.02	VISITOR MEALS	0	0	0	0	0	190.02
191.00	RESEARCH	16,753	15,645	0	34,752	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	808,493	51,206	0	48,940	0	192.00
193.00	NONPAID WORKERS	0	0	0	2,860	0	193.00
193.01	MEALS ON WHEELS	0	0	62,067	0	0	193.01
193.03	CONVENT	0	0	0	0	0	193.03
193.06	VACANT SPACE	0	0	0	0	0	193.06
193.07	SALES & SERVICE-PHYSICIAN PRACTICE	0	0	0	0	0	193.07
194.00	NEIGHBORHOOD MINISTRIES	0	0	0	0	0	194.00
194.01	HOSPICE	0	0	0	0	0	194.01
194.02	SHARED SERVICES	0	0	0	0	0	194.02
194.03	ST. JOHN'S MERCY HEALTH CARE	244,894	105,122	0	98,700	0	194.03
194.04	SJMH SHARED SERVICES	54,332	14,354	0	0	0	194.04
194.05	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.05
194.06	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.06
194.07	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.07
194.08	REHAB HOSPITAL	0	0	0	0	0	194.08
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)	1,313,795	352,967	14,054,006	7,244,557	9,664,517	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260020 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part I Date/Time Prepared: 1/26/2012 1:32 pm

	Cost Center Description	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE		
		14.00	15.00	16.00	17.00		
	GENERAL SERVICE COST CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	OTHER BUILDING-MOB						1.01
1.02	OTHER BUILDING-CANCER CENTER						1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
2.01	NEW CAP REL COSTS-MVBLE EQUIP-MOB						2.01
2.02	NEW CAP REL COSTS-MVBLE EQUIP-CANCER						2.02
4.00	EMPLOYEE BENEFITS						4.00
5.02	PURCHASING						5.02
5.03	ADMITTING						5.03
5.04	OTHER ADMINISTRATIVE AND GENERAL						5.04
6.00	MAINTENANCE & REPAIRS						6.00
7.00	OPERATION OF PLANT						7.00
7.01	OTHER BUILDING-MOB						7.01
7.02	OTHER BUILDING-CANCER CENTER						7.02
7.03	HEART HOSPITAL						7.03
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
9.01	HOUSEKEEPING-MED CENTER						9.01
9.02	HOUSEKEEPING-MOB						9.02
9.03	HOUSEKEEPING-CANCER CENTER						9.03
10.00	DIETARY						10.00
11.00	CAFETERIA						11.00
13.00	NURSING ADMINISTRATION						13.00
14.00	CENTRAL SERVICES & SUPPLY	6,291,182					14.00
15.00	PHARMACY	0	17,960,313				15.00
16.00	MEDICAL RECORDS & LIBRARY	0	0	2,267,113			16.00
17.00	SOCIAL SERVICE	0	0	0	7,380,605		17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0		21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	9,380	0		22.00
23.00	PARAMED ED PRGM	0	0	0	0		23.00
23.01	RADIOLOGY SCHOOL	0	0	0	0		23.01
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	0	0	156,112	3,405,212		30.00
31.00	INTENSIVE CARE UNIT	0	0	148,694	916,044		31.00
32.00	CORONARY CARE UNIT	0	0	21,419	723,596		32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	13,867	120,089		33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	13,431	72,360		34.00
35.00	NEONATAL INTENSIVE CARE UNIT	0	0	89,633	434,157		35.00
40.00	SUBPROVIDER - IPF	0	0	12,735	723,596		40.00
41.00	SUBPROVIDER - IRF	0	0	0	0		41.00
42.00	SUBPROVIDER	0	0	0	0		42.00
43.00	NURSERY	0	0	12,044	182,360		43.00
44.00	SKILLED NURSING FACILITY	0	0	18,724	0		44.00
46.00	OTHER LONG TERM CARE	0	0	3,283	0		46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	0	91,781	0		50.00
51.00	RECOVERY ROOM	0	0	27,410	0		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	44,529	30,405		52.00
53.00	ANESTHESIOLOGY	0	0	34,000	0		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	108,974	0		54.00
54.01	ULTRASOUND	0	0	31,523	0		54.01
55.00	RADIOLOGY-THERAPEUTIC	0	0	52,446	0		55.00
56.00	RADIOISOTOPE	0	0	40,290	0		56.00
56.01	ONCOLOGY	0	0	0	0		56.01
57.00	CT SCAN	0	0	110,095	0		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	37,640	0		58.00
59.00	CARDIAC CATHETERIZATION	0	0	49,184	144,719		59.00
60.00	LABORATORY	0	0	264,670	0		60.00
60.01	LABORATORY-PATHOLOGICAL	0	0	0	0		60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	22,148	0		62.00
65.00	RESPIRATORY THERAPY	0	0	45,423	0		65.00
66.00	PHYSICAL THERAPY	0	0	28,901	0		66.00
69.00	ELECTROCARDIOLOGY	0	0	115,354	0		69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,099,569	0	0	0		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	3,191,613	0	75,709	0		72.00
73.00	DRUGS CHARGED TO PATIENTS	0	17,960,313	351,101	0		73.00
74.00	RENAL DIALYSIS	0	0	4,289	49,191		74.00
75.00	ASC (NON-DISTINCT PART)	0	0	17,381	144,719		75.00
76.00	CARDIAC REHAB	0	0	1,106	0		76.00
76.01	GI LAB	0	0	40,477	0		76.01
76.02	ECT	0	0	2,848	0		76.02
76.03	O/P PSYCH	0	0	3,327	289,438		76.03

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260020 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part I Date/Time Prepared: 1/26/2012 1:32 pm

	Cost Center Description	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE		
		14.00	15.00	16.00	17.00		
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0		89.00
90.00	CLINIC	0	0	14,209	0		90.00
90.01	HYPERBARIC/OP WOUND	0	0	1,716	0		90.01
91.00	EMERGENCY	0	0	129,982	144,719		91.00
91.02	NATURAL FAMILY PLANNING	0	0	0	0		91.02
91.03	PAIN THERAPY CENTER	0	0	0	0		91.03
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	AMBULATORY CARE UNIT	0	0	21,247	0		92.01
	OTHER REIMBURSABLE COST CENTERS						
95.00	AMBULANCE SERVICES	0	0	31	0		95.00
99.10	CORF	0	0	0	0		99.10
	SPECIAL PURPOSE COST CENTERS						
109.00	PANCREAS ACQUISITION	0	0	0	0		109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0		110.00
111.00	ISLET ACQUISITION	0	0	0	0		111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	6,291,182	17,960,313	2,267,113	7,380,605		118.00
	NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		190.00
190.01	VENDING MACHINES	0	0	0	0		190.01
190.02	VISITOR MEALS	0	0	0	0		190.02
191.00	RESEARCH	0	0	0	0		191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0		192.00
193.00	NONPAID WORKERS	0	0	0	0		193.00
193.01	MEALS ON WHEELS	0	0	0	0		193.01
193.03	CONVENT	0	0	0	0		193.03
193.06	VACANT SPACE	0	0	0	0		193.06
193.07	SALES & SERVICE-PHYSICIAN PRACTICE	0	0	0	0		193.07
194.00	NEIGHBORHOOD MINISTRIES	0	0	0	0		194.00
194.01	HOSPICE	0	0	0	0		194.01
194.02	SHARED SERVICES	0	0	0	0		194.02
194.03	ST. JOHN'S MERCY HEALTH CARE	0	0	0	0		194.03
194.04	SJMH SHARED SERVICES	0	0	0	0		194.04
194.05	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0		194.05
194.06	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0		194.06
194.07	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0		194.07
194.08	REHAB HOSPITAL	0	0	0	0		194.08
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)	6,291,182	17,960,313	2,267,113	7,380,605		202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260020 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part I Date/Time Prepared: 1/26/2012 1:32 pm

	Cost Center Description	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	PARAMED ED PRGM	RADIOLOGY SCHOOL	Subtotal	
		21.00	22.00	23.00	23.01	24.00	
	GENERAL SERVICE COST CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	OTHER BUILDING-MOB						1.01
1.02	OTHER BUILDING-CANCER CENTER						1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
2.01	NEW CAP REL COSTS-MVBLE EQUIP-MOB						2.01
2.02	NEW CAP REL COSTS-MVBLE EQUIP-CANCER						2.02
4.00	EMPLOYEE BENEFITS						4.00
5.02	PURCHASING						5.02
5.03	ADMITTING						5.03
5.04	OTHER ADMINISTRATIVE AND GENERAL						5.04
6.00	MAINTENANCE & REPAIRS						6.00
7.00	OPERATION OF PLANT						7.00
7.01	OTHER BUILDING-MOB						7.01
7.02	OTHER BUILDING-CANCER CENTER						7.02
7.03	HEART HOSPITAL						7.03
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
9.01	HOUSEKEEPING-MED CENTER						9.01
9.02	HOUSEKEEPING-MOB						9.02
9.03	HOUSEKEEPING-CANCER CENTER						9.03
10.00	DIETARY						10.00
11.00	CAFETERIA						11.00
13.00	NURSING ADMINISTRATION						13.00
14.00	CENTRAL SERVICES & SUPPLY						14.00
15.00	PHARMACY						15.00
16.00	MEDICAL RECORDS & LIBRARY						16.00
17.00	SOCIAL SERVICE						17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	8,732,875					21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	14,697,381				22.00
23.00	PARAMED ED PRGM	0	0	302,326			23.00
23.01	RADIOLOGY SCHOOL	0	0	0	217,100		23.01
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	4,309,570	7,252,984	0	0	93,792,146	30.00
31.00	INTENSIVE CARE UNIT	1,089,702	1,833,963	0	0	51,719,076	31.00
32.00	CORONARY CARE UNIT	441,059	742,300	0	0	12,941,884	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	3,309,563	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	4,327,166	34.00
35.00	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	25,327,242	35.00
40.00	SUBPROVIDER - IPF	160,196	269,609	0	0	12,614,304	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	47,435	79,832	0	0	10,519,780	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	10,126,444	44.00
46.00	OTHER LONG TERM CARE	0	0	0	0	4,716,756	46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	1,708,803	2,875,906	0	0	44,683,829	50.00
51.00	RECOVERY ROOM	0	0	0	0	3,838,801	51.00
52.00	DELIVERY ROOM & LABOR ROOM	426,265	717,401	0	0	19,249,692	52.00
53.00	ANESTHESIOLOGY	15,303	25,755	0	0	2,903,042	53.00
54.00	RADIOLOGY-DIAGNOSTIC	70,875	119,282	0	217,100	22,365,609	54.00
54.01	ULTRASOUND	0	0	0	0	4,156,168	54.01
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	13,674,816	55.00
56.00	RADIOISOTOPE	0	0	0	0	3,779,612	56.00
56.01	ONCOLOGY	0	0	0	0	0	56.01
57.00	CT SCAN	0	0	0	0	3,604,115	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	3,146,855	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	9,061,849	59.00
60.00	LABORATORY	0	0	302,326	0	30,021,816	60.00
60.01	LABORATORY-PATHOLOGICAL	0	0	0	0	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	8,041,540	62.00
65.00	RESPIRATORY THERAPY	55,849	93,994	0	0	13,663,126	65.00
66.00	PHYSICAL THERAPY	0	0	0	0	14,376,027	66.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	15,499,778	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	41,704,386	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	43,262,368	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	78,612,114	73.00
74.00	RENAL DIALYSIS	0	0	0	0	3,635,468	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	9,988,906	75.00
76.00	CARDIAC REHAB	0	0	0	0	1,487,651	76.00
76.01	GI LAB	47,435	79,832	0	0	4,789,113	76.01
76.02	ECT	0	0	0	0	429,066	76.02

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260020 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part I Date/Time Prepared: 1/26/2012 1:32 pm

	Cost Center Description	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	PARAMED ED PRGM	RADIOLOGY SCHOOL	Subtotal	
		21.00	22.00	23.00	23.01	24.00	
76.03	O/P PSYCH	0	0	0	0	2,537,854	76.03
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	128,295	215,921	0	0	6,126,888	90.00
90.01	HYPERBARIC/OP WOUND	0	0	0	0	1,069,361	90.01
91.00	EMERGENCY	232,088	390,602	0	0	21,932,563	91.00
91.02	NATURAL FAMILY PLANNING	0	0	0	0	0	91.02
91.03	PAIN THERAPY CENTER	0	0	0	0	0	91.03
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	AMBULATORY CARE UNIT	0	0	0	0	2,126,387	92.01
	OTHER REIMBURSABLE COST CENTERS						
95.00	AMBULANCE SERVICES	0	0	0	0	44,648	95.00
99.10	CORF	0	0	0	0	0	99.10
	SPECIAL PURPOSE COST CENTERS						
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	8,732,875	14,697,381	302,326	217,100	659,207,809	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	2,144,221	190.00
190.01	VENDING MACHINES	0	0	0	0	0	190.01
190.02	VISITOR MEALS	0	0	0	0	0	190.02
191.00	RESEARCH	0	0	0	0	2,688,440	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	12,731,034	192.00
193.00	NONPAID WORKERS	0	0	0	0	356,017	193.00
193.01	MEALS ON WHEELS	0	0	0	0	62,067	193.01
193.03	CONVENT	0	0	0	0	0	193.03
193.06	VACANT SPACE	0	0	0	0	0	193.06
193.07	SALES & SERVICE-PHYSICIAN PRACTICE	0	0	0	0	0	193.07
194.00	NEIGHBORHOOD MINISTRIES	0	0	0	0	490,532	194.00
194.01	HOSPICE	0	0	0	0	79,177	194.01
194.02	SHARED SERVICES	0	0	0	0	7,365	194.02
194.03	ST. JOHN'S MERCY HEALTH CARE	0	0	0	0	15,946,481	194.03
194.04	SJMH SHARED SERVICES	0	0	0	0	125,067,670	194.04
194.05	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.05
194.06	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.06
194.07	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.07
194.08	REHAB HOSPITAL	0	0	0	0	31,960,236	194.08
200.00	Cross Foot Adjustments	0	0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	-81,050	201.00
202.00	TOTAL (sum lines 118-201)	8,732,875	14,697,381	302,326	217,100	850,659,999	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260020 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part I Date/Time Prepared: 1/26/2012 1:32 pm

	Cost Center Description	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		25.00	26.00		
	GENERAL SERVICE COST CENTERS				
1.00	NEW CAP REL COSTS-BLDG & FIXT				1.00
1.01	OTHER BUILDING-MOB				1.01
1.02	OTHER BUILDING-CANCER CENTER				1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP				2.00
2.01	NEW CAP REL COSTS-MVBLE EQUIP-MOB				2.01
2.02	NEW CAP REL COSTS-MVBLE EQUIP-CANCER				2.02
4.00	EMPLOYEE BENEFITS				4.00
5.02	PURCHASING				5.02
5.03	ADMITTING				5.03
5.04	OTHER ADMINISTRATIVE AND GENERAL				5.04
6.00	MAINTENANCE & REPAIRS				6.00
7.00	OPERATION OF PLANT				7.00
7.01	OTHER BUILDING-MOB				7.01
7.02	OTHER BUILDING-CANCER CENTER				7.02
7.03	HEART HOSPITAL				7.03
8.00	LAUNDRY & LINEN SERVICE				8.00
9.00	HOUSEKEEPING				9.00
9.01	HOUSEKEEPING-MED CENTER				9.01
9.02	HOUSEKEEPING-MOB				9.02
9.03	HOUSEKEEPING-CANCER CENTER				9.03
10.00	DIETARY				10.00
11.00	CAFETERIA				11.00
13.00	NURSING ADMINISTRATION				13.00
14.00	CENTRAL SERVICES & SUPPLY				14.00
15.00	PHARMACY				15.00
16.00	MEDICAL RECORDS & LIBRARY				16.00
17.00	SOCIAL SERVICE				17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD				21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD				22.00
23.00	PARAMED ED PRGM				23.00
23.01	RADIOLOGY SCHOOL				23.01
	INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	-11,562,554	82,229,592		30.00
31.00	INTENSIVE CARE UNIT	-2,923,665	48,795,411		31.00
32.00	CORONARY CARE UNIT	-1,183,359	11,758,525		32.00
33.00	BURN INTENSIVE CARE UNIT	0	3,309,563		33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	4,327,166		34.00
35.00	NEONATAL INTENSIVE CARE UNIT	0	25,327,242		35.00
40.00	SUBPROVIDER - IPF	-429,805	12,184,499		40.00
41.00	SUBPROVIDER - IRF	0	0		41.00
42.00	SUBPROVIDER	0	0		42.00
43.00	NURSERY	-127,267	10,392,513		43.00
44.00	SKILLED NURSING FACILITY	0	10,126,444		44.00
46.00	OTHER LONG TERM CARE	0	4,716,756		46.00
	ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	-4,584,709	40,099,120		50.00
51.00	RECOVERY ROOM	0	3,838,801		51.00
52.00	DELIVERY ROOM & LABOR ROOM	-1,143,666	18,106,026		52.00
53.00	ANESTHESIOLOGY	-41,058	2,861,984		53.00
54.00	RADIOLOGY-DIAGNOSTIC	-190,157	22,175,452		54.00
54.01	ULTRASOUND	0	4,156,168		54.01
55.00	RADIOLOGY-THERAPEUTIC	0	13,674,816		55.00
56.00	RADIOISOTOPE	0	3,779,612		56.00
56.01	ONCOLOGY	0	0		56.01
57.00	CT SCAN	0	3,604,115		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	3,146,855		58.00
59.00	CARDIAC CATHETERIZATION	0	9,061,849		59.00
60.00	LABORATORY	0	30,021,816		60.00
60.01	LABORATORY-PATHOLOGICAL	0	0		60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	8,041,540		62.00
65.00	RESPIRATORY THERAPY	-149,843	13,513,283		65.00
66.00	PHYSICAL THERAPY	0	14,376,027		66.00
69.00	ELECTROCARDIOLOGY	0	15,499,778		69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	41,704,386		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	43,262,368		72.00
73.00	DRUGS CHARGED TO PATIENTS	0	78,612,114		73.00
74.00	RENAL DIALYSIS	-1,443,131	2,192,337		74.00
75.00	ASC (NON-DISTINCT PART)	0	9,988,906		75.00
76.00	CARDIAC REHAB	0	1,487,651		76.00
76.01	GI LAB	-127,267	4,661,846		76.01

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260020 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part I Date/Time Prepared: 1/26/2012 1:32 pm

	Cost Center Description	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		25.00	26.00		
76.02	ECT	0	429,066		76.02
76.03	O/P PSYCH	0	2,537,854		76.03
	OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC	0	0		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00	CLINIC	-344,216	5,782,672		90.00
90.01	HYPERBARIC/OP WOUND	0	1,069,361		90.01
91.00	EMERGENCY	-622,690	21,309,873		91.00
91.02	NATURAL FAMILY PLANNING	0	0		91.02
91.03	PAIN THERAPY CENTER	0	0		91.03
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0			92.00
92.01	AMBULATORY CARE UNIT	0	2,126,387		92.01
	OTHER REIMBURSABLE COST CENTERS				
95.00	AMBULANCE SERVICES	0	44,648		95.00
99.10	CORF	0	0		99.10
	SPECIAL PURPOSE COST CENTERS				
109.00	PANCREAS ACQUISITION	0	0		109.00
110.00	INTESTINAL ACQUISITION	0	0		110.00
111.00	ISLET ACQUISITION	0	0		111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	-24,873,387	634,334,422		118.00
	NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	2,144,221		190.00
190.01	VENDING MACHINES	0	0		190.01
190.02	VISITOR MEALS	0	0		190.02
191.00	RESEARCH	0	2,688,440		191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	12,731,034		192.00
193.00	NONPAID WORKERS	0	356,017		193.00
193.01	MEALS ON WHEELS	0	62,067		193.01
193.03	CONVENT	0	0		193.03
193.06	VACANT SPACE	0	0		193.06
193.07	SALES & SERVICE-PHYSICIAN PRACTICE	0	0		193.07
194.00	NEIGHBORHOOD MINISTRIES	0	490,532		194.00
194.01	HOSPICE	0	79,177		194.01
194.02	SHARED SERVICES	0	7,365		194.02
194.03	ST. JOHN'S MERCY HEALTH CARE	0	15,946,481		194.03
194.04	SJMH SHARED SERVICES	0	125,067,670		194.04
194.05	OTHER NONREIMBURSABLE COST CENTERS	0	0		194.05
194.06	OTHER NONREIMBURSABLE COST CENTERS	0	0		194.06
194.07	OTHER NONREIMBURSABLE COST CENTERS	0	0		194.07
194.08	REHAB HOSPITAL	0	31,960,236		194.08
200.00	Cross Foot Adjustments	0	0		200.00
201.00	Negative Cost Centers	0	-81,050		201.00
202.00	TOTAL (sum lines 118-201)	-24,873,387	825,786,612		202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 260020 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part II Date/Time Prepared: 1/26/2012 1:32 pm

	Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS NEW BLDG & FIXT	OTHER BUILDING-MOB	OTHER BUILDING-CANCER CENTER	NEW MVBLE EQUIP	
		0	1.00	1.01	1.02	2.00	
	GENERAL SERVICE COST CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	OTHER BUILDING-MOB						1.01
1.02	OTHER BUILDING-CANCER CENTER						1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
2.01	NEW CAP REL COSTS-MVBLE EQUIP-MOB						2.01
2.02	NEW CAP REL COSTS-MVBLE EQUIP-CANCER						2.02
4.00	EMPLOYEE BENEFITS	0	177,253	0	34,088	9,895	4.00
5.02	PURCHASING	0	63,224	0	0	3,540	5.02
5.03	ADMITTING	0	113,872	547	0	10,457	5.03
5.04	OTHER ADMINISTRATIVE AND GENERAL	11,317,346	491,767	91,034	112,003	2,334,233	5.04
6.00	MAINTENANCE & REPAIRS	0	3,533,450	76,290	225,518	153,194	6.00
7.00	OPERATION OF PLANT	0	91,145	0	855	823,962	7.00
7.01	OTHER BUILDING-MOB	0	37,333	0	0	0	7.01
7.02	OTHER BUILDING-CANCER CENTER	0	0	0	0	0	7.02
7.03	HEART HOSPITAL	0	0	0	0	0	7.03
8.00	LAUNDRY & LINEN SERVICE	0	85,463	0	0	17,539	8.00
9.00	HOUSEKEEPING	0	260,623	10,802	11,071	387,747	9.00
9.01	HOUSEKEEPING-MED CENTER	0	0	0	0	0	9.01
9.02	HOUSEKEEPING-MOB	0	0	0	0	0	9.02
9.03	HOUSEKEEPING-CANCER CENTER	0	0	0	0	0	9.03
10.00	DIETARY	0	647,426	11,325	25,084	254,120	10.00
11.00	CAFETERIA	0	0	0	0	0	11.00
13.00	NURSING ADMINISTRATION	0	122,985	0	0	261,513	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	311,413	0	0	291,614	14.00
15.00	PHARMACY	0	193,764	0	26,078	235,975	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	76,445	0	13,556	0	16.00
17.00	SOCIAL SERVICE	0	92,089	0	0	10,296	17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	56,991	0	0	618	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	58,345	41,290	0	11,555	22.00
23.00	PARAMED ED PRGM	0	14,260	0	0	1,866	23.00
23.01	RADIOLOGY SCHOOL	0	0	0	0	173	23.01
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	0	3,944,272	3,821	0	1,064,920	30.00
31.00	INTENSIVE CARE UNIT	0	1,814,005	0	0	1,228,501	31.00
32.00	CORONARY CARE UNIT	0	498,503	0	0	871,305	32.00
33.00	BURN INTENSIVE CARE UNIT	0	71,739	0	0	73,818	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	231,695	0	0	31,761	34.00
35.00	NEONATAL INTENSIVE CARE UNIT	0	1,013,658	0	0	959,959	35.00
40.00	SUBPROVIDER - IPF	0	464,412	0	0	26,222	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	65,899	0	0	6,991	43.00
44.00	SKILLED NURSING FACILITY	0	345,567	0	0	92,308	44.00
46.00	OTHER LONG TERM CARE	0	334,738	0	0	16,185	46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	1,484,020	0	0	2,915,182	50.00
51.00	RECOVERY ROOM	0	89,225	0	0	6,070	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	604,160	0	0	258,024	52.00
53.00	ANESTHESIOLOGY	0	57,652	0	0	582,689	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	825,167	86,798	48,816	3,021,395	54.00
54.01	ULTRASOUND	0	202,231	0	0	396,513	54.01
55.00	RADIOLOGY-THERAPEUTIC	0	125,566	0	387,391	465,055	55.00
56.00	RADIOISOTOPE	0	211,439	0	36,970	429,094	56.00
56.01	ONCOLOGY	0	0	0	0	0	56.01
57.00	CT SCAN	0	58,282	0	61,935	380,730	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	137,040	0	0	1,213,199	58.00
59.00	CARDIAC CATHETERIZATION	0	444,959	0	0	936,147	59.00
60.00	LABORATORY	0	634,142	12,413	0	405,199	60.00
60.01	LABORATORY-PATHOLOGICAL	0	0	0	0	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	122,875	0	0	27,706	62.00
65.00	RESPIRATORY THERAPY	0	203,364	10,698	0	329,396	65.00
66.00	PHYSICAL THERAPY	0	558,611	40,847	29,357	63,659	66.00
69.00	ELECTROCARDIOLOGY	0	467,450	10,859	0	807,296	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	51,970	0	0	53,000	74.00
75.00	ASC (NON-DISTINCT PART)	0	676,402	0	0	672,776	75.00
76.00	CARDIAC REHAB	0	81,749	0	0	25,739	76.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 260020 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part II Date/Time Prepared: 1/26/2012 1:32 pm

	Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS NEW BLDG & FIXT	OTHER BUILDING-MOB	OTHER BUILDING-CANCER CENTER	NEW MVBLE EQUIP	
		0	1.00	1.01	1.02	2.00	
76.01	GI LAB	0	236,401	0	0	434,138	76.01
76.02	ECT	0	33,619	0	0	7,170	76.02
76.03	O/P PSYCH	0	267,485	0	0	10,724	76.03
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	277,432	0	104,391	54,509	90.00
90.01	HYPERBARIC/OP WOUND	0	57,668	0	0	36,068	90.01
91.00	EMERGENCY	0	675,678	0	0	404,530	91.00
91.02	NATURAL FAMILY PLANNING	0	0	0	0	0	91.02
91.03	PAIN THERAPY CENTER	0	0	0	0	0	91.03
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	AMBULATORY CARE UNIT	0	268,146	0	0	21,192	92.01
	OTHER REIMBURSABLE COST CENTERS						
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00
99.10	CORF	0	0	0	0	0	99.10
	SPECIAL PURPOSE COST CENTERS						
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	11,317,346	24,065,069	396,724	1,117,113	23,137,467	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	9,884	0	0	1,096	190.00
190.01	VENDING MACHINES	0	0	0	0	0	190.01
190.02	VISITOR MEALS	0	0	0	0	0	190.02
191.00	RESEARCH	0	15,393	19,296	68,872	40,211	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	1,351,985	931,173	225,418	59,558	192.00
193.00	NONPAID WORKERS	0	77,420	0	0	240	193.00
193.01	MEALS ON WHEELS	0	0	0	0	0	193.01
193.03	CONVENT	0	0	0	0	0	193.03
193.06	VACANT SPACE	0	0	0	0	0	193.06
193.07	SALES & SERVICE-PHYSICIAN PRACTICE	0	0	0	0	0	193.07
194.00	NEIGHBORHOOD MINISTRIES	0	33,052	0	0	876	194.00
194.01	HOSPICE	0	0	0	0	0	194.01
194.02	SHARED SERVICES	0	0	0	0	0	194.02
194.03	ST. JOHN'S MERCY HEALTH CARE	0	2,533,312	282,055	462,762	167,246	194.03
194.04	SJMH SHARED SERVICES	0	2,716,074	62,577	63,187	0	194.04
194.05	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.05
194.06	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.06
194.07	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.07
194.08	REHAB HOSPITAL	0	0	0	0	0	194.08
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)	11,317,346	30,802,189	1,691,825	1,937,352	23,406,694	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 260020 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part II Date/Time Prepared: 1/26/2012 1:32 pm

	Cost Center Description	CAPITAL RELATED COSTS NEW MVBLE EQUIP-MOB 2.01	NEW MVBLE EQUIP-CANCER 2.02	Subtotal 2A	EMPLOYEE BENEFITS 4.00	PURCHASING 5.02	
	GENERAL SERVICE COST CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	OTHER BUILDING-MOB						1.01
1.02	OTHER BUILDING-CANCER CENTER						1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
2.01	NEW CAP REL COSTS-MVBLE EQUIP-MOB						2.01
2.02	NEW CAP REL COSTS-MVBLE EQUIP-CANCER						2.02
4.00	EMPLOYEE BENEFITS	0	0	221,236	221,236		4.00
5.02	PURCHASING	0	0	66,764	135	66,899	5.02
5.03	ADMITTING	138	0	125,014	3,282	98	5.03
5.04	OTHER ADMINISTRATIVE AND GENERAL	9,480	3,229	14,359,092	4,398	383	5.04
6.00	MAINTENANCE & REPAIRS	9,213	7,263	4,004,928	2,375	168	6.00
7.00	OPERATION OF PLANT	0	307	916,269	1,045	23	7.00
7.01	OTHER BUILDING-MOB	7,307	0	44,640	1	9	7.01
7.02	OTHER BUILDING-CANCER CENTER	0	22,006	22,006	0	3	7.02
7.03	HEART HOSPITAL	0	0	0	0	0	7.03
8.00	LAUNDRY & LINEN SERVICE	0	0	103,002	171	374	8.00
9.00	HOUSEKEEPING	43,949	13,174	727,366	4,177	416	9.00
9.01	HOUSEKEEPING-MED CENTER	0	0	0	0	0	9.01
9.02	HOUSEKEEPING-MOB	0	0	0	0	0	9.02
9.03	HOUSEKEEPING-CANCER CENTER	0	0	0	0	0	9.03
10.00	DIETARY	2,561	905	941,421	4,703	2,761	10.00
11.00	CAFETERIA	0	0	0	0	0	11.00
13.00	NURSING ADMINISTRATION	0	0	384,498	3,935	58	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	0	603,027	1,970	132	14.00
15.00	PHARMACY	0	0	455,817	7,655	17,557	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	0	90,001	500	3	16.00
17.00	SOCIAL SERVICE	0	0	102,385	2,868	18	17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	57,609	3,438	3	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	45,006	0	156,196	6,727	18	22.00
23.00	PARAMED ED PRGM	0	0	16,126	142	1	23.00
23.01	RADIOLOGY SCHOOL	0	0	173	147	1	23.01
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	32,625	0	5,045,638	37,585	1,243	30.00
31.00	INTENSIVE CARE UNIT	0	0	3,042,506	16,037	1,460	31.00
32.00	CORONARY CARE UNIT	0	0	1,369,808	5,316	224	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	145,557	1,060	230	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	263,456	1,359	75	34.00
35.00	NEONATAL INTENSIVE CARE UNIT	0	0	1,973,617	8,671	507	35.00
40.00	SUBPROVIDER - IPF	0	0	490,634	4,525	38	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	0	72,890	4,531	199	43.00
44.00	SKILLED NURSING FACILITY	0	0	437,875	3,874	0	44.00
46.00	OTHER LONG TERM CARE	0	0	350,923	1,594	0	46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	0	4,399,202	12,951	21,031	50.00
51.00	RECOVERY ROOM	0	0	95,295	1,597	48	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	862,184	6,511	830	52.00
53.00	ANESTHESIOLOGY	0	0	640,341	471	1,720	53.00
54.00	RADIOLOGY-DIAGNOSTIC	522,593	23,454	4,528,223	5,681	1,166	54.00
54.01	ULTRASOUND	0	0	598,744	1,239	32	54.01
55.00	RADIOLOGY-THERAPEUTIC	0	2,894,164	3,872,176	1,844	117	55.00
56.00	RADIOISOTOPE	0	70,053	747,556	980	856	56.00
56.01	ONCOLOGY	0	0	0	0	0	56.01
57.00	CT SCAN	0	323,618	824,565	813	451	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	1,350,239	456	149	58.00
59.00	CARDIAC CATHETERIZATION	0	0	1,381,106	1,892	1,854	59.00
60.00	LABORATORY	6,215	0	1,057,969	6,963	2,187	60.00
60.01	LABORATORY-PATHOLOGICAL	0	0	0	0	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	150,581	1,973	923	62.00
65.00	RESPIRATORY THERAPY	74,549	0	618,007	5,379	714	65.00
66.00	PHYSICAL THERAPY	47,188	0	739,662	5,028	253	66.00
69.00	ELECTROCARDIOLOGY	65,128	0	1,350,733	4,393	4,220	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	104,970	633	94	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	1,349,178	2,661	336	75.00
76.00	CARDIAC REHAB	0	0	107,488	567	8	76.00
76.01	GI LAB	0	0	670,539	1,432	580	76.01
76.02	ECT	0	0	40,789	137	26	76.02

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 260020 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part II Date/Time Prepared: 1/26/2012 1:32 pm

	Cost Center Description	CAPITAL RELATED COSTS NEW MVBLE EQUIP-MOB	NEW MVBLE EQUIP-CANCER	Subtotal	EMPLOYEE BENEFITS	PURCHASING	
		2.01	2.02	2A	4.00	5.02	
76.03	O/P PSYCH	0	0	278,209	451	15	76.03
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	48,603	484,935	3,119	1,859	90.00
90.01	HYPERBARIC/OP WOUND	0	0	93,736	284	50	90.01
91.00	EMERGENCY	0	0	1,080,208	13,122	770	91.00
91.02	NATURAL FAMILY PLANNING	0	0	0	0	0	91.02
91.03	PAIN THERAPY CENTER	0	0	0	0	0	91.03
92.00	OBSERVATION BEDS (NON-DISTINCT PART)			0			92.00
92.01	AMBULATORY CARE UNIT	0	0	289,338	584	42	92.01
	OTHER REIMBURSABLE COST CENTERS						
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00
99.10	CORF	0	0	0	0	0	99.10
	SPECIAL PURPOSE COST CENTERS						
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	865,952	3,406,776	64,306,447	213,382	66,333	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	10,980	41	25	190.00
190.01	VENDING MACHINES	0	0	0	0	0	190.01
190.02	VISITOR MEALS	0	0	0	0	0	190.02
191.00	RESEARCH	0	0	143,772	1,005	13	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	5,973	0	2,574,107	1,505	378	192.00
193.00	NONPAID WORKERS	0	0	77,660	56	9	193.00
193.01	MEALS ON WHEELS	0	0	0	0	0	193.01
193.03	CONVENT	0	0	0	0	0	193.03
193.06	VACANT SPACE	0	0	0	0	0	193.06
193.07	SALES & SERVICE-PHYSICIAN PRACTICE	0	0	0	0	0	193.07
194.00	NEIGHBORHOOD MINISTRIES	0	0	33,928	147	2	194.00
194.01	HOSPICE	0	0	0	0	1	194.01
194.02	SHARED SERVICES	0	0	0	4	0	194.02
194.03	ST. JOHN'S MERCY HEALTH CARE	0	0	3,445,375	5,096	138	194.03
194.04	SJMH SHARED SERVICES	0	0	2,841,838	0	0	194.04
194.05	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.05
194.06	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.06
194.07	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.07
194.08	REHAB HOSPITAL	0	0	0	0	0	194.08
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)	871,925	3,406,776	73,434,107	221,236	66,899	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 260020 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part II Date/Time Prepared: 1/26/2012 1:32 pm

	Cost Center Description	ADMITTING	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	OTHER BUILDING-MOB	
		5.03	5.04	6.00	7.00	7.01	
	GENERAL SERVICE COST CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	OTHER BUILDING-MOB						1.01
1.02	OTHER BUILDING-CANCER CENTER						1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
2.01	NEW CAP REL COSTS-MVBLE EQUIP-MOB						2.01
2.02	NEW CAP REL COSTS-MVBLE EQUIP-CANCER						2.02
4.00	EMPLOYEE BENEFITS						4.00
5.02	PURCHASING						5.02
5.03	ADMITTING	128,394					5.03
5.04	OTHER ADMINISTRATIVE AND GENERAL	0	14,363,873				5.04
6.00	MAINTENANCE & REPAIRS	0	238,747	4,246,218			6.00
7.00	OPERATION OF PLANT	0	254,801	14,647	1,186,785		7.00
7.01	OTHER BUILDING-MOB	0	37,668	6,000	1,683	90,001	7.01
7.02	OTHER BUILDING-CANCER CENTER	0	0	0	0	0	7.02
7.03	HEART HOSPITAL	0	0	0	0	0	7.03
8.00	LAUNDRY & LINEN SERVICE	0	60,852	13,734	3,852	0	8.00
9.00	HOUSEKEEPING	0	160,382	41,883	11,747	638	9.00
9.01	HOUSEKEEPING-MED CENTER	0	0	0	0	0	9.01
9.02	HOUSEKEEPING-MOB	0	0	0	0	0	9.02
9.03	HOUSEKEEPING-CANCER CENTER	0	0	0	0	0	9.03
10.00	DIETARY	56	221,180	104,044	29,180	669	10.00
11.00	CAFETERIA	0	0	0	0	0	11.00
13.00	NURSING ADMINISTRATION	0	158,501	19,764	5,543	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	96,028	50,045	14,036	0	14.00
15.00	PHARMACY	0	294,414	31,139	8,733	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	35,900	12,285	3,445	0	16.00
17.00	SOCIAL SERVICE	0	120,357	14,799	4,151	0	17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	143,017	9,159	2,569	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	526	242,773	9,376	2,630	2,438	22.00
23.00	PARAMED ED PRGM	0	4,680	2,292	643	0	23.00
23.01	RADIOLOGY SCHOOL	0	3,593	0	0	0	23.01
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	8,752	1,095,795	633,859	177,772	226	30.00
31.00	INTENSIVE CARE UNIT	8,336	682,269	291,518	81,759	0	31.00
32.00	CORONARY CARE UNIT	1,201	163,246	80,111	22,468	0	32.00
33.00	BURN INTENSIVE CARE UNIT	777	46,755	11,529	3,233	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	753	57,099	37,234	10,443	0	34.00
35.00	NEONATAL INTENSIVE CARE UNIT	5,025	373,123	162,899	45,687	0	35.00
40.00	SUBPROVIDER - IPF	714	162,159	74,633	20,932	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	675	166,340	10,590	2,970	0	43.00
44.00	SKILLED NURSING FACILITY	1,050	156,812	55,534	15,575	0	44.00
46.00	OTHER LONG TERM CARE	184	69,562	53,794	15,087	0	46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	5,146	612,478	238,488	66,886	0	50.00
51.00	RECOVERY ROOM	1,537	60,895	14,339	4,021	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	2,496	268,858	97,091	27,230	0	52.00
53.00	ANESTHESIOLOGY	1,906	45,644	9,265	2,598	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	6,110	340,398	132,608	37,191	5,126	54.00
54.01	ULTRASOUND	1,767	61,896	32,499	9,115	0	54.01
55.00	RADIOLOGY-THERAPEUTIC	2,940	223,788	20,179	5,659	0	55.00
56.00	RADIOISOTOPE	2,259	57,191	33,979	9,530	0	56.00
56.01	ONCOLOGY	0	0	0	0	0	56.01
57.00	CT SCAN	6,172	56,232	9,366	2,627	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	2,110	48,382	22,023	6,177	0	58.00
59.00	CARDIAC CATHETERIZATION	2,757	135,525	71,507	20,055	0	59.00
60.00	LABORATORY	14,838	475,158	101,909	28,581	733	60.00
60.01	LABORATORY-PATHOLOGICAL	0	0	0	0	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,242	131,015	19,746	5,538	0	62.00
65.00	RESPIRATORY THERAPY	2,547	217,867	32,681	9,166	632	65.00
66.00	PHYSICAL THERAPY	1,620	223,658	89,771	25,177	2,412	66.00
69.00	ELECTROCARDIOLOGY	6,467	242,594	75,121	21,068	641	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	651,810	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	4,245	675,283	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	19,940	1,018,127	0	0	0	73.00
74.00	RENAL DIALYSIS	240	57,884	8,352	2,342	0	74.00
75.00	ASC (NON-DISTINCT PART)	974	146,398	108,700	30,486	0	75.00
76.00	CARDIAC REHAB	62	22,665	13,137	3,684	0	76.00
76.01	GI LAB	2,269	70,522	37,991	10,655	0	76.01
76.02	ECT	160	6,123	5,403	1,515	0	76.02
76.03	O/P PSYCH	187	31,118	42,986	12,056	0	76.03

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 260020 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part II Date/Time Prepared: 1/26/2012 1:32 pm

	Cost Center Description	ADMITTING	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	OTHER BUILDING-MOB	
		5.03	5.04	6.00	7.00	7.01	
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	797	88,091	44,584	12,504	0	90.00
90.01	HYPERBARIC/OP WOUND	96	16,640	9,267	2,599	0	90.01
91.00	EMERGENCY	7,287	319,153	108,584	30,453	0	91.00
91.02	NATURAL FAMILY PLANNING	0	0	0	0	0	91.02
91.03	PAIN THERAPY CENTER	0	0	0	0	0	91.03
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	AMBULATORY CARE UNIT	1,191	27,528	43,092	12,086	0	92.01
	OTHER REIMBURSABLE COST CENTERS						
95.00	AMBULANCE SERVICES	2	753	0	0	0	95.00
99.10	CORF	0	0	0	0	0	99.10
	SPECIAL PURPOSE COST CENTERS						
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	127,413	11,379,727	3,163,536	883,137	13,515	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	7,370	1,588	445	0	190.00
190.01	VENDING MACHINES	0	0	0	0	0	190.01
190.02	VISITOR MEALS	0	0	0	0	0	190.02
191.00	RESEARCH	0	43,402	2,474	694	1,140	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	981	143,583	217,269	60,935	54,992	192.00
193.00	NONPAID WORKERS	0	4,102	12,442	3,489	0	193.00
193.01	MEALS ON WHEELS	0	0	0	0	0	193.01
193.03	CONVENT	0	0	0	0	0	193.03
193.06	VACANT SPACE	0	0	0	0	0	193.06
193.07	SALES & SERVICE-PHYSICIAN PRACTICE	0	0	0	0	0	193.07
194.00	NEIGHBORHOOD MINISTRIES	0	7,488	5,312	1,490	0	194.00
194.01	HOSPICE	0	1,337	0	0	0	194.01
194.02	SHARED SERVICES	0	124	0	0	0	194.02
194.03	ST. JOHN'S MERCY HEALTH CARE	0	193,664	407,113	114,179	16,658	194.03
194.04	SJMH SHARED SERVICES	0	2,043,454	436,484	122,416	3,696	194.04
194.05	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.05
194.06	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.06
194.07	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.07
194.08	REHAB HOSPITAL	0	539,622	0	0	0	194.08
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)	128,394	14,363,873	4,246,218	1,186,785	90,001	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 260020 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part II Date/Time Prepared: 1/26/2012 1:32 pm

	Cost Center Description	OTHER BUILDING-CANCER CENTER	HEART HOSPITAL	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING-MED CENTER	
		7.02	7.03	8.00	9.00	9.01	
	GENERAL SERVICE COST CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	OTHER BUILDING-MOB						1.01
1.02	OTHER BUILDING-CANCER CENTER						1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
2.01	NEW CAP REL COSTS-MVBLE EQUIP-MOB						2.01
2.02	NEW CAP REL COSTS-MVBLE EQUIP-CANCER						2.02
4.00	EMPLOYEE BENEFITS						4.00
5.02	PURCHASING						5.02
5.03	ADMITTING						5.03
5.04	OTHER ADMINISTRATIVE AND GENERAL						5.04
6.00	MAINTENANCE & REPAIRS						6.00
7.00	OPERATION OF PLANT						7.00
7.01	OTHER BUILDING-MOB						7.01
7.02	OTHER BUILDING-CANCER CENTER	22,009					7.02
7.03	HEART HOSPITAL	0	0				7.03
8.00	LAUNDRY & LINEN SERVICE	0	0	181,985			8.00
9.00	HOUSEKEEPING	0	0	7	946,616		9.00
9.01	HOUSEKEEPING-MED CENTER	0	0	0	785,691	785,691	9.01
9.02	HOUSEKEEPING-MOB	0	0	0	126,846	0	9.02
9.03	HOUSEKEEPING-CANCER CENTER	0	0	0	34,079	0	9.03
10.00	DIETARY	0	0	0	0	19,604	10.00
11.00	CAFETERIA	0	0	0	0	0	11.00
13.00	NURSING ADMINISTRATION	0	0	68	0	3,724	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	0	138	0	9,429	14.00
15.00	PHARMACY	0	0	69	0	5,867	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	0	0	0	2,315	16.00
17.00	SOCIAL SERVICE	0	0	0	0	2,788	17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	1,726	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	40	0	1,767	22.00
23.00	PARAMED ED PRGM	0	0	0	0	432	23.00
23.01	RADIOLOGY SCHOOL	0	0	0	0	0	23.01
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	0	0	66,461	0	119,431	30.00
31.00	INTENSIVE CARE UNIT	0	0	33,945	0	54,927	31.00
32.00	CORONARY CARE UNIT	0	0	3,370	0	15,094	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	3,251	0	2,172	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	4,726	0	7,016	34.00
35.00	NEONATAL INTENSIVE CARE UNIT	0	0	3,686	0	30,693	35.00
40.00	SUBPROVIDER - IPF	0	0	3,338	0	14,062	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	0	0	0	1,995	43.00
44.00	SKILLED NURSING FACILITY	0	0	240	0	10,464	44.00
46.00	OTHER LONG TERM CARE	0	0	221	0	10,136	46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	0	7,337	0	44,935	50.00
51.00	RECOVERY ROOM	0	0	576	0	2,702	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	13,104	0	18,294	52.00
53.00	ANESTHESIOLOGY	0	0	313	0	1,746	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	4,813	0	24,986	54.00
54.01	ULTRASOUND	0	0	1,595	0	6,123	54.01
55.00	RADIOLOGY-THERAPEUTIC	0	0	1,835	0	3,802	55.00
56.00	RADIOISOTOPE	0	0	723	0	6,402	56.00
56.01	ONCOLOGY	0	0	0	0	0	56.01
57.00	CT SCAN	0	0	1,545	0	1,765	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	1,458	0	4,149	58.00
59.00	CARDIAC CATHETERIZATION	0	0	2,986	0	13,473	59.00
60.00	LABORATORY	0	0	647	0	19,201	60.00
60.01	LABORATORY-PATHOLOGICAL	0	0	0	0	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	170	0	3,721	62.00
65.00	RESPIRATORY THERAPY	0	0	101	0	6,158	65.00
66.00	PHYSICAL THERAPY	0	0	2,264	0	16,914	66.00
69.00	ELECTROCARDIOLOGY	0	0	1,796	0	14,154	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	205	0	1,574	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	5,118	0	20,481	75.00
76.00	CARDIAC REHAB	0	0	314	0	2,475	76.00
76.01	GI LAB	0	0	2,166	0	7,158	76.01
76.02	ECT	0	0	439	0	1,018	76.02
76.03	O/P PSYCH	0	0	0	0	8,099	76.03

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 260020 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part II Date/Time Prepared: 1/26/2012 1:32 pm

	Cost Center Description	OTHER BUILDING-CANCER CENTER	HEART HOSPITAL	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING-MED CENTER	
		7.02	7.03	8.00	9.00	9.01	
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	737	0	8,400	90.00
90.01	HYPERBARIC/OP WOUND	0	0	0	0	1,746	90.01
91.00	EMERGENCY	0	0	11,018	0	20,459	91.00
91.02	NATURAL FAMILY PLANNING	0	0	0	0	0	91.02
91.03	PAIN THERAPY CENTER	0	0	0	0	0	91.03
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	AMBULATORY CARE UNIT	0	0	905	0	8,119	92.01
	OTHER REIMBURSABLE COST CENTERS						
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00
99.10	CORF	0	0	0	0	0	99.10
	SPECIAL PURPOSE COST CENTERS						
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	0	181,725	946,616	581,696	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	299	190.00
190.01	VENDING MACHINES	0	0	0	0	0	190.01
190.02	VISITOR MEALS	0	0	0	0	0	190.02
191.00	RESEARCH	0	0	0	0	466	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	248	0	40,937	192.00
193.00	NONPAID WORKERS	0	0	0	0	2,344	193.00
193.01	MEALS ON WHEELS	0	0	0	0	0	193.01
193.03	CONVENT	0	0	0	0	0	193.03
193.06	VACANT SPACE	0	0	0	0	0	193.06
193.07	SALES & SERVICE-PHYSICIAN PRACTICE	0	0	0	0	0	193.07
194.00	NEIGHBORHOOD MINISTRIES	0	0	0	0	1,001	194.00
194.01	HOSPICE	0	0	0	0	0	194.01
194.02	SHARED SERVICES	0	0	0	0	0	194.02
194.03	ST. JOHN'S MERCY HEALTH CARE	0	0	12	0	76,707	194.03
194.04	SJMH SHARED SERVICES	0	0	0	0	82,241	194.04
194.05	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.05
194.06	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.06
194.07	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.07
194.08	REHAB HOSPITAL	0	0	0	0	0	194.08
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	22,009	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	22,009	0	181,985	946,616	785,691	202.00

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	Cost Center Description	HOUSEKEEPING-MOB	HOUSEKEEPING-CANCER CENTER	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		9.02	9.03	10.00	11.00	13.00	
	GENERAL SERVICE COST CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	OTHER BUILDING-MOB						1.01
1.02	OTHER BUILDING-CANCER CENTER						1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
2.01	NEW CAP REL COSTS-MVBLE EQUIP-MOB						2.01
2.02	NEW CAP REL COSTS-MVBLE EQUIP-CANCER						2.02
4.00	EMPLOYEE BENEFITS						4.00
5.02	PURCHASING						5.02
5.03	ADMITTING						5.03
5.04	OTHER ADMINISTRATIVE AND GENERAL						5.04
6.00	MAINTENANCE & REPAIRS						6.00
7.00	OPERATION OF PLANT						7.00
7.01	OTHER BUILDING-MOB						7.01
7.02	OTHER BUILDING-CANCER CENTER						7.02
7.03	HEART HOSPITAL						7.03
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
9.01	HOUSEKEEPING-MED CENTER						9.01
9.02	HOUSEKEEPING-MOB	126,846					9.02
9.03	HOUSEKEEPING-CANCER CENTER	0	34,079				9.03
10.00	DIETARY	949	550	1,325,117			10.00
11.00	CAFETERIA	0	0	683,072	683,072		11.00
13.00	NURSING ADMINISTRATION	0	0	0	9,474	585,565	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	0	0	14,857	0	14.00
15.00	PHARMACY	0	572	0	22,613	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	297	0	2,727	0	16.00
17.00	SOCIAL SERVICE	0	0	0	11,416	0	17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	17,088	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	3,461	0	0	12,065	0	22.00
23.00	PARAMED ED PRGM	0	0	0	457	0	23.00
23.01	RADIOLOGY SCHOOL	0	0	0	406	0	23.01
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	320	0	235,804	135,095	173,178	30.00
31.00	INTENSIVE CARE UNIT	0	0	148,711	69,427	105,166	31.00
32.00	CORONARY CARE UNIT	0	0	15,681	12,996	15,909	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	7,267	4,428	6,918	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	19,056	6,362	9,940	34.00
35.00	NEONATAL INTENSIVE CARE UNIT	0	0	0	32,599	50,931	35.00
40.00	SUBPROVIDER - IPF	0	0	49,982	18,892	23,291	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	0	0	15,532	5,316	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	19,588	44.00
46.00	OTHER LONG TERM CARE	0	0	0	0	6,813	46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	0	0	44,384	60,550	50.00
51.00	RECOVERY ROOM	0	0	0	6,223	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	26,954	42,111	52.00
53.00	ANESTHESIOLOGY	0	0	0	3,411	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	7,276	1,071	0	18,864	0	54.00
54.01	ULTRASOUND	0	0	0	4,230	5,665	54.01
55.00	RADIOLOGY-THERAPEUTIC	0	8,496	0	6,034	0	55.00
56.00	RADIOISOTOPE	0	811	0	2,635	0	56.00
56.01	ONCOLOGY	0	0	0	0	0	56.01
57.00	CT SCAN	0	1,358	0	3,311	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	1,787	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	6,507	4,726	59.00
60.00	LABORATORY	1,041	0	0	34,631	0	60.00
60.01	LABORATORY-PATHOLOGICAL	0	0	0	0	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	7,669	0	62.00
65.00	RESPIRATORY THERAPY	897	0	0	23,327	0	65.00
66.00	PHYSICAL THERAPY	3,424	644	0	14,720	0	66.00
69.00	ELECTROCARDIOLOGY	910	0	0	10,181	10,948	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	2,075	3,242	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	8,397	0	75.00
76.00	CARDIAC REHAB	0	0	0	2,016	0	76.00
76.01	GI LAB	0	0	0	6,029	0	76.01
76.02	ECT	0	0	0	640	0	76.02
76.03	O/P PSYCH	0	0	0	2,002	0	76.03

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	Cost Center Description	HOUSEKEEPING-MOB	HOUSEKEEPING-CANCER CENTER	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		9.02	9.03	10.00	11.00	13.00	
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	2,290	0	11,071	0	90.00
90.01	HYPERBARIC/OP WOUND	0	0	0	0	0	90.01
91.00	EMERGENCY	0	0	0	30,023	38,070	91.00
91.02	NATURAL FAMILY PLANNING	0	0	0	0	0	91.02
91.03	PAIN THERAPY CENTER	0	0	0	0	0	91.03
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	AMBULATORY CARE UNIT	0	0	0	2,050	3,203	92.01
	OTHER REIMBURSABLE COST CENTERS						
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00
99.10	CORF	0	0	0	0	0	99.10
	SPECIAL PURPOSE COST CENTERS						
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	18,278	16,089	1,159,573	665,605	585,565	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	159,692	0	0	190.00
190.01	VENDING MACHINES	0	0	0	0	0	190.01
190.02	VISITOR MEALS	0	0	0	0	0	190.02
191.00	RESEARCH	1,618	1,511	0	3,277	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	78,060	4,944	0	4,614	0	192.00
193.00	NONPAID WORKERS	0	0	0	270	0	193.00
193.01	MEALS ON WHEELS	0	0	5,852	0	0	193.01
193.03	CONVENT	0	0	0	0	0	193.03
193.06	VACANT SPACE	0	0	0	0	0	193.06
193.07	SALES & SERVICE-PHYSICIAN PRACTICE	0	0	0	0	0	193.07
194.00	NEIGHBORHOOD MINISTRIES	0	0	0	0	0	194.00
194.01	HOSPICE	0	0	0	0	0	194.01
194.02	SHARED SERVICES	0	0	0	0	0	194.02
194.03	ST. JOHN'S MERCY HEALTH CARE	23,644	10,149	0	9,306	0	194.03
194.04	SJMH SHARED SERVICES	5,246	1,386	0	0	0	194.04
194.05	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.05
194.06	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.06
194.07	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.07
194.08	REHAB HOSPITAL	0	0	0	0	0	194.08
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)	126,846	34,079	1,325,117	683,072	585,565	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 260020 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part II Date/Time Prepared: 1/26/2012 1:32 pm

	Cost Center Description	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE		
		14.00	15.00	16.00	17.00		
	GENERAL SERVICE COST CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	OTHER BUILDING-MOB						1.01
1.02	OTHER BUILDING-CANCER CENTER						1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
2.01	NEW CAP REL COSTS-MVBLE EQUIP-MOB						2.01
2.02	NEW CAP REL COSTS-MVBLE EQUIP-CANCER						2.02
4.00	EMPLOYEE BENEFITS						4.00
5.02	PURCHASING						5.02
5.03	ADMITTING						5.03
5.04	OTHER ADMINISTRATIVE AND GENERAL						5.04
6.00	MAINTENANCE & REPAIRS						6.00
7.00	OPERATION OF PLANT						7.00
7.01	OTHER BUILDING-MOB						7.01
7.02	OTHER BUILDING-CANCER CENTER						7.02
7.03	HEART HOSPITAL						7.03
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
9.01	HOUSEKEEPING-MED CENTER						9.01
9.02	HOUSEKEEPING-MOB						9.02
9.03	HOUSEKEEPING-CANCER CENTER						9.03
10.00	DIETARY						10.00
11.00	CAFETERIA						11.00
13.00	NURSING ADMINISTRATION						13.00
14.00	CENTRAL SERVICES & SUPPLY	789,662					14.00
15.00	PHARMACY	0	844,436				15.00
16.00	MEDICAL RECORDS & LIBRARY	0	0	147,473			16.00
17.00	SOCIAL SERVICE	0	0	0	258,782		17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0		21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	612	0		22.00
23.00	PARAMED ED PRGM	0	0	0	0		23.00
23.01	RADIOLOGY SCHOOL	0	0	0	0		23.01
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	0	0	10,181	119,395		30.00
31.00	INTENSIVE CARE UNIT	0	0	9,697	32,119		31.00
32.00	CORONARY CARE UNIT	0	0	1,397	25,371		32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	904	4,211		33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	876	2,537		34.00
35.00	NEONATAL INTENSIVE CARE UNIT	0	0	5,846	15,223		35.00
40.00	SUBPROVIDER - IPF	0	0	831	25,371		40.00
41.00	SUBPROVIDER - IRF	0	0	0	0		41.00
42.00	SUBPROVIDER	0	0	0	0		42.00
43.00	NURSERY	0	0	785	6,394		43.00
44.00	SKILLED NURSING FACILITY	0	0	1,221	0		44.00
46.00	OTHER LONG TERM CARE	0	0	214	0		46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	0	5,986	0		50.00
51.00	RECOVERY ROOM	0	0	1,788	0		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	2,904	1,066		52.00
53.00	ANESTHESIOLOGY	0	0	2,217	0		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	7,107	0		54.00
54.01	ULTRASOUND	0	0	2,056	0		54.01
55.00	RADIOLOGY-THERAPEUTIC	0	0	3,420	0		55.00
56.00	RADIOISOTOPE	0	0	2,628	0		56.00
56.01	ONCOLOGY	0	0	0	0		56.01
57.00	CT SCAN	0	0	7,180	0		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	2,455	0		58.00
59.00	CARDIAC CATHETERIZATION	0	0	3,208	5,074		59.00
60.00	LABORATORY	0	0	17,261	0		60.00
60.01	LABORATORY-PATHOLOGICAL	0	0	0	0		60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	1,444	0		62.00
65.00	RESPIRATORY THERAPY	0	0	2,962	0		65.00
66.00	PHYSICAL THERAPY	0	0	1,885	0		66.00
69.00	ELECTROCARDIOLOGY	0	0	7,523	0		69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	389,050	0	0	0		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	400,612	0	4,938	0		72.00
73.00	DRUGS CHARGED TO PATIENTS	0	844,436	22,514	0		73.00
74.00	RENAL DIALYSIS	0	0	280	1,725		74.00
75.00	ASC (NON-DISTINCT PART)	0	0	1,134	5,074		75.00
76.00	CARDIAC REHAB	0	0	72	0		76.00
76.01	GI LAB	0	0	2,640	0		76.01
76.02	ECT	0	0	186	0		76.02
76.03	O/P PSYCH	0	0	217	10,148		76.03

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 260020 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part II Date/Time Prepared: 1/26/2012 1:32 pm

	Cost Center Description	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE		
		14.00	15.00	16.00	17.00		
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0		89.00
90.00	CLINIC	0	0	927	0		90.00
90.01	HYPERBARIC/OP WOUND	0	0	112	0		90.01
91.00	EMERGENCY	0	0	8,477	5,074		91.00
91.02	NATURAL FAMILY PLANNING	0	0	0	0		91.02
91.03	PAIN THERAPY CENTER	0	0	0	0		91.03
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	AMBULATORY CARE UNIT	0	0	1,386	0		92.01
	OTHER REIMBURSABLE COST CENTERS						
95.00	AMBULANCE SERVICES	0	0	2	0		95.00
99.10	CORF	0	0	0	0		99.10
	SPECIAL PURPOSE COST CENTERS						
109.00	PANCREAS ACQUISITION	0	0	0	0		109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0		110.00
111.00	ISLET ACQUISITION	0	0	0	0		111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	789,662	844,436	147,473	258,782		118.00
	NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		190.00
190.01	VENDING MACHINES	0	0	0	0		190.01
190.02	VISITOR MEALS	0	0	0	0		190.02
191.00	RESEARCH	0	0	0	0		191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0		192.00
193.00	NONPAID WORKERS	0	0	0	0		193.00
193.01	MEALS ON WHEELS	0	0	0	0		193.01
193.03	CONVENT	0	0	0	0		193.03
193.06	VACANT SPACE	0	0	0	0		193.06
193.07	SALES & SERVICE-PHYSICIAN PRACTICE	0	0	0	0		193.07
194.00	NEIGHBORHOOD MINISTRIES	0	0	0	0		194.00
194.01	HOSPICE	0	0	0	0		194.01
194.02	SHARED SERVICES	0	0	0	0		194.02
194.03	ST. JOHN'S MERCY HEALTH CARE	0	0	0	0		194.03
194.04	SJMH SHARED SERVICES	0	0	0	0		194.04
194.05	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0		194.05
194.06	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0		194.06
194.07	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0		194.07
194.08	REHAB HOSPITAL	0	0	0	0		194.08
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)	789,662	844,436	147,473	258,782		202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 260020 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part II Date/Time Prepared: 1/26/2012 1:32 pm

	Cost Center Description	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	PARAMED ED PRGM	RADIOLOGY SCHOOL	Subtotal	
		21.00	22.00	23.00	23.01	24.00	
	GENERAL SERVICE COST CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	OTHER BUILDING-MOB						1.01
1.02	OTHER BUILDING-CANCER CENTER						1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
2.01	NEW CAP REL COSTS-MVBLE EQUIP-MOB						2.01
2.02	NEW CAP REL COSTS-MVBLE EQUIP-CANCER						2.02
4.00	EMPLOYEE BENEFITS						4.00
5.02	PURCHASING						5.02
5.03	ADMITTING						5.03
5.04	OTHER ADMINISTRATIVE AND GENERAL						5.04
6.00	MAINTENANCE & REPAIRS						6.00
7.00	OPERATION OF PLANT						7.00
7.01	OTHER BUILDING-MOB						7.01
7.02	OTHER BUILDING-CANCER CENTER						7.02
7.03	HEART HOSPITAL						7.03
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
9.01	HOUSEKEEPING-MED CENTER						9.01
9.02	HOUSEKEEPING-MOB						9.02
9.03	HOUSEKEEPING-CANCER CENTER						9.03
10.00	DIETARY						10.00
11.00	CAFETERIA						11.00
13.00	NURSING ADMINISTRATION						13.00
14.00	CENTRAL SERVICES & SUPPLY						14.00
15.00	PHARMACY						15.00
16.00	MEDICAL RECORDS & LIBRARY						16.00
17.00	SOCIAL SERVICE						17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	234,609					21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD		438,629				22.00
23.00	PARAMED ED PRGM			24,773			23.00
23.01	RADIOLOGY SCHOOL				4,320		23.01
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS					7,860,735	30.00
31.00	INTENSIVE CARE UNIT					4,577,877	31.00
32.00	CORONARY CARE UNIT					1,732,192	32.00
33.00	BURN INTENSIVE CARE UNIT					238,292	33.00
34.00	SURGICAL INTENSIVE CARE UNIT					420,932	34.00
35.00	NEONATAL INTENSIVE CARE UNIT					2,708,507	35.00
40.00	SUBPROVIDER - IPF					889,402	40.00
41.00	SUBPROVIDER - IRF					0	41.00
42.00	SUBPROVIDER					0	42.00
43.00	NURSERY					288,217	43.00
44.00	SKILLED NURSING FACILITY					702,233	44.00
46.00	OTHER LONG TERM CARE					508,528	46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM					5,519,374	50.00
51.00	RECOVERY ROOM					189,021	51.00
52.00	DELIVERY ROOM & LABOR ROOM					1,369,633	52.00
53.00	ANESTHESIOLOGY					709,632	53.00
54.00	RADIOLOGY-DIAGNOSTIC					5,120,620	54.00
54.01	ULTRASOUND					724,961	54.01
55.00	RADIOLOGY-THERAPEUTIC					4,150,290	55.00
56.00	RADIOISOTOPE					865,550	56.00
56.01	ONCOLOGY					0	56.01
57.00	CT SCAN					915,385	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)					1,439,385	58.00
59.00	CARDIAC CATHETERIZATION					1,650,670	59.00
60.00	LABORATORY					1,761,119	60.00
60.01	LABORATORY-PATHOLOGICAL					0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS					324,022	62.00
65.00	RESPIRATORY THERAPY					920,438	65.00
66.00	PHYSICAL THERAPY					1,127,432	66.00
69.00	ELECTROCARDIOLOGY					1,750,749	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS					1,040,860	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT					1,085,078	72.00
73.00	DRUGS CHARGED TO PATIENTS					1,905,017	73.00
74.00	RENAL DIALYSIS					183,616	74.00
75.00	ASC (NON-DISTINCT PART)					1,678,937	75.00
76.00	CARDIAC REHAB					152,488	76.00
76.01	GI LAB					811,981	76.01
76.02	ECT					56,436	76.02

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 260020 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part II Date/Time Prepared: 1/26/2012 1:32 pm

	Cost Center Description	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	PARAMED ED PRGM	RADIOLOGY SCHOOL	Subtotal	
		21.00	22.00	23.00	23.01	24.00	
76.03	O/P PSYCH					385,488	76.03
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC					0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER					0	89.00
90.00	CLINIC					659,314	90.00
90.01	HYPERBARIC/OP WOUND					124,530	90.01
91.00	EMERGENCY					1,672,698	91.00
91.02	NATURAL FAMILY PLANNING					0	91.02
91.03	PAIN THERAPY CENTER					0	91.03
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	AMBULATORY CARE UNIT					389,524	92.01
	OTHER REIMBURSABLE COST CENTERS						
95.00	AMBULANCE SERVICES					757	95.00
99.10	CORF					0	99.10
	SPECIAL PURPOSE COST CENTERS						
109.00	PANCREAS ACQUISITION					0	109.00
110.00	INTESTINAL ACQUISITION					0	110.00
111.00	ISLET ACQUISITION					0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	58,611,920	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN					180,440	190.00
190.01	VENDING MACHINES					0	190.01
190.02	VISITOR MEALS					0	190.02
191.00	RESEARCH					199,372	191.00
192.00	PHYSICIANS' PRIVATE OFFICES					3,182,553	192.00
193.00	NONPAID WORKERS					100,372	193.00
193.01	MEALS ON WHEELS					5,852	193.01
193.03	CONVENT					0	193.03
193.06	VACANT SPACE					0	193.06
193.07	SALES & SERVICE-PHYSICIAN PRACTICE					0	193.07
194.00	NEIGHBORHOOD MINISTRIES					49,368	194.00
194.01	HOSPICE					1,338	194.01
194.02	SHARED SERVICES					128	194.02
194.03	ST. JOHN'S MERCY HEALTH CARE					4,302,041	194.03
194.04	SJMH SHARED SERVICES					5,536,761	194.04
194.05	OTHER NONREIMBURSABLE COST CENTERS					0	194.05
194.06	OTHER NONREIMBURSABLE COST CENTERS					0	194.06
194.07	OTHER NONREIMBURSABLE COST CENTERS					0	194.07
194.08	REHAB HOSPITAL					539,622	194.08
200.00	Cross Foot Adjustments	234,609	438,629	24,773	4,320	702,331	200.00
201.00	Negative Cost Centers	0	0	0	0	22,009	201.00
202.00	TOTAL (sum lines 118-201)	234,609	438,629	24,773	4,320	73,434,107	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 260020 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part II Date/Time Prepared: 1/26/2012 1:32 pm

	Cost Center Description	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		25.00	26.00		
	GENERAL SERVICE COST CENTERS				
1.00	NEW CAP REL COSTS-BLDG & FIXT				1.00
1.01	OTHER BUILDING-MOB				1.01
1.02	OTHER BUILDING-CANCER CENTER				1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP				2.00
2.01	NEW CAP REL COSTS-MVBLE EQUIP-MOB				2.01
2.02	NEW CAP REL COSTS-MVBLE EQUIP-CANCER				2.02
4.00	EMPLOYEE BENEFITS				4.00
5.02	PURCHASING				5.02
5.03	ADMITTING				5.03
5.04	OTHER ADMINISTRATIVE AND GENERAL				5.04
6.00	MAINTENANCE & REPAIRS				6.00
7.00	OPERATION OF PLANT				7.00
7.01	OTHER BUILDING-MOB				7.01
7.02	OTHER BUILDING-CANCER CENTER				7.02
7.03	HEART HOSPITAL				7.03
8.00	LAUNDRY & LINEN SERVICE				8.00
9.00	HOUSEKEEPING				9.00
9.01	HOUSEKEEPING-MED CENTER				9.01
9.02	HOUSEKEEPING-MOB				9.02
9.03	HOUSEKEEPING-CANCER CENTER				9.03
10.00	DIETARY				10.00
11.00	CAFETERIA				11.00
13.00	NURSING ADMINISTRATION				13.00
14.00	CENTRAL SERVICES & SUPPLY				14.00
15.00	PHARMACY				15.00
16.00	MEDICAL RECORDS & LIBRARY				16.00
17.00	SOCIAL SERVICE				17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD				21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD				22.00
23.00	PARAMED ED PRGM				23.00
23.01	RADIOLOGY SCHOOL				23.01
	INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	0	7,860,735		30.00
31.00	INTENSIVE CARE UNIT	0	4,577,877		31.00
32.00	CORONARY CARE UNIT	0	1,732,192		32.00
33.00	BURN INTENSIVE CARE UNIT	0	238,292		33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	420,932		34.00
35.00	NEONATAL INTENSIVE CARE UNIT	0	2,708,507		35.00
40.00	SUBPROVIDER - IPF	0	889,402		40.00
41.00	SUBPROVIDER - IRF	0	0		41.00
42.00	SUBPROVIDER	0	0		42.00
43.00	NURSERY	0	288,217		43.00
44.00	SKILLED NURSING FACILITY	0	702,233		44.00
46.00	OTHER LONG TERM CARE	0	508,528		46.00
	ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0	5,519,374		50.00
51.00	RECOVERY ROOM	0	189,021		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	1,369,633		52.00
53.00	ANESTHESIOLOGY	0	709,632		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	5,120,620		54.00
54.01	ULTRASOUND	0	724,961		54.01
55.00	RADIOLOGY-THERAPEUTIC	0	4,150,290		55.00
56.00	RADIOISOTOPE	0	865,550		56.00
56.01	ONCOLOGY	0	0		56.01
57.00	CT SCAN	0	915,385		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	1,439,385		58.00
59.00	CARDIAC CATHETERIZATION	0	1,650,670		59.00
60.00	LABORATORY	0	1,761,119		60.00
60.01	LABORATORY-PATHOLOGICAL	0	0		60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	324,022		62.00
65.00	RESPIRATORY THERAPY	0	920,438		65.00
66.00	PHYSICAL THERAPY	0	1,127,432		66.00
69.00	ELECTROCARDIOLOGY	0	1,750,749		69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,040,860		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	1,085,078		72.00
73.00	DRUGS CHARGED TO PATIENTS	0	1,905,017		73.00
74.00	RENAL DIALYSIS	0	183,616		74.00
75.00	ASC (NON-DISTINCT PART)	0	1,678,937		75.00
76.00	CARDIAC REHAB	0	152,488		76.00
76.01	GI LAB	0	811,981		76.01

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 260020 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part II Date/Time Prepared: 1/26/2012 1:32 pm

	Cost Center Description	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		25.00	26.00		
76.02	ECT	0	56,436		76.02
76.03	O/P PSYCH	0	385,488		76.03
	OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC	0	0		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00	CLINIC	0	659,314		90.00
90.01	HYPERBARIC/OP WOUND	0	124,530		90.01
91.00	EMERGENCY	0	1,672,698		91.00
91.02	NATURAL FAMILY PLANNING	0	0		91.02
91.03	PAIN THERAPY CENTER	0	0		91.03
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0			92.00
92.01	AMBULATORY CARE UNIT	0	389,524		92.01
	OTHER REIMBURSABLE COST CENTERS				
95.00	AMBULANCE SERVICES	0	757		95.00
99.10	CORF	0	0		99.10
	SPECIAL PURPOSE COST CENTERS				
109.00	PANCREAS ACQUISITION	0	0		109.00
110.00	INTESTINAL ACQUISITION	0	0		110.00
111.00	ISLET ACQUISITION	0	0		111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	58,611,920		118.00
	NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	180,440		190.00
190.01	VENDING MACHINES	0	0		190.01
190.02	VISITOR MEALS	0	0		190.02
191.00	RESEARCH	0	199,372		191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	3,182,553		192.00
193.00	NONPAID WORKERS	0	100,372		193.00
193.01	MEALS ON WHEELS	0	5,852		193.01
193.03	CONVENT	0	0		193.03
193.06	VACANT SPACE	0	0		193.06
193.07	SALES & SERVICE-PHYSICIAN PRACTICE	0	0		193.07
194.00	NEIGHBORHOOD MINISTRIES	0	49,368		194.00
194.01	HOSPICE	0	1,338		194.01
194.02	SHARED SERVICES	0	128		194.02
194.03	ST. JOHN'S MERCY HEALTH CARE	0	4,302,041		194.03
194.04	SJMH SHARED SERVICES	0	5,536,761		194.04
194.05	OTHER NONREIMBURSABLE COST CENTERS	0	0		194.05
194.06	OTHER NONREIMBURSABLE COST CENTERS	0	0		194.06
194.07	OTHER NONREIMBURSABLE COST CENTERS	0	0		194.07
194.08	REHAB HOSPITAL	0	539,622		194.08
200.00	Cross Foot Adjustments	0	702,331		200.00
201.00	Negative Cost Centers	0	22,009		201.00
202.00	TOTAL (sum lines 118-201)	0	73,434,107		202.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 260020 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B-1 | Date/Time Prepared: 1/26/2012 1:32 pm

	Cost Center Description	CAPITAL RELATED COSTS					
		NEW BLDG & FIXT (SQUARE FEET)	OTHER BUILDING-MOB (SQUARE FEET)	OTHER BUILDING-CANCER CENTER (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)	NEW MVBLE EQUIP-MOB (DOLLAR VALUE)	
		1.00	1.01	1.02	2.00	2.01	
	GENERAL SERVICE COST CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1,957,054					1.00
1.01	OTHER BUILDING-MOB	0	293,990				1.01
1.02	OTHER BUILDING-CANCER CENTER	0	0	97,470			1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP				23,621,560		2.00
2.01	NEW CAP REL COSTS-MVBLE EQUIP-MOB				0	879,981	2.01
2.02	NEW CAP REL COSTS-MVBLE EQUIP-CANCER				0	0	2.02
4.00	EMPLOYEE BENEFITS	11,262	0	1,715	9,986	0	4.00
5.02	PURCHASING	4,017	0	0	3,572	0	5.02
5.03	ADMITTING	7,235	95	0	10,553	139	5.03
5.04	OTHER ADMINISTRATIVE AND GENERAL	31,245	15,819	5,635	2,355,660	9,568	5.04
6.00	MAINTENANCE & REPAIRS	224,502	13,257	11,346	154,600	9,298	6.00
7.00	OPERATION OF PLANT	5,791	0	43	831,526	0	7.00
7.01	OTHER BUILDING-MOB	2,372	0	0	0	7,375	7.01
7.02	OTHER BUILDING-CANCER CENTER	0	0	0	0	0	7.02
7.03	HEART HOSPITAL	0	0	0	0	0	7.03
8.00	LAUNDRY & LINEN SERVICE	5,430	0	0	17,700	0	8.00
9.00	HOUSEKEEPING	16,559	1,877	557	391,306	44,355	9.00
9.01	HOUSEKEEPING-MED CENTER	0	0	0	0	0	9.01
9.02	HOUSEKEEPING-MOB	0	0	0	0	0	9.02
9.03	HOUSEKEEPING-CANCER CENTER	0	0	0	0	0	9.03
10.00	DIETARY	41,135	1,968	1,262	256,453	2,585	10.00
11.00	CAFETERIA	0	0	0	0	0	11.00
13.00	NURSING ADMINISTRATION	7,814	0	0	263,914	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	19,786	0	0	294,291	0	14.00
15.00	PHARMACY	12,311	0	1,312	238,141	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	4,857	0	682	0	0	16.00
17.00	SOCIAL SERVICE	5,851	0	0	10,391	0	17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	3,621	0	0	624	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	3,707	7,175	0	11,661	45,422	22.00
23.00	PARAMED ED PRGM	906	0	0	1,883	0	23.00
23.01	RADIOLOGY SCHOOL	0	0	0	175	0	23.01
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	250,604	664	0	1,074,695	32,926	30.00
31.00	INTENSIVE CARE UNIT	115,255	0	0	1,239,778	0	31.00
32.00	CORONARY CARE UNIT	31,673	0	0	879,303	0	32.00
33.00	BURN INTENSIVE CARE UNIT	4,558	0	0	74,496	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	14,721	0	0	32,053	0	34.00
35.00	NEONATAL INTENSIVE CARE UNIT	64,404	0	0	968,771	0	35.00
40.00	SUBPROVIDER - IPF	29,507	0	0	26,463	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	4,187	0	0	7,055	0	43.00
44.00	SKILLED NURSING FACILITY	21,956	0	0	93,155	0	44.00
46.00	OTHER LONG TERM CARE	21,268	0	0	16,334	0	46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	94,289	0	0	2,941,942	0	50.00
51.00	RECOVERY ROOM	5,669	0	0	6,126	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	38,386	0	0	260,393	0	52.00
53.00	ANESTHESIOLOGY	3,663	0	0	588,038	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	52,428	15,083	2,456	3,049,131	527,421	54.00
54.01	ULTRASOUND	12,849	0	0	400,153	0	54.01
55.00	RADIOLOGY-THERAPEUTIC	7,978	0	19,490	469,324	0	55.00
56.00	RADIOISOTOPE	13,434	0	1,860	433,033	0	56.00
56.01	ONCOLOGY	0	0	0	0	0	56.01
57.00	CT SCAN	3,703	0	3,116	384,225	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	8,707	0	0	1,224,336	0	58.00
59.00	CARDIAC CATHETERIZATION	28,271	0	0	944,740	0	59.00
60.00	LABORATORY	40,291	2,157	0	408,919	6,272	60.00
60.01	LABORATORY-PATHOLOGICAL	0	0	0	0	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	7,807	0	0	27,960	0	62.00
65.00	RESPIRATORY THERAPY	12,921	1,859	0	332,420	75,238	65.00
66.00	PHYSICAL THERAPY	35,492	7,098	1,477	64,243	47,624	66.00
69.00	ELECTROCARDIOLOGY	29,700	1,887	0	814,707	65,730	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	RENAL DIALYSIS	3,302	0	0	53,487	0	74.00
75.00	ASC (NON-DISTINCT PART)	42,976	0	0	678,952	0	75.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 260020 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B-1 | Date/Time Prepared: 1/26/2012 1:32 pm

	Cost Center Description	CAPITAL RELATED COSTS					
		NEW BLDG & FIXT (SQUARE FEET)	OTHER BUILDING-MOB (SQUARE FEET)	OTHER BUILDING-CANCER CENTER (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)	NEW MVBLE EQUIP-MOB (DOLLAR VALUE)	
		1.00	1.01	1.02	2.00	2.01	
76.00	CARDIAC REHAB	5,194	0	0	25,975	0	76.00
76.01	GI LAB	15,020	0	0	438,123	0	76.01
76.02	ECT	2,136	0	0	7,236	0	76.02
76.03	O/P PSYCH	16,995	0	0	10,822	0	76.03
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	17,627	0	5,252	55,009	0	90.00
90.01	HYPERBARIC/OP WOUND	3,664	0	0	36,399	0	90.01
91.00	EMERGENCY	42,930	0	0	408,243	0	91.00
91.02	NATURAL FAMILY PLANNING	0	0	0	0	0	91.02
91.03	PAIN THERAPY CENTER	0	0	0	0	0	91.03
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	AMBULATORY CARE UNIT	17,037	0	0	21,387	0	92.01
	OTHER REIMBURSABLE COST CENTERS						
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00
99.10	CORF	0	0	0	0	0	99.10
	SPECIAL PURPOSE COST CENTERS						
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,529,003	68,939	56,203	23,349,862	873,953	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	628	0	0	1,106	0	190.00
190.01	VENDING MACHINES	0	0	0	0	0	190.01
190.02	VISITOR MEALS	0	0	0	0	0	190.02
191.00	RESEARCH	978	3,353	3,465	40,580	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	85,900	161,811	11,341	60,105	6,028	192.00
193.00	NONPAID WORKERS	4,919	0	0	242	0	193.00
193.01	MEALS ON WHEELS	0	0	0	0	0	193.01
193.03	CONVENT	0	0	0	0	0	193.03
193.06	VACANT SPACE	0	0	0	0	0	193.06
193.07	SALES & SERVICE-PHYSICIAN PRACTICE	0	0	0	0	0	193.07
194.00	NEIGHBORHOOD MINISTRIES	2,100	0	0	884	0	194.00
194.01	HOSPICE	0	0	0	0	0	194.01
194.02	SHARED SERVICES	0	0	0	0	0	194.02
194.03	ST. JOHN'S MERCY HEALTH CARE	160,957	49,013	23,282	168,781	0	194.03
194.04	SJMH SHARED SERVICES	172,569	10,874	3,179	0	0	194.04
194.05	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.05
194.06	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.06
194.07	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.07
194.08	REHAB HOSPITAL	0	0	0	0	0	194.08
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	30,802,189	1,691,825	1,937,352	23,406,694	871,925	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	15.739059	5.754703	19.876393	0.990904	0.990845	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)						204.00
205.00	Unit cost multiplier (Wkst. B, Part II)						205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 260020 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B-1 | Date/Time Prepared: 1/26/2012 1:32 pm

	Cost Center Description	CAPITAL RELATED COSTS NEW MVBLE EQUIP-CANCER (DOLLAR VALUE)	EMPLOYEE BENEFITS (GROSS SALARIES)	PURCHASING (PURCHASING G)	ADMITTING (GROSS REVENUE)	Reconciliation	
		2.02	4.00	5.02	5.03	5A.04	
	GENERAL SERVICE COST CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	OTHER BUILDING-MOB						1.01
1.02	OTHER BUILDING-CANCER CENTER						1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
2.01	NEW CAP REL COSTS-MVBLE EQUIP-MOB						2.01
2.02	NEW CAP REL COSTS-MVBLE EQUIP-CANCER	3,403,615					2.02
4.00	EMPLOYEE BENEFITS	0	286,414,980				4.00
5.02	PURCHASING	0	174,533	148,774,611			5.02
5.03	ADMITTING	0	4,251,002	217,498	2,614,249,866		5.03
5.04	OTHER ADMINISTRATIVE AND GENERAL	3,226	5,696,500	850,444	0	-170,946,708	5.04
6.00	MAINTENANCE & REPAIRS	7,256	3,075,994	373,756	0	0	6.00
7.00	OPERATION OF PLANT	307	1,353,556	50,416	0	0	7.00
7.01	OTHER BUILDING-MOB	0	1,553	19,175	0	0	7.01
7.02	OTHER BUILDING-CANCER CENTER	21,986	405	6,870	0	81,050	7.02
7.03	HEART HOSPITAL	0	0	0	0	0	7.03
8.00	LAUNDRY & LINEN SERVICE	0	221,956	830,563	0	0	8.00
9.00	HOUSEKEEPING	13,162	5,410,732	925,011	0	0	9.00
9.01	HOUSEKEEPING-MED CENTER	0	0	0	0	0	9.01
9.02	HOUSEKEEPING-MOB	0	0	0	0	0	9.02
9.03	HOUSEKEEPING-CANCER CENTER	0	0	0	0	0	9.03
10.00	DIETARY	904	6,091,557	6,136,593	1,132,840	0	10.00
11.00	CAFETERIA	0	0	0	0	0	11.00
13.00	NURSING ADMINISTRATION	0	5,097,788	128,720	0	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	2,551,437	292,840	0	0	14.00
15.00	PHARMACY	0	9,915,454	39,015,432	0	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	648,183	7,046	0	0	16.00
17.00	SOCIAL SERVICE	0	3,715,293	40,115	0	0	17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	4,453,148	7,371	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	8,714,077	40,877	10,732,775	0	22.00
23.00	PARAMED ED PRGM	0	183,338	2,111	0	0	23.00
23.01	RADIOLOGY SCHOOL	0	190,958	2,332	0	0	23.01
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	0	48,525,335	2,763,016	178,617,962	0	30.00
31.00	INTENSIVE CARE UNIT	0	20,772,669	3,245,401	170,130,757	0	31.00
32.00	CORONARY CARE UNIT	0	6,886,093	498,504	24,506,651	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	1,373,475	510,906	15,865,770	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	1,760,805	166,886	15,367,002	0	34.00
35.00	NEONATAL INTENSIVE CARE UNIT	0	11,232,454	1,125,974	102,554,391	0	35.00
40.00	SUBPROVIDER - IPF	0	5,861,711	83,574	14,571,224	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	5,869,040	441,388	13,780,167	0	43.00
44.00	SKILLED NURSING FACILITY	0	5,018,230	0	21,423,353	0	44.00
46.00	OTHER LONG TERM CARE	0	2,064,699	0	3,756,432	0	46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	16,775,898	46,849,424	105,012,464	0	50.00
51.00	RECOVERY ROOM	0	2,068,641	106,762	31,361,588	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	8,434,537	1,844,459	50,948,780	0	52.00
53.00	ANESTHESIOLOGY	0	609,724	3,822,647	38,901,875	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	23,432	7,359,081	2,590,289	124,684,578	0	54.00
54.01	ULTRASOUND	0	1,605,283	71,212	36,067,597	0	54.01
55.00	RADIOLOGY-THERAPEUTIC	2,891,478	2,389,067	259,416	60,007,067	0	55.00
56.00	RADIOISOTOPE	69,988	1,269,507	1,902,120	46,098,793	0	56.00
56.01	ONCOLOGY	0	0	0	0	0	56.01
57.00	CT SCAN	323,318	1,052,921	1,001,967	125,967,239	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	590,751	330,451	43,065,812	0	58.00
59.00	CARDIAC CATHETERIZATION	0	2,450,623	4,120,526	56,274,814	0	59.00
60.00	LABORATORY	0	9,019,549	4,859,957	302,825,819	0	60.00
60.01	LABORATORY-PATHOLOGICAL	0	0	0	0	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	2,555,435	2,050,630	25,340,410	0	62.00
65.00	RESPIRATORY THERAPY	0	6,966,993	1,586,776	51,971,639	0	65.00
66.00	PHYSICAL THERAPY	0	6,512,567	562,914	33,067,086	0	66.00
69.00	ELECTROCARDIOLOGY	0	5,690,017	9,377,234	131,984,266	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	86,623,650	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	400,873,282	0	73.00
74.00	RENAL DIALYSIS	0	820,067	209,266	4,907,403	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	3,447,499	747,085	19,886,286	0	75.00
76.00	CARDIAC REHAB	0	734,197	18,141	1,265,191	0	76.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 260020 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B-1 | Date/Time Prepared: 1/26/2012 1:32 pm

	Cost Center Description	CAPITAL RELATED COSTS NEW MVBLE EQUIP-CANCER (DOLLAR VALUE)	EMPLOYEE BENEFITS (GROSS SALARIES)	PURCHASING (PURCHASING G)	ADMITTING (GROSS REVENUE)	Reconciliation	
		2.02	4.00	5.02	5.03	5A.04	
76.01	GI LAB	0	1,855,039	1,287,860	46,312,025	0	76.01
76.02	ECT	0	177,233	56,792	3,258,821	0	76.02
76.03	O/P PSYCH	0	584,595	33,063	3,807,041	0	76.03
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	48,558	4,040,465	4,130,184	16,257,136	0	90.00
90.01	HYPERBARIC/OP WOUND	0	368,094	110,249	1,962,881	0	90.01
91.00	EMERGENCY	0	16,997,371	1,711,176	148,720,469	0	91.00
91.02	NATURAL FAMILY PLANNING	0	0	0	0	0	91.02
91.03	PAIN THERAPY CENTER	0	0	0	0	0	91.03
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	AMBULATORY CARE UNIT	0	756,258	93,768	24,310,554	0	92.01
	OTHER REIMBURSABLE COST CENTERS						
95.00	AMBULANCE SERVICES	0	0	0	35,474	0	95.00
99.10	CORF	0	0	0	0	0	99.10
	SPECIAL PURPOSE COST CENTERS						
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	3,403,615	276,243,387	147,517,187	2,594,239,364	-170,865,658	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	52,531	56,453	0	0	190.00
190.01	VENDING MACHINES	0	0	0	0	0	190.01
190.02	VISITOR MEALS	0	0	0	0	0	190.02
191.00	RESEARCH	0	1,301,937	29,391	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	1,949,280	839,911	20,010,502	0	192.00
193.00	NONPAID WORKERS	0	72,047	19,858	0	0	193.00
193.01	MEALS ON WHEELS	0	0	0	0	0	193.01
193.03	CONVENT	0	0	0	0	0	193.03
193.06	VACANT SPACE	0	0	0	0	0	193.06
193.07	SALES & SERVICE-PHYSICIAN PRACTICE	0	0	0	0	0	193.07
194.00	NEIGHBORHOOD MINISTRIES	0	190,085	4,497	0	0	194.00
194.01	HOSPICE	0	16	1,519	0	0	194.01
194.02	SHARED SERVICES	0	4,613	0	0	0	194.02
194.03	ST. JOHN'S MERCY HEALTH CARE	0	6,601,084	305,795	0	0	194.03
194.04	SJMH SHARED SERVICES	0	0	0	0	0	194.04
194.05	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.05
194.06	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.06
194.07	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.07
194.08	REHAB HOSPITAL	0	0	0	0	0	194.08
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)	3,406,776	78,977,633	511,753	5,878,463		202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	1.000929	0.275745	0.003440	0.002249		203.00
204.00	Cost to be allocated (per Wkst. B, Part II)		221,236	66,899	128,394		204.00
205.00	Unit cost multiplier (Wkst. B, Part II)		0.000772	0.000450	0.000049		205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 260020 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B-1 | Date/Time Prepared: 1/26/2012 1:32 pm

	Cost Center Description	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	OTHER BUILDING-MOB (SQUARE FEET)	OTHER BUILDING-CANCER CENTER (SQUARE FEET)	
		5.04	6.00	7.00	7.01	7.02	
	GENERAL SERVICE COST CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	OTHER BUILDING-MOB						1.01
1.02	OTHER BUILDING-CANCER CENTER						1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
2.01	NEW CAP REL COSTS-MVBLE EQUIP-MOB						2.01
2.02	NEW CAP REL COSTS-MVBLE EQUIP-CANCER						2.02
4.00	EMPLOYEE BENEFITS						4.00
5.02	PURCHASING						5.02
5.03	ADMITTING						5.03
5.04	OTHER ADMINISTRATIVE AND GENERAL	679,794,341					5.04
6.00	MAINTENANCE & REPAIRS	11,298,952	1,678,793				6.00
7.00	OPERATION OF PLANT	12,058,749	5,791	1,673,002			7.00
7.01	OTHER BUILDING-MOB	1,782,656	2,372	2,372	264,819		7.01
7.02	OTHER BUILDING-CANCER CENTER	0	0	0	0	78,731	7.02
7.03	HEART HOSPITAL	0	0	0	0	0	7.03
8.00	LAUNDRY & LINEN SERVICE	2,879,865	5,430	5,430	0	0	8.00
9.00	HOUSEKEEPING	7,590,244	16,559	16,559	1,877	557	9.00
9.01	HOUSEKEEPING-MED CENTER	0	0	0	0	0	9.01
9.02	HOUSEKEEPING-MOB	0	0	0	0	0	9.02
9.03	HOUSEKEEPING-CANCER CENTER	0	0	0	0	0	9.03
10.00	DIETARY	10,467,560	41,135	41,135	1,968	1,262	10.00
11.00	CAFETERIA	0	0	0	0	0	11.00
13.00	NURSING ADMINISTRATION	7,501,238	7,814	7,814	0	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	4,544,612	19,786	19,786	0	0	14.00
15.00	PHARMACY	13,933,470	12,311	12,311	0	1,312	15.00
16.00	MEDICAL RECORDS & LIBRARY	1,699,024	4,857	4,857	0	682	16.00
17.00	SOCIAL SERVICE	5,696,047	5,851	5,851	0	0	17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	6,768,450	3,621	3,621	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	11,489,500	3,707	3,707	7,175	0	22.00
23.00	PARAMED ED PRGM	221,478	906	906	0	0	23.00
23.01	RADIOLOGY SCHOOL	170,037	0	0	0	0	23.01
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	51,859,678	250,604	250,604	664	0	30.00
31.00	INTENSIVE CARE UNIT	32,289,104	115,255	115,255	0	0	31.00
32.00	CORONARY CARE UNIT	7,725,779	31,673	31,673	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	2,212,739	4,558	4,558	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	2,702,268	14,721	14,721	0	0	34.00
35.00	NEONATAL INTENSIVE CARE UNIT	17,658,450	64,404	64,404	0	0	35.00
40.00	SUBPROVIDER - IPF	7,674,368	29,507	29,507	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	7,872,212	4,187	4,187	0	0	43.00
44.00	SKILLED NURSING FACILITY	7,421,317	21,956	21,956	0	0	44.00
46.00	OTHER LONG TERM CARE	3,292,084	21,268	21,268	0	0	46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	28,986,179	94,289	94,289	0	0	50.00
51.00	RECOVERY ROOM	2,881,944	5,669	5,669	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	12,723,996	38,386	38,386	0	0	52.00
53.00	ANESTHESIOLOGY	2,160,161	3,663	3,663	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	16,109,693	52,428	52,428	15,083	2,456	54.00
54.01	ULTRASOUND	2,929,312	12,849	12,849	0	0	54.01
55.00	RADIOLOGY-THERAPEUTIC	10,591,005	7,978	7,978	0	19,490	55.00
56.00	RADIOISOTOPE	2,706,615	13,434	13,434	0	1,860	56.00
56.01	ONCOLOGY	0	0	0	0	0	56.01
57.00	CT SCAN	2,661,234	3,703	3,703	0	3,116	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	2,289,723	8,707	8,707	0	0	58.00
59.00	CARDIAC CATHETERIZATION	6,413,860	28,271	28,271	0	0	59.00
60.00	LABORATORY	22,487,382	40,291	40,291	2,157	0	60.00
60.01	LABORATORY-PATHOLOGICAL	0	0	0	0	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	6,200,449	7,807	7,807	0	0	62.00
65.00	RESPIRATORY THERAPY	10,310,790	12,921	12,921	1,859	0	65.00
66.00	PHYSICAL THERAPY	10,584,877	35,492	35,492	7,098	1,477	66.00
69.00	ELECTROCARDIOLOGY	11,481,000	29,700	29,700	1,887	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	30,847,626	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	31,958,505	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	48,183,973	0	0	0	0	73.00
74.00	RENAL DIALYSIS	2,739,443	3,302	3,302	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	6,928,422	42,976	42,976	0	0	75.00
76.00	CARDIAC REHAB	1,072,658	5,194	5,194	0	0	76.00
76.01	GI LAB	3,337,539	15,020	15,020	0	0	76.01

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 260020 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B-1 | Date/Time Prepared: 1/26/2012 1:32 pm

	Cost Center Description	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	OTHER BUILDING-MOB (SQUARE FEET)	OTHER BUILDING-CANCER CENTER (SQUARE FEET)	
		5.04	6.00	7.00	7.01	7.02	
76.02	ECT	289,769	2,136	2,136	0	0	76.02
76.03	O/P PSYCH	1,472,692	16,995	16,995	0	0	76.03
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	4,168,998	17,627	17,627	0	5,252	90.00
90.01	HYPERBARIC/OP WOUND	787,507	3,664	3,664	0	0	90.01
91.00	EMERGENCY	15,104,247	42,930	42,930	0	0	91.00
91.02	NATURAL FAMILY PLANNING	0	0	0	0	0	91.02
91.03	PAIN THERAPY CENTER	0	0	0	0	0	91.03
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	AMBULATORY CARE UNIT	1,302,771	17,037	17,037	0	0	92.01
	OTHER REIMBURSABLE COST CENTERS						
95.00	AMBULANCE SERVICES	35,652	0	0	0	0	95.00
99.10	CORF	0	0	0	0	0	99.10
	SPECIAL PURPOSE COST CENTERS						
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	538,557,903	1,250,742	1,244,951	39,768	37,464	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	348,771	628	628	0	0	190.00
190.01	VENDING MACHINES	0	0	0	0	0	190.01
190.02	VISITOR MEALS	0	0	0	0	0	190.02
191.00	RESEARCH	2,054,065	978	978	3,353	3,465	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	6,795,212	85,900	85,900	161,811	11,341	192.00
193.00	NONPAID WORKERS	194,116	4,919	4,919	0	0	193.00
193.01	MEALS ON WHEELS	0	0	0	0	0	193.01
193.03	CONVENT	0	0	0	0	0	193.03
193.06	VACANT SPACE	0	0	0	0	0	193.06
193.07	SALES & SERVICE-PHYSICIAN PRACTICE	0	0	0	0	0	193.07
194.00	NEIGHBORHOOD MINISTRIES	354,363	2,100	2,100	0	0	194.00
194.01	HOSPICE	63,267	0	0	0	0	194.01
194.02	SHARED SERVICES	5,885	0	0	0	0	194.02
194.03	ST. JOHN'S MERCY HEALTH CARE	9,165,360	160,957	160,957	49,013	23,282	194.03
194.04	SJMH SHARED SERVICES	96,717,202	172,569	172,569	10,874	3,179	194.04
194.05	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.05
194.06	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.06
194.07	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.07
194.08	REHAB HOSPITAL	25,538,197	0	0	0	0	194.08
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)	170,946,708	14,140,277	15,139,915	2,272,382	-81,050	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.251468	8.422883	9.049550	8.580887	0.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	14,363,873	4,246,218	1,186,785	90,001	22,009	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.021130	2.529328	0.709375	0.339859	0.279547	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 260020 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B-1 | Date/Time Prepared: 1/26/2012 1:32 pm

	Cost Center Description	HEART HOSPITAL	LAUNDRY & LINEN SERVICE (POUNDS LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	HOUSEKEEPING-MED CENTER (SQUARE FEET)	HOUSEKEEPING-MOB (SQUARE FEET)	
		7.03	8.00	9.00	9.01	9.02	
	GENERAL SERVICE COST CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	OTHER BUILDING-MOB						1.01
1.02	OTHER BUILDING-CANCER CENTER						1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
2.01	NEW CAP REL COSTS-MVBLE EQUIP-MOB						2.01
2.02	NEW CAP REL COSTS-MVBLE EQUIP-CANCER						2.02
4.00	EMPLOYEE BENEFITS						4.00
5.02	PURCHASING						5.02
5.03	ADMITTING						5.03
5.04	OTHER ADMINISTRATIVE AND GENERAL						5.04
6.00	MAINTENANCE & REPAIRS						6.00
7.00	OPERATION OF PLANT						7.00
7.01	OTHER BUILDING-MOB						7.01
7.02	OTHER BUILDING-CANCER CENTER						7.02
7.03	HEART HOSPITAL	0					7.03
8.00	LAUNDRY & LINEN SERVICE	0	2,485,705				8.00
9.00	HOUSEKEEPING	0	94	425,772			9.00
9.01	HOUSEKEEPING-MED CENTER	0	0	353,391	1,648,641		9.01
9.02	HOUSEKEEPING-MOB	0	0	57,053	0	262,942	9.02
9.03	HOUSEKEEPING-CANCER CENTER	0	0	15,328	0	0	9.03
10.00	DIETARY	0	0	0	41,135	1,968	10.00
11.00	CAFETERIA	0	0	0	0	0	11.00
13.00	NURSING ADMINISTRATION	0	927	0	7,814	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	1,884	0	19,786	0	14.00
15.00	PHARMACY	0	937	0	12,311	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	0	0	4,857	0	16.00
17.00	SOCIAL SERVICE	0	0	0	5,851	0	17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	3,621	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	543	0	3,707	7,175	22.00
23.00	PARAMED ED PRGM	0	0	0	906	0	23.00
23.01	RADIOLOGY SCHOOL	0	0	0	0	0	23.01
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	0	907,786	0	250,604	664	30.00
31.00	INTENSIVE CARE UNIT	0	463,650	0	115,255	0	31.00
32.00	CORONARY CARE UNIT	0	46,031	0	31,673	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	44,410	0	4,558	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	64,558	0	14,721	0	34.00
35.00	NEONATAL INTENSIVE CARE UNIT	0	50,353	0	64,404	0	35.00
40.00	SUBPROVIDER - IPF	0	45,596	0	29,507	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	0	0	4,187	0	43.00
44.00	SKILLED NURSING FACILITY	0	3,281	0	21,956	0	44.00
46.00	OTHER LONG TERM CARE	0	3,023	0	21,268	0	46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	100,209	0	94,289	0	50.00
51.00	RECOVERY ROOM	0	7,863	0	5,669	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	178,990	0	38,386	0	52.00
53.00	ANESTHESIOLOGY	0	4,270	0	3,663	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	65,745	0	52,428	15,083	54.00
54.01	ULTRASOUND	0	21,790	0	12,849	0	54.01
55.00	RADIOLOGY-THERAPEUTIC	0	25,066	0	7,978	0	55.00
56.00	RADIOISOTOPE	0	9,875	0	13,434	0	56.00
56.01	ONCOLOGY	0	0	0	0	0	56.01
57.00	CT SCAN	0	21,104	0	3,703	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	19,919	0	8,707	0	58.00
59.00	CARDIAC CATHETERIZATION	0	40,784	0	28,271	0	59.00
60.00	LABORATORY	0	8,836	0	40,291	2,157	60.00
60.01	LABORATORY-PATHOLOGICAL	0	0	0	0	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	2,316	0	7,807	0	62.00
65.00	RESPIRATORY THERAPY	0	1,380	0	12,921	1,859	65.00
66.00	PHYSICAL THERAPY	0	30,922	0	35,492	7,098	66.00
69.00	ELECTROCARDIOLOGY	0	24,525	0	29,700	1,887	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	2,798	0	3,302	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	69,908	0	42,976	0	75.00
76.00	CARDIAC REHAB	0	4,288	0	5,194	0	76.00
76.01	GI LAB	0	29,587	0	15,020	0	76.01
76.02	ECT	0	6,003	0	2,136	0	76.02

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 260020 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B-1 | Date/Time Prepared: 1/26/2012 1:32 pm

	Cost Center Description	HEART HOSPITAL	LAUNDRY & LINEN SERVICE (POUNDS LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	HOUSEKEEPING-MED CENTER (SQUARE FEET)	HOUSEKEEPING-MOB (SQUARE FEET)	
		7.03	8.00	9.00	9.01	9.02	
76.03	O/P PSYCH	0	0	0	16,995	0	76.03
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	10,063	0	17,627	0	90.00
90.01	HYPERBARIC/OP WOUND	0	0	0	3,664	0	90.01
91.00	EMERGENCY	0	150,487	0	42,930	0	91.00
91.02	NATURAL FAMILY PLANNING	0	0	0	0	0	91.02
91.03	PAIN THERAPY CENTER	0	0	0	0	0	91.03
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	AMBULATORY CARE UNIT	0	12,358	0	17,037	0	92.01
	OTHER REIMBURSABLE COST CENTERS						
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00
99.10	CORF	0	0	0	0	0	99.10
	SPECIAL PURPOSE COST CENTERS						
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	2,482,159	425,772	1,220,590	37,891	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	628	0	190.00
190.01	VENDING MACHINES	0	0	0	0	0	190.01
190.02	VISITOR MEALS	0	0	0	0	0	190.02
191.00	RESEARCH	0	4	0	978	3,353	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	3,384	0	85,900	161,811	192.00
193.00	NONPAID WORKERS	0	0	0	4,919	0	193.00
193.01	MEALS ON WHEELS	0	0	0	0	0	193.01
193.03	CONVENT	0	0	0	0	0	193.03
193.06	VACANT SPACE	0	0	0	0	0	193.06
193.07	SALES & SERVICE-PHYSICIAN PRACTICE	0	0	0	0	0	193.07
194.00	NEIGHBORHOOD MINISTRIES	0	0	0	2,100	0	194.00
194.01	HOSPICE	0	0	0	0	0	194.01
194.02	SHARED SERVICES	0	0	0	0	0	194.02
194.03	ST. JOHN'S MERCY HEALTH CARE	0	158	0	160,957	49,013	194.03
194.04	SJMH SHARED SERVICES	0	0	0	172,569	10,874	194.04
194.05	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.05
194.06	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.06
194.07	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.07
194.08	REHAB HOSPITAL	0	0	0	0	0	194.08
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	0	3,698,934	9,804,519	8,137,757	1,313,795	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	1.488082	23.027627	4.936039	4.996520	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	181,985	946,616	785,691	126,846	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	0.073213	2.223293	0.476569	0.482411	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 260020 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B-1 | Date/Time Prepared: 1/26/2012 1:32 pm

	Cost Center Description	HOUSEKEEPING-CANCER CENTER (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
		9.03	10.00	11.00	13.00	14.00	
	GENERAL SERVICE COST CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	OTHER BUILDING-MOB						1.01
1.02	OTHER BUILDING-CANCER CENTER						1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
2.01	NEW CAP REL COSTS-MVBLE EQUIP-MOB						2.01
2.02	NEW CAP REL COSTS-MVBLE EQUIP-CANCER						2.02
4.00	EMPLOYEE BENEFITS						4.00
5.02	PURCHASING						5.02
5.03	ADMITTING						5.03
5.04	OTHER ADMINISTRATIVE AND GENERAL						5.04
6.00	MAINTENANCE & REPAIRS						6.00
7.00	OPERATION OF PLANT						7.00
7.01	OTHER BUILDING-MOB						7.01
7.02	OTHER BUILDING-CANCER CENTER						7.02
7.03	HEART HOSPITAL						7.03
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
9.01	HOUSEKEEPING-MED CENTER						9.01
9.02	HOUSEKEEPING-MOB						9.02
9.03	HOUSEKEEPING-CANCER CENTER	78,174					9.03
10.00	DIETARY	1,262	2,299,436				10.00
11.00	CAFETERIA	0	1,185,313	7,690,952			11.00
13.00	NURSING ADMINISTRATION	0	0	106,671	4,219,952		13.00
14.00	CENTRAL SERVICES & SUPPLY	0	0	167,278	0	62,611,314	14.00
15.00	PHARMACY	1,312	0	254,610	0	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	682	0	30,704	0	0	16.00
17.00	SOCIAL SERVICE	0	0	128,532	0	0	17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	192,403	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	135,849	0	0	22.00
23.00	PARAMED ED PRGM	0	0	5,150	0	0	23.00
23.01	RADIOLOGY SCHOOL	0	0	4,569	0	0	23.01
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	0	409,184	1,521,123	1,248,044	0	30.00
31.00	INTENSIVE CARE UNIT	0	258,054	781,700	757,890	0	31.00
32.00	CORONARY CARE UNIT	0	27,210	146,327	114,647	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	12,610	49,855	49,855	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	33,068	71,631	71,631	0	34.00
35.00	NEONATAL INTENSIVE CARE UNIT	0	0	367,044	367,044	0	35.00
40.00	SUBPROVIDER - IPF	0	86,733	212,716	167,849	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	0	174,882	38,308	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	141,165	0	44.00
46.00	OTHER LONG TERM CARE	0	0	0	49,102	0	46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	0	499,730	436,359	0	50.00
51.00	RECOVERY ROOM	0	0	70,063	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	303,480	303,480	0	52.00
53.00	ANESTHESIOLOGY	0	0	38,404	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	2,456	0	212,397	0	0	54.00
54.01	ULTRASOUND	0	0	47,622	40,824	0	54.01
55.00	RADIOLOGY-THERAPEUTIC	19,490	0	67,934	0	0	55.00
56.00	RADIOISOTOPE	1,860	0	29,673	0	0	56.00
56.01	ONCOLOGY	0	0	0	0	0	56.01
57.00	CT SCAN	3,116	0	37,284	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	20,117	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	73,262	34,056	0	59.00
60.00	LABORATORY	0	0	389,919	0	0	60.00
60.01	LABORATORY-PATHOLOGICAL	0	0	0	0	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	86,351	0	0	62.00
65.00	RESPIRATORY THERAPY	0	0	262,645	0	0	65.00
66.00	PHYSICAL THERAPY	1,477	0	165,733	0	0	66.00
69.00	ELECTROCARDIOLOGY	0	0	114,637	78,897	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	30,847,626	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	31,763,688	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	23,361	23,361	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	94,540	0	0	75.00
76.00	CARDIAC REHAB	0	0	22,695	0	0	76.00
76.01	GI LAB	0	0	67,883	0	0	76.01

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 260020 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B-1 | Date/Time Prepared: 1/26/2012 1:32 pm

	Cost Center Description	HOUSEKEEPING-CANCER CENTER (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
		9.03	10.00	11.00	13.00	14.00	
76.02	ECT	0	0	7,202	0	0	76.02
76.03	O/P PSYCH	0	0	22,538	0	0	76.03
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	5,252	0	124,647	0	0	90.00
90.01	HYPERBARIC/OP WOUND	0	0	0	0	0	90.01
91.00	EMERGENCY	0	0	338,043	274,359	0	91.00
91.02	NATURAL FAMILY PLANNING	0	0	0	0	0	91.02
91.03	PAIN THERAPY CENTER	0	0	0	0	0	91.03
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	AMBULATORY CARE UNIT	0	0	23,081	23,081	0	92.01
	OTHER REIMBURSABLE COST CENTERS						
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00
99.10	CORF	0	0	0	0	0	99.10
	SPECIAL PURPOSE COST CENTERS						
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	36,907	2,012,172	7,494,285	4,219,952	62,611,314	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	277,109	0	0	0	190.00
190.01	VENDING MACHINES	0	0	0	0	0	190.01
190.02	VISITOR MEALS	0	0	0	0	0	190.02
191.00	RESEARCH	3,465	0	36,893	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	11,341	0	51,956	0	0	192.00
193.00	NONPAID WORKERS	0	0	3,036	0	0	193.00
193.01	MEALS ON WHEELS	0	10,155	0	0	0	193.01
193.03	CONVENT	0	0	0	0	0	193.03
193.06	VACANT SPACE	0	0	0	0	0	193.06
193.07	SALES & SERVICE-PHYSICIAN PRACTICE	0	0	0	0	0	193.07
194.00	NEIGHBORHOOD MINISTRIES	0	0	0	0	0	194.00
194.01	HOSPICE	0	0	0	0	0	194.01
194.02	SHARED SERVICES	0	0	0	0	0	194.02
194.03	ST. JOHN'S MERCY HEALTH CARE	23,282	0	104,782	0	0	194.03
194.04	SJMH SHARED SERVICES	3,179	0	0	0	0	194.04
194.05	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.05
194.06	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.06
194.07	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.07
194.08	REHAB HOSPITAL	0	0	0	0	0	194.08
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)	352,967	14,054,006	7,244,557	9,664,517	6,291,182	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	4.515146	6.111936	0.941958	2.290196	0.100480	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	34,079	1,325,117	683,072	585,565	789,662	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.435938	0.576279	0.088815	0.138761	0.012612	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 260020 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B-1 | Date/Time Prepared: 1/26/2012 1:32 pm

	Cost Center Description	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	
		15.00	16.00	17.00	21.00	22.00	
	GENERAL SERVICE COST CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	OTHER BUILDING-MOB						1.01
1.02	OTHER BUILDING-CANCER CENTER						1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
2.01	NEW CAP REL COSTS-MVBLE EQUIP-MOB						2.01
2.02	NEW CAP REL COSTS-MVBLE EQUIP-CANCER						2.02
4.00	EMPLOYEE BENEFITS						4.00
5.02	PURCHASING						5.02
5.03	ADMITTING						5.03
5.04	OTHER ADMINISTRATIVE AND GENERAL						5.04
6.00	MAINTENANCE & REPAIRS						6.00
7.00	OPERATION OF PLANT						7.00
7.01	OTHER BUILDING-MOB						7.01
7.02	OTHER BUILDING-CANCER CENTER						7.02
7.03	HEART HOSPITAL						7.03
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
9.01	HOUSEKEEPING-MED CENTER						9.01
9.02	HOUSEKEEPING-MOB						9.02
9.03	HOUSEKEEPING-CANCER CENTER						9.03
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	100					15.00
16.00	MEDICAL RECORDS & LIBRARY	0	2,593,106,524				16.00
17.00	SOCIAL SERVICE	0	0	106,079			17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	188,890		21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	10,732,775	0		188,890	22.00
23.00	PARAMED ED PRGM	0	0	0			23.00
23.01	RADIOLOGY SCHOOL	0	0	0			23.01
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	0	178,617,962	48,942	93,215	93,215	30.00
31.00	INTENSIVE CARE UNIT	0	170,130,757	13,166	23,570	23,570	31.00
32.00	CORONARY CARE UNIT	0	24,506,651	10,400	9,540	9,540	32.00
33.00	BURN INTENSIVE CARE UNIT	0	15,865,770	1,726	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	15,367,002	1,040	0	0	34.00
35.00	NEONATAL INTENSIVE CARE UNIT	0	102,554,391	6,240	0	0	35.00
40.00	SUBPROVIDER - IPF	0	14,571,224	10,400	3,465	3,465	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	13,780,167	2,621	1,026	1,026	43.00
44.00	SKILLED NURSING FACILITY	0	21,423,353	0	0	0	44.00
46.00	OTHER LONG TERM CARE	0	3,756,432	0	0	0	46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	105,012,464	0	36,961	36,961	50.00
51.00	RECOVERY ROOM	0	31,361,588	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	50,948,780	437	9,220	9,220	52.00
53.00	ANESTHESIOLOGY	0	38,901,875	0	331	331	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	124,684,578	0	1,533	1,533	54.00
54.01	ULTRASOUND	0	36,067,597	0	0	0	54.01
55.00	RADIOLOGY-THERAPEUTIC	0	60,007,067	0	0	0	55.00
56.00	RADIOISOTOPE	0	46,098,793	0	0	0	56.00
56.01	ONCOLOGY	0	0	0	0	0	56.01
57.00	CT SCAN	0	125,967,239	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	43,065,812	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	56,274,814	2,080	0	0	59.00
60.00	LABORATORY	0	302,825,819	0	0	0	60.00
60.01	LABORATORY-PATHOLOGICAL	0	0	0	0	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	25,340,410	0	0	0	62.00
65.00	RESPIRATORY THERAPY	0	51,971,639	0	1,208	1,208	65.00
66.00	PHYSICAL THERAPY	0	33,067,086	0	0	0	66.00
69.00	ELECTROCARDIOLOGY	0	131,984,266	0	0	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	86,623,650	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	100	400,873,282	0	0	0	73.00
74.00	RENAL DIALYSIS	0	4,907,403	707	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	19,886,286	2,080	0	0	75.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 260020 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B-1 | Date/Time Prepared: 1/26/2012 1:32 pm

	Cost Center Description	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	
		15.00	16.00	17.00	21.00	22.00	
76.00	CARDIAC REHAB	0	1,265,191	0	0	0	76.00
76.01	GI LAB	0	46,312,025	0	1,026	1,026	76.01
76.02	ECT	0	3,258,821	0	0	0	76.02
76.03	O/P PSYCH	0	3,807,041	4,160	0	0	76.03
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	16,257,136	0	2,775	2,775	90.00
90.01	HYPERBARIC/OP WOUND	0	1,962,881	0	0	0	90.01
91.00	EMERGENCY	0	148,720,469	2,080	5,020	5,020	91.00
91.02	NATURAL FAMILY PLANNING	0	0	0	0	0	91.02
91.03	PAIN THERAPY CENTER	0	0	0	0	0	91.03
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	AMBULATORY CARE UNIT	0	24,310,554	0	0	0	92.01
	OTHER REIMBURSABLE COST CENTERS						
95.00	AMBULANCE SERVICES	0	35,474	0	0	0	95.00
99.10	CORF	0	0	0	0	0	99.10
	SPECIAL PURPOSE COST CENTERS						
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	100	2,593,106,524	106,079	188,890	188,890	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	VENDING MACHINES	0	0	0	0	0	190.01
190.02	VISITOR MEALS	0	0	0	0	0	190.02
191.00	RESEARCH	0	0	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	MEALS ON WHEELS	0	0	0	0	0	193.01
193.03	CONVENT	0	0	0	0	0	193.03
193.06	VACANT SPACE	0	0	0	0	0	193.06
193.07	SALES & SERVICE-PHYSICIAN PRACTICE	0	0	0	0	0	193.07
194.00	NEIGHBORHOOD MINISTRIES	0	0	0	0	0	194.00
194.01	HOSPICE	0	0	0	0	0	194.01
194.02	SHARED SERVICES	0	0	0	0	0	194.02
194.03	ST. JOHN'S MERCY HEALTH CARE	0	0	0	0	0	194.03
194.04	SJMH SHARED SERVICES	0	0	0	0	0	194.04
194.05	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.05
194.06	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.06
194.07	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.07
194.08	REHAB HOSPITAL	0	0	0	0	0	194.08
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)	17,960,313	2,267,113	7,380,605	8,732,875	14,697,381	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	179,603.130000	0.000874	69.576495	46.232596	77.809206	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	844,436	147,473	258,782	234,609	438,629	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	8,444.360000	0.000057	2.439521	1.242040	2.322140	205.00

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	Cost Center Description	PARAMED ED PRGM (ASSIGNED TIME)	RADIOLOGY SCHOOL (ASSIGNED TIME)		
		23.00	23.01		
	GENERAL SERVICE COST CENTERS				
1.00	NEW CAP REL COSTS-BLDG & FIXT				1.00
1.01	OTHER BUILDING-MOB				1.01
1.02	OTHER BUILDING-CANCER CENTER				1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP				2.00
2.01	NEW CAP REL COSTS-MVBLE EQUIP-MOB				2.01
2.02	NEW CAP REL COSTS-MVBLE EQUIP-CANCER				2.02
4.00	EMPLOYEE BENEFITS				4.00
5.02	PURCHASING				5.02
5.03	ADMITTING				5.03
5.04	OTHER ADMINISTRATIVE AND GENERAL				5.04
6.00	MAINTENANCE & REPAIRS				6.00
7.00	OPERATION OF PLANT				7.00
7.01	OTHER BUILDING-MOB				7.01
7.02	OTHER BUILDING-CANCER CENTER				7.02
7.03	HEART HOSPITAL				7.03
8.00	LAUNDRY & LINEN SERVICE				8.00
9.00	HOUSEKEEPING				9.00
9.01	HOUSEKEEPING-MED CENTER				9.01
9.02	HOUSEKEEPING-MOB				9.02
9.03	HOUSEKEEPING-CANCER CENTER				9.03
10.00	DIETARY				10.00
11.00	CAFETERIA				11.00
13.00	NURSING ADMINISTRATION				13.00
14.00	CENTRAL SERVICES & SUPPLY				14.00
15.00	PHARMACY				15.00
16.00	MEDICAL RECORDS & LIBRARY				16.00
17.00	SOCIAL SERVICE				17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD				21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD				22.00
23.00	PARAMED ED PRGM	100			23.00
23.01	RADIOLOGY SCHOOL	0	100		23.01
	INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	0	0		30.00
31.00	INTENSIVE CARE UNIT	0	0		31.00
32.00	CORONARY CARE UNIT	0	0		32.00
33.00	BURN INTENSIVE CARE UNIT	0	0		33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0		34.00
35.00	NEONATAL INTENSIVE CARE UNIT	0	0		35.00
40.00	SUBPROVIDER - IPF	0	0		40.00
41.00	SUBPROVIDER - IRF	0	0		41.00
42.00	SUBPROVIDER	0	0		42.00
43.00	NURSERY	0	0		43.00
44.00	SKILLED NURSING FACILITY	0	0		44.00
46.00	OTHER LONG TERM CARE	0	0		46.00
	ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0	0		50.00
51.00	RECOVERY ROOM	0	0		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	ANESTHESIOLOGY	0	0		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	100		54.00
54.01	ULTRASOUND	0	0		54.01
55.00	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	RADIOISOTOPE	0	0		56.00
56.01	ONCOLOGY	0	0		56.01
57.00	CT SCAN	0	0		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	CARDIAC CATHETERIZATION	0	0		59.00
60.00	LABORATORY	100	0		60.00
60.01	LABORATORY-PATHOLOGICAL	0	0		60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
65.00	RESPIRATORY THERAPY	0	0		65.00
66.00	PHYSICAL THERAPY	0	0		66.00
69.00	ELECTROCARDIOLOGY	0	0		69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00	RENAL DIALYSIS	0	0		74.00
75.00	ASC (NON-DISTINCT PART)	0	0		75.00
76.00	CARDIAC REHAB	0	0		76.00
76.01	GI LAB	0	0		76.01
76.02	ECT	0	0		76.02

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 260020 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B-1 | Date/Time Prepared: 1/26/2012 1:32 pm

	Cost Center Description	PARAMED ED PRGM (ASSIGNED TIME)	RADIOLOGY SCHOOL (ASSIGNED TIME)		
		23.00	23.01		
76.03	O/P PSYCH	0	0		76.03
	OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC	0	0		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00	CLINIC	0	0		90.00
90.01	HYPERBARIC/OP WOUND	0	0		90.01
91.00	EMERGENCY	0	0		91.00
91.02	NATURAL FAMILY PLANNING	0	0		91.02
91.03	PAIN THERAPY CENTER	0	0		91.03
92.00	OBSERVATION BEDS (NON-DISTINCT PART)				92.00
92.01	AMBULATORY CARE UNIT	0	0		92.01
	OTHER REIMBURSABLE COST CENTERS				
95.00	AMBULANCE SERVICES	0	0		95.00
99.10	CORF	0	0		99.10
	SPECIAL PURPOSE COST CENTERS				
109.00	PANCREAS ACQUISITION	0	0		109.00
110.00	INTESTINAL ACQUISITION	0	0		110.00
111.00	ISLET ACQUISITION	0	0		111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	100	100		118.00
	NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0		190.00
190.01	VENDING MACHINES	0	0		190.01
190.02	VISITOR MEALS	0	0		190.02
191.00	RESEARCH	0	0		191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0		192.00
193.00	NONPAID WORKERS	0	0		193.00
193.01	MEALS ON WHEELS	0	0		193.01
193.03	CONVENT	0	0		193.03
193.06	VACANT SPACE	0	0		193.06
193.07	SALES & SERVICE-PHYSICIAN PRACTICE	0	0		193.07
194.00	NEIGHBORHOOD MINISTRIES	0	0		194.00
194.01	HOSPICE	0	0		194.01
194.02	SHARED SERVICES	0	0		194.02
194.03	ST. JOHN'S MERCY HEALTH CARE	0	0		194.03
194.04	SJMH SHARED SERVICES	0	0		194.04
194.05	OTHER NONREIMBURSABLE COST CENTERS	0	0		194.05
194.06	OTHER NONREIMBURSABLE COST CENTERS	0	0		194.06
194.07	OTHER NONREIMBURSABLE COST CENTERS	0	0		194.07
194.08	REHAB HOSPITAL	0	0		194.08
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)	302,326	217,100		202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	3,023.260000	2,171.000000		203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	24,773	4,320		204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	247.730000	43.200000		205.00

POST STEPDOWN ADJUSTMENTS | Provider CCN: 260020 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B-2 | Date/Time Prepared: 1/26/2012 1:32 pm

	Description	Worksheet Part	Worksheet Line No.	Amount	
	1.00	2.00	3.00	4.00	
1.00	ADJ FOR EPO COSTS IN RENAL DIALYSIS	1	74.00	-1,443,131	1.00
2.00	ADJ FOR EPO COSTS IN HOME PROGRAM	1	94.00	0	2.00
3.00	ADJ FOR ARANESP COSTS IN RENAL DIALYSIS	1	74.00	0	3.00
4.00	ADJ FOR ARANESP COSTS IN HOME PROGRAM	1	94.00	0	4.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 260020 | Period: From 07/01/2010 To 06/30/2011 | Worksheet C Part I Date/Time Prepared: 1/26/2012 1:32 pm

Title XVIII | Hospital | PPS

	Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs: Total Costs	Costs: RCE Disallowance	Costs: Total Costs	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	82,229,592		82,229,592	1,496,198	83,725,790	30.00
31.00	INTENSIVE CARE UNIT	48,795,411		48,795,411	0	48,795,411	31.00
32.00	CORONARY CARE UNIT	11,758,525		11,758,525	978,461	12,736,986	32.00
33.00	BURN INTENSIVE CARE UNIT	3,309,563		3,309,563	0	3,309,563	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	4,327,166		4,327,166	0	4,327,166	34.00
35.00	NEONATAL INTENSIVE CARE UNIT	25,327,242		25,327,242	0	25,327,242	35.00
40.00	SUBPROVIDER - IPF	12,184,499		12,184,499	64,338	12,248,837	40.00
41.00	SUBPROVIDER - IRF	0		0	0	0	41.00
42.00	SUBPROVIDER	0		0	0	0	42.00
43.00	NURSERY	10,392,513		10,392,513	0	10,392,513	43.00
44.00	SKILLED NURSING FACILITY	10,126,444		10,126,444	0	10,126,444	44.00
46.00	OTHER LONG TERM CARE	4,716,756		4,716,756	0	4,716,756	46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	40,099,120		40,099,120	138,014	40,237,134	50.00
51.00	RECOVERY ROOM	3,838,801		3,838,801	0	3,838,801	51.00
52.00	DELIVERY ROOM & LABOR ROOM	18,106,026		18,106,026	0	18,106,026	52.00
53.00	ANESTHESIOLOGY	2,861,984		2,861,984	0	2,861,984	53.00
54.00	RADIOLOGY-DIAGNOSTIC	22,175,452		22,175,452	0	22,175,452	54.00
54.01	ULTRASOUND	4,156,168		4,156,168	0	4,156,168	54.01
55.00	RADIOLOGY-THERAPEUTIC	13,674,816		13,674,816	0	13,674,816	55.00
56.00	RADIOISOTOPE	3,779,612		3,779,612	0	3,779,612	56.00
56.01	ONCOLOGY	0		0	0	0	56.01
57.00	CT SCAN	3,604,115		3,604,115	0	3,604,115	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	3,146,855		3,146,855	0	3,146,855	58.00
59.00	CARDIAC CATHETERIZATION	9,061,849		9,061,849	0	9,061,849	59.00
60.00	LABORATORY	30,021,816		30,021,816	0	30,021,816	60.00
60.01	LABORATORY-PATHOLOGICAL	0		0	0	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	8,041,540		8,041,540	0	8,041,540	62.00
65.00	RESPIRATORY THERAPY	13,513,283	0	13,513,283	0	13,513,283	65.00
66.00	PHYSICAL THERAPY	14,376,027	0	14,376,027	0	14,376,027	66.00
69.00	ELECTROCARDIOLOGY	15,499,778		15,499,778	40,585	15,540,363	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	41,704,386		41,704,386	0	41,704,386	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	43,262,368		43,262,368	0	43,262,368	72.00
73.00	DRUGS CHARGED TO PATIENTS	78,612,114		78,612,114	0	78,612,114	73.00
74.00	RENAL DIALYSIS	2,192,337		2,192,337	0	2,192,337	74.00
75.00	ASC (NON-DISTINCT PART)	9,988,906		9,988,906	0	9,988,906	75.00
76.00	CARDIAC REHAB	1,487,651		1,487,651	0	1,487,651	76.00
76.01	GI LAB	4,661,846		4,661,846	0	4,661,846	76.01
76.02	ECT	429,066		429,066	0	429,066	76.02
76.03	O/P PSYCH	2,537,854		2,537,854	0	2,537,854	76.03
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	CLINIC	5,782,672		5,782,672	0	5,782,672	90.00
90.01	HYPERBARIC/OP WOUND	1,069,361		1,069,361	0	1,069,361	90.01
91.00	EMERGENCY	21,309,873		21,309,873	24,128	21,334,001	91.00
91.02	NATURAL FAMILY PLANNING	0		0	0	0	91.02
91.03	PAIN THERAPY CENTER	0		0	0	0	91.03
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	8,184,608		8,184,608		8,184,608	92.00
92.01	AMBULATORY CARE UNIT	2,126,387		2,126,387	0	2,126,387	92.01
	OTHER REIMBURSABLE COST CENTERS						
95.00	AMBULANCE SERVICES	44,648		44,648	0	44,648	95.00
99.10	CORF	0		0		0	99.10
	SPECIAL PURPOSE COST CENTERS						
109.00	PANCREAS ACQUISITION	0		0		0	109.00
110.00	INTESTINAL ACQUISITION	0		0		0	110.00
111.00	ISLET ACQUISITION	0		0		0	111.00
200.00	Subtotal (see instructions)	642,519,030	0	642,519,030	2,741,724	645,260,754	200.00
201.00	Less Observation Beds	8,184,608		8,184,608		8,184,608	201.00
202.00	Total (see instructions)	634,334,422	0	634,334,422	2,741,724	637,076,146	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 260020 | Period: From 07/01/2010 To 06/30/2011 | Worksheet C Part I Date/Time Prepared: 1/26/2012 1:32 pm

Title XVIII | Hospital | PPS

	Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
		6.00	7.00	8.00	9.00	10.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	160,611,260		160,611,260			30.00
31.00	INTENSIVE CARE UNIT	162,624,610		162,624,610			31.00
32.00	CORONARY CARE UNIT	24,335,176		24,335,176			32.00
33.00	BURN INTENSIVE CARE UNIT	15,822,806		15,822,806			33.00
34.00	SURGICAL INTENSIVE CARE UNIT	14,378,300		14,378,300			34.00
35.00	NEONATAL INTENSIVE CARE UNIT	102,542,682		102,542,682			35.00
40.00	SUBPROVIDER - IPF	14,569,698		14,569,698			40.00
41.00	SUBPROVIDER - IRF	0		0			41.00
42.00	SUBPROVIDER	0		0			42.00
43.00	NURSERY	13,030,732		13,030,732			43.00
44.00	SKILLED NURSING FACILITY	21,220,073		21,220,073			44.00
46.00	OTHER LONG TERM CARE	3,756,432		3,756,432			46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	48,451,312	55,999,969	104,451,281	0.383903	0.000000	50.00
51.00	RECOVERY ROOM	14,648,099	16,689,887	31,337,986	0.122497	0.000000	51.00
52.00	DELIVERY ROOM & LABOR ROOM	43,026,983	7,921,795	50,948,778	0.355377	0.000000	52.00
53.00	ANESTHESIOLOGY	18,844,747	20,052,152	38,896,899	0.073579	0.000000	53.00
54.00	RADIOLOGY-DIAGNOSTIC	21,868,037	99,738,505	121,606,542	0.182354	0.000000	54.00
54.01	ULTRASOUND	5,490,097	26,314,789	31,804,886	0.130677	0.000000	54.01
55.00	RADIOLOGY-THERAPEUTIC	3,844,855	56,161,996	60,006,851	0.227888	0.000000	55.00
56.00	RADIOISOTOPE	6,148,664	39,917,207	46,065,871	0.082048	0.000000	56.00
56.01	ONCOLOGY	0	0	0	0.000000	0.000000	56.01
57.00	CT SCAN	44,212,022	72,533,169	116,745,191	0.030872	0.000000	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	10,771,336	30,722,925	41,494,261	0.075838	0.000000	58.00
59.00	CARDIAC CATHETERIZATION	21,838,242	32,176,620	54,014,862	0.167766	0.000000	59.00
60.00	LABORATORY	124,158,599	178,667,220	302,825,819	0.099139	0.000000	60.00
60.01	LABORATORY-PATHOLOGICAL	0	0	0	0.000000	0.000000	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	17,736,859	7,603,551	25,340,410	0.317341	0.000000	62.00
65.00	RESPIRATORY THERAPY	40,431,642	8,604,560	49,036,202	0.275578	0.000000	65.00
66.00	PHYSICAL THERAPY	14,533,196	16,463,470	30,996,666	0.463793	0.000000	66.00
69.00	ELECTROCARDIOLOGY	38,565,709	83,205,474	121,771,183	0.127286	0.000000	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	100,855,474	59,445,213	160,300,687	0.260163	0.000000	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	59,737,896	26,885,754	86,623,650	0.499429	0.000000	72.00
73.00	DRUGS CHARGED TO PATIENTS	150,296,388	106,198,293	256,494,681	0.306486	0.000000	73.00
74.00	RENAL DIALYSIS	7,715,443	1,723,165	9,438,608	0.232273	0.000000	74.00
75.00	ASC (NON-DISTINCT PART)	1,571,790	18,299,545	19,871,335	0.502679	0.000000	75.00
76.00	CARDIAC REHAB	446,899	818,292	1,265,191	1.175831	0.000000	76.00
76.01	GI LAB	6,994,328	39,317,098	46,311,426	0.100663	0.000000	76.01
76.02	ECT	894,183	2,364,638	3,258,821	0.131663	0.000000	76.02
76.03	O/P PSYCH	2,150	3,804,891	3,807,041	0.666621	0.000000	76.03
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0			88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0			89.00
90.00	CLINIC	46,135	11,973,641	12,019,776	0.481096	0.000000	90.00
90.01	HYPERBARIC/OP WOUND	21,410	1,583,727	1,605,137	0.666212	0.000000	90.01
91.00	EMERGENCY	34,878,891	67,570,037	102,448,928	0.208005	0.000000	91.00
91.02	NATURAL FAMILY PLANNING	0	0	0	0.000000	0.000000	91.02
91.03	PAIN THERAPY CENTER	0	0	0	0.000000	0.000000	91.03
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	26,517,638	26,517,638	0.308648	0.000000	92.00
92.01	AMBULATORY CARE UNIT	3,674,798	20,619,593	24,294,391	0.087526	0.000000	92.01
	OTHER REIMBURSABLE COST CENTERS						
95.00	AMBULANCE SERVICES	20,375	15,099	35,474	1.258612	0.000000	95.00
99.10	CORF	0	0	0			99.10
	SPECIAL PURPOSE COST CENTERS						
109.00	PANCREAS ACQUISITION	0	0	0			109.00
110.00	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	ISLET ACQUISITION	0	0	0			111.00
200.00	Subtotal (see instructions)	1,374,618,328	1,139,909,913	2,514,528,241			200.00
201.00	Less Observation Beds						201.00
202.00	Total (see instructions)	1,374,618,328	1,139,909,913	2,514,528,241			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES	Provider CCN: 260020	Period: From 07/01/2010 To 06/30/2011	Worksheet C Part I Date/Time Prepared: 1/26/2012 1:32 pm
	Title XVIII	Hospital	PPS

	Cost Center Description	PPS Inpatient Ratio		
		11.00		
	INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	ADULTS & PEDIATRICS			30.00
31.00	INTENSIVE CARE UNIT			31.00
32.00	CORONARY CARE UNIT			32.00
33.00	BURN INTENSIVE CARE UNIT			33.00
34.00	SURGICAL INTENSIVE CARE UNIT			34.00
35.00	NEONATAL INTENSIVE CARE UNIT			35.00
40.00	SUBPROVIDER - IPF			40.00
41.00	SUBPROVIDER - IRF			41.00
42.00	SUBPROVIDER			42.00
43.00	NURSERY			43.00
44.00	SKILLED NURSING FACILITY			44.00
46.00	OTHER LONG TERM CARE			46.00
	ANCILLARY SERVICE COST CENTERS			
50.00	OPERATING ROOM	0.385224		50.00
51.00	RECOVERY ROOM	0.122497		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.355377		52.00
53.00	ANESTHESIOLOGY	0.073579		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.182354		54.00
54.01	ULTRASOUND	0.130677		54.01
55.00	RADIOLOGY-THERAPEUTIC	0.227888		55.00
56.00	RADIOISOTOPE	0.082048		56.00
56.01	ONCOLOGY	0.000000		56.01
57.00	CT SCAN	0.030872		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.075838		58.00
59.00	CARDIAC CATHETERIZATION	0.167766		59.00
60.00	LABORATORY	0.099139		60.00
60.01	LABORATORY-PATHOLOGICAL	0.000000		60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.317341		62.00
65.00	RESPIRATORY THERAPY	0.275578		65.00
66.00	PHYSICAL THERAPY	0.463793		66.00
69.00	ELECTROCARDIOLOGY	0.127619		69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.260163		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.499429		72.00
73.00	DRUGS CHARGED TO PATIENTS	0.306486		73.00
74.00	RENAL DIALYSIS	0.232273		74.00
75.00	ASC (NON-DISTINCT PART)	0.502679		75.00
76.00	CARDIAC REHAB	1.175831		76.00
76.01	GI LAB	0.100663		76.01
76.02	ECT	0.131663		76.02
76.03	O/P PSYCH	0.666621		76.03
	OUTPATIENT SERVICE COST CENTERS			
88.00	RURAL HEALTH CLINIC			88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	CLINIC	0.481096		90.00
90.01	HYPERBARIC/OP WOUND	0.666212		90.01
91.00	EMERGENCY	0.208240		91.00
91.02	NATURAL FAMILY PLANNING	0.000000		91.02
91.03	PAIN THERAPY CENTER	0.000000		91.03
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.308648		92.00
92.01	AMBULATORY CARE UNIT	0.087526		92.01
	OTHER REIMBURSABLE COST CENTERS			
95.00	AMBULANCE SERVICES	1.258612		95.00
99.10	CORF			99.10
	SPECIAL PURPOSE COST CENTERS			
109.00	PANCREAS ACQUISITION			109.00
110.00	INTESTINAL ACQUISITION			110.00
111.00	ISLET ACQUISITION			111.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 260020 | Period: From 07/01/2010 To 06/30/2011 | Worksheet C Part I Date/Time Prepared: 1/26/2012 1:32 pm

Title XIX | Hospital | Cost

	Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs: Total Costs	Costs: RCE Disallowance	Costs: Total Costs	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	82,229,592		82,229,592	0	0	30.00
31.00	INTENSIVE CARE UNIT	48,795,411		48,795,411	0	0	31.00
32.00	CORONARY CARE UNIT	11,758,525		11,758,525	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	3,309,563		3,309,563	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	4,327,166		4,327,166	0	0	34.00
35.00	NEONATAL INTENSIVE CARE UNIT	25,327,242		25,327,242	0	0	35.00
40.00	SUBPROVIDER - IPF	12,184,499		12,184,499	0	0	40.00
41.00	SUBPROVIDER - IRF	0		0	0	0	41.00
42.00	SUBPROVIDER	0		0	0	0	42.00
43.00	NURSERY	10,392,513		10,392,513	0	0	43.00
44.00	SKILLED NURSING FACILITY	10,126,444		10,126,444	0	0	44.00
46.00	OTHER LONG TERM CARE	4,716,756		4,716,756	0	0	46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	40,099,120		40,099,120	0	0	50.00
51.00	RECOVERY ROOM	3,838,801		3,838,801	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	18,106,026		18,106,026	0	0	52.00
53.00	ANESTHESIOLOGY	2,861,984		2,861,984	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	22,175,452		22,175,452	0	0	54.00
54.01	ULTRASOUND	4,156,168		4,156,168	0	0	54.01
55.00	RADIOLOGY-THERAPEUTIC	13,674,816		13,674,816	0	0	55.00
56.00	RADIOISOTOPE	3,779,612		3,779,612	0	0	56.00
56.01	ONCOLOGY	0		0	0	0	56.01
57.00	CT SCAN	3,604,115		3,604,115	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	3,146,855		3,146,855	0	0	58.00
59.00	CARDIAC CATHETERIZATION	9,061,849		9,061,849	0	0	59.00
60.00	LABORATORY	30,021,816		30,021,816	0	0	60.00
60.01	LABORATORY-PATHOLOGICAL	0		0	0	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	8,041,540		8,041,540	0	0	62.00
65.00	RESPIRATORY THERAPY	13,513,283	0	13,513,283	0	0	65.00
66.00	PHYSICAL THERAPY	14,376,027	0	14,376,027	0	0	66.00
69.00	ELECTROCARDIOLOGY	15,499,778		15,499,778	0	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	41,704,386		41,704,386	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	43,262,368		43,262,368	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	78,612,114		78,612,114	0	0	73.00
74.00	RENAL DIALYSIS	2,192,337		2,192,337	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	9,988,906		9,988,906	0	0	75.00
76.00	CARDIAC REHAB	1,487,651		1,487,651	0	0	76.00
76.01	GI LAB	4,661,846		4,661,846	0	0	76.01
76.02	ECT	429,066		429,066	0	0	76.02
76.03	O/P PSYCH	2,537,854		2,537,854	0	0	76.03
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	CLINIC	5,782,672		5,782,672	0	0	90.00
90.01	HYPERBARIC/OP WOUND	1,069,361		1,069,361	0	0	90.01
91.00	EMERGENCY	21,309,873		21,309,873	0	0	91.00
91.02	NATURAL FAMILY PLANNING	0		0	0	0	91.02
91.03	PAIN THERAPY CENTER	0		0	0	0	91.03
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	8,038,398		8,038,398		0	92.00
92.01	AMBULATORY CARE UNIT	2,126,387		2,126,387	0	0	92.01
	OTHER REIMBURSABLE COST CENTERS						
95.00	AMBULANCE SERVICES	44,648		44,648	0	0	95.00
99.10	CORF	0		0		0	99.10
	SPECIAL PURPOSE COST CENTERS						
109.00	PANCREAS ACQUISITION	0		0		0	109.00
110.00	INTESTINAL ACQUISITION	0		0		0	110.00
111.00	ISLET ACQUISITION	0		0		0	111.00
200.00	Subtotal (see instructions)	642,372,820	0	642,372,820	0	0	200.00
201.00	Less Observation Beds	8,038,398		8,038,398		0	201.00
202.00	Total (see instructions)	634,334,422	0	634,334,422	0	0	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 260020 | Period: From 07/01/2010 To 06/30/2011 | Worksheet C Part I Date/Time Prepared: 1/26/2012 1:32 pm

Title XIX | Hospital | Cost

	Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
		6.00	7.00	8.00	9.00	10.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	160,611,260		160,611,260			30.00
31.00	INTENSIVE CARE UNIT	162,624,610		162,624,610			31.00
32.00	CORONARY CARE UNIT	24,335,176		24,335,176			32.00
33.00	BURN INTENSIVE CARE UNIT	15,822,806		15,822,806			33.00
34.00	SURGICAL INTENSIVE CARE UNIT	14,378,300		14,378,300			34.00
35.00	NEONATAL INTENSIVE CARE UNIT	102,542,682		102,542,682			35.00
40.00	SUBPROVIDER - IPF	14,569,698		14,569,698			40.00
41.00	SUBPROVIDER - IRF	0		0			41.00
42.00	SUBPROVIDER	0		0			42.00
43.00	NURSERY	13,030,732		13,030,732			43.00
44.00	SKILLED NURSING FACILITY	21,220,073		21,220,073			44.00
46.00	OTHER LONG TERM CARE	3,756,432		3,756,432			46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	48,451,312	55,999,969	104,451,281	0.383903	0.000000	50.00
51.00	RECOVERY ROOM	14,648,099	16,689,887	31,337,986	0.122497	0.000000	51.00
52.00	DELIVERY ROOM & LABOR ROOM	43,026,983	7,921,795	50,948,778	0.355377	0.000000	52.00
53.00	ANESTHESIOLOGY	18,844,747	20,052,152	38,896,899	0.073579	0.000000	53.00
54.00	RADIOLOGY-DIAGNOSTIC	21,868,037	99,738,505	121,606,542	0.182354	0.000000	54.00
54.01	ULTRASOUND	5,490,097	26,314,789	31,804,886	0.130677	0.000000	54.01
55.00	RADIOLOGY-THERAPEUTIC	3,844,855	56,161,996	60,006,851	0.227888	0.000000	55.00
56.00	RADIOISOTOPE	6,148,664	39,917,207	46,065,871	0.082048	0.000000	56.00
56.01	ONCOLOGY	0	0	0	0.000000	0.000000	56.01
57.00	CT SCAN	44,212,022	72,533,169	116,745,191	0.030872	0.000000	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	10,771,336	30,722,925	41,494,261	0.075838	0.000000	58.00
59.00	CARDIAC CATHETERIZATION	21,838,242	32,176,620	54,014,862	0.167766	0.000000	59.00
60.00	LABORATORY	124,158,599	178,667,220	302,825,819	0.099139	0.000000	60.00
60.01	LABORATORY-PATHOLOGICAL	0	0	0	0.000000	0.000000	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	17,736,859	7,603,551	25,340,410	0.317341	0.000000	62.00
65.00	RESPIRATORY THERAPY	40,431,642	8,604,560	49,036,202	0.275578	0.000000	65.00
66.00	PHYSICAL THERAPY	14,533,196	16,463,470	30,996,666	0.463793	0.000000	66.00
69.00	ELECTROCARDIOLOGY	38,565,709	83,205,474	121,771,183	0.127286	0.000000	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	100,855,474	59,445,213	160,300,687	0.260163	0.000000	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	59,737,896	26,885,754	86,623,650	0.499429	0.000000	72.00
73.00	DRUGS CHARGED TO PATIENTS	150,296,388	106,198,293	256,494,681	0.306486	0.000000	73.00
74.00	RENAL DIALYSIS	7,715,443	1,723,165	9,438,608	0.232273	0.000000	74.00
75.00	ASC (NON-DISTINCT PART)	1,571,790	18,299,545	19,871,335	0.502679	0.000000	75.00
76.00	CARDIAC REHAB	446,899	818,292	1,265,191	1.175831	0.000000	76.00
76.01	GI LAB	6,994,328	39,317,098	46,311,426	0.100663	0.000000	76.01
76.02	ECT	894,183	2,364,638	3,258,821	0.131663	0.000000	76.02
76.03	O/P PSYCH	2,150	3,804,891	3,807,041	0.666621	0.000000	76.03
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0.000000	0.000000	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	0.000000	89.00
90.00	CLINIC	46,135	11,973,641	12,019,776	0.481096	0.000000	90.00
90.01	HYPERBARIC/OP WOUND	21,410	1,583,727	1,605,137	0.666212	0.000000	90.01
91.00	EMERGENCY	34,878,891	67,570,037	102,448,928	0.208005	0.000000	91.00
91.02	NATURAL FAMILY PLANNING	0	0	0	0.000000	0.000000	91.02
91.03	PAIN THERAPY CENTER	0	0	0	0.000000	0.000000	91.03
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	26,517,638	26,517,638	0.303134	0.000000	92.00
92.01	AMBULATORY CARE UNIT	3,674,798	20,619,593	24,294,391	0.087526	0.000000	92.01
	OTHER REIMBURSABLE COST CENTERS						
95.00	AMBULANCE SERVICES	20,375	15,099	35,474	1.258612	0.000000	95.00
99.10	CORF	0	0	0			99.10
	SPECIAL PURPOSE COST CENTERS						
109.00	PANCREAS ACQUISITION	0	0	0			109.00
110.00	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	ISLET ACQUISITION	0	0	0			111.00
200.00	Subtotal (see instructions)	1,374,618,328	1,139,909,913	2,514,528,241			200.00
201.00	Less Observation Beds						201.00
202.00	Total (see instructions)	1,374,618,328	1,139,909,913	2,514,528,241			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES	Provider CCN: 260020	Period: From 07/01/2010 To 06/30/2011	Worksheet C Part I Date/Time Prepared: 1/26/2012 1:32 pm
	Title XIX	Hospital	Cost

	Cost Center Description	PPS Inpatient Ratio		
		11.00		
	INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	ADULTS & PEDIATRICS			30.00
31.00	INTENSIVE CARE UNIT			31.00
32.00	CORONARY CARE UNIT			32.00
33.00	BURN INTENSIVE CARE UNIT			33.00
34.00	SURGICAL INTENSIVE CARE UNIT			34.00
35.00	NEONATAL INTENSIVE CARE UNIT			35.00
40.00	SUBPROVIDER - IPF			40.00
41.00	SUBPROVIDER - IRF			41.00
42.00	SUBPROVIDER			42.00
43.00	NURSERY			43.00
44.00	SKILLED NURSING FACILITY			44.00
46.00	OTHER LONG TERM CARE			46.00
	ANCILLARY SERVICE COST CENTERS			
50.00	OPERATING ROOM	0.000000		50.00
51.00	RECOVERY ROOM	0.000000		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	ANESTHESIOLOGY	0.000000		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
54.01	ULTRASOUND	0.000000		54.01
55.00	RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	RADIOISOTOPE	0.000000		56.00
56.01	ONCOLOGY	0.000000		56.01
57.00	CT SCAN	0.000000		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	LABORATORY	0.000000		60.00
60.01	LABORATORY-PATHOLOGICAL	0.000000		60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000		62.00
65.00	RESPIRATORY THERAPY	0.000000		65.00
66.00	PHYSICAL THERAPY	0.000000		66.00
69.00	ELECTROCARDIOLOGY	0.000000		69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.000000		72.00
73.00	DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	RENAL DIALYSIS	0.000000		74.00
75.00	ASC (NON-DISTINCT PART)	0.000000		75.00
76.00	CARDIAC REHAB	0.000000		76.00
76.01	GI LAB	0.000000		76.01
76.02	ECT	0.000000		76.02
76.03	O/P PSYCH	0.000000		76.03
	OUTPATIENT SERVICE COST CENTERS			
88.00	RURAL HEALTH CLINIC	0.000000		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	CLINIC	0.000000		90.00
90.01	HYPERBARIC/OP WOUND	0.000000		90.01
91.00	EMERGENCY	0.000000		91.00
91.02	NATURAL FAMILY PLANNING	0.000000		91.02
91.03	PAIN THERAPY CENTER	0.000000		91.03
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
92.01	AMBULATORY CARE UNIT	0.000000		92.01
	OTHER REIMBURSABLE COST CENTERS			
95.00	AMBULANCE SERVICES	0.000000		95.00
99.10	CORF			99.10
	SPECIAL PURPOSE COST CENTERS			
109.00	PANCREAS ACQUISITION			109.00
110.00	INTESTINAL ACQUISITION			110.00
111.00	ISLET ACQUISITION			111.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 260020 | Period: From 07/01/2010 To 06/30/2011 | Worksheet D Part I Date/Time Prepared: 1/26/2012 1:32 pm

Title XVIII | Hospital | PPS

	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	7,860,735	0	7,860,735	108,935	72.16	30.00
31.00	INTENSIVE CARE UNIT	4,577,877		4,577,877	46,162	99.17	31.00
32.00	CORONARY CARE UNIT	1,732,192		1,732,192	4,868	355.83	32.00
33.00	BURN INTENSIVE CARE UNIT	238,292		238,292	2,256	105.63	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	420,932		420,932	5,921	71.09	34.00
35.00	NEONATAL INTENSIVE CARE UNIT	2,708,507		2,708,507	25,074	108.02	35.00
40.00	SUBPROVIDER - IPF	889,402	0	889,402	15,515	57.33	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	288,217		288,217	18,943	15.21	43.00
44.00	SKILLED NURSING FACILITY	702,233		702,233	19,006	36.95	44.00
200.00	Total (lines 30-199)	19,418,387		19,418,387	246,680		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 260020	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part I Date/Time Prepared: 1/26/2012 1:32 pm
	Title XVIII	Hospital	PPS

	Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)		
		6.00	7.00		
	INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	22,830	1,647,413		30.00
31.00	INTENSIVE CARE UNIT	20,335	2,016,622		31.00
32.00	CORONARY CARE UNIT	3,086	1,098,091		32.00
33.00	BURN INTENSIVE CARE UNIT	497	52,498		33.00
34.00	SURGICAL INTENSIVE CARE UNIT	2,850	202,607		34.00
35.00	NEONATAL INTENSIVE CARE UNIT	0	0		35.00
40.00	SUBPROVIDER - IPF	8,178	468,845		40.00
41.00	SUBPROVIDER - IRF	0	0		41.00
42.00	SUBPROVIDER	0	0		42.00
43.00	NURSERY	0	0		43.00
44.00	SKILLED NURSING FACILITY	10,968	405,268		44.00
200.00	Total (lines 30-199)	68,744	5,891,344		200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 260020 | Period: From 07/01/2010 To 06/30/2011 | Worksheet D Part II Date/Time Prepared: 1/26/2012 1:32 pm

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	5,519,374	104,451,281	0.052842	15,598,987	824,282	50.00
51.00	RECOVERY ROOM	189,021	31,337,986	0.006032	3,830,753	23,107	51.00
52.00	DELIVERY ROOM & LABOR ROOM	1,369,633	50,948,778	0.026883	132,885	3,572	52.00
53.00	ANESTHESIOLOGY	709,632	38,896,899	0.018244	5,494,069	100,234	53.00
54.00	RADIOLOGY-DIAGNOSTIC	5,120,620	121,606,542	0.042108	7,660,067	322,550	54.00
54.01	ULTRASOUND	724,961	31,804,886	0.022794	866,240	19,745	54.01
55.00	RADIOLOGY-THERAPEUTIC	4,150,290	60,006,851	0.069164	1,612,595	111,534	55.00
56.00	RADIOISOTOPE	865,550	46,065,871	0.018789	3,020,678	56,756	56.00
56.01	ONCOLOGY	0	0	0.000000	0	0	56.01
57.00	CT SCAN	915,385	116,745,191	0.007841	15,065,563	118,129	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	1,439,385	41,494,261	0.034689	3,562,926	123,594	58.00
59.00	CARDIAC CATHETERIZATION	1,650,670	54,014,862	0.030560	8,971,882	274,181	59.00
60.00	LABORATORY	1,761,119	302,825,819	0.005816	43,077,816	250,541	60.00
60.01	LABORATORY-PATHOLOGICAL	0	0	0.000000	0	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	324,022	25,340,410	0.012787	7,287,529	93,186	62.00
65.00	RESPIRATORY THERAPY	920,438	49,036,202	0.018771	14,597,984	274,019	65.00
66.00	PHYSICAL THERAPY	1,127,432	30,996,666	0.036373	5,768,119	209,804	66.00
69.00	ELECTROCARDIOLOGY	1,750,749	121,771,183	0.014377	18,179,931	261,373	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,040,860	160,300,687	0.006493	62,219,340	403,990	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	1,085,078	86,623,650	0.012526	21,111,722	264,445	72.00
73.00	DRUGS CHARGED TO PATIENTS	1,905,017	256,494,681	0.007427	44,706,948	332,039	73.00
74.00	RENAL DIALYSIS	183,616	9,438,608	0.019454	3,028,872	58,924	74.00
75.00	ASC (NON-DISTINCT PART)	1,678,937	19,871,335	0.084490	434,670	36,725	75.00
76.00	CARDIAC REHAB	152,488	1,265,191	0.120526	319,260	38,479	76.00
76.01	GI LAB	811,981	46,311,426	0.017533	2,906,868	50,966	76.01
76.02	ECT	56,436	3,258,821	0.017318	6,846	119	76.02
76.03	O/P PSYCH	385,488	3,807,041	0.101257	0	0	76.03
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	CLINIC	659,314	12,019,776	0.054852	35,557	1,950	90.00
90.01	HYPERBARIC/OP WOUND	124,530	1,605,137	0.077582	16,661	1,293	90.01
91.00	EMERGENCY	1,672,698	102,448,928	0.016327	8,957,399	146,247	91.00
91.02	NATURAL FAMILY PLANNING	0	0	0.000000	0	0	91.02
91.03	PAIN THERAPY CENTER	0	0	0.000000	0	0	91.03
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	768,428	26,517,638	0.028978	0	0	92.00
92.01	AMBULATORY CARE UNIT	389,524	24,294,391	0.016033	3,590,366	57,564	92.01
	OTHER REIMBURSABLE COST CENTERS						
95.00	AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	39,452,676	1,981,600,998		302,062,533	4,459,348	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260020	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part III Date/Time Prepared: 1/26/2012 1:32 pm
	Title XVIII	Hospital	PPS

	Cost Center Description	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	31.00
32.00	CORONARY CARE UNIT	0	0	0		0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0		0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0		0	34.00
35.00	NEONATAL INTENSIVE CARE UNIT	0	0	0		0	35.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	0	0		0	43.00
44.00	SKILLED NURSING FACILITY	0	0	0		0	44.00
200.00	Total (lines 30-199)	0	0	0		0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260020	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part III Date/Time Prepared: 1/26/2012 1:32 pm
	Title XVIII	Hospital	PPS

	Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
		6.00	7.00	8.00	9.00		
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	108,935	0.00	22,830	0		30.00
31.00	INTENSIVE CARE UNIT	46,162	0.00	20,335	0		31.00
32.00	CORONARY CARE UNIT	4,868	0.00	3,086	0		32.00
33.00	BURN INTENSIVE CARE UNIT	2,256	0.00	497	0		33.00
34.00	SURGICAL INTENSIVE CARE UNIT	5,921	0.00	2,850	0		34.00
35.00	NEONATAL INTENSIVE CARE UNIT	25,074	0.00	0	0		35.00
40.00	SUBPROVIDER - IPF	15,515	0.00	8,178	0		40.00
41.00	SUBPROVIDER - IRF	0	0.00	0	0		41.00
42.00	SUBPROVIDER	0	0.00	0	0		42.00
43.00	NURSERY	18,943	0.00	0	0		43.00
44.00	SKILLED NURSING FACILITY	19,006	0.00	10,968	0		44.00
200.00	Total (lines 30-199)	246,680		68,744	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260020 | Period: From 07/01/2010 To 06/30/2011 | Worksheet D Part IV Date/Time Prepared: 1/26/2012 1:32 pm

Title XVIII | Hospital | 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	217,100	0	217,100	54.00
54.01	ULTRASOUND	0	0	0	0	0	54.01
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	ONCOLOGY	0	0	0	0	0	56.01
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	0	0	302,326	0	302,326	60.00
60.01	LABORATORY-PATHOLOGICAL	0	0	0	0	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	CARDIAC REHAB	0	0	0	0	0	76.00
76.01	GI LAB	0	0	0	0	0	76.01
76.02	ECT	0	0	0	0	0	76.02
76.03	O/P PSYCH	0	0	0	0	0	76.03
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
90.01	HYPERBARIC/OP WOUND	0	0	0	0	0	90.01
91.00	EMERGENCY	0	0	0	0	0	91.00
91.02	NATURAL FAMILY PLANNING	0	0	0	0	0	91.02
91.03	PAIN THERAPY CENTER	0	0	0	0	0	91.03
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	AMBULATORY CARE UNIT	0	0	0	0	0	92.01
	OTHER REIMBURSABLE COST CENTERS						
95.00	AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	0	0	519,426	0	519,426	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260020 | Period: From 07/01/2010 To 06/30/2011 | Worksheet D Part IV Date/Time Prepared: 1/26/2012 1:32 pm

Title XVIII | Hospital | PPS

	Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	104,451,281	0.000000	0.000000	15,598,987	50.00
51.00	RECOVERY ROOM	0	31,337,986	0.000000	0.000000	3,830,753	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	50,948,778	0.000000	0.000000	132,885	52.00
53.00	ANESTHESIOLOGY	0	38,896,899	0.000000	0.000000	5,494,069	53.00
54.00	RADIOLOGY-DIAGNOSTIC	217,100	121,606,542	0.001785	0.001785	7,660,067	54.00
54.01	ULTRASOUND	0	31,804,886	0.000000	0.000000	866,240	54.01
55.00	RADIOLOGY-THERAPEUTIC	0	60,006,851	0.000000	0.000000	1,612,595	55.00
56.00	RADIOISOTOPE	0	46,065,871	0.000000	0.000000	3,020,678	56.00
56.01	ONCOLOGY	0	0	0.000000	0.000000	0	56.01
57.00	CT SCAN	0	116,745,191	0.000000	0.000000	15,065,563	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	41,494,261	0.000000	0.000000	3,562,926	58.00
59.00	CARDIAC CATHETERIZATION	0	54,014,862	0.000000	0.000000	8,971,882	59.00
60.00	LABORATORY	302,326	302,825,819	0.000998	0.000998	43,077,816	60.00
60.01	LABORATORY-PATHOLOGICAL	0	0	0.000000	0.000000	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	25,340,410	0.000000	0.000000	7,287,529	62.00
65.00	RESPIRATORY THERAPY	0	49,036,202	0.000000	0.000000	14,597,984	65.00
66.00	PHYSICAL THERAPY	0	30,996,666	0.000000	0.000000	5,768,119	66.00
69.00	ELECTROCARDIOLOGY	0	121,771,183	0.000000	0.000000	18,179,931	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	160,300,687	0.000000	0.000000	62,219,340	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	86,623,650	0.000000	0.000000	21,111,722	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	256,494,681	0.000000	0.000000	44,706,948	73.00
74.00	RENAL DIALYSIS	0	9,438,608	0.000000	0.000000	3,028,872	74.00
75.00	ASC (NON-DISTINCT PART)	0	19,871,335	0.000000	0.000000	434,670	75.00
76.00	CARDIAC REHAB	0	1,265,191	0.000000	0.000000	319,260	76.00
76.01	GI LAB	0	46,311,426	0.000000	0.000000	2,906,868	76.01
76.02	ECT	0	3,258,821	0.000000	0.000000	6,846	76.02
76.03	O/P PSYCH	0	3,807,041	0.000000	0.000000	0	76.03
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	CLINIC	0	12,019,776	0.000000	0.000000	35,557	90.00
90.01	HYPERBARIC/OP WOUND	0	1,605,137	0.000000	0.000000	16,661	90.01
91.00	EMERGENCY	0	102,448,928	0.000000	0.000000	8,957,399	91.00
91.02	NATURAL FAMILY PLANNING	0	0	0.000000	0.000000	0	91.02
91.03	PAIN THERAPY CENTER	0	0	0.000000	0.000000	0	91.03
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	26,517,638	0.000000	0.000000	0	92.00
92.01	AMBULATORY CARE UNIT	0	24,294,391	0.000000	0.000000	3,590,366	92.01
	OTHER REIMBURSABLE COST CENTERS						
95.00	AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	519,426	1,981,600,998			302,062,533	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260020	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 1/26/2012 1:32 pm
	Title XVIII	Hospital	PPS

	Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		11.00	12.00	13.00		
	ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0	8,025,582	0		50.00
51.00	RECOVERY ROOM	0	2,121,148	0		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	43,615	0		52.00
53.00	ANESTHESIOLOGY	0	2,698,290	0		53.00
54.00	RADIOLOGY-DIAGNOSTIC	13,673	15,443,271	27,566		54.00
54.01	ULTRASOUND	0	845,519	0		54.01
55.00	RADIOLOGY-THERAPEUTIC	0	16,884,851	0		55.00
56.00	RADIOISOTOPE	0	14,078,938	0		56.00
56.01	ONCOLOGY	0	0	0		56.01
57.00	CT SCAN	0	13,150,923	0		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	4,927,403	0		58.00
59.00	CARDIAC CATHETERIZATION	0	10,714,229	0		59.00
60.00	LABORATORY	42,992	3,941,322	3,933		60.00
60.01	LABORATORY-PATHOLOGICAL	0	0	0		60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	753,717	0		62.00
65.00	RESPIRATORY THERAPY	0	1,404,847	0		65.00
66.00	PHYSICAL THERAPY	0	298,492	0		66.00
69.00	ELECTROCARDIOLOGY	0	20,727,264	0		69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	12,803,510	0		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	8,862,150	0		72.00
73.00	DRUGS CHARGED TO PATIENTS	0	24,483,362	0		73.00
74.00	RENAL DIALYSIS	0	157,877	0		74.00
75.00	ASC (NON-DISTINCT PART)	0	2,297,463	0		75.00
76.00	CARDIAC REHAB	0	265,260	0		76.00
76.01	GI LAB	0	7,305,299	0		76.01
76.02	ECT	0	944,902	0		76.02
76.03	O/P PSYCH	0	807,023	0		76.03
	OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	CLINIC	0	1,772,812	0		90.00
90.01	HYPERBARIC/OP WOUND	0	599,126	0		90.01
91.00	EMERGENCY	0	6,180,648	0		91.00
91.02	NATURAL FAMILY PLANNING	0	0	0		91.02
91.03	PAIN THERAPY CENTER	0	0	0		91.03
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
92.01	AMBULATORY CARE UNIT	0	7,205,162	0		92.01
	OTHER REIMBURSABLE COST CENTERS					
95.00	AMBULANCE SERVICES					95.00
200.00	Total (lines 50-199)	56,665	189,744,005	31,499		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 260020 | Period: From 07/01/2010 To 06/30/2011 | Worksheet D Part V Date/Time Prepared: 1/26/2012 1:32 pm

Title XVIII | Hospital | PPS

	Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see instructions)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Charges: 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	0.383903	8,025,582	0	0		50.00
51.00	RECOVERY ROOM	0.122497	2,121,148	0	0		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.355377	43,615	0	0		52.00
53.00	ANESTHESIOLOGY	0.073579	2,698,290	0	0		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.182354	15,443,271	0	0		54.00
54.01	ULTRASOUND	0.130677	845,519	0	0		54.01
55.00	RADIOLOGY-THERAPEUTIC	0.227888	16,884,851	0	0		55.00
56.00	RADIOISOTOPE	0.082048	14,078,938	0	0		56.00
56.01	ONCOLOGY	0.000000	0	0	0		56.01
57.00	CT SCAN	0.030872	13,150,923	0	0		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.075838	4,927,403	0	0		58.00
59.00	CARDIAC CATHETERIZATION	0.167766	10,714,229	0	0		59.00
60.00	LABORATORY	0.099139	3,941,322	0	0		60.00
60.01	LABORATORY-PATHOLOGICAL	0.000000	0	0	0		60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.317341	753,717	0	0		62.00
65.00	RESPIRATORY THERAPY	0.275578	1,404,847	0	0		65.00
66.00	PHYSICAL THERAPY	0.463793	298,492	0	0		66.00
69.00	ELECTROCARDIOLOGY	0.127286	20,727,264	0	0		69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.260163	12,803,510	0	0		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.499429	8,862,150	0	0		72.00
73.00	DRUGS CHARGED TO PATIENTS	0.306486	24,483,362	0	36,052		73.00
74.00	RENAL DIALYSIS	0.232273	157,877	0	0		74.00
75.00	ASC (NON-DISTINCT PART)	0.502679	2,297,463	0	0		75.00
76.00	CARDIAC REHAB	1.175831	265,260	0	0		76.00
76.01	GI LAB	0.100663	7,305,299	0	0		76.01
76.02	ECT	0.131663	944,902	0	0		76.02
76.03	O/P PSYCH	0.666621	807,023	0	0		76.03
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0.000000					88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000					89.00
90.00	CLINIC	0.481096	1,772,812	0	0		90.00
90.01	HYPERBARIC/OP WOUND	0.666212	599,126	0	0		90.01
91.00	EMERGENCY	0.208005	6,180,648	0	0		91.00
91.02	NATURAL FAMILY PLANNING	0.000000	0	0	0		91.02
91.03	PAIN THERAPY CENTER	0.000000	0	0	0		91.03
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.308648	0	0	0		92.00
92.01	AMBULATORY CARE UNIT	0.087526	7,205,162	0	0		92.01
	OTHER REIMBURSABLE COST CENTERS						
95.00	AMBULANCE SERVICES	1.258612		0			95.00
200.00	Subtotal (see instructions)		189,744,005	0	36,052		200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 +/- line 201)		189,744,005	0	36,052		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 260020	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part V Date/Time Prepared: 1/26/2012 1:32 pm
	Title XVIII	Hospital	PPS

	Cost Center Description	Costs: PPS Services (see instructions)	Costs: Cost Services Subject To Ded. & Coins. (see instructions)	Costs: Cost Services Not Subject To Ded. & Coins. (see instructions)		
		5.00	6.00	7.00		
	ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	3,081,045	0	0		50.00
51.00	RECOVERY ROOM	259,834	0	0		51.00
52.00	DELIVERY ROOM & LABOR ROOM	15,500	0	0		52.00
53.00	ANESTHESIOLOGY	198,537	0	0		53.00
54.00	RADIOLOGY-DIAGNOSTIC	2,816,142	0	0		54.00
54.01	ULTRASOUND	110,490	0	0		54.01
55.00	RADIOLOGY-THERAPEUTIC	3,847,855	0	0		55.00
56.00	RADIOISOTOPE	1,155,149	0	0		56.00
56.01	ONCOLOGY	0	0	0		56.01
57.00	CT SCAN	405,995	0	0		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	373,684	0	0		58.00
59.00	CARDIAC CATHETERIZATION	1,797,483	0	0		59.00
60.00	LABORATORY	390,739	0	0		60.00
60.01	LABORATORY-PATHOLOGICAL	0	0	0		60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	239,185	0	0		62.00
65.00	RESPIRATORY THERAPY	387,145	0	0		65.00
66.00	PHYSICAL THERAPY	138,439	0	0		66.00
69.00	ELECTROCARDIOLOGY	2,638,291	0	0		69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,331,000	0	0		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	4,426,015	0	0		72.00
73.00	DRUGS CHARGED TO PATIENTS	7,503,808	0	11,049		73.00
74.00	RENAL DIALYSIS	36,671	0	0		74.00
75.00	ASC (NON-DISTINCT PART)	1,154,886	0	0		75.00
76.00	CARDIAC REHAB	311,901	0	0		76.00
76.01	GI LAB	735,373	0	0		76.01
76.02	ECT	124,409	0	0		76.02
76.03	O/P PSYCH	537,978	0	0		76.03
	OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	CLINIC	852,893	0	0		90.00
90.01	HYPERBARIC/OP WOUND	399,145	0	0		90.01
91.00	EMERGENCY	1,285,606	0	0		91.00
91.02	NATURAL FAMILY PLANNING	0	0	0		91.02
91.03	PAIN THERAPY CENTER	0	0	0		91.03
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
92.01	AMBULATORY CARE UNIT	630,639	0	0		92.01
	OTHER REIMBURSABLE COST CENTERS					
95.00	AMBULANCE SERVICES		0			95.00
200.00	Subtotal (see instructions)	39,185,837	0	11,049		200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges		0			201.00
202.00	Net Charges (line 200 +/- line 201)	39,185,837	0	11,049		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS	Provider CCN: 260020 Component CCN: 26S020	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part II Date/Time Prepared: 1/26/2012 1:32 pm
	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	5,519,374	104,451,281	0.052842	2,160	114	50.00
51.00	RECOVERY ROOM	189,021	31,337,986	0.006032	2,493	15	51.00
52.00	DELIVERY ROOM & LABOR ROOM	1,369,633	50,948,778	0.026883	0	0	52.00
53.00	ANESTHESIOLOGY	709,632	38,896,899	0.018244	2,538	46	53.00
54.00	RADIOLOGY-DIAGNOSTIC	5,120,620	121,606,542	0.042108	82,537	3,475	54.00
54.01	ULTRASOUND	724,961	31,804,886	0.022794	7,638	174	54.01
55.00	RADIOLOGY-THERAPEUTIC	4,150,290	60,006,851	0.069164	5,710	395	55.00
56.00	RADIOISOTOPE	865,550	46,065,871	0.018789	22,246	418	56.00
56.01	ONCOLOGY	0	0	0.000000	0	0	56.01
57.00	CT SCAN	915,385	116,745,191	0.007841	237,048	1,859	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	1,439,385	41,494,261	0.034689	18,701	649	58.00
59.00	CARDIAC CATHETERIZATION	1,650,670	54,014,862	0.030560	0	0	59.00
60.00	LABORATORY	1,761,119	302,825,819	0.005816	1,316,641	7,658	60.00
60.01	LABORATORY-PATHOLOGICAL	0	0	0.000000	0	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	324,022	25,340,410	0.012787	354	5	62.00
65.00	RESPIRATORY THERAPY	920,438	49,036,202	0.018771	34,844	654	65.00
66.00	PHYSICAL THERAPY	1,127,432	30,996,666	0.036373	111,073	4,040	66.00
69.00	ELECTROCARDIOLOGY	1,750,749	121,771,183	0.014377	117,272	1,686	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,040,860	160,300,687	0.006493	314,300	2,041	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	1,085,078	86,623,650	0.012526	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	1,905,017	256,494,681	0.007427	2,303,126	17,105	73.00
74.00	RENAL DIALYSIS	183,616	9,438,608	0.019454	4,653	91	74.00
75.00	ASC (NON-DISTINCT PART)	1,678,937	19,871,335	0.084490	157	13	75.00
76.00	CARDIAC REHAB	152,488	1,265,191	0.120526	18,076	2,179	76.00
76.01	GI LAB	811,981	46,311,426	0.017533	16,967	297	76.01
76.02	ECT	56,436	3,258,821	0.017318	527,213	9,130	76.02
76.03	O/P PSYCH	385,488	3,807,041	0.101257	1,810	183	76.03
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	CLINIC	659,314	12,019,776	0.054852	0	0	90.00
90.01	HYPERBARIC/OP WOUND	124,530	1,605,137	0.077582	0	0	90.01
91.00	EMERGENCY	1,672,698	102,448,928	0.016327	672,726	10,984	91.00
91.02	NATURAL FAMILY PLANNING	0	0	0.000000	0	0	91.02
91.03	PAIN THERAPY CENTER	0	0	0.000000	0	0	91.03
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	768,428	26,517,638	0.028978	0	0	92.00
92.01	AMBULATORY CARE UNIT	389,524	24,294,391	0.016033	17,661	283	92.01
	OTHER REIMBURSABLE COST CENTERS						
95.00	AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	39,452,676	1,981,600,998		5,837,944	63,494	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260020 Component CCN: 26S020	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 1/26/2012 1:32 pm
	Title XVIII	Subprovider - IPF	PPS

	Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	0	0	0	0	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	217,100	0	217,100	54.00
54.01	ULTRASOUND	0	0	0	0	0	54.01
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	ONCOLOGY	0	0	0	0	0	56.01
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	0	0	302,326	0	302,326	60.00
60.01	LABORATORY-PATHOLOGICAL	0	0	0	0	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	CARDIAC REHAB	0	0	0	0	0	76.00
76.01	GI LAB	0	0	0	0	0	76.01
76.02	ECT	0	0	0	0	0	76.02
76.03	O/P PSYCH	0	0	0	0	0	76.03
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
90.01	HYPERBARIC/OP WOUND	0	0	0	0	0	90.01
91.00	EMERGENCY	0	0	0	0	0	91.00
91.02	NATURAL FAMILY PLANNING	0	0	0	0	0	91.02
91.03	PAIN THERAPY CENTER	0	0	0	0	0	91.03
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	AMBULATORY CARE UNIT	0	0	0	0	0	92.01
	OTHER REIMBURSABLE COST CENTERS						
95.00	AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	0	0	519,426	0	519,426	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260020 Component CCN: 26S020	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 1/26/2012 1:32 pm
	Title XVIII	Subprovider - IPF	PPS

	Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	104,451,281	0.000000	0.000000	2,160	50.00
51.00	RECOVERY ROOM	0	31,337,986	0.000000	0.000000	2,493	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	50,948,778	0.000000	0.000000	0	52.00
53.00	ANESTHESIOLOGY	0	38,896,899	0.000000	0.000000	2,538	53.00
54.00	RADIOLOGY-DIAGNOSTIC	217,100	121,606,542	0.001785	0.001785	82,537	54.00
54.01	ULTRASOUND	0	31,804,886	0.000000	0.000000	7,638	54.01
55.00	RADIOLOGY-THERAPEUTIC	0	60,006,851	0.000000	0.000000	5,710	55.00
56.00	RADIOISOTOPE	0	46,065,871	0.000000	0.000000	22,246	56.00
56.01	ONCOLOGY	0	0	0.000000	0.000000	0	56.01
57.00	CT SCAN	0	116,745,191	0.000000	0.000000	237,048	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	41,494,261	0.000000	0.000000	18,701	58.00
59.00	CARDIAC CATHETERIZATION	0	54,014,862	0.000000	0.000000	0	59.00
60.00	LABORATORY	302,326	302,825,819	0.000998	0.000998	1,316,641	60.00
60.01	LABORATORY-PATHOLOGICAL	0	0	0.000000	0.000000	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	25,340,410	0.000000	0.000000	354	62.00
65.00	RESPIRATORY THERAPY	0	49,036,202	0.000000	0.000000	34,844	65.00
66.00	PHYSICAL THERAPY	0	30,996,666	0.000000	0.000000	111,073	66.00
69.00	ELECTROCARDIOLOGY	0	121,771,183	0.000000	0.000000	117,272	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	160,300,687	0.000000	0.000000	314,300	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	86,623,650	0.000000	0.000000	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	256,494,681	0.000000	0.000000	2,303,126	73.00
74.00	RENAL DIALYSIS	0	9,438,608	0.000000	0.000000	4,653	74.00
75.00	ASC (NON-DISTINCT PART)	0	19,871,335	0.000000	0.000000	157	75.00
76.00	CARDIAC REHAB	0	1,265,191	0.000000	0.000000	18,076	76.00
76.01	GI LAB	0	46,311,426	0.000000	0.000000	16,967	76.01
76.02	ECT	0	3,258,821	0.000000	0.000000	527,213	76.02
76.03	O/P PSYCH	0	3,807,041	0.000000	0.000000	1,810	76.03
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	CLINIC	0	12,019,776	0.000000	0.000000	0	90.00
90.01	HYPERBARIC/OP WOUND	0	1,605,137	0.000000	0.000000	0	90.01
91.00	EMERGENCY	0	102,448,928	0.000000	0.000000	672,726	91.00
91.02	NATURAL FAMILY PLANNING	0	0	0.000000	0.000000	0	91.02
91.03	PAIN THERAPY CENTER	0	0	0.000000	0.000000	0	91.03
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	26,517,638	0.000000	0.000000	0	92.00
92.01	AMBULATORY CARE UNIT	0	24,294,391	0.000000	0.000000	17,661	92.01
	OTHER REIMBURSABLE COST CENTERS						
95.00	AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	519,426	1,981,600,998			5,837,944	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260020 Component CCN: 26S020	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 1/26/2012 1:32 pm
	Title XVIII	Subprovider - IPF	PPS

	Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		11.00	12.00	13.00		
	ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0	0	0		50.00
51.00	RECOVERY ROOM	0	0	0		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	ANESTHESIOLOGY	0	0	0		53.00
54.00	RADIOLOGY-DIAGNOSTIC	147	0	0		54.00
54.01	ULTRASOUND	0	0	0		54.01
55.00	RADIOLOGY-THERAPEUTIC	0	0	0		55.00
56.00	RADIOISOTOPE	0	0	0		56.00
56.01	ONCOLOGY	0	0	0		56.01
57.00	CT SCAN	0	0	0		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00	CARDIAC CATHETERIZATION	0	0	0		59.00
60.00	LABORATORY	1,314	0	0		60.00
60.01	LABORATORY-PATHOLOGICAL	0	0	0		60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0		62.00
65.00	RESPIRATORY THERAPY	0	0	0		65.00
66.00	PHYSICAL THERAPY	0	0	0		66.00
69.00	ELECTROCARDIOLOGY	0	0	0		69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0		72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0		73.00
74.00	RENAL DIALYSIS	0	0	0		74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0		75.00
76.00	CARDIAC REHAB	0	0	0		76.00
76.01	GI LAB	0	0	0		76.01
76.02	ECT	0	0	0		76.02
76.03	O/P PSYCH	0	0	0		76.03
	OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	CLINIC	0	0	0		90.00
90.01	HYPERBARIC/OP WOUND	0	0	0		90.01
91.00	EMERGENCY	0	0	0		91.00
91.02	NATURAL FAMILY PLANNING	0	0	0		91.02
91.03	PAIN THERAPY CENTER	0	0	0		91.03
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
92.01	AMBULATORY CARE UNIT	0	0	0		92.01
	OTHER REIMBURSABLE COST CENTERS					
95.00	AMBULANCE SERVICES					95.00
200.00	Total (lines 50-199)	1,461	0	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260020 Component CCN: 265298	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 1/26/2012 1:32 pm
	Title XVIII	Skilled Nursing Facility	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	217,100	0	217,100	54.00
54.01	ULTRASOUND	0	0	0	0	0	54.01
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	ONCOLOGY	0	0	0	0	0	56.01
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	0	0	302,326	0	302,326	60.00
60.01	LABORATORY-PATHOLOGICAL	0	0	0	0	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	CARDIAC REHAB	0	0	0	0	0	76.00
76.01	GI LAB	0	0	0	0	0	76.01
76.02	ECT	0	0	0	0	0	76.02
76.03	O/P PSYCH	0	0	0	0	0	76.03
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
90.01	HYPERBARIC/OP WOUND	0	0	0	0	0	90.01
91.00	EMERGENCY	0	0	0	0	0	91.00
91.02	NATURAL FAMILY PLANNING	0	0	0	0	0	91.02
91.03	PAIN THERAPY CENTER	0	0	0	0	0	91.03
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	AMBULATORY CARE UNIT	0	0	0	0	0	92.01
	OTHER REIMBURSABLE COST CENTERS						
95.00	AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	0	0	519,426	0	519,426	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260020 Component CCN: 265298	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 1/26/2012 1:32 pm
	Title XVIII	Skilled Nursing Facility	PPS

	Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	104,451,281	0.000000	0.000000	0	50.00
51.00	RECOVERY ROOM	0	31,337,986	0.000000	0.000000	82,762	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	50,948,778	0.000000	0.000000	0	52.00
53.00	ANESTHESIOLOGY	0	38,896,899	0.000000	0.000000	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	217,100	121,606,542	0.001785	0.001785	0	54.00
54.01	ULTRASOUND	0	31,804,886	0.000000	0.000000	10,106	54.01
55.00	RADIOLOGY-THERAPEUTIC	0	60,006,851	0.000000	0.000000	1,547	55.00
56.00	RADIOISOTOPE	0	46,065,871	0.000000	0.000000	0	56.00
56.01	ONCOLOGY	0	0	0.000000	0.000000	0	56.01
57.00	CT SCAN	0	116,745,191	0.000000	0.000000	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	41,494,261	0.000000	0.000000	0	58.00
59.00	CARDIAC CATHETERIZATION	0	54,014,862	0.000000	0.000000	0	59.00
60.00	LABORATORY	302,326	302,825,819	0.000998	0.000998	860,350	60.00
60.01	LABORATORY-PATHOLOGICAL	0	0	0.000000	0.000000	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	25,340,410	0.000000	0.000000	26,720	62.00
65.00	RESPIRATORY THERAPY	0	49,036,202	0.000000	0.000000	7,241	65.00
66.00	PHYSICAL THERAPY	0	30,996,666	0.000000	0.000000	6,099,510	66.00
69.00	ELECTROCARDIOLOGY	0	121,771,183	0.000000	0.000000	30,320	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	160,300,687	0.000000	0.000000	317,042	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	86,623,650	0.000000	0.000000	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	256,494,681	0.000000	0.000000	2,975,725	73.00
74.00	RENAL DIALYSIS	0	9,438,608	0.000000	0.000000	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	19,871,335	0.000000	0.000000	0	75.00
76.00	CARDIAC REHAB	0	1,265,191	0.000000	0.000000	0	76.00
76.01	GI LAB	0	46,311,426	0.000000	0.000000	0	76.01
76.02	ECT	0	3,258,821	0.000000	0.000000	0	76.02
76.03	O/P PSYCH	0	3,807,041	0.000000	0.000000	0	76.03
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	CLINIC	0	12,019,776	0.000000	0.000000	0	90.00
90.01	HYPERBARIC/OP WOUND	0	1,605,137	0.000000	0.000000	447	90.01
91.00	EMERGENCY	0	102,448,928	0.000000	0.000000	0	91.00
91.02	NATURAL FAMILY PLANNING	0	0	0.000000	0.000000	0	91.02
91.03	PAIN THERAPY CENTER	0	0	0.000000	0.000000	0	91.03
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	26,517,638	0.000000	0.000000	0	92.00
92.01	AMBULATORY CARE UNIT	0	24,294,391	0.000000	0.000000	2,277	92.01
	OTHER REIMBURSABLE COST CENTERS						
95.00	AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	519,426	1,981,600,998			10,414,047	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260020 Component CCN: 265298	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 1/26/2012 1:32 pm
	Title XVIII	Skilled Nursing Facility	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
54.01	ULTRASOUND	0	0	0		54.01
55.00	RADIOLOGY-THERAPEUTIC	0	0	0		55.00
56.00	RADIOISOTOPE	0	0	0		56.00
56.01	ONCOLOGY	0	0	0		56.01
57.00	CT SCAN	0	0	0		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00	CARDIAC CATHETERIZATION	0	0	0		59.00
60.00	LABORATORY	859	0	0		60.00
60.01	LABORATORY-PATHOLOGICAL	0	0	0		60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0		62.00
65.00	RESPIRATORY THERAPY	0	0	0		65.00
66.00	PHYSICAL THERAPY	0	0	0		66.00
69.00	ELECTROCARDIOLOGY	0	0	0		69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0		72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0		73.00
74.00	RENAL DIALYSIS	0	0	0		74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0		75.00
76.00	CARDIAC REHAB	0	0	0		76.00
76.01	GI LAB	0	0	0		76.01
76.02	ECT	0	0	0		76.02
76.03	O/P PSYCH	0	0	0		76.03
	OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	CLINIC	0	0	0		90.00
90.01	HYPERBARIC/OP WOUND	0	0	0		90.01
91.00	EMERGENCY	0	0	0		91.00
91.02	NATURAL FAMILY PLANNING	0	0	0		91.02
91.03	PAIN THERAPY CENTER	0	0	0		91.03
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
92.01	AMBULATORY CARE UNIT	0	0	0		92.01
	OTHER REIMBURSABLE COST CENTERS					
95.00	AMBULANCE SERVICES					95.00
200.00	Total (lines 50-199)	859	0	0		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 260020 | Period: From 07/01/2010 To 06/30/2011 | Worksheet D Part I Date/Time Prepared: 1/26/2012 1:32 pm

Title XIX | Hospital | Cost

	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	7,860,735	0	7,860,735	108,935	72.16	30.00
31.00	INTENSIVE CARE UNIT	4,577,877		4,577,877	46,162	99.17	31.00
32.00	CORONARY CARE UNIT	1,732,192		1,732,192	4,868	355.83	32.00
33.00	BURN INTENSIVE CARE UNIT	238,292		238,292	2,256	105.63	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	420,932		420,932	5,921	71.09	34.00
35.00	NEONATAL INTENSIVE CARE UNIT	2,708,507		2,708,507	25,074	108.02	35.00
40.00	SUBPROVIDER - IPF	889,402	0	889,402	15,515	57.33	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	288,217		288,217	18,943	15.21	43.00
44.00	SKILLED NURSING FACILITY	702,233		702,233	19,006	36.95	44.00
200.00	Total (lines 30-199)	19,418,387		19,418,387	246,680		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 260020	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part I Date/Time Prepared: 1/26/2012 1:32 pm
	Title XIX	Hospital	Cost

	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	5,830	420,693		30.00
31.00	INTENSIVE CARE UNIT	3,375	334,699		31.00
32.00	CORONARY CARE UNIT	214	76,148		32.00
33.00	BURN INTENSIVE CARE UNIT	398	42,041		33.00
34.00	SURGICAL INTENSIVE CARE UNIT	229	16,280		34.00
35.00	NEONATAL INTENSIVE CARE UNIT	2,644	285,605		35.00
40.00	SUBPROVIDER - IPF	1,777	101,875		40.00
41.00	SUBPROVIDER - IRF	0	0		41.00
42.00	SUBPROVIDER	0	0		42.00
43.00	NURSERY	868	13,202		43.00
44.00	SKILLED NURSING FACILITY	1,995	73,715		44.00
200.00	Total (lines 30-199)	17,330	1,364,258		200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 260020 | Period: From 07/01/2010 To 06/30/2011 | Worksheet D Part II Date/Time Prepared: 1/26/2012 1:32 pm

Title XIX | Hospital | Cost

	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	5,519,374	104,451,281	0.052842	2,629,872	138,968	50.00
51.00	RECOVERY ROOM	189,021	31,337,986	0.006032	771,507	4,654	51.00
52.00	DELIVERY ROOM & LABOR ROOM	1,369,633	50,948,778	0.026883	1,201,512	32,300	52.00
53.00	ANESTHESIOLOGY	709,632	38,896,899	0.018244	948,109	17,297	53.00
54.00	RADIOLOGY-DIAGNOSTIC	5,120,620	121,606,542	0.042108	1,549,194	65,233	54.00
54.01	ULTRASOUND	724,961	31,804,886	0.022794	400,219	9,123	54.01
55.00	RADIOLOGY-THERAPEUTIC	4,150,290	60,006,851	0.069164	361,171	24,980	55.00
56.00	RADIOISOTOPE	865,550	46,065,871	0.018789	271,036	5,092	56.00
56.01	ONCOLOGY	0	0	0.000000	0	0	56.01
57.00	CT SCAN	915,385	116,745,191	0.007841	2,768,088	21,705	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	1,439,385	41,494,261	0.034689	789,484	27,386	58.00
59.00	CARDIAC CATHETERIZATION	1,650,670	54,014,862	0.030560	1,027,765	31,408	59.00
60.00	LABORATORY	1,761,119	302,825,819	0.005816	8,495,994	49,413	60.00
60.01	LABORATORY-PATHOLOGICAL	0	0	0.000000	0	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	324,022	25,340,410	0.012787	1,674,442	21,411	62.00
65.00	RESPIRATORY THERAPY	920,438	49,036,202	0.018771	3,754,429	70,474	65.00
66.00	PHYSICAL THERAPY	1,127,432	30,996,666	0.036373	969,393	35,260	66.00
69.00	ELECTROCARDIOLOGY	1,750,749	121,771,183	0.014377	2,200,790	31,641	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,040,860	160,300,687	0.006493	16,950,660	110,061	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	1,085,078	86,623,650	0.012526	2,172,227	27,209	72.00
73.00	DRUGS CHARGED TO PATIENTS	1,905,017	256,494,681	0.007427	12,553,212	93,233	73.00
74.00	RENAL DIALYSIS	183,616	9,438,608	0.019454	210,397	4,093	74.00
75.00	ASC (NON-DISTINCT PART)	1,678,937	19,871,335	0.084490	63,823	5,392	75.00
76.00	CARDIAC REHAB	152,488	1,265,191	0.120526	60,705	7,317	76.00
76.01	GI LAB	811,981	46,311,426	0.017533	394,938	6,924	76.01
76.02	ECT	56,436	3,258,821	0.017318	13,968	242	76.02
76.03	O/P PSYCH	385,488	3,807,041	0.101257	0	0	76.03
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	CLINIC	659,314	12,019,776	0.054852	0	0	90.00
90.01	HYPERBARIC/OP WOUND	124,530	1,605,137	0.077582	0	0	90.01
91.00	EMERGENCY	1,672,698	102,448,928	0.016327	0	0	91.00
91.02	NATURAL FAMILY PLANNING	0	0	0.000000	0	0	91.02
91.03	PAIN THERAPY CENTER	0	0	0.000000	0	0	91.03
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	26,517,638	0.000000	0	0	92.00
92.01	AMBULATORY CARE UNIT	389,524	24,294,391	0.016033	0	0	92.01
	OTHER REIMBURSABLE COST CENTERS						
95.00	AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	38,684,248	1,981,600,998		62,232,935	840,816	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260020

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

Worksheet D
Part III
Date/Time Prepared:
1/26/2012 1:32 pm

Title XIX Hospital Cost

	Cost Center Description	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	31.00
32.00	CORONARY CARE UNIT	0	0	0		0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0		0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0		0	34.00
35.00	NEONATAL INTENSIVE CARE UNIT	0	0	0		0	35.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	0	0		0	43.00
44.00	SKILLED NURSING FACILITY	0	0	0		0	44.00
200.00	Total (lines 30-199)	0	0	0		0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260020	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part III Date/Time Prepared: 1/26/2012 1:32 pm
	Title XIX	Hospital	Cost

	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	108,935	0.00	5,830	0		30.00
31.00	INTENSIVE CARE UNIT	46,162	0.00	3,375	0		31.00
32.00	CORONARY CARE UNIT	4,868	0.00	214	0		32.00
33.00	BURN INTENSIVE CARE UNIT	2,256	0.00	398	0		33.00
34.00	SURGICAL INTENSIVE CARE UNIT	5,921	0.00	229	0		34.00
35.00	NEONATAL INTENSIVE CARE UNIT	25,074	0.00	2,644	0		35.00
40.00	SUBPROVIDER - IPF	15,515	0.00	1,777	0		40.00
41.00	SUBPROVIDER - IRF	0	0.00	0	0		41.00
42.00	SUBPROVIDER	0	0.00	0	0		42.00
43.00	NURSERY	18,943	0.00	868	0		43.00
44.00	SKILLED NURSING FACILITY	19,006	0.00	1,995	0		44.00
200.00	Total (lines 30-199)	246,680		17,330	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260020

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

Worksheet D Part IV Date/Time Prepared: 1/26/2012 1:32 pm

Title XIX Hospital Cost

	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	217,100	0	217,100	54.00
54.01	ULTRASOUND	0	0	0	0	0	54.01
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	ONCOLOGY	0	0	0	0	0	56.01
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	0	0	302,326	0	302,326	60.00
60.01	LABORATORY-PATHOLOGICAL	0	0	0	0	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	CARDIAC REHAB	0	0	0	0	0	76.00
76.01	GI LAB	0	0	0	0	0	76.01
76.02	ECT	0	0	0	0	0	76.02
76.03	O/P PSYCH	0	0	0	0	0	76.03
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
90.01	HYPERBARIC/OP WOUND	0	0	0	0	0	90.01
91.00	EMERGENCY	0	0	0	0	0	91.00
91.02	NATURAL FAMILY PLANNING	0	0	0	0	0	91.02
91.03	PAIN THERAPY CENTER	0	0	0	0	0	91.03
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	AMBULATORY CARE UNIT	0	0	0	0	0	92.01
	OTHER REIMBURSABLE COST CENTERS						
95.00	AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	0	0	519,426	0	519,426	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260020 | Period: From 07/01/2010 To 06/30/2011 | Worksheet D Part IV Date/Time Prepared: 1/26/2012 1:32 pm

Title XIX | Hospital | Cost

	Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	104,451,281	0.000000	0.000000	2,629,872	50.00
51.00	RECOVERY ROOM	0	31,337,986	0.000000	0.000000	771,507	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	50,948,778	0.000000	0.000000	1,201,512	52.00
53.00	ANESTHESIOLOGY	0	38,896,899	0.000000	0.000000	948,109	53.00
54.00	RADIOLOGY-DIAGNOSTIC	217,100	121,606,542	0.001785	0.001785	1,549,194	54.00
54.01	ULTRASOUND	0	31,804,886	0.000000	0.000000	400,219	54.01
55.00	RADIOLOGY-THERAPEUTIC	0	60,006,851	0.000000	0.000000	361,171	55.00
56.00	RADIOISOTOPE	0	46,065,871	0.000000	0.000000	271,036	56.00
56.01	ONCOLOGY	0	0	0.000000	0.000000	0	56.01
57.00	CT SCAN	0	116,745,191	0.000000	0.000000	2,768,088	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	41,494,261	0.000000	0.000000	789,484	58.00
59.00	CARDIAC CATHETERIZATION	0	54,014,862	0.000000	0.000000	1,027,765	59.00
60.00	LABORATORY	302,326	302,825,819	0.000998	0.000998	8,495,994	60.00
60.01	LABORATORY-PATHOLOGICAL	0	0	0.000000	0.000000	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	25,340,410	0.000000	0.000000	1,674,442	62.00
65.00	RESPIRATORY THERAPY	0	49,036,202	0.000000	0.000000	3,754,429	65.00
66.00	PHYSICAL THERAPY	0	30,996,666	0.000000	0.000000	969,393	66.00
69.00	ELECTROCARDIOLOGY	0	121,771,183	0.000000	0.000000	2,200,790	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	160,300,687	0.000000	0.000000	16,950,660	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	86,623,650	0.000000	0.000000	2,172,227	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	256,494,681	0.000000	0.000000	12,553,212	73.00
74.00	RENAL DIALYSIS	0	9,438,608	0.000000	0.000000	210,397	74.00
75.00	ASC (NON-DISTINCT PART)	0	19,871,335	0.000000	0.000000	63,823	75.00
76.00	CARDIAC REHAB	0	1,265,191	0.000000	0.000000	60,705	76.00
76.01	GI LAB	0	46,311,426	0.000000	0.000000	394,938	76.01
76.02	ECT	0	3,258,821	0.000000	0.000000	13,968	76.02
76.03	O/P PSYCH	0	3,807,041	0.000000	0.000000	0	76.03
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	CLINIC	0	12,019,776	0.000000	0.000000	0	90.00
90.01	HYPERBARIC/OP WOUND	0	1,605,137	0.000000	0.000000	0	90.01
91.00	EMERGENCY	0	102,448,928	0.000000	0.000000	0	91.00
91.02	NATURAL FAMILY PLANNING	0	0	0.000000	0.000000	0	91.02
91.03	PAIN THERAPY CENTER	0	0	0.000000	0.000000	0	91.03
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	26,517,638	0.000000	0.000000	0	92.00
92.01	AMBULATORY CARE UNIT	0	24,294,391	0.000000	0.000000	0	92.01
	OTHER REIMBURSABLE COST CENTERS						
95.00	AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	519,426	1,981,600,998			62,232,935	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260020 | Period: From 07/01/2010 To 06/30/2011 | Worksheet D Part IV Date/Time Prepared: 1/26/2012 1:32 pm

Title XIX | Hospital | Cost

	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	1,116,162	0		50.00
51.00	RECOVERY ROOM	0	503,781	0		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	220,650	0		52.00
53.00	ANESTHESIOLOGY	0	412,631	0		53.00
54.00	RADIOLOGY-DIAGNOSTIC	2,765	1,905,022	3,400		54.00
54.01	ULTRASOUND	0	1,355,117	0		54.01
55.00	RADIOLOGY-THERAPEUTIC	0	2,350,825	0		55.00
56.00	RADIOISOTOPE	0	749,103	0		56.00
56.01	ONCOLOGY	0	0	0		56.01
57.00	CT SCAN	0	2,639,235	0		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	742,958	0		58.00
59.00	CARDIAC CATHETERIZATION	0	837,901	0		59.00
60.00	LABORATORY	8,479	3,756,028	3,749		60.00
60.01	LABORATORY-PATHOLOGICAL	0	0	0		60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	331,550	0		62.00
65.00	RESPIRATORY THERAPY	0	294,804	0		65.00
66.00	PHYSICAL THERAPY	0	307,847	0		66.00
69.00	ELECTROCARDIOLOGY	0	1,357,755	0		69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,623,447	0		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	605,492	0		72.00
73.00	DRUGS CHARGED TO PATIENTS	0	6,660,680	0		73.00
74.00	RENAL DIALYSIS	0	2,337	0		74.00
75.00	ASC (NON-DISTINCT PART)	0	389,576	0		75.00
76.00	CARDIAC REHAB	0	6,819	0		76.00
76.01	GI LAB	0	421,809	0		76.01
76.02	ECT	0	96,524	0		76.02
76.03	O/P PSYCH	0	1,799	0		76.03
	OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	CLINIC	0	1,230,472	0		90.00
90.01	HYPERBARIC/OP WOUND	0	86,155	0		90.01
91.00	EMERGENCY	0	5,796,358	0		91.00
91.02	NATURAL FAMILY PLANNING	0	0	0		91.02
91.03	PAIN THERAPY CENTER	0	0	0		91.03
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
92.01	AMBULATORY CARE UNIT	0	2,035,339	0		92.01
	OTHER REIMBURSABLE COST CENTERS					
95.00	AMBULANCE SERVICES					95.00
200.00	Total (lines 50-199)	11,244	37,838,176	7,149		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 260020 | Period: From 07/01/2010 To 06/30/2011 | Worksheet D Part V Date/Time Prepared: 1/26/2012 1:32 pm

Title XIX | Hospital | Cost

	Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see instructions)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Charges: 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	0.383903	1,116,162	0	0		50.00
51.00	RECOVERY ROOM	0.122497	503,781	0	0		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.355377	220,650	0	0		52.00
53.00	ANESTHESIOLOGY	0.073579	412,631	0	0		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.182354	1,905,022	0	0		54.00
54.01	ULTRASOUND	0.130677	1,355,117	0	0		54.01
55.00	RADIOLOGY-THERAPEUTIC	0.227888	2,350,825	0	0		55.00
56.00	RADIOISOTOPE	0.082048	749,103	0	0		56.00
56.01	ONCOLOGY	0.000000	0	0	0		56.01
57.00	CT SCAN	0.030872	2,639,235	0	0		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.075838	742,958	0	0		58.00
59.00	CARDIAC CATHETERIZATION	0.167766	837,901	0	0		59.00
60.00	LABORATORY	0.099139	3,756,028	0	0		60.00
60.01	LABORATORY-PATHOLOGICAL	0.000000	0	0	0		60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.317341	331,550	0	0		62.00
65.00	RESPIRATORY THERAPY	0.275578	294,804	0	0		65.00
66.00	PHYSICAL THERAPY	0.463793	307,847	0	0		66.00
69.00	ELECTROCARDIOLOGY	0.127286	1,357,755	0	0		69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.260163	1,623,447	0	0		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.499429	605,492	0	0		72.00
73.00	DRUGS CHARGED TO PATIENTS	0.306486	6,660,680	0	0		73.00
74.00	RENAL DIALYSIS	0.232273	2,337	0	0		74.00
75.00	ASC (NON-DISTINCT PART)	0.502679	389,576	0	0		75.00
76.00	CARDIAC REHAB	1.175831	6,819	0	0		76.00
76.01	GI LAB	0.100663	421,809	0	0		76.01
76.02	ECT	0.131663	96,524	0	0		76.02
76.03	O/P PSYCH	0.666621	1,799	0	0		76.03
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0.000000					88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000					89.00
90.00	CLINIC	0.481096	1,230,472	0	0		90.00
90.01	HYPERBARIC/OP WOUND	0.666212	86,155	0	0		90.01
91.00	EMERGENCY	0.208005	5,796,358	0	0		91.00
91.02	NATURAL FAMILY PLANNING	0.000000	0	0	0		91.02
91.03	PAIN THERAPY CENTER	0.000000	0	0	0		91.03
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.303134	0	0	0		92.00
92.01	AMBULATORY CARE UNIT	0.087526	2,035,339	0	0		92.01
	OTHER REIMBURSABLE COST CENTERS						
95.00	AMBULANCE SERVICES	1.258612	7,462	0			95.00
200.00	Subtotal (see instructions)		37,838,176	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)		37,838,176	0	0		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 260020 | Period: From 07/01/2010 To 06/30/2011 | Worksheet D Part V Date/Time Prepared: 1/26/2012 1:32 pm

Title XIX | Hospital | Cost

	Cost Center Description	Costs: PPS Services (see instructions)	Costs: Cost Services Subject To Ded. & Coins. (see instructions)	Costs: Cost Services Not Subject To Ded. & Coins. (see instructions)		
		5.00	6.00	7.00		
	ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	428,498	0	0		50.00
51.00	RECOVERY ROOM	61,712	0	0		51.00
52.00	DELIVERY ROOM & LABOR ROOM	78,414	0	0		52.00
53.00	ANESTHESIOLOGY	30,361	0	0		53.00
54.00	RADIOLOGY-DIAGNOSTIC	347,388	0	0		54.00
54.01	ULTRASOUND	177,083	0	0		54.01
55.00	RADIOLOGY-THERAPEUTIC	535,725	0	0		55.00
56.00	RADIOISOTOPE	61,462	0	0		56.00
56.01	ONCOLOGY	0	0	0		56.01
57.00	CT SCAN	81,478	0	0		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	56,344	0	0		58.00
59.00	CARDIAC CATHETERIZATION	140,571	0	0		59.00
60.00	LABORATORY	372,369	0	0		60.00
60.01	LABORATORY-PATHOLOGICAL	0	0	0		60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	105,214	0	0		62.00
65.00	RESPIRATORY THERAPY	81,241	0	0		65.00
66.00	PHYSICAL THERAPY	142,777	0	0		66.00
69.00	ELECTROCARDIOLOGY	172,823	0	0		69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	422,361	0	0		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	302,400	0	0		72.00
73.00	DRUGS CHARGED TO PATIENTS	2,041,405	0	0		73.00
74.00	RENAL DIALYSIS	543	0	0		74.00
75.00	ASC (NON-DISTINCT PART)	195,832	0	0		75.00
76.00	CARDIAC REHAB	8,018	0	0		76.00
76.01	GI LAB	42,461	0	0		76.01
76.02	ECT	12,709	0	0		76.02
76.03	O/P PSYCH	1,199	0	0		76.03
	OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	CLINIC	591,975	0	0		90.00
90.01	HYPERBARIC/OP WOUND	57,397	0	0		90.01
91.00	EMERGENCY	1,205,671	0	0		91.00
91.02	NATURAL FAMILY PLANNING	0	0	0		91.02
91.03	PAIN THERAPY CENTER	0	0	0		91.03
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
92.01	AMBULATORY CARE UNIT	178,145	0	0		92.01
	OTHER REIMBURSABLE COST CENTERS					
95.00	AMBULANCE SERVICES		0			95.00
200.00	Subtotal (see instructions)	7,942,968	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)	7,942,968	0	0		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS	Provider CCN: 260020 Component CCN: 26S020	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part II Date/Time Prepared: 1/26/2012 1:32 pm
	Title XIX	Subprovider - IPF	Cost

	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	5,519,374	104,451,281	0.052842	0	0	50.00
51.00	RECOVERY ROOM	189,021	31,337,986	0.006032	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	1,369,633	50,948,778	0.026883	0	0	52.00
53.00	ANESTHESIOLOGY	709,632	38,896,899	0.018244	1,053	19	53.00
54.00	RADIOLOGY-DIAGNOSTIC	5,120,620	121,606,542	0.042108	17,582	740	54.00
54.01	ULTRASOUND	724,961	31,804,886	0.022794	701	16	54.01
55.00	RADIOLOGY-THERAPEUTIC	4,150,290	60,006,851	0.069164	1,459	101	55.00
56.00	RADIOISOTOPE	865,550	46,065,871	0.018789	0	0	56.00
56.01	ONCOLOGY	0	0	0.000000	0	0	56.01
57.00	CT SCAN	915,385	116,745,191	0.007841	50,621	397	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	1,439,385	41,494,261	0.034689	6,846	237	58.00
59.00	CARDIAC CATHETERIZATION	1,650,670	54,014,862	0.030560	0	0	59.00
60.00	LABORATORY	1,761,119	302,825,819	0.005816	324,982	1,890	60.00
60.01	LABORATORY-PATHOLOGICAL	0	0	0.000000	0	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	324,022	25,340,410	0.012787	0	0	62.00
65.00	RESPIRATORY THERAPY	920,438	49,036,202	0.018771	3,748	70	65.00
66.00	PHYSICAL THERAPY	1,127,432	30,996,666	0.036373	2,443	89	66.00
69.00	ELECTROCARDIOLOGY	1,750,749	121,771,183	0.014377	21,502	309	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,040,860	160,300,687	0.006493	14,768	96	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	1,085,078	86,623,650	0.012526	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	1,905,017	256,494,681	0.007427	450,558	3,346	73.00
74.00	RENAL DIALYSIS	183,616	9,438,608	0.019454	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	1,678,937	19,871,335	0.084490	0	0	75.00
76.00	CARDIAC REHAB	152,488	1,265,191	0.120526	0	0	76.00
76.01	GI LAB	811,981	46,311,426	0.017533	7,651	134	76.01
76.02	ECT	56,436	3,258,821	0.017318	30,230	524	76.02
76.03	O/P PSYCH	385,488	3,807,041	0.101257	0	0	76.03
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	CLINIC	659,314	12,019,776	0.054852	0	0	90.00
90.01	HYPERBARIC/OP WOUND	124,530	1,605,137	0.077582	0	0	90.01
91.00	EMERGENCY	1,672,698	102,448,928	0.016327	0	0	91.00
91.02	NATURAL FAMILY PLANNING	0	0	0.000000	0	0	91.02
91.03	PAIN THERAPY CENTER	0	0	0.000000	0	0	91.03
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	26,517,638	0.000000	0	0	92.00
92.01	AMBULATORY CARE UNIT	389,524	24,294,391	0.016033	0	0	92.01
	OTHER REIMBURSABLE COST CENTERS						
95.00	AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	38,684,248	1,981,600,998		934,144	7,968	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260020 Component CCN: 26S020	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 1/26/2012 1:32 pm
	Title XIX	Subprovider - IPF	Cost

	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	217,100	0	217,100	54.00
54.01	ULTRASOUND	0	0	0	0	0	54.01
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	ONCOLOGY	0	0	0	0	0	56.01
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	0	0	302,326	0	302,326	60.00
60.01	LABORATORY-PATHOLOGICAL	0	0	0	0	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	CARDIAC REHAB	0	0	0	0	0	76.00
76.01	GI LAB	0	0	0	0	0	76.01
76.02	ECT	0	0	0	0	0	76.02
76.03	O/P PSYCH	0	0	0	0	0	76.03
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
90.01	HYPERBARIC/OP WOUND	0	0	0	0	0	90.01
91.00	EMERGENCY	0	0	0	0	0	91.00
91.02	NATURAL FAMILY PLANNING	0	0	0	0	0	91.02
91.03	PAIN THERAPY CENTER	0	0	0	0	0	91.03
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	AMBULATORY CARE UNIT	0	0	0	0	0	92.01
	OTHER REIMBURSABLE COST CENTERS						
95.00	AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	0	0	519,426	0	519,426	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260020 Component CCN: 26S020	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 1/26/2012 1:32 pm
	Title XIX	Subprovider - IPF	Cost

	Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	104,451,281	0.000000	0.000000	0	50.00
51.00	RECOVERY ROOM	0	31,337,986	0.000000	0.000000	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	50,948,778	0.000000	0.000000	0	52.00
53.00	ANESTHESIOLOGY	0	38,896,899	0.000000	0.000000	1,053	53.00
54.00	RADIOLOGY-DIAGNOSTIC	217,100	121,606,542	0.001785	0.001785	17,582	54.00
54.01	ULTRASOUND	0	31,804,886	0.000000	0.000000	701	54.01
55.00	RADIOLOGY-THERAPEUTIC	0	60,006,851	0.000000	0.000000	1,459	55.00
56.00	RADIOISOTOPE	0	46,065,871	0.000000	0.000000	0	56.00
56.01	ONCOLOGY	0	0	0.000000	0.000000	0	56.01
57.00	CT SCAN	0	116,745,191	0.000000	0.000000	50,621	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	41,494,261	0.000000	0.000000	6,846	58.00
59.00	CARDIAC CATHETERIZATION	0	54,014,862	0.000000	0.000000	0	59.00
60.00	LABORATORY	302,326	302,825,819	0.000998	0.000998	324,982	60.00
60.01	LABORATORY-PATHOLOGICAL	0	0	0.000000	0.000000	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	25,340,410	0.000000	0.000000	0	62.00
65.00	RESPIRATORY THERAPY	0	49,036,202	0.000000	0.000000	3,748	65.00
66.00	PHYSICAL THERAPY	0	30,996,666	0.000000	0.000000	2,443	66.00
69.00	ELECTROCARDIOLOGY	0	121,771,183	0.000000	0.000000	21,502	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	160,300,687	0.000000	0.000000	14,768	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	86,623,650	0.000000	0.000000	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	256,494,681	0.000000	0.000000	450,558	73.00
74.00	RENAL DIALYSIS	0	9,438,608	0.000000	0.000000	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	19,871,335	0.000000	0.000000	0	75.00
76.00	CARDIAC REHAB	0	1,265,191	0.000000	0.000000	0	76.00
76.01	GI LAB	0	46,311,426	0.000000	0.000000	7,651	76.01
76.02	ECT	0	3,258,821	0.000000	0.000000	30,230	76.02
76.03	O/P PSYCH	0	3,807,041	0.000000	0.000000	0	76.03
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	CLINIC	0	12,019,776	0.000000	0.000000	0	90.00
90.01	HYPERBARIC/OP WOUND	0	1,605,137	0.000000	0.000000	0	90.01
91.00	EMERGENCY	0	102,448,928	0.000000	0.000000	0	91.00
91.02	NATURAL FAMILY PLANNING	0	0	0.000000	0.000000	0	91.02
91.03	PAIN THERAPY CENTER	0	0	0.000000	0.000000	0	91.03
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	26,517,638	0.000000	0.000000	0	92.00
92.01	AMBULATORY CARE UNIT	0	24,294,391	0.000000	0.000000	0	92.01
	OTHER REIMBURSABLE COST CENTERS						
95.00	AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	519,426	1,981,600,998			934,144	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260020 Component CCN: 26S020	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 1/26/2012 1:32 pm
	Title XIX	Subprovider - IPF	Cost

	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	31	0	0		54.00
54.01	ULTRASOUND	0	0	0		54.01
55.00	RADIOLOGY-THERAPEUTIC	0	0	0		55.00
56.00	RADIOISOTOPE	0	0	0		56.00
56.01	ONCOLOGY	0	0	0		56.01
57.00	CT SCAN	0	0	0		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00	CARDIAC CATHETERIZATION	0	0	0		59.00
60.00	LABORATORY	324	0	0		60.00
60.01	LABORATORY-PATHOLOGICAL	0	0	0		60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0		62.00
65.00	RESPIRATORY THERAPY	0	0	0		65.00
66.00	PHYSICAL THERAPY	0	0	0		66.00
69.00	ELECTROCARDIOLOGY	0	0	0		69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0		72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0		73.00
74.00	RENAL DIALYSIS	0	0	0		74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0		75.00
76.00	CARDIAC REHAB	0	0	0		76.00
76.01	GI LAB	0	0	0		76.01
76.02	ECT	0	0	0		76.02
76.03	O/P PSYCH	0	0	0		76.03
	OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	CLINIC	0	0	0		90.00
90.01	HYPERBARIC/OP WOUND	0	0	0		90.01
91.00	EMERGENCY	0	0	0		91.00
91.02	NATURAL FAMILY PLANNING	0	0	0		91.02
91.03	PAIN THERAPY CENTER	0	0	0		91.03
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
92.01	AMBULATORY CARE UNIT	0	0	0		92.01
	OTHER REIMBURSABLE COST CENTERS					
95.00	AMBULANCE SERVICES					95.00
200.00	Total (lines 50-199)	355	0	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260020 Component CCN: 265298	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 1/26/2012 1:32 pm
	Title XIX	Skilled Nursing Facility	Cost

	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	217,100	0	217,100	54.00
54.01	ULTRASOUND	0	0	0	0	0	54.01
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	ONCOLOGY	0	0	0	0	0	56.01
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	0	0	302,326	0	302,326	60.00
60.01	LABORATORY-PATHOLOGICAL	0	0	0	0	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	CARDIAC REHAB	0	0	0	0	0	76.00
76.01	GI LAB	0	0	0	0	0	76.01
76.02	ECT	0	0	0	0	0	76.02
76.03	O/P PSYCH	0	0	0	0	0	76.03
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
90.01	HYPERBARIC/OP WOUND	0	0	0	0	0	90.01
91.00	EMERGENCY	0	0	0	0	0	91.00
91.02	NATURAL FAMILY PLANNING	0	0	0	0	0	91.02
91.03	PAIN THERAPY CENTER	0	0	0	0	0	91.03
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	AMBULATORY CARE UNIT	0	0	0	0	0	92.01
	OTHER REIMBURSABLE COST CENTERS						
95.00	AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	0	0	519,426	0	519,426	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260020 Component CCN: 265298	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 1/26/2012 1:32 pm
	Title XIX	Skilled Nursing Facility	Cost

	Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	104,451,281	0.000000	0.000000	0	50.00
51.00	RECOVERY ROOM	0	31,337,986	0.000000	0.000000	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	50,948,778	0.000000	0.000000	0	52.00
53.00	ANESTHESIOLOGY	0	38,896,899	0.000000	0.000000	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	217,100	121,606,542	0.001785	0.001785	0	54.00
54.01	ULTRASOUND	0	31,804,886	0.000000	0.000000	0	54.01
55.00	RADIOLOGY-THERAPEUTIC	0	60,006,851	0.000000	0.000000	0	55.00
56.00	RADIOISOTOPE	0	46,065,871	0.000000	0.000000	0	56.00
56.01	ONCOLOGY	0	0	0.000000	0.000000	0	56.01
57.00	CT SCAN	0	116,745,191	0.000000	0.000000	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	41,494,261	0.000000	0.000000	0	58.00
59.00	CARDIAC CATHETERIZATION	0	54,014,862	0.000000	0.000000	0	59.00
60.00	LABORATORY	302,326	302,825,819	0.000998	0.000998	0	60.00
60.01	LABORATORY-PATHOLOGICAL	0	0	0.000000	0.000000	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	25,340,410	0.000000	0.000000	0	62.00
65.00	RESPIRATORY THERAPY	0	49,036,202	0.000000	0.000000	0	65.00
66.00	PHYSICAL THERAPY	0	30,996,666	0.000000	0.000000	303	66.00
69.00	ELECTROCARDIOLOGY	0	121,771,183	0.000000	0.000000	618	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	160,300,687	0.000000	0.000000	12,106	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	86,623,650	0.000000	0.000000	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	256,494,681	0.000000	0.000000	0	73.00
74.00	RENAL DIALYSIS	0	9,438,608	0.000000	0.000000	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	19,871,335	0.000000	0.000000	0	75.00
76.00	CARDIAC REHAB	0	1,265,191	0.000000	0.000000	0	76.00
76.01	GI LAB	0	46,311,426	0.000000	0.000000	0	76.01
76.02	ECT	0	3,258,821	0.000000	0.000000	0	76.02
76.03	O/P PSYCH	0	3,807,041	0.000000	0.000000	0	76.03
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	CLINIC	0	12,019,776	0.000000	0.000000	0	90.00
90.01	HYPERBARIC/OP WOUND	0	1,605,137	0.000000	0.000000	0	90.01
91.00	EMERGENCY	0	102,448,928	0.000000	0.000000	0	91.00
91.02	NATURAL FAMILY PLANNING	0	0	0.000000	0.000000	0	91.02
91.03	PAIN THERAPY CENTER	0	0	0.000000	0.000000	0	91.03
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	26,517,638	0.000000	0.000000	0	92.00
92.01	AMBULATORY CARE UNIT	0	24,294,391	0.000000	0.000000	0	92.01
	OTHER REIMBURSABLE COST CENTERS						
95.00	AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	519,426	1,981,600,998			13,027	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260020 Component CCN: 265298	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 1/26/2012 1:32 pm
	Title XIX	Skilled Nursing Facility	Cost

	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
54.01	ULTRASOUND	0	0	0		54.01
55.00	RADIOLOGY-THERAPEUTIC	0	0	0		55.00
56.00	RADIOISOTOPE	0	0	0		56.00
56.01	ONCOLOGY	0	0	0		56.01
57.00	CT SCAN	0	0	0		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00	CARDIAC CATHETERIZATION	0	0	0		59.00
60.00	LABORATORY	0	0	0		60.00
60.01	LABORATORY-PATHOLOGICAL	0	0	0		60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0		62.00
65.00	RESPIRATORY THERAPY	0	0	0		65.00
66.00	PHYSICAL THERAPY	0	0	0		66.00
69.00	ELECTROCARDIOLOGY	0	0	0		69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0		72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0		73.00
74.00	RENAL DIALYSIS	0	0	0		74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0		75.00
76.00	CARDIAC REHAB	0	0	0		76.00
76.01	GI LAB	0	0	0		76.01
76.02	ECT	0	0	0		76.02
76.03	O/P PSYCH	0	0	0		76.03
	OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	CLINIC	0	0	0		90.00
90.01	HYPERBARIC/OP WOUND	0	0	0		90.01
91.00	EMERGENCY	0	0	0		91.00
91.02	NATURAL FAMILY PLANNING	0	0	0		91.02
91.03	PAIN THERAPY CENTER	0	0	0		91.03
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
92.01	AMBULATORY CARE UNIT	0	0	0		92.01
	OTHER REIMBURSABLE COST CENTERS					
95.00	AMBULANCE SERVICES					95.00
200.00	Total (lines 50-199)	0	0	0		200.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 260020	Period: From 07/01/2010 To 06/30/2011	Worksheet D-1 Date/Time Prepared: 1/26/2012 1:32 pm
	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)	108,935	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	108,935	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)	108,935	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)	22,830	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)	83,725,790	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)	83,725,790	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed charges)	173,641,992	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	173,641,992	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.482175	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	1,594.00	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)	83,725,790	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)	768.58	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	17,546,681	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)	17,546,681	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 260020 | Period: From 07/01/2010 To 06/30/2011 | Worksheet D-1 | Date/Time Prepared: 1/26/2012 1:32 pm

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	48,795,411	46,162	1,057.05	20,335	21,495,112	43.00
44.00	CORONARY CARE UNIT	12,736,986	4,868	2,616.47	3,086	8,074,426	44.00
45.00	BURN INTENSIVE CARE UNIT	3,309,563	2,256	1,467.00	497	729,099	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	4,327,166	5,921	730.82	2,850	2,082,837	46.00
47.00	NEONATAL INTENSIVE CARE UNIT	25,327,242	25,074	1,010.10	0	0	47.00

	Cost Center Description		
		1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	71,128,927	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	121,057,082	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)	5,017,231	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	4,516,013	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	9,533,244	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	111,523,838	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)	10,649	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	768.58	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	8,184,608	89.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 260020	Period: From 07/01/2010 To 06/30/2011	Worksheet D-1 Date/Time Prepared: 1/26/2012 1:32 pm
	Title XVIII	Hospital	PPS

	Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	7,860,735	83,725,790	0.093887	8,184,608	768,428	90.00
91.00	Nursing School cost	0	83,725,790	0.000000	8,184,608	0	91.00
92.00	Allied health cost	0	83,725,790	0.000000	8,184,608	0	92.00
93.00	All other Medical Education	0	83,725,790	0.000000	8,184,608	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 260020 Component CCN: 26S020	Period: From 07/01/2010 To 06/30/2011	Worksheet D-1 Date/Time Prepared: 1/26/2012 1:32 pm
	Title XVIII	Subprovider - IPF	PPS

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	15,515	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	15,515	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)	15,515	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	8,178	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	0	14.00
15.00	Total nursery days (title V or XIX only)	0	15.00
16.00	Nursery days (title V or XIX only)	0	16.00
	SWING BED ADJUSTMENT		
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period	0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)	12,248,837	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)	0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)	0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)	0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)	0	25.00
26.00	Total swing-bed cost (see instructions)	0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	12,248,837	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed charges)	14,569,698	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	14,569,698	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.840706	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)	939.07	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	12,248,837	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)	789.48	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	6,456,367	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)	0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)	6,456,367	41.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 260020 Component CCN: 26S020	Period: From 07/01/2010 To 06/30/2011	Worksheet D-1 Date/Time Prepared: 1/26/2012 1:32 pm
	Title XVIII	Subprovider - IPF	PPS

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0	47.00

	Cost Center Description	1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	1,259,982	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	7,716,349	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)	468,845	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	64,955	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	533,800	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	7,182,549	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: 260020 Component CCN: 26S020	Period: From 07/01/2010 To 06/30/2011	Worksheet D-1 Date/Time Prepared: 1/26/2012 1:32 pm
	Title XVIII	Subprovider - IPF	PPS

	Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	889,402	12,248,837	0.072611	0	0	90.00
91.00	Nursing School cost	0	12,248,837	0.000000	0	0	91.00
92.00	Allied health cost	0	12,248,837	0.000000	0	0	92.00
93.00	All other Medical Education	0	12,248,837	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 260020 Component CCN: 265298	Period: From 07/01/2010 To 06/30/2011	Worksheet D-1 Date/Time Prepared: 1/26/2012 1:32 pm
	Title XVIII	Skilled Nursing Facility	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)	19,006	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	19,006	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)	19,006	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)	10,968	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)	10,126,444	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)	0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)	0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)	0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)	0	25.00
26.00	Total swing-bed cost (see instructions)	0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	10,126,444	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed charges)	21,220,073	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	21,220,073	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.477211	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	1,116.49	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	10,126,444	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)		38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		41.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 260020 Component CCN: 265298	Period: From 07/01/2010 To 06/30/2011	Worksheet D-1 Date/Time Prepared: 1/26/2012 1:32 pm
	Title XVIII	Skilled Nursing Facility	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)						42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT						43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	NEONATAL INTENSIVE CARE UNIT						47.00

	Cost Center Description	1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)		48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)		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)		50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)		51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)		52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)		53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges		54.00
55.00	Target amount per discharge		55.00
56.00	Target amount (line 54 x line 55)		56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)		57.00
58.00	Bonus payment (see instructions)		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		59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket		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)		61.00
62.00	Relief payment (see instructions)		62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)		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)		64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)		65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)		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)		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)		68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)		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)	10,126,444	70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)	532.80	71.00
72.00	Program routine service cost (line 9 x line 71)	5,843,750	72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)	0	73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)	5,843,750	74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)	0	75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)	0.00	76.00
77.00	Program capital-related costs (line 9 x line 76)	0	77.00
78.00	Inpatient routine service cost (line 74 minus line 77)	0	78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)	0	79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)	0	80.00
81.00	Inpatient routine service cost per diem limitation	0.00	81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)	0	82.00
83.00	Reasonable inpatient routine service costs (see instructions)	5,843,750	83.00
84.00	Program inpatient ancillary services (see instructions)	3,935,347	84.00
85.00	Utilization review - physician compensation (see instructions)	0	85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)	9,779,097	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: 260020 Component CCN: 265298	Period: From 07/01/2010 To 06/30/2011	Worksheet D-1 Date/Time Prepared: 1/26/2012 1:32 pm
	Title XVIII	Skilled Nursing Facility	PPS

	Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 260020	Period: From 07/01/2010 To 06/30/2011	Worksheet D-1 Date/Time Prepared: 1/26/2012 1:32 pm
	Title XIX	Hospital	Cost

	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)	108,935	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	108,935	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)	108,935	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)	5,830	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)	18,943	15.00
16.00	Nursery days (title V or XIX only)	868	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)	82,229,592	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)	82,229,592	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed charges)	173,641,992	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	173,641,992	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.473558	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	1,594.00	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)	82,229,592	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)	754.85	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	4,400,776	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)	4,400,776	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 260020 | Period: From 07/01/2010 To 06/30/2011 | Worksheet D-1 | Date/Time Prepared: 1/26/2012 1:32 pm

Title XIX | Hospital | Cost

	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)	10,392,513	18,943	548.62	868	476,202	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	48,795,411	46,162	1,057.05	3,375	3,567,544	43.00
44.00	CORONARY CARE UNIT	11,758,525	4,868	2,415.47	214	516,911	44.00
45.00	BURN INTENSIVE CARE UNIT	3,309,563	2,256	1,467.00	398	583,866	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	4,327,166	5,921	730.82	229	167,358	46.00
47.00	NEONATAL INTENSIVE CARE UNIT	25,327,242	25,074	1,010.10	2,644	2,670,704	47.00

	Cost Center Description	1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	15,032,110	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	27,415,471	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)	10,649	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	754.85	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	8,038,398	89.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 260020	Period: From 07/01/2010 To 06/30/2011	Worksheet D-1 Date/Time Prepared: 1/26/2012 1:32 pm
	Title XIX	Hospital	Cost

	Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 260020 Component CCN: 26S020	Period: From 07/01/2010 To 06/30/2011	Worksheet D-1 Date/Time Prepared: 1/26/2012 1:32 pm
	Title XIX	Subprovider - IPF	Cost

	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)	15,515	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	15,515	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)	15,515	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	1,777	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)	18,943	15.00
16.00	Nursery days (title V or XIX only)	868	16.00
	SWING BED ADJUSTMENT		
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period	0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)	12,184,499	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)	0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)	0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)	0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)	0	25.00
26.00	Total swing-bed cost (see instructions)	0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	12,184,499	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed charges)	14,569,698	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	14,569,698	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.836290	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)	939.07	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	12,184,499	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)	785.34	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	1,395,549	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)	0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)	1,395,549	41.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 260020 Component CCN: 26S020	Period: From 07/01/2010 To 06/30/2011	Worksheet D-1 Date/Time Prepared: 1/26/2012 1:32 pm
	Title XIX	Subprovider - IPF	Cost

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0	47.00

	Cost Center Description	1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	189,592	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	1,585,141	49.00
	PASS THROUGH COST ADJUSTMENTS		
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	0	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges	0	54.00
55.00	Target amount per discharge	0.00	55.00
56.00	Target amount (line 54 x line 55)	0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0	57.00
58.00	Bonus payment (see instructions)	0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket	0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket	0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)	0	61.00
62.00	Relief payment (see instructions)	0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)		70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71.00
72.00	Program routine service cost (line 9 x line 71)		72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)		73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)		74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)		76.00
77.00	Program capital-related costs (line 9 x line 76)		77.00
78.00	Inpatient routine service cost (line 74 minus line 77)		78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)		79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81.00	Inpatient routine service cost per diem limitation		81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)		82.00
83.00	Reasonable inpatient routine service costs (see instructions)		83.00
84.00	Program inpatient ancillary services (see instructions)		84.00
85.00	Utilization review - physician compensation (see instructions)		85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	0	89.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 260020 Component CCN: 26S020	Period: From 07/01/2010 To 06/30/2011	Worksheet D-1 Date/Time Prepared: 1/26/2012 1:32 pm
	Title XIX	Subprovider - IPF	Cost

	Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 260020 Component CCN: 265298	Period: From 07/01/2010 To 06/30/2011	Worksheet D-1 Date/Time Prepared: 1/26/2012 1:32 pm
	Title XIX	Skilled Nursing Facility	Cost

	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)	19,006	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	19,006	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)	19,006	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	1,995	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)	18,943	15.00
16.00	Nursery days (title V or XIX only)	868	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)	10,126,444	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)	0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)	0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)	0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)	0	25.00
26.00	Total swing-bed cost (see instructions)	0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	10,126,444	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed charges)	21,220,073	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	21,220,073	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.477211	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	1,116.49	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	10,126,444	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)		38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		41.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 260020 Component CCN: 265298	Period: From 07/01/2010 To 06/30/2011	Worksheet D-1 Date/Time Prepared: 1/26/2012 1:32 pm
	Title XIX	Skilled Nursing Facility	Cost

	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)						42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT						43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	NEONATAL INTENSIVE CARE UNIT						47.00

	Cost Center Description	1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)		48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)		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)		50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)		51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)		52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)		53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges		54.00
55.00	Target amount per discharge		55.00
56.00	Target amount (line 54 x line 55)		56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)		57.00
58.00	Bonus payment (see instructions)		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		59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket		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)		61.00
62.00	Relief payment (see instructions)		62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)		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)		64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)		65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)		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)		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)		68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)		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)	10,126,444	70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)	532.80	71.00
72.00	Program routine service cost (line 9 x line 71)	1,062,936	72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)	0	73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)	1,062,936	74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)	702,233	75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)	36.95	76.00
77.00	Program capital-related costs (line 9 x line 76)	73,715	77.00
78.00	Inpatient routine service cost (line 74 minus line 77)	989,221	78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)	0	79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)	989,221	80.00
81.00	Inpatient routine service cost per diem limitation	0.00	81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)	0	82.00
83.00	Reasonable inpatient routine service costs (see instructions)	73,715	83.00
84.00	Program inpatient ancillary services (see instructions)	3,370	84.00
85.00	Utilization review - physician compensation (see instructions)	0	85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)	77,085	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: 260020 Component CCN: 265298	Period: From 07/01/2010 To 06/30/2011	Worksheet D-1 Date/Time Prepared: 1/26/2012 1:32 pm
	Title XIX	Skilled Nursing Facility	Cost

	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: 260020 | Period: From 07/01/2010 To 06/30/2011 | Worksheet D-3 | Date/Time Prepared: 1/26/2012 1:32 pm

Title XVIII | Hospital | 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		31,269,455		30.00
31.00	INTENSIVE CARE UNIT		50,441,027		31.00
32.00	CORONARY CARE UNIT		10,279,069		32.00
33.00	BURN INTENSIVE CARE UNIT		2,694,216		33.00
34.00	SURGICAL INTENSIVE CARE UNIT		6,031,633		34.00
35.00	NEONATAL INTENSIVE CARE UNIT		0		35.00
40.00	SUBPROVIDER - IPF		0		40.00
41.00	SUBPROVIDER - IRF		0		41.00
42.00	SUBPROVIDER		0		42.00
43.00	NURSERY				43.00
	ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0.385224	15,598,987	6,009,104	50.00
51.00	RECOVERY ROOM	0.122497	3,830,753	469,256	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.355377	132,885	47,224	52.00
53.00	ANESTHESIOLOGY	0.073579	5,494,069	404,248	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.182354	7,660,067	1,396,844	54.00
54.01	ULTRASOUND	0.130677	866,240	113,198	54.01
55.00	RADIOLOGY-THERAPEUTIC	0.227888	1,612,595	367,491	55.00
56.00	RADIOISOTOPE	0.082048	3,020,678	247,841	56.00
56.01	ONCOLOGY	0.000000	0	0	56.01
57.00	CT SCAN	0.030872	15,065,563	465,104	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.075838	3,562,926	270,205	58.00
59.00	CARDIAC CATHETERIZATION	0.167766	8,971,882	1,505,177	59.00
60.00	LABORATORY	0.099139	43,077,816	4,270,692	60.00
60.01	LABORATORY-PATHOLOGICAL	0.000000	0	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.317341	7,287,529	2,312,632	62.00
65.00	RESPIRATORY THERAPY	0.275578	14,597,984	4,022,883	65.00
66.00	PHYSICAL THERAPY	0.463793	5,768,119	2,675,213	66.00
69.00	ELECTROCARDIOLOGY	0.127619	18,179,931	2,320,105	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.260163	62,219,340	16,187,170	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.499429	21,111,722	10,543,806	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.306486	44,706,948	13,702,054	73.00
74.00	RENAL DIALYSIS	0.232273	3,028,872	703,525	74.00
75.00	ASC (NON-DISTINCT PART)	0.502679	434,670	218,499	75.00
76.00	CARDIAC REHAB	1.175831	319,260	375,396	76.00
76.01	GI LAB	0.100663	2,906,868	292,614	76.01
76.02	ECT	0.131663	6,846	901	76.02
76.03	O/P PSYCH	0.666621	0	0	76.03
	OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	CLINIC	0.481096	35,557	17,106	90.00
90.01	HYPERBARIC/OP WOUND	0.666212	16,661	11,100	90.01
91.00	EMERGENCY	0.208240	8,957,399	1,865,289	91.00
91.02	NATURAL FAMILY PLANNING	0.000000	0	0	91.02
91.03	PAIN THERAPY CENTER	0.000000	0	0	91.03
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.308648	0	0	92.00
92.01	AMBULATORY CARE UNIT	0.087526	3,590,366	314,250	92.01
	OTHER REIMBURSABLE COST CENTERS				
95.00	AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50-94 and 96-98)		302,062,533	71,128,927	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)		302,062,533		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT	Provider CCN: 260020 Component CCN: 26S020	Period: From 07/01/2010 To 06/30/2011	Worksheet D-3 Date/Time Prepared: 1/26/2012 1:32 pm
	Title XVIII	Subprovider - IPF	PPS

	Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS		0		30.00
31.00	INTENSIVE CARE UNIT		0		31.00
32.00	CORONARY CARE UNIT		0		32.00
33.00	BURN INTENSIVE CARE UNIT		0		33.00
34.00	SURGICAL INTENSIVE CARE UNIT		0		34.00
35.00	NEONATAL INTENSIVE CARE UNIT		0		35.00
40.00	SUBPROVIDER - IPF		7,600,042		40.00
41.00	SUBPROVIDER - IRF		0		41.00
42.00	SUBPROVIDER		0		42.00
43.00	NURSERY				43.00
	ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0.385224	2,160	832	50.00
51.00	RECOVERY ROOM	0.122497	2,493	305	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.355377	0	0	52.00
53.00	ANESTHESIOLOGY	0.073579	2,538	187	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.182354	82,537	15,051	54.00
54.01	ULTRASOUND	0.130677	7,638	998	54.01
55.00	RADIOLOGY-THERAPEUTIC	0.227888	5,710	1,301	55.00
56.00	RADIOISOTOPE	0.082048	22,246	1,825	56.00
56.01	ONCOLOGY	0.000000	0	0	56.01
57.00	CT SCAN	0.030872	237,048	7,318	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.075838	18,701	1,418	58.00
59.00	CARDIAC CATHETERIZATION	0.167766	0	0	59.00
60.00	LABORATORY	0.099139	1,316,641	130,530	60.00
60.01	LABORATORY-PATHOLOGICAL	0.000000	0	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.317341	354	112	62.00
65.00	RESPIRATORY THERAPY	0.275578	34,844	9,602	65.00
66.00	PHYSICAL THERAPY	0.463793	111,073	51,515	66.00
69.00	ELECTROCARDIOLOGY	0.127619	117,272	14,966	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.260163	314,300	81,769	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.499429	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.306486	2,303,126	705,876	73.00
74.00	RENAL DIALYSIS	0.232273	4,653	1,081	74.00
75.00	ASC (NON-DISTINCT PART)	0.502679	157	79	75.00
76.00	CARDIAC REHAB	1.175831	18,076	21,254	76.00
76.01	GI LAB	0.100663	16,967	1,708	76.01
76.02	ECT	0.131663	527,213	69,414	76.02
76.03	O/P PSYCH	0.666621	1,810	1,207	76.03
	OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	CLINIC	0.481096	0	0	90.00
90.01	HYPERBARIC/OP WOUND	0.666212	0	0	90.01
91.00	EMERGENCY	0.208240	672,726	140,088	91.00
91.02	NATURAL FAMILY PLANNING	0.000000	0	0	91.02
91.03	PAIN THERAPY CENTER	0.000000	0	0	91.03
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.308648	0	0	92.00
92.01	AMBULATORY CARE UNIT	0.087526	17,661	1,546	92.01
	OTHER REIMBURSABLE COST CENTERS				
95.00	AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50-94 and 96-98)		5,837,944	1,259,982	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)		5,837,944		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT	Provider CCN: 260020 Component CCN: 265298	Period: From 07/01/2010 To 06/30/2011	Worksheet D-3 Date/Time Prepared: 1/26/2012 1:32 pm
	Title XVIII	Skilled Nursing Facility	PPS

	Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS		0		30.00
31.00	INTENSIVE CARE UNIT		0		31.00
32.00	CORONARY CARE UNIT		0		32.00
33.00	BURN INTENSIVE CARE UNIT		0		33.00
34.00	SURGICAL INTENSIVE CARE UNIT		0		34.00
35.00	NEONATAL INTENSIVE CARE UNIT		0		35.00
40.00	SUBPROVIDER - IPF		0		40.00
41.00	SUBPROVIDER - IRF		0		41.00
42.00	SUBPROVIDER		0		42.00
43.00	NURSERY				43.00
	ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0.383903	0	0	50.00
51.00	RECOVERY ROOM	0.122497	82,762	10,138	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.355377	0	0	52.00
53.00	ANESTHESIOLOGY	0.073579	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.182354	0	0	54.00
54.01	ULTRASOUND	0.130677	10,106	1,321	54.01
55.00	RADIOLOGY-THERAPEUTIC	0.227888	1,547	353	55.00
56.00	RADIOISOTOPE	0.082048	0	0	56.00
56.01	ONCOLOGY	0.000000	0	0	56.01
57.00	CT SCAN	0.030872	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.075838	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.167766	0	0	59.00
60.00	LABORATORY	0.099139	860,350	85,294	60.00
60.01	LABORATORY-PATHOLOGICAL	0.000000	0	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.317341	26,720	8,479	62.00
65.00	RESPIRATORY THERAPY	0.275578	7,241	1,995	65.00
66.00	PHYSICAL THERAPY	0.463793	6,099,510	2,828,910	66.00
69.00	ELECTROCARDIOLOGY	0.127286	30,320	3,859	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.260163	317,042	82,483	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.499429	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.306486	2,975,725	912,018	73.00
74.00	RENAL DIALYSIS	0.232273	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0.502679	0	0	75.00
76.00	CARDIAC REHAB	1.175831	0	0	76.00
76.01	GI LAB	0.100663	0	0	76.01
76.02	ECT	0.131663	0	0	76.02
76.03	O/P PSYCH	0.666621	0	0	76.03
	OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	CLINIC	0.481096	0	0	90.00
90.01	HYPERBARIC/OP WOUND	0.666212	447	298	90.01
91.00	EMERGENCY	0.208005	0	0	91.00
91.02	NATURAL FAMILY PLANNING	0.000000	0	0	91.02
91.03	PAIN THERAPY CENTER	0.000000	0	0	91.03
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.308648	0	0	92.00
92.01	AMBULATORY CARE UNIT	0.087526	2,277	199	92.01
	OTHER REIMBURSABLE COST CENTERS				
95.00	AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50-94 and 96-98)		10,414,047	3,935,347	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)		10,414,047		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 260020 | Period: From 07/01/2010 To 06/30/2011 | Worksheet D-3 | Date/Time Prepared: 1/26/2012 1:32 pm

Title XIX | Hospital | 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		9,952,129		30.00
31.00	INTENSIVE CARE UNIT		9,690,318		31.00
32.00	CORONARY CARE UNIT		833,624		32.00
33.00	BURN INTENSIVE CARE UNIT		1,725,070		33.00
34.00	SURGICAL INTENSIVE CARE UNIT		514,370		34.00
35.00	NEONATAL INTENSIVE CARE UNIT		7,457,026		35.00
40.00	SUBPROVIDER - IPF		0		40.00
41.00	SUBPROVIDER - IRF		0		41.00
42.00	SUBPROVIDER		0		42.00
43.00	NURSERY		0		43.00
	ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0.383903	2,629,872	1,009,616	50.00
51.00	RECOVERY ROOM	0.122497	771,507	94,507	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.355377	1,201,512	426,990	52.00
53.00	ANESTHESIOLOGY	0.073579	948,109	69,761	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.182354	1,549,194	282,502	54.00
54.01	ULTRASOUND	0.130677	400,219	52,299	54.01
55.00	RADIOLOGY-THERAPEUTIC	0.227888	361,171	82,307	55.00
56.00	RADIOISOTOPE	0.082048	271,036	22,238	56.00
56.01	ONCOLOGY	0.000000	0	0	56.01
57.00	CT SCAN	0.030872	2,768,088	85,456	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.075838	789,484	59,873	58.00
59.00	CARDIAC CATHETERIZATION	0.167766	1,027,765	172,424	59.00
60.00	LABORATORY	0.099139	8,495,994	842,284	60.00
60.01	LABORATORY-PATHOLOGICAL	0.000000	0	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.317341	1,674,442	531,369	62.00
65.00	RESPIRATORY THERAPY	0.275578	3,754,429	1,034,638	65.00
66.00	PHYSICAL THERAPY	0.463793	969,393	449,598	66.00
69.00	ELECTROCARDIOLOGY	0.127286	2,200,790	280,130	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.260163	16,950,660	4,409,935	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.499429	2,172,227	1,084,873	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.306486	12,553,212	3,847,384	73.00
74.00	RENAL DIALYSIS	0.232273	210,397	48,870	74.00
75.00	ASC (NON-DISTINCT PART)	0.502679	63,823	32,082	75.00
76.00	CARDIAC REHAB	1.175831	60,705	71,379	76.00
76.01	GI LAB	0.100663	394,938	39,756	76.01
76.02	ECT	0.131663	13,968	1,839	76.02
76.03	O/P PSYCH	0.666621	0	0	76.03
	OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC	0.000000	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	89.00
90.00	CLINIC	0.481096	0	0	90.00
90.01	HYPERBARIC/OP WOUND	0.666212	0	0	90.01
91.00	EMERGENCY	0.208005	0	0	91.00
91.02	NATURAL FAMILY PLANNING	0.000000	0	0	91.02
91.03	PAIN THERAPY CENTER	0.000000	0	0	91.03
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.303134	0	0	92.00
92.01	AMBULATORY CARE UNIT	0.087526	0	0	92.01
	OTHER REIMBURSABLE COST CENTERS				
95.00	AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50-94 and 96-98)		62,232,935	15,032,110	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)		62,232,935		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 260020
Component CCN: 26S020

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

Worksheet D-3
Date/Time Prepared: 1/26/2012 1:32 pm

Title XIX | Subprovider - IPF | Cost

	Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS		0		30.00
31.00	INTENSIVE CARE UNIT		0		31.00
32.00	CORONARY CARE UNIT		0		32.00
33.00	BURN INTENSIVE CARE UNIT		0		33.00
34.00	SURGICAL INTENSIVE CARE UNIT		0		34.00
35.00	NEONATAL INTENSIVE CARE UNIT		0		35.00
40.00	SUBPROVIDER - IPF		1,552,007		40.00
41.00	SUBPROVIDER - IRF		0		41.00
42.00	SUBPROVIDER		0		42.00
43.00	NURSERY		0		43.00
	ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0.383903	0	0	50.00
51.00	RECOVERY ROOM	0.122497	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.355377	0	0	52.00
53.00	ANESTHESIOLOGY	0.073579	1,053	77	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.182354	17,582	3,206	54.00
54.01	ULTRASOUND	0.130677	701	92	54.01
55.00	RADIOLOGY-THERAPEUTIC	0.227888	1,459	332	55.00
56.00	RADIOISOTOPE	0.082048	0	0	56.00
56.01	ONCOLOGY	0.000000	0	0	56.01
57.00	CT SCAN	0.030872	50,621	1,563	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.075838	6,846	519	58.00
59.00	CARDIAC CATHETERIZATION	0.167766	0	0	59.00
60.00	LABORATORY	0.099139	324,982	32,218	60.00
60.01	LABORATORY-PATHOLOGICAL	0.000000	0	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.317341	0	0	62.00
65.00	RESPIRATORY THERAPY	0.275578	3,748	1,033	65.00
66.00	PHYSICAL THERAPY	0.463793	2,443	1,133	66.00
69.00	ELECTROCARDIOLOGY	0.127286	21,502	2,737	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.260163	14,768	3,842	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.499429	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.306486	450,558	138,090	73.00
74.00	RENAL DIALYSIS	0.232273	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0.502679	0	0	75.00
76.00	CARDIAC REHAB	1.175831	0	0	76.00
76.01	GI LAB	0.100663	7,651	770	76.01
76.02	ECT	0.131663	30,230	3,980	76.02
76.03	O/P PSYCH	0.666621	0	0	76.03
	OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC	0.000000	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	89.00
90.00	CLINIC	0.481096	0	0	90.00
90.01	HYPERBARIC/OP WOUND	0.666212	0	0	90.01
91.00	EMERGENCY	0.208005	0	0	91.00
91.02	NATURAL FAMILY PLANNING	0.000000	0	0	91.02
91.03	PAIN THERAPY CENTER	0.000000	0	0	91.03
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.303134	0	0	92.00
92.01	AMBULATORY CARE UNIT	0.087526	0	0	92.01
	OTHER REIMBURSABLE COST CENTERS				
95.00	AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50-94 and 96-98)		934,144	189,592	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)		934,144		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 260020
Component CCN: 265298

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

Worksheet D-3
Date/Time Prepared:
1/26/2012 1:32 pm

Title XIX | Skilled Nursing Facility | 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
32.00	CORONARY CARE UNIT		0		32.00
33.00	BURN INTENSIVE CARE UNIT		0		33.00
34.00	SURGICAL INTENSIVE CARE UNIT		0		34.00
35.00	NEONATAL INTENSIVE CARE UNIT		0		35.00
40.00	SUBPROVIDER - IPF		0		40.00
41.00	SUBPROVIDER - IRF		0		41.00
42.00	SUBPROVIDER		0		42.00
43.00	NURSERY		0		43.00
	ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0.383903	0	0	50.00
51.00	RECOVERY ROOM	0.122497	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.355377	0	0	52.00
53.00	ANESTHESIOLOGY	0.073579	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.182354	0	0	54.00
54.01	ULTRASOUND	0.130677	0	0	54.01
55.00	RADIOLOGY-THERAPEUTIC	0.227888	0	0	55.00
56.00	RADIOISOTOPE	0.082048	0	0	56.00
56.01	ONCOLOGY	0.000000	0	0	56.01
57.00	CT SCAN	0.030872	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.075838	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.167766	0	0	59.00
60.00	LABORATORY	0.099139	0	0	60.00
60.01	LABORATORY-PATHOLOGICAL	0.000000	0	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.317341	0	0	62.00
65.00	RESPIRATORY THERAPY	0.275578	0	0	65.00
66.00	PHYSICAL THERAPY	0.463793	303	141	66.00
69.00	ELECTROCARDIOLOGY	0.127286	618	79	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.260163	12,106	3,150	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.499429	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.306486	0	0	73.00
74.00	RENAL DIALYSIS	0.232273	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0.502679	0	0	75.00
76.00	CARDIAC REHAB	1.175831	0	0	76.00
76.01	GI LAB	0.100663	0	0	76.01
76.02	ECT	0.131663	0	0	76.02
76.03	O/P PSYCH	0.666621	0	0	76.03
	OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC	0.000000	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	89.00
90.00	CLINIC	0.481096	0	0	90.00
90.01	HYPERBARIC/OP WOUND	0.666212	0	0	90.01
91.00	EMERGENCY	0.208005	0	0	91.00
91.02	NATURAL FAMILY PLANNING	0.000000	0	0	91.02
91.03	PAIN THERAPY CENTER	0.000000	0	0	91.03
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.303134	0	0	92.00
92.01	AMBULATORY CARE UNIT	0.087526	0	0	92.01
	OTHER REIMBURSABLE COST CENTERS				
95.00	AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50-94 and 96-98)		13,027	3,370	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00	Net Charges (line 200 minus line 201)		13,027		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 260020	Period: From 07/01/2010 To 06/30/2011	Worksheet E Part A Date/Time Prepared: 1/26/2012 1:32 pm

		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		72,756,146		1.00
2.00	Outlier payments for discharges. (see instructions)		10,105,216		2.00
3.00	Managed Care Simulated Payments		25,471,574		3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		731.82		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)		95.60		5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00		6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00		7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00		7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.		0.00		8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00		8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00		8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8,01 and 8,02) (see instructions)		95.60		9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		94.70		10.00
11.00	FTE count for residents in dental and podiatric programs.		2.00		11.00
12.00	Current year allowable FTE (see instructions)		96.70		12.00
13.00	Total allowable FTE count for the prior year.		86.99		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.		86.91		14.00
15.00	Sum of lines 12 through 14 divided by 3.		90.20		15.00
16.00	Adjustment for residents in initial years of the program		0.00		16.00
17.00	Adjusment for residents displaced by program or hospital closure		0.00		17.00
18.00	Adjusted rolling average FTE count		90.20		18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.123254		19.00
20.00	Prior year resident to bed ratio (see instructions)		0.109263		20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.109263		21.00
22.00	IME payment adjustment (see instructions)		5,687,680		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)		5,687,680		29.00
	Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		2.35		30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)		21.14		31.00
32.00	Sum of lines 30 and 31		23.49		32.00
33.00	Allowable disproportionate share percentage (see instructions)		8.59		33.00
34.00	Disproportionate share adjustment (see instructions)		6,249,753		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 an 685. (see instructions)		0	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 an 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	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)		94,798,795		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)		94,798,795		49.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 260020	Period: From 07/01/2010 To 06/30/2011	Worksheet E Part A Date/Time Prepared: 1/26/2012 1:32 pm
	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)	7,358,871		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).	3,241,096		52.00
53.00	Nursing and Allied Health Managed Care payment	44,110		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)	56,665		58.00
59.00	Total (sum of amounts on lines 49 through 58)	105,499,537		59.00
60.00	Primary payer payments	155,500		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)	105,344,037		61.00
62.00	Deductibles billed to program beneficiaries	6,505,283		62.00
63.00	Coinsurance billed to program beneficiaries	1,062,273		63.00
64.00	Allowable bad debts (see instructions)	1,316,293		64.00
65.00	Adjusted reimbursable bad debts (see instructions)	921,405		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)	98,697,886		67.00
68.00	Credits received from manufacturers for replaced devices applicable to MS-DRG (see instructions)	0		68.00
69.00	Outlier payments reconciliation	0		69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0		70.00
70.95	Recovery of Accelerated Depreciation	0		70.95
70.96	Low Volume Payment-1	0		70.96
70.97	Low Volume Payment-2	0		70.97
70.98	Low Volume Payment-3	0		70.98
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)	98,697,886		71.00
72.00	Interim payments	96,929,885		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)	1,768,001		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2	3,266,751		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: 260020	Period: From 07/01/2010 To 06/30/2011	Worksheet E Part B Date/Time Prepared: 1/26/2012 1:32 pm
	Title XVIII	Hospital	PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	11,049	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	39,154,338	2.00
3.00	PPS payments	35,015,357	3.00
4.00	Outlier payment (see instructions)	232,577	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	31,499	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	11,049	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	36,052	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)	36,052	14.00
	Customary charges		
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis	0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR 413.13(e)	0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)	0.000000	17.00
18.00	Total customary charges (see instructions)	36,052	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	25,003	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)	0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)	11,049	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)	35,279,433	24.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25.00	Deductibles and coinsurance (for CAH, see instructions)	1,299	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)	7,626,060	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)	27,663,123	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)	912,803	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)	28,575,926	30.00
31.00	Primary payer payments	38,775	31.00
32.00	Subtotal (line 30 minus line 31)	28,537,151	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)	457,852	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	320,496	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)	28,857,647	37.00
38.00	MSP-LCC reconciliation amount from PS&R	1,507	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)	28,856,140	40.00
41.00	Interim payments	28,696,194	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)	159,946	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: 260020 Component CCN: 26S020	Period: From 07/01/2010 To 06/30/2011	Worksheet E Part B Date/Time Prepared: 1/26/2012 1:32 pm
	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 chargebasis had such payment been made in accordance with 42 CFR 413.13(e)	0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)	0.000000	17.00
18.00	Total customary charges (see instructions)	0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)	0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)	0	21.00
22.00	Interns and residents (see instructions)	0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)	0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)	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: 260020 Component CCN: 265298	Period: From 07/01/2010 To 06/30/2011	Worksheet E Part B Date/Time Prepared: 1/26/2012 1:32 pm
	Title XVIII	Skilled Nursing Facility	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		3.00
4.00	Outlier payment (see instructions)		4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		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 chargebasis had such payment been made in accordance with 42 CFR 413.13(e)	0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)	0.000000	17.00
18.00	Total customary charges (see instructions)	0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)	0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)	0	21.00
22.00	Interns and residents (see instructions)	0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)	0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)	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)		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		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)		90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		91.00
92.00	The rate used to calculate the Time Value of Money		92.00
93.00	Time Value of Money (see instructions)		93.00
94.00	Total (sum of lines 91 and 93)		94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED	Provider CCN: 260020	Period: From 07/01/2010 To 06/30/2011	Worksheet E-1 Part I Date/Time Prepared: 1/26/2012 1:32 pm
	Title XVIII	Hospital	PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		96,929,885		28,679,994	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	02/02/2011	16,200	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		16,200	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)		96,929,885		28,696,194	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		1,768,001		159,946	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		98,697,886		28,856,140	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: 260020 Component CCN: 26S020	Period: From 07/01/2010 To 06/30/2011	Worksheet E-1 Part I Date/Time Prepared: 1/26/2012 1:32 pm
	Title XVIII	Subprovider - IPF	PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		5,444,798		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)		5,444,798		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		13,928		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		5,458,726		0	7.00
				Contractor Number	Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED	Provider CCN: 260020 Component CCN: 265298	Period: From 07/01/2010 To 06/30/2011	Worksheet E-1 Part I Date/Time Prepared: 1/26/2012 1:32 pm
	Title XVIII	Skilled Nursing Facility	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		4,013,448		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
	Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
	Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		4,013,448		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		7,350		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		4,020,798		0	7.00
				Contractor Number	Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT	Provider CCN: 260020	Period: From 07/01/2010 To 06/30/2011	Worksheet E-1 Part II Date/Time Prepared: 1/26/2012 1:32 pm
	Title XVIII	Hospital	PPS

		1.00	
	DATA COLLECTION NEEDED FOR THE HIT CALCULATION		
1.00	Total hospital discharges as defined in AARA §4102 from Wkst S-3, Part I column 15 line 14	32,903	1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12	49,598	2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6. line 2	17,456	3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12	182,567	4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200	2,514,528,241	5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20	107,093,894	6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Worksheet S-2, Part I line 168	0	7.00
8.00	Calculation of the HIT incentive payment (see instructions)	0	8.00
	INPATIENT HOSPITAL SERVICES UNDER PPS & CAH		
30.00	Initial/interim HIT payment(s)	0	30.00
31.00	Other Adjustment (specify)	0	31.00
32.00	Balance due provider (line 8 minus line 30, plus or minus line 31)	0	32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 260020 Component CCN: 26S020	Period: From 07/01/2010 To 06/30/2011	Worksheet E-3 Part II Date/Time Prepared: 1/26/2012 1:32 pm
	Title XVIII	Subprovider - IPF	PPS

		1.00	
	PART II - MEDICARE PART A SERVICES - IPF PPS		
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)	5,863,625	1.00
2.00	Net IPF PPS Outlier Payments	252,671	2.00
3.00	Net IPF PPS ECT Payments	120,770	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)	0.30	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.)	1.56	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)	0.30	8.00
9.00	Average Daily Census (see instructions)	42.506849	9.00
10.00	Medical Education Adjustment Factor {((1 + (line 8/line 9)) raised to the power of .5150 -1}.	0.003629	10.00
11.00	Medical Education Adjustment (line 1 multiplied by line 10).	21,279	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)	6,258,345	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)	6,258,345	16.00
17.00	Primary payer payments	23,017	17.00
18.00	Subtotal (line 16 less line 17).	6,235,328	18.00
19.00	Deductibles	567,356	19.00
20.00	Subtotal (line 18 minus line 19)	5,667,972	20.00
21.00	Coinsurance	224,896	21.00
22.00	Subtotal (line 20 minus line 21)	5,443,076	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	20,270	23.00
24.00	Adjusted reimbursable bad debts (see instructions)	14,189	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)	5,457,265	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)	1,461	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)	5,458,726	31.00
32.00	Interim payments	5,444,798	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)	13,928	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: 260020 Component CCN: 265298	Period: From 07/01/2010 To 06/30/2011	Worksheet E-3 Part VI Date/Time Prepared: 1/26/2012 1:32 pm
	Title XVIII	Skilled Nursing Facility	PPS

		1.00	
	PART VI - CALCULATION OF REIMBURSEMENT SETTLEMEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES		
	PROSPECTIVE PAYMENT AMOUNT (SEE INSTRUCTIONS)		
1.00	Resource Utilization Group Payment (RUGS)	4,599,282	1.00
2.00	Routine service other pass through costs	0	2.00
3.00	Ancillary service other pass through costs	859	3.00
4.00	Subtotal (sum of lines 1 through 3)	4,600,141	4.00
	COMPUTATION OF NET COST OF COVERED SERVICES		
5.00	Medical and other services (Do not use this line as vaccine costs are included in line 1 of W/S E, Part B. This line is now shaded.)		5.00
6.00	Deductible	0	6.00
7.00	Coinsurance	599,334	7.00
8.00	Allowable bad debts (see instructions)	28,559	8.00
9.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	0	9.00
10.00	Allowable reimbursable bad debts (see instructions)	19,991	10.00
11.00	Utilization review	0	11.00
12.00	Subtotal (Sum of lines 4, 5 minus 6 & 7 plus 10 and 11)(see Instructions)	4,020,798	12.00
13.00	Inpatient primary payer payments	0	13.00
14.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	14.00
14.99	Recovery of Accelerated Depreciation	0	14.99
15.00	Subtotal (line 12 minus 13 ± lines 14	4,020,798	15.00
16.00	Interim payments	4,013,448	16.00
17.00	Tentative settlement (for contractor use only)	0	17.00
18.00	Balance due provider/program (line 15 minus the sum of lines 16 and 17)	7,350	18.00
19.00	Protested amounts (nonallowable cost report items) in accordance with CMS 19 Pub. 15-2, section 115.2	0	19.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 260020	Period: From 07/01/2010 To 06/30/2011	Worksheet E-3 Part VII Date/Time Prepared: 1/26/2012 1:32 pm
	Title XIX	Hospital	Cost

		1.00	
	PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES		
	COMPUTATION OF NET COST OF COVERED SERVICES		
1.00	Inpatient hospital/SNF/NF services	27,415,471	1.00
2.00	Medical and other services	0	2.00
3.00	Organ acquisition (certified transplant centers only)	0	3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	27,415,471	4.00
5.00	Inpatient primary payer payments	0	5.00
6.00	Outpatient primary payer payments	0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	27,415,471	7.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable Charges		
8.00	Routine service charges	0	8.00
9.00	Ancillary service charges	100,071,111	9.00
10.00	Organ acquisition charges, net of revenue	0	10.00
11.00	Incentive from target amount computation	0	11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	100,071,111	12.00
	CUSTOMARY CHRGES		
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	13.00
14.00	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	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	15.00
16.00	Total customary charges (see instructions)	100,071,111	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 7) (see instructions)	72,655,640	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 7 exceeds line 16) (see instructions)	0	18.00
19.00	Interns and Residents (see instructions)	0	19.00
20.00	Cost of Teaching Physicians (see instructions)	0	20.00
21.00	Cost of covered services (line 7)	27,415,471	21.00
	PROSPECTIVE PAYMENT AMOUNT		
22.00	Other than outlier payments	0	22.00
23.00	Outlier payments	0	23.00
24.00	Program capital payments	0	24.00
25.00	Capital exception payments (see instructions)	0	25.00
26.00	Routine and Ancillary service other pass through costs	11,244	26.00
27.00	Subtotal (sum of lines 22 through 26, plus line 3 minus lines 5 and 6)	0	27.00
28.00	Customary charges (title XIX PPS covered services only)	0	28.00
29.00	Titles V or XIX (see instructions)	27,415,471	29.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
30.00	Excess of reasonable cost (from line 18)	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus line 29 minus line 30)	27,415,471	31.00
32.00	Deductibles	0	32.00
33.00	Coinsurance	0	33.00
34.00	Allowable bad debts (see instructions)	0	34.00
35.00	Utilization review	0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	27,415,471	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	37.00
38.00	Subtotal (line 36 ± line 37)	27,415,471	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	2,239,093	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	29,654,564	40.00
41.00	Interim payments	0	41.00
42.00	Balance due provider/program (line 40 minus 41)	29,654,564	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, section 115.2	0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 260020 Component CCN: 26S020	Period: From 07/01/2010 To 06/30/2011	Worksheet E-3 Part VII Date/Time Prepared: 1/26/2012 1:32 pm
	Title XIX	Subprovider - IPF	Cost

		1.00	
	PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES		
	COMPUTATION OF NET COST OF COVERED SERVICES		
1.00	Inpatient hospital/SNF/NF services	1,585,141	1.00
2.00	Medical and other services	0	2.00
3.00	Organ acquisition (certified transplant centers only)	0	3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	1,585,141	4.00
5.00	Inpatient primary payer payments	0	5.00
6.00	Outpatient primary payer payments	0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	1,585,141	7.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable Charges		
8.00	Routine service charges	0	8.00
9.00	Ancillary service charges	934,144	9.00
10.00	Organ acquisition charges, net of revenue	0	10.00
11.00	Incentive from target amount computation	0	11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	934,144	12.00
	CUSTOMARY CHRGES		
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	13.00
14.00	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	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	15.00
16.00	Total customary charges (see instructions)	934,144	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 7) (see instructions)	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 7 exceeds line 16) (see instructions)	650,997	18.00
19.00	Interns and Residents (see instructions)	0	19.00
20.00	Cost of Teaching Physicians (see instructions)	0	20.00
21.00	Cost of covered services (line 7)	1,585,141	21.00
	PROSPECTIVE PAYMENT AMOUNT		
22.00	Other than outlier payments	0	22.00
23.00	Outlier payments	0	23.00
24.00	Program capital payments	0	24.00
25.00	Capital exception payments (see instructions)	0	25.00
26.00	Routine and Ancillary service other pass through costs	355	26.00
27.00	Subtotal (sum of lines 22 through 26, plus line 3 minus lines 5 and 6)	0	27.00
28.00	Customary charges (title XIX PPS covered services only)	0	28.00
29.00	Titles V or XIX (see instructions)	1,585,141	29.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
30.00	Excess of reasonable cost (from line 18)	650,997	30.00
31.00	Subtotal (sum of lines 19 and 20, plus line 29 minus line 30)	934,144	31.00
32.00	Deductibles	0	32.00
33.00	Coinsurance	0	33.00
34.00	Allowable bad debts (see instructions)	0	34.00
35.00	Utilization review	0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	934,144	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	37.00
38.00	Subtotal (line 36 ± line 37)	934,144	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	934,144	40.00
41.00	Interim payments	0	41.00
42.00	Balance due provider/program (line 40 minus 41)	934,144	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, section 115.2	0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 260020 Component CCN: 265298	Period: From 07/01/2010 To 06/30/2011	Worksheet E-3 Part VII Date/Time Prepared: 1/26/2012 1:32 pm
	Title XIX	Skilled Nursing Facility	Cost

		1.00	
	PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES		
	COMPUTATION OF NET COST OF COVERED SERVICES		
1.00	Inpatient hospital/SNF/NF services	77,085	1.00
2.00	Medical and other services	0	2.00
3.00	Organ acquisition (certified transplant centers only)	0	3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	77,085	4.00
5.00	Inpatient primary payer payments	0	5.00
6.00	Outpatient primary payer payments	0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	77,085	7.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable Charges		
8.00	Routine service charges	0	8.00
9.00	Ancillary service charges	13,027	9.00
10.00	Organ acquisition charges, net of revenue	0	10.00
11.00	Incentive from target amount computation	0	11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	13,027	12.00
	CUSTOMARY CHRGES		
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	13.00
14.00	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	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	15.00
16.00	Total customary charges (see instructions)	13,027	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 7) (see instructions)	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 7 exceeds line 16) (see instructions)	64,058	18.00
19.00	Interns and Residents (see instructions)	0	19.00
20.00	Cost of Teaching Physicians (see instructions)	0	20.00
21.00	Cost of covered services (line 7)	77,085	21.00
	PROSPECTIVE PAYMENT AMOUNT		
22.00	Other than outlier payments	0	22.00
23.00	Outlier payments	0	23.00
24.00	Program capital payments	0	24.00
25.00	Capital exception payments (see instructions)	0	25.00
26.00	Routine and Ancillary service other pass through costs	0	26.00
27.00	Subtotal (sum of lines 22 through 26, plus line 3 minus lines 5 and 6)	0	27.00
28.00	Customary charges (title XIX PPS covered services only)	0	28.00
29.00	Titles V or XIX (see instructions)	77,085	29.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
30.00	Excess of reasonable cost (from line 18)	64,058	30.00
31.00	Subtotal (sum of lines 19 and 20, plus line 29 minus line 30)	13,027	31.00
32.00	Deductibles	0	32.00
33.00	Coinsurance	0	33.00
34.00	Allowable bad debts (see instructions)	0	34.00
35.00	Utilization review	0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	13,027	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	37.00
38.00	Subtotal (line 36 ± line 37)	13,027	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	13,027	40.00
41.00	Interim payments	0	41.00
42.00	Balance due provider/program (line 40 minus 41)	13,027	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, section 115.2	0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 260020 Component CCN: 265298	Period: From 07/01/2010 To 06/30/2011	Worksheet E-3 Part VII Date/Time Prepared: 1/26/2012 1:32 pm
	Title V	Skilled Nursing Facility	

		1.00	
	PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES		
	COMPUTATION OF NET COST OF COVERED SERVICES		
1.00	Inpatient hospital/SNF/NF services	0	1.00
2.00	Medical and other services	0	2.00
3.00	Organ acquisition (certified transplant centers only)	0	3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	0	4.00
5.00	Inpatient primary payer payments	0	5.00
6.00	Outpatient primary payer payments	0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	0	7.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable Charges		
8.00	Routine service charges	0	8.00
9.00	Ancillary service charges	0	9.00
10.00	Organ acquisition charges, net of revenue	0	10.00
11.00	Incentive from target amount computation	0	11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	0	12.00
	CUSTOMARY CHRGES		
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	13.00
14.00	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	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	15.00
16.00	Total customary charges (see instructions)	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 7) (see instructions)	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 7 exceeds line 16) (see instructions)	0	18.00
19.00	Interns and Residents (see instructions)	0	19.00
20.00	Cost of Teaching Physicians (see instructions)	0	20.00
21.00	Cost of covered services (line 7)	0	21.00
	PROSPECTIVE PAYMENT AMOUNT		
22.00	Other than outlier payments	0	22.00
23.00	Outlier payments	0	23.00
24.00	Program capital payments	0	24.00
25.00	Capital exception payments (see instructions)	0	25.00
26.00	Routine and Ancillary service other pass through costs	0	26.00
27.00	Subtotal (sum of lines 22 through 26, plus line 3 minus lines 5 and 6)	0	27.00
28.00	Customary charges (title XIX PPS covered services only)	0	28.00
29.00	Titles V or XIX (see instructions)	0	29.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
30.00	Excess of reasonable cost (from line 18)	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus line 29 minus line 30)	0	31.00
32.00	Deductibles	0	32.00
33.00	Coinsurance	0	33.00
34.00	Allowable bad debts (see instructions)	0	34.00
35.00	Utilization review	0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	37.00
38.00	Subtotal (line 36 ± line 37)	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	0	40.00
41.00	Interim payments	0	41.00
42.00	Balance due provider/program (line 40 minus 41)	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, section 115.2	0	43.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	Provider CCN: 260020	Period: From 07/01/2010 To 06/30/2011	Worksheet E-4 Date/Time Prepared: 1/26/2012 1:32 pm
	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.			99.69	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			11.01	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			88.68	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			96.24	6.00
7.00	Enter the lesser of line 5 or line 6			88.68	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.	61.39	30.08	91.47	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.	56.56	27.72	84.28	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		2.00		10.00
11.00	Total weighted FTE count	56.56	29.72		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	58.03	27.67		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	55.72	29.56		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	56.77	28.98		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	56.77	28.98		17.00
18.00	Per resident amount	131,389.00	130,674.00		18.00
19.00	Approved amount for resident costs	7,458,954	3,786,933	11,245,887	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)			7.56	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)			92,809.00	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)			11,245,887	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
	COMPUTATION OF PROGRAM PATIENT LOAD				
26.00	Inpatient Days	57,776	17,922		26.00
27.00	Total Inpatient Days	198,082	198,082		27.00
28.00	Ratio of inpatient days to total inpatient days	0.291677	0.090478		28.00
29.00	Program direct GME amount	3,280,167	1,017,505		29.00
30.00	Reduction for nursing/allied health		143,773		30.00
31.00	Net Program direct GME amount			4,153,899	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	Provider CCN: 260020	Period: From 07/01/2010 To 06/30/2011	Worksheet E-4 Date/Time Prepared: 1/26/2012 1:32 pm
	Title XVIII	Hospital	PPS

		1.00	
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)		
32.00	Renal dialysis direct medical education costs (from Worksheet B, Part I, sum of columns 20 and 23, lines 74 and 94)	0	32.00
33.00	Renal dialysis and home dialysis total charges (Worksheet C, Part I, column 8, sum of lines 74 and 94)	9,438,608	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)	139,217,322	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)	178,517	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)	139,038,805	41.00
	Part B Reasonable Cost		
42.00	Reasonable cost (see instructions)	39,196,886	42.00
43.00	Primary payer payments (see instructions)	38,775	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)	39,158,111	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)	178,196,916	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)	0.780254	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)	0.219746	47.00
	ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B		
48.00	Total program GME payment (line 31)	4,153,899	48.00
49.00	Part A Medicare GME payment (line 46 x 48)(Title XVIII only)(see instructions)	3,241,096	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)	912,803	50.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	Provider CCN: 260020	Period: From 07/01/2010 To 06/30/2011	Worksheet E-4 Date/Time Prepared: 1/26/2012 1:32 pm
	Title XIX	Hospital	Cost

				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.			99.69	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			11.01	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			88.68	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			96.24	6.00
7.00	Enter the lesser of line 5 or line 6			88.68	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.	61.39	30.08	91.47	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.	56.56	27.72	84.28	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		2.00		10.00
11.00	Total weighted FTE count	56.56	29.72		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	58.03	27.67		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	55.72	29.56		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	56.77	28.98		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	56.77	28.98		17.00
18.00	Per resident amount	131,389.00	130,674.00		18.00
19.00	Approved amount for resident costs	7,458,954	3,786,933	11,245,887	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)			7.56	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)			92,809.00	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)			11,245,887	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
	COMPUTATION OF PROGRAM PATIENT LOAD				
26.00	Inpatient Days	14,467	29,081		26.00
27.00	Total Inpatient Days	198,082	198,082		27.00
28.00	Ratio of inpatient days to total inpatient days	0.073035	0.146813		28.00
29.00	Program direct GME amount	821,343	1,651,042		29.00
30.00	Reduction for nursing/allied health		233,292		30.00
31.00	Net Program direct GME amount			2,239,093	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	Provider CCN: 260020	Period: From 07/01/2010 To 06/30/2011	Worksheet E-4 Date/Time Prepared: 1/26/2012 1:32 pm
	Title XIX	Hospital	Cost

		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)	0	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)	0	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)	0	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)	0	41.00
	Part B Reasonable Cost		
42.00	Reasonable cost (see instructions)	0	42.00
43.00	Primary payer payments (see instructions)	0	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)	0	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)	0	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)	0.000000	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)	0.000000	47.00
	ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B		
48.00	Total program GME payment (line 31)	2,239,093	48.00
49.00	Part A Medicare GME payment (line 46 x 48)(Title XVIII only)(see instructions)	0	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)	0	50.00

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

Provider CCN: 260020

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

Worksheet G

Date/Time Prepared: 1/26/2012 1:32 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
	CURENT ASSETS					
1.00	Cash on hand in banks	15,697,536	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	251,167,506	0	0	0	4.00
5.00	Other receivable	37,176,882	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-153,050,347	0	0	0	6.00
7.00	Inventory	9,078,357	0	0	0	7.00
8.00	Prepaid expenses	696,602	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	160,766,536	0	0	0	11.00
	FIXED ASSETS					
12.00	Land	7,316,244	0	0	0	12.00
13.00	Land improvements	12,052,116	0	0	0	13.00
14.00	Accumulated depreciation	-8,333,244	0	0	0	14.00
15.00	Buildings	701,386,505	0	0	0	15.00
16.00	Accumulated depreciation	-318,904,073	0	0	0	16.00
17.00	Leasehold improvements	8,866,529	0	0	0	17.00
18.00	Accumulated depreciation	-6,837,643	0	0	0	18.00
19.00	Fixed equipment	6,189,209	0	0	0	19.00
20.00	Accumulated depreciation	-5,208,782	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	227,015,689	0	0	0	23.00
24.00	Accumulated depreciation	-153,665,551	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	469,876,999	0	0	0	30.00
	OTHER ASSETS					
31.00	Investments	250,105	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	6,652,290	6,037,190	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	6,902,395	6,037,190	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	637,545,930	6,037,190	0	0	36.00
	CURRENT LIABILITIES					
37.00	Accounts payable	13,283,299	0	0	0	37.00
38.00	Salaries, wages, and fees payable	0	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	205,315	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0				42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	40,120,368	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	53,608,982	0	0	0	45.00
	LONG TERM LIABILITIES					
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	10,440,255	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	2,129,886	3,521,465	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49	12,570,141	3,521,465	0	0	50.00
51.00	Total liabilites (sum of lines 45 and 50)	66,179,123	3,521,465	0	0	51.00
	CAPITAL ACCOUNTS					
52.00	General fund balance	571,366,807				52.00
53.00	Specific purpose fund		2,515,725			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	571,366,807	2,515,725	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	637,545,930	6,037,190	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES | Provider CCN: 260020 | Period: From 07/01/2010 To 06/30/2011 | Worksheet G-1 | Date/Time Prepared: 1/26/2012 1:32 pm

		General Fund		Special Purpose Fund			
		1.00	2.00	3.00	4.00		
1.00	Fund balances at beginning of period		511,726,374		2,510,213		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		53,449,791				2.00
3.00	Total (sum of line 1 and line 2)		565,176,165		2,510,213		3.00
4.00	Additions (credit adjustments) (specify)	0		0			4.00
5.00	INVESTMENT INCOME	0		592,221			5.00
6.00	DONATIONS	1,271,010		528,949			6.00
7.00		0		0			7.00
8.00		0		0			8.00
9.00	'OTHER BALANCE TRANSFERS	4,919,633		0			9.00
10.00	Total additions (sum of line 4-9)		6,190,643		1,121,170		10.00
11.00	Subtotal (line 3 plus line 10)		571,366,808		3,631,383		11.00
12.00	Deductions (debit adjustments) (specify)	4		0			12.00
13.00		0		0			13.00
14.00	EXPENSES	0		1,115,658			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)		4		1,115,658		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		571,366,804		2,515,725		19.00

STATEMENT OF CHANGES IN FUND BALANCES | Provider CCN: 260020 | Period: From 07/01/2010 To 06/30/2011 | Worksheet G-1 | Date/Time Prepared: 1/26/2012 1:32 pm

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

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES | Provider CCN: 260020 | Period: From 07/01/2010 To 06/30/2011 | Worksheet G-2 Parts | Date/Time Prepared: 1/26/2012 1:32 pm

	Cost Center Description	Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
	PART I - PATIENT REVENUES				
	General Inpatient Routine Services				
1.00	Hospital	173,641,992		173,641,992	1.00
2.00	SUBPROVIDER - IPF	14,569,698		14,569,698	2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	21,220,073		21,220,073	7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE	3,756,432		3,756,432	9.00
10.00	Total general inpatient care services (sum of lines 1-9)	213,188,195		213,188,195	10.00
	Intensive Care Type Inpatient Hospital Services				
11.00	INTENSIVE CARE UNIT	162,624,610		162,624,610	11.00
12.00	CORONARY CARE UNIT	24,074,224		24,074,224	12.00
13.00	BURN INTENSIVE CARE UNIT	15,822,806		15,822,806	13.00
14.00	SURGICAL INTENSIVE CARE UNIT	14,378,300		14,378,300	14.00
15.00	NEONATAL INTENSIVE CARE UNIT	102,542,682		102,542,682	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	319,442,622		319,442,622	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	532,630,817		532,630,817	17.00
18.00	Ancillary services	854,807,279	0	854,807,279	18.00
19.00	Outpatient services	0	1,170,943,904	1,170,943,904	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES	0	15,099	15,099	23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	ASC	0	22,207,872	22,207,872	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	1,387,438,096	1,193,166,875	2,580,604,971	28.00
	PART II - OPERATING EXPENSES				
29.00	Operating expenses (per Wkst. A, column 3, line 200)		804,384,339		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00	REHAB HOSPITAL JOINT VENTURE	25,538,197			38.00
39.00	ROUNDING DIFFERENCE	2			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		25,538,199		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		778,846,140		43.00

STATEMENT OF REVENUES AND EXPENSES	Provider CCN: 260020	Period: From 07/01/2010 To 06/30/2011	Worksheet G-3 Date/Time Prepared: 1/26/2012 1:32 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	2,580,604,971	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,777,101,424	2.00
3.00	Net patient revenues (line 1 minus line 2)	803,503,547	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	778,846,140	4.00
5.00	Net income from service to patients (line 3 minus line 4)	24,657,407	5.00
	OTHER INCOME		
6.00	Contributions, donations, bequests, etc	2,132,967	6.00
7.00	Income from investments	2,119,688	7.00
8.00	Revenues from telephone and telegraph service	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	5,623,868	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	1,863,578	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	315,929	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER (SPECIFY)	16,736,357	24.00
25.00	Total other income (sum of lines 6-24)	28,792,387	25.00
26.00	Total (line 5 plus line 25)	53,449,794	26.00
27.00	ROUNDING CORRECTION	3	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	3	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	53,449,791	29.00

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

Provider CCN: 260020

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

Worksheet I-1

Date/Time Prepared: 1/26/2012 1:32 pm

		Renal Dialysis			PPS	
		Total Costs	Basis	Statistics	FTEs per 2080 Hours	
		1.00	2.00	3.00	4.00	
1.00	Registered Nurses	770,144	Hours of Service	20,361.00	9.79	1.00
2.00	Licensed Practical Nurses	0	Hours of Service	0.00	0.00	2.00
3.00	Nurses Aides	0	Hours of Service	0.00	0.00	3.00
4.00	Technicians	0	Hours of Service	0.00	0.00	4.00
5.00	Social Workers	0	Hours of Service	0.00	0.00	5.00
6.00	Dieticians	0	Hours of Service	0.00	0.00	6.00
7.00	Physicians	0	Accumulated Cost			7.00
8.00	Non-patient Care Salary	49,924	Accumulated Cost			8.00
9.00	Subtotal (sum of lines 1-8)	820,068				9.00
10.00	Employee Benefits	0	Salary			10.00
11.00	Capital Related Costs-Bldgs. & Fixtures	0	Square Feet			11.00
12.00	Capital Related Costs-Mov. Equip.	0	Percentage of Time			12.00
13.00	Machine Costs & Repairs	0	Percentage of Time			13.00
14.00	Supplies	0	Requisitions			14.00
15.00	Drugs	0	Requisitions			15.00
16.00	Other	1,576,519	Accumulated Cost			16.00
17.00	Subtotal (sum of lines 9-16)*	2,396,587				17.00
18.00	Capital Related Costs-Bldgs. & Fixtures	51,970	Square Feet			18.00
19.00	Capital Related Costs-Mov. Equip.	53,000	Percentage of Time			19.00
20.00	Employee Benefits	226,129	Salary			20.00
21.00	Administrative & General	700,639	Accumulated Cost			21.00
22.00	Maint./Repairs-Oper-Housekeeping	73,993	Square Feet			22.00
23.00	Medical Education Program Costs	0				23.00
24.00	Central Service & Supplies	0	Requisitions			24.00
25.00	Pharmacy	-1,443,131	Requisitions			25.00
26.00	Other Allocated Costs	133,150	Accumulated Cost			26.00
27.00	Subtotal (sum of lines 17-26)*	2,192,337				27.00
28.00	Laboratory (see instructions)	0	Charges	0		28.00
29.00	Respiratory Therapy (see instructions)	0	Charges	0		29.00
30.00	Other (see instructions)	0	Charges	0		30.00
31.00	Total costs (sum of lines 27-30)	2,192,337				31.00

* Line 17, column 1 should agree with Worksheet A, column 7 for line 74 or line 94 as appropriate, and line 27, column 1 should agree with Worksheet B, Part I, column 26 for line 74 or line 94 as appropriate.

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES

Provider CCN: 260020

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

Worksheet I-2

Date/Time Prepared: 1/26/2012 1:32 pm

		Renal Dialysis				PPS	
		Capital Related Costs		Direct Patient Care Salary			
		Building	Equipment	RNs	Other	Employee Benefits	
		1.00	2.00	3.00	4.00	5.00	
1.00	Total Renal Department Costs	125,963	53,000	770,144	0	226,129	1.00
	MAINTENANCE						
2.00	Hemodialysis	125,963	53,000	770,144	0	226,129	2.00
3.00	Intermittent Peritoneal	0	0	0	0	0	3.00
	TRAINING						
4.00	Hemodialysis	0	0	0	0	0	4.00
5.00	Intermittent Peritoneal	0	0	0	0	0	5.00
6.00	CAPD	0	0	0	0	0	6.00
7.00	CCDP	0	0	0	0	0	7.00
	HOME						
8.00	Hemodialysis	0	0	0	0	0	8.00
9.00	Intermittent Peritoneal	0	0	0	0	0	9.00
10.00	CAPD	0	0	0	0	0	10.00
11.00	CCDP	0	0	0	0	0	11.00
	OTHER BILLABLE SERVICES						
12.00	Inpatient Dialysis	0	0	0	0	0	12.00
13.00	Method II Home Patient	0	0	0	0	0	13.00
14.00	EPO (include in Renal Department)						14.00
15.00	ARANESP (include in Renal Department)						15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Total (sum of lines 2-16)	125,963	53,000	770,144	0	226,129	17.00
18.00	Medical Educational Program Costs						18.00
19.00	Total Renal Costs (line 17 + line 18)						19.00

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES

Provider CCN: 260020

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

Worksheet I-2

Date/Time Prepared: 1/26/2012 1:32 pm

		Renal Dialysis				PPS	
		Drugs	Medical Supplies	Routine Ancillary Services	Subtotal (sum of cols. 1-8)	Overhead	
		6.00	7.00	8.00	9.00	10.00	
1.00	Total Renal Department Costs	-1,443,131	0	0	-267,895	2,460,232	1.00
	MAINTENANCE						
2.00	Hemodialysis	-1,443,131	0	0	-267,895	2,460,232	2.00
3.00	Intermittent Peritoneal	0	0	0	0	0	3.00
	TRAINING						
4.00	Hemodialysis	0	0	0	0	0	4.00
5.00	Intermittent Peritoneal	0	0	0	0	0	5.00
6.00	CAPD	0	0	0	0	0	6.00
7.00	CCDP	0	0	0	0	0	7.00
	HOME						
8.00	Hemodialysis	0	0	0	0	0	8.00
9.00	Intermittent Peritoneal	0	0	0	0	0	9.00
10.00	CAPD	0	0	0	0	0	10.00
11.00	CCDP	0	0	0	0	0	11.00
	OTHER BILLABLE SERVICES						
12.00	Inpatient Dialysis	0	0	0	0	0	12.00
13.00	Method II Home Patient	0	0	0	0	0	13.00
14.00	EPO (include in Renal Department)	1,443,131					14.00
15.00	ARANESP (include in Renal Department)	0					15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Total (sum of lines 2-16)	-1,443,131	0	0	-267,895	2,460,232	17.00
18.00	Medical Educational Program Costs						18.00
19.00	Total Renal Costs (line 17 + line 18)						19.00

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES	Provider CCN: 260020	Period: From 07/01/2010 To 06/30/2011	Worksheet I-2 Date/Time Prepared: 1/26/2012 1:32 pm

		Renal Dialysis	PPS	
		Total (col. 9 + col. 10)		
		11.00		
1.00	Total Renal Department Costs	2,192,337		1.00
	MAINTENANCE			
2.00	Hemodialysis	2,192,337		2.00
3.00	Intermittent Peritoneal	0		3.00
	TRAINING			
4.00	Hemodialysis	0		4.00
5.00	Intermittent Peritoneal	0		5.00
6.00	CAPD	0		6.00
7.00	CCDP	0		7.00
	HOME			
8.00	Hemodialysis	0		8.00
9.00	Intermittent Peritoneal	0		9.00
10.00	CAPD	0		10.00
11.00	CCDP	0		11.00
	OTHER BILLABLE SERVICES			
12.00	Inpatient Dialysis	0		12.00
13.00	Method II Home Patient	0		13.00
14.00	EPO (include in Renal Department)			14.00
15.00	ARANESP (include in Renal Department)			15.00
16.00	Other	0		16.00
17.00	Total (sum of lines 2-16)	2,192,337		17.00
18.00	Medical Educational Program Costs	0		18.00
19.00	Total Renal Costs (line 17 + line 18)	2,192,337		19.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260020

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

Worksheet I-3

Date/Time Prepared: 1/26/2012 1:32 pm

			Capital Related Costs		Direct Patient Care Salary		
			Building (Square Feet)	Equipment (% of Time)	RNs (Hours)	Other (Hours)	
		0	1.00	2.00	3.00	4.00	
1.00	Total Renal Department Costs		125,963	53,000	770,144	0	1.00
	MAINTENANCE						
2.00	Hemodialysis		100	100.00	100.00	100.00	2.00
3.00	Intermittent Peritoneal		0	0.00	0.00	0.00	3.00
	TRAINING						
4.00	Hemodialysis		0	0.00	0.00	0.00	4.00
5.00	Intermittent Peritoneal		0	0.00	0.00	0.00	5.00
6.00	CAPD		0	0.00	0.00	0.00	6.00
7.00	CCDP		0	0.00	0.00	0.00	7.00
	HOME						
8.00	Hemodialysis		0	0.00	0.00	0.00	8.00
9.00	Intermittent Peritoneal		0	0.00	0.00	0.00	9.00
10.00	CAPD		0	0.00	0.00	0.00	10.00
11.00	CCDP		0	0.00	0.00	0.00	11.00
	OTHER BILLABLE SERVICES						
12.00	Inpatient Dialysis Treatments	0	0	0.00	0.00	0.00	12.00
13.00	Method II Home Patient		0	0.00	0.00	0.00	13.00
14.00	EPO						14.00
15.00	ARANESP						15.00
16.00	Other		0	0.00	0.00	0.00	16.00
17.00	Total Statistical Basis		100	100.00	100.00	100.00	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)		1,259.630000	530.000000	7,701.440000	0.000000	18.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260020

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

Worksheet I-3

Date/Time Prepared: 1/26/2012 1:32 pm

		Renal Dialysis				PPS	
		Employee Benefits (Salary)	Drugs (Requist.)	Medical Supplies (Requist.)	Routine Ancillary Services (Charges)	Subtotal	
		5.00	6.00	7.00	8.00	9.00	
1.00	Total Renal Department Costs	226,129	-1,443,131	0	0	-267,895	1.00
	MAINTENANCE						
2.00	Hemodialysis	100	100	100	0		2.00
3.00	Intermittent Peritoneal	0	0	0	0		3.00
	TRAINING						
4.00	Hemodialysis	0	0	0	0		4.00
5.00	Intermittent Peritoneal	0	0	0	0		5.00
6.00	CAPD	0	0	0	0		6.00
7.00	CCDP	0	0	0	0		7.00
	HOME						
8.00	Hemodialysis	0	0	0	0		8.00
9.00	Intermittent Peritoneal	0	0	0	0		9.00
10.00	CAPD	0	0	0	0		10.00
11.00	CCDP	0	0	0	0		11.00
	OTHER BILLABLE SERVICES						
12.00	Inpatient Dialysis Treatments	0	0	0	0		12.00
13.00	Method II Home Patient	0	0	0	0		13.00
14.00	EPO		0				14.00
15.00	ARANESP		0				15.00
16.00	Other	0	0	0	0		16.00
17.00	Total Statistical Basis	100	100	100	0		17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	2,261.290000	-14,431.310000	0.000000	0.000000		18.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS	Provider CCN: 260020	Period: From 07/01/2010 To 06/30/2011	Worksheet I-3 Date/Time Prepared: 1/26/2012 1:32 pm
		Renal Dialysis	PPS

		Overhead (Accum. Cost)		
		10.00		
1.00	Total Renal Department Costs	2,460,232		1.00
	MAINTENANCE			
2.00	Hemodialysis			2.00
3.00	Intermittent Peritoneal			3.00
	TRAINING			
4.00	Hemodialysis			4.00
5.00	Intermittent Peritoneal			5.00
6.00	CAPD			6.00
7.00	CCDP			7.00
	HOME			
8.00	Hemodialysis			8.00
9.00	Intermittent Peritoneal			9.00
10.00	CAPD			10.00
11.00	CCDP			11.00
	OTHER BILLABLE SERVICES			
12.00	Inpatient Dialysis Treatments			12.00
13.00	Method II Home Patient			13.00
14.00	EPO			14.00
15.00	ARANESP			15.00
16.00	Other			16.00
17.00	Total Statistical Basis	-267,895		17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	-9.183568		18.00

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS	Provider CCN: 260020	Period: From 07/01/2010 To 06/30/2011	Worksheet I-4 Date/Time Prepared: 1/26/2012 1:32 pm
	Rate 0	Renal Dialysis	PPS

		Number of Total Treatments	Total Cost (from Wkst. I-2, col. 11)	Average Cost of Program Treatments (col. 2 ÷ col. 1)	Number of Program Treatments	Total Program Expenses (col. 4 x col. 3)	
		1.00	2.00	3.00	4.00	5.00	
1.00	Maintenance - Hemodialysis	94	2,192,337	23,322.73	77	1,795,850	1.00
2.00	Maintenance - Peritoneal Dialysis	0	0	0.00	0	0	2.00
3.00	Training - Hemodialysis	0	0	0.00	0	0	3.00
4.00	Training - Peritoneal Dialysis	0	0	0.00	0	0	4.00
5.00	Training - Continuous Ambulatory Peritoneal Dialysis	0	0	0.00	0	0	5.00
6.00	Training - Continuous Cycling Peritoneal Dialysis	0	0	0.00	0	0	6.00
7.00	Home Program - Hemodialysis	0	0	0.00	0	0	7.00
8.00	Home Program - Peritoneal Dialysis	0	0	0.00	0	0	8.00
		Patient Weeks			Patient Weeks		
		1.00	2.00	3.00	4.00	5.00	
9.00	Home Program - Continuous Ambulatory Peritoneal Dialysis	0	0	0.00	0	0	9.00
10.00	Home Program - Continuous Cycling Peritoneal Dialysis	0	0	0.00	0	0	10.00
11.00	Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5, and 6)	94	2,192,337		77	1,795,850	11.00

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS	Provider CCN: 260020	Period: From 07/01/2010 To 06/30/2011	Worksheet I-4 Date/Time Prepared: 1/26/2012 1:32 pm
	Rate 0	Renal Dialysis	PPS

		Total Program Payment	Average Payment Rate (col. 6 ÷ col. 4)		
		6.00	7.00		
1.00	Maintenance - Hemodialysis	11,305	146.82		1.00
2.00	Maintenance - Peritoneal Dialysis	0	0.00		2.00
3.00	Training - Hemodialysis	0	0.00		3.00
4.00	Training - Peritoneal Dialysis	0	0.00		4.00
5.00	Training - Continuous Ambulatory Peritoneal Dialysis	0	0.00		5.00
6.00	Training - Continuous Cycling Peritoneal Dialysis	0	0.00		6.00
7.00	Home Program - Hemodialysis	0	0.00		7.00
8.00	Home Program - Peritoneal Dialysis	0	0.00		8.00
		6.00	7.00		
9.00	Home Program - Continuous Ambulatory Peritoneal Dialysis	0	0.00		9.00
10.00	Home Program - Continuous Cycling Peritoneal Dialysis	0	0.00		10.00
11.00	Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5, and 6)	11,305			11.00

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B	Provider CCN: 260020	Period: From 07/01/2010 To 06/30/2011	Worksheet I-5 Date/Time Prepared: 1/26/2012 1:32 pm

		1.00	
1.00	Total expenses related to care of program beneficiaries (see instructions)	1,795,850	1.00
2.00	Total payment (from Worksheet I-4, column 6, line 11)	11,305	2.00
3.00	Deductibles billed to Medicare (Part B) patients	1	3.00
4.00	Coinsurance billed to Medicare (Part B) patients	0	4.00
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries	0	5.00
6.00			6.00
7.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	0	7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (sum of lines 3 and 4 less line 5)	1	8.00
9.00	Program payment (line 2 less line 3, times 80 percent)	9,043	9.00
10.00	Unrecovered from Medicare (Part B) patients (Lesser of line 1 or line 2 minus the sum of lines 8 and 9. If negative, enter zero and do not complete line 11.)	1,786,806	10.00
11.00	Reimbursable bad debts (lesser of line 10 or line 5) (transfer to Worksheet E, Part B, line 33)	0	11.00

CALCULATION OF CAPITAL PAYMENT	Provider CCN: 260020	Period: From 07/01/2010 To 06/30/2011	Worksheet L Parts I-III Date/Time Prepared: 1/26/2012 1:32 pm
	Title XVIII	Hospital	PPS

		1.00	
	PART I - FULLY PROSPECTIVE METHOD		
	CAPITAL FEDERAL AMOUNT		
1.00	Capital DRG other than outlier	5,890,541	1.00
2.00	Capital DRG outlier payments	873,975	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)	500.18	3.00
4.00	Number of interns & residents (see instructions)	90.20	4.00
5.00	Indirect medical education percentage (see instructions)	5.22	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)	307,486	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)	2.35	7.00
8.00	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)	21.14	8.00
9.00	Sum of lines 7 and 8	23.49	9.00
10.00	Allowable disproportionate share percentage (see instructions)	4.87	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)	286,869	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)	7,358,871	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

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Falure 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: 260020	Period: From 07/01/2010 To 06/30/2011	Worksheet S Parts I-III Date/Time Prepared: 1/26/2012 1:32 pm

PART I - COST REPORT STATUS

Provider use only

1. [X] Electronically filed cost report — Date: 1/26/2012 Time: 1:32 pm
2. [X] Manually submitted cost report
3. [0] If this is an amended report enter the number of times the provider resubmitted this cost report
4. [F] Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only

5. [0] 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. [N] Initial Report for this Provider CCN
9. [N] Final Report for this Provider CCN
10. NPR Date:
11. Contractor's Vendor Code: 4
12. [0] 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. JOHN'S MERCY 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.

Encryption Information
ECR: Date: 1/26/2012 Time: 1:32 pm
7yNaaPfxbT5:LdHs9iBVPZYHOr0BJ0
qrlZL0EO8QUdXivGodibrvyo9an.UN
xTHe22wmPc0nHYf0
PI: Date: 1/26/2012 Time: 1:32 pm
m9HcJjJLPY2ClgEyKOxS5VEhw7ht.2
Knlyi07OyzT4TZ1KljzUJdOs0IrTdY
DJdB2Ec7Bs0W:phw

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

_____
Title

_____
Date

		Title V	Title XVIII Part A	Title XVIII Part B	HIT	Title XIX	
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	1,768,001	159,946	0	29,654,564	1.00
2.00	Subprovider - IPF	0	13,928	0		934,144	2.00
3.00	Subprovider - IRF	0	0	0		0	3.00
4.00	SUBPROVIDER I	0	0	0		0	4.00
5.00	Swing bed - SNF	0	0	0		0	5.00
6.00	Swing bed - NF	0				0	6.00
7.00	Skilled Nursing Facility	0	7,350	0		13,027	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	1,789,279	159,946	0	30,601,735	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.