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: 260032

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

Worksheet S
Parts I-III
Date/Time Prepared:
5/24/2012 2:13 pm

PART I - COST REPORT STATUS

Provider use only

1. [X] Electronically filed cost report — Date: 5/24/2012 Time: 2:13 pm
2. [ ] 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 BARNES-JEWISH HOSPITAL for the cost reporting period beginning 01/01/2011 and ending 12/31/2011 and to the best of my knowledge and belief, it is a true, correct and complete statement prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services identified in this cost report were provided in compliance with such laws and regulations.

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

_____
Title

_____
Date

	Cost Center Description	Title V	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	1,090,109	979,456	0	65,184,639	1.00
2.00	Subprovider - IPF	0	-51,435	422		163,300	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	77,136	0		0	7.00
8.00	NURSING FACILITY	0				-55,750	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	1,115,810	979,878	0	65,292,189	200.00

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated.

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

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FORM APPROVED
OMB NO. 0938-0050

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 260032	Period: From 01/01/2011 To 12/31/2011	Worksheet S Parts I-III Date/Time Prepared: 5/24/2012 2:13 pm

PART I - COST REPORT STATUS

Provider use only
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Contractor use only
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(4) Reopened
(5) Amended
6. Date Received:
7. Contractor No.
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9. [N] Final Report for this Provider CCN
10. NPR Date:
11. Contractor's Vendor Code: 4
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Encryption Information
ECR: Date: 5/24/2012 Time: 2:13 pm
uvDwp9RzLAywqA3HW4k6wNbVhv.Ye0
H::fT0:gDsjRsqBKOjQ0yK6rENUD6c
IpzU2fkuTI0SABYP
PI: Date: 5/24/2012 Time: 2:13 pm
h0PjCMdPUbRZ8ZUVYE.BmCiIUHkal1
HqvF90tqjiNIuNQPDSqRK5Hr0wzaO6
7XdX:NknTe01z7zt

(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	1,090,109	979,456	0	65,184,639	1.00
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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	77,136	0		0	7.00
8.00	NURSING FACILITY	0				-55,750	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	1,115,810	979,878	0	65,292,189	200.00

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 260032 | Period: From 01/01/2011 To 12/31/2011 | Worksheet S-2 Part I Date/Time Prepared: 5/24/2012 2:12 pm

	1.00	2.00	3.00	4.00	
	Hospital and Hospital Health Care Complex Address:				
1.00	Street: ONE BARNES-JEWISH HOSPITAL PLAZA	PO Box:			1.00
2.00	City: ST. LOUIS	State: MO	Zip Code: 63110-	County: ST. LOUIS CITY, MO	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	BARNES-JEWISH HOSPITAL	260032	41180	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF	BARNES-JEWISH HOSPITAL PSYCH UNIT	26S032	41180	4	01/01/1984	N	P	O	4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF						N	N	N	7.00
8.00	Swing Beds - NF						N		N	8.00
9.00	Hospital-Based SNF	BARNES-JEWISH EXTENDED CARE	265439	41180		10/10/1990	N	P	N	9.00
10.00	Hospital-Based NF	BARNES-JEWISH EXTENDED CARE	265439	41180		10/10/1990	N		O	10.00
11.00	Hospital-Based OLTC	BARNES-JEWISH EXTENDED CARE								11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) 1									17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00

		From: 1.00	To: 2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)	01/01/2011	12/31/2011	20.00
21.00	Type of Control (see instructions)	2		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.	31,108	14,108	4,882	8,875	11,918	0	24.00
25.00	If this provider is an IRF, enter the in-State Medicaid paid days in column 1, the in State Medicaid eligible days in column 2, the out of State Medicaid paid days in column 3, the out of State Medicaid eligible days in column 4, Medicaid HMO days in column 5, and other Medicaid days in column 6. For all columns include in these days the labor and delivery days.	0	0	0	0	0	0	25.00

		Urban/Rural S 1.00	Date of Geogr 2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter (1) for urban or (2) for rural.	1		26.00
27.00	For the Standard Geographic classification (not wage), what is your status at the end of the cost reporting period. Enter (1) for urban or (2) for rural. If applicable, enter the effective date of the geographic reclassification (in column 2).	1		27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0		35.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 260032	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part I Date/Time Prepared: 5/24/2012 2:12 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)	N	0.00	0.00	61.00
	ACA Provisions Affecting the Health Resources and Services Administration (HRSA)				
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	0.00			62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00			62.01
	Teaching Hospitals that Claim Residents in Non-Provider Settings				
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete lines 64-67. (see instructions)	Y			63.00

		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
		1.00	2.00	3.00	
	Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.				
64.00	If line 63 is yes or your facility trained residents in the base year period, enter in column 1, from your cost reporting period that begins on or after July 1, 2009, and before June 30, 2010 the number of unweighted nonprimary care FTE residents attributable to rotations that occurred in all nonprovider settings. Enter in column 2 the number of unweighted nonprimary care FTE residents that trained in your hospital. Include unweighted OB/GYN, dental and podiatry FTEs on this line. Enter in column 3, the ratio of column 1 divided by the sum of columns 1 and 2.	12.58	500.58	0.024515	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: 260032 | Period: From 01/01/2011 To 12/31/2011 | Worksheet S-2 Part I Date/Time Prepared: 5/24/2012 2:12 pm

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	If line 63 is yes or your facility trained residents in the base year period, enter from your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010, the number of unweighted primary care FTE residents for each primary care specialty program in which you train residents. Use subscripted lines 65.01 through 65.50 for each additional primary care program. Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations that occurred in nonprovider settings for each applicable program. Enter in column 4, the number of unweighted primary care FTE residents in your hospital for each applicable program. Enter in column 5 the ratio of column 3 divided by the sum of columns 3 and 4.	GERIATRICS	1408	0.18	0.02	0.900000	65.00
65.01		INTERNAL MEDICINE	1400	0.00	129.79	0.000000	65.01
65.02		PEDIATRICS	2000	0.00	2.32	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)	40.58	497.39	0.075432	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)	GERIATRICS	1408	0.00	0.00	0.000000	67.00
67.01		INTERNAL MEDICINE	1400	3.21	125.06	0.025025	67.01
67.02		PEDIATRICS	2000	0.00	3.58	0.000000	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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 260032 | Period: From 01/01/2011 To 12/31/2011 | Worksheet S-2 Part I Date/Time Prepared: 5/24/2012 2:12 pm

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

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

		V	XIX	
		1.00	2.00	
	Title V or XIX Inpatient Services			
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	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.	8,000,000	99,999,999,999	119.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 260032 | Period: From 01/01/2011 To 12/31/2011 | Worksheet S-2 Part I Date/Time Prepared: 5/24/2012 2:12 pm

		1.00	2.00	
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 as amended by the Medicaid Extender Act (MMEA) §108? Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with <= 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121? Enter in column 2 "Y" for yes or "N" for no.	N	N	120.00
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
	Transplant Center Information			
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	Y		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.	08/26/1980		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.	09/16/1987		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.	03/08/1990		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.	02/02/1995		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.	08/26/1980		130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
	All Providers			
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	269026	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: BJC HEALTHCARE	Contractor's Name: WPS	Contractor's Number: 05301	141.00
142.00	Street: 4444 FOREST PARK AVE	PO Box:		142.00
143.00	City: ST. LOUIS	State: MO	Zip Code: 63108	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.	Y	145.00

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

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

		1.00	
	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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 260032	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part I Date/Time Prepared: 5/24/2012 2:12 pm

		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: 260032	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part II Date/Time Prepared: 5/24/2012 2:12 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			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.	Y			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?	Y		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	Y		8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	Y		9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	Y		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00

		Y/N	
		1.00	
	Bad Debts		
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	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	03/31/2012		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		N			19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N			20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider CCN: 260032	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part II Date/Time Prepared: 5/24/2012 2:12 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: 260032	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part II Date/Time Prepared: 5/24/2012 2:12 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	03/31/2012	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		21.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 260032 | Period: From 01/01/2011 To 12/31/2011 | Worksheet S-3 Part I Date/Time Prepared: 5/24/2012 2:12 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	1,079	393,778	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)		1,079	393,778	0.00		7.00
8.00	INTENSIVE CARE UNIT	31.00	29	10,585	0.00		8.00
9.00	CORONARY CARE UNIT	32.00	15	5,475	0.00		9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT	34.00	24	8,760	0.00		11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
12.01	NEURO-ICU	35.01	20	7,300	0.00		12.01
12.02	CARDIO-THORACIC ICU	35.02	21	7,665	0.00		12.02
13.00	NURSERY	43.00					13.00
14.00	Total (see instructions)		1,188	433,563	0.00		14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF	40.00	46	16,790			16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY	44.00	80	23,740			19.00
20.00	NURSING FACILITY	45.00	12	3,976			20.00
21.00	OTHER LONG TERM CARE	46.00	28	16,084			21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00	Total (sum of lines 14-26)		1,354				27.00
28.00	Observation Bed Days						28.00
28.01	SUBPROVIDER - IPF	40.00					28.01
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: 260032 | Period: From 01/01/2011 To 12/31/2011 | Worksheet S-3 Part I Date/Time Prepared: 5/24/2012 2:12 pm

	Cost Center Description	I/P Days / O/P Visits / Trips					
		Title V	Title XVIII	Title XIX	Total All Patients		
		5.00	6.00	7.00	8.00		
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	0	94,426	30,586	250,436		1.00
2.00	HMO		12,839	33,266			2.00
3.00	HMO IPF		0	0			3.00
4.00	HMO IRF		0	0			4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0	0		5.00
6.00	Hospital Adults & Peds. Swing Bed NF	0		0	0		6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	0	94,426	30,586	250,436		7.00
8.00	INTENSIVE CARE UNIT	0	4,489	1,857	9,865		8.00
9.00	CORONARY CARE UNIT	0	2,457	550	4,710		9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT	0	3,072	1,299	7,958		11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
12.01	NEURO-ICU	0	2,223	792	6,481		12.01
12.02	CARDIO-THORACIC ICU	0	3,360	560	7,316		12.02
13.00	NURSERY	0		1,146	5,750		13.00
14.00	Total (see instructions)	0	110,027	36,790	292,516		14.00
15.00	CAH visits	0	0	0	0		15.00
16.00	SUBPROVIDER - IPF	0	3,921	4,054	12,398		16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY	0	14,493	0	20,160		19.00
20.00	NURSING FACILITY	0		2,370	3,468		20.00
21.00	OTHER LONG TERM CARE				10,937		21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00	Total (sum of lines 14-26)						27.00
28.00	Observation Bed Days	0		171	1,496		28.00
28.01	SUBPROVIDER - IPF				172		28.01
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)			835	1,072		32.00
33.00	LTCH non-covered days		0				33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 260032 | Period: From 01/01/2011 To 12/31/2011 | Worksheet S-3 Part I Date/Time Prepared: 5/24/2012 2:12 pm

	Cost Center Description	Full Time Equivalents			Discharges		
		Total Interns & Residents	Employees On Payroll	Nonpaid Workers	Title V	Title XVIII	
		9.00	10.00	11.00	12.00	13.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)				0	18,984	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	OTHER SPECIAL CARE (SPECIFY)						12.00
12.01	NEURO-ICU						12.01
12.02	CARDIO-THORACIC ICU						12.02
13.00	NURSERY						13.00
14.00	Total (see instructions)	659.51	8,299.57	0.00	0	18,984	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF	7.30	86.17	0.00	0	391	16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY	0.00	68.43	0.00			19.00
20.00	NURSING FACILITY	0.00	6.43	0.00			20.00
21.00	OTHER LONG TERM CARE	0.00	26.03	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
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00	Total (sum of lines 14-26)	666.81	8,486.63	0.00			27.00
28.00	Observation Bed Days						28.00
28.01	SUBPROVIDER - IPF						28.01
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: 260032 | Period: From 01/01/2011 To 12/31/2011 | Worksheet S-3 Part I Date/Time Prepared: 5/24/2012 2:12 pm

	Cost Center Description	Discharges			
		Title XIX	Total All Patients		
		14.00	15.00		
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	7,073	53,308		1.00
2.00	HMO				2.00
3.00	HMO IPF				3.00
4.00	HMO IRF				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF				5.00
6.00	Hospital Adults & Peds. Swing Bed NF				6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)				7.00
8.00	INTENSIVE CARE UNIT				8.00
9.00	CORONARY CARE UNIT				9.00
10.00	BURN INTENSIVE CARE UNIT				10.00
11.00	SURGICAL INTENSIVE CARE UNIT				11.00
12.00	OTHER SPECIAL CARE (SPECIFY)				12.00
12.01	NEURO-ICU				12.01
12.02	CARDIO-THORACIC ICU				12.02
13.00	NURSERY				13.00
14.00	Total (see instructions)	7,073	53,308		14.00
15.00	CAH visits				15.00
16.00	SUBPROVIDER - IPF	503	1,521		16.00
17.00	SUBPROVIDER - IRF				17.00
18.00	SUBPROVIDER				18.00
19.00	SKILLED NURSING FACILITY				19.00
20.00	NURSING FACILITY				20.00
21.00	OTHER LONG TERM CARE		84		21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)				23.00
24.00	HOSPICE				24.00
25.00	CMHC - CMHC				25.00
26.00	RURAL HEALTH CLINIC				26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER				26.25
27.00	Total (sum of lines 14-26)				27.00
28.00	Observation Bed Days				28.00
28.01	SUBPROVIDER - IPF				28.01
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: 260032 | Period: From 01/01/2011 To 12/31/2011 | Worksheet S-3 Part II Date/Time Prepared: 5/24/2012 2:12 pm

		Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	
		1.00	2.00	3.00	4.00	5.00	
	PART II - WAGE DATA						
	SALARIES						
1.00	Total salaries (see instructions)	200.00	461,752,541	366,958	462,119,499	17,352,290.57	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	3.00
4.00	Physician-Part A		0	0	0	0.00	4.00
4.01	Physicians - Part A - direct teaching		0	0	0	0.00	4.01
5.00	Physician-Part B		2,910,384	0	2,910,384	29,507.39	5.00
6.00	Non-physician-Part B		0	0	0	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	42,160,437	61,446	42,221,883	1,675,721.95	7.00
7.01	Contracted interns and residents (in approved programs)		0	0	0	0.00	7.01
8.00	Home office personnel		0	0	0	0.00	8.00
9.00	SNF	44.00	2,918,201	0	2,918,201	137,515.78	9.00
10.00	Excluded area salaries (see instructions)		23,625,632	155,294	23,780,926	798,842.25	10.00
	OTHER WAGES & RELATED COSTS						
11.00	Contract labor (see instructions)		8,332,195	0	8,332,195	141,210.76	11.00
12.00	Management and administrative services		113,608	0	113,608	2,462.00	12.00
13.00	Contract labor: physician-Part A		63,976,151	0	63,976,151	492,673.19	13.00
14.00	Home office salaries & wage-related costs		56,246,847	0	56,246,847	1,434,370.00	14.00
15.00	Home office: physician Part A		0	0	0	0.00	15.00
16.00	Teaching physician salaries (see instructions)		0	0	0	0.00	16.00
	WAGE-RELATED COSTS						
17.00	Wage-related costs (core) Wkst S-3, Part IV line 24		103,333,969	0	103,333,969		17.00
18.00	Wage-related costs (other)Wkst S-3, Part IV line 25		0	0	0		18.00
19.00	Excluded areas		6,693,966	0	6,693,966		19.00
20.00	Non-physician anesthetist Part A		0	0	0		20.00
21.00	Non-physician anesthetist Part B		0	0	0		21.00
22.00	Physician Part A		0	0	0		22.00
23.00	Physician Part B		433,231	0	433,231		23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0		24.00
25.00	Interns & residents (in an approved program)		10,553,309	0	10,553,309		25.00
	OVERHEAD COSTS - DIRECT SALARIES						
26.00	Employee Benefits	4.00	6,261,429	306,418	6,567,847	165,769.22	26.00
27.00	Administrative & General	5.00	34,494,097	71,063	34,565,160	1,521,214.41	27.00
28.00	Administrative & General under contract (see inst.)		4,146,159	0	4,146,159	55,015.49	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	29.00
30.00	Operation of Plant	7.00	8,396,948	11,155	8,408,103	328,833.88	30.00
31.00	Laundry & Linen Service	8.00	28,083	0	28,083	2,314.42	31.00
32.00	Housekeeping	9.00	11,225,517	-160,791	11,064,726	901,976.01	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	33.00
34.00	Dietary	10.00	6,824,803	-1,605,429	5,219,374	364,246.83	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	35.00
36.00	Cafeteria	11.00	2,551,416	1,594,886	4,146,302	332,207.58	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	37.00
38.00	Nursing Administration	13.00	19,897,089	881,350	20,778,439	577,344.55	38.00
39.00	Central Services and Supply	14.00	3,227,406	5,242	3,232,648	195,166.46	39.00
40.00	Pharmacy	15.00	16,559,096	-160,266	16,398,830	447,922.56	40.00
41.00	Medical Records & Medical Records Library	16.00	10,801,406	11,359	10,812,765	435,712.68	41.00
42.00	Social Service	17.00	2,880,891	2,990	2,883,881	102,314.66	42.00
43.00	Other General Service	18.00	4,658,414	-192,690	4,465,724	142,086.96	43.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 260032 | Period: From 01/01/2011 To 12/31/2011 | Worksheet S-3 Part II Date/Time Prepared: 5/24/2012 2:12 pm

		Average Hourly Wage (col. 4 ÷ col. 5)		
		6.00		
	PART II - WAGE DATA			
	SALARIES			
1.00	Total salaries (see instructions)	26.63		1.00
2.00	Non-physician anesthetist Part A	0.00		2.00
3.00	Non-physician anesthetist Part B	0.00		3.00
4.00	Physician-Part A	0.00		4.00
4.01	Physicians - Part A - direct teaching	0.00		4.01
5.00	Physician-Part B	98.63		5.00
6.00	Non-physician-Part B	0.00		6.00
7.00	Interns & residents (in an approved program)	25.20		7.00
7.01	Contracted interns and residents (in approved programs)	0.00		7.01
8.00	Home office personnel	0.00		8.00
9.00	SNF	21.22		9.00
10.00	Excluded area salaries (see instructions)	29.77		10.00
	OTHER WAGES & RELATED COSTS			
11.00	Contract labor (see instructions)	59.01		11.00
12.00	Management and administrative services	46.14		12.00
13.00	Contract labor: physician-Part A	129.86		13.00
14.00	Home office salaries & wage-related costs	39.21		14.00
15.00	Home office: physician Part A	0.00		15.00
16.00	Teaching physician salaries (see instructions)	0.00		16.00
	WAGE-RELATED COSTS			
17.00	Wage-related costs (core) Wkst S-3, Part IV line 24			17.00
18.00	Wage-related costs (other)Wkst S-3, Part IV line 25			18.00
19.00	Excluded areas			19.00
20.00	Non-physician anesthetist Part A			20.00
21.00	Non-physician anesthetist Part B			21.00
22.00	Physician Part A			22.00
23.00	Physician Part B			23.00
24.00	Wage-related costs (RHC/FQHC)			24.00
25.00	Interns & residents (in an approved program)			25.00
	OVERHEAD COSTS - DIRECT SALARIES			
26.00	Employee Benefits	39.62		26.00
27.00	Administrative & General	22.72		27.00
28.00	Administrative & General under contract (see inst.)	75.36		28.00
29.00	Maintenance & Repairs	0.00		29.00
30.00	Operation of Plant	25.57		30.00
31.00	Laundry & Linen Service	12.13		31.00
32.00	Housekeeping	12.27		32.00
33.00	Housekeeping under contract (see instructions)	0.00		33.00
34.00	Dietary	14.33		34.00
35.00	Dietary under contract (see instructions)	0.00		35.00
36.00	Cafeteria	12.48		36.00
37.00	Maintenance of Personnel	0.00		37.00
38.00	Nursing Administration	35.99		38.00
39.00	Central Services and Supply	16.56		39.00
40.00	Pharmacy	36.61		40.00
41.00	Medical Records & Medical Records Library	24.82		41.00
42.00	Social Service	28.19		42.00
43.00	Other General Service	31.43		43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 260032

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

Worksheet S-3 Part III Date/Time Prepared: 5/24/2012 2:12 pm

		Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	
		1.00	2.00	3.00	4.00	5.00	
	PART III - HOSPITAL WAGE INDEX SUMMARY						
1.00	Net salaries (see instructions)		420,827,879	305,512	421,133,391	15,702,076.72	1.00
2.00	Excluded area salaries (see instructions)		26,543,833	155,294	26,699,127	936,358.03	2.00
3.00	Subtotal salaries (line 1 minus line 2)		394,284,046	150,218	394,434,264	14,765,718.69	3.00
4.00	Subtotal other wages & related costs (see inst.)		128,668,801	0	128,668,801	2,070,715.95	4.00
5.00	Subtotal wage-related costs (see inst.)		103,333,969	0	103,333,969	0.00	5.00
6.00	Total (sum of lines 3 thru 5)		626,286,816	150,218	626,437,034	16,836,434.64	6.00
7.00	Total overhead cost (see instructions)		131,952,754	765,287	132,718,041	5,572,125.71	7.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 260032 | Period: From 01/01/2011 To 12/31/2011 | Worksheet S-3 Part III Date/Time Prepared: 5/24/2012 2:12 pm

		Average Hourly Wage (col. 4 ÷ col. 5)		
		6.00		
	PART III - HOSPITAL WAGE INDEX SUMMARY			
1.00	Net salaries (see instructions)	26.82		1.00
2.00	Excluded area salaries (see instructions)	28.51		2.00
3.00	Subtotal salaries (line 1 minus line 2)	26.71		3.00
4.00	Subtotal other wages & related costs (see inst.)	62.14		4.00
5.00	Subtotal wage-related costs (see inst.)	26.20		5.00
6.00	Total (sum of lines 3 thru 5)	37.21		6.00
7.00	Total overhead cost (see instructions)	23.82		7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 260032	Period: From 01/01/2011 To 12/31/2011	Worksheet S-3 Part IV Date/Time Prepared: 5/24/2012 2:12 pm

		Amount Reported	
		1.00	
	PART IV - WAGE RELATED COSTS		
	Part A - Core List		
	RETIREMENT COST		
1.00	401K Employer Contributions	4,391,647	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Qualified and Non-Qualified Pension Plan Cost	26,315,853	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)	44,390,148	8.00
9.00	Prescription Drug Plan	3,489	9.00
10.00	Dental, Hearing and Vision Plan	1,661,646	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	447,128	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)	1,020,096	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	2,523,291	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	32,988,390	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	687,109	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
	OTHER		
21.00	Executive Deferred Compensation	65,136	21.00
22.00	Day Care Cost and Allowances	1,340,291	22.00
23.00	Tuition Reimbursement	5,180,250	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	121,014,474	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: 260032	Period: From 01/01/2011 To 12/31/2011	Worksheet S-3 Part V Date/Time Prepared: 5/24/2012 2:12 pm

	Cost Center Description	Contract Labor	Benefit Cost	
		1.00	2.00	
	PART V - Contract Labor and Benefit Cost			
	Hospital and Hospital-Based Component Identification:			
1.00	Total facility's contract labor and benefit cost	0	0	1.00
2.00	Hospital	0	0	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF			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	0	0	9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00		0	0	18.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA	Provider CCN: 260032	Period: From 01/01/2011 To 12/31/2011	Worksheet S-7 Date/Time Prepared: 5/24/2012 2:12 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	9	0	9	3.00
4.00		RUL	56	0	56	4.00
5.00		RVX	22	0	22	5.00
6.00		RVL	383	0	383	6.00
7.00		RHX	39	0	39	7.00
8.00		RHL	362	0	362	8.00
9.00		RMX	30	0	30	9.00
10.00		RML	188	0	188	10.00
11.00		RLX	0	0	0	11.00
12.00		RUC	255	0	255	12.00
13.00		RUB	376	0	376	13.00
14.00		RUA	306	0	306	14.00
15.00		RVC	255	0	255	15.00
16.00		RVB	1,640	0	1,640	16.00
17.00		RVA	3,196	0	3,196	17.00
18.00		RHC	73	0	73	18.00
19.00		RHB	755	0	755	19.00
20.00		RHA	1,246	0	1,246	20.00
21.00		RMC	74	0	74	21.00
22.00		RMB	433	0	433	22.00
23.00		RMA	782	0	782	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	93	0	93	27.00
28.00		ES1	621	0	621	28.00
29.00		HE2	0	0	0	29.00
30.00		HE1	0	0	0	30.00
31.00		HD2	20	0	20	31.00
32.00		HD1	84	0	84	32.00
33.00		HC2	81	0	81	33.00
34.00		HC1	169	0	169	34.00
35.00		HB2	8	0	8	35.00
36.00		HB1	277	0	277	36.00
37.00		LE2	0	0	0	37.00
38.00		LE1	0	0	0	38.00
39.00		LD2	54	0	54	39.00
40.00		LD1	76	0	76	40.00
41.00		LC2	37	0	37	41.00
42.00		LC1	177	0	177	42.00
43.00		LB2	0	0	0	43.00
44.00		LB1	250	0	250	44.00
45.00		CE2	0	0	0	45.00
46.00		CE1	0	0	0	46.00
47.00		CD2	32	0	32	47.00
48.00		CD1	57	0	57	48.00
49.00		CC2	29	0	29	49.00
50.00		CC1	206	0	206	50.00
51.00		CB2	2	0	2	51.00
52.00		CB1	393	0	393	52.00
53.00		CA2	76	0	76	53.00
54.00		CA1	770	0	770	54.00
55.00		SE3	0	0	0	55.00
56.00		SE2	0	0	0	56.00
57.00		SE1	0	0	0	57.00
58.00		SSC	0	0	0	58.00
59.00		SSB	0	0	0	59.00
60.00		SSA	0	0	0	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	57	0	57	66.00
67.00		BA2	0	0	0	67.00
68.00		BA1	49	0	49	68.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA	Provider CCN: 260032	Period: From 01/01/2011 To 12/31/2011	Worksheet S-7 Date/Time Prepared: 5/24/2012 2:12 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	35	0	35	72.00
73.00		PC2	0	0	0	73.00
74.00		PC1	126	0	126	74.00
75.00		PB2	0	0	0	75.00
76.00		PB1	129	0	129	76.00
77.00		PA2	0	0	0	77.00
78.00		PA1	94	0	94	78.00
199.00		AAA	11	0	11	199.00
200.00	TOTAL		14,493	0	14,493	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).	41180	41180	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	3,905,182	42.79	Y	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	SUPPLIES	591,304	6.48	Y	206.00
207.00	Total SNF revenue (Worksheet G-2, Part I, line 7, column 3)	9,127,407			207.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA | Provider CCN: 260032 | Period: From 01/01/2011 To 12/31/2011 | Worksheet S-7 | Date/Time Prepared: 5/24/2012 2:12 pm

		Prior to 10/1	On/After 10/1	Transfer Total to Settlement Worksheet (Y/N)	
		1.00	2.00	3.00	
1.00	Wage Index Factor	0.9090	0.9165		1.00

		Group	Base Rate Prior to 10/1	Actual Rate for Services Prior to 10/1	Days for Services Prior to 10/1	Base Rate On/After 10/1	
		1.00	2.00	3.00	4.00	5.00	
3.00		RUX	814.58	814.58	9	694.80	3.00
4.00		RUL	793.89	793.89	56	679.65	4.00
5.00		RVX	737.04	737.04	22	618.43	5.00
6.00		RVL	654.24	654.24	369	554.84	6.00
7.00		RHX	677.31	677.31	39	560.30	7.00
8.00		RHL	597.47	597.47	349	499.73	8.00
9.00		RMX	626.15	626.15	30	513.97	9.00
10.00		RML	572.92	572.92	188	471.58	10.00
11.00		RLX	556.16	556.16	0	451.38	11.00
12.00		RUC	594.26	594.26	116	526.74	12.00
13.00		RUB	594.26	594.26	257	526.74	13.00
14.00		RUA	480.41	480.41	219	440.43	14.00
15.00		RVC	516.72	516.72	97	451.88	15.00
16.00		RVB	438.35	438.35	1,165	391.32	16.00
17.00		RVA	436.87	436.87	2,361	389.80	17.00
18.00		RHC	457.00	457.00	58	393.75	18.00
19.00		RHB	406.72	406.72	626	354.39	19.00
20.00		RHA	352.01	352.01	1,112	311.99	20.00
21.00		RMC	407.31	407.31	74	345.90	21.00
22.00		RMB	377.74	377.74	369	324.71	22.00
23.00		RMA	303.81	303.81	496	267.17	23.00
24.00		RLB	403.86	403.86	0	336.32	24.00
25.00		RLA	247.12	247.12	0	216.70	25.00
26.00		ES3	619.50	619.50	0	634.33	26.00
27.00		ES2	484.93	484.93	38	496.56	27.00
28.00		ES1	433.18	433.18	621	443.56	28.00
29.00		HE2	418.39	418.39	0	428.42	29.00
30.00		HE1	347.42	347.42	0	355.74	30.00
31.00		HD2	391.78	391.78	16	401.16	31.00
32.00		HD1	326.72	326.72	23	334.54	32.00
33.00		HC2	369.60	369.60	66	378.45	33.00
34.00		HC1	308.97	308.97	95	316.38	34.00
35.00		HB2	365.17	365.17	6	373.91	35.00
36.00		HB1	306.02	306.02	135	313.35	36.00
37.00		LE2	379.95	379.95	0	389.06	37.00
38.00		LE1	317.84	317.84	0	325.46	38.00
39.00		LD2	365.17	365.17	38	373.91	39.00
40.00		LD1	306.02	306.02	24	313.35	40.00
41.00		LC2	353.53	353.53	3	328.49	41.00
42.00		LC1	270.53	270.53	111	277.01	42.00
43.00		LB2	304.54	304.54	0	311.84	43.00
44.00		LB1	258.70	258.70	205	264.90	44.00
45.00		CE2	338.55	338.55	0	346.66	45.00
46.00		CE1	311.93	311.93	0	319.40	46.00
47.00		CD2	320.80	320.80	2	328.49	47.00
48.00		CD1	294.19	294.19	9	301.24	48.00
49.00		CC2	280.88	280.88	10	287.61	49.00
50.00		CC1	260.18	260.18	101	266.41	50.00
51.00		CB2	260.18	260.18	2	266.41	51.00
52.00		CB1	240.96	240.96	284	246.73	52.00
53.00		CA2	220.25	220.25	71	225.54	53.00
54.00		CA1	205.47	205.47	476	210.39	54.00
55.00		SE3	0.00	0.00	0	0.00	55.00
56.00		SE2	0.00	0.00	0	0.00	56.00
57.00		SE1	0.00	0.00	0	0.00	57.00
58.00		SSC	0.00	0.00	0	0.00	58.00
59.00		SSB	0.00	0.00	0	0.00	59.00
60.00		SSA	0.00	0.00	0	0.00	60.00
61.00		IB2	0.00	0.00	0	0.00	61.00
62.00		IB1	0.00	0.00	0	0.00	62.00
63.00		IA2	0.00	0.00	0	0.00	63.00
64.00		IA1	0.00	0.00	0	0.00	64.00
65.00		BB2	233.57	233.57	0	234.16	65.00
66.00		BB1	223.21	223.21	52	228.56	66.00
67.00		BA2	193.63	193.63	0	198.28	67.00
68.00		BA1	184.76	184.76	7	189.20	68.00
69.00		PE2	311.93	311.93	0	319.40	69.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA | Provider CCN: 260032 | Period: From 01/01/2011 To 12/31/2011 | Worksheet S-7 | Date/Time Prepared: 5/24/2012 2:12 pm

		Group	Base Rate Prior to 10/1	Actual Rate for Services Prior to 10/1	Days for Services Prior to 10/1	Base Rate On/After 10/1	
		1.00	2.00	3.00	4.00	5.00	
70.00		PE1	297.15	297.15	0	304.27	70.00
71.00		PD2	294.19	294.19	0	301.24	71.00
72.00		PD1	279.40	279.40	25	286.09	72.00
73.00		PC2	252.78	252.78	0	258.84	73.00
74.00		PC1	240.96	240.96	90	246.73	74.00
75.00		PB2	214.34	214.34	0	219.48	75.00
76.00		PB1	205.47	205.47	102	210.39	76.00
77.00		PA2	177.37	177.37	0	181.63	77.00
78.00		PA1	169.98	169.98	83	174.05	78.00
199.00		AAA	0.00	0.00	10	0.00	199.00
200.00	TOTAL				10,717		200.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA | Provider CCN: 260032 | Period: From 01/01/2011 To 12/31/2011 | Worksheet S-7 | Date/Time Prepared: 5/24/2012 2:12 pm

		Actual Rate for Services On/After 10/1	Days for Services On/After 10/1	Total		
		6.00	7.00	8.00		
3.00		694.80	0	7,331		3.00
4.00		679.65	0	44,458		4.00
5.00		618.43	0	16,215		5.00
6.00		554.84	14	249,183		6.00
7.00		560.30	0	26,415		7.00
8.00		499.73	13	215,013		8.00
9.00		513.97	0	18,785		9.00
10.00		471.58	0	107,709		10.00
11.00		451.38	0	0		11.00
12.00		526.74	139	142,151		12.00
13.00		526.74	119	215,407		13.00
14.00		440.43	87	143,527		14.00
15.00		451.88	158	121,519		15.00
16.00		391.32	475	696,555		16.00
17.00		389.80	835	1,356,933		17.00
18.00		393.75	15	32,412		18.00
19.00		354.39	129	300,323		19.00
20.00		311.99	134	433,242		20.00
21.00		345.90	0	30,141		21.00
22.00		324.71	64	160,167		22.00
23.00		267.17	286	227,101		23.00
24.00		336.32	0	0		24.00
25.00		216.70	0	0		25.00
26.00		634.33	0	0		26.00
27.00		496.56	55	45,738		27.00
28.00		443.56	0	269,005		28.00
29.00		428.42	0	0		29.00
30.00		355.74	0	0		30.00
31.00		401.16	4	7,873		31.00
32.00		334.54	61	27,922		32.00
33.00		378.45	15	30,071		33.00
34.00		316.38	74	52,764		34.00
35.00		373.91	2	2,939		35.00
36.00		313.35	142	85,809		36.00
37.00		389.06	0	0		37.00
38.00		325.46	0	0		38.00
39.00		373.91	16	19,859		39.00
40.00		313.35	52	23,638		40.00
41.00		328.49	34	12,230		41.00
42.00		277.01	66	48,312		42.00
43.00		311.84	0	0		43.00
44.00		264.90	45	64,955		44.00
45.00		346.66	0	0		45.00
46.00		319.40	0	0		46.00
47.00		328.49	30	10,497		47.00
48.00		301.24	48	17,108		48.00
49.00		287.61	19	8,274		49.00
50.00		266.41	105	54,251		50.00
51.00		266.41	0	520		51.00
52.00		246.73	109	95,327		52.00
53.00		225.54	5	16,766		53.00
54.00		210.39	294	159,659		54.00
55.00		0.00	0	0		55.00
56.00		0.00	0	0		56.00
57.00		0.00	0	0		57.00
58.00		0.00	0	0		58.00
59.00		0.00	0	0		59.00
60.00		0.00	0	0		60.00
61.00		0.00	0	0		61.00
62.00		0.00	0	0		62.00
63.00		0.00	0	0		63.00
64.00		0.00	0	0		64.00
65.00		234.16	0	0		65.00
66.00		228.56	5	12,750		66.00
67.00		198.28	0	0		67.00
68.00		189.20	42	9,239		68.00
69.00		319.40	0	0		69.00
70.00		304.27	0	0		70.00
71.00		301.24	0	0		71.00
72.00		286.09	10	9,846		72.00
73.00		258.84	0	0		73.00
74.00		246.73	36	30,568		74.00
75.00		219.48	0	0		75.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA | Provider CCN: 260032 | Period: From 01/01/2011 To 12/31/2011 | Worksheet S-7 | Date/Time Prepared: 5/24/2012 2:12 pm

		Actual Rate for Services On/After 10/1	Days for Services On/After 10/1	Total		
		6.00	7.00	8.00		
76.00		210.39	27	26,639		76.00
77.00		181.63	0	0		77.00
78.00		174.05	11	16,023		78.00
199.00		0.00	1	0		199.00
200.00	TOTAL		3,776	5,703,169		200.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 260032	Period: From 01/01/2011 To 12/31/2011	Worksheet S-10 Date/Time Prepared: 5/24/2012 2:12 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)	0.315692	1.00
	Medicaid (see instructions for each line)		
2.00	Net revenue from Medicaid	118,387,568	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?	N	4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid	158,377,027	5.00
6.00	Medicaid charges	574,132,705	6.00
7.00	Medicaid cost (line 1 times line 6)	181,249,102	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	1,633,374	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	60,487,775	19,761,669	80,249,444	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	19,095,507	6,238,601	25,334,108	21.00
22.00	Partial payment by patients approved for charity care	342,832	137,736	480,568	22.00
23.00	Cost of charity care (line 21 minus line 22)	18,752,675	6,100,865	24,853,540	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)	63,834,524	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)	4,558,294	27.00
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)	59,276,230	28.00
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)	18,713,032	29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)	43,566,572	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	43,566,572	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 260032 | Period: From 01/01/2011 To 12/31/2011 | Worksheet A | Date/Time Prepared: 5/24/2012 2:12 pm

	Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	GENERAL SERVICE COST CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT		0	0	1,263,087	1,263,087	1.00
1.01	NEW CRC-B&F(BH PRE-MERGE)		0	0	2,958,886	2,958,886	1.01
1.02	NEW CRC-B&F(BJH POSTMERGE)		17,154,138	17,154,138	-4,663,684	12,490,454	1.02
1.03	NEW CRC-B&F(BJH CAMP EXP)		16,321,536	16,321,536	-15,077	16,306,459	1.03
1.04	NEW CRC-B&F(GSON)		2,451,168	2,451,168	-702,916	1,748,252	1.04
1.05	NEW CRC-B&F(THE HIGHLANDS)		0	0	0	0	1.05
2.00	NEW CAP REL COSTS-MVBLE EQUIP		12,793,499	12,793,499	38,180,598	50,974,097	2.00
3.00	OTHER CAPITAL RELATED COSTS		0	0	0	0	3.00
4.00	EMPLOYEE BENEFITS	6,261,429	13,611,088	19,872,517	2,218,934	22,091,451	4.00
5.01	NONPATIENT TELEPHONES	1,636,379	-170,278	1,466,101	2,156	1,468,257	5.01
5.02	DATA PROCESSING	0	0	0	0	0	5.02
5.03	PURCHASING, RECEIVING AND STORES	809,260	8,337,286	9,146,546	-4,666,241	4,480,305	5.03
5.04	ADMITTING	9,626,129	5,442,564	15,068,693	5,269	15,073,962	5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL	22,422,329	235,267,558	257,689,887	-76,725,319	180,964,568	5.06
7.00	OPERATION OF PLANT	8,396,948	25,141,162	33,538,110	-1,277,263	32,260,847	7.00
8.00	LAUNDRY & LINEN SERVICE	28,083	3,004,626	3,032,709	-3,015	3,029,694	8.00
9.00	HOUSEKEEPING	11,225,517	7,294,086	18,519,603	-1,251,329	17,268,274	9.00
10.00	DIETARY	6,824,803	10,331,237	17,156,040	-6,627,870	10,528,170	10.00
11.00	CAFETERIA	2,551,416	4,869,605	7,421,021	6,264,213	13,685,234	11.00
13.00	NURSING ADMINISTRATION	19,897,089	17,170,581	37,067,670	480,726	37,548,396	13.00
14.00	CENTRAL SERVICES & SUPPLY	3,227,406	14,906,353	18,133,759	-9,557,803	8,575,956	14.00
15.00	PHARMACY	16,559,096	87,495,366	104,054,462	15,957,797	120,012,259	15.00
16.00	MEDICAL RECORDS & LIBRARY	10,801,406	9,359,096	20,160,502	-73,203	20,087,299	16.00
17.00	SOCIAL SERVICE	2,880,891	3,237,556	6,118,447	2,860	6,121,307	17.00
18.00	EXTENDED CARE SERVICES	1,039,694	664,576	1,704,270	-303,490	1,400,780	18.00
18.01	LAB ADMINISTRATION	3,618,720	5,447,321	9,066,041	-4,815	9,061,226	18.01
18.02	RESEARCH ADMINISTRATION	0	0	0	12,749	12,749	18.02
20.00	NURSING SCHOOL	7,357,188	4,683,615	12,040,803	-4,003	12,036,800	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	42,160,437	9,829,840	51,990,277	60,898,685	112,888,962	21.00
23.01	PARAMED ED PRGM-PHARMACY	0	0	0	211,488	211,488	23.01
23.02	PARAMED ED PRGM-PASTORAL ED	167,550	67,627	235,177	96,632	331,809	23.02
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	96,097,327	43,847,493	139,944,820	-3,530,060	136,414,760	30.00
31.00	INTENSIVE CARE UNIT	6,133,647	2,483,539	8,617,186	-14,615	8,602,571	31.00
32.00	CORONARY CARE UNIT	3,418,606	1,182,742	4,601,348	-24,433	4,576,915	32.00
34.00	SURGICAL INTENSIVE CARE UNIT	5,626,332	2,339,938	7,966,270	-33,275	7,932,995	34.00
35.01	NEURO-ICU	4,467,466	1,744,797	6,212,263	-42,218	6,170,045	35.01
35.02	CARDIO-THORACIC ICU	5,964,055	2,325,490	8,289,545	-16,712	8,272,833	35.02
40.00	SUBPROVIDER - IPF	4,776,822	2,661,550	7,438,372	-16,902	7,421,470	40.00
43.00	NURSERY	875,293	450,994	1,326,287	-5,771	1,320,516	43.00
44.00	SKILLED NURSING FACILITY	2,918,201	1,910,722	4,828,923	-28,226	4,800,697	44.00
45.00	NURSING FACILITY	0	509	509	331,165	331,674	45.00
46.00	OTHER LONG TERM CARE	1,164,070	506,747	1,670,817	-336,503	1,334,314	46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	30,720,784	135,151,395	165,872,179	-114,773,352	51,098,827	50.00
51.00	RECOVERY ROOM	8,906,884	5,275,244	14,182,128	3,026,129	17,208,257	51.00
52.00	DELIVERY ROOM & LABOR ROOM	4,615,123	2,688,730	7,303,853	-678,602	6,625,251	52.00
53.00	ANESTHESIOLOGY	1,984,604	14,124,188	16,108,792	-3,927,946	12,180,846	53.00
54.00	RADIOLOGY-DIAGNOSTIC	13,944,142	24,934,378	38,878,520	-12,534,810	26,343,710	54.00
54.01	ULTRASOUND	961,131	2,113,484	3,074,615	-734,440	2,340,175	54.01
55.00	RADIOLOGY-THERAPEUTIC	6,871,694	21,762,258	28,633,952	-3,773,034	24,860,918	55.00
56.00	RADIOISOTOPE	1,520,498	1,092,820	2,613,318	-291,536	2,321,782	56.00
57.00	CT SCAN	2,594,478	2,346,164	4,940,642	-851,222	4,089,420	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	2,989,605	3,893,016	6,882,621	-1,640,313	5,242,308	58.00
59.00	CARDIAC CATHETERIZATION	4,195,207	24,462,090	28,657,297	-21,242,540	7,414,757	59.00
60.00	LABORATORY	13,515,244	21,194,892	34,710,136	-661,021	34,049,115	60.00
60.01	HLA LAB	775,211	2,040,091	2,815,302	-43,577	2,771,725	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	4,862,905	26,089,545	30,952,450	-134,549	30,817,901	63.00
65.00	RESPIRATORY THERAPY	7,590,354	6,063,734	13,654,088	-827,306	12,826,782	65.00
66.00	PHYSICAL THERAPY	3,872,549	1,451,945	5,324,494	-30,922	5,293,572	66.00
67.00	OCCUPATIONAL THERAPY	1,457,775	379,158	1,836,933	-19,278	1,817,655	67.00
68.00	SPEECH PATHOLOGY	565,716	195,435	761,151	-49,354	711,797	68.00
69.00	ELECTROCARDIOLOGY	3,023,352	3,523,170	6,546,522	-498,873	6,047,649	69.00
70.00	ELECTROENCEPHALOGRAPHY	517,302	670,821	1,188,123	-72,337	1,115,786	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	75,383,898	75,383,898	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	82,743,104	82,743,104	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	RENAL DIALYSIS	1,747,299	1,514,994	3,262,293	-374,211	2,888,082	74.00
76.00	ENDOSCOPY	3,641,163	4,608,238	8,249,401	-2,270,602	5,978,799	76.00
76.01	OB/GYN IN VITRO	480,255	1,537,474	2,017,729	-267,597	1,750,132	76.01

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 260032 | Period: From 01/01/2011 To 12/31/2011 | Worksheet A | Date/Time Prepared: 5/24/2012 2:12 pm

	Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
76.02	ELECTROSHOCK THERAPY	183,552	92,879	276,431	-7,353	269,078	76.02
76.03	CORNEAL TISSUE ACQUISITION	0	0	0	515,150	515,150	76.03
	OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	8,485,966	5,757,917	14,243,883	-663,527	13,580,356	90.00
90.01	OUTPATIENT PSYCH	511,120	979,837	1,490,957	-376,397	1,114,560	90.01
91.00	EMERGENCY	12,125,037	10,554,375	22,679,412	-354,760	22,324,652	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	739,487	6,928,873	7,668,360	392,295	8,060,655	105.00
106.00	HEART ACQUISITION	444,344	1,666,680	2,111,024	-291,635	1,819,389	106.00
107.00	LIVER ACQUISITION	432,948	3,736,060	4,169,008	140,205	4,309,213	107.00
108.00	LUNG ACQUISITION	355,693	4,224,052	4,579,745	86,432	4,666,177	108.00
109.00	PANCREAS ACQUISITION	0	734,351	734,351	2,936	737,287	109.00
112.00	OTHER ORGAN ACQ - BONE MARROW	555,902	4,792,957	5,348,859	489	5,349,348	112.00
113.00	INTEREST EXPENSE		13,455,442	13,455,442	0	13,455,442	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	454,120,913	934,202,414	1,388,323,327	13,860,046	1,402,183,373	118.00
	NONREIMBURSABLE COST CENTERS						
191.00	RESEARCH	0	0	0	238,744	238,744	191.00
191.01	RESEARCH CTSA I/P	0	32,565	32,565	46,306	78,871	191.01
191.02	RESEARCH CTSA O/P	0	13,112	13,112	40,569	53,681	191.02
194.00	OTHER NONREIMBURSABLE COST CENTERS	4,409,473	5,043,789	9,453,262	-412,140	9,041,122	194.00
194.01	RETAIL PHARMACY	2,405,227	14,466,341	16,871,568	-13,774,215	3,097,353	194.01
194.02	MARKETING/COMMUNITY RELATIONS	816,928	4,128,389	4,945,317	690	4,946,007	194.02
194.03	GUEST MEALS	0	0	0	0	0	194.03
200.00	TOTAL (SUM OF LINES 118-199)	461,752,541	957,886,610	1,419,639,151	0	1,419,639,151	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 260032 | Period: From 01/01/2011 To 12/31/2011 | Worksheet A | Date/Time Prepared: 5/24/2012 2:12 pm

	Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation		
		6.00	7.00		
	GENERAL SERVICE COST CENTERS				
1.00	NEW CAP REL COSTS-BLDG & FIXT	483,903	1,746,990		1.00
1.01	NEW CRC-B&F(BH PRE-MERGE)	0	2,958,886		1.01
1.02	NEW CRC-B&F(BJH POSTMERGE)	243,568	12,734,022		1.02
1.03	NEW CRC-B&F(BJH CAMP EXP)	0	16,306,459		1.03
1.04	NEW CRC-B&F(GSON)	0	1,748,252		1.04
1.05	NEW CRC-B&F(THE HIGHLANDS)	1,158,111	1,158,111		1.05
2.00	NEW CAP REL COSTS-MVBLE EQUIP	-9,040,741	41,933,356		2.00
3.00	OTHER CAPITAL RELATED COSTS	0	0		3.00
4.00	EMPLOYEE BENEFITS	-8,830,925	13,260,526		4.00
5.01	NONPATIENT TELEPHONES	-228	1,468,029		5.01
5.02	DATA PROCESSING	0	0		5.02
5.03	PURCHASING, RECEIVING AND STORES	3,990,707	8,471,012		5.03
5.04	ADMITTING	0	15,073,962		5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE	0	0		5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL	-12,622,938	168,341,630		5.06
7.00	OPERATION OF PLANT	12,728,259	44,989,106		7.00
8.00	LAUNDRY & LINEN SERVICE	0	3,029,694		8.00
9.00	HOUSEKEEPING	0	17,268,274		9.00
10.00	DIETARY	-99,942	10,428,228		10.00
11.00	CAFETERIA	-9,632,197	4,053,037		11.00
13.00	NURSING ADMINISTRATION	-2,535,498	35,012,898		13.00
14.00	CENTRAL SERVICES & SUPPLY	-1,260	8,574,696		14.00
15.00	PHARMACY	-243,665	119,768,594		15.00
16.00	MEDICAL RECORDS & LIBRARY	-1,182,285	18,905,014		16.00
17.00	SOCIAL SERVICE	0	6,121,307		17.00
18.00	EXTENDED CARE SERVICES	-30,658	1,370,122		18.00
18.01	LAB ADMINISTRATION	0	9,061,226		18.01
18.02	RESEARCH ADMINISTRATION	0	12,749		18.02
20.00	NURSING SCHOOL	-15,414,859	-3,378,059		20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	-1,534,498	111,354,464		21.00
23.01	PARAMED ED PRGM-PHARMACY	0	211,488		23.01
23.02	PARAMED ED PRGM-PASTORAL ED	650	332,459		23.02
	INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	-11,443,714	124,971,046		30.00
31.00	INTENSIVE CARE UNIT	-17	8,602,554		31.00
32.00	CORONARY CARE UNIT	-1,433	4,575,482		32.00
34.00	SURGICAL INTENSIVE CARE UNIT	-465	7,932,530		34.00
35.01	NEURO-ICU	0	6,170,045		35.01
35.02	CARDIO-THORACIC ICU	-750	8,272,083		35.02
40.00	SUBPROVIDER - IPF	0	7,421,470		40.00
43.00	NURSERY	0	1,320,516		43.00
44.00	SKILLED NURSING FACILITY	0	4,800,697		44.00
45.00	NURSING FACILITY	0	331,674		45.00
46.00	OTHER LONG TERM CARE	0	1,334,314		46.00
	ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	-315,632	50,783,195		50.00
51.00	RECOVERY ROOM	0	17,208,257		51.00
52.00	DELIVERY ROOM & LABOR ROOM	-16,035	6,609,216		52.00
53.00	ANESTHESIOLOGY	-6,201,533	5,979,313		53.00
54.00	RADIOLOGY-DIAGNOSTIC	-213,352	26,130,358		54.00
54.01	ULTRASOUND	0	2,340,175		54.01
55.00	RADIOLOGY-THERAPEUTIC	-6,302,069	18,558,849		55.00
56.00	RADIOISOTOPE	0	2,321,782		56.00
57.00	CT SCAN	0	4,089,420		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	5,242,308		58.00
59.00	CARDIAC CATHETERIZATION	142,277	7,557,034		59.00
60.00	LABORATORY	-612,665	33,436,450		60.00
60.01	HLA LAB	308,536	3,080,261		60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	60,515	30,878,416		63.00
65.00	RESPIRATORY THERAPY	-80,404	12,746,378		65.00
66.00	PHYSICAL THERAPY	-2,602	5,290,970		66.00
67.00	OCCUPATIONAL THERAPY	0	1,817,655		67.00
68.00	SPEECH PATHOLOGY	0	711,797		68.00
69.00	ELECTROCARDIOLOGY	-85,045	5,962,604		69.00
70.00	ELECTROENCEPHALOGRAPHY	0	1,115,786		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	-104	75,383,794		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	82,743,104		72.00
73.00	DRUGS CHARGED TO PATIENTS	-765	-765		73.00
74.00	RENAL DIALYSIS	0	2,888,082		74.00
76.00	ENDOSCOPY	-16	5,978,783		76.00
76.01	OB/GYN IN VITRO	-166,274	1,583,858		76.01
76.02	ELECTROSHOCK THERAPY	0	269,078		76.02
76.03	CORNEAL TISSUE ACQUISITION	0	515,150		76.03

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 260032 | Period: From 01/01/2011 To 12/31/2011 | Worksheet A | Date/Time Prepared: 5/24/2012 2:12 pm

	Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
	OUTPATIENT SERVICE COST CENTERS			
90.00	CLINIC	-238,880	13,341,476	90.00
90.01	OUTPATIENT PSYCH	-727,785	386,775	90.01
91.00	EMERGENCY	-2,630,231	19,694,421	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
	SPECIAL PURPOSE COST CENTERS			
105.00	KIDNEY ACQUISITION	-5,056	8,055,599	105.00
106.00	HEART ACQUISITION	0	1,819,389	106.00
107.00	LIVER ACQUISITION	-9,731	4,299,482	107.00
108.00	LUNG ACQUISITION	0	4,666,177	108.00
109.00	PANCREAS ACQUISITION	0	737,287	109.00
112.00	OTHER ORGAN ACQ - BONE MARROW	-111,915	5,237,433	112.00
113.00	INTEREST EXPENSE	-13,455,442	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	-84,675,083	1,317,508,290	118.00
	NONREIMBURSABLE COST CENTERS			
191.00	RESEARCH	0	238,744	191.00
191.01	RESEARCH CTSA I/P	0	78,871	191.01
191.02	RESEARCH CTSA O/P	0	53,681	191.02
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	9,041,122	194.00
194.01	RETAIL PHARMACY	0	3,097,353	194.01
194.02	MARKETING/COMMUNITY RELATIONS	0	4,946,007	194.02
194.03	GUEST MEALS	0	0	194.03
200.00	TOTAL (SUM OF LINES 118-199)	-84,675,083	1,334,964,068	200.00

RECLASSIFICATIONS | Provider CCN: 260032 | Period: From 01/01/2011 To 12/31/2011 | Worksheet A-6 | Date/Time Prepared: 5/24/2012 2:12 pm

	Increases				
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
	A - RECLASS COST OF DRUGS SOLD				
1.00	PHARMACY	15.00	0	16,829,281	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
	TOTALS		0	16,829,281	
	B - RECLASS COST OF MEDICAL SUPPLIES				
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	75,383,898	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
	TOTALS		0	75,383,898	
	C - RECLASS COST OF IMPLANTABLE DEVICES				
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	82,743,104	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
	TOTALS		0	82,743,104	
	D - RECLASS EQUIPMENT DEPRECIATION				
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	36,964,773	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

RECLASSIFICATIONS | Provider CCN: 260032 | Period: From 01/01/2011 To 12/31/2011 | Worksheet A-6 | Date/Time Prepared: 5/24/2012 2:12 pm

	Increases				
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
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
50.00		0.00	0	0	50.00
51.00		0.00	0	0	51.00
52.00		0.00	0	0	52.00
53.00		0.00	0	0	53.00
54.00		0.00	0	0	54.00
55.00		0.00	0	0	55.00
56.00		0.00	0	0	56.00
57.00		0.00	0	0	57.00
58.00		0.00	0	0	58.00
59.00		0.00	0	0	59.00
	TOTALS		0	36,964,773	
	E - RECLASS DEPRECIATION				
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1,168,020	1.00
2.00	NEW CRC-B&F(BH PRE-MERGE)	1.01	0	2,930,245	2.00
3.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	734,519	3.00
	TOTALS		0	4,832,784	
	F - RECLASS WASH U CONTRACT COSTS				
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	60,852,799	1.00
	TOTALS		0	60,852,799	
	G - RECLASS COST OF INTERPRETORS				
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	836,473	501,200	1.00
	TOTALS		836,473	501,200	

	Cost Center	Increases Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	H - RECLASS GAMMA KNIFE COSTS					
1.00	RADIOLOGY-THERAPEUTIC	55.00	0	86,171		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
	TOTALS		0	86,171		
	I - RECLASS PARAMEDICAL EDUCATION					
1.00	PARAMED ED PRGM-PHARMACY	23.01	171,976	39,512		1.00
2.00	PARAMED ED PRGM-PASTORAL ED	23.02	77,236	19,382		2.00
	TOTALS		249,212	58,894		
	J - RECLASS FINANCE ACCRUALS					
1.00	EMPLOYEE BENEFITS	4.00	782,847	2,063,831		1.00
2.00	OPERATION OF PLANT	7.00	0	252,546		2.00
	TOTALS		782,847	2,316,377		
	K - RECLASS NURSING FACILITY COSTS					
1.00	NURSING FACILITY	45.00	230,725	100,440		1.00
	TOTALS		230,725	100,440		
	L - RECLASS DIETARY COSTS TO CAFETERIA					
1.00	CAFETERIA	11.00	1,616,492	4,712,262		1.00
	TOTALS		1,616,492	4,712,262		
	M - RECLASS PRE-TRANSPLANT RELATED DIETI					
1.00	KIDNEY ACQUISITION	105.00	1,131	309		1.00
2.00	HEART ACQUISITION	106.00	6,177	1,687		2.00
3.00	LIVER ACQUISITION	107.00	9,760	2,665		3.00
4.00	LUNG ACQUISITION	108.00	9,656	2,637		4.00
	TOTALS		26,724	7,298		
	N - RECLASS TRANSPLANT SALARIES BENEFITS					
1.00	NURSING ADMINISTRATION	13.00	860,003	211,196		1.00
2.00	KIDNEY ACQUISITION	105.00	202,472	47,406		2.00
3.00	LIVER ACQUISITION	107.00	77,649	17,877		3.00
4.00	LUNG ACQUISITION	108.00	42,557	10,075		4.00
5.00	PANCREAS ACQUISITION	109.00	2,053	484		5.00
	TOTALS		1,184,734	287,038		
	O - RECLASS PRE-TRANSPLANT RELATED SOCIA					
1.00	KIDNEY ACQUISITION	105.00	113,714	28,065		1.00
2.00	HEART ACQUISITION	106.00	43,507	10,738		2.00
3.00	LIVER ACQUISITION	107.00	25,546	6,305		3.00
4.00	LUNG ACQUISITION	108.00	21,663	5,346		4.00
5.00	PANCREAS ACQUISITION	109.00	320	79		5.00
	TOTALS		204,750	50,533		
	P - RECLASS RSCH ADMIN AND RSCH COSTS					
1.00	RESEARCH ADMINISTRATION	18.02	9,357	3,392		1.00
2.00	RESEARCH	191.00	129,695	109,049		2.00
	TOTALS		139,052	112,441		
	Q - RECLASS BARNARD BUILDING RENTAL					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	4,279		1.00
2.00	HOUSEKEEPING	9.00	0	3,264		2.00
3.00	LABORATORY	60.00	0	66,466		3.00
4.00	RESEARCH CTSA I/P	191.01	0	50,350		4.00
5.00	RESEARCH CTSA O/P	191.02	0	45,569		5.00
6.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	0	3,624		6.00
	TOTALS		0	173,552		
	R - RECLASS NON-REIMBURSABLE PARKING					
1.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	102,293	791,207		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		102,293	791,207		
	S - RECLASS BJC SPACE RELATED COSTS					
1.00	EMPLOYEE BENEFITS	4.00	0	77,571		1.00
2.00	PURCHASING, RECEIVING AND STORES	5.03	0	373,576		2.00
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	2,280,219		3.00
4.00	OPERATION OF PLANT	7.00	0	475,492		4.00
5.00		0.00	0	0		5.00
	TOTALS		0	3,206,858		
	T - RECLASS EXT RECOVERY NRSG SVC COST					
1.00	RECOVERY ROOM	51.00	0	3,165,777		1.00
	TOTALS		0	3,165,777		

RECLASSIFICATIONS | Provider CCN: 260032 | Period: From 01/01/2011 To 12/31/2011 | Worksheet A-6 | Date/Time Prepared: 5/24/2012 2:12 pm

	Cost Center	Increases Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	U - RECLASS PHYSICIAN SUITE CLEANING COS					
1.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	182,699	53,537		1.00
	TOTALS		182,699	53,537		
	V - RECLASS PROPERTY INSURANCE					
1.00	OTHER CAPITAL RELATED COSTS	3.00	0	1,406,056		1.00
	TOTALS		0	1,406,056		
	W - RECLASS RECRUITING BONUSES FOR AWI					
1.00	EMPLOYEE BENEFITS	4.00	82,188	0		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	198,485	0		2.00
3.00	NURSING SCHOOL	20.00	28,225	0		3.00
4.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	15,560	0		4.00
5.00	RADIOLOGY-DIAGNOSTIC	54.00	42,500	0		5.00
	TOTALS		366,958	0		
	X - RECLASS EMPLOYEE AWARDS					
1.00	EMPLOYEE BENEFITS	4.00	4,999	0		1.00
2.00	NONPATIENT TELEPHONES	5.01	2,156	0		2.00
3.00	PURCHASING, RECEIVING AND STORES	5.03	863	0		3.00
4.00	ADMITTING	5.04	11,977	0		4.00
5.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	20,244	0		5.00
6.00	OPERATION OF PLANT	7.00	11,155	0		6.00
7.00	HOUSEKEEPING	9.00	21,908	0		7.00
8.00	DIETARY	10.00	11,063	0		8.00
9.00	CAFETERIA	11.00	5,118	0		9.00
10.00	NURSING ADMINISTRATION	13.00	21,347	0		10.00
11.00	CENTRAL SERVICES & SUPPLY	14.00	5,242	0		11.00
12.00	PHARMACY	15.00	11,710	0		12.00
13.00	MEDICAL RECORDS & LIBRARY	16.00	11,359	0		13.00
14.00	SOCIAL SERVICE	17.00	2,990	0		14.00
15.00	LAB ADMINISTRATION	18.01	2,703	0		15.00
16.00	NURSING SCHOOL	20.00	5,348	0		16.00
17.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	45,886	0		17.00
18.00	PARAMED ED PRGM-PASTORAL ED	23.02	230	0		18.00
19.00	ADULTS & PEDIATRICS	30.00	89,149	0		19.00
20.00	INTENSIVE CARE UNIT	31.00	5,794	0		20.00
21.00	CORONARY CARE UNIT	32.00	3,019	0		21.00
22.00	SURGICAL INTENSIVE CARE UNIT	34.00	5,089	0		22.00
23.00	NEURO-ICU	35.01	3,574	0		23.00
24.00	CARDIO-THORACIC ICU	35.02	4,588	0		24.00
25.00	SUBPROVIDER - IPF	40.00	4,313	0		25.00
26.00	NURSERY	43.00	834	0		26.00
27.00	OPERATING ROOM	50.00	24,697	0		27.00
28.00	RECOVERY ROOM	51.00	7,561	0		28.00
29.00	DELIVERY ROOM & LABOR ROOM	52.00	4,744	0		29.00
30.00	ANESTHESIOLOGY	53.00	2,588	0		30.00
31.00	RADIOLOGY-DIAGNOSTIC	54.00	12,995	0		31.00
32.00	ULTRASOUND	54.01	971	0		32.00
33.00	RADIOLOGY-THERAPEUTIC	55.00	5,693	0		33.00
34.00	RADIOISOTOPE	56.00	1,524	0		34.00
35.00	CT SCAN	57.00	2,329	0		35.00
36.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	2,674	0		36.00
37.00	CARDIAC CATHETERIZATION	59.00	3,479	0		37.00
38.00	LABORATORY	60.00	15,193	0		38.00
39.00	HLA LAB	60.01	805	0		39.00
40.00	BLOOD STORING, PROCESSING & TRANS.	63.00	3,996	0		40.00
41.00	RESPIRATORY THERAPY	65.00	6,802	0		41.00
42.00	PHYSICAL THERAPY	66.00	3,048	0		42.00
43.00	OCCUPATIONAL THERAPY	67.00	1,495	0		43.00
44.00	SPEECH PATHOLOGY	68.00	518	0		44.00
45.00	ELECTROCARDIOLOGY	69.00	3,651	0		45.00
46.00	ELECTROENCEPHALOGRAPHY	70.00	460	0		46.00
47.00	RENAL DIALYSIS	74.00	1,294	0		47.00
48.00	ENDOSCOPY	76.00	3,048	0		48.00
49.00	OB/GYN IN VITRO	76.01	431	0		49.00
50.00	ELECTROSHOCK THERAPY	76.02	259	0		50.00
51.00	CLINIC	90.00	8,480	0		51.00
52.00	OUTPATIENT PSYCH	90.01	5,233	0		52.00

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	Increases				
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
53.00	EMERGENCY	91.00	11,326	0	53.00
54.00	KIDNEY ACQUISITION	105.00	633	0	54.00
55.00	HEART ACQUISITION	106.00	288	0	55.00
56.00	LIVER ACQUISITION	107.00	403	0	56.00
57.00	LUNG ACQUISITION	108.00	345	0	57.00
58.00	OTHER ORGAN ACQ - BONE MARROW	112.00	489	0	58.00
59.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	8,683	0	59.00
60.00	RETAIL PHARMACY	194.01	1,840	0	60.00
61.00	MARKETING/COMMUNITY RELATIONS	194.02	690	0	61.00
	TOTALS		461,323	0	
	Y - RECLASS CORNEAL TISSUE ACQ COST				
1.00	CORNEAL TISSUE ACQUISITION	76.03	0	515,150	1.00
	TOTALS		0	515,150	
500.00	Grand Total: Increases		6,384,282	295,151,430	500.00

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	Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
	A - RECLASS COST OF DRUGS SOLD					
1.00	ADULTS & PEDIATRICS	30.00	0	267	0	1.00
2.00	INTENSIVE CARE UNIT	31.00	0	35	0	2.00
3.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	120	0	3.00
4.00	OPERATING ROOM	50.00	0	21,161	0	4.00
5.00	RECOVERY ROOM	51.00	0	516	0	5.00
6.00	DELIVERY ROOM & LABOR ROOM	52.00	0	3	0	6.00
7.00	ANESTHESIOLOGY	53.00	0	1,363,898	0	7.00
8.00	RADIOLOGY-DIAGNOSTIC	54.00	0	231,090	0	8.00
9.00	ULTRASOUND	54.01	0	3,638	0	9.00
10.00	RADIOLOGY-THERAPEUTIC	55.00	0	516,039	0	10.00
11.00	RADIOISOTOPE	56.00	0	63	0	11.00
12.00	CT SCAN	57.00	0	17,278	0	12.00
13.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	25,823	0	13.00
14.00	LABORATORY	60.00	0	355	0	14.00
15.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	9,390	0	15.00
16.00	RESPIRATORY THERAPY	65.00	0	3,272	0	16.00
17.00	RENAL DIALYSIS	74.00	0	16,790	0	17.00
18.00	ENDOSCOPY	76.00	0	105	0	18.00
19.00	OB/GYN IN VITRO	76.01	0	14,579	0	19.00
20.00	CLINIC	90.00	0	287,349	0	20.00
21.00	OUTPATIENT PSYCH	90.01	0	381,630	0	21.00
22.00	EMERGENCY	91.00	0	23,448	0	22.00
23.00	RESEARCH CTSA I/P	191.01	0	73	0	23.00
24.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	0	183,853	0	24.00
25.00	RETAIL PHARMACY	194.01	0	13,728,506	0	25.00
	TOTALS		0	16,829,281		
	B - RECLASS COST OF MEDICAL SUPPLIES					
1.00	PURCHASING, RECEIVING AND STORES	5.03	0	4,147,411	0	1.00
2.00	DIETARY	10.00	0	151,573	0	2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	9,382,415	0	3.00
4.00	PHARMACY	15.00	0	624,890	0	4.00
5.00	ADULTS & PEDIATRICS	30.00	0	2,141	0	5.00
6.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	2,351	0	6.00
7.00	NEURO-ICU	35.01	0	15,379	0	7.00
8.00	OPERATING ROOM	50.00	0	42,032,580	0	8.00
9.00	RECOVERY ROOM	51.00	0	86,817	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0	574,952	0	10.00
11.00	ANESTHESIOLOGY	53.00	0	1,742,773	0	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	6,506,810	0	12.00
13.00	ULTRASOUND	54.01	0	73,013	0	13.00
14.00	RADIOLOGY-THERAPEUTIC	55.00	0	148,856	0	14.00
15.00	CT SCAN	57.00	0	32,366	0	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	7,024	0	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0	6,931,548	0	17.00
18.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	98	0	18.00
19.00	RESPIRATORY THERAPY	65.00	0	334,849	0	19.00
20.00	PHYSICAL THERAPY	66.00	0	18,310	0	20.00
21.00	OCCUPATIONAL THERAPY	67.00	0	20,773	0	21.00
22.00	SPEECH PATHOLOGY	68.00	0	20,463	0	22.00
23.00	ELECTROCARDIOLOGY	69.00	0	204,108	0	23.00
24.00	RENAL DIALYSIS	74.00	0	290,058	0	24.00
25.00	ENDOSCOPY	76.00	0	1,809,931	0	25.00
26.00	CLINIC	90.00	0	162,921	0	26.00
27.00	EMERGENCY	91.00	0	59,488	0	27.00
	TOTALS		0	75,383,898		
	C - RECLASS COST OF IMPLANTABLE DEVICES					
1.00	PURCHASING, RECEIVING AND STORES	5.03	0	13,352	0	1.00
2.00	OPERATING ROOM	50.00	0	65,807,763	0	2.00
3.00	DELIVERY ROOM & LABOR ROOM	52.00	0	8,190	0	3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,845,324	0	4.00
5.00	RADIOLOGY-THERAPEUTIC	55.00	0	813,546	0	5.00
6.00	CARDIAC CATHETERIZATION	59.00	0	13,816,195	0	6.00
7.00	ENDOSCOPY	76.00	0	272,687	0	7.00
8.00	CLINIC	90.00	0	166,047	0	8.00
	TOTALS		0	82,743,104		

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	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	D - RECLASS EQUIPMENT DEPRECIATION						
1.00	EMPLOYEE BENEFITS	4.00	0	33,190	9		1.00
2.00	PURCHASING, RECEIVING AND STORES	5.03	0	351	0		2.00
3.00	ADMITTING	5.04	0	6,708	0		3.00
4.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	15,367,558	0		4.00
5.00	OPERATION OF PLANT	7.00	0	398,536	0		5.00
6.00	LAUNDRY & LINEN SERVICE	8.00	0	3,015	0		6.00
7.00	HOUSEKEEPING	9.00	0	123,563	0		7.00
8.00	DIETARY	10.00	0	158,606	0		8.00
9.00	CAFETERIA	11.00	0	35,637	0		9.00
10.00	NURSING ADMINISTRATION	13.00	0	611,820	0		10.00
11.00	CENTRAL SERVICES & SUPPLY	14.00	0	180,630	0		11.00
12.00	PHARMACY	15.00	0	46,816	0		12.00
13.00	MEDICAL RECORDS & LIBRARY	16.00	0	84,562	0		13.00
14.00	SOCIAL SERVICE	17.00	0	130	0		14.00
15.00	EXTENDED CARE SERVICES	18.00	0	48,207	0		15.00
16.00	LAB ADMINISTRATION	18.01	0	7,518	0		16.00
17.00	NURSING SCHOOL	20.00	0	9,351	0		17.00
18.00	PARAMED ED PRGM-PASTORAL ED	23.02	0	216	0		18.00
19.00	ADULTS & PEDIATRICS	30.00	0	451,024	0		19.00
20.00	INTENSIVE CARE UNIT	31.00	0	20,374	0		20.00
21.00	CORONARY CARE UNIT	32.00	0	27,452	0		21.00
22.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	35,893	0		22.00
23.00	NEURO-ICU	35.01	0	30,413	0		23.00
24.00	CARDIO-THORACIC ICU	35.02	0	21,300	0		24.00
25.00	SUBPROVIDER - IPF	40.00	0	21,215	0		25.00
26.00	NURSERY	43.00	0	6,605	0		26.00
27.00	SKILLED NURSING FACILITY	44.00	0	28,226	0		27.00
28.00	OTHER LONG TERM CARE	46.00	0	5,338	0		28.00
29.00	OPERATING ROOM	50.00	0	5,303,655	0		29.00
30.00	RECOVERY ROOM	51.00	0	59,876	0		30.00
31.00	DELIVERY ROOM & LABOR ROOM	52.00	0	100,201	0		31.00
32.00	ANESTHESIOLOGY	53.00	0	823,863	0		32.00
33.00	RADIOLOGY-DIAGNOSTIC	54.00	0	3,962,586	0		33.00
34.00	ULTRASOUND	54.01	0	658,760	0		34.00
35.00	RADIOLOGY-THERAPEUTIC	55.00	0	2,386,457	0		35.00
36.00	RADIOISOTOPE	56.00	0	292,997	0		36.00
37.00	CT SCAN	57.00	0	778,619	0		37.00
38.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	1,551,252	0		38.00
39.00	CARDIAC CATHETERIZATION	59.00	0	498,276	0		39.00
40.00	LABORATORY	60.00	0	742,325	0		40.00
41.00	HLA LAB	60.01	0	44,382	0		41.00
42.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	129,057	0		42.00
43.00	RESPIRATORY THERAPY	65.00	0	495,987	0		43.00
44.00	PHYSICAL THERAPY	66.00	0	15,660	0		44.00
45.00	SPEECH PATHOLOGY	68.00	0	29,409	0		45.00
46.00	ELECTROCARDIOLOGY	69.00	0	298,416	0		46.00
47.00	ELECTROENCEPHALOGRAPHY	70.00	0	72,797	0		47.00
48.00	RENAL DIALYSIS	74.00	0	68,657	0		48.00
49.00	ENDOSCOPY	76.00	0	190,927	0		49.00
50.00	OB/GYN IN VITRO	76.01	0	253,449	0		50.00
51.00	ELECTROSHOCK THERAPY	76.02	0	7,612	0		51.00
52.00	CLINIC	90.00	0	55,690	0		52.00
53.00	EMERGENCY	91.00	0	283,150	0		53.00
54.00	KIDNEY ACQUISITION	105.00	0	1,435	0		54.00
55.00	LUNG ACQUISITION	108.00	0	5,847	0		55.00
56.00	RESEARCH CTSA I/P	191.01	0	3,971	0		56.00
57.00	RESEARCH CTSA O/P	191.02	0	5,000	0		57.00
58.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	0	32,657	0		58.00
59.00	RETAIL PHARMACY	194.01	0	47,549	0		59.00
	TOTALS		0	36,964,773			
	E - RECLASS DEPRECIATION						
1.00	NEW CRC-B&F(BJH POSTMERGE)	1.02	0	4,098,265	9		1.00
2.00	NEW CRC-B&F(GSON)	1.04	0	734,519	9		2.00
3.00		0.00	0	0	9		3.00
	TOTALS		0	4,832,784			

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	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	F - RECLASS WASH U CONTRACT COSTS						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	60,852,799	0		1.00
	TOTALS		0	60,852,799			
	G - RECLASS COST OF INTERPRETORS						
1.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	836,473	501,200	0		1.00
	TOTALS		836,473	501,200			
	H - RECLASS GAMMA KNIFE COSTS						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,995	0		1.00
2.00	CT SCAN	57.00	0	25,288	0		2.00
3.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	58,888	0		3.00
	TOTALS		0	86,171			
	I - RECLASS PARAMEDICAL EDUCATION						
1.00	PHARMACY	15.00	171,976	39,512	0		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	77,236	19,382	0		2.00
	TOTALS		249,212	58,894			
	J - RECLASS FINANCE ACCRUALS						
1.00	PURCHASING, RECEIVING AND STORES	5.03	0	879,566	0		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	782,847	1,436,811	0		2.00
	TOTALS		782,847	2,316,377			
	K - RECLASS NURSING FACILITY COSTS						
1.00	OTHER LONG TERM CARE	46.00	230,725	100,440	0		1.00
	TOTALS		230,725	100,440			
	L - RECLASS DIETARY COSTS TO CAFETERIA						
1.00	DIETARY	10.00	1,616,492	4,712,262	0		1.00
	TOTALS		1,616,492	4,712,262			
	M - RECLASS PRE-TRANSPLANT RELATED DIETI						
1.00	CAFETERIA	11.00	26,724	7,298	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
	TOTALS		26,724	7,298			
	N - RECLASS TRANSPLANT SALARIES BENEFITS						
1.00	OPERATING ROOM	50.00	904,910	212,830	0		1.00
2.00	HEART ACQUISITION	106.00	279,824	74,208	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
	TOTALS		1,184,734	287,038			
	O - RECLASS PRE-TRANSPLANT RELATED SOCIA						
1.00	EXTENDED CARE SERVICES	18.00	204,750	50,533	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
	TOTALS		204,750	50,533			
	P - RECLASS RSCH ADMIN AND RSCH COSTS						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	139,052	112,441	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		139,052	112,441			
	Q - RECLASS BARNARD BUILDING RENTAL						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	173,552	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
	TOTALS		0	173,552			
	R - RECLASS NON-REIMBURSABLE PARKING						
1.00	NEW CRC-B&F(BJH POSTMERGE)	1.02	0	301,972	9		1.00
2.00	NEW CRC-B&F(BJH CAMP EXP)	1.03	0	320,108	9		2.00
3.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	15,049	9		3.00
4.00	EMPLOYEE BENEFITS	4.00	102,293	113,508	0		4.00
5.00	OPERATION OF PLANT	7.00	0	40,570	0		5.00
	TOTALS		102,293	791,207			

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	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	S - RECLASS BJC SPACE RELATED COSTS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	16,681	9		1.00
2.00	NEW CRC-B&F(BH PRE-MERGE)	1.01	0	185,361	9		2.00
3.00	NEW CRC-B&F(BJH POSTMERGE)	1.02	0	510,764	9		3.00
4.00	OPERATION OF PLANT	7.00	0	1,577,350	0		4.00
5.00	HOUSEKEEPING	9.00	0	916,702	0		5.00
	TOTALS		0	3,206,858			
	T - RECLASS EXT RECOVERY NRSG SVC COST						
1.00	ADULTS & PEDIATRICS	30.00	0	3,165,777	0		1.00
	TOTALS		0	3,165,777			
	U - RECLASS PHYSICIAN SUITE CLEANING COS						
1.00	HOUSEKEEPING	9.00	182,699	53,537	0		1.00
	TOTALS		182,699	53,537			
	V - RECLASS PROPERTY INSURANCE						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	1,406,056	0		1.00
	TOTALS		0	1,406,056			
	W - RECLASS RECRUITING BONUSES FOR AWI						
1.00	EMPLOYEE BENEFITS	4.00	0	82,188	0		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	198,485	0		2.00
3.00	NURSING SCHOOL	20.00	0	28,225	0		3.00
4.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	15,560	0		4.00
5.00	RADIOLOGY-DIAGNOSTIC	54.00	0	42,500	0		5.00
	TOTALS		0	366,958			
	X - RECLASS EMPLOYEE AWARDS						
1.00	EMPLOYEE BENEFITS	4.00	461,323	0	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	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
11.00		0.00	0	0	0		11.00
12.00		0.00	0	0	0		12.00
13.00		0.00	0	0	0		13.00
14.00		0.00	0	0	0		14.00
15.00		0.00	0	0	0		15.00
16.00		0.00	0	0	0		16.00
17.00		0.00	0	0	0		17.00
18.00		0.00	0	0	0		18.00
19.00		0.00	0	0	0		19.00
20.00		0.00	0	0	0		20.00
21.00		0.00	0	0	0		21.00
22.00		0.00	0	0	0		22.00
23.00		0.00	0	0	0		23.00
24.00		0.00	0	0	0		24.00
25.00		0.00	0	0	0		25.00
26.00		0.00	0	0	0		26.00
27.00		0.00	0	0	0		27.00
28.00		0.00	0	0	0		28.00
29.00		0.00	0	0	0		29.00
30.00		0.00	0	0	0		30.00
31.00		0.00	0	0	0		31.00
32.00		0.00	0	0	0		32.00
33.00		0.00	0	0	0		33.00
34.00		0.00	0	0	0		34.00
35.00		0.00	0	0	0		35.00
36.00		0.00	0	0	0		36.00
37.00		0.00	0	0	0		37.00
38.00		0.00	0	0	0		38.00
39.00		0.00	0	0	0		39.00
40.00		0.00	0	0	0		40.00
41.00		0.00	0	0	0		41.00
42.00		0.00	0	0	0		42.00
43.00		0.00	0	0	0		43.00
44.00		0.00	0	0	0		44.00
45.00		0.00	0	0	0		45.00
46.00		0.00	0	0	0		46.00

RECLASSIFICATIONS | Provider CCN: 260032 | Period: From 01/01/2011 To 12/31/2011 | Worksheet A-6 | Date/Time Prepared: 5/24/2012 2:12 pm

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
47.00		0.00	0	0	0		47.00
48.00		0.00	0	0	0		48.00
49.00		0.00	0	0	0		49.00
50.00		0.00	0	0	0		50.00
51.00		0.00	0	0	0		51.00
52.00		0.00	0	0	0		52.00
53.00		0.00	0	0	0		53.00
54.00		0.00	0	0	0		54.00
55.00		0.00	0	0	0		55.00
56.00		0.00	0	0	0		56.00
57.00		0.00	0	0	0		57.00
58.00		0.00	0	0	0		58.00
59.00		0.00	0	0	0		59.00
60.00		0.00	0	0	0		60.00
61.00		0.00	0	0	0		61.00
	TOTALS		461,323	0			
	Y - RECLASS CORNEAL TISSUE ACQ COST						
1.00	OPERATING ROOM	50.00	0	515,150	0		1.00
	TOTALS		0	515,150			
500.00	Grand Total: Decreases		6,017,324	295,518,388			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 260032 | Period: From 01/01/2011 To 12/31/2011 | Worksheet A-7 Parts I-III Date/Time Prepared: 5/24/2012 2:12 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	20,778,762	0	0	0	100,885	1.00
2.00	Land Improvements	7,971,492	168,155	0	168,155	2,143	2.00
3.00	Buildings and Fixtures	359,189,769	4,408,943	0	4,408,943	1,010,368	3.00
4.00	Building Improvements	16,432,916	0	0	0	0	4.00
5.00	Fixed Equipment	565,507,931	8,509,084	0	8,509,084	14,245,354	5.00
6.00	Movable Equipment	488,326,818	44,338,794	0	44,338,794	15,690,106	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	1,458,207,688	57,424,976	0	57,424,976	31,048,856	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	1,458,207,688	57,424,976	0	57,424,976	31,048,856	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	NEW CRC-B&F(BH PRE-MERGE)	0	0	0	0	0	1.01
1.02	NEW CRC-B&F(BJH POSTMERGE)	17,154,138	0	0	0	0	1.02
1.03	NEW CRC-B&F(BJH CAMP EXP)	16,321,536	0	0	0	0	1.03
1.04	NEW CRC-B&F(GSON)	2,451,168	0	0	0	0	1.04
1.05	NEW CRC-B&F(THE HIGHLANDS)	0	0	0	0	0	1.05
2.00	NEW CAP REL COSTS-MVBLE EQUIP	12,793,499	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	48,720,341	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	116,390,543	0	116,390,543	0.079476	111,748	1.00
1.01	NEW CRC-B&F(BH PRE-MERGE)	222,891,404	0	222,891,404	0.152200	214,002	1.01
1.02	NEW CRC-B&F(BJH POSTMERGE)	257,590,155	0	257,590,155	0.175894	247,317	1.02
1.03	NEW CRC-B&F(BJH CAMP EXP)	317,702,679	0	317,702,679	0.216941	305,031	1.03
1.04	NEW CRC-B&F(GSON)	32,914,846	0	32,914,846	0.022476	31,603	1.04
1.05	NEW CRC-B&F(THE HIGHLANDS)	0	0	0	0.000000	0	1.05
2.00	NEW CAP REL COSTS-MVBLE EQUIP	516,975,504	0	516,975,504	0.353013	496,355	2.00
3.00	Total (sum of lines 1-2)	1,464,465,131	0	1,464,465,131	1.000000	1,406,056	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 260032 | Period: From 01/01/2011 To 12/31/2011 | Worksheet A-7 Parts I-III Date/Time Prepared: 5/24/2012 2:12 pm

		Ending Balance	Fully Depreciated Assets	
		6.00	7.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES			
1.00	Land	20,677,877	0	1.00
2.00	Land Improvements	8,137,504	1,157,215	2.00
3.00	Buildings and Fixtures	362,588,344	21,684,168	3.00
4.00	Building Improvements	16,432,916	7,405,950	4.00
5.00	Fixed Equipment	559,771,661	81,949,033	5.00
6.00	Movable Equipment	516,975,506	114,175,184	6.00
7.00	HIT designated Assets	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	1,484,583,808	226,371,550	8.00
9.00	Reconciling Items	0	0	9.00
10.00	Total (line 8 minus line 9)	1,484,583,808	226,371,550	10.00

		SUMMARY OF CAPITAL		
	Cost Center Description	Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)	
		14.00	15.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2			
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	1.00
1.01	NEW CRC-B&F(BH PRE-MERGE)	0	0	1.01
1.02	NEW CRC-B&F(BJH POSTMERGE)	0	17,154,138	1.02
1.03	NEW CRC-B&F(BJH CAMP EXP)	0	16,321,536	1.03
1.04	NEW CRC-B&F(GSON)	0	2,451,168	1.04
1.05	NEW CRC-B&F(THE HIGHLANDS)	0	0	1.05
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	12,793,499	2.00
3.00	Total (sum of lines 1-2)	0	48,720,341	3.00

		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
	Cost Center Description	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	111,748	1,635,242	0	1.00
1.01	NEW CRC-B&F(BH PRE-MERGE)	0	0	214,002	2,744,884	0	1.01
1.02	NEW CRC-B&F(BJH POSTMERGE)	0	0	247,317	12,486,705	0	1.02
1.03	NEW CRC-B&F(BJH CAMP EXP)	0	0	305,031	16,001,428	0	1.03
1.04	NEW CRC-B&F(GSON)	0	0	31,603	1,716,649	0	1.04
1.05	NEW CRC-B&F(THE HIGHLANDS)	0	0	0	1,158,111	0	1.05
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	496,355	41,437,001	0	2.00
3.00	Total (sum of lines 1-2)	0	0	1,406,056	77,180,020	0	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 260032 | Period: From 01/01/2011 To 12/31/2011 | Worksheet A-7 Parts I-III Date/Time Prepared: 5/24/2012 2:12 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	0	111,748	0	0	1,746,990	1.00
1.01	NEW CRC-B&F(BH PRE-MERGE)	0	214,002	0	0	2,958,886	1.01
1.02	NEW CRC-B&F(BJH POSTMERGE)	0	247,317	0	0	12,734,022	1.02
1.03	NEW CRC-B&F(BJH CAMP EXP)	0	305,031	0	0	16,306,459	1.03
1.04	NEW CRC-B&F(GSON)	0	31,603	0	0	1,748,252	1.04
1.05	NEW CRC-B&F(THE HIGHLANDS)	0	0	0	0	1,158,111	1.05
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	496,355	0	0	41,933,356	2.00
3.00	Total (sum of lines 1-2)	0	1,406,056	0	0	78,586,076	3.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 260032 | Period: From 01/01/2011 To 12/31/2011 | Worksheet A-8 | Date/Time Prepared: 5/24/2012 2:12 pm

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	
		1.00	2.00	3.00	4.00	
1.00	Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)		0	NEW CAP REL COSTS-BLDG & FIXT	1.00	1.00
1.01	Investment income - NEW CRC-B&F(BH PRE-MERGE) (chapter 2)		0	NEW CRC-B&F(BH PRE-MERGE)	1.01	1.01
1.02	Investment income - NEW CRC-B&F(BJH POSTMERGE) (chapter 2)		0	NEW CRC-B&F(BJH POSTMERGE)	1.02	1.02
1.03	Investment income - NEW CRC-B&F(BJH CAMP EXP) (chapter 2)		0	NEW CRC-B&F(BJH CAMP EXP)	1.03	1.03
1.04	Investment income - NEW CRC-B&F(GSON) (chapter 2)		0	NEW CRC-B&F(GSON)	1.04	1.04
1.05	Investment income - NEW CRC-B&F(THE HIGHLANDS) (chapter 2)		0	NEW CRC-B&F(THE HIGHLANDS)	1.05	1.05
2.00	Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	NEW CAP REL COSTS-MVBLE EQUIP	2.00	2.00
3.00	Investment income - other (chapter 2)	B	-13,455,442	INTEREST EXPENSE	113.00	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)	B	-1,373,520	EMPLOYEE BENEFITS	4.00	9.00
10.00	Provider-based physician adjustment	A-8-2	-19,898,150			10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	-5,548,803			12.00
13.00	Laundry and linen service		0		0.00	13.00
14.00	Cafeteria-employees and guests	B	-9,037,174	CAFETERIA	11.00	14.00
15.00	Rental of quarters to employee and others		0		0.00	15.00
16.00	Sale of medical and surgical supplies to other than patients		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 - NEW CAP REL COSTS-BLDG & FIXT		0	NEW CAP REL COSTS-BLDG & FIXT	1.00	26.00
26.01	Depreciation - NEW CRC-B&F(BH PRE-MERGE)		0	NEW CRC-B&F(BH PRE-MERGE)	1.01	26.01
26.02	Depreciation - NEW CRC-B&F(BJH POSTMERGE)		0	NEW CRC-B&F(BJH POSTMERGE)	1.02	26.02
26.03	Depreciation - NEW CRC-B&F(BJH CAMP EXP)		0	NEW CRC-B&F(BJH CAMP EXP)	1.03	26.03
26.04	Depreciation - NEW CRC-B&F(GSON)		0	NEW CRC-B&F(GSON)	1.04	26.04
26.05	Depreciation - NEW CRC-B&F(THE HIGHLANDS)		0	NEW CRC-B&F(THE HIGHLANDS)	1.05	26.05
27.00	Depreciation - NEW CAP REL COSTS-MVBLE EQUIP		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	OCCUPATIONAL THERAPY	67.00	30.00
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00	31.00
32.00	CAH HIT Adjustment for Depreciation and Interest	A	0		0.00	32.00
33.00	OTHER REVENUE	B	1,158,111	NEW CRC-B&F(THE HIGHLANDS)	1.05	33.00
33.01	OTHER REVENUE	B	-1,036,490	EMPLOYEE BENEFITS	4.00	33.01
33.02	OTHER REVENUE	B	-2,744,895	OTHER ADMINISTRATIVE AND GENERAL	5.06	33.02
33.03	OTHER REVENUE	B	-11,033	OPERATION OF PLANT	7.00	33.03

ADJUSTMENTS TO EXPENSES | Provider CCN: 260032 | Period: From 01/01/2011 To 12/31/2011 | Worksheet A-8 | Date/Time Prepared: 5/24/2012 2:12 pm

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	
		1.00	2.00	3.00	4.00	
33.04	OTHER REVENUE	B	-99,942	DIETARY	10.00	33.04
33.05	OTHER REVENUE	B	-578,805	CAFETERIA	11.00	33.05
33.06	OTHER REVENUE	B	-1,905	NURSING ADMINISTRATION	13.00	33.06
33.07	OTHER REVENUE	B	-173,796	PHARMACY	15.00	33.07
33.08	OTHER REVENUE	B	-1,087,337	MEDICAL RECORDS & LIBRARY	16.00	33.08
33.09	OTHER REVENUE	B	-15,660,198	NURSING SCHOOL	20.00	33.09
33.10	OTHER REVENUE	B	-1,534,326	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	33.10
33.11	OTHER REVENUE	B	650	PARAMED ED PRGM-PASTORAL ED	23.02	33.11
33.12	OTHER REVENUE	B	-548,031	ADULTS & PEDIATRICS	30.00	33.12
33.13	OTHER REVENUE	B	18	CORONARY CARE UNIT	32.00	33.13
33.14	OTHER REVENUE	B	-84,425	OPERATING ROOM	50.00	33.14
33.15	OTHER REVENUE	B	-16,035	DELIVERY ROOM & LABOR ROOM	52.00	33.15
33.16	OTHER REVENUE	B	-29,997	RADIOLOGY-DIAGNOSTIC	54.00	33.16
33.17	OTHER REVENUE	B	-12,598	RADIOLOGY-THERAPEUTIC	55.00	33.17
33.18	OTHER REVENUE	B	-275	LABORATORY	60.00	33.18
33.19	OTHER REVENUE	B	-9,600	BLOOD STORING, PROCESSING & TRANS.	63.00	33.19
33.20	OTHER REVENUE	B	-69,150	RESPIRATORY THERAPY	65.00	33.20
33.21	OTHER REVENUE	B	-1,423	PHYSICAL THERAPY	66.00	33.21
33.22	OTHER REVENUE	B	-84,258	ELECTROCARDIOLOGY	69.00	33.22
33.23	OTHER REVENUE	B	-157,779	OB/GYN IN VITRO	76.01	33.23
33.24	OTHER REVENUE	B	-230,574	CLINIC	90.00	33.24
33.25	OTHER REVENUE	B	-82,947	EMERGENCY	91.00	33.25
33.26	OTHER REVENUE	B	-106	KIDNEY ACQUISITION	105.00	33.26
33.27	OTHER REVENUE	B	-111,915	OTHER ORGAN ACQ - BONE MARROW	112.00	33.27
35.00	FINANCE ACCRUALS - NON-ALLOWBLE EXP	A	-44,603,893	OTHER ADMINISTRATIVE AND GENERAL	5.06	35.00
35.01	RESIDENT EMPLOYEE FICA REFUND	A	-19,325,060	EMPLOYEE BENEFITS	4.00	35.01
36.00	ALLOWABLE FRA COSTS	A	73,615,015	OTHER ADMINISTRATIVE AND GENERAL	5.06	36.00
37.00	CAFETERIA REVENUE @ BJECF	B	-16,218	CAFETERIA	11.00	37.00
38.00	MEDICARE/BOOK DEPR ADJ (NORTH)	A	483,903	NEW CAP REL COSTS-BLDG & FIXT	1.00	38.00
38.01	MEDICARE/BOOK DEPR ADJ (NORTH)	A	516	NEW CAP REL COSTS-MVBLE EQUIP	2.00	38.01
39.00	REMOVE ESTIMATED DEPRECIATION	A	-9,386,935	NEW CAP REL COSTS-MVBLE EQUIP	2.00	39.00
40.00	RESEARCH ANCILLARY COSTS	A	-3,933	LABORATORY	60.00	40.00
40.01	RESEARCH ANCILLARY COSTS	A	-104	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	40.01
40.02	RESEARCH ANCILLARY COSTS	A	-765	DRUGS CHARGED TO PATIENTS	73.00	40.02
41.00	PATIENT PHONES	A	-288,407	ADULTS & PEDIATRICS	30.00	41.00
41.01	PATIENT PHONES	A	-20,902	EXTENDED CARE SERVICES	18.00	41.01
42.00	BAD DEBTS	A	-38,278	NURSING SCHOOL	20.00	42.00
43.00	MALPRACTICE EXP	A	-4,715,596	OTHER ADMINISTRATIVE AND GENERAL	5.06	43.00
44.00	WASH UNIV ASSESSMENTS	A	-546,968	OTHER ADMINISTRATIVE AND GENERAL	5.06	44.00
45.00	LOBBYING PORTION OF DUES	A	-135,932	OTHER ADMINISTRATIVE AND GENERAL	5.06	45.00
45.01	NONALLOWABLE INTERN/RESIDENT COSTS	A	-1,895,537	ADULTS & PEDIATRICS	30.00	45.01
45.02	NONALLOWABLE INTERN/RESIDENT COSTS	A	-6,600	CARDIAC CATHETERIZATION	59.00	45.02
45.06	ENTERTAINMENT/PROMOTION EXP	A	-1,003	EMPLOYEE BENEFITS	4.00	45.06
45.07	ENTERTAINMENT/PROMOTION EXP	A	-228	NONPATIENT TELEPHONES	5.01	45.07
45.08	ENTERTAINMENT/PROMOTION EXP	A	-33,180	OTHER ADMINISTRATIVE AND GENERAL	5.06	45.08
45.09	ENTERTAINMENT/PROMOTION EXP	A	-5,951	OPERATION OF PLANT	7.00	45.09
45.10	ENTERTAINMENT/PROMOTION EXP	A	-6,553	NURSING ADMINISTRATION	13.00	45.10
45.11	ENTERTAINMENT/PROMOTION EXP	A	-572	CENTRAL SERVICES & SUPPLY	14.00	45.11
45.12	ENTERTAINMENT/PROMOTION EXP	A	-9,721	EXTENDED CARE SERVICES	18.00	45.12
45.13	ENTERTAINMENT/PROMOTION EXP	A	-172	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	45.13
45.14	ENTERTAINMENT/PROMOTION EXP	A	-5,652	ADULTS & PEDIATRICS	30.00	45.14
45.15	ENTERTAINMENT/PROMOTION EXP	A	-17	INTENSIVE CARE UNIT	31.00	45.15
45.16	ENTERTAINMENT/PROMOTION EXP	A	-1,451	CORONARY CARE UNIT	32.00	45.16
45.17	ENTERTAINMENT/PROMOTION EXP	A	-433	SURGICAL INTENSIVE CARE UNIT	34.00	45.17
45.18	ENTERTAINMENT/PROMOTION EXP	A	-600	CARDIO-THORACIC ICU	35.02	45.18
45.19	ENTERTAINMENT/PROMOTION EXP	A	-3,107	OPERATING ROOM	50.00	45.19

ADJUSTMENTS TO EXPENSES | Provider CCN: 260032 | Period: From 01/01/2011 To 12/31/2011 | Worksheet A-8 | Date/Time Prepared: 5/24/2012 2:12 pm

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	
		1.00	2.00	3.00	4.00	
45.20	ENTERTAINMENT/PROMOTION EXP	A	-10	ANESTHESIOLOGY	53.00	45.20
45.21	ENTERTAINMENT/PROMOTION EXP	A	-306	RADIOLOGY-DIAGNOSTIC	54.00	45.21
45.22	ENTERTAINMENT/PROMOTION EXP	A	-520	RESPIRATORY THERAPY	65.00	45.22
45.23	ENTERTAINMENT/PROMOTION EXP	A	-787	ELECTROCARDIOLOGY	69.00	45.23
45.24	ENTERTAINMENT/PROMOTION EXP	A	-16	ENDOSCOPY	76.00	45.24
45.25	ENTERTAINMENT/PROMOTION EXP	A	-8,306	CLINIC	90.00	45.25
45.26	ENTERTAINMENT/PROMOTION EXP	A	-2,148	EMERGENCY	91.00	45.26
45.27	ENTERTAINMENT/PROMOTION EXP	A	-88	KIDNEY ACQUISITION	105.00	45.27
45.31	ECF LAB	A	-68,497	LABORATORY	60.00	45.31
45.32	COSTS TO BJC HO	A	-77,571	EMPLOYEE BENEFITS	4.00	45.32
45.33	COSTS TO BJC HO	A	-373,576	PURCHASING, RECEIVING AND STORES	5.03	45.33
45.34	COSTS TO BJC HO	A	-1,976,812	OTHER ADMINISTRATIVE AND GENERAL	5.06	45.34
45.35	COSTS TO BJC HO	A	-475,492	OPERATION OF PLANT	7.00	45.35
45.36	COSTS TO BJC HO	A	-303,407	OTHER ADMINISTRATIVE AND GENERAL	5.06	45.36
45.37	ADVERTISING EXPENSE	A	-22,332	EMPLOYEE BENEFITS	4.00	45.37
45.38	ADVERTISING EXPENSE	A	-20,071	OTHER ADMINISTRATIVE AND GENERAL	5.06	45.38
45.39	ADVERTISING EXPENSE	A	-122,564	NURSING SCHOOL	20.00	45.39
45.40	ADVERTISING EXPENSE	A	-179,120	RADIOLOGY-DIAGNOSTIC	54.00	45.40
45.41	ADVERTISING EXPENSE	A	-8,495	OB/GYN IN VITRO	76.01	45.41
45.43	PHYSICIAN RECRUITMENT	A	-4,508	EMPLOYEE BENEFITS	4.00	45.43
45.44	PHYSICIAN RECRUITMENT	A	-150,584	OTHER ADMINISTRATIVE AND GENERAL	5.06	45.44
45.45	PHYSICIAN RECRUITMENT	A	-492,366	NURSING ADMINISTRATION	13.00	45.45
45.46	SPEC EVENTS-NONALLOWABLE	A	-21,506	EMPLOYEE BENEFITS	4.00	45.46
45.47	SPEC EVENTS-NONALLOWABLE	A	200	PURCHASING, RECEIVING AND STORES	5.03	45.47
45.48	SPEC EVENTS-NONALLOWABLE	A	-23,860	OTHER ADMINISTRATIVE AND GENERAL	5.06	45.48
45.49	SPEC EVENTS-NONALLOWABLE	A	-29,923	NURSING ADMINISTRATION	13.00	45.49
45.50	SPEC EVENTS-NONALLOWABLE	A	-688	CENTRAL SERVICES & SUPPLY	14.00	45.50
45.51	SPEC EVENTS-NONALLOWABLE	A	-600	MEDICAL RECORDS & LIBRARY	16.00	45.51
45.52	SPEC EVENTS-NONALLOWABLE	A	-35	EXTENDED CARE SERVICES	18.00	45.52
45.53	SPEC EVENTS-NONALLOWABLE	A	-76,925	NURSING SCHOOL	20.00	45.53
45.54	SPEC EVENTS-NONALLOWABLE	A	622	ADULTS & PEDIATRICS	30.00	45.54
45.55	SPEC EVENTS-NONALLOWABLE	A	-32	SURGICAL INTENSIVE CARE UNIT	34.00	45.55
45.56	SPEC EVENTS-NONALLOWABLE	A	-150	CARDIO-THORACIC ICU	35.02	45.56
45.57	SPEC EVENTS-NONALLOWABLE	A	-341	OPERATING ROOM	50.00	45.57
45.58	SPEC EVENTS-NONALLOWABLE	A	-3,929	RADIOLOGY-DIAGNOSTIC	54.00	45.58
45.59	SPEC EVENTS-NONALLOWABLE	A	-32	LABORATORY	60.00	45.59
45.60	SPEC EVENTS-NONALLOWABLE	A	-10,734	RESPIRATORY THERAPY	65.00	45.60
45.61	SPEC EVENTS-NONALLOWABLE	A	-1,179	PHYSICAL THERAPY	66.00	45.61
46.00	SPEC EVENTS-NONALLOWABLE	A	-16,750	EMERGENCY	91.00	46.00
47.00	STL CARDS	A	-500	EMPLOYEE BENEFITS	4.00	47.00
47.01	STL CARDS	A	-8,312	BLOOD STORING, PROCESSING & TRANS.	63.00	47.01
47.02	ALLOWABLE PENSION EXP/FUNDING	A	21,594	EMPLOYEE BENEFITS	4.00	47.02
47.03	ADJUST BARNARD BLDG RENTAL EXP	A	4,435	OTHER ADMINISTRATIVE AND GENERAL	5.06	47.03
47.04	REMOVE WASH U LATE BILLS REL TO TRAN	A	-4,862	KIDNEY ACQUISITION	105.00	47.04
47.05	REMOVE WASH U LATE BILLS REL TO TRAN	A	-9,731	LIVER ACQUISITION	107.00	47.05
48.00	PSYCH IC BENEFIT ADJUSTMENT	A	-727,785	OUTPATIENT PSYCH	90.01	48.00
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-84,675,083			50.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 260032 | Period: From 01/01/2011 To 12/31/2011 | Worksheet A-8 | Date/Time Prepared: 5/24/2012 2:12 pm

	Cost Center Description	Wkst. A-7 Ref. 5.00		
1.00	Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	0		1.00
1.01	Investment income - NEW CRC-B&F(BH PRE-MERGE) (chapter 2)	0		1.01
1.02	Investment income - NEW CRC-B&F(BJH POSTMERGE) (chapter 2)	0		1.02
1.03	Investment income - NEW CRC-B&F(BJH CAMP EXP) (chapter 2)	0		1.03
1.04	Investment income - NEW CRC-B&F(GSON) (chapter 2)	0		1.04
1.05	Investment income - NEW CRC-B&F(THE HIGHLANDS) (chapter 2)	0		1.05
2.00	Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)	0		2.00
3.00	Investment income - other (chapter 2)	0		3.00
4.00	Trade, quantity, and time discounts (chapter 8)	0		4.00
5.00	Refunds and rebates of expenses (chapter 8)	0		5.00
6.00	Rental of provider space by suppliers (chapter 8)	0		6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	0		7.00
8.00	Television and radio service (chapter 21)	0		8.00
9.00	Parking lot (chapter 21)	0		9.00
10.00	Provider-based physician adjustment	0		10.00
11.00	Sale of scrap, waste, etc. (chapter 23)	0		11.00
12.00	Related organization transactions (chapter 10)	0		12.00
13.00	Laundry and linen service	0		13.00
14.00	Cafeteria-employees and guests	0		14.00
15.00	Rental of quarters to employee and others	0		15.00
16.00	Sale of medical and surgical supplies to other than patients	0		16.00
17.00	Sale of drugs to other than patients	0		17.00
18.00	Sale of medical records and abstracts	0		18.00
19.00	Nursing school (tuition, fees, books, etc.)	0		19.00
20.00	Vending machines	0		20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)	0		21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments	0		22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)			23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)			24.00
25.00	Utilization review - physicians' compensation (chapter 21)			25.00
26.00	Depreciation - NEW CAP REL COSTS-BLDG & FIXT	0		26.00
26.01	Depreciation - NEW CRC-B&F(BH PRE-MERGE)	0		26.01
26.02	Depreciation - NEW CRC-B&F(BJH POSTMERGE)	0		26.02
26.03	Depreciation - NEW CRC-B&F(BJH CAMP EXP)	0		26.03
26.04	Depreciation - NEW CRC-B&F(GSON)	0		26.04
26.05	Depreciation - NEW CRC-B&F(THE HIGHLANDS)	0		26.05
27.00	Depreciation - NEW CAP REL COSTS-MVBLE EQUIP	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	OTHER REVENUE	9		33.00
33.01	OTHER REVENUE	0		33.01
33.02	OTHER REVENUE	0		33.02
33.03	OTHER REVENUE	0		33.03
33.04	OTHER REVENUE	0		33.04
33.05	OTHER REVENUE	0		33.05
33.06	OTHER REVENUE	0		33.06
33.07	OTHER REVENUE	0		33.07
33.08	OTHER REVENUE	0		33.08
33.09	OTHER REVENUE	0		33.09
33.10	OTHER REVENUE	0		33.10
33.11	OTHER REVENUE	0		33.11
33.12	OTHER REVENUE	0		33.12

ADJUSTMENTS TO EXPENSES | Provider CCN: 260032 | Period: From 01/01/2011 To 12/31/2011 | Worksheet A-8 | Date/Time Prepared: 5/24/2012 2:12 pm

	Cost Center Description	Wkst. A-7 Ref. 5.00	
33.13	OTHER REVENUE	0	33.13
33.14	OTHER REVENUE	0	33.14
33.15	OTHER REVENUE	0	33.15
33.16	OTHER REVENUE	0	33.16
33.17	OTHER REVENUE	0	33.17
33.18	OTHER REVENUE	0	33.18
33.19	OTHER REVENUE	0	33.19
33.20	OTHER REVENUE	0	33.20
33.21	OTHER REVENUE	0	33.21
33.22	OTHER REVENUE	0	33.22
33.23	OTHER REVENUE	0	33.23
33.24	OTHER REVENUE	0	33.24
33.25	OTHER REVENUE	0	33.25
33.26	OTHER REVENUE	0	33.26
33.27	OTHER REVENUE	0	33.27
35.00	FINANCE ACCRUALS - NON-ALLOWBLE EXP	0	35.00
35.01	RESIDENT EMPLOYEE FICA REFUND	0	35.01
36.00	ALLOWABLE FRA COSTS	0	36.00
37.00	CAFETERIA REVENUE @ BJECF	0	37.00
38.00	MEDICARE/BOOK DEPR ADJ (NORTH)	9	38.00
38.01	MEDICARE/BOOK DEPR ADJ (NORTH)	9	38.01
39.00	REMOVE ESTIMATED DEPRECIATION	9	39.00
40.00	RESEARCH ANCILLARY COSTS	0	40.00
40.01	RESEARCH ANCILLARY COSTS	0	40.01
40.02	RESEARCH ANCILLARY COSTS	0	40.02
41.00	PATIENT PHONES	0	41.00
41.01	PATIENT PHONES	0	41.01
42.00	BAD DEBTS	0	42.00
43.00	MALPRACTICE EXP	0	43.00
44.00	WASH UNIV ASSESSMENTS	0	44.00
45.00	LOBBYING PORTION OF DUES	0	45.00
45.01	NONALLOWABLE INTERN/RESIDENT COSTS	0	45.01
45.02	NONALLOWABLE INTERN/RESIDENT COSTS	0	45.02
45.06	ENTERTAINMENT/PROMOTION EXP	0	45.06
45.07	ENTERTAINMENT/PROMOTION EXP	0	45.07
45.08	ENTERTAINMENT/PROMOTION EXP	0	45.08
45.09	ENTERTAINMENT/PROMOTION EXP	0	45.09
45.10	ENTERTAINMENT/PROMOTION EXP	0	45.10
45.11	ENTERTAINMENT/PROMOTION EXP	0	45.11
45.12	ENTERTAINMENT/PROMOTION EXP	0	45.12
45.13	ENTERTAINMENT/PROMOTION EXP	0	45.13
45.14	ENTERTAINMENT/PROMOTION EXP	0	45.14
45.15	ENTERTAINMENT/PROMOTION EXP	0	45.15
45.16	ENTERTAINMENT/PROMOTION EXP	0	45.16
45.17	ENTERTAINMENT/PROMOTION EXP	0	45.17
45.18	ENTERTAINMENT/PROMOTION EXP	0	45.18
45.19	ENTERTAINMENT/PROMOTION EXP	0	45.19
45.20	ENTERTAINMENT/PROMOTION EXP	0	45.20
45.21	ENTERTAINMENT/PROMOTION EXP	0	45.21
45.22	ENTERTAINMENT/PROMOTION EXP	0	45.22
45.23	ENTERTAINMENT/PROMOTION EXP	0	45.23
45.24	ENTERTAINMENT/PROMOTION EXP	0	45.24
45.25	ENTERTAINMENT/PROMOTION EXP	0	45.25
45.26	ENTERTAINMENT/PROMOTION EXP	0	45.26
45.27	ENTERTAINMENT/PROMOTION EXP	0	45.27
45.31	ECF LAB	0	45.31
45.32	COSTS TO BJC HO	0	45.32
45.33	COSTS TO BJC HO	0	45.33
45.34	COSTS TO BJC HO	0	45.34
45.35	COSTS TO BJC HO	0	45.35
45.36	COSTS TO BJC HO	0	45.36
45.37	ADVERTISING EXPENSE	0	45.37
45.38	ADVERTISING EXPENSE	0	45.38
45.39	ADVERTISING EXPENSE	0	45.39
45.40	ADVERTISING EXPENSE	0	45.40
45.41	ADVERTISING EXPENSE	0	45.41
45.43	PHYSICIAN RECRUITMENT	0	45.43
45.44	PHYSICIAN RECRUITMENT	0	45.44
45.45	PHYSICIAN RECRUITMENT	0	45.45
45.46	SPEC EVENTS-NONALLOWABLE	0	45.46
45.47	SPEC EVENTS-NONALLOWABLE	0	45.47
45.48	SPEC EVENTS-NONALLOWABLE	0	45.48
45.49	SPEC EVENTS-NONALLOWABLE	0	45.49
45.50	SPEC EVENTS-NONALLOWABLE	0	45.50
45.51	SPEC EVENTS-NONALLOWABLE	0	45.51

ADJUSTMENTS TO EXPENSES | Provider CCN: 260032 | Period: From 01/01/2011 To 12/31/2011 | Worksheet A-8 | Date/Time Prepared: 5/24/2012 2:12 pm

	Cost Center Description	Wkst. A-7 Ref. 5.00	
45.52	SPEC EVENTS-NONALLOWABLE	0	45.52
45.53	SPEC EVENTS-NONALLOWABLE	0	45.53
45.54	SPEC EVENTS-NONALLOWABLE	0	45.54
45.55	SPEC EVENTS-NONALLOWABLE	0	45.55
45.56	SPEC EVENTS-NONALLOWABLE	0	45.56
45.57	SPEC EVENTS-NONALLOWABLE	0	45.57
45.58	SPEC EVENTS-NONALLOWABLE	0	45.58
45.59	SPEC EVENTS-NONALLOWABLE	0	45.59
45.60	SPEC EVENTS-NONALLOWABLE	0	45.60
45.61	SPEC EVENTS-NONALLOWABLE	0	45.61
46.00	SPEC EVENTS-NONALLOWABLE	0	46.00
47.00	STL CARDS	0	47.00
47.01	STL CARDS	0	47.01
47.02	ALLOWABLE PENSION EXP/FUNDING	0	47.02
47.03	ADJUST BARNARD BLDG RENTAL EXP	0	47.03
47.04	REMOVE WASH U LATE BILLS REL TO TRAN	0	47.04
47.05	REMOVE WASH U LATE BILLS REL TO TRAN	0	47.05
48.00	PSYCH IC BENEFIT ADJUSTMENT	0	48.00
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: 260032	Period: From 01/01/2011 To 12/31/2011	Worksheet A-8-1 Date/Time Prepared: 5/24/2012 2:12 pm

		Line No.	Cost Center	Expense Items	
		1.00	2.00	3.00	
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00		60.00	LABORATORY	AFFILIATE BILLING TO BJC FACILITIES	1.00
2.00		60.01	HLA LAB	AFFILIATE BILLING TO BJC FACILITIES	2.00
3.00		63.00	BLOOD STORING, PROCESSING & TRANS.	AFFILIATE BILLING TO BJC FACILITIES	3.00
4.00		60.00	LABORATORY	AFFILIATE BILLING TO REHAB INSTITUT	4.00
4.01		63.00	BLOOD STORING, PROCESSING & TRANS.	AFFILIATE BILLING TO REHAB INSTITUT	4.01
4.02		50.00	OPERATING ROOM	MIDWEST STONE	4.02
4.03		5.06	OTHER ADMINISTRATIVE AND GENERAL	TFC	4.03
4.04		1.02	NEW CRC-B&F(BJH POSTMERGE)	GAMMA KNIFE DEPR - B&F	4.04
4.05		2.00	NEW CAP REL COSTS-MVBLE EQUIP	GAMMA KNIFE DEPR - MME	4.05
4.06		55.00	RADIOLOGY-THERAPEUTIC	GAMMA KNIFE EXPENSES	4.06
4.07		4.00	EMPLOYEE BENEFITS	BJC EMPLOYEE BENEFITS	4.07
4.08		5.03	PURCHASING, RECEIVING AND STORES	BJC PURCHASING	4.08
4.09		5.06	OTHER ADMINISTRATIVE AND GENERAL	BJC OTHER A & G	4.09
4.10		7.00	OPERATION OF PLANT	BJC OPERATION OF PLANT	4.10
4.11		60.00	LABORATORY	SLCH AFFILIATE BILLINGS	4.11
4.12		59.00	CARDIAC CATHETERIZATION	SLCH AFFILIATE BILLINGS	4.12
4.13		20.00	NURSING SCHOOL	MO BAP BUILDING RENT	4.13
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.				5.00

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

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

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

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

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

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

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

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS	Provider CCN: 260032	Period: From 01/01/2011 To 12/31/2011	Worksheet A-8-1 Date/Time Prepared: 5/24/2012 2:12 pm

		Amount of Allowable Cost	Amount Included in Wks. A, column 5	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
		4.00	5.00	6.00	7.00		
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00		-1,995,119	-2,317,602	322,483	0		1.00
2.00		-305,509	-614,045	308,536	0		2.00
3.00		-79,776	-148,878	69,102	0		3.00
4.00		-414,859	-262,770	-152,089	0		4.00
4.01		-30,699	-40,024	9,325	0		4.01
4.02		552,594	780,353	-227,759	0		4.02
4.03		3,905,849	4,394,025	-488,176	0		4.03
4.04		243,568	0	243,568	9		4.04
4.05		345,678	0	345,678	9		4.05
4.06		1,587,333	7,876,804	-6,289,471	0		4.06
4.07		13,061,286	0	13,061,286	0		4.07
4.08		4,364,083	0	4,364,083	0		4.08
4.09		71,812,924	102,070,689	-30,257,765	0		4.09
4.10		13,220,735	0	13,220,735	0		4.10
4.11		790,012	1,500,334	-710,322	0		4.11
4.12		680,875	531,998	148,877	0		4.12
4.13		688,106	205,000	483,106	0		4.13
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.	108,427,081	113,975,884	-5,548,803			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:				
6.00		BJC HEALTHCARE	0.00	HEALTH CARE	6.00
7.00		BJC STAFFING AGENCY	0.00	TEMPORARY STAFFING	7.00
8.00		TFC	0.00	TELECOMMUNICATIONS	8.00
9.00		BJ GAMMA KNIFE FACILITY	0.00	NEURO-SURGICAL PROCEDURES	9.00
10.00		MIDWEST STONE	0.00	LITHOTRIPSY PROCEDURES	10.00
100.00	G. Other (financial or non-financial) specify:				100.00

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.

(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: 260032 | Period: From 01/01/2011 To 12/31/2011 | Worksheet A-8-2 | Date/Time Prepared: 5/24/2012 2:12 pm

		Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	
		1.00	2.00	3.00	4.00	
1.00		4.00	EMPLOYEE BENEFITS	51,315	51,315	1.00
2.00		5.06	OTHER ADMINISTRATIVE AND GENERAL	241,249	241,249	2.00
3.00		13.00	NURSING ADMINISTRATION	2,004,751	2,004,751	3.00
4.00		15.00	PHARMACY	69,869	69,869	4.00
5.00		16.00	MEDICAL RECORDS & LIBRARY	94,348	94,348	5.00
6.00		30.00	ADULTS & PEDIATRICS	8,706,709	8,706,709	6.00
7.00		53.00	ANESTHESIOLOGY	6,201,523	6,201,523	7.00
8.00		91.00	EMERGENCY	2,528,386	2,528,386	8.00
9.00		0.00		0	0	9.00
10.00		0.00		0	0	10.00
200.00				19,898,150	19,898,150	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 260032 | Period: From 01/01/2011 To 12/31/2011 | Worksheet A-8-2 | Date/Time Prepared: 5/24/2012 2:12 pm

		Provider Component	RCE Amount	Physician/Provider Component Hours	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	
		5.00	6.00	7.00	8.00	9.00	
1.00		0	0	0	0	0	1.00
2.00		0	0	0	0	0	2.00
3.00		0	0	0	0	0	3.00
4.00		0	0	0	0	0	4.00
5.00		0	0	0	0	0	5.00
6.00		0	0	0	0	0	6.00
7.00		0	0	0	0	0	7.00
8.00		0	0	0	0	0	8.00
9.00		0	0	0	0	0	9.00
10.00		0	0	0	0	0	10.00
200.00		0		0	0	0	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 260032 | Period: From 01/01/2011 To 12/31/2011 | Worksheet A-8-2 | Date/Time Prepared: 5/24/2012 2:12 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	0	3.00
4.00		0	0	0	0	0	4.00
5.00		0	0	0	0	0	5.00
6.00		0	0	0	0	0	6.00
7.00		0	0	0	0	0	7.00
8.00		0	0	0	0	0	8.00
9.00		0	0	0	0	0	9.00
10.00		0	0	0	0	0	10.00
200.00		0	0	0	0	0	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 260032 | Period: From 01/01/2011 To 12/31/2011 | Worksheet A-8-2 | Date/Time Prepared: 5/24/2012 2:12 pm

		RCE Disallowance	Adjustment		
		17.00	18.00		
1.00		0	51,315		1.00
2.00		0	241,249		2.00
3.00		0	2,004,751		3.00
4.00		0	69,869		4.00
5.00		0	94,348		5.00
6.00		0	8,706,709		6.00
7.00		0	6,201,523		7.00
8.00		0	2,528,386		8.00
9.00		0	0		9.00
10.00		0	0		10.00
200.00		0	19,898,150		200.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260032 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B Part I Date/Time Prepared: 5/24/2012 2:12 pm

	Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
			NEW BLDG & FIXT	NEW CRC-B&F(BH PRE-MERGE)	NEW CRC-B&F(BJH POSTMERGE)	NEW CRC-B&F(BJH CAMP EXP)	
		0	1.00	1.01	1.02	1.03	
	GENERAL SERVICE COST CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1,746,990	1,746,990				1.00
1.01	NEW CRC-B&F(BH PRE-MERGE)	2,958,886	0	2,958,886			1.01
1.02	NEW CRC-B&F(BJH POSTMERGE)	12,734,022	0	0	12,734,022		1.02
1.03	NEW CRC-B&F(BJH CAMP EXP)	16,306,459	0	0	0	16,306,459	1.03
1.04	NEW CRC-B&F(GSON)	1,748,252	0	0	0	0	1.04
1.05	NEW CRC-B&F(THE HIGHLANDS)	1,158,111	0	0	0	0	1.05
2.00	NEW CAP REL COSTS-MVBLE EQUIP	41,933,356					2.00
4.00	EMPLOYEE BENEFITS	13,260,526	23,763	20,410	117,717	0	4.00
5.01	NONPATIENT TELEPHONES	1,468,029	2,759	22,160	69,030	24,196	5.01
5.02	DATA PROCESSING	0	0	0	0	0	5.02
5.03	PURCHASING, RECEIVING AND STORES	8,471,012	14,366	20,466	93,901	7,937	5.03
5.04	ADMITTING	15,073,962	21,260	32,644	145,557	0	5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL	168,341,630	603,105	602,743	3,224,672	4,279,779	5.06
7.00	OPERATION OF PLANT	44,989,106	171,179	319,456	1,330,354	2,697,422	7.00
8.00	LAUNDRY & LINEN SERVICE	3,029,694	4,083	1,329	14,132	882	8.00
9.00	HOUSEKEEPING	17,268,274	22,477	26,729	132,111	102,798	9.00
10.00	DIETARY	10,428,228	35,333	63,153	266,807	5,834	10.00
11.00	CAFETERIA	4,053,037	17,622	66,944	232,230	4,342	11.00
13.00	NURSING ADMINISTRATION	35,012,898	46,890	20,298	176,399	23,133	13.00
14.00	CENTRAL SERVICES & SUPPLY	8,574,696	19,608	48,821	186,597	67,160	14.00
15.00	PHARMACY	119,768,594	16,322	36,022	142,409	68,653	15.00
16.00	MEDICAL RECORDS & LIBRARY	18,905,014	47,925	7,376	142,889	0	16.00
17.00	SOCIAL SERVICE	6,121,307	0	1,688	4,722	19,651	17.00
18.00	EXTENDED CARE SERVICES	1,370,122	0	29,416	82,292	0	18.00
18.01	LAB ADMINISTRATION	9,061,226	0	5,167	14,456	0	18.01
18.02	RESEARCH ADMINISTRATION	12,749	0	0	0	0	18.02
20.00	NURSING SCHOOL	-3,378,059	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	111,354,464	6,052	15,486	58,761	0	21.00
23.01	PARAMED ED PRGM-PHARMACY	211,488	0	0	0	0	23.01
23.02	PARAMED ED PRGM-PASTORAL ED	332,459	0	0	0	0	23.02
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	124,971,046	214,669	747,891	2,639,862	0	30.00
31.00	INTENSIVE CARE UNIT	8,602,554	27,247	23,389	134,935	0	31.00
32.00	CORONARY CARE UNIT	4,575,482	0	19,851	55,535	0	32.00
34.00	SURGICAL INTENSIVE CARE UNIT	7,932,530	0	41,856	117,092	0	34.00
35.01	NEURO-ICU	6,170,045	0	23,872	66,781	0	35.01
35.02	CARDIO-THORACIC ICU	8,272,083	0	0	0	433,444	35.02
40.00	SUBPROVIDER - IPF	7,421,470	0	54,519	152,517	0	40.00
43.00	NURSERY	1,320,516	0	4,286	11,989	0	43.00
44.00	SKILLED NURSING FACILITY	4,800,697	0	32,792	91,735	0	44.00
45.00	NURSING FACILITY	331,674	0	5,036	14,087	0	45.00
46.00	OTHER LONG TERM CARE	1,334,314	0	25,577	71,553	0	46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	50,783,195	6,249	104,710	308,868	1,920,986	50.00
51.00	RECOVERY ROOM	17,208,257	0	63,896	178,749	389,959	51.00
52.00	DELIVERY ROOM & LABOR ROOM	6,609,216	0	40,301	112,744	0	52.00
53.00	ANESTHESIOLOGY	5,979,313	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	26,130,358	50,120	0	127,853	683,090	54.00
54.01	ULTRASOUND	2,340,175	21,429	650	56,484	86,359	54.01
55.00	RADIOLOGY-THERAPEUTIC	18,558,849	7,341	0	18,726	1,028,343	55.00
56.00	RADIOISOTOPE	2,321,782	21,429	0	54,664	0	56.00
57.00	CT SCAN	4,089,420	0	0	0	69,150	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	5,242,308	27,391	1,313	73,540	181,898	58.00
59.00	CARDIAC CATHETERIZATION	7,557,034	0	1,632	4,566	509,875	59.00
60.00	LABORATORY	33,436,450	5,638	70,094	210,474	153,632	60.00
60.01	HLA LAB	3,080,261	0	5,479	15,326	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	30,878,416	0	7,695	21,527	170,546	63.00
65.00	RESPIRATORY THERAPY	12,746,378	3,667	13,222	46,342	0	65.00
66.00	PHYSICAL THERAPY	5,290,970	4,050	6,977	29,849	0	66.00
67.00	OCCUPATIONAL THERAPY	1,817,655	1,094	1,995	8,372	0	67.00
68.00	SPEECH PATHOLOGY	711,797	547	998	4,186	0	68.00
69.00	ELECTROCARDIOLOGY	5,962,604	2,663	15,516	50,199	62,004	69.00
70.00	ELECTROENCEPHALOGRAPHY	1,115,786	0	2,899	8,110	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	75,383,794	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	82,743,104	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	-765	0	0	0	0	73.00
74.00	RENAL DIALYSIS	2,888,082	1,435	14,975	45,555	0	74.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260032 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B Part I Date/Time Prepared: 5/24/2012 2:12 pm

	Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS NEW BLDG & FIXT	NEW CRC-B&F(BH PRE-MERGE)	NEW CRC-B&F(BJH POSTMERGE)	NEW CRC-B&F(BJH CAMP EXP)	
		0	1.00	1.01	1.02	1.03	
76.00	ENDOSCOPY	5,978,783	875	8,312	25,485	306,653	76.00
76.01	OB/GYN IN VITRO	1,583,858	0	9,221	25,797	0	76.01
76.02	ELECTROSHOCK THERAPY	269,078	0	4,605	12,882	0	76.02
76.03	CORNEAL TISSUE ACQUISITION	515,150	0	0	0	0	76.03
	OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	13,341,476	7,439	7,645	40,365	328,791	90.00
90.01	OUTPATIENT PSYCH	386,775	0	0	0	0	90.01
91.00	EMERGENCY	19,694,421	0	2,905	8,126	969,436	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	8,055,599	10,233	88	26,350	15,648	105.00
106.00	HEART ACQUISITION	1,819,389	1,203	88	3,315	1,832	106.00
107.00	LIVER ACQUISITION	4,299,482	3,516	88	9,215	5,382	107.00
108.00	LUNG ACQUISITION	4,666,177	1,402	88	3,823	2,148	108.00
109.00	PANCREAS ACQUISITION	737,287	79	88	447	113	109.00
112.00	OTHER ORGAN ACQ - BONE MARROW	5,237,433	0	0	0	0	112.00
113.00	INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,317,508,290	1,472,460	2,704,857	11,323,061	14,621,076	118.00
	NONREIMBURSABLE COST CENTERS						
191.00	RESEARCH	238,744	0	0	0	0	191.00
191.01	RESEARCH CTSA I/P	78,871	0	0	0	0	191.01
191.02	RESEARCH CTSA O/P	53,681	0	0	0	0	191.02
194.00	OTHER NONREIMBURSABLE COST CENTERS	9,041,122	273,359	252,642	1,404,096	1,601,376	194.00
194.01	RETAIL PHARMACY	3,097,353	0	0	0	84,007	194.01
194.02	MARKETING/COMMUNITY RELATIONS	4,946,007	1,171	1,387	6,865	0	194.02
194.03	GUEST MEALS	0	0	0	0	0	194.03
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)	1,334,964,068	1,746,990	2,958,886	12,734,022	16,306,459	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260032 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B Part I Date/Time Prepared: 5/24/2012 2:12 pm

	Cost Center Description	CAPITAL RELATED COSTS					
		NEW CRC-B&F(GSON)	NEW CRC-B&F(THE HIGHLANDS)	NEW MVBLE EQUIP	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	
		1.04	1.05	2.00	4.00	5.01	
	GENERAL SERVICE COST CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	NEW CRC-B&F(BH PRE-MERGE)						1.01
1.02	NEW CRC-B&F(BJH POSTMERGE)						1.02
1.03	NEW CRC-B&F(BJH CAMP EXP)						1.03
1.04	NEW CRC-B&F(GSON)	1,748,252					1.04
1.05	NEW CRC-B&F(THE HIGHLANDS)	0	1,158,111				1.05
2.00	NEW CAP REL COSTS-MVBLE EQUIP			41,933,356			2.00
4.00	EMPLOYEE BENEFITS	0	0	57,640	13,480,056		4.00
5.01	NONPATIENT TELEPHONES	0	0	0	48,486	1,634,660	5.01
5.02	DATA PROCESSING	0	0	0	0	0	5.02
5.03	PURCHASING, RECEIVING AND STORES	0	0	387	23,972	2,914	5.03
5.04	ADMITTING	0	14,415	7,387	285,201	70,746	5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL	0	367,629	16,922,988	665,158	136,910	5.06
7.00	OPERATION OF PLANT	0	4,477	438,874	248,804	41,015	7.00
8.00	LAUNDRY & LINEN SERVICE	0	0	3,320	831	165	8.00
9.00	HOUSEKEEPING	0	910	136,069	327,416	33,275	9.00
10.00	DIETARY	0	0	139,760	154,446	16,732	10.00
11.00	CAFETERIA	0	0	74,144	122,693	13,060	11.00
13.00	NURSING ADMINISTRATION	0	0	673,745	614,855	68,655	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	0	198,912	95,657	13,152	14.00
15.00	PHARMACY	0	0	51,554	485,258	42,376	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	0	93,121	319,961	48,463	16.00
17.00	SOCIAL SERVICE	0	0	143	85,337	11,652	17.00
18.00	EXTENDED CARE SERVICES	0	0	53,086	24,707	33,111	18.00
18.01	LAB ADMINISTRATION	0	0	8,279	107,162	4,591	18.01
18.02	RESEARCH ADMINISTRATION	0	0	0	277	0	18.02
20.00	NURSING SCHOOL	1,748,252	0	819,161	218,700	26,491	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	1,249,388	51,120	21.00
23.01	PARAMED ED PRGM-PHARMACY	0	0	0	5,089	0	23.01
23.02	PARAMED ED PRGM-PASTORAL ED	0	0	238	7,250	716	23.02
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	0	0	496,674	2,846,084	314,355	30.00
31.00	INTENSIVE CARE UNIT	0	0	22,436	181,672	9,661	31.00
32.00	CORONARY CARE UNIT	0	0	30,231	101,249	4,099	32.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	39,526	166,639	12,691	34.00
35.01	NEURO-ICU	0	0	33,491	132,303	9,613	35.01
35.02	CARDIO-THORACIC ICU	0	0	23,456	176,618	13,589	35.02
40.00	SUBPROVIDER - IPF	0	0	23,362	141,479	14,156	40.00
43.00	NURSERY	0	0	7,274	25,925	1,252	43.00
44.00	SKILLED NURSING FACILITY	0	0	31,083	86,352	1,980	44.00
45.00	NURSING FACILITY	0	0	1,165	6,827	150	45.00
46.00	OTHER LONG TERM CARE	0	0	4,713	27,619	605	46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	0	5,840,464	883,012	120,576	50.00
51.00	RECOVERY ROOM	0	0	65,936	263,787	33,185	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	110,343	136,706	8,407	52.00
53.00	ANESTHESIOLOGY	0	0	907,250	58,803	62,007	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	28,805	4,363,659	414,263	50,376	54.00
54.01	ULTRASOUND	0	0	725,436	28,470	3,709	54.01
55.00	RADIOLOGY-THERAPEUTIC	0	0	3,008,668	203,509	32,712	55.00
56.00	RADIOISOTOPE	0	0	322,653	45,038	7,927	56.00
57.00	CT SCAN	0	0	857,427	76,842	8,756	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	1,708,262	88,545	10,443	58.00
59.00	CARDIAC CATHETERIZATION	0	0	548,709	124,243	20,566	59.00
60.00	LABORATORY	0	14,415	817,459	400,379	43,199	60.00
60.01	HLA LAB	0	0	48,874	22,963	2,373	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	142,120	144,016	13,527	63.00
65.00	RESPIRATORY THERAPY	0	0	546,188	224,807	15,521	65.00
66.00	PHYSICAL THERAPY	0	0	17,245	114,683	9,561	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	43,181	781	67.00
68.00	SPEECH PATHOLOGY	0	0	32,386	16,755	231	68.00
69.00	ELECTROCARDIOLOGY	0	0	328,620	89,572	9,856	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	80,165	15,321	1,011	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	75,606	51,743	4,946	74.00
76.00	ENDOSCOPY	0	0	210,252	107,836	12,535	76.00
76.01	OB/GYN IN VITRO	0	0	279,102	14,224	247	76.01

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260032 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B Part I Date/Time Prepared: 5/24/2012 2:12 pm

	Cost Center Description	CAPITAL RELATED COSTS					
		NEW CRC-B&F(GSON)	NEW CRC-B&F(THE HIGHLANDS)	NEW MVBLE EQUIP	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	
		1.04	1.05	2.00	4.00	5.01	
76.02	ELECTROSHOCK THERAPY	0	0	8,382	5,439	1,501	76.02
76.03	CORNEAL TISSUE ACQUISITION	0	0	0	0	0	76.03
	OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	0	0	61,327	251,359	54,455	90.00
90.01	OUTPATIENT PSYCH	0	0	0	15,279	3,653	90.01
91.00	EMERGENCY	0	0	311,809	359,127	53,083	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	0	0	1,580	31,291	3,115	105.00
106.00	HEART ACQUISITION	0	0	0	6,347	1,309	106.00
107.00	LIVER ACQUISITION	0	0	0	16,166	1,741	107.00
108.00	LUNG ACQUISITION	0	0	6,439	12,722	3,089	108.00
109.00	PANCREAS ACQUISITION	0	0	0	70	0	109.00
112.00	OTHER ORGAN ACQ - BONE MARROW	0	0	0	16,464	189	112.00
113.00	INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,748,252	430,651	41,818,580	13,266,377	1,591,882	118.00
	NONREIMBURSABLE COST CENTERS						
191.00	RESEARCH	0	0	0	3,838	0	191.00
191.01	RESEARCH CTSA I/P	0	0	4,373	0	0	191.01
191.02	RESEARCH CTSA O/P	0	0	5,506	0	0	191.02
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	727,460	52,535	114,419	16,967	194.00
194.01	RETAIL PHARMACY	0	0	52,362	71,228	16,899	194.01
194.02	MARKETING/COMMUNITY RELATIONS	0	0	0	24,194	8,912	194.02
194.03	GUEST MEALS	0	0	0	0	0	194.03
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)	1,748,252	1,158,111	41,933,356	13,480,056	1,634,660	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260032 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B Part I Date/Time Prepared: 5/24/2012 2:12 pm

	Cost Center Description	Subtotal	DATA PROCESSING	PURCHASING, RECEIVING AND STORES	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	
		5A.01	5.02	5.03	5.04	5.05	
	GENERAL SERVICE COST CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	NEW CRC-B&F(BH PRE-MERGE)						1.01
1.02	NEW CRC-B&F(BJH POSTMERGE)						1.02
1.03	NEW CRC-B&F(BJH CAMP EXP)						1.03
1.04	NEW CRC-B&F(GSON)						1.04
1.05	NEW CRC-B&F(THE HIGHLANDS)						1.05
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	NONPATIENT TELEPHONES						5.01
5.02	DATA PROCESSING	0	0				5.02
5.03	PURCHASING, RECEIVING AND STORES	8,634,955	0	8,634,955			5.03
5.04	ADMITTING	15,651,172	0	11,507	15,662,679		5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL	195,144,614	0	26,620	0	0	5.06
7.00	OPERATION OF PLANT	50,240,687	0	54,239	0	0	7.00
8.00	LAUNDRY & LINEN SERVICE	3,054,436	0	68,126	0	0	8.00
9.00	HOUSEKEEPING	18,050,059	0	35,372	0	0	9.00
10.00	DIETARY	11,110,293	0	64,888	0	0	10.00
11.00	CAFETERIA	4,584,072	0	182,444	0	0	11.00
13.00	NURSING ADMINISTRATION	36,636,873	0	8,662	0	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	9,204,603	0	304,268	0	0	14.00
15.00	PHARMACY	120,611,188	0	1,958,948	0	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	19,564,749	0	7,547	0	0	16.00
17.00	SOCIAL SERVICE	6,244,500	0	459	0	0	17.00
18.00	EXTENDED CARE SERVICES	1,592,734	0	2,092	0	0	18.00
18.01	LAB ADMINISTRATION	9,200,881	0	2,317	0	0	18.01
18.02	RESEARCH ADMINISTRATION	13,026	0	0	0	0	18.02
20.00	NURSING SCHOOL	-565,455	0	14,058	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	112,735,271	0	1,238	0	0	21.00
23.01	PARAMED ED PRGM-PHARMACY	216,577	0	0	0	0	23.01
23.02	PARAMED ED PRGM-PASTORAL ED	340,663	0	59	0	0	23.02
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	132,230,581	0	156,504	1,121,288	0	30.00
31.00	INTENSIVE CARE UNIT	9,001,894	0	15,592	97,245	0	31.00
32.00	CORONARY CARE UNIT	4,786,447	0	5,632	46,539	0	32.00
34.00	SURGICAL INTENSIVE CARE UNIT	8,310,334	0	12,840	81,031	0	34.00
35.01	NEURO-ICU	6,436,105	0	11,020	66,055	0	35.01
35.02	CARDIO-THORACIC ICU	8,919,190	0	16,511	73,488	0	35.02
40.00	SUBPROVIDER - IPF	7,807,503	0	3,447	46,466	0	40.00
43.00	NURSERY	1,371,242	0	4,675	16,369	0	43.00
44.00	SKILLED NURSING FACILITY	5,044,639	0	14,018	37,600	0	44.00
45.00	NURSING FACILITY	358,939	0	323	2,834	0	45.00
46.00	OTHER LONG TERM CARE	1,464,381	0	1,705	9,222	0	46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	59,968,060	0	316,682	1,142,673	0	50.00
51.00	RECOVERY ROOM	18,203,769	0	40,736	286,004	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	7,017,717	0	11,822	48,052	0	52.00
53.00	ANESTHESIOLOGY	7,007,373	0	106,439	382,649	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	31,848,524	0	113,062	854,937	0	54.00
54.01	ULTRASOUND	3,262,712	0	2,292	130,751	0	54.01
55.00	RADIOLOGY-THERAPEUTIC	22,858,148	0	41,636	588,953	0	55.00
56.00	RADIOISOTOPE	2,773,493	0	1,480	64,896	0	56.00
57.00	CT SCAN	5,101,595	0	23,359	832,081	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	7,333,700	0	34,293	531,055	0	58.00
59.00	CARDIAC CATHETERIZATION	8,766,625	0	24,864	244,439	0	59.00
60.00	LABORATORY	35,151,740	0	271,846	2,254,406	0	60.00
60.01	HLA LAB	3,175,276	0	55,689	148,404	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	31,377,847	0	560,638	747,632	0	63.00
65.00	RESPIRATORY THERAPY	13,596,125	0	59,634	277,769	0	65.00
66.00	PHYSICAL THERAPY	5,473,335	0	2,406	88,179	0	66.00
67.00	OCCUPATIONAL THERAPY	1,873,078	0	138	32,647	0	67.00
68.00	SPEECH PATHOLOGY	766,900	0	21	9,833	0	68.00
69.00	ELECTROCARDIOLOGY	6,521,034	0	37,558	387,636	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	1,223,292	0	452	35,004	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	75,383,794	0	1,466,374	1,125,068	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	82,743,104	0	1,961,247	952,691	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	-765	0	0	1,608,662	0	73.00
74.00	RENAL DIALYSIS	3,082,342	0	14,365	83,858	0	74.00
76.00	ENDOSCOPY	6,650,731	0	26,788	175,812	0	76.00
76.01	OB/GYN IN VITRO	1,912,449	0	6,646	13,740	0	76.01
76.02	ELECTROSHOCK THERAPY	301,887	0	594	3,864	0	76.02
76.03	CORNEAL TISSUE ACQUISITION	515,150	0	12,213	5,548	0	76.03

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260032 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B Part I Date/Time Prepared: 5/24/2012 2:12 pm

	Cost Center Description	Subtotal	DATA PROCESSING	PURCHASING, RECEIVING AND STORES	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	
		5A.01	5.02	5.03	5.04	5.05	
	OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	14,092,857	0	27,912	136,113	0	90.00
90.01	OUTPATIENT PSYCH	405,707	0	9,445	11,538	0	90.01
91.00	EMERGENCY	21,398,907	0	70,759	633,448	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0					92.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	8,143,904	0	998	61,518	0	105.00
106.00	HEART ACQUISITION	1,833,483	0	418	9,783	0	106.00
107.00	LIVER ACQUISITION	4,335,590	0	748	27,301	0	107.00
108.00	LUNG ACQUISITION	4,695,888	0	859	28,087	0	108.00
109.00	PANCREAS ACQUISITION	738,084	0	3	4,710	0	109.00
112.00	OTHER ORGAN ACQ - BONE MARROW	5,254,086	0	363	21,274	0	112.00
113.00	INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,312,784,694	0	8,289,890	15,589,152	0	118.00
	NONREIMBURSABLE COST CENTERS						
191.00	RESEARCH	242,582	0	0	0	0	191.00
191.01	RESEARCH CTSA I/P	83,244	0	495	2,724	0	191.01
191.02	RESEARCH CTSA O/P	59,187	0	30	3	0	191.02
194.00	OTHER NONREIMBURSABLE COST CENTERS	13,483,976	0	20,943	0	0	194.00
194.01	RETAIL PHARMACY	3,321,849	0	322,728	70,800	0	194.01
194.02	MARKETING/COMMUNITY RELATIONS	4,988,536	0	869	0	0	194.02
194.03	GUEST MEALS	0	0	0	0	0	194.03
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)	1,334,964,068	0	8,634,955	15,662,679	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260032 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B Part I Date/Time Prepared: 5/24/2012 2:12 pm

	Cost Center Description	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5A.05	5.06	7.00	8.00	9.00	
	GENERAL SERVICE COST CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	NEW CRC-B&F(BH PRE-MERGE)						1.01
1.02	NEW CRC-B&F(BJH POSTMERGE)						1.02
1.03	NEW CRC-B&F(BJH CAMP EXP)						1.03
1.04	NEW CRC-B&F(GSON)						1.04
1.05	NEW CRC-B&F(THE HIGHLANDS)						1.05
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	NONPATIENT TELEPHONES						5.01
5.02	DATA PROCESSING						5.02
5.03	PURCHASING, RECEIVING AND STORES						5.03
5.04	ADMITTING						5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL	195,171,234	195,171,234				5.06
7.00	OPERATION OF PLANT	50,294,926	8,608,027	58,902,953			7.00
8.00	LAUNDRY & LINEN SERVICE	3,122,562	534,430	228,054	3,885,046		8.00
9.00	HOUSEKEEPING	18,085,431	3,095,340	827,536	120,519	22,128,826	9.00
10.00	DIETARY	11,175,181	1,912,643	1,624,447	5,564	650,416	10.00
11.00	CAFETERIA	4,766,516	815,794	1,213,422	0	485,845	11.00
13.00	NURSING ADMINISTRATION	36,645,535	6,271,920	1,115,913	0	446,803	13.00
14.00	CENTRAL SERVICES & SUPPLY	9,508,871	1,627,453	1,056,722	6,618	423,104	14.00
15.00	PHARMACY	122,570,136	20,978,001	852,908	0	341,498	15.00
16.00	MEDICAL RECORDS & LIBRARY	19,572,296	3,349,818	743,177	0	297,563	16.00
17.00	SOCIAL SERVICE	6,244,959	1,068,831	49,785	0	19,934	17.00
18.00	EXTENDED CARE SERVICES	1,594,826	272,956	428,007	0	171,371	18.00
18.01	LAB ADMINISTRATION	9,203,198	1,575,137	75,186	0	30,104	18.01
18.02	RESEARCH ADMINISTRATION	13,026	2,229	0	0	0	18.02
20.00	NURSING SCHOOL	-551,397	0	2,705,960	785	1,083,446	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	112,736,509	19,294,966	320,860	43,888	128,470	21.00
23.01	PARAMED ED PRGM-PHARMACY	216,577	37,067	0	0	0	23.01
23.02	PARAMED ED PRGM-PASTORAL ED	340,722	58,315	0	0	0	23.02
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	133,508,373	22,850,275	13,730,157	2,187,759	5,497,451	30.00
31.00	INTENSIVE CARE UNIT	9,114,731	1,559,995	701,811	76,896	281,000	31.00
32.00	CORONARY CARE UNIT	4,838,618	828,134	288,841	40,340	115,650	32.00
34.00	SURGICAL INTENSIVE CARE UNIT	8,404,205	1,438,388	634,027	90,338	253,860	34.00
35.01	NEURO-ICU	6,513,180	1,114,737	347,335	54,069	139,070	35.01
35.02	CARDIO-THORACIC ICU	9,009,189	1,541,932	556,432	73,218	222,791	35.02
40.00	SUBPROVIDER - IPF	7,857,416	1,344,805	793,253	47,577	317,613	40.00
43.00	NURSERY	1,392,286	238,291	62,355	25,720	24,966	43.00
44.00	SKILLED NURSING FACILITY	5,096,257	872,229	477,124	63,455	191,037	44.00
45.00	NURSING FACILITY	362,096	61,973	73,270	11,097	29,337	45.00
46.00	OTHER LONG TERM CARE	1,475,308	252,500	372,155	35,717	149,008	46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	61,427,415	10,513,364	4,072,482	85,567	1,630,591	50.00
51.00	RECOVERY ROOM	18,530,509	3,171,515	1,430,299	59,061	572,681	51.00
52.00	DELIVERY ROOM & LABOR ROOM	7,077,591	1,211,337	586,390	27,105	234,786	52.00
53.00	ANESTHESIOLOGY	7,496,461	1,283,027	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	32,816,523	5,616,581	2,077,970	109,704	832,004	54.00
54.01	ULTRASOUND	3,395,755	581,187	478,286	3,834	191,502	54.01
55.00	RADIOLOGY-THERAPEUTIC	23,488,737	4,020,121	1,474,540	12,884	590,395	55.00
56.00	RADIOISOTOPE	2,839,869	486,046	284,312	18,068	113,837	56.00
57.00	CT SCAN	5,957,035	1,019,552	249,013	23,987	99,703	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	7,899,048	1,351,930	830,759	122,225	332,630	58.00
59.00	CARDIAC CATHETERIZATION	9,035,928	1,546,508	678,297	24,650	271,585	59.00
60.00	LABORATORY	37,677,992	6,448,626	1,459,038	0	584,188	60.00
60.01	HLA LAB	3,379,369	578,382	79,714	0	31,917	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	32,686,117	5,594,262	330,904	12,985	132,492	63.00
65.00	RESPIRATORY THERAPY	13,933,528	2,384,737	241,030	0	96,506	65.00
66.00	PHYSICAL THERAPY	5,563,920	952,270	155,248	2,478	62,160	66.00
67.00	OCCUPATIONAL THERAPY	1,905,863	326,190	43,544	0	17,435	67.00
68.00	SPEECH PATHOLOGY	776,754	132,942	21,772	0	8,717	68.00
69.00	ELECTROCARDIOLOGY	6,946,228	1,188,854	340,687	10,874	136,409	69.00
70.00	ELECTROENCEPHALOGRAPHY	1,258,748	215,436	42,179	526	16,888	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	77,975,236	13,345,540	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	85,657,042	14,660,288	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	1,607,897	275,193	0	0	0	73.00
74.00	RENAL DIALYSIS	3,180,565	544,357	236,937	4,622	94,868	74.00
76.00	ENDOSCOPY	6,853,331	1,172,954	526,213	16,082	210,692	76.00
76.01	OB/GYN IN VITRO	1,932,835	330,807	134,173	0	53,722	76.01
76.02	ELECTROSHOCK THERAPY	306,345	52,431	66,999	0	26,826	76.02
76.03	CORNEAL TISSUE ACQUISITION	532,911	91,208	0	0	0	76.03

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260032 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B Part I Date/Time Prepared: 5/24/2012 2:12 pm

	Cost Center Description	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5A.05	5.06	7.00	8.00	9.00	
	OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	14,256,882	2,440,080	1,383,969	27,625	554,131	90.00
90.01	OUTPATIENT PSYCH	426,690	73,028	119,484	0	47,841	90.01
91.00	EMERGENCY	22,103,114	3,782,970	1,330,613	394,249	532,767	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0					92.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	8,206,420	1,404,537	157,135	0	62,916	105.00
106.00	HEART ACQUISITION	1,843,684	315,548	19,624	0	7,857	106.00
107.00	LIVER ACQUISITION	4,363,639	746,841	54,836	0	21,956	107.00
108.00	LUNG ACQUISITION	4,724,834	808,660	22,643	0	9,066	108.00
109.00	PANCREAS ACQUISITION	742,797	127,130	2,497	0	1,000	109.00
112.00	OTHER ORGAN ACQ - BONE MARROW	5,275,723	902,945	0	0	0	112.00
113.00	INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,312,366,102	191,303,570	48,210,324	3,840,086	18,880,405	118.00
	NONREIMBURSABLE COST CENTERS						
191.00	RESEARCH	242,582	41,518	0	0	0	191.00
191.01	RESEARCH CTSA I/P	86,463	14,798	113,737	6,390	45,539	191.01
191.02	RESEARCH CTSA O/P	59,220	10,136	102,938	0	41,215	191.02
194.00	OTHER NONREIMBURSABLE COST CENTERS	13,504,919	2,311,380	10,233,443	38,570	3,064,567	194.00
194.01	RETAIL PHARMACY	3,715,377	635,890	107,844	0	43,180	194.01
194.02	MARKETING/COMMUNITY RELATIONS	4,989,405	853,942	134,667	0	53,920	194.02
194.03	GUEST MEALS	0	0	0	0	0	194.03
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)	1,334,964,068	195,171,234	58,902,953	3,885,046	22,128,826	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260032 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B Part I Date/Time Prepared: 5/24/2012 2:12 pm

	Cost Center Description	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
	GENERAL SERVICE COST CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	NEW CRC-B&F(BH PRE-MERGE)						1.01
1.02	NEW CRC-B&F(BJH POSTMERGE)						1.02
1.03	NEW CRC-B&F(BJH CAMP EXP)						1.03
1.04	NEW CRC-B&F(GSON)						1.04
1.05	NEW CRC-B&F(THE HIGHLANDS)						1.05
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	NONPATIENT TELEPHONES						5.01
5.02	DATA PROCESSING						5.02
5.03	PURCHASING, RECEIVING AND STORES						5.03
5.04	ADMITTING						5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL						5.06
7.00	OPERATION OF PLANT						7.00
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
10.00	DIETARY	15,368,251					10.00
11.00	CAFETERIA	0	7,281,577				11.00
13.00	NURSING ADMINISTRATION	0	300,730	44,780,901			13.00
14.00	CENTRAL SERVICES & SUPPLY	0	103,138	0	12,725,906		14.00
15.00	PHARMACY	0	237,761	0	0	144,980,304	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	230,162	0	0	0	16.00
17.00	SOCIAL SERVICE	0	55,369	0	0	0	17.00
18.00	EXTENDED CARE SERVICES	2,034,878	22,799	0	0	0	18.00
18.01	LAB ADMINISTRATION	0	52,112	0	0	0	18.01
18.02	RESEARCH ADMINISTRATION	0	0	0	0	0	18.02
20.00	NURSING SCHOOL	0	103,138	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	875,049	0	0	0	21.00
23.01	PARAMED ED PRGM-PHARMACY	0	4,343	0	0	0	23.01
23.02	PARAMED ED PRGM-PASTORAL ED	0	5,428	0	0	0	23.02
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	11,622,256	1,857,584	21,472,525	0	390	30.00
31.00	INTENSIVE CARE UNIT	218,563	111,824	1,292,154	0	51	31.00
32.00	CORONARY CARE UNIT	91,641	60,797	702,263	0	0	32.00
34.00	SURGICAL INTENSIVE CARE UNIT	49,764	103,138	1,195,383	0	175	34.00
35.01	NEURO-ICU	370,146	77,082	885,869	0	0	35.01
35.02	CARDIO-THORACIC ICU	88,999	96,624	1,116,801	0	0	35.02
40.00	SUBPROVIDER - IPF	687,055	93,367	1,081,226	0	0	40.00
43.00	NURSERY	0	16,285	184,034	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	73,825	1,012,930	0	0	44.00
45.00	NURSING FACILITY	0	6,514	107,268	0	0	45.00
46.00	OTHER LONG TERM CARE	0	28,227	410,303	0	0	46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	467,923	5,406,439	0	30,873	50.00
51.00	RECOVERY ROOM	25,399	144,394	1,671,413	0	753	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	92,282	1,070,048	0	4	52.00
53.00	ANESTHESIOLOGY	0	56,455	0	0	1,989,858	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	267,074	0	0	337,149	54.00
54.01	ULTRASOUND	0	16,285	0	0	5,308	54.01
55.00	RADIOLOGY-THERAPEUTIC	0	112,909	0	0	752,875	55.00
56.00	RADIOISOTOPE	0	23,885	0	0	92	56.00
57.00	CT SCAN	0	49,941	575,684	0	25,208	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	54,283	0	0	37,674	58.00
59.00	CARDIAC CATHETERIZATION	0	69,483	798,967	0	0	59.00
60.00	LABORATORY	0	303,987	0	0	518	60.00
60.01	HLA LAB	0	15,199	0	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0	89,025	0	0	13,700	63.00
65.00	RESPIRATORY THERAPY	0	132,452	0	0	4,774	65.00
66.00	PHYSICAL THERAPY	0	75,997	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	26,056	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	8,685	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	57,540	0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	11,942	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	6,066,821	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	6,659,085	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	120,427,238	73.00
74.00	RENAL DIALYSIS	0	27,142	0	0	24,496	74.00
76.00	ENDOSCOPY	0	60,797	705,231	0	153	76.00
76.01	OB/GYN IN VITRO	0	8,685	99,968	0	21,270	76.01
76.02	ELECTROSHOCK THERAPY	0	4,343	0	0	0	76.02
76.03	CORNEAL TISSUE ACQUISITION	0	0	0	0	0	76.03

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260032 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B Part I Date/Time Prepared: 5/24/2012 2:12 pm

	Cost Center Description	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
	OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	0	151,994	1,752,511	0	419,228	90.00
90.01	OUTPATIENT PSYCH	0	13,028	0	0	556,779	90.01
91.00	EMERGENCY	0	238,847	2,759,420	0	34,209	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	0	19,542	222,746	0	0	105.00
106.00	HEART ACQUISITION	0	4,343	46,168	0	0	106.00
107.00	LIVER ACQUISITION	0	9,771	115,635	0	0	107.00
108.00	LUNG ACQUISITION	0	8,685	95,420	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	495	0	0	109.00
112.00	OTHER ORGAN ACQ - BONE MARROW	0	9,771	0	0	0	112.00
113.00	INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	15,188,701	7,148,041	44,780,901	12,725,906	124,682,775	118.00
	NONREIMBURSABLE COST CENTERS						
191.00	RESEARCH	0	0	0	0	0	191.00
191.01	RESEARCH CTSA I/P	3,584	0	0	0	107	191.01
191.02	RESEARCH CTSA O/P	3,584	0	0	0	0	191.02
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	80,339	0	0	268,232	194.00
194.01	RETAIL PHARMACY	0	37,998	0	0	20,029,190	194.01
194.02	MARKETING/COMMUNITY RELATIONS	0	15,199	0	0	0	194.02
194.03	GUEST MEALS	172,382	0	0	0	0	194.03
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)	15,368,251	7,281,577	44,780,901	12,725,906	144,980,304	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260032 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B Part I Date/Time Prepared: 5/24/2012 2:12 pm

	Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE			
				EXTENDED CARE SERVICES	LAB ADMINISTRATION	RESEARCH ADMINISTRATION	
		16.00	17.00	18.00	18.01	18.02	
	GENERAL SERVICE COST CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	NEW CRC-B&F(BH PRE-MERGE)						1.01
1.02	NEW CRC-B&F(BJH POSTMERGE)						1.02
1.03	NEW CRC-B&F(BJH CAMP EXP)						1.03
1.04	NEW CRC-B&F(GSON)						1.04
1.05	NEW CRC-B&F(THE HIGHLANDS)						1.05
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	NONPATIENT TELEPHONES						5.01
5.02	DATA PROCESSING						5.02
5.03	PURCHASING, RECEIVING AND STORES						5.03
5.04	ADMITTING						5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL						5.06
7.00	OPERATION OF PLANT						7.00
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
10.00	DIETARY						10.00
11.00	CAFETERIA						11.00
13.00	NURSING ADMINISTRATION						13.00
14.00	CENTRAL SERVICES & SUPPLY						14.00
15.00	PHARMACY						15.00
16.00	MEDICAL RECORDS & LIBRARY	24,193,016					16.00
17.00	SOCIAL SERVICE	0	7,438,878				17.00
18.00	EXTENDED CARE SERVICES	0	0	4,524,837			18.00
18.01	LAB ADMINISTRATION	0	0	0	10,935,737		18.01
18.02	RESEARCH ADMINISTRATION	0	0	0	0	15,255	18.02
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
23.01	PARAMED ED PRGM-PHARMACY	0	0	0	0	0	23.01
23.02	PARAMED ED PRGM-PASTORAL ED	0	0	0	0	0	23.02
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	1,731,906	6,372,664	0	0	0	30.00
31.00	INTENSIVE CARE UNIT	150,202	249,958	0	0	0	31.00
32.00	CORONARY CARE UNIT	71,882	119,341	0	0	0	32.00
34.00	SURGICAL INTENSIVE CARE UNIT	125,158	201,638	0	0	0	34.00
35.01	NEURO-ICU	102,026	164,214	0	0	0	35.01
35.02	CARDIO-THORACIC ICU	113,507	185,371	0	0	0	35.02
40.00	SUBPROVIDER - IPF	71,770	0	0	0	0	40.00
43.00	NURSERY	25,283	145,692	0	0	0	43.00
44.00	SKILLED NURSING FACILITY	58,075	0	2,639,107	0	0	44.00
45.00	NURSING FACILITY	4,377	0	453,989	0	0	45.00
46.00	OTHER LONG TERM CARE	14,244	0	1,431,741	0	0	46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	1,764,936	0	0	0	0	50.00
51.00	RECOVERY ROOM	441,753	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	74,220	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	591,028	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	1,320,508	0	0	0	0	54.00
54.01	ULTRASOUND	201,954	0	0	0	0	54.01
55.00	RADIOLOGY-THERAPEUTIC	909,678	0	0	0	0	55.00
56.00	RADIOISOTOPE	100,237	0	0	0	0	56.00
57.00	CT SCAN	1,285,205	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	820,251	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	377,552	0	0	0	0	59.00
60.00	LABORATORY	3,483,024	0	0	8,128,160	0	60.00
60.01	HLA LAB	229,220	0	0	413,814	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	1,154,768	0	0	2,393,763	0	63.00
65.00	RESPIRATORY THERAPY	429,033	0	0	0	0	65.00
66.00	PHYSICAL THERAPY	136,198	0	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	50,425	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	15,188	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	598,730	0	0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	54,067	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,737,745	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	1,471,497	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	2,484,688	0	0	0	0	73.00
74.00	RENAL DIALYSIS	129,524	0	0	0	0	74.00
76.00	ENDOSCOPY	271,553	0	0	0	0	76.00
76.01	OB/GYN IN VITRO	21,222	0	0	0	0	76.01

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260032 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B Part I Date/Time Prepared: 5/24/2012 2:12 pm

	Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE			
				EXTENDED CARE SERVICES	LAB ADMINISTRATION	RESEARCH ADMINISTRATION	
		16.00	17.00	18.00	18.01	18.02	
76.02	ELECTROSHOCK THERAPY	5,968	0	0	0	0	76.02
76.03	CORNEAL TISSUE ACQUISITION	8,570	0	0	0	0	76.03
	OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	210,236	0	0	0	0	90.00
90.01	OUTPATIENT PSYCH	17,821	0	0	0	0	90.01
91.00	EMERGENCY	978,403	0	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	95,019	0	0	0	0	105.00
106.00	HEART ACQUISITION	15,111	0	0	0	0	106.00
107.00	LIVER ACQUISITION	42,168	0	0	0	0	107.00
108.00	LUNG ACQUISITION	43,383	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	7,276	0	0	0	0	109.00
112.00	OTHER ORGAN ACQ - BONE MARROW	32,859	0	0	0	0	112.00
113.00	INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	24,079,448	7,438,878	4,524,837	10,935,737	0	118.00
	NONREIMBURSABLE COST CENTERS						
191.00	RESEARCH	0	0	0	0	15,255	191.00
191.01	RESEARCH CTSA I/P	4,208	0	0	0	0	191.01
191.02	RESEARCH CTSA O/P	5	0	0	0	0	191.02
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	RETAIL PHARMACY	109,355	0	0	0	0	194.01
194.02	MARKETING/COMMUNITY RELATIONS	0	0	0	0	0	194.02
194.03	GUEST MEALS	0	0	0	0	0	194.03
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	24,193,016	7,438,878	4,524,837	10,935,737	15,255	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260032 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B Part I Date/Time Prepared: 5/24/2012 2:12 pm

	Cost Center Description	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	PARAMED ED PRGM-PHARMACY	Subtotal	PARAMED ED PRGM-PASTORAL ED	
		20.00	21.00	23.01	23A.01	23.02	
	GENERAL SERVICE COST CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	NEW CRC-B&F(BH PRE-MERGE)						1.01
1.02	NEW CRC-B&F(BJH POSTMERGE)						1.02
1.03	NEW CRC-B&F(BJH CAMP EXP)						1.03
1.04	NEW CRC-B&F(GSON)						1.04
1.05	NEW CRC-B&F(THE HIGHLANDS)						1.05
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	NONPATIENT TELEPHONES						5.01
5.02	DATA PROCESSING						5.02
5.03	PURCHASING, RECEIVING AND STORES						5.03
5.04	ADMITTING						5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL						5.06
7.00	OPERATION OF PLANT						7.00
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
10.00	DIETARY						10.00
11.00	CAFETERIA						11.00
13.00	NURSING ADMINISTRATION						13.00
14.00	CENTRAL SERVICES & SUPPLY						14.00
15.00	PHARMACY						15.00
16.00	MEDICAL RECORDS & LIBRARY						16.00
17.00	SOCIAL SERVICE						17.00
18.00	EXTENDED CARE SERVICES						18.00
18.01	LAB ADMINISTRATION						18.01
18.02	RESEARCH ADMINISTRATION						18.02
20.00	NURSING SCHOOL	3,341,932					20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	133,399,742				21.00
23.01	PARAMED ED PRGM-PHARMACY	0	0	257,987			23.01
23.02	PARAMED ED PRGM-PASTORAL ED	0	0	0	404,465	404,465	23.02
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	2,963,738	57,915,497	0	281,710,575	85,451	30.00
31.00	INTENSIVE CARE UNIT	148,756	9,117,872	0	23,023,813	6,976	31.00
32.00	CORONARY CARE UNIT	0	0	0	7,157,507	2,169	32.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	1,587,457	0	14,083,531	4,267	34.00
35.01	NEURO-ICU	0	727,029	0	10,494,757	3,180	35.01
35.02	CARDIO-THORACIC ICU	0	73,370	0	13,078,234	3,963	35.02
40.00	SUBPROVIDER - IPF	174,056	2,187,756	0	14,655,894	4,441	40.00
43.00	NURSERY	0	40,020	0	2,154,932	653	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	10,484,039	3,177	44.00
45.00	NURSING FACILITY	0	0	0	1,109,921	336	45.00
46.00	OTHER LONG TERM CARE	0	0	0	4,169,203	1,263	46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	20,716,980	0	106,116,570	32,153	50.00
51.00	RECOVERY ROOM	0	0	0	26,047,777	7,892	51.00
52.00	DELIVERY ROOM & LABOR ROOM	55,382	1,434,047	0	11,863,192	3,595	52.00
53.00	ANESTHESIOLOGY	0	7,903,935	0	19,320,764	5,854	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	1,080,538	0	44,458,051	13,471	54.00
54.01	ULTRASOUND	0	80,040	0	4,954,151	1,501	54.01
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	31,362,139	9,503	55.00
56.00	RADIOISOTOPE	0	180,090	0	4,046,436	1,226	56.00
57.00	CT SCAN	0	173,420	0	9,458,748	2,866	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	11,448,800	3,469	58.00
59.00	CARDIAC CATHETERIZATION	0	493,579	0	13,296,549	4,029	59.00
60.00	LABORATORY	0	6,683,327	0	64,768,860	19,625	60.00
60.01	HLA LAB	0	0	0	4,727,615	1,432	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0	460,229	0	42,868,245	12,989	63.00
65.00	RESPIRATORY THERAPY	0	0	0	17,222,060	5,218	65.00
66.00	PHYSICAL THERAPY	0	0	0	6,948,271	2,105	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	2,369,513	718	67.00
68.00	SPEECH PATHOLOGY	0	0	0	964,058	292	68.00
69.00	ELECTROCARDIOLOGY	0	0	0	9,279,322	2,812	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	266,799	0	1,866,585	566	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	99,125,342	30,035	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	108,447,912	32,860	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	257,987	125,053,003	37,891	73.00
74.00	RENAL DIALYSIS	0	0	0	4,242,511	1,285	74.00
76.00	ENDOSCOPY	0	0	0	9,817,006	2,975	76.00
76.01	OB/GYN IN VITRO	0	373,519	0	2,976,201	902	76.01

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260032 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B Part I Date/Time Prepared: 5/24/2012 2:12 pm

	Cost Center Description	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	PARAMED ED PRGM-PHARMACY	Subtotal	PARAMED ED PRGM-PASTORAL ED	
		20.00	21.00	23.01	23A.01	23.02	
76.02	ELECTROSHOCK THERAPY	0	0	0	462,912	140	76.02
76.03	CORNEAL TISSUE ACQUISITION	0	0	0	632,689	192	76.03
	OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	0	11,098,859	0	32,295,515	9,786	90.00
90.01	OUTPATIENT PSYCH	0	0	0	1,254,671	380	90.01
91.00	EMERGENCY	0	10,798,709	0	42,953,301	13,015	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	0	0	0	10,168,315	3,081	105.00
106.00	HEART ACQUISITION	0	0	0	2,252,335	682	106.00
107.00	LIVER ACQUISITION	0	0	0	5,354,846	1,623	107.00
108.00	LUNG ACQUISITION	0	0	0	5,712,691	1,731	108.00
109.00	PANCREAS ACQUISITION	0	0	0	881,195	267	109.00
112.00	OTHER ORGAN ACQ - BONE MARROW	0	0	0	6,221,298	1,885	112.00
113.00	INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	3,341,932	133,393,072	257,987	1,273,766,320	385,922	118.00
	NONREIMBURSABLE COST CENTERS						
191.00	RESEARCH	0	0	0	299,355	91	191.00
191.01	RESEARCH CTSA I/P	0	6,670	0	281,496	85	191.01
191.02	RESEARCH CTSA O/P	0	0	0	217,098	66	191.02
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	29,501,450	8,939	194.00
194.01	RETAIL PHARMACY	0	0	0	24,678,834	7,478	194.01
194.02	MARKETING/COMMUNITY RELATIONS	0	0	0	6,047,133	1,832	194.02
194.03	GUEST MEALS	0	0	0	172,382	52	194.03
200.00	Cross Foot Adjustments	0	0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	3,341,932	133,399,742	257,987	1,334,964,068	404,465	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260032 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B Part I Date/Time Prepared: 5/24/2012 2:12 pm

	Cost Center Description	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		24.00	25.00	26.00		
	GENERAL SERVICE COST CENTERS					
1.00	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	NEW CRC-B&F(BH PRE-MERGE)					1.01
1.02	NEW CRC-B&F(BJH POSTMERGE)					1.02
1.03	NEW CRC-B&F(BJH CAMP EXP)					1.03
1.04	NEW CRC-B&F(GSON)					1.04
1.05	NEW CRC-B&F(THE HIGHLANDS)					1.05
2.00	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	EMPLOYEE BENEFITS					4.00
5.01	NONPATIENT TELEPHONES					5.01
5.02	DATA PROCESSING					5.02
5.03	PURCHASING, RECEIVING AND STORES					5.03
5.04	ADMITTING					5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL					5.06
7.00	OPERATION OF PLANT					7.00
8.00	LAUNDRY & LINEN SERVICE					8.00
9.00	HOUSEKEEPING					9.00
10.00	DIETARY					10.00
11.00	CAFETERIA					11.00
13.00	NURSING ADMINISTRATION					13.00
14.00	CENTRAL SERVICES & SUPPLY					14.00
15.00	PHARMACY					15.00
16.00	MEDICAL RECORDS & LIBRARY					16.00
17.00	SOCIAL SERVICE					17.00
18.00	EXTENDED CARE SERVICES					18.00
18.01	LAB ADMINISTRATION					18.01
18.02	RESEARCH ADMINISTRATION					18.02
20.00	NURSING SCHOOL					20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD					21.00
23.01	PARAMED ED PRGM-PHARMACY					23.01
23.02	PARAMED ED PRGM-PASTORAL ED					23.02
	INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS	281,796,026	-57,915,497	223,880,529		30.00
31.00	INTENSIVE CARE UNIT	23,030,789	-9,117,872	13,912,917		31.00
32.00	CORONARY CARE UNIT	7,159,676	0	7,159,676		32.00
34.00	SURGICAL INTENSIVE CARE UNIT	14,087,798	-1,587,457	12,500,341		34.00
35.01	NEURO-ICU	10,497,937	-727,029	9,770,908		35.01
35.02	CARDIO-THORACIC ICU	13,082,197	-73,370	13,008,827		35.02
40.00	SUBPROVIDER - IPF	14,660,335	-2,187,756	12,472,579		40.00
43.00	NURSERY	2,155,585	-40,020	2,115,565		43.00
44.00	SKILLED NURSING FACILITY	10,487,216	0	10,487,216		44.00
45.00	NURSING FACILITY	1,110,257	0	1,110,257		45.00
46.00	OTHER LONG TERM CARE	4,170,466	0	4,170,466		46.00
	ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	106,148,723	-20,716,980	85,431,743		50.00
51.00	RECOVERY ROOM	26,055,669	0	26,055,669		51.00
52.00	DELIVERY ROOM & LABOR ROOM	11,866,787	-1,434,047	10,432,740		52.00
53.00	ANESTHESIOLOGY	19,326,618	-7,903,935	11,422,683		53.00
54.00	RADIOLOGY-DIAGNOSTIC	44,471,522	-1,080,538	43,390,984		54.00
54.01	ULTRASOUND	4,955,652	-80,040	4,875,612		54.01
55.00	RADIOLOGY-THERAPEUTIC	31,371,642	0	31,371,642		55.00
56.00	RADIOISOTOPE	4,047,662	-180,090	3,867,572		56.00
57.00	CT SCAN	9,461,614	-173,420	9,288,194		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	11,452,269	0	11,452,269		58.00
59.00	CARDIAC CATHETERIZATION	13,300,578	-493,579	12,806,999		59.00
60.00	LABORATORY	64,788,485	-6,683,327	58,105,158		60.00
60.01	HLA LAB	4,729,047	0	4,729,047		60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	42,881,234	-460,229	42,421,005		63.00
65.00	RESPIRATORY THERAPY	17,227,278	0	17,227,278		65.00
66.00	PHYSICAL THERAPY	6,950,376	0	6,950,376		66.00
67.00	OCCUPATIONAL THERAPY	2,370,231	0	2,370,231		67.00
68.00	SPEECH PATHOLOGY	964,350	0	964,350		68.00
69.00	ELECTROCARDIOLOGY	9,282,134	0	9,282,134		69.00
70.00	ELECTROENCEPHALOGRAPHY	1,867,151	-266,799	1,600,352		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	99,155,377	0	99,155,377		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	108,480,772	0	108,480,772		72.00
73.00	DRUGS CHARGED TO PATIENTS	125,090,894	0	125,090,894		73.00
74.00	RENAL DIALYSIS	4,243,796	0	4,243,796		74.00
76.00	ENDOSCOPY	9,819,981	0	9,819,981		76.00
76.01	OB/GYN IN VITRO	2,977,103	-373,519	2,603,584		76.01

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260032 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B Part I Date/Time Prepared: 5/24/2012 2:12 pm

	Cost Center Description	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		24.00	25.00	26.00		
76.02	ELECTROSHOCK THERAPY	463,052	0	463,052		76.02
76.03	CORNEAL TISSUE ACQUISITION	632,881	0	632,881		76.03
	OUTPATIENT SERVICE COST CENTERS					
90.00	CLINIC	32,305,301	-11,098,859	21,206,442		90.00
90.01	OUTPATIENT PSYCH	1,255,051	0	1,255,051		90.01
91.00	EMERGENCY	42,966,316	-10,798,709	32,167,607		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		0			92.00
	SPECIAL PURPOSE COST CENTERS					
105.00	KIDNEY ACQUISITION	10,171,396	0	10,171,396		105.00
106.00	HEART ACQUISITION	2,253,017	0	2,253,017		106.00
107.00	LIVER ACQUISITION	5,356,469	0	5,356,469		107.00
108.00	LUNG ACQUISITION	5,714,422	0	5,714,422		108.00
109.00	PANCREAS ACQUISITION	881,462	0	881,462		109.00
112.00	OTHER ORGAN ACQ - BONE MARROW	6,223,183	0	6,223,183		112.00
113.00	INTEREST EXPENSE					113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,273,747,777	-133,393,072	1,140,354,705		118.00
	NONREIMBURSABLE COST CENTERS					
191.00	RESEARCH	299,446	0	299,446		191.00
191.01	RESEARCH CTSA I/P	281,581	-6,670	274,911		191.01
191.02	RESEARCH CTSA O/P	217,164	0	217,164		191.02
194.00	OTHER NONREIMBURSABLE COST CENTERS	29,510,389	0	29,510,389		194.00
194.01	RETAIL PHARMACY	24,686,312	0	24,686,312		194.01
194.02	MARKETING/COMMUNITY RELATIONS	6,048,965	0	6,048,965		194.02
194.03	GUEST MEALS	172,434	0	172,434		194.03
200.00	Cross Foot Adjustments	0	0	0		200.00
201.00	Negative Cost Centers	0	0	0		201.00
202.00	TOTAL (sum lines 118-201)	1,334,964,068	-133,399,742	1,201,564,326		202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 260032 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B Part II Date/Time Prepared: 5/24/2012 2:12 pm

	Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
			NEW BLDG & FIXT	NEW CRC-B&F(BH PRE-MERGE)	NEW CRC-B&F(BJH POSTMERGE)	NEW CRC-B&F(BJH CAMP EXP)	
		0	1.00	1.01	1.02	1.03	
	GENERAL SERVICE COST CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	NEW CRC-B&F(BH PRE-MERGE)						1.01
1.02	NEW CRC-B&F(BJH POSTMERGE)						1.02
1.03	NEW CRC-B&F(BJH CAMP EXP)						1.03
1.04	NEW CRC-B&F(GSON)						1.04
1.05	NEW CRC-B&F(THE HIGHLANDS)						1.05
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS	214,804	23,763	20,410	117,717	0	4.00
5.01	NONPATIENT TELEPHONES	12,021	2,759	22,160	69,030	24,196	5.01
5.02	DATA PROCESSING	-305,316	0	0	0	0	5.02
5.03	PURCHASING, RECEIVING AND STORES	-83,809	14,366	20,466	93,901	7,937	5.03
5.04	ADMITTING	122,938	21,260	32,644	145,557	0	5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL	7,547,276	603,105	602,743	3,224,672	4,279,779	5.06
7.00	OPERATION OF PLANT	-60,042	171,179	319,456	1,330,354	2,697,422	7.00
8.00	LAUNDRY & LINEN SERVICE	2,891	4,083	1,329	14,132	882	8.00
9.00	HOUSEKEEPING	38,080	22,477	26,729	132,111	102,798	9.00
10.00	DIETARY	21,153	35,333	63,153	266,807	5,834	10.00
11.00	CAFETERIA	20,772	17,622	66,944	232,230	4,342	11.00
13.00	NURSING ADMINISTRATION	245,634	46,890	20,298	176,399	23,133	13.00
14.00	CENTRAL SERVICES & SUPPLY	9,214,212	19,608	48,821	186,597	67,160	14.00
15.00	PHARMACY	1,934,152	16,322	36,022	142,409	68,653	15.00
16.00	MEDICAL RECORDS & LIBRARY	296,370	47,925	7,376	142,889	0	16.00
17.00	SOCIAL SERVICE	9,002	0	1,688	4,722	19,651	17.00
18.00	EXTENDED CARE SERVICES	64,169	0	29,416	82,292	0	18.00
18.01	LAB ADMINISTRATION	6,160	0	5,167	14,456	0	18.01
18.02	RESEARCH ADMINISTRATION	0	0	0	0	0	18.02
20.00	NURSING SCHOOL	59,353	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	40,972	6,052	15,486	58,761	0	21.00
23.01	PARAMED ED PRGM-PHARMACY	0	0	0	0	0	23.01
23.02	PARAMED ED PRGM-PASTORAL ED	938	0	0	0	0	23.02
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	113,545	214,669	747,891	2,639,862	0	30.00
31.00	INTENSIVE CARE UNIT	14,721	27,247	23,389	134,935	0	31.00
32.00	CORONARY CARE UNIT	2,965	0	19,851	55,535	0	32.00
34.00	SURGICAL INTENSIVE CARE UNIT	9,701	0	41,856	117,092	0	34.00
35.01	NEURO-ICU	8,151	0	23,872	66,781	0	35.01
35.02	CARDIO-THORACIC ICU	10,847	0	0	0	433,444	35.02
40.00	SUBPROVIDER - IPF	27,058	0	54,519	152,517	0	40.00
43.00	NURSERY	906	0	4,286	11,989	0	43.00
44.00	SKILLED NURSING FACILITY	258,695	0	32,792	91,735	0	44.00
45.00	NURSING FACILITY	423	0	5,036	14,087	0	45.00
46.00	OTHER LONG TERM CARE	1,709	0	25,577	71,553	0	46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	155,614	6,249	104,710	308,868	1,920,986	50.00
51.00	RECOVERY ROOM	206,940	0	63,896	178,749	389,959	51.00
52.00	DELIVERY ROOM & LABOR ROOM	11,275	0	40,301	112,744	0	52.00
53.00	ANESTHESIOLOGY	47,068	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	1,298,980	50,120	0	127,853	683,090	54.00
54.01	ULTRASOUND	10,393	21,429	650	56,484	86,359	54.01
55.00	RADIOLOGY-THERAPEUTIC	-31,255	7,341	0	18,726	1,028,343	55.00
56.00	RADIOISOTOPE	276,591	21,429	0	54,664	0	56.00
57.00	CT SCAN	25,376	0	0	0	69,150	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	19,607	27,391	1,313	73,540	181,898	58.00
59.00	CARDIAC CATHETERIZATION	21,232	0	1,632	4,566	509,875	59.00
60.00	LABORATORY	328,663	5,638	70,094	210,474	153,632	60.00
60.01	HLA LAB	4,541	0	5,479	15,326	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	102,600	0	7,695	21,527	170,546	63.00
65.00	RESPIRATORY THERAPY	238,449	3,667	13,222	46,342	0	65.00
66.00	PHYSICAL THERAPY	18,635	4,050	6,977	29,849	0	66.00
67.00	OCCUPATIONAL THERAPY	565	1,094	1,995	8,372	0	67.00
68.00	SPEECH PATHOLOGY	167	547	998	4,186	0	68.00
69.00	ELECTROCARDIOLOGY	16,362	2,663	15,516	50,199	62,004	69.00
70.00	ELECTROENCEPHALOGRAPHY	732	0	2,899	8,110	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	RENAL DIALYSIS	20,377	1,435	14,975	45,555	0	74.00
76.00	ENDOSCOPY	16,304	875	8,312	25,485	306,653	76.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 260032 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B Part II Date/Time Prepared: 5/24/2012 2:12 pm

	Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
			NEW BLDG & FIXT	NEW CRC-B&F(BH PRE-MERGE)	NEW CRC-B&F(BJH POSTMERGE)	NEW CRC-B&F(BJH CAMP EXP)	
		0	1.00	1.01	1.02	1.03	
76.01	OB/GYN IN VITRO	23,015	0	9,221	25,797	0	76.01
76.02	ELECTROSHOCK THERAPY	1,085	0	4,605	12,882	0	76.02
76.03	CORNEAL TISSUE ACQUISITION	0	0	0	0	0	76.03
	OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	63,407	7,439	7,645	40,365	328,791	90.00
90.01	OUTPATIENT PSYCH	105,061	0	0	0	0	90.01
91.00	EMERGENCY	76,394	0	2,905	8,126	969,436	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	9,038	10,233	88	26,350	15,648	105.00
106.00	HEART ACQUISITION	7,673	1,203	88	3,315	1,832	106.00
107.00	LIVER ACQUISITION	3,591	3,516	88	9,215	5,382	107.00
108.00	LUNG ACQUISITION	5,796	1,402	88	3,823	2,148	108.00
109.00	PANCREAS ACQUISITION	53	79	88	447	113	109.00
112.00	OTHER ORGAN ACQ - BONE MARROW	136	0	0	0	0	112.00
113.00	INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	22,934,916	1,472,460	2,704,857	11,323,061	14,621,076	118.00
	NONREIMBURSABLE COST CENTERS						
191.00	RESEARCH	0	0	0	0	0	191.00
191.01	RESEARCH CTSA I/P	50,350	0	0	0	0	191.01
191.02	RESEARCH CTSA O/P	45,569	0	0	0	0	191.02
194.00	OTHER NONREIMBURSABLE COST CENTERS	65,378	273,359	252,642	1,404,096	1,601,376	194.00
194.01	RETAIL PHARMACY	25,529	0	0	0	84,007	194.01
194.02	MARKETING/COMMUNITY RELATIONS	14,363	1,171	1,387	6,865	0	194.02
194.03	GUEST MEALS	0	0	0	0	0	194.03
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)	23,136,105	1,746,990	2,958,886	12,734,022	16,306,459	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 260032 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B Part II Date/Time Prepared: 5/24/2012 2:12 pm

	Cost Center Description	CAPITAL RELATED COSTS NEW CRC-B&F(GSON)	NEW CRC-B&F(THE HIGHLANDS)	NEW MVBLE EQUIP	Subtotal	EMPLOYEE BENEFITS	
		1.04	1.05	2.00	2A	4.00	
	GENERAL SERVICE COST CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	NEW CRC-B&F(BH PRE-MERGE)						1.01
1.02	NEW CRC-B&F(BJH POSTMERGE)						1.02
1.03	NEW CRC-B&F(BJH CAMP EXP)						1.03
1.04	NEW CRC-B&F(GSON)						1.04
1.05	NEW CRC-B&F(THE HIGHLANDS)						1.05
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS	0	0	57,640	434,334	434,334	4.00
5.01	NONPATIENT TELEPHONES	0	0	0	130,166	1,562	5.01
5.02	DATA PROCESSING	0	0	0	-305,316	0	5.02
5.03	PURCHASING, RECEIVING AND STORES	0	0	387	53,248	772	5.03
5.04	ADMITTING	0	14,415	7,387	344,201	9,185	5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL	0	367,629	16,922,988	33,548,192	21,422	5.06
7.00	OPERATION OF PLANT	0	4,477	438,874	4,901,720	8,013	7.00
8.00	LAUNDRY & LINEN SERVICE	0	0	3,320	26,637	27	8.00
9.00	HOUSEKEEPING	0	910	136,069	459,174	10,545	9.00
10.00	DIETARY	0	0	139,760	532,040	4,974	10.00
11.00	CAFETERIA	0	0	74,144	416,054	3,951	11.00
13.00	NURSING ADMINISTRATION	0	0	673,745	1,186,099	19,802	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	0	198,912	9,735,310	3,081	14.00
15.00	PHARMACY	0	0	51,554	2,249,112	15,628	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	0	93,121	587,681	10,305	16.00
17.00	SOCIAL SERVICE	0	0	143	35,206	2,748	17.00
18.00	EXTENDED CARE SERVICES	0	0	53,086	228,963	796	18.00
18.01	LAB ADMINISTRATION	0	0	8,279	34,062	3,451	18.01
18.02	RESEARCH ADMINISTRATION	0	0	0	0	9	18.02
20.00	NURSING SCHOOL	1,748,252	0	819,161	2,626,766	7,043	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	121,271	40,237	21.00
23.01	PARAMED ED PRGM-PHARMACY	0	0	0	0	164	23.01
23.02	PARAMED ED PRGM-PASTORAL ED	0	0	238	1,176	234	23.02
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	0	0	496,674	4,212,641	91,858	30.00
31.00	INTENSIVE CARE UNIT	0	0	22,436	222,728	5,851	31.00
32.00	CORONARY CARE UNIT	0	0	30,231	108,582	3,261	32.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	39,526	208,175	5,367	34.00
35.01	NEURO-ICU	0	0	33,491	132,295	4,261	35.01
35.02	CARDIO-THORACIC ICU	0	0	23,456	467,747	5,688	35.02
40.00	SUBPROVIDER - IPF	0	0	23,362	257,456	4,556	40.00
43.00	NURSERY	0	0	7,274	24,455	835	43.00
44.00	SKILLED NURSING FACILITY	0	0	31,083	414,305	2,781	44.00
45.00	NURSING FACILITY	0	0	1,165	20,711	220	45.00
46.00	OTHER LONG TERM CARE	0	0	4,713	103,552	889	46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	0	5,840,464	8,336,891	28,438	50.00
51.00	RECOVERY ROOM	0	0	65,936	905,480	8,495	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	110,343	274,663	4,403	52.00
53.00	ANESTHESIOLOGY	0	0	907,250	954,318	1,894	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	28,805	4,363,659	6,552,507	13,342	54.00
54.01	ULTRASOUND	0	0	725,436	900,751	917	54.01
55.00	RADIOLOGY-THERAPEUTIC	0	0	3,008,668	4,031,823	6,554	55.00
56.00	RADIOISOTOPE	0	0	322,653	675,337	1,450	56.00
57.00	CT SCAN	0	0	857,427	951,953	2,475	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	1,708,262	2,012,011	2,852	58.00
59.00	CARDIAC CATHETERIZATION	0	0	548,709	1,086,014	4,001	59.00
60.00	LABORATORY	0	14,415	817,459	1,600,375	12,895	60.00
60.01	HLA LAB	0	0	48,874	74,220	740	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	142,120	444,488	4,638	63.00
65.00	RESPIRATORY THERAPY	0	0	546,188	847,868	7,240	65.00
66.00	PHYSICAL THERAPY	0	0	17,245	76,756	3,693	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	12,026	1,391	67.00
68.00	SPEECH PATHOLOGY	0	0	32,386	38,284	540	68.00
69.00	ELECTROCARDIOLOGY	0	0	328,620	475,364	2,885	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	80,165	91,906	493	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	75,606	157,948	1,666	74.00
76.00	ENDOSCOPY	0	0	210,252	567,881	3,473	76.00
76.01	OB/GYN IN VITRO	0	0	279,102	337,135	458	76.01

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 260032 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B Part II Date/Time Prepared: 5/24/2012 2:12 pm

	Cost Center Description	CAPITAL RELATED COSTS			Subtotal	EMPLOYEE BENEFITS	
		NEW CRC-B&F(GSON)	NEW CRC-B&F(THE HIGHLANDS)	NEW MVBLE EQUIP			
		1.04	1.05	2.00	2A	4.00	
76.02	ELECTROSHOCK THERAPY	0	0	8,382	26,954	175	76.02
76.03	CORNEAL TISSUE ACQUISITION	0	0	0	0	0	76.03
	OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	0	0	61,327	508,974	8,095	90.00
90.01	OUTPATIENT PSYCH	0	0	0	105,061	492	90.01
91.00	EMERGENCY	0	0	311,809	1,368,670	11,566	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	0	0	1,580	62,937	1,008	105.00
106.00	HEART ACQUISITION	0	0	0	14,111	204	106.00
107.00	LIVER ACQUISITION	0	0	0	21,792	521	107.00
108.00	LUNG ACQUISITION	0	0	6,439	19,696	410	108.00
109.00	PANCREAS ACQUISITION	0	0	0	780	2	109.00
112.00	OTHER ORGAN ACQ - BONE MARROW	0	0	0	136	530	112.00
113.00	INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,748,252	430,651	41,818,580	97,053,853	427,452	118.00
	NONREIMBURSABLE COST CENTERS						
191.00	RESEARCH	0	0	0	0	124	191.00
191.01	RESEARCH CTSA I/P	0	0	4,373	54,723	0	191.01
191.02	RESEARCH CTSA O/P	0	0	5,506	51,075	0	191.02
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	727,460	52,535	4,376,846	3,685	194.00
194.01	RETAIL PHARMACY	0	0	52,362	161,898	2,294	194.01
194.02	MARKETING/COMMUNITY RELATIONS	0	0	0	23,786	779	194.02
194.03	GUEST MEALS	0	0	0	0	0	194.03
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)	1,748,252	1,158,111	41,933,356	101,722,181	434,334	202.00

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	Cost Center Description	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING, RECEIVING AND STORES	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	
		5.01	5.02	5.03	5.04	5.05	
	GENERAL SERVICE COST CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	NEW CRC-B&F(BH PRE-MERGE)						1.01
1.02	NEW CRC-B&F(BJH POSTMERGE)						1.02
1.03	NEW CRC-B&F(BJH CAMP EXP)						1.03
1.04	NEW CRC-B&F(GSON)						1.04
1.05	NEW CRC-B&F(THE HIGHLANDS)						1.05
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	NONPATIENT TELEPHONES	131,728					5.01
5.02	DATA PROCESSING	0	-305,316				5.02
5.03	PURCHASING, RECEIVING AND STORES	235	0	54,255			5.03
5.04	ADMITTING	5,701	0	72	359,159		5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL	11,033	0	167	0	0	5.06
7.00	OPERATION OF PLANT	3,305	0	341	0	0	7.00
8.00	LAUNDRY & LINEN SERVICE	13	0	428	0	0	8.00
9.00	HOUSEKEEPING	2,681	0	222	0	0	9.00
10.00	DIETARY	1,348	0	408	0	0	10.00
11.00	CAFETERIA	1,052	0	1,147	0	0	11.00
13.00	NURSING ADMINISTRATION	5,533	0	54	0	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	1,060	0	1,912	0	0	14.00
15.00	PHARMACY	3,415	0	12,312	0	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	3,905	0	47	0	0	16.00
17.00	SOCIAL SERVICE	939	0	3	0	0	17.00
18.00	EXTENDED CARE SERVICES	2,668	0	13	0	0	18.00
18.01	LAB ADMINISTRATION	370	0	15	0	0	18.01
18.02	RESEARCH ADMINISTRATION	0	0	0	0	0	18.02
20.00	NURSING SCHOOL	2,135	0	88	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	4,119	0	8	0	0	21.00
23.01	PARAMED ED PRGM-PHARMACY	0	0	0	0	0	23.01
23.02	PARAMED ED PRGM-PASTORAL ED	58	0	0	0	0	23.02
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	25,330	0	984	25,768	0	30.00
31.00	INTENSIVE CARE UNIT	779	0	98	2,235	0	31.00
32.00	CORONARY CARE UNIT	330	0	35	1,069	0	32.00
34.00	SURGICAL INTENSIVE CARE UNIT	1,023	0	81	1,862	0	34.00
35.01	NEURO-ICU	775	0	69	1,518	0	35.01
35.02	CARDIO-THORACIC ICU	1,095	0	104	1,689	0	35.02
40.00	SUBPROVIDER - IPF	1,141	0	22	1,068	0	40.00
43.00	NURSERY	101	0	29	376	0	43.00
44.00	SKILLED NURSING FACILITY	160	0	88	864	0	44.00
45.00	NURSING FACILITY	12	0	2	65	0	45.00
46.00	OTHER LONG TERM CARE	49	0	11	212	0	46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	9,717	0	1,990	26,259	0	50.00
51.00	RECOVERY ROOM	2,674	0	256	6,573	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	677	0	74	1,104	0	52.00
53.00	ANESTHESIOLOGY	4,997	0	669	8,793	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	4,060	0	711	19,647	0	54.00
54.01	ULTRASOUND	299	0	14	3,005	0	54.01
55.00	RADIOLOGY-THERAPEUTIC	2,636	0	262	13,534	0	55.00
56.00	RADIOISOTOPE	639	0	9	1,491	0	56.00
57.00	CT SCAN	706	0	147	19,122	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	842	0	216	12,204	0	58.00
59.00	CARDIAC CATHETERIZATION	1,657	0	156	5,617	0	59.00
60.00	LABORATORY	3,481	0	1,709	51,033	0	60.00
60.01	HLA LAB	191	0	350	3,410	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	1,090	0	3,524	17,181	0	63.00
65.00	RESPIRATORY THERAPY	1,251	0	375	6,383	0	65.00
66.00	PHYSICAL THERAPY	771	0	15	2,026	0	66.00
67.00	OCCUPATIONAL THERAPY	63	0	1	750	0	67.00
68.00	SPEECH PATHOLOGY	19	0	0	226	0	68.00
69.00	ELECTROCARDIOLOGY	794	0	236	8,908	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	82	0	3	804	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	9,216	25,855	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	12,313	21,893	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	36,968	0	73.00
74.00	RENAL DIALYSIS	399	0	90	1,927	0	74.00
76.00	ENDOSCOPY	1,010	0	168	4,040	0	76.00
76.01	OB/GYN IN VITRO	20	0	42	316	0	76.01
76.02	ELECTROSHOCK THERAPY	121	0	4	89	0	76.02
76.03	CORNEAL TISSUE ACQUISITION	0	0	77	127	0	76.03

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 260032 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B Part II Date/Time Prepared: 5/24/2012 2:12 pm

	Cost Center Description	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING, RECEIVING AND STORES	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	
		5.01	5.02	5.03	5.04	5.05	
	OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	4,388	0	175	3,128	0	90.00
90.01	OUTPATIENT PSYCH	294	0	59	265	0	90.01
91.00	EMERGENCY	4,278	0	445	14,557	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	251	0	6	1,414	0	105.00
106.00	HEART ACQUISITION	105	0	3	225	0	106.00
107.00	LIVER ACQUISITION	140	0	5	627	0	107.00
108.00	LUNG ACQUISITION	249	0	5	645	0	108.00
109.00	PANCREAS ACQUISITION	0	0	0	108	0	109.00
112.00	OTHER ORGAN ACQ - BONE MARROW	15	0	2	489	0	112.00
113.00	INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	128,281	0	52,087	357,469	0	118.00
	NONREIMBURSABLE COST CENTERS						
191.00	RESEARCH	0	0	0	0	0	191.00
191.01	RESEARCH CTSA I/P	0	0	3	63	0	191.01
191.02	RESEARCH CTSA O/P	0	0	0	0	0	191.02
194.00	OTHER NONREIMBURSABLE COST CENTERS	1,367	0	132	0	0	194.00
194.01	RETAIL PHARMACY	1,362	0	2,028	1,627	0	194.01
194.02	MARKETING/COMMUNITY RELATIONS	718	0	5	0	0	194.02
194.03	GUEST MEALS	0	0	0	0	0	194.03
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	-305,316	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	131,728	-305,316	54,255	359,159	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 260032 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B Part II Date/Time Prepared: 5/24/2012 2:12 pm

	Cost Center Description	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.06	7.00	8.00	9.00	10.00	
	GENERAL SERVICE COST CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	NEW CRC-B&F(BH PRE-MERGE)						1.01
1.02	NEW CRC-B&F(BJH POSTMERGE)						1.02
1.03	NEW CRC-B&F(BJH CAMP EXP)						1.03
1.04	NEW CRC-B&F(GSON)						1.04
1.05	NEW CRC-B&F(THE HIGHLANDS)						1.05
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	NONPATIENT TELEPHONES						5.01
5.02	DATA PROCESSING						5.02
5.03	PURCHASING, RECEIVING AND STORES						5.03
5.04	ADMITTING						5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL	33,580,814					5.06
7.00	OPERATION OF PLANT	1,481,085	6,394,464				7.00
8.00	LAUNDRY & LINEN SERVICE	91,953	24,757	143,815			8.00
9.00	HOUSEKEEPING	532,580	89,837	4,461	1,099,500		9.00
10.00	DIETARY	329,087	176,349	206	32,317	1,076,729	10.00
11.00	CAFETERIA	140,364	131,728	0	24,140	0	11.00
13.00	NURSING ADMINISTRATION	1,079,138	121,143	0	22,200	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	280,017	114,717	245	21,022	0	14.00
15.00	PHARMACY	3,609,445	92,591	0	16,968	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	576,365	80,679	0	14,785	0	16.00
17.00	SOCIAL SERVICE	183,902	5,405	0	990	0	17.00
18.00	EXTENDED CARE SERVICES	46,964	46,464	0	8,515	142,567	18.00
18.01	LAB ADMINISTRATION	271,016	8,162	0	1,496	0	18.01
18.02	RESEARCH ADMINISTRATION	384	0	0	0	0	18.02
20.00	NURSING SCHOOL	0	293,757	29	53,833	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	3,319,865	34,832	1,625	6,383	0	21.00
23.01	PARAMED ED PRGM-PHARMACY	6,378	0	0	0	0	23.01
23.02	PARAMED ED PRGM-PASTORAL ED	10,034	0	0	0	0	23.02
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	3,931,507	1,490,539	80,984	273,147	814,278	30.00
31.00	INTENSIVE CARE UNIT	268,411	76,188	2,847	13,962	15,313	31.00
32.00	CORONARY CARE UNIT	142,488	31,356	1,493	5,746	6,421	32.00
34.00	SURGICAL INTENSIVE CARE UNIT	247,487	68,830	3,344	12,613	3,487	34.00
35.01	NEURO-ICU	191,800	37,706	2,002	6,910	25,933	35.01
35.02	CARDIO-THORACIC ICU	265,303	60,406	2,710	11,070	6,235	35.02
40.00	SUBPROVIDER - IPF	231,385	86,115	1,761	15,781	48,136	40.00
43.00	NURSERY	41,000	6,769	952	1,240	0	43.00
44.00	SKILLED NURSING FACILITY	150,075	51,796	2,349	9,492	0	44.00
45.00	NURSING FACILITY	10,663	7,954	411	1,458	0	45.00
46.00	OTHER LONG TERM CARE	43,445	40,401	1,322	7,404	0	46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	1,808,915	442,106	3,168	81,018	0	50.00
51.00	RECOVERY ROOM	545,686	155,272	2,186	28,454	1,780	51.00
52.00	DELIVERY ROOM & LABOR ROOM	208,421	63,658	1,003	11,666	0	52.00
53.00	ANESTHESIOLOGY	220,756	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	966,381	225,583	4,061	41,339	0	54.00
54.01	ULTRASOUND	99,998	51,922	142	9,515	0	54.01
55.00	RADIOLOGY-THERAPEUTIC	691,696	160,075	477	29,335	0	55.00
56.00	RADIOISOTOPE	83,628	30,865	669	5,656	0	56.00
57.00	CT SCAN	175,423	27,033	888	4,954	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	232,611	90,187	4,525	16,527	0	58.00
59.00	CARDIAC CATHETERIZATION	266,090	73,635	912	13,494	0	59.00
60.00	LABORATORY	1,109,542	158,392	0	29,026	0	60.00
60.01	HLA LAB	99,516	8,654	0	1,586	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	962,541	35,923	481	6,583	0	63.00
65.00	RESPIRATORY THERAPY	410,315	26,166	0	4,795	0	65.00
66.00	PHYSICAL THERAPY	163,846	16,854	92	3,089	0	66.00
67.00	OCCUPATIONAL THERAPY	56,124	4,727	0	866	0	67.00
68.00	SPEECH PATHOLOGY	22,874	2,364	0	433	0	68.00
69.00	ELECTROCARDIOLOGY	204,553	36,985	403	6,778	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	37,068	4,579	19	839	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,296,215	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	2,522,429	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	47,349	0	0	0	0	73.00
74.00	RENAL DIALYSIS	93,661	25,722	171	4,714	0	74.00
76.00	ENDOSCOPY	201,817	57,125	595	10,469	0	76.00
76.01	OB/GYN IN VITRO	56,918	14,566	0	2,669	0	76.01
76.02	ELECTROSHOCK THERAPY	9,021	7,273	0	1,333	0	76.02
76.03	CORNEAL TISSUE ACQUISITION	15,693	0	0	0	0	76.03

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 260032 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B Part II Date/Time Prepared: 5/24/2012 2:12 pm

	Cost Center Description	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.06	7.00	8.00	9.00	10.00	
	OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	419,837	150,243	1,023	27,533	0	90.00
90.01	OUTPATIENT PSYCH	12,565	12,971	0	2,377	0	90.01
91.00	EMERGENCY	650,893	144,450	14,594	26,471	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	241,663	17,058	0	3,126	0	105.00
106.00	HEART ACQUISITION	54,293	2,130	0	390	0	106.00
107.00	LIVER ACQUISITION	128,500	5,953	0	1,091	0	107.00
108.00	LUNG ACQUISITION	139,137	2,458	0	450	0	108.00
109.00	PANCREAS ACQUISITION	21,874	271	0	50	0	109.00
112.00	OTHER ORGAN ACQ - BONE MARROW	155,359	0	0	0	0	112.00
113.00	INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	32,915,349	5,233,681	142,150	938,098	1,064,150	118.00
	NONREIMBURSABLE COST CENTERS						
191.00	RESEARCH	7,144	0	0	0	0	191.00
191.01	RESEARCH CTSA I/P	2,546	12,347	237	2,263	251	191.01
191.02	RESEARCH CTSA O/P	1,744	11,175	0	2,048	251	191.02
194.00	OTHER NONREIMBURSABLE COST CENTERS	397,693	1,110,935	1,428	152,267	0	194.00
194.01	RETAIL PHARMACY	109,410	11,707	0	2,145	0	194.01
194.02	MARKETING/COMMUNITY RELATIONS	146,928	14,619	0	2,679	0	194.02
194.03	GUEST MEALS	0	0	0	0	12,077	194.03
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)	33,580,814	6,394,464	143,815	1,099,500	1,076,729	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 260032 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B Part II Date/Time Prepared: 5/24/2012 2:12 pm

	Cost Center Description	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
	GENERAL SERVICE COST CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	NEW CRC-B&F(BH PRE-MERGE)						1.01
1.02	NEW CRC-B&F(BJH POSTMERGE)						1.02
1.03	NEW CRC-B&F(BJH CAMP EXP)						1.03
1.04	NEW CRC-B&F(GSON)						1.04
1.05	NEW CRC-B&F(THE HIGHLANDS)						1.05
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	NONPATIENT TELEPHONES						5.01
5.02	DATA PROCESSING						5.02
5.03	PURCHASING, RECEIVING AND STORES						5.03
5.04	ADMITTING						5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL						5.06
7.00	OPERATION OF PLANT						7.00
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
10.00	DIETARY						10.00
11.00	CAFETERIA	718,436					11.00
13.00	NURSING ADMINISTRATION	29,672	2,463,641				13.00
14.00	CENTRAL SERVICES & SUPPLY	10,176	0	10,167,540			14.00
15.00	PHARMACY	23,459	0	0	6,022,930		15.00
16.00	MEDICAL RECORDS & LIBRARY	22,709	0	0	0	1,296,476	16.00
17.00	SOCIAL SERVICE	5,463	0	0	0	0	17.00
18.00	EXTENDED CARE SERVICES	2,249	0	0	0	0	18.00
18.01	LAB ADMINISTRATION	5,142	0	0	0	0	18.01
18.02	RESEARCH ADMINISTRATION	0	0	0	0	0	18.02
20.00	NURSING SCHOOL	10,176	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	86,337	0	0	0	0	21.00
23.01	PARAMED ED PRGM-PHARMACY	428	0	0	0	0	23.01
23.02	PARAMED ED PRGM-PASTORAL ED	536	0	0	0	0	23.02
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	183,276	1,181,319	0	16	92,920	30.00
31.00	INTENSIVE CARE UNIT	11,033	71,088	0	2	8,059	31.00
32.00	CORONARY CARE UNIT	5,999	38,635	0	0	3,857	32.00
34.00	SURGICAL INTENSIVE CARE UNIT	10,176	65,765	0	7	6,715	34.00
35.01	NEURO-ICU	7,605	48,736	0	0	5,474	35.01
35.02	CARDIO-THORACIC ICU	9,533	61,441	0	0	6,090	35.02
40.00	SUBPROVIDER - IPF	9,212	59,484	0	0	3,851	40.00
43.00	NURSERY	1,607	10,125	0	0	1,356	43.00
44.00	SKILLED NURSING FACILITY	7,284	55,727	0	0	3,116	44.00
45.00	NURSING FACILITY	643	5,901	0	0	235	45.00
46.00	OTHER LONG TERM CARE	2,785	22,573	0	0	764	46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	46,168	297,438	0	1,283	94,692	50.00
51.00	RECOVERY ROOM	14,247	91,954	0	31	23,701	51.00
52.00	DELIVERY ROOM & LABOR ROOM	9,105	58,869	0	0	3,982	52.00
53.00	ANESTHESIOLOGY	5,570	0	0	82,664	31,710	53.00
54.00	RADIOLOGY-DIAGNOSTIC	26,351	0	0	14,006	70,848	54.00
54.01	ULTRASOUND	1,607	0	0	220	10,835	54.01
55.00	RADIOLOGY-THERAPEUTIC	11,140	0	0	31,277	48,806	55.00
56.00	RADIOISOTOPE	2,357	0	0	4	5,378	56.00
57.00	CT SCAN	4,927	31,672	0	1,047	68,954	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	5,356	0	0	1,565	44,008	58.00
59.00	CARDIAC CATHETERIZATION	6,856	43,956	0	0	20,256	59.00
60.00	LABORATORY	29,993	0	0	22	185,345	60.00
60.01	HLA LAB	1,500	0	0	0	12,298	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	8,784	0	0	569	61,956	63.00
65.00	RESPIRATORY THERAPY	13,068	0	0	198	23,018	65.00
66.00	PHYSICAL THERAPY	7,498	0	0	0	7,307	66.00
67.00	OCCUPATIONAL THERAPY	2,571	0	0	0	2,705	67.00
68.00	SPEECH PATHOLOGY	857	0	0	0	815	68.00
69.00	ELECTROCARDIOLOGY	5,677	0	0	0	32,123	69.00
70.00	ELECTROENCEPHALOGRAPHY	1,178	0	0	0	2,901	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	4,847,185	0	93,233	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	5,320,355	0	78,949	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	5,002,926	133,308	73.00
74.00	RENAL DIALYSIS	2,678	0	0	1,018	6,949	74.00
76.00	ENDOSCOPY	5,999	38,799	0	6	14,569	76.00
76.01	OB/GYN IN VITRO	857	5,500	0	884	1,139	76.01
76.02	ELECTROSHOCK THERAPY	428	0	0	0	320	76.02
76.03	CORNEAL TISSUE ACQUISITION	0	0	0	0	460	76.03

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 260032 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B Part II Date/Time Prepared: 5/24/2012 2:12 pm

	Cost Center Description	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
	OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	14,996	96,415	0	17,416	11,280	90.00
90.01	OUTPATIENT PSYCH	1,285	0	0	23,130	956	90.01
91.00	EMERGENCY	23,566	151,811	0	1,421	52,493	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	1,928	12,254	0	0	5,098	105.00
106.00	HEART ACQUISITION	428	2,540	0	0	811	106.00
107.00	LIVER ACQUISITION	964	6,362	0	0	2,262	107.00
108.00	LUNG ACQUISITION	857	5,250	0	0	2,328	108.00
109.00	PANCREAS ACQUISITION	0	27	0	0	390	109.00
112.00	OTHER ORGAN ACQ - BONE MARROW	964	0	0	0	1,763	112.00
113.00	INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	705,260	2,463,641	10,167,540	5,179,712	1,290,383	118.00
	NONREIMBURSABLE COST CENTERS						
191.00	RESEARCH	0	0	0	0	0	191.00
191.01	RESEARCH CTSA I/P	0	0	0	4	226	191.01
191.02	RESEARCH CTSA O/P	0	0	0	0	0	191.02
194.00	OTHER NONREIMBURSABLE COST CENTERS	7,927	0	0	11,143	0	194.00
194.01	RETAIL PHARMACY	3,749	0	0	832,071	5,867	194.01
194.02	MARKETING/COMMUNITY RELATIONS	1,500	0	0	0	0	194.02
194.03	GUEST MEALS	0	0	0	0	0	194.03
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)	718,436	2,463,641	10,167,540	6,022,930	1,296,476	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 260032 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B Part II Date/Time Prepared: 5/24/2012 2:12 pm

	Cost Center Description	SOCIAL SERVICE	OTHER GENERAL SERVICE			NURSING SCHOOL	
			EXTENDED CARE SERVICES	LAB ADMINISTRATION	RESEARCH ADMINISTRATION		
		17.00	18.00	18.01	18.02	20.00	
	GENERAL SERVICE COST CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	NEW CRC-B&F(BH PRE-MERGE)						1.01
1.02	NEW CRC-B&F(BJH POSTMERGE)						1.02
1.03	NEW CRC-B&F(BJH CAMP EXP)						1.03
1.04	NEW CRC-B&F(GSON)						1.04
1.05	NEW CRC-B&F(THE HIGHLANDS)						1.05
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	NONPATIENT TELEPHONES						5.01
5.02	DATA PROCESSING						5.02
5.03	PURCHASING, RECEIVING AND STORES						5.03
5.04	ADMITTING						5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL						5.06
7.00	OPERATION OF PLANT						7.00
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
10.00	DIETARY						10.00
11.00	CAFETERIA						11.00
13.00	NURSING ADMINISTRATION						13.00
14.00	CENTRAL SERVICES & SUPPLY						14.00
15.00	PHARMACY						15.00
16.00	MEDICAL RECORDS & LIBRARY						16.00
17.00	SOCIAL SERVICE	234,656					17.00
18.00	EXTENDED CARE SERVICES	0	479,199				18.00
18.01	LAB ADMINISTRATION	0	0	323,714			18.01
18.02	RESEARCH ADMINISTRATION	0	0	0	393		18.02
20.00	NURSING SCHOOL	0	0	0	0	1,488,867	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0		21.00
23.01	PARAMED ED PRGM-PHARMACY	0	0	0	0		23.01
23.02	PARAMED ED PRGM-PASTORAL ED	0	0	0	0		23.02
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	201,022	0	0	0		30.00
31.00	INTENSIVE CARE UNIT	7,885	0	0	0		31.00
32.00	CORONARY CARE UNIT	3,765	0	0	0		32.00
34.00	SURGICAL INTENSIVE CARE UNIT	6,361	0	0	0		34.00
35.01	NEURO-ICU	5,180	0	0	0		35.01
35.02	CARDIO-THORACIC ICU	5,847	0	0	0		35.02
40.00	SUBPROVIDER - IPF	0	0	0	0		40.00
43.00	NURSERY	4,596	0	0	0		43.00
44.00	SKILLED NURSING FACILITY	0	279,493	0	0		44.00
45.00	NURSING FACILITY	0	48,079	0	0		45.00
46.00	OTHER LONG TERM CARE	0	151,627	0	0		46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	0	0	0		50.00
51.00	RECOVERY ROOM	0	0	0	0		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0		52.00
53.00	ANESTHESIOLOGY	0	0	0	0		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0		54.00
54.01	ULTRASOUND	0	0	0	0		54.01
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0		55.00
56.00	RADIOISOTOPE	0	0	0	0		56.00
57.00	CT SCAN	0	0	0	0		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0		58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0		59.00
60.00	LABORATORY	0	0	240,605	0		60.00
60.01	HLA LAB	0	0	12,250	0		60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	70,859	0		63.00
65.00	RESPIRATORY THERAPY	0	0	0	0		65.00
66.00	PHYSICAL THERAPY	0	0	0	0		66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0		67.00
68.00	SPEECH PATHOLOGY	0	0	0	0		68.00
69.00	ELECTROCARDIOLOGY	0	0	0	0		69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0		72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0		73.00
74.00	RENAL DIALYSIS	0	0	0	0		74.00
76.00	ENDOSCOPY	0	0	0	0		76.00
76.01	OB/GYN IN VITRO	0	0	0	0		76.01
76.02	ELECTROSHOCK THERAPY	0	0	0	0		76.02

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 260032 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B Part II Date/Time Prepared: 5/24/2012 2:12 pm

	Cost Center Description	SOCIAL SERVICE	OTHER GENERAL SERVICE			NURSING SCHOOL	
			EXTENDED CARE SERVICES	LAB ADMINISTRATION	RESEARCH ADMINISTRATION		
		17.00	18.00	18.01	18.02	20.00	
76.03	CORNEAL TISSUE ACQUISITION	0	0	0	0		76.03
	OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	0	0	0	0		90.00
90.01	OUTPATIENT PSYCH	0	0	0	0		90.01
91.00	EMERGENCY	0	0	0	0		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	0	0	0	0		105.00
106.00	HEART ACQUISITION	0	0	0	0		106.00
107.00	LIVER ACQUISITION	0	0	0	0		107.00
108.00	LUNG ACQUISITION	0	0	0	0		108.00
109.00	PANCREAS ACQUISITION	0	0	0	0		109.00
112.00	OTHER ORGAN ACQ - BONE MARROW	0	0	0	0		112.00
113.00	INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	234,656	479,199	323,714	0	0	118.00
	NONREIMBURSABLE COST CENTERS						
191.00	RESEARCH	0	0	0	393		191.00
191.01	RESEARCH CTSA I/P	0	0	0	0		191.01
191.02	RESEARCH CTSA O/P	0	0	0	0		191.02
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0		194.00
194.01	RETAIL PHARMACY	0	0	0	0		194.01
194.02	MARKETING/COMMUNITY RELATIONS	0	0	0	0		194.02
194.03	GUEST MEALS	0	0	0	0		194.03
200.00	Cross Foot Adjustments					1,488,867	200.00
201.00	Negative Cost Centers	0	0	0	0	1,504,960	201.00
202.00	TOTAL (sum lines 118-201)	234,656	479,199	323,714	393	2,993,827	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 260032 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B Part II Date/Time Prepared: 5/24/2012 2:12 pm

	Cost Center Description	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	PARAMED ED PRGM-PHARMACY	PARAMED ED PRGM-PASTORAL ED	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		21.00	23.01	23.02	24.00	25.00	
	GENERAL SERVICE COST CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	NEW CRC-B&F(BH PRE-MERGE)						1.01
1.02	NEW CRC-B&F(BJH POSTMERGE)						1.02
1.03	NEW CRC-B&F(BJH CAMP EXP)						1.03
1.04	NEW CRC-B&F(GSON)						1.04
1.05	NEW CRC-B&F(THE HIGHLANDS)						1.05
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	NONPATIENT TELEPHONES						5.01
5.02	DATA PROCESSING						5.02
5.03	PURCHASING, RECEIVING AND STORES						5.03
5.04	ADMITTING						5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL						5.06
7.00	OPERATION OF PLANT						7.00
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
10.00	DIETARY						10.00
11.00	CAFETERIA						11.00
13.00	NURSING ADMINISTRATION						13.00
14.00	CENTRAL SERVICES & SUPPLY						14.00
15.00	PHARMACY						15.00
16.00	MEDICAL RECORDS & LIBRARY						16.00
17.00	SOCIAL SERVICE						17.00
18.00	EXTENDED CARE SERVICES						18.00
18.01	LAB ADMINISTRATION						18.01
18.02	RESEARCH ADMINISTRATION						18.02
20.00	NURSING SCHOOL						20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	3,614,677					21.00
23.01	PARAMED ED PRGM-PHARMACY		6,970				23.01
23.02	PARAMED ED PRGM-PASTORAL ED			12,038			23.02
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS				12,605,589	0	30.00
31.00	INTENSIVE CARE UNIT				706,479	0	31.00
32.00	CORONARY CARE UNIT				353,037	0	32.00
34.00	SURGICAL INTENSIVE CARE UNIT				641,293	0	34.00
35.01	NEURO-ICU				470,264	0	35.01
35.02	CARDIO-THORACIC ICU				904,958	0	35.02
40.00	SUBPROVIDER - IPF				719,968	0	40.00
43.00	NURSERY				93,441	0	43.00
44.00	SKILLED NURSING FACILITY				977,530	0	44.00
45.00	NURSING FACILITY				96,354	0	45.00
46.00	OTHER LONG TERM CARE				375,034	0	46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM				11,178,083	0	50.00
51.00	RECOVERY ROOM				1,786,789	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM				637,625	0	52.00
53.00	ANESTHESIOLOGY				1,311,371	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC				7,938,836	0	54.00
54.01	ULTRASOUND				1,079,225	0	54.01
55.00	RADIOLOGY-THERAPEUTIC				5,027,615	0	55.00
56.00	RADIOISOTOPE				807,483	0	56.00
57.00	CT SCAN				1,289,301	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)				2,422,904	0	58.00
59.00	CARDIAC CATHETERIZATION				1,522,644	0	59.00
60.00	LABORATORY				3,422,418	0	60.00
60.01	HLA LAB				214,715	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.				1,618,617	0	63.00
65.00	RESPIRATORY THERAPY				1,340,677	0	65.00
66.00	PHYSICAL THERAPY				281,947	0	66.00
67.00	OCCUPATIONAL THERAPY				81,224	0	67.00
68.00	SPEECH PATHOLOGY				66,412	0	68.00
69.00	ELECTROCARDIOLOGY				774,706	0	69.00
70.00	ELECTROENCEPHALOGRAPHY				139,872	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS				7,271,704	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT				7,955,939	0	72.00
73.00	DRUGS CHARGED TO PATIENTS				5,220,551	0	73.00
74.00	RENAL DIALYSIS				296,943	0	74.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 260032 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B Part II Date/Time Prepared: 5/24/2012 2:12 pm

	Cost Center Description	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	PARAMED ED PRGM-PHARMACY	PARAMED ED PRGM-PASTORAL ED	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		21.00	23.01	23.02	24.00	25.00	
76.00	ENDOSCOPY				905,951	0	76.00
76.01	OB/GYN IN VITRO				420,504	0	76.01
76.02	ELECTROSHOCK THERAPY				45,718	0	76.02
76.03	CORNEAL TISSUE ACQUISITION				16,357	0	76.03
	OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC				1,263,503	0	90.00
90.01	OUTPATIENT PSYCH				159,455	0	90.01
91.00	EMERGENCY				2,465,215	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION				346,743	0	105.00
106.00	HEART ACQUISITION				75,240	0	106.00
107.00	LIVER ACQUISITION				168,217	0	107.00
108.00	LUNG ACQUISITION				171,485	0	108.00
109.00	PANCREAS ACQUISITION				23,502	0	109.00
112.00	OTHER ORGAN ACQ - BONE MARROW				159,258	0	112.00
113.00	INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	0	0	87,852,696	0	118.00
	NONREIMBURSABLE COST CENTERS						
191.00	RESEARCH				7,661	0	191.00
191.01	RESEARCH CTSA I/P				72,663	0	191.01
191.02	RESEARCH CTSA O/P				66,293	0	191.02
194.00	OTHER NONREIMBURSABLE COST CENTERS				6,063,423	0	194.00
194.01	RETAIL PHARMACY				1,134,158	0	194.01
194.02	MARKETING/COMMUNITY RELATIONS				191,014	0	194.02
194.03	GUEST MEALS				12,077	0	194.03
200.00	Cross Foot Adjustments	3,614,677	6,970	12,038	5,122,552	0	200.00
201.00	Negative Cost Centers	0	0	0	1,199,644	0	201.00
202.00	TOTAL (sum lines 118-201)	3,614,677	6,970	12,038	101,722,181	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 260032 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B Part II Date/Time Prepared: 5/24/2012 2:12 pm

	Cost Center Description	Total		
		26.00		
	GENERAL SERVICE COST CENTERS			
1.00	NEW CAP REL COSTS-BLDG & FIXT			1.00
1.01	NEW CRC-B&F(BH PRE-MERGE)			1.01
1.02	NEW CRC-B&F(BJH POSTMERGE)			1.02
1.03	NEW CRC-B&F(BJH CAMP EXP)			1.03
1.04	NEW CRC-B&F(GSON)			1.04
1.05	NEW CRC-B&F(THE HIGHLANDS)			1.05
2.00	NEW CAP REL COSTS-MVBLE EQUIP			2.00
4.00	EMPLOYEE BENEFITS			4.00
5.01	NONPATIENT TELEPHONES			5.01
5.02	DATA PROCESSING			5.02
5.03	PURCHASING, RECEIVING AND STORES			5.03
5.04	ADMITTING			5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE			5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL			5.06
7.00	OPERATION OF PLANT			7.00
8.00	LAUNDRY & LINEN SERVICE			8.00
9.00	HOUSEKEEPING			9.00
10.00	DIETARY			10.00
11.00	CAFETERIA			11.00
13.00	NURSING ADMINISTRATION			13.00
14.00	CENTRAL SERVICES & SUPPLY			14.00
15.00	PHARMACY			15.00
16.00	MEDICAL RECORDS & LIBRARY			16.00
17.00	SOCIAL SERVICE			17.00
18.00	EXTENDED CARE SERVICES			18.00
18.01	LAB ADMINISTRATION			18.01
18.02	RESEARCH ADMINISTRATION			18.02
20.00	NURSING SCHOOL			20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD			21.00
23.01	PARAMED ED PRGM-PHARMACY			23.01
23.02	PARAMED ED PRGM-PASTORAL ED			23.02
	INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	ADULTS & PEDIATRICS	12,605,589		30.00
31.00	INTENSIVE CARE UNIT	706,479		31.00
32.00	CORONARY CARE UNIT	353,037		32.00
34.00	SURGICAL INTENSIVE CARE UNIT	641,293		34.00
35.01	NEURO-ICU	470,264		35.01
35.02	CARDIO-THORACIC ICU	904,958		35.02
40.00	SUBPROVIDER - IPF	719,968		40.00
43.00	NURSERY	93,441		43.00
44.00	SKILLED NURSING FACILITY	977,530		44.00
45.00	NURSING FACILITY	96,354		45.00
46.00	OTHER LONG TERM CARE	375,034		46.00
	ANCILLARY SERVICE COST CENTERS			
50.00	OPERATING ROOM	11,178,083		50.00
51.00	RECOVERY ROOM	1,786,789		51.00
52.00	DELIVERY ROOM & LABOR ROOM	637,625		52.00
53.00	ANESTHESIOLOGY	1,311,371		53.00
54.00	RADIOLOGY-DIAGNOSTIC	7,938,836		54.00
54.01	ULTRASOUND	1,079,225		54.01
55.00	RADIOLOGY-THERAPEUTIC	5,027,615		55.00
56.00	RADIOISOTOPE	807,483		56.00
57.00	CT SCAN	1,289,301		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	2,422,904		58.00
59.00	CARDIAC CATHETERIZATION	1,522,644		59.00
60.00	LABORATORY	3,422,418		60.00
60.01	HLA LAB	214,715		60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	1,618,617		63.00
65.00	RESPIRATORY THERAPY	1,340,677		65.00
66.00	PHYSICAL THERAPY	281,947		66.00
67.00	OCCUPATIONAL THERAPY	81,224		67.00
68.00	SPEECH PATHOLOGY	66,412		68.00
69.00	ELECTROCARDIOLOGY	774,706		69.00
70.00	ELECTROENCEPHALOGRAPHY	139,872		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	7,271,704		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	7,955,939		72.00
73.00	DRUGS CHARGED TO PATIENTS	5,220,551		73.00
74.00	RENAL DIALYSIS	296,943		74.00
76.00	ENDOSCOPY	905,951		76.00
76.01	OB/GYN IN VITRO	420,504		76.01
76.02	ELECTROSHOCK THERAPY	45,718		76.02
76.03	CORNEAL TISSUE ACQUISITION	16,357		76.03
	OUTPATIENT SERVICE COST CENTERS			
90.00	CLINIC	1,263,503		90.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 260032 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B Part II Date/Time Prepared: 5/24/2012 2:12 pm

	Cost Center Description	Total		
		26.00		
90.01	OUTPATIENT PSYCH	159,455		90.01
91.00	EMERGENCY	2,465,215		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
	SPECIAL PURPOSE COST CENTERS			
105.00	KIDNEY ACQUISITION	346,743		105.00
106.00	HEART ACQUISITION	75,240		106.00
107.00	LIVER ACQUISITION	168,217		107.00
108.00	LUNG ACQUISITION	171,485		108.00
109.00	PANCREAS ACQUISITION	23,502		109.00
112.00	OTHER ORGAN ACQ - BONE MARROW	159,258		112.00
113.00	INTEREST EXPENSE			113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	87,852,696		118.00
	NONREIMBURSABLE COST CENTERS			
191.00	RESEARCH	7,661		191.00
191.01	RESEARCH CTSA I/P	72,663		191.01
191.02	RESEARCH CTSA O/P	66,293		191.02
194.00	OTHER NONREIMBURSABLE COST CENTERS	6,063,423		194.00
194.01	RETAIL PHARMACY	1,134,158		194.01
194.02	MARKETING/COMMUNITY RELATIONS	191,014		194.02
194.03	GUEST MEALS	12,077		194.03
200.00	Cross Foot Adjustments	5,122,552		200.00
201.00	Negative Cost Centers	1,199,644		201.00
202.00	TOTAL (sum lines 118-201)	101,722,181		202.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 260032 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B-1 | Date/Time Prepared: 5/24/2012 2:12 pm

	Cost Center Description	CAPITAL RELATED COSTS					
		NEW BLDG & FIXT (JH SQ FT)	NEW CRC-B&F(BH PRE-MERGE) (BH SQ FT)	NEW CRC-B&F(BJH POSTMERGE) (BJH SQ FT)	NEW CRC-B&F(BJH CAMP EXP) (NEW STRUCT SQ FT)	NEW CRC-B&F(GSON) (GSON SQ FT)	
		1.00	1.01	1.02	1.03	1.04	
	GENERAL SERVICE COST CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	798,457					1.00
1.01	NEW CRC-B&F(BH PRE-MERGE)	0	1,483,064				1.01
1.02	NEW CRC-B&F(BJH POSTMERGE)	0	0	2,281,520			1.02
1.03	NEW CRC-B&F(BJH CAMP EXP)	0	0	0	721,114		1.03
1.04	NEW CRC-B&F(GSON)	0	0	0	0	93,215	1.04
1.05	NEW CRC-B&F(THE HIGHLANDS)	0	0	0	0	0	1.05
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS	10,861	10,230	21,091	0	0	4.00
5.01	NONPATIENT TELEPHONES	1,261	11,107	12,368	1,070	0	5.01
5.02	DATA PROCESSING	0	0	0	0	0	5.02
5.03	PURCHASING, RECEIVING AND STORES	6,566	10,258	16,824	351	0	5.03
5.04	ADMITTING	9,717	16,362	26,079	0	0	5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL	275,647	302,109	577,756	189,263	0	5.06
7.00	OPERATION OF PLANT	78,237	160,119	238,356	119,287	0	7.00
8.00	LAUNDRY & LINEN SERVICE	1,866	666	2,532	39	0	8.00
9.00	HOUSEKEEPING	10,273	13,397	23,670	4,546	0	9.00
10.00	DIETARY	16,149	31,654	47,803	258	0	10.00
11.00	CAFETERIA	8,054	33,554	41,608	192	0	11.00
13.00	NURSING ADMINISTRATION	21,431	10,174	31,605	1,023	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	8,962	24,470	33,432	2,970	0	14.00
15.00	PHARMACY	7,460	18,055	25,515	3,036	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	21,904	3,697	25,601	0	0	16.00
17.00	SOCIAL SERVICE	0	846	846	869	0	17.00
18.00	EXTENDED CARE SERVICES	0	14,744	14,744	0	0	18.00
18.01	LAB ADMINISTRATION	0	2,590	2,590	0	0	18.01
18.02	RESEARCH ADMINISTRATION	0	0	0	0	0	18.02
20.00	NURSING SCHOOL	0	0	0	0	93,215	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	2,766	7,762	10,528	0	0	21.00
23.01	PARAMED ED PRGM-PHARMACY	0	0	0	0	0	23.01
23.02	PARAMED ED PRGM-PASTORAL ED	0	0	0	0	0	23.02
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	98,114	374,863	472,977	0	0	30.00
31.00	INTENSIVE CARE UNIT	12,453	11,723	24,176	0	0	31.00
32.00	CORONARY CARE UNIT	0	9,950	9,950	0	0	32.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	20,979	20,979	0	0	34.00
35.01	NEURO-ICU	0	11,965	11,965	0	0	35.01
35.02	CARDIO-THORACIC ICU	0	0	0	19,168	0	35.02
40.00	SUBPROVIDER - IPF	0	27,326	27,326	0	0	40.00
43.00	NURSERY	0	2,148	2,148	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	16,436	16,436	0	0	44.00
45.00	NURSING FACILITY	0	2,524	2,524	0	0	45.00
46.00	OTHER LONG TERM CARE	0	12,820	12,820	0	0	46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	2,856	52,483	55,339	84,951	0	50.00
51.00	RECOVERY ROOM	0	32,026	32,026	17,245	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	20,200	20,200	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	22,907	0	22,907	30,208	0	54.00
54.01	ULTRASOUND	9,794	326	10,120	3,819	0	54.01
55.00	RADIOLOGY-THERAPEUTIC	3,355	0	3,355	45,476	0	55.00
56.00	RADIOISOTOPE	9,794	0	9,794	0	0	56.00
57.00	CT SCAN	0	0	0	3,058	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	12,519	658	13,176	8,044	0	58.00
59.00	CARDIAC CATHETERIZATION	0	818	818	22,548	0	59.00
60.00	LABORATORY	2,577	35,133	37,710	6,794	0	60.00
60.01	HLA LAB	0	2,746	2,746	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0	3,857	3,857	7,542	0	63.00
65.00	RESPIRATORY THERAPY	1,676	6,627	8,303	0	0	65.00
66.00	PHYSICAL THERAPY	1,851	3,497	5,348	0	0	66.00
67.00	OCCUPATIONAL THERAPY	500	1,000	1,500	0	0	67.00
68.00	SPEECH PATHOLOGY	250	500	750	0	0	68.00
69.00	ELECTROCARDIOLOGY	1,217	7,777	8,994	2,742	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	1,453	1,453	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	RENAL DIALYSIS	656	7,506	8,162	0	0	74.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 260032 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B-1 | Date/Time Prepared: 5/24/2012 2:12 pm

	Cost Center Description	CAPITAL RELATED COSTS					
		NEW BLDG & FIXT (JH SQ FT)	NEW CRC-B&F(BH PRE-MERGE) (BH SQ FT)	NEW CRC-B&F(BJH POSTMERGE) (BJH SQ FT)	NEW CRC-B&F(BJH CAMP EXP) (NEW STRUCT SQ FT)	NEW CRC-B&F(GSON) (GSON SQ FT)	
		1.00	1.01	1.02	1.03	1.04	
76.00	ENDOSCOPY	400	4,166	4,566	13,561	0	76.00
76.01	OB/GYN IN VITRO	0	4,622	4,622	0	0	76.01
76.02	ELECTROSHOCK THERAPY	0	2,308	2,308	0	0	76.02
76.03	CORNEAL TISSUE ACQUISITION	0	0	0	0	0	76.03
	OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	3,400	3,832	7,232	14,540	0	90.00
90.01	OUTPATIENT PSYCH	0	0	0	0	0	90.01
91.00	EMERGENCY	0	1,456	1,456	42,871	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	4,677	44	4,721	692	0	105.00
106.00	HEART ACQUISITION	550	44	594	81	0	106.00
107.00	LIVER ACQUISITION	1,607	44	1,651	238	0	107.00
108.00	LUNG ACQUISITION	641	44	685	95	0	108.00
109.00	PANCREAS ACQUISITION	36	44	80	5	0	109.00
112.00	OTHER ORGAN ACQ - BONE MARROW	0	0	0	0	0	112.00
113.00	INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	672,984	1,355,739	2,028,722	646,582	93,215	118.00
	NONREIMBURSABLE COST CENTERS						
191.00	RESEARCH	0	0	0	0	0	191.00
191.01	RESEARCH CTSA I/P	0	0	0	0	0	191.01
191.02	RESEARCH CTSA O/P	0	0	0	0	0	191.02
194.00	OTHER NONREIMBURSABLE COST CENTERS	124,938	126,630	251,568	70,817	0	194.00
194.01	RETAIL PHARMACY	0	0	0	3,715	0	194.01
194.02	MARKETING/COMMUNITY RELATIONS	535	695	1,230	0	0	194.02
194.03	GUEST MEALS	0	0	0	0	0	194.03
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	1,746,990	2,958,886	12,734,022	16,306,459	1,748,252	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	2.187958	1.995117	5.581376	22.612873	18.755050	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: 260032 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B-1 | Date/Time Prepared: 5/24/2012 2:12 pm

	Cost Center Description	CAPITAL RELATED COSTS					
		NEW CRC-B&F(THE HIGHLANDS) (THE HIGHLANDS SQ FT)	NEW MVBLE EQUIP (ACTUAL DEPR)	EMPLOYEE BENEFITS (GROSS SALARIES)	NONPATIENT TELEPHONES (RENT EXP)	Reconciliation	
		1.05	2.00	4.00	5.01	5A.02	
	GENERAL SERVICE COST CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	NEW CRC-B&F(BH PRE-MERGE)						1.01
1.02	NEW CRC-B&F(BJH POSTMERGE)						1.02
1.03	NEW CRC-B&F(BJH CAMP EXP)						1.03
1.04	NEW CRC-B&F(GSON)						1.04
1.05	NEW CRC-B&F(THE HIGHLANDS)	47,080					1.05
2.00	NEW CAP REL COSTS-MVBLE EQUIP		38,079,171				2.00
4.00	EMPLOYEE BENEFITS	0	52,342	455,551,652			4.00
5.01	NONPATIENT TELEPHONES	0	0	1,638,535	4,082,479		5.01
5.02	DATA PROCESSING	0	0	0	0	0	5.02
5.03	PURCHASING, RECEIVING AND STORES	0	351	810,123	7,277	0	5.03
5.04	ADMITTING	586	6,708	9,638,106	176,685	0	5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL	14,945	15,367,558	22,478,396	341,925	0	5.06
7.00	OPERATION OF PLANT	182	398,536	8,408,103	102,433	0	7.00
8.00	LAUNDRY & LINEN SERVICE	0	3,015	28,083	412	0	8.00
9.00	HOUSEKEEPING	37	123,563	11,064,726	83,103	0	9.00
10.00	DIETARY	0	126,914	5,219,374	41,788	0	10.00
11.00	CAFETERIA	0	67,329	4,146,302	32,617	0	11.00
13.00	NURSING ADMINISTRATION	0	611,820	20,778,439	171,461	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	180,630	3,232,648	32,846	0	14.00
15.00	PHARMACY	0	46,816	16,398,830	105,831	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	84,562	10,812,765	121,033	0	16.00
17.00	SOCIAL SERVICE	0	130	2,883,881	29,101	0	17.00
18.00	EXTENDED CARE SERVICES	0	48,207	834,944	82,694	0	18.00
18.01	LAB ADMINISTRATION	0	7,518	3,621,423	11,467	0	18.01
18.02	RESEARCH ADMINISTRATION	0	0	9,357	0	0	18.02
20.00	NURSING SCHOOL	0	743,870	7,390,761	66,161	565,455	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	42,221,883	127,669	0	21.00
23.01	PARAMED ED PRGM-PHARMACY	0	0	171,976	0	0	23.01
23.02	PARAMED ED PRGM-PASTORAL ED	0	216	245,016	1,788	0	23.02
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	0	451,024	96,186,476	785,079	0	30.00
31.00	INTENSIVE CARE UNIT	0	20,374	6,139,441	24,129	0	31.00
32.00	CORONARY CARE UNIT	0	27,452	3,421,625	10,238	0	32.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	35,893	5,631,421	31,696	0	34.00
35.01	NEURO-ICU	0	30,413	4,471,040	24,009	0	35.01
35.02	CARDIO-THORACIC ICU	0	21,300	5,968,643	33,938	0	35.02
40.00	SUBPROVIDER - IPF	0	21,215	4,781,135	35,354	0	40.00
43.00	NURSERY	0	6,605	876,127	3,128	0	43.00
44.00	SKILLED NURSING FACILITY	0	28,226	2,918,201	4,944	0	44.00
45.00	NURSING FACILITY	0	1,058	230,725	374	0	45.00
46.00	OTHER LONG TERM CARE	0	4,280	933,345	1,512	0	46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	5,303,655	29,840,571	301,133	0	50.00
51.00	RECOVERY ROOM	0	59,876	8,914,445	82,878	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	100,201	4,619,867	20,995	0	52.00
53.00	ANESTHESIOLOGY	0	823,863	1,987,192	154,860	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	1,171	3,962,586	13,999,637	125,811	0	54.00
54.01	ULTRASOUND	0	658,760	962,102	9,263	0	54.01
55.00	RADIOLOGY-THERAPEUTIC	0	2,732,135	6,877,387	81,697	0	55.00
56.00	RADIOISOTOPE	0	292,997	1,522,022	19,798	0	56.00
57.00	CT SCAN	0	778,619	2,596,807	21,867	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	1,551,252	2,992,279	26,082	0	58.00
59.00	CARDIAC CATHETERIZATION	0	498,276	4,198,686	51,362	0	59.00
60.00	LABORATORY	586	742,325	13,530,437	107,886	0	60.00
60.01	HLA LAB	0	44,382	776,016	5,927	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0	129,057	4,866,901	33,782	0	63.00
65.00	RESPIRATORY THERAPY	0	495,987	7,597,156	38,764	0	65.00
66.00	PHYSICAL THERAPY	0	15,660	3,875,597	23,879	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	1,459,270	1,951	0	67.00
68.00	SPEECH PATHOLOGY	0	29,409	566,234	576	0	68.00
69.00	ELECTROCARDIOLOGY	0	298,416	3,027,003	24,614	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	72,797	517,762	2,526	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	765	73.00
74.00	RENAL DIALYSIS	0	68,657	1,748,593	12,352	0	74.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 260032 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B-1 | Date/Time Prepared: 5/24/2012 2:12 pm

	Cost Center Description	CAPITAL RELATED COSTS NEW CRC-B&F(THE HIGHLANDS) (THE HIGHLANDS SQ FT)	NEW MVBLE EQUIP (ACTUAL DEPR)	EMPLOYEE BENEFITS (GROSS SALARIES)	NONPATIENT TELEPHONES (RENT EXP)	Reconciliation	
		1.05	2.00	4.00	5.01	5A.02	
76.00	ENDOSCOPY	0	190,927	3,644,211	31,306	0	76.00
76.01	OB/GYN IN VITRO	0	253,449	480,686	618	0	76.01
76.02	ELECTROSHOCK THERAPY	0	7,612	183,811	3,748	0	76.02
76.03	CORNEAL TISSUE ACQUISITION	0	0	0	0	0	76.03
	OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	0	55,690	8,494,446	135,998	0	90.00
90.01	OUTPATIENT PSYCH	0	0	516,353	9,123	0	90.01
91.00	EMERGENCY	0	283,150	12,136,363	132,572	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	0	1,435	1,057,437	7,779	0	105.00
106.00	HEART ACQUISITION	0	0	214,492	3,269	0	106.00
107.00	LIVER ACQUISITION	0	0	546,306	4,349	0	107.00
108.00	LUNG ACQUISITION	0	5,847	429,914	7,715	0	108.00
109.00	PANCREAS ACQUISITION	0	0	2,373	0	0	109.00
112.00	OTHER ORGAN ACQ - BONE MARROW	0	0	556,391	471	0	112.00
113.00	INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	17,507	37,974,945	448,330,597	3,975,643	566,220	118.00
	NONREIMBURSABLE COST CENTERS						
191.00	RESEARCH	0	0	129,695	0	0	191.00
191.01	RESEARCH CTSA I/P	0	3,971	0	0	0	191.01
191.02	RESEARCH CTSA O/P	0	5,000	0	0	0	191.02
194.00	OTHER NONREIMBURSABLE COST CENTERS	29,573	47,706	3,866,675	42,374	0	194.00
194.01	RETAIL PHARMACY	0	47,549	2,407,067	42,205	0	194.01
194.02	MARKETING/COMMUNITY RELATIONS	0	0	817,618	22,257	0	194.02
194.03	GUEST MEALS	0	0	0	0	0	194.03
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	1,158,111	41,933,356	13,480,056	1,634,660		202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	24.598789	1.101215	0.029591	0.400409		203.00
204.00	Cost to be allocated (per Wkst. B, Part II)			434,334	131,728		204.00
205.00	Unit cost multiplier (Wkst. B, Part II)			0.000953	0.032267		205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 260032 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B-1 | Date/Time Prepared: 5/24/2012 2:12 pm

	Cost Center Description	DATA PROCESSING (ACCUM COST)	PURCHASING, RECEIVING AND STORES ($$ AMT PURCHASES)	ADMITTING (TOTAL REVENUE)	CASHIERING/ACCOUNTS RECEIVABLE (TOTAL REVENUE)	Reconciliation	
		5.02	5.03	5.04	5.05	5A.06	
	GENERAL SERVICE COST CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	NEW CRC-B&F(BH PRE-MERGE)						1.01
1.02	NEW CRC-B&F(BJH POSTMERGE)						1.02
1.03	NEW CRC-B&F(BJH CAMP EXP)						1.03
1.04	NEW CRC-B&F(GSON)						1.04
1.05	NEW CRC-B&F(THE HIGHLANDS)						1.05
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	NONPATIENT TELEPHONES						5.01
5.02	DATA PROCESSING	1,335,530,288					5.02
5.03	PURCHASING, RECEIVING AND STORES	8,634,955	364,237,517				5.03
5.04	ADMITTING	15,651,172	485,397	3,635,777,195			5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	3,635,777,195		5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL	195,144,614	1,122,882	0	0	-195,171,234	5.06
7.00	OPERATION OF PLANT	50,240,687	2,287,894	0	0	0	7.00
8.00	LAUNDRY & LINEN SERVICE	3,054,436	2,873,660	0	0	0	8.00
9.00	HOUSEKEEPING	18,050,059	1,492,028	0	0	0	9.00
10.00	DIETARY	11,110,293	2,737,091	0	0	0	10.00
11.00	CAFETERIA	4,584,072	7,695,790	0	0	0	11.00
13.00	NURSING ADMINISTRATION	36,636,873	365,370	0	0	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	9,204,603	12,834,526	0	0	0	14.00
15.00	PHARMACY	120,611,188	82,631,621	0	0	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	19,564,749	318,344	0	0	0	16.00
17.00	SOCIAL SERVICE	6,244,500	19,374	0	0	0	17.00
18.00	EXTENDED CARE SERVICES	1,592,734	88,229	0	0	0	18.00
18.01	LAB ADMINISTRATION	9,200,881	97,714	0	0	0	18.01
18.02	RESEARCH ADMINISTRATION	13,026	0	0	0	0	18.02
20.00	NURSING SCHOOL	0	592,971	0	0	551,397	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	112,735,271	52,211	0	0	0	21.00
23.01	PARAMED ED PRGM-PHARMACY	216,577	0	0	0	0	23.01
23.02	PARAMED ED PRGM-PASTORAL ED	340,663	2,468	0	0	0	23.02
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	132,230,581	6,601,577	260,280,476	260,280,476	0	30.00
31.00	INTENSIVE CARE UNIT	9,001,894	657,715	22,573,220	22,573,220	0	31.00
32.00	CORONARY CARE UNIT	4,786,447	237,557	10,802,823	10,802,823	0	32.00
34.00	SURGICAL INTENSIVE CARE UNIT	8,310,334	541,617	18,809,439	18,809,439	0	34.00
35.01	NEURO-ICU	6,436,105	464,849	15,333,015	15,333,015	0	35.01
35.02	CARDIO-THORACIC ICU	8,919,190	696,444	17,058,419	17,058,419	0	35.02
40.00	SUBPROVIDER - IPF	7,807,503	145,412	10,785,998	10,785,998	0	40.00
43.00	NURSERY	1,371,242	197,184	3,799,604	3,799,604	0	43.00
44.00	SKILLED NURSING FACILITY	5,044,639	591,304	8,727,901	8,727,901	0	44.00
45.00	NURSING FACILITY	358,939	13,604	657,784	657,784	0	45.00
46.00	OTHER LONG TERM CARE	1,464,381	71,926	2,140,666	2,140,666	0	46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	59,968,060	13,358,163	265,244,391	265,244,391	0	50.00
51.00	RECOVERY ROOM	18,203,769	1,718,331	66,389,150	66,389,150	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	7,017,717	498,675	11,154,130	11,154,130	0	52.00
53.00	ANESTHESIOLOGY	7,007,373	4,489,752	88,822,953	88,822,953	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	31,848,524	4,769,145	198,453,249	198,453,249	0	54.00
54.01	ULTRASOUND	3,262,712	96,686	30,350,783	30,350,783	0	54.01
55.00	RADIOLOGY-THERAPEUTIC	22,858,148	1,756,264	136,711,481	136,711,481	0	55.00
56.00	RADIOISOTOPE	2,773,493	62,408	15,064,166	15,064,166	0	56.00
57.00	CT SCAN	5,101,595	985,303	193,147,790	193,147,790	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	7,333,700	1,446,530	123,271,866	123,271,866	0	58.00
59.00	CARDIAC CATHETERIZATION	8,766,625	1,048,819	56,740,680	56,740,680	0	59.00
60.00	LABORATORY	35,151,740	11,466,915	523,364,613	523,364,613	0	60.00
60.01	HLA LAB	3,175,276	2,349,035	34,448,402	34,448,402	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	31,377,847	23,648,620	173,545,007	173,545,007	0	63.00
65.00	RESPIRATORY THERAPY	13,596,125	2,515,465	64,477,523	64,477,523	0	65.00
66.00	PHYSICAL THERAPY	5,473,335	101,506	20,468,585	20,468,585	0	66.00
67.00	OCCUPATIONAL THERAPY	1,873,078	5,803	7,578,187	7,578,187	0	67.00
68.00	SPEECH PATHOLOGY	766,900	878	2,282,574	2,282,574	0	68.00
69.00	ELECTROCARDIOLOGY	6,521,034	1,584,259	89,980,412	89,980,412	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	1,223,292	19,086	8,125,447	8,125,447	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	75,383,794	61,854,072	261,157,878	261,157,878	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	82,743,104	82,729,752	221,144,721	221,144,721	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	373,412,696	373,412,696	0	73.00
74.00	RENAL DIALYSIS	3,082,342	605,945	19,465,537	19,465,537	0	74.00
76.00	ENDOSCOPY	6,650,731	1,129,948	40,810,546	40,810,546	0	76.00
76.01	OB/GYN IN VITRO	1,912,449	280,331	3,189,308	3,189,308	0	76.01

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 260032 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B-1 | Date/Time Prepared: 5/24/2012 2:12 pm

	Cost Center Description	DATA PROCESSING (ACCUM COST)	PURCHASING, RECEIVING AND STORES ($$ AMT PURCHASES)	ADMITTING (TOTAL REVENUE)	CASHIERING/ACCOUNTS RECEIVABLE (TOTAL REVENUE)	Reconciliation	
		5.02	5.03	5.04	5.05	5A.06	
76.02	ELECTROSHOCK THERAPY	301,887	25,054	896,837	896,837	0	76.02
76.03	CORNEAL TISSUE ACQUISITION	515,150	515,150	1,287,875	1,287,875	0	76.03
	OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	14,092,857	1,177,383	31,595,397	31,595,397	0	90.00
90.01	OUTPATIENT PSYCH	405,707	398,396	2,678,292	2,678,292	0	90.01
91.00	EMERGENCY	21,398,907	2,984,729	147,039,889	147,039,889	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	8,143,904	42,103	14,280,002	14,280,002	0	105.00
106.00	HEART ACQUISITION	1,833,483	17,614	2,271,003	2,271,003	0	106.00
107.00	LIVER ACQUISITION	4,335,590	31,556	6,337,250	6,337,250	0	107.00
108.00	LUNG ACQUISITION	4,695,888	36,228	6,519,835	6,519,835	0	108.00
109.00	PANCREAS ACQUISITION	738,084	117	1,093,405	1,093,405	0	109.00
112.00	OTHER ORGAN ACQ - BONE MARROW	5,254,086	15,312	4,938,292	4,938,292	0	112.00
113.00	INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,313,350,914	349,682,092	3,618,709,497	3,618,709,497	-194,619,837	118.00
	NONREIMBURSABLE COST CENTERS						
191.00	RESEARCH	242,582	0	0	0	0	191.00
191.01	RESEARCH CTSA I/P	83,244	20,876	632,412	632,412	0	191.01
191.02	RESEARCH CTSA O/P	59,187	1,276	811	811	0	191.02
194.00	OTHER NONREIMBURSABLE COST CENTERS	13,483,976	883,400	0	0	0	194.00
194.01	RETAIL PHARMACY	3,321,849	13,613,201	16,434,475	16,434,475	0	194.01
194.02	MARKETING/COMMUNITY RELATIONS	4,988,536	36,672	0	0	0	194.02
194.03	GUEST MEALS	0	0	0	0	0	194.03
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	8,634,955	15,662,679	0		202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	0.023707	0.004308	0.000000		203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	-305,316	54,255	359,159	0		204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000149	0.000099	0.000000		205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 260032 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B-1 | Date/Time Prepared: 5/24/2012 2:12 pm

	Cost Center Description	OTHER ADMINISTRATIVE AND GENERAL (ACCUM COST)	OPERATION OF PLANT (BJH TOTAL SQ FT)	LAUNDRY & LINEN SERVICE (LAUNDRY POUNDS)	HOUSEKEEPING (BJH TOTAL SQ FT)	DIETARY (MEALS SERVED)	
		5.06	7.00	8.00	9.00	10.00	
	GENERAL SERVICE COST CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	NEW CRC-B&F(BH PRE-MERGE)						1.01
1.02	NEW CRC-B&F(BJH POSTMERGE)						1.02
1.03	NEW CRC-B&F(BJH CAMP EXP)						1.03
1.04	NEW CRC-B&F(GSON)						1.04
1.05	NEW CRC-B&F(THE HIGHLANDS)						1.05
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	NONPATIENT TELEPHONES						5.01
5.02	DATA PROCESSING						5.02
5.03	PURCHASING, RECEIVING AND STORES						5.03
5.04	ADMITTING						5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL	1,140,344,231					5.06
7.00	OPERATION OF PLANT	50,294,926	2,029,091				7.00
8.00	LAUNDRY & LINEN SERVICE	3,122,562	7,856	7,037,747			8.00
9.00	HOUSEKEEPING	18,085,431	28,507	218,319	1,903,868		9.00
10.00	DIETARY	11,175,181	55,959	10,079	55,959	831,967	10.00
11.00	CAFETERIA	4,766,516	41,800	0	41,800	0	11.00
13.00	NURSING ADMINISTRATION	36,645,535	38,441	0	38,441	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	9,508,871	36,402	11,989	36,402	0	14.00
15.00	PHARMACY	122,570,136	29,381	0	29,381	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	19,572,296	25,601	0	25,601	0	16.00
17.00	SOCIAL SERVICE	6,244,959	1,715	0	1,715	0	17.00
18.00	EXTENDED CARE SERVICES	1,594,826	14,744	0	14,744	110,159	18.00
18.01	LAB ADMINISTRATION	9,203,198	2,590	0	2,590	0	18.01
18.02	RESEARCH ADMINISTRATION	13,026	0	0	0	0	18.02
20.00	NURSING SCHOOL	0	93,215	1,422	93,215	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	112,736,509	11,053	79,503	11,053	0	21.00
23.01	PARAMED ED PRGM-PHARMACY	216,577	0	0	0	0	23.01
23.02	PARAMED ED PRGM-PASTORAL ED	340,722	0	0	0	0	23.02
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	133,508,373	472,977	3,963,119	472,977	629,176	30.00
31.00	INTENSIVE CARE UNIT	9,114,731	24,176	139,297	24,176	11,832	31.00
32.00	CORONARY CARE UNIT	4,838,618	9,950	73,076	9,950	4,961	32.00
34.00	SURGICAL INTENSIVE CARE UNIT	8,404,205	21,841	163,646	21,841	2,694	34.00
35.01	NEURO-ICU	6,513,180	11,965	97,946	11,965	20,038	35.01
35.02	CARDIO-THORACIC ICU	9,009,189	19,168	132,634	19,168	4,818	35.02
40.00	SUBPROVIDER - IPF	7,857,416	27,326	86,185	27,326	37,194	40.00
43.00	NURSERY	1,392,286	2,148	46,591	2,148	0	43.00
44.00	SKILLED NURSING FACILITY	5,096,257	16,436	114,948	16,436	0	44.00
45.00	NURSING FACILITY	362,096	2,524	20,102	2,524	0	45.00
46.00	OTHER LONG TERM CARE	1,475,308	12,820	64,702	12,820	0	46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	61,427,415	140,289	155,005	140,289	0	50.00
51.00	RECOVERY ROOM	18,530,509	49,271	106,989	49,271	1,375	51.00
52.00	DELIVERY ROOM & LABOR ROOM	7,077,591	20,200	49,101	20,200	0	52.00
53.00	ANESTHESIOLOGY	7,496,461	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	32,816,523	71,582	198,729	71,582	0	54.00
54.01	ULTRASOUND	3,395,755	16,476	6,945	16,476	0	54.01
55.00	RADIOLOGY-THERAPEUTIC	23,488,737	50,795	23,339	50,795	0	55.00
56.00	RADIOISOTOPE	2,839,869	9,794	32,730	9,794	0	56.00
57.00	CT SCAN	5,957,035	8,578	43,453	8,578	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	7,899,048	28,618	221,410	28,618	0	58.00
59.00	CARDIAC CATHETERIZATION	9,035,928	23,366	44,653	23,366	0	59.00
60.00	LABORATORY	37,677,992	50,261	0	50,261	0	60.00
60.01	HLA LAB	3,379,369	2,746	0	2,746	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	32,686,117	11,399	23,522	11,399	0	63.00
65.00	RESPIRATORY THERAPY	13,933,528	8,303	0	8,303	0	65.00
66.00	PHYSICAL THERAPY	5,563,920	5,348	4,489	5,348	0	66.00
67.00	OCCUPATIONAL THERAPY	1,905,863	1,500	0	1,500	0	67.00
68.00	SPEECH PATHOLOGY	776,754	750	0	750	0	68.00
69.00	ELECTROCARDIOLOGY	6,946,228	11,736	19,699	11,736	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	1,258,748	1,453	952	1,453	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	77,975,236	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	85,657,042	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	1,607,897	0	0	0	0	73.00
74.00	RENAL DIALYSIS	3,180,565	8,162	8,372	8,162	0	74.00
76.00	ENDOSCOPY	6,853,331	18,127	29,133	18,127	0	76.00
76.01	OB/GYN IN VITRO	1,932,835	4,622	0	4,622	0	76.01
76.02	ELECTROSHOCK THERAPY	306,345	2,308	0	2,308	0	76.02

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 260032 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B-1 | Date/Time Prepared: 5/24/2012 2:12 pm

	Cost Center Description	OTHER ADMINISTRATIVE AND GENERAL (ACCUM COST)	OPERATION OF PLANT (BJH TOTAL SQ FT)	LAUNDRY & LINEN SERVICE (LAUNDRY POUNDS)	HOUSEKEEPING (BJH TOTAL SQ FT)	DIETARY (MEALS SERVED)	
		5.06	7.00	8.00	9.00	10.00	
76.03	CORNEAL TISSUE ACQUISITION	532,911	0	0	0	0	76.03
	OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	14,256,882	47,675	50,042	47,675	0	90.00
90.01	OUTPATIENT PSYCH	426,690	4,116	0	4,116	0	90.01
91.00	EMERGENCY	22,103,114	45,837	714,181	45,837	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	8,206,420	5,413	0	5,413	0	105.00
106.00	HEART ACQUISITION	1,843,684	676	0	676	0	106.00
107.00	LIVER ACQUISITION	4,363,639	1,889	0	1,889	0	107.00
108.00	LUNG ACQUISITION	4,724,834	780	0	780	0	108.00
109.00	PANCREAS ACQUISITION	742,797	86	0	86	0	109.00
112.00	OTHER ORGAN ACQ - BONE MARROW	5,275,723	0	0	0	0	112.00
113.00	INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,117,746,265	1,660,751	6,956,302	1,624,388	822,247	118.00
	NONREIMBURSABLE COST CENTERS						
191.00	RESEARCH	242,582	0	0	0	0	191.00
191.01	RESEARCH CTSA I/P	86,463	3,918	11,575	3,918	194	191.01
191.02	RESEARCH CTSA O/P	59,220	3,546	0	3,546	194	191.02
194.00	OTHER NONREIMBURSABLE COST CENTERS	13,504,919	352,522	69,870	263,662	0	194.00
194.01	RETAIL PHARMACY	3,715,377	3,715	0	3,715	0	194.01
194.02	MARKETING/COMMUNITY RELATIONS	4,989,405	4,639	0	4,639	0	194.02
194.03	GUEST MEALS	0	0	0	0	9,332	194.03
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)	195,171,234	58,902,953	3,885,046	22,128,826	15,368,251	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.171151	29.029232	0.552030	11.623088	18.472188	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	33,580,814	6,394,464	143,815	1,099,500	1,076,729	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.029448	3.151393	0.020435	0.577509	1.294197	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 260032 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B-1 | Date/Time Prepared: 5/24/2012 2:12 pm

	Cost Center Description	CAFETERIA (FTE HOURS)	NURSING ADMINISTRATION (NURSING HOURS)	CENTRAL SERVICES & SUPPLY (SUPPLY REQUIS.)	PHARMACY (PHARMACY REQUIS.)	MEDICAL RECORDS & LIBRARY (TOTAL REVENUE)	
		11.00	13.00	14.00	15.00	16.00	
	GENERAL SERVICE COST CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	NEW CRC-B&F(BH PRE-MERGE)						1.01
1.02	NEW CRC-B&F(BJH POSTMERGE)						1.02
1.03	NEW CRC-B&F(BJH CAMP EXP)						1.03
1.04	NEW CRC-B&F(GSON)						1.04
1.05	NEW CRC-B&F(THE HIGHLANDS)						1.05
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	NONPATIENT TELEPHONES						5.01
5.02	DATA PROCESSING						5.02
5.03	PURCHASING, RECEIVING AND STORES						5.03
5.04	ADMITTING						5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL						5.06
7.00	OPERATION OF PLANT						7.00
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
10.00	DIETARY						10.00
11.00	CAFETERIA	6,707					11.00
13.00	NURSING ADMINISTRATION	277	7,423,003				13.00
14.00	CENTRAL SERVICES & SUPPLY	95	0	158,127,002			14.00
15.00	PHARMACY	219	0	0	99,373,084		15.00
16.00	MEDICAL RECORDS & LIBRARY	212	0	0	0	3,635,777,195	16.00
17.00	SOCIAL SERVICE	51	0	0	0	0	17.00
18.00	EXTENDED CARE SERVICES	21	0	0	0	0	18.00
18.01	LAB ADMINISTRATION	48	0	0	0	0	18.01
18.02	RESEARCH ADMINISTRATION	0	0	0	0	0	18.02
20.00	NURSING SCHOOL	95	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	806	0	0	0	0	21.00
23.01	PARAMED ED PRGM-PHARMACY	4	0	0	0	0	23.01
23.02	PARAMED ED PRGM-PASTORAL ED	5	0	0	0	0	23.02
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	1,711	3,559,343	0	267	260,280,476	30.00
31.00	INTENSIVE CARE UNIT	103	214,191	0	35	22,573,220	31.00
32.00	CORONARY CARE UNIT	56	116,409	0	0	10,802,823	32.00
34.00	SURGICAL INTENSIVE CARE UNIT	95	198,150	0	120	18,809,439	34.00
35.01	NEURO-ICU	71	146,844	0	0	15,333,015	35.01
35.02	CARDIO-THORACIC ICU	89	185,124	0	0	17,058,419	35.02
40.00	SUBPROVIDER - IPF	86	179,227	0	0	10,785,998	40.00
43.00	NURSERY	15	30,506	0	0	3,799,604	43.00
44.00	SKILLED NURSING FACILITY	68	167,906	0	0	8,727,901	44.00
45.00	NURSING FACILITY	6	17,781	0	0	657,784	45.00
46.00	OTHER LONG TERM CARE	26	68,013	0	0	2,140,666	46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	431	896,186	0	21,161	265,244,391	50.00
51.00	RECOVERY ROOM	133	277,058	0	516	66,389,150	51.00
52.00	DELIVERY ROOM & LABOR ROOM	85	177,374	0	3	11,154,130	52.00
53.00	ANESTHESIOLOGY	52	0	0	1,363,898	88,822,953	53.00
54.00	RADIOLOGY-DIAGNOSTIC	246	0	0	231,090	198,453,249	54.00
54.01	ULTRASOUND	15	0	0	3,638	30,350,783	54.01
55.00	RADIOLOGY-THERAPEUTIC	104	0	0	516,039	136,711,481	55.00
56.00	RADIOISOTOPE	22	0	0	63	15,064,166	56.00
57.00	CT SCAN	46	95,427	0	17,278	193,147,790	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	50	0	0	25,823	123,271,866	58.00
59.00	CARDIAC CATHETERIZATION	64	132,439	0	0	56,740,680	59.00
60.00	LABORATORY	280	0	0	355	523,364,613	60.00
60.01	HLA LAB	14	0	0	0	34,448,402	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	82	0	0	9,390	173,545,007	63.00
65.00	RESPIRATORY THERAPY	122	0	0	3,272	64,477,523	65.00
66.00	PHYSICAL THERAPY	70	0	0	0	20,468,585	66.00
67.00	OCCUPATIONAL THERAPY	24	0	0	0	7,578,187	67.00
68.00	SPEECH PATHOLOGY	8	0	0	0	2,282,574	68.00
69.00	ELECTROCARDIOLOGY	53	0	0	0	89,980,412	69.00
70.00	ELECTROENCEPHALOGRAPHY	11	0	0	0	8,125,447	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	75,383,898	0	261,157,878	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	82,743,104	0	221,144,721	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	82,543,803	373,412,696	73.00
74.00	RENAL DIALYSIS	25	0	0	16,790	19,465,537	74.00
76.00	ENDOSCOPY	56	116,901	0	105	40,810,546	76.00
76.01	OB/GYN IN VITRO	8	16,571	0	14,579	3,189,308	76.01

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 260032 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B-1 | Date/Time Prepared: 5/24/2012 2:12 pm

	Cost Center Description	CAFETERIA (FTE HOURS)	NURSING ADMINISTRATION (NURSING HOURS)	CENTRAL SERVICES & SUPPLY (SUPPLY REQUIS.)	PHARMACY (PHARMACY REQUIS.)	MEDICAL RECORDS & LIBRARY (TOTAL REVENUE)	
		11.00	13.00	14.00	15.00	16.00	
76.02	ELECTROSHOCK THERAPY	4	0	0	0	896,837	76.02
76.03	CORNEAL TISSUE ACQUISITION	0	0	0	0	1,287,875	76.03
	OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	140	290,501	0	287,349	31,595,397	90.00
90.01	OUTPATIENT PSYCH	12	0	0	381,630	2,678,292	90.01
91.00	EMERGENCY	220	457,409	0	23,448	147,039,889	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	18	36,923	0	0	14,280,002	105.00
106.00	HEART ACQUISITION	4	7,653	0	0	2,271,003	106.00
107.00	LIVER ACQUISITION	9	19,168	0	0	6,337,250	107.00
108.00	LUNG ACQUISITION	8	15,817	0	0	6,519,835	108.00
109.00	PANCREAS ACQUISITION	0	82	0	0	1,093,405	109.00
112.00	OTHER ORGAN ACQ - BONE MARROW	9	0	0	0	4,938,292	112.00
113.00	INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	6,584	7,423,003	158,127,002	85,460,652	3,618,709,497	118.00
	NONREIMBURSABLE COST CENTERS						
191.00	RESEARCH	0	0	0	0	0	191.00
191.01	RESEARCH CTSA I/P	0	0	0	73	632,412	191.01
191.02	RESEARCH CTSA O/P	0	0	0	0	811	191.02
194.00	OTHER NONREIMBURSABLE COST CENTERS	74	0	0	183,853	0	194.00
194.01	RETAIL PHARMACY	35	0	0	13,728,506	16,434,475	194.01
194.02	MARKETING/COMMUNITY RELATIONS	14	0	0	0	0	194.02
194.03	GUEST MEALS	0	0	0	0	0	194.03
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)	7,281,577	44,780,901	12,725,906	144,980,304	24,193,016	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	1,085.668257	6.032720	0.080479	1.458949	0.006654	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	718,436	2,463,641	10,167,540	6,022,930	1,296,476	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	107.117340	0.331893	0.064300	0.060609	0.000357	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 260032 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B-1 | Date/Time Prepared: 5/24/2012 2:12 pm

	Cost Center Description	SOCIAL SERVICE (PATIENT DAYS)	OTHER GENERAL SERVICE: EXTENDED CARE SERVICES (ECF PT DAYS)	OTHER GENERAL SERVICE: LAB ADMINISTRATION (LAB HOURS)	OTHER GENERAL SERVICE: RESEARCH ADMINISTRATION (RESEARCH HOURS)	NURSING SCHOOL (STUDENT HOURS)	
		17.00	18.00	18.01	18.02	20.00	
	GENERAL SERVICE COST CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	NEW CRC-B&F(BH PRE-MERGE)						1.01
1.02	NEW CRC-B&F(BJH POSTMERGE)						1.02
1.03	NEW CRC-B&F(BJH CAMP EXP)						1.03
1.04	NEW CRC-B&F(GSON)						1.04
1.05	NEW CRC-B&F(THE HIGHLANDS)						1.05
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	NONPATIENT TELEPHONES						5.01
5.02	DATA PROCESSING						5.02
5.03	PURCHASING, RECEIVING AND STORES						5.03
5.04	ADMITTING						5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL						5.06
7.00	OPERATION OF PLANT						7.00
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
10.00	DIETARY						10.00
11.00	CAFETERIA						11.00
13.00	NURSING ADMINISTRATION						13.00
14.00	CENTRAL SERVICES & SUPPLY						14.00
15.00	PHARMACY						15.00
16.00	MEDICAL RECORDS & LIBRARY						16.00
17.00	SOCIAL SERVICE	293,588					17.00
18.00	EXTENDED CARE SERVICES	0	34,565				18.00
18.01	LAB ADMINISTRATION	0	0	783,102			18.01
18.02	RESEARCH ADMINISTRATION	0	0	0	100		18.02
20.00	NURSING SCHOOL	0	0	0	0	40,551	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0		21.00
23.01	PARAMED ED PRGM-PHARMACY	0	0	0	0		23.01
23.02	PARAMED ED PRGM-PASTORAL ED	0	0	0	0		23.02
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	251,508	0	0	0	35,962	30.00
31.00	INTENSIVE CARE UNIT	9,865	0	0	0	1,805	31.00
32.00	CORONARY CARE UNIT	4,710	0	0	0	0	32.00
34.00	SURGICAL INTENSIVE CARE UNIT	7,958	0	0	0	0	34.00
35.01	NEURO-ICU	6,481	0	0	0	0	35.01
35.02	CARDIO-THORACIC ICU	7,316	0	0	0	0	35.02
40.00	SUBPROVIDER - IPF	0	0	0	0	2,112	40.00
43.00	NURSERY	5,750	0	0	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	20,160	0	0	0	44.00
45.00	NURSING FACILITY	0	3,468	0	0	0	45.00
46.00	OTHER LONG TERM CARE	0	10,937	0	0	0	46.00
	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	672	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	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
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	582,053	0	0	60.00
60.01	HLA LAB	0	0	29,633	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	171,416	0	0	63.00
65.00	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 260032 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B-1 | Date/Time Prepared: 5/24/2012 2:12 pm

	Cost Center Description	SOCIAL SERVICE (PATIENT DAYS)	OTHER GENERAL SERVICE: EXTENDED CARE SERVICES (ECF PT DAYS)	OTHER GENERAL SERVICE: LAB ADMINISTRATION (LAB HOURS)	OTHER GENERAL SERVICE: RESEARCH ADMINISTRATION (RESEARCH HOURS)	NURSING SCHOOL (STUDENT HOURS)	
		17.00	18.00	18.01	18.02	20.00	
76.00	ENDOSCOPY	0	0	0	0	0	76.00
76.01	OB/GYN IN VITRO	0	0	0	0	0	76.01
76.02	ELECTROSHOCK THERAPY	0	0	0	0	0	76.02
76.03	CORNEAL TISSUE ACQUISITION	0	0	0	0	0	76.03
	OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	0	0	0	0	0	90.00
90.01	OUTPATIENT PSYCH	0	0	0	0	0	90.01
91.00	EMERGENCY	0	0	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
112.00	OTHER ORGAN ACQ - BONE MARROW	0	0	0	0	0	112.00
113.00	INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	293,588	34,565	783,102	0	40,551	118.00
	NONREIMBURSABLE COST CENTERS						
191.00	RESEARCH	0	0	0	100	0	191.00
191.01	RESEARCH CTSA I/P	0	0	0	0	0	191.01
191.02	RESEARCH CTSA O/P	0	0	0	0	0	191.02
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	RETAIL PHARMACY	0	0	0	0	0	194.01
194.02	MARKETING/COMMUNITY RELATIONS	0	0	0	0	0	194.02
194.03	GUEST MEALS	0	0	0	0	0	194.03
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)	7,438,878	4,524,837	10,935,737	15,255	3,341,932	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	25.337814	130.908057	13.964639	152.550000	82.413060	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	234,656	479,199	323,714	393	2,993,827	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.799270	13.863706	0.413374	3.930000	36.715913	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 260032 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B-1 | Date/Time Prepared: 5/24/2012 2:12 pm

	Cost Center Description	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (% OF TIME)	PARAMED ED PRGM-PHARMACY (% OF TIME)	Reconciliation	PARAMED ED PRGM-PASTORAL ED (ACCUM COST)		
		21.00	23.01	23A.02	23.02		
	GENERAL SERVICE COST CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	NEW CRC-B&F(BH PRE-MERGE)						1.01
1.02	NEW CRC-B&F(BJH POSTMERGE)						1.02
1.03	NEW CRC-B&F(BJH CAMP EXP)						1.03
1.04	NEW CRC-B&F(GSON)						1.04
1.05	NEW CRC-B&F(THE HIGHLANDS)						1.05
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	NONPATIENT TELEPHONES						5.01
5.02	DATA PROCESSING						5.02
5.03	PURCHASING, RECEIVING AND STORES						5.03
5.04	ADMITTING						5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL						5.06
7.00	OPERATION OF PLANT						7.00
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
10.00	DIETARY						10.00
11.00	CAFETERIA						11.00
13.00	NURSING ADMINISTRATION						13.00
14.00	CENTRAL SERVICES & SUPPLY						14.00
15.00	PHARMACY						15.00
16.00	MEDICAL RECORDS & LIBRARY						16.00
17.00	SOCIAL SERVICE						17.00
18.00	EXTENDED CARE SERVICES						18.00
18.01	LAB ADMINISTRATION						18.01
18.02	RESEARCH ADMINISTRATION						18.02
20.00	NURSING SCHOOL						20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	20,000					21.00
23.01	PARAMED ED PRGM-PHARMACY		100				23.01
23.02	PARAMED ED PRGM-PASTORAL ED		0	-404,465	1,334,559,603		23.02
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	8,683	0	0	281,710,575		30.00
31.00	INTENSIVE CARE UNIT	1,367	0	0	23,023,813		31.00
32.00	CORONARY CARE UNIT	0	0	0	7,157,507		32.00
34.00	SURGICAL INTENSIVE CARE UNIT	238	0	0	14,083,531		34.00
35.01	NEURO-ICU	109	0	0	10,494,757		35.01
35.02	CARDIO-THORACIC ICU	11	0	0	13,078,234		35.02
40.00	SUBPROVIDER - IPF	328	0	0	14,655,894		40.00
43.00	NURSERY	6	0	0	2,154,932		43.00
44.00	SKILLED NURSING FACILITY	0	0	0	10,484,039		44.00
45.00	NURSING FACILITY	0	0	0	1,109,921		45.00
46.00	OTHER LONG TERM CARE	0	0	0	4,169,203		46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	3,106	0	0	106,116,570		50.00
51.00	RECOVERY ROOM	0	0	0	26,047,777		51.00
52.00	DELIVERY ROOM & LABOR ROOM	215	0	0	11,863,192		52.00
53.00	ANESTHESIOLOGY	1,185	0	0	19,320,764		53.00
54.00	RADIOLOGY-DIAGNOSTIC	162	0	0	44,458,051		54.00
54.01	ULTRASOUND	12	0	0	4,954,151		54.01
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	31,362,139		55.00
56.00	RADIOISOTOPE	27	0	0	4,046,436		56.00
57.00	CT SCAN	26	0	0	9,458,748		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	11,448,800		58.00
59.00	CARDIAC CATHETERIZATION	74	0	0	13,296,549		59.00
60.00	LABORATORY	1,002	0	0	64,768,860		60.00
60.01	HLA LAB	0	0	0	4,727,615		60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	69	0	0	42,868,245		63.00
65.00	RESPIRATORY THERAPY	0	0	0	17,222,060		65.00
66.00	PHYSICAL THERAPY	0	0	0	6,948,271		66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	2,369,513		67.00
68.00	SPEECH PATHOLOGY	0	0	0	964,058		68.00
69.00	ELECTROCARDIOLOGY	0	0	0	9,279,322		69.00
70.00	ELECTROENCEPHALOGRAPHY	40	0	0	1,866,585		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	99,125,342		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	108,447,912		72.00
73.00	DRUGS CHARGED TO PATIENTS	0	100	0	125,053,003		73.00
74.00	RENAL DIALYSIS	0	0	0	4,242,511		74.00
76.00	ENDOSCOPY	0	0	0	9,817,006		76.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 260032 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B-1 | Date/Time Prepared: 5/24/2012 2:12 pm

	Cost Center Description	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (% OF TIME)	PARAMED ED PRGM-PHARMACY (% OF TIME)	Reconciliation	PARAMED ED PRGM-PASTORAL ED (ACCUM COST)		
		21.00	23.01	23A.02	23.02		
76.01	OB/GYN IN VITRO	56	0	0	2,976,201		76.01
76.02	ELECTROSHOCK THERAPY	0	0	0	462,912		76.02
76.03	CORNEAL TISSUE ACQUISITION	0	0	0	632,689		76.03
	OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	1,664	0	0	32,295,515		90.00
90.01	OUTPATIENT PSYCH	0	0	0	1,254,671		90.01
91.00	EMERGENCY	1,619	0	0	42,953,301		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	0	0	0	10,168,315		105.00
106.00	HEART ACQUISITION	0	0	0	2,252,335		106.00
107.00	LIVER ACQUISITION	0	0	0	5,354,846		107.00
108.00	LUNG ACQUISITION	0	0	0	5,712,691		108.00
109.00	PANCREAS ACQUISITION	0	0	0	881,195		109.00
112.00	OTHER ORGAN ACQ - BONE MARROW	0	0	0	6,221,298		112.00
113.00	INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	19,999	100	-404,465	1,273,361,855		118.00
	NONREIMBURSABLE COST CENTERS						
191.00	RESEARCH	0	0	0	299,355		191.00
191.01	RESEARCH CTSA I/P	1	0	0	281,496		191.01
191.02	RESEARCH CTSA O/P	0	0	0	217,098		191.02
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	29,501,450		194.00
194.01	RETAIL PHARMACY	0	0	0	24,678,834		194.01
194.02	MARKETING/COMMUNITY RELATIONS	0	0	0	6,047,133		194.02
194.03	GUEST MEALS	0	0	0	172,382		194.03
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)	133,399,742	257,987		404,465		202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	6,669.987100	2,579.870000		0.000303		203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	3,614,677	6,970		12,038		204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	180.733850	69.700000		0.000009		205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 260032 | Period: From 01/01/2011 To 12/31/2011 | Worksheet C Part I Date/Time Prepared: 5/24/2012 2:12 pm

				Title XVIII	Hospital	PPS	
				Costs			
	Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	RCE Disallowance	Total Costs	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	223,880,529		223,880,529	0	223,880,529	30.00
31.00	INTENSIVE CARE UNIT	13,912,917		13,912,917	0	13,912,917	31.00
32.00	CORONARY CARE UNIT	7,159,676		7,159,676	0	7,159,676	32.00
34.00	SURGICAL INTENSIVE CARE UNIT	12,500,341		12,500,341	0	12,500,341	34.00
35.01	NEURO-ICU	9,770,908		9,770,908	0	9,770,908	35.01
35.02	CARDIO-THORACIC ICU	13,008,827		13,008,827	0	13,008,827	35.02
40.00	SUBPROVIDER - IPF	12,472,579		12,472,579	0	12,472,579	40.00
43.00	NURSERY	2,115,565		2,115,565	0	2,115,565	43.00
44.00	SKILLED NURSING FACILITY	10,487,216		10,487,216	0	10,487,216	44.00
45.00	NURSING FACILITY	1,110,257		1,110,257	0	1,110,257	45.00
46.00	OTHER LONG TERM CARE	4,170,466		4,170,466	0	4,170,466	46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	85,431,743		85,431,743	0	85,431,743	50.00
51.00	RECOVERY ROOM	26,055,669		26,055,669	0	26,055,669	51.00
52.00	DELIVERY ROOM & LABOR ROOM	10,432,740		10,432,740	0	10,432,740	52.00
53.00	ANESTHESIOLOGY	11,422,683		11,422,683	0	11,422,683	53.00
54.00	RADIOLOGY-DIAGNOSTIC	43,390,984		43,390,984	0	43,390,984	54.00
54.01	ULTRASOUND	4,875,612		4,875,612	0	4,875,612	54.01
55.00	RADIOLOGY-THERAPEUTIC	31,371,642		31,371,642	0	31,371,642	55.00
56.00	RADIOISOTOPE	3,867,572		3,867,572	0	3,867,572	56.00
57.00	CT SCAN	9,288,194		9,288,194	0	9,288,194	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	11,452,269		11,452,269	0	11,452,269	58.00
59.00	CARDIAC CATHETERIZATION	12,806,999		12,806,999	0	12,806,999	59.00
60.00	LABORATORY	58,105,158		58,105,158	0	58,105,158	60.00
60.01	HLA LAB	4,729,047		4,729,047	0	4,729,047	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	42,421,005		42,421,005	0	42,421,005	63.00
65.00	RESPIRATORY THERAPY	17,227,278	0	17,227,278	0	17,227,278	65.00
66.00	PHYSICAL THERAPY	6,950,376	0	6,950,376	0	6,950,376	66.00
67.00	OCCUPATIONAL THERAPY	2,370,231	0	2,370,231	0	2,370,231	67.00
68.00	SPEECH PATHOLOGY	964,350	0	964,350	0	964,350	68.00
69.00	ELECTROCARDIOLOGY	9,282,134		9,282,134	0	9,282,134	69.00
70.00	ELECTROENCEPHALOGRAPHY	1,600,352		1,600,352	0	1,600,352	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	99,155,377		99,155,377	0	99,155,377	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	108,480,772		108,480,772	0	108,480,772	72.00
73.00	DRUGS CHARGED TO PATIENTS	125,090,894		125,090,894	0	125,090,894	73.00
74.00	RENAL DIALYSIS	4,243,796		4,243,796	0	4,243,796	74.00
76.00	ENDOSCOPY	9,819,981		9,819,981	0	9,819,981	76.00
76.01	OB/GYN IN VITRO	2,603,584		2,603,584	0	2,603,584	76.01
76.02	ELECTROSHOCK THERAPY	463,052		463,052	0	463,052	76.02
76.03	CORNEAL TISSUE ACQUISITION	632,881		632,881	0	632,881	76.03
	OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	21,206,442		21,206,442	0	21,206,442	90.00
90.01	OUTPATIENT PSYCH	1,255,051		1,255,051	0	1,255,051	90.01
91.00	EMERGENCY	32,167,607		32,167,607	0	32,167,607	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	1,500,087		1,500,087		1,500,087	92.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	10,171,396		10,171,396		10,171,396	105.00
106.00	HEART ACQUISITION	2,253,017		2,253,017		2,253,017	106.00
107.00	LIVER ACQUISITION	5,356,469		5,356,469		5,356,469	107.00
108.00	LUNG ACQUISITION	5,714,422		5,714,422		5,714,422	108.00
109.00	PANCREAS ACQUISITION	881,462		881,462		881,462	109.00
112.00	OTHER ORGAN ACQ - BONE MARROW	6,223,183		6,223,183		6,223,183	112.00
113.00	INTEREST EXPENSE						113.00
200.00	Subtotal (see instructions)	1,141,854,792	0	1,141,854,792	0	1,141,854,792	200.00
201.00	Less Observation Beds	1,500,087		1,500,087		1,500,087	201.00
202.00	Total (see instructions)	1,140,354,705	0	1,140,354,705	0	1,140,354,705	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 260032 | Period: From 01/01/2011 To 12/31/2011 | Worksheet C Part I Date/Time Prepared: 5/24/2012 2:12 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	255,261,846		255,261,846			30.00
31.00	INTENSIVE CARE UNIT	22,759,879		22,759,879			31.00
32.00	CORONARY CARE UNIT	10,865,278		10,865,278			32.00
34.00	SURGICAL INTENSIVE CARE UNIT	18,937,924		18,937,924			34.00
35.01	NEURO-ICU	15,422,866		15,422,866			35.01
35.02	CARDIO-THORACIC ICU	17,410,299		17,410,299			35.02
40.00	SUBPROVIDER - IPF	10,810,478		10,810,478			40.00
43.00	NURSERY	3,799,604		3,799,604			43.00
44.00	SKILLED NURSING FACILITY	8,727,901		8,727,901			44.00
45.00	NURSING FACILITY	657,784		657,784			45.00
46.00	OTHER LONG TERM CARE	2,140,666		2,140,666			46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	175,967,668	89,276,723	265,244,391	0.322087	0.000000	50.00
51.00	RECOVERY ROOM	22,755,118	43,634,032	66,389,150	0.392469	0.000000	51.00
52.00	DELIVERY ROOM & LABOR ROOM	9,067,437	2,086,693	11,154,130	0.935325	0.000000	52.00
53.00	ANESTHESIOLOGY	45,579,739	43,243,214	88,822,953	0.128601	0.000000	53.00
54.00	RADIOLOGY-DIAGNOSTIC	79,123,496	119,329,753	198,453,249	0.218646	0.000000	54.00
54.01	ULTRASOUND	8,102,518	22,248,265	30,350,783	0.160642	0.000000	54.01
55.00	RADIOLOGY-THERAPEUTIC	8,188,871	128,522,610	136,711,481	0.229473	0.000000	55.00
56.00	RADIOISOTOPE	4,565,961	10,498,205	15,064,166	0.256740	0.000000	56.00
57.00	CT SCAN	75,017,862	118,129,928	193,147,790	0.048089	0.000000	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	31,045,362	92,226,504	123,271,866	0.092903	0.000000	58.00
59.00	CARDIAC CATHETERIZATION	33,163,799	23,576,881	56,740,680	0.225711	0.000000	59.00
60.00	LABORATORY	324,439,299	198,925,314	523,364,613	0.111022	0.000000	60.00
60.01	HLA LAB	7,638,347	26,810,055	34,448,402	0.137279	0.000000	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	129,190,339	44,354,668	173,545,007	0.244438	0.000000	63.00
65.00	RESPIRATORY THERAPY	61,049,317	3,428,206	64,477,523	0.267183	0.000000	65.00
66.00	PHYSICAL THERAPY	20,194,506	274,079	20,468,585	0.339563	0.000000	66.00
67.00	OCCUPATIONAL THERAPY	7,385,017	193,170	7,578,187	0.312770	0.000000	67.00
68.00	SPEECH PATHOLOGY	2,187,180	95,394	2,282,574	0.422484	0.000000	68.00
69.00	ELECTROCARDIOLOGY	47,349,026	42,631,386	89,980,412	0.103157	0.000000	69.00
70.00	ELECTROENCEPHALOGRAPHY	7,220,506	904,941	8,125,447	0.196956	0.000000	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	196,644,452	64,513,426	261,157,878	0.379676	0.000000	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	169,129,814	52,014,907	221,144,721	0.490542	0.000000	72.00
73.00	DRUGS CHARGED TO PATIENTS	282,175,516	91,237,180	373,412,696	0.334994	0.000000	73.00
74.00	RENAL DIALYSIS	19,213,238	252,299	19,465,537	0.218016	0.000000	74.00
76.00	ENDOSCOPY	11,169,456	29,641,090	40,810,546	0.240624	0.000000	76.00
76.01	OB/GYN IN VITRO	0	3,189,308	3,189,308	0.816348	0.000000	76.01
76.02	ELECTROSHOCK THERAPY	263,182	633,655	896,837	0.516317	0.000000	76.02
76.03	CORNEAL TISSUE ACQUISITION	35,000	1,252,875	1,287,875	0.491415	0.000000	76.03
	OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	1,098,475	30,496,922	31,595,397	0.671188	0.000000	90.00
90.01	OUTPATIENT PSYCH	13,509	2,664,783	2,678,292	0.468601	0.000000	90.01
91.00	EMERGENCY	62,122,456	86,058,845	148,181,301	0.217083	0.000000	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	125,057	1,187,221	1,312,278	1.143117	0.000000	92.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	14,280,002	0	14,280,002			105.00
106.00	HEART ACQUISITION	2,271,003	0	2,271,003			106.00
107.00	LIVER ACQUISITION	6,337,250	0	6,337,250			107.00
108.00	LUNG ACQUISITION	6,519,835	0	6,519,835			108.00
109.00	PANCREAS ACQUISITION	1,093,405	0	1,093,405			109.00
112.00	OTHER ORGAN ACQ - BONE MARROW	4,110,819	827,473	4,938,292			112.00
113.00	INTEREST EXPENSE						113.00
200.00	Subtotal (see instructions)	2,242,628,362	1,374,360,005	3,616,988,367			200.00
201.00	Less Observation Beds						201.00
202.00	Total (see instructions)	2,242,628,362	1,374,360,005	3,616,988,367			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES	Provider CCN: 260032	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/24/2012 2:12 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
34.00	SURGICAL INTENSIVE CARE UNIT			34.00
35.01	NEURO-ICU			35.01
35.02	CARDIO-THORACIC ICU			35.02
40.00	SUBPROVIDER - IPF			40.00
43.00	NURSERY			43.00
44.00	SKILLED NURSING FACILITY			44.00
45.00	NURSING FACILITY			45.00
46.00	OTHER LONG TERM CARE			46.00
	ANCILLARY SERVICE COST CENTERS			
50.00	OPERATING ROOM	0.322087		50.00
51.00	RECOVERY ROOM	0.392469		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.935325		52.00
53.00	ANESTHESIOLOGY	0.128601		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.218646		54.00
54.01	ULTRASOUND	0.160642		54.01
55.00	RADIOLOGY-THERAPEUTIC	0.229473		55.00
56.00	RADIOISOTOPE	0.256740		56.00
57.00	CT SCAN	0.048089		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.092903		58.00
59.00	CARDIAC CATHETERIZATION	0.225711		59.00
60.00	LABORATORY	0.111022		60.00
60.01	HLA LAB	0.137279		60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0.244438		63.00
65.00	RESPIRATORY THERAPY	0.267183		65.00
66.00	PHYSICAL THERAPY	0.339563		66.00
67.00	OCCUPATIONAL THERAPY	0.312770		67.00
68.00	SPEECH PATHOLOGY	0.422484		68.00
69.00	ELECTROCARDIOLOGY	0.103157		69.00
70.00	ELECTROENCEPHALOGRAPHY	0.196956		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.379676		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.490542		72.00
73.00	DRUGS CHARGED TO PATIENTS	0.334994		73.00
74.00	RENAL DIALYSIS	0.218016		74.00
76.00	ENDOSCOPY	0.240624		76.00
76.01	OB/GYN IN VITRO	0.816348		76.01
76.02	ELECTROSHOCK THERAPY	0.516317		76.02
76.03	CORNEAL TISSUE ACQUISITION	0.491415		76.03
	OUTPATIENT SERVICE COST CENTERS			
90.00	CLINIC	0.671188		90.00
90.01	OUTPATIENT PSYCH	0.468601		90.01
91.00	EMERGENCY	0.217083		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	1.143117		92.00
	SPECIAL PURPOSE COST CENTERS			
105.00	KIDNEY ACQUISITION			105.00
106.00	HEART ACQUISITION			106.00
107.00	LIVER ACQUISITION			107.00
108.00	LUNG ACQUISITION			108.00
109.00	PANCREAS ACQUISITION			109.00
112.00	OTHER ORGAN ACQ - BONE MARROW			112.00
113.00	INTEREST EXPENSE			113.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 260032 | Period: From 01/01/2011 To 12/31/2011 | Worksheet C Part I Date/Time Prepared: 5/24/2012 2:12 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	223,880,529		223,880,529	0	0	30.00
31.00	INTENSIVE CARE UNIT	13,912,917		13,912,917	0	0	31.00
32.00	CORONARY CARE UNIT	7,159,676		7,159,676	0	0	32.00
34.00	SURGICAL INTENSIVE CARE UNIT	12,500,341		12,500,341	0	0	34.00
35.01	NEURO-ICU	9,770,908		9,770,908	0	0	35.01
35.02	CARDIO-THORACIC ICU	13,008,827		13,008,827	0	0	35.02
40.00	SUBPROVIDER - IPF	12,472,579		12,472,579	0	0	40.00
43.00	NURSERY	2,115,565		2,115,565	0	0	43.00
44.00	SKILLED NURSING FACILITY	10,487,216		10,487,216	0	0	44.00
45.00	NURSING FACILITY	1,110,257		1,110,257	0	0	45.00
46.00	OTHER LONG TERM CARE	4,170,466		4,170,466	0	0	46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	85,431,743		85,431,743	0	0	50.00
51.00	RECOVERY ROOM	26,055,669		26,055,669	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	10,432,740		10,432,740	0	0	52.00
53.00	ANESTHESIOLOGY	11,422,683		11,422,683	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	43,390,984		43,390,984	0	0	54.00
54.01	ULTRASOUND	4,875,612		4,875,612	0	0	54.01
55.00	RADIOLOGY-THERAPEUTIC	31,371,642		31,371,642	0	0	55.00
56.00	RADIOISOTOPE	3,867,572		3,867,572	0	0	56.00
57.00	CT SCAN	9,288,194		9,288,194	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	11,452,269		11,452,269	0	0	58.00
59.00	CARDIAC CATHETERIZATION	12,806,999		12,806,999	0	0	59.00
60.00	LABORATORY	58,105,158		58,105,158	0	0	60.00
60.01	HLA LAB	4,729,047		4,729,047	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	42,421,005		42,421,005	0	0	63.00
65.00	RESPIRATORY THERAPY	17,227,278	0	17,227,278	0	0	65.00
66.00	PHYSICAL THERAPY	6,950,376	0	6,950,376	0	0	66.00
67.00	OCCUPATIONAL THERAPY	2,370,231	0	2,370,231	0	0	67.00
68.00	SPEECH PATHOLOGY	964,350	0	964,350	0	0	68.00
69.00	ELECTROCARDIOLOGY	9,282,134		9,282,134	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	1,600,352		1,600,352	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	99,155,377		99,155,377	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	108,480,772		108,480,772	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	125,090,894		125,090,894	0	0	73.00
74.00	RENAL DIALYSIS	4,243,796		4,243,796	0	0	74.00
76.00	ENDOSCOPY	9,819,981		9,819,981	0	0	76.00
76.01	OB/GYN IN VITRO	2,603,584		2,603,584	0	0	76.01
76.02	ELECTROSHOCK THERAPY	463,052		463,052	0	0	76.02
76.03	CORNEAL TISSUE ACQUISITION	632,881		632,881	0	0	76.03
	OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	21,206,442		21,206,442	0	0	90.00
90.01	OUTPATIENT PSYCH	1,255,051		1,255,051	0	0	90.01
91.00	EMERGENCY	32,167,607		32,167,607	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	1,500,087		1,500,087		0	92.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	10,171,396		10,171,396		0	105.00
106.00	HEART ACQUISITION	2,253,017		2,253,017		0	106.00
107.00	LIVER ACQUISITION	5,356,469		5,356,469		0	107.00
108.00	LUNG ACQUISITION	5,714,422		5,714,422		0	108.00
109.00	PANCREAS ACQUISITION	881,462		881,462		0	109.00
112.00	OTHER ORGAN ACQ - BONE MARROW	6,223,183		6,223,183		0	112.00
113.00	INTEREST EXPENSE						113.00
200.00	Subtotal (see instructions)	1,141,854,792	0	1,141,854,792	0	0	200.00
201.00	Less Observation Beds	1,500,087		1,500,087		0	201.00
202.00	Total (see instructions)	1,140,354,705	0	1,140,354,705	0	0	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 260032 | Period: From 01/01/2011 To 12/31/2011 | Worksheet C Part I Date/Time Prepared: 5/24/2012 2:12 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	255,261,846		255,261,846			30.00
31.00	INTENSIVE CARE UNIT	22,759,879		22,759,879			31.00
32.00	CORONARY CARE UNIT	10,865,278		10,865,278			32.00
34.00	SURGICAL INTENSIVE CARE UNIT	18,937,924		18,937,924			34.00
35.01	NEURO-ICU	15,422,866		15,422,866			35.01
35.02	CARDIO-THORACIC ICU	17,410,299		17,410,299			35.02
40.00	SUBPROVIDER - IPF	10,810,478		10,810,478			40.00
43.00	NURSERY	3,799,604		3,799,604			43.00
44.00	SKILLED NURSING FACILITY	8,727,901		8,727,901			44.00
45.00	NURSING FACILITY	657,784		657,784			45.00
46.00	OTHER LONG TERM CARE	2,140,666		2,140,666			46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	175,967,668	89,276,723	265,244,391	0.322087	0.000000	50.00
51.00	RECOVERY ROOM	22,755,118	43,634,032	66,389,150	0.392469	0.000000	51.00
52.00	DELIVERY ROOM & LABOR ROOM	9,067,437	2,086,693	11,154,130	0.935325	0.000000	52.00
53.00	ANESTHESIOLOGY	45,579,739	43,243,214	88,822,953	0.128601	0.000000	53.00
54.00	RADIOLOGY-DIAGNOSTIC	79,123,496	119,329,753	198,453,249	0.218646	0.000000	54.00
54.01	ULTRASOUND	8,102,518	22,248,265	30,350,783	0.160642	0.000000	54.01
55.00	RADIOLOGY-THERAPEUTIC	8,188,871	128,522,610	136,711,481	0.229473	0.000000	55.00
56.00	RADIOISOTOPE	4,565,961	10,498,205	15,064,166	0.256740	0.000000	56.00
57.00	CT SCAN	75,017,862	118,129,928	193,147,790	0.048089	0.000000	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	31,045,362	92,226,504	123,271,866	0.092903	0.000000	58.00
59.00	CARDIAC CATHETERIZATION	33,163,799	23,576,881	56,740,680	0.225711	0.000000	59.00
60.00	LABORATORY	324,439,299	198,925,314	523,364,613	0.111022	0.000000	60.00
60.01	HLA LAB	7,638,347	26,810,055	34,448,402	0.137279	0.000000	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	129,190,339	44,354,668	173,545,007	0.244438	0.000000	63.00
65.00	RESPIRATORY THERAPY	61,049,317	3,428,206	64,477,523	0.267183	0.000000	65.00
66.00	PHYSICAL THERAPY	20,194,506	274,079	20,468,585	0.339563	0.000000	66.00
67.00	OCCUPATIONAL THERAPY	7,385,017	193,170	7,578,187	0.312770	0.000000	67.00
68.00	SPEECH PATHOLOGY	2,187,180	95,394	2,282,574	0.422484	0.000000	68.00
69.00	ELECTROCARDIOLOGY	47,349,026	42,631,386	89,980,412	0.103157	0.000000	69.00
70.00	ELECTROENCEPHALOGRAPHY	7,220,506	904,941	8,125,447	0.196956	0.000000	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	196,644,452	64,513,426	261,157,878	0.379676	0.000000	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	169,129,814	52,014,907	221,144,721	0.490542	0.000000	72.00
73.00	DRUGS CHARGED TO PATIENTS	282,175,516	91,237,180	373,412,696	0.334994	0.000000	73.00
74.00	RENAL DIALYSIS	19,213,238	252,299	19,465,537	0.218016	0.000000	74.00
76.00	ENDOSCOPY	11,169,456	29,641,090	40,810,546	0.240624	0.000000	76.00
76.01	OB/GYN IN VITRO	0	3,189,308	3,189,308	0.816348	0.000000	76.01
76.02	ELECTROSHOCK THERAPY	263,182	633,655	896,837	0.516317	0.000000	76.02
76.03	CORNEAL TISSUE ACQUISITION	35,000	1,252,875	1,287,875	0.491415	0.000000	76.03
	OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	1,098,475	30,496,922	31,595,397	0.671188	0.000000	90.00
90.01	OUTPATIENT PSYCH	13,509	2,664,783	2,678,292	0.468601	0.000000	90.01
91.00	EMERGENCY	62,122,456	86,058,845	148,181,301	0.217083	0.000000	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	125,057	1,187,221	1,312,278	1.143117	0.000000	92.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	14,280,002	0	14,280,002			105.00
106.00	HEART ACQUISITION	2,271,003	0	2,271,003			106.00
107.00	LIVER ACQUISITION	6,337,250	0	6,337,250			107.00
108.00	LUNG ACQUISITION	6,519,835	0	6,519,835			108.00
109.00	PANCREAS ACQUISITION	1,093,405	0	1,093,405			109.00
112.00	OTHER ORGAN ACQ - BONE MARROW	4,110,819	827,473	4,938,292			112.00
113.00	INTEREST EXPENSE						113.00
200.00	Subtotal (see instructions)	2,242,628,362	1,374,360,005	3,616,988,367			200.00
201.00	Less Observation Beds						201.00
202.00	Total (see instructions)	2,242,628,362	1,374,360,005	3,616,988,367			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 260032 | Period: From 01/01/2011 To 12/31/2011 | Worksheet C Part I Date/Time Prepared: 5/24/2012 2:12 pm

	Cost Center Description	PPS Inpatient Ratio	Title XIX	Hospital	Cost
		11.00			
	INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS				30.00
31.00	INTENSIVE CARE UNIT				31.00
32.00	CORONARY CARE UNIT				32.00
34.00	SURGICAL INTENSIVE CARE UNIT				34.00
35.01	NEURO-ICU				35.01
35.02	CARDIO-THORACIC ICU				35.02
40.00	SUBPROVIDER - IPF				40.00
43.00	NURSERY				43.00
44.00	SKILLED NURSING FACILITY				44.00
45.00	NURSING FACILITY				45.00
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
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	HLA LAB	0.000000			60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000			63.00
65.00	RESPIRATORY THERAPY	0.000000			65.00
66.00	PHYSICAL THERAPY	0.000000			66.00
67.00	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	SPEECH PATHOLOGY	0.000000			68.00
69.00	ELECTROCARDIOLOGY	0.000000			69.00
70.00	ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000			71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.000000			72.00
73.00	DRUGS CHARGED TO PATIENTS	0.000000			73.00
74.00	RENAL DIALYSIS	0.000000			74.00
76.00	ENDOSCOPY	0.000000			76.00
76.01	OB/GYN IN VITRO	0.000000			76.01
76.02	ELECTROSHOCK THERAPY	0.000000			76.02
76.03	CORNEAL TISSUE ACQUISITION	0.000000			76.03
	OUTPATIENT SERVICE COST CENTERS				
90.00	CLINIC	0.000000			90.00
90.01	OUTPATIENT PSYCH	0.000000			90.01
91.00	EMERGENCY	0.000000			91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
	SPECIAL PURPOSE COST CENTERS				
105.00	KIDNEY ACQUISITION				105.00
106.00	HEART ACQUISITION				106.00
107.00	LIVER ACQUISITION				107.00
108.00	LUNG ACQUISITION				108.00
109.00	PANCREAS ACQUISITION				109.00
112.00	OTHER ORGAN ACQ - BONE MARROW				112.00
113.00	INTEREST EXPENSE				113.00
200.00	Subtotal (see instructions)				200.00
201.00	Less Observation Beds				201.00
202.00	Total (see instructions)				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 260032 | Period: From 01/01/2011 To 12/31/2011 | Worksheet D Part I Date/Time Prepared: 5/24/2012 2:12 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	12,605,589	0	12,605,589	251,932	50.04	30.00
31.00	INTENSIVE CARE UNIT	706,479		706,479	9,865	71.61	31.00
32.00	CORONARY CARE UNIT	353,037		353,037	4,710	74.95	32.00
34.00	SURGICAL INTENSIVE CARE UNIT	641,293		641,293	7,958	80.58	34.00
35.01	NEURO-ICU	470,264		470,264	6,481	72.56	35.01
35.02	CARDIO-THORACIC ICU	904,958		904,958	7,316	123.70	35.02
40.00	SUBPROVIDER - IPF	719,968	0	719,968	12,570	57.28	40.00
43.00	NURSERY	93,441		93,441	5,750	16.25	43.00
44.00	SKILLED NURSING FACILITY	977,530		977,530	20,160	48.49	44.00
45.00	NURSING FACILITY	96,354		96,354	3,468	27.78	45.00
200.00	Total (lines 30-199)	17,568,913		17,568,913	330,210		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 260032 | Period: From 01/01/2011 To 12/31/2011 | Worksheet D Part I Date/Time Prepared: 5/24/2012 2:12 pm

Title XVIII | Hospital | PPS

	Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)		
		6.00	7.00		
	INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	94,426	4,725,077		30.00
31.00	INTENSIVE CARE UNIT	4,489	321,457		31.00
32.00	CORONARY CARE UNIT	2,457	184,152		32.00
34.00	SURGICAL INTENSIVE CARE UNIT	3,072	247,542		34.00
35.01	NEURO-ICU	2,223	161,301		35.01
35.02	CARDIO-THORACIC ICU	3,360	415,632		35.02
40.00	SUBPROVIDER - IPF	3,921	224,595		40.00
43.00	NURSERY	0	0		43.00
44.00	SKILLED NURSING FACILITY	14,493	702,766		44.00
45.00	NURSING FACILITY	0	0		45.00
200.00	Total (lines 30-199)	128,441	6,982,522		200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 260032 | Period: From 01/01/2011 To 12/31/2011 | Worksheet D Part II Date/Time Prepared: 5/24/2012 2:12 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	11,178,083	265,244,391	0.042143	61,483,853	2,591,114	50.00
51.00	RECOVERY ROOM	1,786,789	66,389,150	0.026914	7,915,163	213,029	51.00
52.00	DELIVERY ROOM & LABOR ROOM	637,625	11,154,130	0.057165	212,013	12,120	52.00
53.00	ANESTHESIOLOGY	1,311,371	88,822,953	0.014764	15,406,299	227,459	53.00
54.00	RADIOLOGY-DIAGNOSTIC	7,938,836	198,453,249	0.040004	31,872,664	1,275,034	54.00
54.01	ULTRASOUND	1,079,225	30,350,783	0.035558	3,109,528	110,569	54.01
55.00	RADIOLOGY-THERAPEUTIC	5,027,615	136,711,481	0.036775	3,109,528	114,353	55.00
56.00	RADIOISOTOPE	807,483	15,064,166	0.053603	2,190,804	117,434	56.00
57.00	CT SCAN	1,289,301	193,147,790	0.006675	28,763,136	191,994	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	2,422,904	123,271,866	0.019655	10,671,335	209,745	58.00
59.00	CARDIAC CATHETERIZATION	1,522,644	56,740,680	0.026835	17,314,418	464,632	59.00
60.00	LABORATORY	3,422,418	523,364,613	0.006539	124,239,786	812,404	60.00
60.01	HLA LAB	214,715	34,448,402	0.006233	3,392,213	21,144	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	1,618,617	173,545,007	0.009327	48,197,687	449,540	63.00
65.00	RESPIRATORY THERAPY	1,340,677	64,477,523	0.020793	28,409,780	590,725	65.00
66.00	PHYSICAL THERAPY	281,947	20,468,585	0.013775	6,219,056	85,667	66.00
67.00	OCCUPATIONAL THERAPY	81,224	7,578,187	0.010718	3,180,199	34,085	67.00
68.00	SPEECH PATHOLOGY	66,412	2,282,574	0.029095	989,395	28,786	68.00
69.00	ELECTROCARDIOLOGY	774,706	89,980,412	0.008610	22,614,750	194,713	69.00
70.00	ELECTROENCEPHALOGRAPHY	139,872	8,125,447	0.017214	2,473,488	42,579	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	7,271,704	261,157,878	0.027844	75,264,716	2,095,671	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	7,955,939	221,144,721	0.035976	68,338,949	2,458,562	72.00
73.00	DRUGS CHARGED TO PATIENTS	5,220,551	373,412,696	0.013981	103,179,799	1,442,557	73.00
74.00	RENAL DIALYSIS	296,943	19,465,537	0.015255	11,095,362	169,260	74.00
76.00	ENDOSCOPY	905,951	40,810,546	0.022199	4,876,306	108,249	76.00
76.01	OB/GYN IN VITRO	420,504	3,189,308	0.131848	0	0	76.01
76.02	ELECTROSHOCK THERAPY	45,718	896,837	0.050977	0	0	76.02
76.03	CORNEAL TISSUE ACQUISITION	16,357	1,287,875	0.012701	28,000	356	76.03
	OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	1,263,503	31,595,397	0.039990	424,027	16,957	90.00
90.01	OUTPATIENT PSYCH	159,455	2,678,292	0.059536	0	0	90.01
91.00	EMERGENCY	2,465,215	148,181,301	0.016636	21,766,697	362,111	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	84,705	1,312,278	0.064548	47,233	3,049	92.00
200.00	Total (lines 50-199)	69,049,009	3,214,754,055		706,786,184	14,443,898	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260032 | Period: From 01/01/2011 To 12/31/2011 | Worksheet D Part III Date/Time Prepared: 5/24/2012 2:12 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	2,963,738	85,451	0	0	3,049,189	30.00
31.00	INTENSIVE CARE UNIT	148,756	6,976	0		155,732	31.00
32.00	CORONARY CARE UNIT	0	2,169	0		2,169	32.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	4,267	0		4,267	34.00
35.01	NEURO-ICU	0	3,180	0		3,180	35.01
35.02	CARDIO-THORACIC ICU	0	3,963	0		3,963	35.02
40.00	SUBPROVIDER - IPF	174,056	4,441	0	0	178,497	40.00
43.00	NURSERY	0	653	0		653	43.00
44.00	SKILLED NURSING FACILITY	0	3,177	0		3,177	44.00
45.00	NURSING FACILITY	0	336	0		336	45.00
200.00	Total (lines 30-199)	3,286,550	114,613	0		3,401,163	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260032 | Period: From 01/01/2011 To 12/31/2011 | Worksheet D Part III Date/Time Prepared: 5/24/2012 2:12 pm

Title XVIII | Hospital | PPS

	Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. Nursing School	
		6.00	7.00	8.00	9.00	11.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	251,932	12.10	94,426	1,142,555	0	30.00
31.00	INTENSIVE CARE UNIT	9,865	15.79	4,489	70,881	0	31.00
32.00	CORONARY CARE UNIT	4,710	0.46	2,457	1,130	0	32.00
34.00	SURGICAL INTENSIVE CARE UNIT	7,958	0.54	3,072	1,659	0	34.00
35.01	NEURO-ICU	6,481	0.49	2,223	1,089	0	35.01
35.02	CARDIO-THORACIC ICU	7,316	0.54	3,360	1,814	0	35.02
40.00	SUBPROVIDER - IPF	12,570	14.20	3,921	55,678	0	40.00
43.00	NURSERY	5,750	0.11	0	0	0	43.00
44.00	SKILLED NURSING FACILITY	20,160	0.16	14,493	2,319	0	44.00
45.00	NURSING FACILITY	3,468	0.10	0	0	0	45.00
200.00	Total (lines 30-199)	330,210		128,441	1,277,125	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260032	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part III Date/Time Prepared: 5/24/2012 2:12 pm
	Title XVIII	Hospital	PPS

	Cost Center Description	PSA Adj. Allied Health Cost	PSA Adj. All Other Medical Education Cost		
		12.00	13.00		
	INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	0	0		30.00
31.00	INTENSIVE CARE UNIT	0	0		31.00
32.00	CORONARY CARE UNIT	0	0		32.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0		34.00
35.01	NEURO-ICU	0	0		35.01
35.02	CARDIO-THORACIC ICU	0	0		35.02
40.00	SUBPROVIDER - IPF	0	0		40.00
43.00	NURSERY	0	0		43.00
44.00	SKILLED NURSING FACILITY	0	0		44.00
45.00	NURSING FACILITY	0	0		45.00
200.00	Total (lines 30-199)	0	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260032 | Period: From 01/01/2011 To 12/31/2011 | Worksheet D Part IV Date/Time Prepared: 5/24/2012 2:12 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	32,153	0	32,153	50.00
51.00	RECOVERY ROOM	0	0	7,892	0	7,892	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	55,382	3,595	0	58,977	52.00
53.00	ANESTHESIOLOGY	0	0	5,854	0	5,854	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	13,471	0	13,471	54.00
54.01	ULTRASOUND	0	0	1,501	0	1,501	54.01
55.00	RADIOLOGY-THERAPEUTIC	0	0	9,503	0	9,503	55.00
56.00	RADIOISOTOPE	0	0	1,226	0	1,226	56.00
57.00	CT SCAN	0	0	2,866	0	2,866	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	3,469	0	3,469	58.00
59.00	CARDIAC CATHETERIZATION	0	0	4,029	0	4,029	59.00
60.00	LABORATORY	0	0	19,625	0	19,625	60.00
60.01	HLA LAB	0	0	1,432	0	1,432	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	12,989	0	12,989	63.00
65.00	RESPIRATORY THERAPY	0	0	5,218	0	5,218	65.00
66.00	PHYSICAL THERAPY	0	0	2,105	0	2,105	66.00
67.00	OCCUPATIONAL THERAPY	0	0	718	0	718	67.00
68.00	SPEECH PATHOLOGY	0	0	292	0	292	68.00
69.00	ELECTROCARDIOLOGY	0	0	2,812	0	2,812	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	566	0	566	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	30,035	0	30,035	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	32,860	0	32,860	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	295,878	0	295,878	73.00
74.00	RENAL DIALYSIS	0	0	1,285	0	1,285	74.00
76.00	ENDOSCOPY	0	0	2,975	0	2,975	76.00
76.01	OB/GYN IN VITRO	0	0	902	0	902	76.01
76.02	ELECTROSHOCK THERAPY	0	0	140	0	140	76.02
76.03	CORNEAL TISSUE ACQUISITION	0	0	192	0	192	76.03
	OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	0	0	9,786	0	9,786	90.00
90.01	OUTPATIENT PSYCH	0	0	380	0	380	90.01
91.00	EMERGENCY	0	0	13,015	0	13,015	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	19,981	569	0	20,550	92.00
200.00	Total (lines 50-199)	0	75,363	519,333	0	594,696	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260032 | Period: From 01/01/2011 To 12/31/2011 | Worksheet D Part IV Date/Time Prepared: 5/24/2012 2:12 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	32,153	265,244,391	0.000121	0.000121	61,483,853	50.00
51.00	RECOVERY ROOM	7,892	66,389,150	0.000119	0.000119	7,915,163	51.00
52.00	DELIVERY ROOM & LABOR ROOM	58,977	11,154,130	0.005287	0.005287	212,013	52.00
53.00	ANESTHESIOLOGY	5,854	88,822,953	0.000066	0.000066	15,406,299	53.00
54.00	RADIOLOGY-DIAGNOSTIC	13,471	198,453,249	0.000068	0.000068	31,872,664	54.00
54.01	ULTRASOUND	1,501	30,350,783	0.000049	0.000049	3,109,528	54.01
55.00	RADIOLOGY-THERAPEUTIC	9,503	136,711,481	0.000070	0.000070	3,109,528	55.00
56.00	RADIOISOTOPE	1,226	15,064,166	0.000081	0.000081	2,190,804	56.00
57.00	CT SCAN	2,866	193,147,790	0.000015	0.000015	28,763,136	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	3,469	123,271,866	0.000028	0.000028	10,671,335	58.00
59.00	CARDIAC CATHETERIZATION	4,029	56,740,680	0.000071	0.000071	17,314,418	59.00
60.00	LABORATORY	19,625	523,364,613	0.000037	0.000037	124,239,786	60.00
60.01	HLA LAB	1,432	34,448,402	0.000042	0.000042	3,392,213	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	12,989	173,545,007	0.000075	0.000075	48,197,687	63.00
65.00	RESPIRATORY THERAPY	5,218	64,477,523	0.000081	0.000081	28,409,780	65.00
66.00	PHYSICAL THERAPY	2,105	20,468,585	0.000103	0.000103	6,219,056	66.00
67.00	OCCUPATIONAL THERAPY	718	7,578,187	0.000095	0.000095	3,180,199	67.00
68.00	SPEECH PATHOLOGY	292	2,282,574	0.000128	0.000128	989,395	68.00
69.00	ELECTROCARDIOLOGY	2,812	89,980,412	0.000031	0.000031	22,614,750	69.00
70.00	ELECTROENCEPHALOGRAPHY	566	8,125,447	0.000070	0.000070	2,473,488	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	30,035	261,157,878	0.000115	0.000115	75,264,716	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	32,860	221,144,721	0.000149	0.000149	68,338,949	72.00
73.00	DRUGS CHARGED TO PATIENTS	295,878	373,412,696	0.000792	0.000792	103,179,799	73.00
74.00	RENAL DIALYSIS	1,285	19,465,537	0.000066	0.000066	11,095,362	74.00
76.00	ENDOSCOPY	2,975	40,810,546	0.000073	0.000073	4,876,306	76.00
76.01	OB/GYN IN VITRO	902	3,189,308	0.000283	0.000283	0	76.01
76.02	ELECTROSHOCK THERAPY	140	896,837	0.000156	0.000156	0	76.02
76.03	CORNEAL TISSUE ACQUISITION	192	1,287,875	0.000149	0.000149	28,000	76.03
	OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	9,786	31,595,397	0.000310	0.000310	424,027	90.00
90.01	OUTPATIENT PSYCH	380	2,678,292	0.000142	0.000142	0	90.01
91.00	EMERGENCY	13,015	148,181,301	0.000088	0.000088	21,766,697	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	20,550	1,312,278	0.015660	0.015660	47,233	92.00
200.00	Total (lines 50-199)	594,696	3,214,754,055			706,786,184	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260032 | Period: From 01/01/2011 To 12/31/2011 | Worksheet D Part IV Date/Time Prepared: 5/24/2012 2:12 pm

Title XVIII | Hospital | PPS

	Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	7,440	19,579,292	2,369	0	0	50.00
51.00	RECOVERY ROOM	942	9,332,480	1,111	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	1,121	31,529	167	0	0	52.00
53.00	ANESTHESIOLOGY	1,017	9,017,194	595	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	2,167	30,015,275	2,041	0	0	54.00
54.01	ULTRASOUND	152	3,310,508	162	0	0	54.01
55.00	RADIOLOGY-THERAPEUTIC	218	36,257,947	2,538	0	0	55.00
56.00	RADIOISOTOPE	177	3,310,508	268	0	0	56.00
57.00	CT SCAN	431	34,208,585	513	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	299	19,642,349	550	0	0	58.00
59.00	CARDIAC CATHETERIZATION	1,229	7,440,761	528	0	0	59.00
60.00	LABORATORY	4,597	19,327,062	715	0	0	60.00
60.01	HLA LAB	142	4,350,954	183	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	3,615	13,778,020	1,033	0	0	63.00
65.00	RESPIRATORY THERAPY	2,301	1,166,560	94	0	0	65.00
66.00	PHYSICAL THERAPY	641	0	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	302	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	127	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	701	12,201,587	378	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	173	189,172	13	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	8,655	15,638,210	1,798	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	10,183	17,782,158	2,650	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	81,718	30,835,020	24,421	0	0	73.00
74.00	RENAL DIALYSIS	732	157,643	10	0	0	74.00
76.00	ENDOSCOPY	356	8,165,920	596	0	0	76.00
76.01	OB/GYN IN VITRO	0	0	0	0	0	76.01
76.02	ELECTROSHOCK THERAPY	0	0	0	0	0	76.02
76.03	CORNEAL TISSUE ACQUISITION	4	0	0	0	0	76.03
	OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	131	8,039,806	2,492	0	0	90.00
90.01	OUTPATIENT PSYCH	0	220,701	31	0	0	90.01
91.00	EMERGENCY	1,915	11,066,556	974	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	740	220,701	3,456	0	0	92.00
200.00	Total (lines 50-199)	132,226	315,286,498	49,686	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260032 | Period: From 01/01/2011 To 12/31/2011 | Worksheet D Part IV Date/Time Prepared: 5/24/2012 2:12 pm

Title XVIII | Hospital | PPS

	Cost Center Description	PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	
		23.00	24.00	
	ANCILLARY SERVICE COST CENTERS			
50.00	OPERATING ROOM	0	0	50.00
51.00	RECOVERY ROOM	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01	ULTRASOUND	0	0	54.01
55.00	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	RADIOISOTOPE	0	0	56.00
57.00	CT SCAN	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	59.00
60.00	LABORATORY	0	0	60.00
60.01	HLA LAB	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
65.00	RESPIRATORY THERAPY	0	0	65.00
66.00	PHYSICAL THERAPY	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	RENAL DIALYSIS	0	0	74.00
76.00	ENDOSCOPY	0	0	76.00
76.01	OB/GYN IN VITRO	0	0	76.01
76.02	ELECTROSHOCK THERAPY	0	0	76.02
76.03	CORNEAL TISSUE ACQUISITION	0	0	76.03
	OUTPATIENT SERVICE COST CENTERS			
90.00	CLINIC	0	0	90.00
90.01	OUTPATIENT PSYCH	0	0	90.01
91.00	EMERGENCY	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00	Total (lines 50-199)	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 260032 | Period: From 01/01/2011 To 12/31/2011 | Worksheet D Part V Date/Time Prepared: 5/24/2012 2:12 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	0.322087	19,579,292	0	0		50.00
51.00	RECOVERY ROOM	0.392469	9,332,480	0	0		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.935325	31,529	0	0		52.00
53.00	ANESTHESIOLOGY	0.128601	9,017,194	0	0		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.218646	30,015,275	0	0		54.00
54.01	ULTRASOUND	0.160642	3,310,508	0	0		54.01
55.00	RADIOLOGY-THERAPEUTIC	0.229473	36,257,947	0	0		55.00
56.00	RADIOISOTOPE	0.256740	3,310,508	0	0		56.00
57.00	CT SCAN	0.048089	34,208,585	0	0		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.092903	19,642,349	0	0		58.00
59.00	CARDIAC CATHETERIZATION	0.225711	7,440,761	0	0		59.00
60.00	LABORATORY	0.111022	19,327,062	0	0		60.00
60.01	HLA LAB	0.137279	4,350,954	0	0		60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0.244438	13,778,020	0	0		63.00
65.00	RESPIRATORY THERAPY	0.267183	1,166,560	309,878	0		65.00
66.00	PHYSICAL THERAPY	0.339563	0	0	0		66.00
67.00	OCCUPATIONAL THERAPY	0.312770	0	0	0		67.00
68.00	SPEECH PATHOLOGY	0.422484	0	0	0		68.00
69.00	ELECTROCARDIOLOGY	0.103157	12,201,587	0	0		69.00
70.00	ELECTROENCEPHALOGRAPHY	0.196956	189,172	0	0		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.379676	15,638,210	16,080	0		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.490542	17,782,158	0	0		72.00
73.00	DRUGS CHARGED TO PATIENTS	0.334994	30,835,020	0	25,954		73.00
74.00	RENAL DIALYSIS	0.218016	157,643	0	0		74.00
76.00	ENDOSCOPY	0.240624	8,165,920	0	0		76.00
76.01	OB/GYN IN VITRO	0.816348	0	0	0		76.01
76.02	ELECTROSHOCK THERAPY	0.516317	0	0	0		76.02
76.03	CORNEAL TISSUE ACQUISITION	0.491415	0	660,501	0		76.03
	OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	0.671188	8,039,806	0	0		90.00
90.01	OUTPATIENT PSYCH	0.468601	220,701	0	0		90.01
91.00	EMERGENCY	0.217083	11,066,556	0	0		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	1.143117	220,701	0	0		92.00
200.00	Subtotal (see instructions)		315,286,498	986,459	25,954		200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 +/- line 201)		315,286,498	986,459	25,954		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 260032 | Period: From 01/01/2011 To 12/31/2011 | Worksheet D Part V Date/Time Prepared: 5/24/2012 2:12 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	6,306,235	0	0		50.00
51.00	RECOVERY ROOM	3,662,709	0	0		51.00
52.00	DELIVERY ROOM & LABOR ROOM	29,490	0	0		52.00
53.00	ANESTHESIOLOGY	1,159,620	0	0		53.00
54.00	RADIOLOGY-DIAGNOSTIC	6,562,720	0	0		54.00
54.01	ULTRASOUND	531,807	0	0		54.01
55.00	RADIOLOGY-THERAPEUTIC	8,320,220	0	0		55.00
56.00	RADIOISOTOPE	849,940	0	0		56.00
57.00	CT SCAN	1,645,057	0	0		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	1,824,833	0	0		58.00
59.00	CARDIAC CATHETERIZATION	1,679,462	0	0		59.00
60.00	LABORATORY	2,145,729	0	0		60.00
60.01	HLA LAB	597,295	0	0		60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	3,367,872	0	0		63.00
65.00	RESPIRATORY THERAPY	311,685	82,794	0		65.00
66.00	PHYSICAL THERAPY	0	0	0		66.00
67.00	OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	SPEECH PATHOLOGY	0	0	0		68.00
69.00	ELECTROCARDIOLOGY	1,258,679	0	0		69.00
70.00	ELECTROENCEPHALOGRAPHY	37,259	0	0		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	5,937,453	6,105	0		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	8,722,895	0	0		72.00
73.00	DRUGS CHARGED TO PATIENTS	10,329,547	0	8,694		73.00
74.00	RENAL DIALYSIS	34,369	0	0		74.00
76.00	ENDOSCOPY	1,964,916	0	0		76.00
76.01	OB/GYN IN VITRO	0	0	0		76.01
76.02	ELECTROSHOCK THERAPY	0	0	0		76.02
76.03	CORNEAL TISSUE ACQUISITION	0	324,580	0		76.03
	OUTPATIENT SERVICE COST CENTERS					
90.00	CLINIC	5,396,221	0	0		90.00
90.01	OUTPATIENT PSYCH	103,421	0	0		90.01
91.00	EMERGENCY	2,402,361	0	0		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	252,287	0	0		92.00
200.00	Subtotal (see instructions)	75,434,082	413,479	8,694		200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges		0			201.00
202.00	Net Charges (line 200 +/- line 201)	75,434,082	413,479	8,694		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 260032
Component CCN: 26S032

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

Worksheet D Part II
Date/Time Prepared: 5/24/2012 2:12 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	11,178,083	265,244,391	0.042143	7,443	314	50.00
51.00	RECOVERY ROOM	1,786,789	66,389,150	0.026914	797	21	51.00
52.00	DELIVERY ROOM & LABOR ROOM	637,625	11,154,130	0.057165	0	0	52.00
53.00	ANESTHESIOLOGY	1,311,371	88,822,953	0.014764	171,978	2,539	53.00
54.00	RADIOLOGY-DIAGNOSTIC	7,938,836	198,453,249	0.040004	54,491	2,180	54.00
54.01	ULTRASOUND	1,079,225	30,350,783	0.035558	6,114	217	54.01
55.00	RADIOLOGY-THERAPEUTIC	5,027,615	136,711,481	0.036775	0	0	55.00
56.00	RADIOISOTOPE	807,483	15,064,166	0.053603	1,329	71	56.00
57.00	CT SCAN	1,289,301	193,147,790	0.006675	103,931	694	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	2,422,904	123,271,866	0.019655	21,265	418	58.00
59.00	CARDIAC CATHETERIZATION	1,522,644	56,740,680	0.026835	0	0	59.00
60.00	LABORATORY	3,422,418	523,364,613	0.006539	687,381	4,495	60.00
60.01	HLA LAB	214,715	34,448,402	0.006233	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	1,618,617	173,545,007	0.009327	1,063	10	63.00
65.00	RESPIRATORY THERAPY	1,340,677	64,477,523	0.020793	48,909	1,017	65.00
66.00	PHYSICAL THERAPY	281,947	20,468,585	0.013775	13,025	179	66.00
67.00	OCCUPATIONAL THERAPY	81,224	7,578,187	0.010718	9,835	105	67.00
68.00	SPEECH PATHOLOGY	66,412	2,282,574	0.029095	1,861	54	68.00
69.00	ELECTROCARDIOLOGY	774,706	89,980,412	0.008610	13,556	117	69.00
70.00	ELECTROENCEPHALOGRAPHY	139,872	8,125,447	0.017214	6,379	110	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	7,271,704	261,157,878	0.027844	22,860	637	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	7,955,939	221,144,721	0.035976	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	5,220,551	373,412,696	0.013981	796,362	11,134	73.00
74.00	RENAL DIALYSIS	296,943	19,465,537	0.015255	3,721	57	74.00
76.00	ENDOSCOPY	905,951	40,810,546	0.022199	0	0	76.00
76.01	OB/GYN IN VITRO	420,504	3,189,308	0.131848	0	0	76.01
76.02	ELECTROSHOCK THERAPY	45,718	896,837	0.050977	110,576	5,637	76.02
76.03	CORNEAL TISSUE ACQUISITION	16,357	1,287,875	0.012701	0	0	76.03
	OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	1,263,503	31,595,397	0.039990	0	0	90.00
90.01	OUTPATIENT PSYCH	159,455	2,678,292	0.059536	9,569	570	90.01
91.00	EMERGENCY	2,465,215	148,181,301	0.016636	565,641	9,410	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	84,705	1,312,278	0.064548	0	0	92.00
200.00	Total (lines 50-199)	69,049,009	3,214,754,055		2,658,086	39,986	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260032
Component CCN: 26S032

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

Worksheet D
Part IV
Date/Time Prepared:
5/24/2012 2:12 pm

Title XVIII | Subprovider - IPF | PPS

	Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	0	32,153	0	32,153	50.00
51.00	RECOVERY ROOM	0	0	7,892	0	7,892	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	55,382	3,595	0	58,977	52.00
53.00	ANESTHESIOLOGY	0	0	5,854	0	5,854	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	13,471	0	13,471	54.00
54.01	ULTRASOUND	0	0	1,501	0	1,501	54.01
55.00	RADIOLOGY-THERAPEUTIC	0	0	9,503	0	9,503	55.00
56.00	RADIOISOTOPE	0	0	1,226	0	1,226	56.00
57.00	CT SCAN	0	0	2,866	0	2,866	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	3,469	0	3,469	58.00
59.00	CARDIAC CATHETERIZATION	0	0	4,029	0	4,029	59.00
60.00	LABORATORY	0	0	19,625	0	19,625	60.00
60.01	HLA LAB	0	0	1,432	0	1,432	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	12,989	0	12,989	63.00
65.00	RESPIRATORY THERAPY	0	0	5,218	0	5,218	65.00
66.00	PHYSICAL THERAPY	0	0	2,105	0	2,105	66.00
67.00	OCCUPATIONAL THERAPY	0	0	718	0	718	67.00
68.00	SPEECH PATHOLOGY	0	0	292	0	292	68.00
69.00	ELECTROCARDIOLOGY	0	0	2,812	0	2,812	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	566	0	566	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	30,035	0	30,035	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	32,860	0	32,860	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	295,878	0	295,878	73.00
74.00	RENAL DIALYSIS	0	0	1,285	0	1,285	74.00
76.00	ENDOSCOPY	0	0	2,975	0	2,975	76.00
76.01	OB/GYN IN VITRO	0	0	902	0	902	76.01
76.02	ELECTROSHOCK THERAPY	0	0	140	0	140	76.02
76.03	CORNEAL TISSUE ACQUISITION	0	0	192	0	192	76.03
	OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	0	0	9,786	0	9,786	90.00
90.01	OUTPATIENT PSYCH	0	0	380	0	380	90.01
91.00	EMERGENCY	0	0	13,015	0	13,015	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	19,981	569	0	20,550	92.00
200.00	Total (lines 50-199)	0	75,363	519,333	0	594,696	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260032
Component CCN: 26S032

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

Worksheet D Part IV
Date/Time Prepared: 5/24/2012 2:12 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	32,153	265,244,391	0.000121	0.000121	7,443	50.00
51.00	RECOVERY ROOM	7,892	66,389,150	0.000119	0.000119	797	51.00
52.00	DELIVERY ROOM & LABOR ROOM	58,977	11,154,130	0.005287	0.005287	0	52.00
53.00	ANESTHESIOLOGY	5,854	88,822,953	0.000066	0.000066	171,978	53.00
54.00	RADIOLOGY-DIAGNOSTIC	13,471	198,453,249	0.000068	0.000068	54,491	54.00
54.01	ULTRASOUND	1,501	30,350,783	0.000049	0.000049	6,114	54.01
55.00	RADIOLOGY-THERAPEUTIC	9,503	136,711,481	0.000070	0.000070	0	55.00
56.00	RADIOISOTOPE	1,226	15,064,166	0.000081	0.000081	1,329	56.00
57.00	CT SCAN	2,866	193,147,790	0.000015	0.000015	103,931	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	3,469	123,271,866	0.000028	0.000028	21,265	58.00
59.00	CARDIAC CATHETERIZATION	4,029	56,740,680	0.000071	0.000071	0	59.00
60.00	LABORATORY	19,625	523,364,613	0.000037	0.000037	687,381	60.00
60.01	HLA LAB	1,432	34,448,402	0.000042	0.000042	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	12,989	173,545,007	0.000075	0.000075	1,063	63.00
65.00	RESPIRATORY THERAPY	5,218	64,477,523	0.000081	0.000081	48,909	65.00
66.00	PHYSICAL THERAPY	2,105	20,468,585	0.000103	0.000103	13,025	66.00
67.00	OCCUPATIONAL THERAPY	718	7,578,187	0.000095	0.000095	9,835	67.00
68.00	SPEECH PATHOLOGY	292	2,282,574	0.000128	0.000128	1,861	68.00
69.00	ELECTROCARDIOLOGY	2,812	89,980,412	0.000031	0.000031	13,556	69.00
70.00	ELECTROENCEPHALOGRAPHY	566	8,125,447	0.000070	0.000070	6,379	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	30,035	261,157,878	0.000115	0.000115	22,860	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	32,860	221,144,721	0.000149	0.000149	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	295,878	373,412,696	0.000792	0.000792	796,362	73.00
74.00	RENAL DIALYSIS	1,285	19,465,537	0.000066	0.000066	3,721	74.00
76.00	ENDOSCOPY	2,975	40,810,546	0.000073	0.000073	0	76.00
76.01	OB/GYN IN VITRO	902	3,189,308	0.000283	0.000283	0	76.01
76.02	ELECTROSHOCK THERAPY	140	896,837	0.000156	0.000156	110,576	76.02
76.03	CORNEAL TISSUE ACQUISITION	192	1,287,875	0.000149	0.000149	0	76.03
	OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	9,786	31,595,397	0.000310	0.000310	0	90.00
90.01	OUTPATIENT PSYCH	380	2,678,292	0.000142	0.000142	9,569	90.01
91.00	EMERGENCY	13,015	148,181,301	0.000088	0.000088	565,641	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	20,550	1,312,278	0.015660	0.015660	0	92.00
200.00	Total (lines 50-199)	594,696	3,214,754,055			2,658,086	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260032
Component CCN: 26S032

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

Worksheet D
Part IV
Date/Time Prepared:
5/24/2012 2:12 pm

Title XVIII | Subprovider - IPF | PPS

	Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	1	13,581	2	0	0	50.00
51.00	RECOVERY ROOM	0	1,647	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	11	212,432	14	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	4	29,461	2	0	0	54.00
54.01	ULTRASOUND	0	889	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
57.00	CT SCAN	2	28,705	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	1	46,637	1	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	1,311	0	0	0	59.00
60.00	LABORATORY	25	1,070	0	0	0	60.00
60.01	HLA LAB	0	0	0	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	RESPIRATORY THERAPY	4	89	0	0	0	65.00
66.00	PHYSICAL THERAPY	1	0	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	1	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	17,767	1	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	1,296	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	3	4,144	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	1,025	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	631	153,481	122	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	ENDOSCOPY	0	0	0	0	0	76.00
76.01	OB/GYN IN VITRO	0	0	0	0	0	76.01
76.02	ELECTROSHOCK THERAPY	17	158,306	25	0	0	76.02
76.03	CORNEAL TISSUE ACQUISITION	0	0	0	0	0	76.03
	OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	0	62,827	19	0	0	90.00
90.01	OUTPATIENT PSYCH	1	1,444,369	205	0	0	90.01
91.00	EMERGENCY	50	357,840	31	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00	Total (lines 50-199)	752	2,536,877	422	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260032 Component CCN: 26S032	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/24/2012 2:12 pm
	Title XVIII	Subprovider - IPF	PPS

	Cost Center Description	PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost		
		23.00	24.00		
	ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0	0		50.00
51.00	RECOVERY ROOM	0	0		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	ANESTHESIOLOGY	0	0		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01	ULTRASOUND	0	0		54.01
55.00	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	RADIOISOTOPE	0	0		56.00
57.00	CT SCAN	0	0		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	CARDIAC CATHETERIZATION	0	0		59.00
60.00	LABORATORY	0	0		60.00
60.01	HLA LAB	0	0		60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
65.00	RESPIRATORY THERAPY	0	0		65.00
66.00	PHYSICAL THERAPY	0	0		66.00
67.00	OCCUPATIONAL THERAPY	0	0		67.00
68.00	SPEECH PATHOLOGY	0	0		68.00
69.00	ELECTROCARDIOLOGY	0	0		69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00	RENAL DIALYSIS	0	0		74.00
76.00	ENDOSCOPY	0	0		76.00
76.01	OB/GYN IN VITRO	0	0		76.01
76.02	ELECTROSHOCK THERAPY	0	0		76.02
76.03	CORNEAL TISSUE ACQUISITION	0	0		76.03
	OUTPATIENT SERVICE COST CENTERS				
90.00	CLINIC	0	0		90.00
90.01	OUTPATIENT PSYCH	0	0		90.01
91.00	EMERGENCY	0	0		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00	Total (lines 50-199)	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 260032
Component CCN: 26S032

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

Worksheet D Part V
Date/Time Prepared: 5/24/2012 2:12 pm

Title XVIII | Subprovider - IPF | 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	0.322087	13,581	0	0		50.00
51.00	RECOVERY ROOM	0.392469	1,647	0	0		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.935325	0	0	0		52.00
53.00	ANESTHESIOLOGY	0.128601	212,432	0	0		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.218646	29,461	0	0		54.00
54.01	ULTRASOUND	0.160642	889	0	0		54.01
55.00	RADIOLOGY-THERAPEUTIC	0.229473	0	0	0		55.00
56.00	RADIOISOTOPE	0.256740	0	0	0		56.00
57.00	CT SCAN	0.048089	28,705	0	0		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.092903	46,637	0	0		58.00
59.00	CARDIAC CATHETERIZATION	0.225711	1,311	0	0		59.00
60.00	LABORATORY	0.111022	1,070	0	0		60.00
60.01	HLA LAB	0.137279	0	0	0		60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0.244438	0	0	0		63.00
65.00	RESPIRATORY THERAPY	0.267183	89	0	0		65.00
66.00	PHYSICAL THERAPY	0.339563	0	0	0		66.00
67.00	OCCUPATIONAL THERAPY	0.312770	0	0	0		67.00
68.00	SPEECH PATHOLOGY	0.422484	0	0	0		68.00
69.00	ELECTROCARDIOLOGY	0.103157	17,767	0	0		69.00
70.00	ELECTROENCEPHALOGRAPHY	0.196956	1,296	0	0		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.379676	4,144	0	0		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.490542	1,025	0	0		72.00
73.00	DRUGS CHARGED TO PATIENTS	0.334994	153,481	0	0		73.00
74.00	RENAL DIALYSIS	0.218016	0	0	0		74.00
76.00	ENDOSCOPY	0.240624	0	0	0		76.00
76.01	OB/GYN IN VITRO	0.816348	0	0	0		76.01
76.02	ELECTROSHOCK THERAPY	0.516317	158,306	0	0		76.02
76.03	CORNEAL TISSUE ACQUISITION	0.491415	0	0	0		76.03
	OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	0.671188	62,827	0	0		90.00
90.01	OUTPATIENT PSYCH	0.468601	1,444,369	0	0		90.01
91.00	EMERGENCY	0.217083	357,840	0	0		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	1.143117	0	0	0		92.00
200.00	Subtotal (see instructions)		2,536,877	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)		2,536,877	0	0		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 260032
Component CCN: 26S032

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

Worksheet D
Part V
Date/Time Prepared:
5/24/2012 2:12 pm

Title XVIII | Subprovider - IPF | 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	4,374	0	0		50.00
51.00	RECOVERY ROOM	646	0	0		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	ANESTHESIOLOGY	27,319	0	0		53.00
54.00	RADIOLOGY-DIAGNOSTIC	6,442	0	0		54.00
54.01	ULTRASOUND	143	0	0		54.01
55.00	RADIOLOGY-THERAPEUTIC	0	0	0		55.00
56.00	RADIOISOTOPE	0	0	0		56.00
57.00	CT SCAN	1,380	0	0		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	4,333	0	0		58.00
59.00	CARDIAC CATHETERIZATION	296	0	0		59.00
60.00	LABORATORY	119	0	0		60.00
60.01	HLA LAB	0	0	0		60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0		63.00
65.00	RESPIRATORY THERAPY	24	0	0		65.00
66.00	PHYSICAL THERAPY	0	0	0		66.00
67.00	OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	SPEECH PATHOLOGY	0	0	0		68.00
69.00	ELECTROCARDIOLOGY	1,833	0	0		69.00
70.00	ELECTROENCEPHALOGRAPHY	255	0	0		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,573	0	0		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	503	0	0		72.00
73.00	DRUGS CHARGED TO PATIENTS	51,415	0	0		73.00
74.00	RENAL DIALYSIS	0	0	0		74.00
76.00	ENDOSCOPY	0	0	0		76.00
76.01	OB/GYN IN VITRO	0	0	0		76.01
76.02	ELECTROSHOCK THERAPY	81,736	0	0		76.02
76.03	CORNEAL TISSUE ACQUISITION	0	0	0		76.03
	OUTPATIENT SERVICE COST CENTERS					
90.00	CLINIC	42,169	0	0		90.00
90.01	OUTPATIENT PSYCH	676,833	0	0		90.01
91.00	EMERGENCY	77,681	0	0		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
200.00	Subtotal (see instructions)	979,074	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)	979,074	0	0		202.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260032
Component CCN: 265439

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

Worksheet D Part IV
Date/Time Prepared: 5/24/2012 2:12 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	32,153	0	32,153	50.00
51.00	RECOVERY ROOM	0	0	7,892	0	7,892	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	55,382	3,595	0	58,977	52.00
53.00	ANESTHESIOLOGY	0	0	5,854	0	5,854	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	13,471	0	13,471	54.00
54.01	ULTRASOUND	0	0	1,501	0	1,501	54.01
55.00	RADIOLOGY-THERAPEUTIC	0	0	9,503	0	9,503	55.00
56.00	RADIOISOTOPE	0	0	1,226	0	1,226	56.00
57.00	CT SCAN	0	0	2,866	0	2,866	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	3,469	0	3,469	58.00
59.00	CARDIAC CATHETERIZATION	0	0	4,029	0	4,029	59.00
60.00	LABORATORY	0	0	19,625	0	19,625	60.00
60.01	HLA LAB	0	0	1,432	0	1,432	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	12,989	0	12,989	63.00
65.00	RESPIRATORY THERAPY	0	0	5,218	0	5,218	65.00
66.00	PHYSICAL THERAPY	0	0	2,105	0	2,105	66.00
67.00	OCCUPATIONAL THERAPY	0	0	718	0	718	67.00
68.00	SPEECH PATHOLOGY	0	0	292	0	292	68.00
69.00	ELECTROCARDIOLOGY	0	0	2,812	0	2,812	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	566	0	566	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	30,035	0	30,035	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	32,860	0	32,860	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	295,878	0	295,878	73.00
74.00	RENAL DIALYSIS	0	0	1,285	0	1,285	74.00
76.00	ENDOSCOPY	0	0	2,975	0	2,975	76.00
76.01	OB/GYN IN VITRO	0	0	902	0	902	76.01
76.02	ELECTROSHOCK THERAPY	0	0	140	0	140	76.02
76.03	CORNEAL TISSUE ACQUISITION	0	0	192	0	192	76.03
	OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	0	0	9,786	0	9,786	90.00
90.01	OUTPATIENT PSYCH	0	0	380	0	380	90.01
91.00	EMERGENCY	0	0	13,015	0	13,015	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	19,981	0	0	19,981	92.00
200.00	Total (lines 50-199)	0	75,363	518,764	0	594,127	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260032
Component CCN: 265439

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

Worksheet D Part IV
Date/Time Prepared: 5/24/2012 2:12 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	32,153	265,244,391	0.000121	0.000121	0	50.00
51.00	RECOVERY ROOM	7,892	66,389,150	0.000119	0.000119	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	58,977	11,154,130	0.005287	0.005287	0	52.00
53.00	ANESTHESIOLOGY	5,854	88,822,953	0.000066	0.000066	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	13,471	198,453,249	0.000068	0.000068	12,694	54.00
54.01	ULTRASOUND	1,501	30,350,783	0.000049	0.000049	0	54.01
55.00	RADIOLOGY-THERAPEUTIC	9,503	136,711,481	0.000070	0.000070	0	55.00
56.00	RADIOISOTOPE	1,226	15,064,166	0.000081	0.000081	0	56.00
57.00	CT SCAN	2,866	193,147,790	0.000015	0.000015	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	3,469	123,271,866	0.000028	0.000028	0	58.00
59.00	CARDIAC CATHETERIZATION	4,029	56,740,680	0.000071	0.000071	0	59.00
60.00	LABORATORY	19,625	523,364,613	0.000037	0.000037	384,965	60.00
60.01	HLA LAB	1,432	34,448,402	0.000042	0.000042	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	12,989	173,545,007	0.000075	0.000075	0	63.00
65.00	RESPIRATORY THERAPY	5,218	64,477,523	0.000081	0.000081	0	65.00
66.00	PHYSICAL THERAPY	2,105	20,468,585	0.000103	0.000103	2,189,827	66.00
67.00	OCCUPATIONAL THERAPY	718	7,578,187	0.000095	0.000095	1,913,006	67.00
68.00	SPEECH PATHOLOGY	292	2,282,574	0.000128	0.000128	238,399	68.00
69.00	ELECTROCARDIOLOGY	2,812	89,980,412	0.000031	0.000031	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	566	8,125,447	0.000070	0.000070	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	30,035	261,157,878	0.000115	0.000115	223,310	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	32,860	221,144,721	0.000149	0.000149	18,001	72.00
73.00	DRUGS CHARGED TO PATIENTS	295,878	373,412,696	0.000792	0.000792	1,846,016	73.00
74.00	RENAL DIALYSIS	1,285	19,465,537	0.000066	0.000066	0	74.00
76.00	ENDOSCOPY	2,975	40,810,546	0.000073	0.000073	0	76.00
76.01	OB/GYN IN VITRO	902	3,189,308	0.000283	0.000283	0	76.01
76.02	ELECTROSHOCK THERAPY	140	896,837	0.000156	0.000156	0	76.02
76.03	CORNEAL TISSUE ACQUISITION	192	1,287,875	0.000149	0.000149	0	76.03
	OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	9,786	31,595,397	0.000310	0.000310	0	90.00
90.01	OUTPATIENT PSYCH	380	2,678,292	0.000142	0.000142	0	90.01
91.00	EMERGENCY	13,015	148,181,301	0.000088	0.000088	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	19,981	1,312,278	0.015226	0.015226	0	92.00
200.00	Total (lines 50-199)	594,127	3,214,754,055			6,826,218	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260032
Component CCN: 265439

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

Worksheet D Part IV
Date/Time Prepared: 5/24/2012 2:12 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)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	0	0	0	0	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	1	0	0	0	0	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
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	14	0	0	0	0	60.00
60.01	HLA LAB	0	0	0	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	PHYSICAL THERAPY	226	0	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	182	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	31	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	26	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	3	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	1,462	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	ENDOSCOPY	0	0	0	0	0	76.00
76.01	OB/GYN IN VITRO	0	0	0	0	0	76.01
76.02	ELECTROSHOCK THERAPY	0	0	0	0	0	76.02
76.03	CORNEAL TISSUE ACQUISITION	0	0	0	0	0	76.03
	OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	0	0	0	0	0	90.00
90.01	OUTPATIENT PSYCH	0	0	0	0	0	90.01
91.00	EMERGENCY	0	0	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00	Total (lines 50-199)	1,945	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260032 Component CCN: 265439	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/24/2012 2:12 pm
	Title XVIII	Skilled Nursing Facility	PPS

	Cost Center Description	PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost		
		23.00	24.00		
	ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0	0		50.00
51.00	RECOVERY ROOM	0	0		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	ANESTHESIOLOGY	0	0		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01	ULTRASOUND	0	0		54.01
55.00	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	RADIOISOTOPE	0	0		56.00
57.00	CT SCAN	0	0		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	CARDIAC CATHETERIZATION	0	0		59.00
60.00	LABORATORY	0	0		60.00
60.01	HLA LAB	0	0		60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
65.00	RESPIRATORY THERAPY	0	0		65.00
66.00	PHYSICAL THERAPY	0	0		66.00
67.00	OCCUPATIONAL THERAPY	0	0		67.00
68.00	SPEECH PATHOLOGY	0	0		68.00
69.00	ELECTROCARDIOLOGY	0	0		69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00	RENAL DIALYSIS	0	0		74.00
76.00	ENDOSCOPY	0	0		76.00
76.01	OB/GYN IN VITRO	0	0		76.01
76.02	ELECTROSHOCK THERAPY	0	0		76.02
76.03	CORNEAL TISSUE ACQUISITION	0	0		76.03
	OUTPATIENT SERVICE COST CENTERS				
90.00	CLINIC	0	0		90.00
90.01	OUTPATIENT PSYCH	0	0		90.01
91.00	EMERGENCY	0	0		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00	Total (lines 50-199)	0	0		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 260032 | Period: From 01/01/2011 To 12/31/2011 | Worksheet D Part I Date/Time Prepared: 5/24/2012 2:12 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	12,605,589	0	12,605,589	251,932	50.04	30.00
31.00	INTENSIVE CARE UNIT	706,479		706,479	9,865	71.61	31.00
32.00	CORONARY CARE UNIT	353,037		353,037	4,710	74.95	32.00
34.00	SURGICAL INTENSIVE CARE UNIT	641,293		641,293	7,958	80.58	34.00
35.01	NEURO-ICU	470,264		470,264	6,481	72.56	35.01
35.02	CARDIO-THORACIC ICU	904,958		904,958	7,316	123.70	35.02
40.00	SUBPROVIDER - IPF	719,968	0	719,968	12,570	57.28	40.00
43.00	NURSERY	93,441		93,441	5,750	16.25	43.00
44.00	SKILLED NURSING FACILITY	977,530		977,530	20,160	48.49	44.00
45.00	NURSING FACILITY	96,354		96,354	3,468	27.78	45.00
200.00	Total (lines 30-199)	17,568,913		17,568,913	330,210		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 260032 | Period: From 01/01/2011 To 12/31/2011 | Worksheet D Part I Date/Time Prepared: 5/24/2012 2:12 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	30,586	1,530,523		30.00
31.00	INTENSIVE CARE UNIT	1,857	132,980		31.00
32.00	CORONARY CARE UNIT	550	41,223		32.00
34.00	SURGICAL INTENSIVE CARE UNIT	1,299	104,673		34.00
35.01	NEURO-ICU	792	57,468		35.01
35.02	CARDIO-THORACIC ICU	560	69,272		35.02
40.00	SUBPROVIDER - IPF	4,054	232,213		40.00
43.00	NURSERY	1,146	18,623		43.00
44.00	SKILLED NURSING FACILITY	0	0		44.00
45.00	NURSING FACILITY	2,370	65,839		45.00
200.00	Total (lines 30-199)	43,214	2,252,814		200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 260032 | Period: From 01/01/2011 To 12/31/2011 | Worksheet D Part II Date/Time Prepared: 5/24/2012 2:12 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	11,178,083	265,244,391	0.042143	8,003,932	337,310	50.00
51.00	RECOVERY ROOM	1,786,789	66,389,150	0.026914	1,704,572	45,877	51.00
52.00	DELIVERY ROOM & LABOR ROOM	637,625	11,154,130	0.057165	1,156,446	66,108	52.00
53.00	ANESTHESIOLOGY	1,311,371	88,822,953	0.014764	3,521,072	51,985	53.00
54.00	RADIOLOGY-DIAGNOSTIC	7,938,836	198,453,249	0.040004	8,341,447	333,691	54.00
54.01	ULTRASOUND	1,079,225	30,350,783	0.035558	1,247,580	44,361	54.01
55.00	RADIOLOGY-THERAPEUTIC	5,027,615	136,711,481	0.036775	1,057,458	38,888	55.00
56.00	RADIOISOTOPE	807,483	15,064,166	0.053603	616,163	33,028	56.00
57.00	CT SCAN	1,289,301	193,147,790	0.006675	10,859,139	72,485	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	2,422,904	123,271,866	0.019655	4,362,472	85,744	58.00
59.00	CARDIAC CATHETERIZATION	1,522,644	56,740,680	0.026835	1,262,800	33,887	59.00
60.00	LABORATORY	3,422,418	523,364,613	0.006539	40,410,504	264,244	60.00
60.01	HLA LAB	214,715	34,448,402	0.006233	487,497	3,039	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	1,618,617	173,545,007	0.009327	14,280,543	133,195	63.00
65.00	RESPIRATORY THERAPY	1,340,677	64,477,523	0.020793	8,102,980	168,485	65.00
66.00	PHYSICAL THERAPY	281,947	20,468,585	0.013775	1,407,884	19,394	66.00
67.00	OCCUPATIONAL THERAPY	81,224	7,578,187	0.010718	848,236	9,091	67.00
68.00	SPEECH PATHOLOGY	66,412	2,282,574	0.029095	274,462	7,985	68.00
69.00	ELECTROCARDIOLOGY	774,706	89,980,412	0.008610	5,727,664	49,315	69.00
70.00	ELECTROENCEPHALOGRAPHY	139,872	8,125,447	0.017214	842,035	14,495	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	7,271,704	261,157,878	0.027844	24,688,369	687,423	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	7,955,939	221,144,721	0.035976	12,634,434	454,536	72.00
73.00	DRUGS CHARGED TO PATIENTS	5,220,551	373,412,696	0.013981	34,000,082	475,355	73.00
74.00	RENAL DIALYSIS	296,943	19,465,537	0.015255	1,952,058	29,779	74.00
76.00	ENDOSCOPY	905,951	40,810,546	0.022199	1,240,417	27,536	76.00
76.01	OB/GYN IN VITRO	420,504	3,189,308	0.131848	0	0	76.01
76.02	ELECTROSHOCK THERAPY	45,718	896,837	0.050977	677	35	76.02
76.03	CORNEAL TISSUE ACQUISITION	16,357	1,287,875	0.012701	0	0	76.03
	OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	1,263,503	31,595,397	0.039990	152,404	6,095	90.00
90.01	OUTPATIENT PSYCH	159,455	2,678,292	0.059536	0	0	90.01
91.00	EMERGENCY	2,465,215	148,181,301	0.016636	10,888,809	181,146	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	1,312,278	0.000000	19,536	0	92.00
200.00	Total (lines 50-199)	68,964,304	3,214,754,055		200,091,672	3,674,512	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 260032 | Period: From 01/01/2011 To 12/31/2011 | Worksheet D Part III Date/Time Prepared: 5/24/2012 2:12 pm

	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)	
		Title XIX			Hospital	Cost	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	2,963,738	85,451	0	0	3,049,189	30.00
31.00	INTENSIVE CARE UNIT	148,756	6,976	0		155,732	31.00
32.00	CORONARY CARE UNIT	0	2,169	0		2,169	32.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	4,267	0		4,267	34.00
35.01	NEURO-ICU	0	3,180	0		3,180	35.01
35.02	CARDIO-THORACIC ICU	0	3,963	0		3,963	35.02
40.00	SUBPROVIDER - IPF	174,056	4,441	0	0	178,497	40.00
43.00	NURSERY	0	653	0		653	43.00
44.00	SKILLED NURSING FACILITY	0	3,177	0		3,177	44.00
45.00	NURSING FACILITY	0	336	0		336	45.00
200.00	Total (lines 30-199)	3,286,550	114,613	0		3,401,163	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260032 | Period: From 01/01/2011 To 12/31/2011 | Worksheet D Part III Date/Time Prepared: 5/24/2012 2:12 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)	PSA Adj. Nursing School	
		6.00	7.00	8.00	9.00	11.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	251,932	12.10	30,586	370,091	0	30.00
31.00	INTENSIVE CARE UNIT	9,865	15.79	1,857	29,322	0	31.00
32.00	CORONARY CARE UNIT	4,710	0.46	550	253	0	32.00
34.00	SURGICAL INTENSIVE CARE UNIT	7,958	0.54	1,299	701	0	34.00
35.01	NEURO-ICU	6,481	0.49	792	388	0	35.01
35.02	CARDIO-THORACIC ICU	7,316	0.54	560	302	0	35.02
40.00	SUBPROVIDER - IPF	12,570	14.20	4,054	57,567	0	40.00
43.00	NURSERY	5,750	0.11	1,146	126	0	43.00
44.00	SKILLED NURSING FACILITY	20,160	0.16	0	0	0	44.00
45.00	NURSING FACILITY	3,468	0.10	2,370	237	0	45.00
200.00	Total (lines 30-199)	330,210		43,214	458,987	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260032	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part III Date/Time Prepared: 5/24/2012 2:12 pm
	Title XIX	Hospital	Cost

	Cost Center Description	PSA Adj. Allied Health Cost	PSA Adj. All Other Medical Education Cost		
		12.00	13.00		
	INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	0	0		30.00
31.00	INTENSIVE CARE UNIT	0	0		31.00
32.00	CORONARY CARE UNIT	0	0		32.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0		34.00
35.01	NEURO-ICU	0	0		35.01
35.02	CARDIO-THORACIC ICU	0	0		35.02
40.00	SUBPROVIDER - IPF	0	0		40.00
43.00	NURSERY	0	0		43.00
44.00	SKILLED NURSING FACILITY	0	0		44.00
45.00	NURSING FACILITY	0	0		45.00
200.00	Total (lines 30-199)	0	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260032 | Period: From 01/01/2011 To 12/31/2011 | Worksheet D Part IV Date/Time Prepared: 5/24/2012 2:12 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	32,153	0	32,153	50.00
51.00	RECOVERY ROOM	0	0	7,892	0	7,892	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	55,382	3,595	0	58,977	52.00
53.00	ANESTHESIOLOGY	0	0	5,854	0	5,854	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	13,471	0	13,471	54.00
54.01	ULTRASOUND	0	0	1,501	0	1,501	54.01
55.00	RADIOLOGY-THERAPEUTIC	0	0	9,503	0	9,503	55.00
56.00	RADIOISOTOPE	0	0	1,226	0	1,226	56.00
57.00	CT SCAN	0	0	2,866	0	2,866	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	3,469	0	3,469	58.00
59.00	CARDIAC CATHETERIZATION	0	0	4,029	0	4,029	59.00
60.00	LABORATORY	0	0	19,625	0	19,625	60.00
60.01	HLA LAB	0	0	1,432	0	1,432	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	12,989	0	12,989	63.00
65.00	RESPIRATORY THERAPY	0	0	5,218	0	5,218	65.00
66.00	PHYSICAL THERAPY	0	0	2,105	0	2,105	66.00
67.00	OCCUPATIONAL THERAPY	0	0	718	0	718	67.00
68.00	SPEECH PATHOLOGY	0	0	292	0	292	68.00
69.00	ELECTROCARDIOLOGY	0	0	2,812	0	2,812	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	566	0	566	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	30,035	0	30,035	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	32,860	0	32,860	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	295,878	0	295,878	73.00
74.00	RENAL DIALYSIS	0	0	1,285	0	1,285	74.00
76.00	ENDOSCOPY	0	0	2,975	0	2,975	76.00
76.01	OB/GYN IN VITRO	0	0	902	0	902	76.01
76.02	ELECTROSHOCK THERAPY	0	0	140	0	140	76.02
76.03	CORNEAL TISSUE ACQUISITION	0	0	192	0	192	76.03
	OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	0	0	9,786	0	9,786	90.00
90.01	OUTPATIENT PSYCH	0	0	380	0	380	90.01
91.00	EMERGENCY	0	0	13,015	0	13,015	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00	Total (lines 50-199)	0	55,382	518,764	0	574,146	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260032 | Period: From 01/01/2011 To 12/31/2011 | Worksheet D Part IV Date/Time Prepared: 5/24/2012 2:12 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	32,153	265,244,391	0.000121	0.000121	8,003,932	50.00
51.00	RECOVERY ROOM	7,892	66,389,150	0.000119	0.000119	1,704,572	51.00
52.00	DELIVERY ROOM & LABOR ROOM	58,977	11,154,130	0.005287	0.005287	1,156,446	52.00
53.00	ANESTHESIOLOGY	5,854	88,822,953	0.000066	0.000066	3,521,072	53.00
54.00	RADIOLOGY-DIAGNOSTIC	13,471	198,453,249	0.000068	0.000068	8,341,447	54.00
54.01	ULTRASOUND	1,501	30,350,783	0.000049	0.000049	1,247,580	54.01
55.00	RADIOLOGY-THERAPEUTIC	9,503	136,711,481	0.000070	0.000070	1,057,458	55.00
56.00	RADIOISOTOPE	1,226	15,064,166	0.000081	0.000081	616,163	56.00
57.00	CT SCAN	2,866	193,147,790	0.000015	0.000015	10,859,139	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	3,469	123,271,866	0.000028	0.000028	4,362,472	58.00
59.00	CARDIAC CATHETERIZATION	4,029	56,740,680	0.000071	0.000071	1,262,800	59.00
60.00	LABORATORY	19,625	523,364,613	0.000037	0.000037	40,410,504	60.00
60.01	HLA LAB	1,432	34,448,402	0.000042	0.000042	487,497	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	12,989	173,545,007	0.000075	0.000075	14,280,543	63.00
65.00	RESPIRATORY THERAPY	5,218	64,477,523	0.000081	0.000081	8,102,980	65.00
66.00	PHYSICAL THERAPY	2,105	20,468,585	0.000103	0.000103	1,407,884	66.00
67.00	OCCUPATIONAL THERAPY	718	7,578,187	0.000095	0.000095	848,236	67.00
68.00	SPEECH PATHOLOGY	292	2,282,574	0.000128	0.000128	274,462	68.00
69.00	ELECTROCARDIOLOGY	2,812	89,980,412	0.000031	0.000031	5,727,664	69.00
70.00	ELECTROENCEPHALOGRAPHY	566	8,125,447	0.000070	0.000070	842,035	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	30,035	261,157,878	0.000115	0.000115	24,688,369	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	32,860	221,144,721	0.000149	0.000149	12,634,434	72.00
73.00	DRUGS CHARGED TO PATIENTS	295,878	373,412,696	0.000792	0.000792	34,000,082	73.00
74.00	RENAL DIALYSIS	1,285	19,465,537	0.000066	0.000066	1,952,058	74.00
76.00	ENDOSCOPY	2,975	40,810,546	0.000073	0.000073	1,240,417	76.00
76.01	OB/GYN IN VITRO	902	3,189,308	0.000283	0.000283	0	76.01
76.02	ELECTROSHOCK THERAPY	140	896,837	0.000156	0.000156	677	76.02
76.03	CORNEAL TISSUE ACQUISITION	192	1,287,875	0.000149	0.000149	0	76.03
	OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	9,786	31,595,397	0.000310	0.000310	152,404	90.00
90.01	OUTPATIENT PSYCH	380	2,678,292	0.000142	0.000142	0	90.01
91.00	EMERGENCY	13,015	148,181,301	0.000088	0.000088	10,888,809	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	1,312,278	0.000000	0.000000	19,536	92.00
200.00	Total (lines 50-199)	574,146	3,214,754,055			200,091,672	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260032 | Period: From 01/01/2011 To 12/31/2011 | Worksheet D Part IV Date/Time Prepared: 5/24/2012 2:12 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)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	968	0	0	0	0	50.00
51.00	RECOVERY ROOM	203	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	6,114	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	232	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	567	0	0	0	0	54.00
54.01	ULTRASOUND	61	0	0	0	0	54.01
55.00	RADIOLOGY-THERAPEUTIC	74	0	0	0	0	55.00
56.00	RADIOISOTOPE	50	0	0	0	0	56.00
57.00	CT SCAN	163	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	122	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	90	0	0	0	0	59.00
60.00	LABORATORY	1,495	0	0	0	0	60.00
60.01	HLA LAB	20	0	0	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	1,071	0	0	0	0	63.00
65.00	RESPIRATORY THERAPY	656	0	0	0	0	65.00
66.00	PHYSICAL THERAPY	145	0	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	81	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	35	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	178	0	0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	59	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,839	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	1,883	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	26,928	0	0	0	0	73.00
74.00	RENAL DIALYSIS	129	0	0	0	0	74.00
76.00	ENDOSCOPY	91	0	0	0	0	76.00
76.01	OB/GYN IN VITRO	0	0	0	0	0	76.01
76.02	ELECTROSHOCK THERAPY	0	0	0	0	0	76.02
76.03	CORNEAL TISSUE ACQUISITION	0	0	0	0	0	76.03
	OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	47	0	0	0	0	90.00
90.01	OUTPATIENT PSYCH	0	0	0	0	0	90.01
91.00	EMERGENCY	958	0	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00	Total (lines 50-199)	45,259	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260032 | Period: From 01/01/2011 To 12/31/2011 | Worksheet D Part IV Date/Time Prepared: 5/24/2012 2:12 pm

Title XIX | Hospital | Cost

	Cost Center Description	PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost		
		23.00	24.00		
	ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0	0		50.00
51.00	RECOVERY ROOM	0	0		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	ANESTHESIOLOGY	0	0		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01	ULTRASOUND	0	0		54.01
55.00	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	RADIOISOTOPE	0	0		56.00
57.00	CT SCAN	0	0		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	CARDIAC CATHETERIZATION	0	0		59.00
60.00	LABORATORY	0	0		60.00
60.01	HLA LAB	0	0		60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
65.00	RESPIRATORY THERAPY	0	0		65.00
66.00	PHYSICAL THERAPY	0	0		66.00
67.00	OCCUPATIONAL THERAPY	0	0		67.00
68.00	SPEECH PATHOLOGY	0	0		68.00
69.00	ELECTROCARDIOLOGY	0	0		69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00	RENAL DIALYSIS	0	0		74.00
76.00	ENDOSCOPY	0	0		76.00
76.01	OB/GYN IN VITRO	0	0		76.01
76.02	ELECTROSHOCK THERAPY	0	0		76.02
76.03	CORNEAL TISSUE ACQUISITION	0	0		76.03
	OUTPATIENT SERVICE COST CENTERS				
90.00	CLINIC	0	0		90.00
90.01	OUTPATIENT PSYCH	0	0		90.01
91.00	EMERGENCY	0	0		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00	Total (lines 50-199)	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 260032 | Period: From 01/01/2011 To 12/31/2011 | Worksheet D Part V Date/Time Prepared: 5/24/2012 2:12 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	0.322087	0	0	3,370,081		50.00
51.00	RECOVERY ROOM	0.392469	0	0	2,613,750		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.935325	0	0	301,989		52.00
53.00	ANESTHESIOLOGY	0.128601	0	0	2,733,363		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.218646	0	0	8,913,090		54.00
54.01	ULTRASOUND	0.160642	0	0	2,472,800		54.01
55.00	RADIOLOGY-THERAPEUTIC	0.229473	0	0	12,794,869		55.00
56.00	RADIOISOTOPE	0.256740	0	0	718,225		56.00
57.00	CT SCAN	0.048089	0	0	10,466,632		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.092903	0	0	6,434,206		58.00
59.00	CARDIAC CATHETERIZATION	0.225711	0	0	192,568		59.00
60.00	LABORATORY	0.111022	0	0	19,102,997		60.00
60.01	HLA LAB	0.137279	0	0	1,073,312		60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0.244438	0	0	3,641,590		63.00
65.00	RESPIRATORY THERAPY	0.267183	0	0	285,697		65.00
66.00	PHYSICAL THERAPY	0.339563	0	0	17,490		66.00
67.00	OCCUPATIONAL THERAPY	0.312770	0	0	17,549		67.00
68.00	SPEECH PATHOLOGY	0.422484	0	0	14,896		68.00
69.00	ELECTROCARDIOLOGY	0.103157	0	0	3,490,538		69.00
70.00	ELECTROENCEPHALOGRAPHY	0.196956	0	0	120,338		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.379676	0	0	6,979,093		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.490542	0	0	5,738,721		72.00
73.00	DRUGS CHARGED TO PATIENTS	0.334994	0	0	5,244,728		73.00
74.00	RENAL DIALYSIS	0.218016	0	0	12,705		74.00
76.00	ENDOSCOPY	0.240624	0	0	2,041,554		76.00
76.01	OB/GYN IN VITRO	0.816348	0	0	0		76.01
76.02	ELECTROSHOCK THERAPY	0.516317	0	0	677		76.02
76.03	CORNEAL TISSUE ACQUISITION	0.491415	0	0	49,000		76.03
	OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	0.671188	0	0	5,038,443		90.00
90.01	OUTPATIENT PSYCH	0.468601	0	0	4,039		90.01
91.00	EMERGENCY	0.217083	0	0	14,810,380		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	1.143117	0	0	0		92.00
200.00	Subtotal (see instructions)		0	0	118,695,320		200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 +/- line 201)		0	0	118,695,320		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 260032 | Period: From 01/01/2011 To 12/31/2011 | Worksheet D Part V Date/Time Prepared: 5/24/2012 2:12 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	0	0	1,085,459		50.00
51.00	RECOVERY ROOM	0	0	1,025,816		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	282,458		52.00
53.00	ANESTHESIOLOGY	0	0	351,513		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	1,948,811		54.00
54.01	ULTRASOUND	0	0	397,236		54.01
55.00	RADIOLOGY-THERAPEUTIC	0	0	2,936,077		55.00
56.00	RADIOISOTOPE	0	0	184,397		56.00
57.00	CT SCAN	0	0	503,330		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	597,757		58.00
59.00	CARDIAC CATHETERIZATION	0	0	43,465		59.00
60.00	LABORATORY	0	0	2,120,853		60.00
60.01	HLA LAB	0	0	147,343		60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	890,143		63.00
65.00	RESPIRATORY THERAPY	0	0	76,333		65.00
66.00	PHYSICAL THERAPY	0	0	5,939		66.00
67.00	OCCUPATIONAL THERAPY	0	0	5,489		67.00
68.00	SPEECH PATHOLOGY	0	0	6,293		68.00
69.00	ELECTROCARDIOLOGY	0	0	360,073		69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	23,701		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	2,649,794		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	2,815,084		72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	1,756,952		73.00
74.00	RENAL DIALYSIS	0	0	2,770		74.00
76.00	ENDOSCOPY	0	0	491,247		76.00
76.01	OB/GYN IN VITRO	0	0	0		76.01
76.02	ELECTROSHOCK THERAPY	0	0	350		76.02
76.03	CORNEAL TISSUE ACQUISITION	0	0	24,079		76.03
	OUTPATIENT SERVICE COST CENTERS					
90.00	CLINIC	0	0	3,381,742		90.00
90.01	OUTPATIENT PSYCH	0	0	1,893		90.01
91.00	EMERGENCY	0	0	3,215,082		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
200.00	Subtotal (see instructions)	0	0	27,331,479		200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges		0			201.00
202.00	Net Charges (line 200 +/- line 201)	0	0	27,331,479		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 260032
Component CCN: 26S032

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

Worksheet D
Part II
Date/Time Prepared:
5/24/2012 2:12 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	11,178,083	265,244,391	0.042143	2,614	110	50.00
51.00	RECOVERY ROOM	1,786,789	66,389,150	0.026914	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	637,625	11,154,130	0.057165	0	0	52.00
53.00	ANESTHESIOLOGY	1,311,371	88,822,953	0.014764	106,325	1,570	53.00
54.00	RADIOLOGY-DIAGNOSTIC	7,938,836	198,453,249	0.040004	35,459	1,419	54.00
54.01	ULTRASOUND	1,079,225	30,350,783	0.035558	6,841	243	54.01
55.00	RADIOLOGY-THERAPEUTIC	5,027,615	136,711,481	0.036775	0	0	55.00
56.00	RADIOISOTOPE	807,483	15,064,166	0.053603	3,894	209	56.00
57.00	CT SCAN	1,289,301	193,147,790	0.006675	84,409	563	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	2,422,904	123,271,866	0.019655	64,466	1,267	58.00
59.00	CARDIAC CATHETERIZATION	1,522,644	56,740,680	0.026835	0	0	59.00
60.00	LABORATORY	3,422,418	523,364,613	0.006539	678,931	4,440	60.00
60.01	HLA LAB	214,715	34,448,402	0.006233	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	1,618,617	173,545,007	0.009327	3,037	28	63.00
65.00	RESPIRATORY THERAPY	1,340,677	64,477,523	0.020793	26,295	547	65.00
66.00	PHYSICAL THERAPY	281,947	20,468,585	0.013775	3,151	43	66.00
67.00	OCCUPATIONAL THERAPY	81,224	7,578,187	0.010718	3,062	33	67.00
68.00	SPEECH PATHOLOGY	66,412	2,282,574	0.029095	237	7	68.00
69.00	ELECTROCARDIOLOGY	774,706	89,980,412	0.008610	19,564	168	69.00
70.00	ELECTROENCEPHALOGRAPHY	139,872	8,125,447	0.017214	3,888	67	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	7,271,704	261,157,878	0.027844	12,941	360	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	7,955,939	221,144,721	0.035976	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	5,220,551	373,412,696	0.013981	628,589	8,788	73.00
74.00	RENAL DIALYSIS	296,943	19,465,537	0.015255	0	0	74.00
76.00	ENDOSCOPY	905,951	40,810,546	0.022199	2,020	45	76.00
76.01	OB/GYN IN VITRO	420,504	3,189,308	0.131848	0	0	76.01
76.02	ELECTROSHOCK THERAPY	45,718	896,837	0.050977	73,793	3,762	76.02
76.03	CORNEAL TISSUE ACQUISITION	16,357	1,287,875	0.012701	0	0	76.03
	OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	1,263,503	31,595,397	0.039990	166	7	90.00
90.01	OUTPATIENT PSYCH	159,455	2,678,292	0.059536	1,398	83	90.01
91.00	EMERGENCY	2,465,215	148,181,301	0.016636	820,077	13,643	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	1,312,278	0.000000	0	0	92.00
200.00	Total (lines 50-199)	68,964,304	3,214,754,055		2,581,157	37,402	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260032
Component CCN: 26S032

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

Worksheet D
Part IV
Date/Time Prepared:
5/24/2012 2:12 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	32,153	0	32,153	50.00
51.00	RECOVERY ROOM	0	0	7,892	0	7,892	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	55,382	3,595	0	58,977	52.00
53.00	ANESTHESIOLOGY	0	0	5,854	0	5,854	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	13,471	0	13,471	54.00
54.01	ULTRASOUND	0	0	1,501	0	1,501	54.01
55.00	RADIOLOGY-THERAPEUTIC	0	0	9,503	0	9,503	55.00
56.00	RADIOISOTOPE	0	0	1,226	0	1,226	56.00
57.00	CT SCAN	0	0	2,866	0	2,866	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	3,469	0	3,469	58.00
59.00	CARDIAC CATHETERIZATION	0	0	4,029	0	4,029	59.00
60.00	LABORATORY	0	0	19,625	0	19,625	60.00
60.01	HLA LAB	0	0	1,432	0	1,432	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	12,989	0	12,989	63.00
65.00	RESPIRATORY THERAPY	0	0	5,218	0	5,218	65.00
66.00	PHYSICAL THERAPY	0	0	2,105	0	2,105	66.00
67.00	OCCUPATIONAL THERAPY	0	0	718	0	718	67.00
68.00	SPEECH PATHOLOGY	0	0	292	0	292	68.00
69.00	ELECTROCARDIOLOGY	0	0	2,812	0	2,812	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	566	0	566	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	30,035	0	30,035	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	32,860	0	32,860	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	295,878	0	295,878	73.00
74.00	RENAL DIALYSIS	0	0	1,285	0	1,285	74.00
76.00	ENDOSCOPY	0	0	2,975	0	2,975	76.00
76.01	OB/GYN IN VITRO	0	0	902	0	902	76.01
76.02	ELECTROSHOCK THERAPY	0	0	140	0	140	76.02
76.03	CORNEAL TISSUE ACQUISITION	0	0	192	0	192	76.03
	OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	0	0	9,786	0	9,786	90.00
90.01	OUTPATIENT PSYCH	0	0	380	0	380	90.01
91.00	EMERGENCY	0	0	13,015	0	13,015	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00	Total (lines 50-199)	0	55,382	518,764	0	574,146	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260032
Component CCN: 26S032

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

Worksheet D
Part IV
Date/Time Prepared:
5/24/2012 2:12 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	32,153	265,244,391	0.000121	0.000121	2,614	50.00
51.00	RECOVERY ROOM	7,892	66,389,150	0.000119	0.000119	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	58,977	11,154,130	0.005287	0.005287	0	52.00
53.00	ANESTHESIOLOGY	5,854	88,822,953	0.000066	0.000066	106,325	53.00
54.00	RADIOLOGY-DIAGNOSTIC	13,471	198,453,249	0.000068	0.000068	35,459	54.00
54.01	ULTRASOUND	1,501	30,350,783	0.000049	0.000049	6,841	54.01
55.00	RADIOLOGY-THERAPEUTIC	9,503	136,711,481	0.000070	0.000070	0	55.00
56.00	RADIOISOTOPE	1,226	15,064,166	0.000081	0.000081	3,894	56.00
57.00	CT SCAN	2,866	193,147,790	0.000015	0.000015	84,409	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	3,469	123,271,866	0.000028	0.000028	64,466	58.00
59.00	CARDIAC CATHETERIZATION	4,029	56,740,680	0.000071	0.000071	0	59.00
60.00	LABORATORY	19,625	523,364,613	0.000037	0.000037	678,931	60.00
60.01	HLA LAB	1,432	34,448,402	0.000042	0.000042	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	12,989	173,545,007	0.000075	0.000075	3,037	63.00
65.00	RESPIRATORY THERAPY	5,218	64,477,523	0.000081	0.000081	26,295	65.00
66.00	PHYSICAL THERAPY	2,105	20,468,585	0.000103	0.000103	3,151	66.00
67.00	OCCUPATIONAL THERAPY	718	7,578,187	0.000095	0.000095	3,062	67.00
68.00	SPEECH PATHOLOGY	292	2,282,574	0.000128	0.000128	237	68.00
69.00	ELECTROCARDIOLOGY	2,812	89,980,412	0.000031	0.000031	19,564	69.00
70.00	ELECTROENCEPHALOGRAPHY	566	8,125,447	0.000070	0.000070	3,888	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	30,035	261,157,878	0.000115	0.000115	12,941	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	32,860	221,144,721	0.000149	0.000149	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	295,878	373,412,696	0.000792	0.000792	628,589	73.00
74.00	RENAL DIALYSIS	1,285	19,465,537	0.000066	0.000066	0	74.00
76.00	ENDOSCOPY	2,975	40,810,546	0.000073	0.000073	2,020	76.00
76.01	OB/GYN IN VITRO	902	3,189,308	0.000283	0.000283	0	76.01
76.02	ELECTROSHOCK THERAPY	140	896,837	0.000156	0.000156	73,793	76.02
76.03	CORNEAL TISSUE ACQUISITION	192	1,287,875	0.000149	0.000149	0	76.03
	OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	9,786	31,595,397	0.000310	0.000310	166	90.00
90.01	OUTPATIENT PSYCH	380	2,678,292	0.000142	0.000142	1,398	90.01
91.00	EMERGENCY	13,015	148,181,301	0.000088	0.000088	820,077	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	1,312,278	0.000000	0.000000	0	92.00
200.00	Total (lines 50-199)	574,146	3,214,754,055			2,581,157	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260032
Component CCN: 26S032

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

Worksheet D
Part IV
Date/Time Prepared:
5/24/2012 2:12 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)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	0	0	0	0	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	7	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	2	0	0	0	0	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
57.00	CT SCAN	1	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	2	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	25	0	0	0	0	60.00
60.01	HLA LAB	0	0	0	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	RESPIRATORY THERAPY	2	0	0	0	0	65.00
66.00	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	1	0	0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	1	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	498	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	ENDOSCOPY	0	0	0	0	0	76.00
76.01	OB/GYN IN VITRO	0	0	0	0	0	76.01
76.02	ELECTROSHOCK THERAPY	12	0	0	0	0	76.02
76.03	CORNEAL TISSUE ACQUISITION	0	0	0	0	0	76.03
	OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	0	0	0	0	0	90.00
90.01	OUTPATIENT PSYCH	0	0	0	0	0	90.01
91.00	EMERGENCY	72	0	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00	Total (lines 50-199)	623	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260032 Component CCN: 26S032	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/24/2012 2:12 pm
	Title XIX	Subprovider - IPF	Cost

	Cost Center Description	PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost		
		23.00	24.00		
	ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0	0		50.00
51.00	RECOVERY ROOM	0	0		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	ANESTHESIOLOGY	0	0		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01	ULTRASOUND	0	0		54.01
55.00	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	RADIOISOTOPE	0	0		56.00
57.00	CT SCAN	0	0		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	CARDIAC CATHETERIZATION	0	0		59.00
60.00	LABORATORY	0	0		60.00
60.01	HLA LAB	0	0		60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
65.00	RESPIRATORY THERAPY	0	0		65.00
66.00	PHYSICAL THERAPY	0	0		66.00
67.00	OCCUPATIONAL THERAPY	0	0		67.00
68.00	SPEECH PATHOLOGY	0	0		68.00
69.00	ELECTROCARDIOLOGY	0	0		69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00	RENAL DIALYSIS	0	0		74.00
76.00	ENDOSCOPY	0	0		76.00
76.01	OB/GYN IN VITRO	0	0		76.01
76.02	ELECTROSHOCK THERAPY	0	0		76.02
76.03	CORNEAL TISSUE ACQUISITION	0	0		76.03
	OUTPATIENT SERVICE COST CENTERS				
90.00	CLINIC	0	0		90.00
90.01	OUTPATIENT PSYCH	0	0		90.01
91.00	EMERGENCY	0	0		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00	Total (lines 50-199)	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 260032
Component CCN: 26S032

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

Worksheet D Part V
Date/Time Prepared: 5/24/2012 2:12 pm

Title XIX | Subprovider - IPF | 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	0.322087	0	0	0		50.00
51.00	RECOVERY ROOM	0.392469	0	0	0		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.935325	0	0	0		52.00
53.00	ANESTHESIOLOGY	0.128601	0	0	161,746		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.218646	0	0	3,649		54.00
54.01	ULTRASOUND	0.160642	0	0	1,667		54.01
55.00	RADIOLOGY-THERAPEUTIC	0.229473	0	0	0		55.00
56.00	RADIOISOTOPE	0.256740	0	0	0		56.00
57.00	CT SCAN	0.048089	0	0	0		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.092903	0	0	10,954		58.00
59.00	CARDIAC CATHETERIZATION	0.225711	0	0	0		59.00
60.00	LABORATORY	0.111022	0	0	228,383		60.00
60.01	HLA LAB	0.137279	0	0	0		60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0.244438	0	0	1,330		63.00
65.00	RESPIRATORY THERAPY	0.267183	0	0	0		65.00
66.00	PHYSICAL THERAPY	0.339563	0	0	0		66.00
67.00	OCCUPATIONAL THERAPY	0.312770	0	0	0		67.00
68.00	SPEECH PATHOLOGY	0.422484	0	0	0		68.00
69.00	ELECTROCARDIOLOGY	0.103157	0	0	1,332		69.00
70.00	ELECTROENCEPHALOGRAPHY	0.196956	0	0	0		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.379676	0	0	743		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.490542	0	0	0		72.00
73.00	DRUGS CHARGED TO PATIENTS	0.334994	0	0	22,794		73.00
74.00	RENAL DIALYSIS	0.218016	0	0	0		74.00
76.00	ENDOSCOPY	0.240624	0	0	0		76.00
76.01	OB/GYN IN VITRO	0.816348	0	0	0		76.01
76.02	ELECTROSHOCK THERAPY	0.516317	0	0	124,689		76.02
76.03	CORNEAL TISSUE ACQUISITION	0.491415	0	0	0		76.03
	OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	0.671188	0	0	3,466		90.00
90.01	OUTPATIENT PSYCH	0.468601	0	0	573,419		90.01
91.00	EMERGENCY	0.217083	0	0	0		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	1.143117	0	0	0		92.00
200.00	Subtotal (see instructions)		0	0	1,134,172		200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 +/- line 201)		0	0	1,134,172		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 260032
Component CCN: 26S032

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

Worksheet D
Part V
Date/Time Prepared:
5/24/2012 2:12 pm

Title XIX | Subprovider - IPF | Cost

	Cost Center Description	Costs: PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)		
		5.00	6.00	7.00		
	ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0	0	0		50.00
51.00	RECOVERY ROOM	0	0	0		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	ANESTHESIOLOGY	0	0	20,801		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	798		54.00
54.01	ULTRASOUND	0	0	268		54.01
55.00	RADIOLOGY-THERAPEUTIC	0	0	0		55.00
56.00	RADIOISOTOPE	0	0	0		56.00
57.00	CT SCAN	0	0	0		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	1,018		58.00
59.00	CARDIAC CATHETERIZATION	0	0	0		59.00
60.00	LABORATORY	0	0	25,356		60.00
60.01	HLA LAB	0	0	0		60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	325		63.00
65.00	RESPIRATORY THERAPY	0	0	0		65.00
66.00	PHYSICAL THERAPY	0	0	0		66.00
67.00	OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	SPEECH PATHOLOGY	0	0	0		68.00
69.00	ELECTROCARDIOLOGY	0	0	137		69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	282		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0		72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	7,636		73.00
74.00	RENAL DIALYSIS	0	0	0		74.00
76.00	ENDOSCOPY	0	0	0		76.00
76.01	OB/GYN IN VITRO	0	0	0		76.01
76.02	ELECTROSHOCK THERAPY	0	0	64,379		76.02
76.03	CORNEAL TISSUE ACQUISITION	0	0	0		76.03
	OUTPATIENT SERVICE COST CENTERS					
90.00	CLINIC	0	0	2,326		90.00
90.01	OUTPATIENT PSYCH	0	0	268,705		90.01
91.00	EMERGENCY	0	0	0		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
200.00	Subtotal (see instructions)	0	0	392,031		200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges		0			201.00
202.00	Net Charges (line 200 +/- line 201)	0	0	392,031		202.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260032
Component CCN: 265439

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

Worksheet D
Part IV
Date/Time Prepared:
5/24/2012 2:12 pm

Title XIX

Skilled Nursing Facility

	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	32,153	0	32,153	50.00
51.00	RECOVERY ROOM	0	0	7,892	0	7,892	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	55,382	3,595	0	58,977	52.00
53.00	ANESTHESIOLOGY	0	0	5,854	0	5,854	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	13,471	0	13,471	54.00
54.01	ULTRASOUND	0	0	1,501	0	1,501	54.01
55.00	RADIOLOGY-THERAPEUTIC	0	0	9,503	0	9,503	55.00
56.00	RADIOISOTOPE	0	0	1,226	0	1,226	56.00
57.00	CT SCAN	0	0	2,866	0	2,866	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	3,469	0	3,469	58.00
59.00	CARDIAC CATHETERIZATION	0	0	4,029	0	4,029	59.00
60.00	LABORATORY	0	0	19,625	0	19,625	60.00
60.01	HLA LAB	0	0	1,432	0	1,432	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	12,989	0	12,989	63.00
65.00	RESPIRATORY THERAPY	0	0	5,218	0	5,218	65.00
66.00	PHYSICAL THERAPY	0	0	2,105	0	2,105	66.00
67.00	OCCUPATIONAL THERAPY	0	0	718	0	718	67.00
68.00	SPEECH PATHOLOGY	0	0	292	0	292	68.00
69.00	ELECTROCARDIOLOGY	0	0	2,812	0	2,812	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	566	0	566	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	30,035	0	30,035	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	32,860	0	32,860	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	295,878	0	295,878	73.00
74.00	RENAL DIALYSIS	0	0	1,285	0	1,285	74.00
76.00	ENDOSCOPY	0	0	2,975	0	2,975	76.00
76.01	OB/GYN IN VITRO	0	0	902	0	902	76.01
76.02	ELECTROSHOCK THERAPY	0	0	140	0	140	76.02
76.03	CORNEAL TISSUE ACQUISITION	0	0	192	0	192	76.03
	OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	0	0	9,786	0	9,786	90.00
90.01	OUTPATIENT PSYCH	0	0	380	0	380	90.01
91.00	EMERGENCY	0	0	13,015	0	13,015	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00	Total (lines 50-199)	0	55,382	518,764	0	574,146	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260032
Component CCN: 265439

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

Worksheet D
Part IV
Date/Time Prepared:
5/24/2012 2:12 pm

Title XIX

Skilled Nursing Facility

	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	32,153	265,244,391	0.000121	0.000121	0	50.00
51.00	RECOVERY ROOM	7,892	66,389,150	0.000119	0.000119	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	58,977	11,154,130	0.005287	0.005287	0	52.00
53.00	ANESTHESIOLOGY	5,854	88,822,953	0.000066	0.000066	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	13,471	198,453,249	0.000068	0.000068	0	54.00
54.01	ULTRASOUND	1,501	30,350,783	0.000049	0.000049	0	54.01
55.00	RADIOLOGY-THERAPEUTIC	9,503	136,711,481	0.000070	0.000070	0	55.00
56.00	RADIOISOTOPE	1,226	15,064,166	0.000081	0.000081	0	56.00
57.00	CT SCAN	2,866	193,147,790	0.000015	0.000015	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	3,469	123,271,866	0.000028	0.000028	0	58.00
59.00	CARDIAC CATHETERIZATION	4,029	56,740,680	0.000071	0.000071	0	59.00
60.00	LABORATORY	19,625	523,364,613	0.000037	0.000037	0	60.00
60.01	HLA LAB	1,432	34,448,402	0.000042	0.000042	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	12,989	173,545,007	0.000075	0.000075	0	63.00
65.00	RESPIRATORY THERAPY	5,218	64,477,523	0.000081	0.000081	0	65.00
66.00	PHYSICAL THERAPY	2,105	20,468,585	0.000103	0.000103	0	66.00
67.00	OCCUPATIONAL THERAPY	718	7,578,187	0.000095	0.000095	0	67.00
68.00	SPEECH PATHOLOGY	292	2,282,574	0.000128	0.000128	0	68.00
69.00	ELECTROCARDIOLOGY	2,812	89,980,412	0.000031	0.000031	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	566	8,125,447	0.000070	0.000070	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	30,035	261,157,878	0.000115	0.000115	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	32,860	221,144,721	0.000149	0.000149	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	295,878	373,412,696	0.000792	0.000792	0	73.00
74.00	RENAL DIALYSIS	1,285	19,465,537	0.000066	0.000066	0	74.00
76.00	ENDOSCOPY	2,975	40,810,546	0.000073	0.000073	0	76.00
76.01	OB/GYN IN VITRO	902	3,189,308	0.000283	0.000283	0	76.01
76.02	ELECTROSHOCK THERAPY	140	896,837	0.000156	0.000156	0	76.02
76.03	CORNEAL TISSUE ACQUISITION	192	1,287,875	0.000149	0.000149	0	76.03
	OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	9,786	31,595,397	0.000310	0.000310	0	90.00
90.01	OUTPATIENT PSYCH	380	2,678,292	0.000142	0.000142	0	90.01
91.00	EMERGENCY	13,015	148,181,301	0.000088	0.000088	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	1,312,278	0.000000	0.000000	0	92.00
200.00	Total (lines 50-199)	574,146	3,214,754,055			0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260032
Component CCN: 265439

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

Worksheet D
Part IV
Date/Time Prepared:
5/24/2012 2:12 pm

Title XIX

Skilled Nursing Facility

	Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	0	0	0	0	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
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
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	0	0	0	0	0	60.00
60.01	HLA LAB	0	0	0	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	ENDOSCOPY	0	0	0	0	0	76.00
76.01	OB/GYN IN VITRO	0	0	0	0	0	76.01
76.02	ELECTROSHOCK THERAPY	0	0	0	0	0	76.02
76.03	CORNEAL TISSUE ACQUISITION	0	0	0	0	0	76.03
	OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	0	0	0	0	0	90.00
90.01	OUTPATIENT PSYCH	0	0	0	0	0	90.01
91.00	EMERGENCY	0	0	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00	Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260032 Component CCN: 265439	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/24/2012 2:12 pm
	Title XIX	Skilled Nursing Facility	

	Cost Center Description	PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	
		23.00	24.00	
	ANCILLARY SERVICE COST CENTERS			
50.00	OPERATING ROOM	0	0	50.00
51.00	RECOVERY ROOM	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01	ULTRASOUND	0	0	54.01
55.00	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	RADIOISOTOPE	0	0	56.00
57.00	CT SCAN	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	59.00
60.00	LABORATORY	0	0	60.00
60.01	HLA LAB	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
65.00	RESPIRATORY THERAPY	0	0	65.00
66.00	PHYSICAL THERAPY	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	RENAL DIALYSIS	0	0	74.00
76.00	ENDOSCOPY	0	0	76.00
76.01	OB/GYN IN VITRO	0	0	76.01
76.02	ELECTROSHOCK THERAPY	0	0	76.02
76.03	CORNEAL TISSUE ACQUISITION	0	0	76.03
	OUTPATIENT SERVICE COST CENTERS			
90.00	CLINIC	0	0	90.00
90.01	OUTPATIENT PSYCH	0	0	90.01
91.00	EMERGENCY	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00	Total (lines 50-199)	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260032
Component CCN: 265439

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

Worksheet D Part IV
Date/Time Prepared: 5/24/2012 2:12 pm

Title XIX 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	32,153	0	32,153	50.00
51.00	RECOVERY ROOM	0	0	7,892	0	7,892	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	55,382	3,595	0	58,977	52.00
53.00	ANESTHESIOLOGY	0	0	5,854	0	5,854	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	13,471	0	13,471	54.00
54.01	ULTRASOUND	0	0	1,501	0	1,501	54.01
55.00	RADIOLOGY-THERAPEUTIC	0	0	9,503	0	9,503	55.00
56.00	RADIOISOTOPE	0	0	1,226	0	1,226	56.00
57.00	CT SCAN	0	0	2,866	0	2,866	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	3,469	0	3,469	58.00
59.00	CARDIAC CATHETERIZATION	0	0	4,029	0	4,029	59.00
60.00	LABORATORY	0	0	19,625	0	19,625	60.00
60.01	HLA LAB	0	0	1,432	0	1,432	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	12,989	0	12,989	63.00
65.00	RESPIRATORY THERAPY	0	0	5,218	0	5,218	65.00
66.00	PHYSICAL THERAPY	0	0	2,105	0	2,105	66.00
67.00	OCCUPATIONAL THERAPY	0	0	718	0	718	67.00
68.00	SPEECH PATHOLOGY	0	0	292	0	292	68.00
69.00	ELECTROCARDIOLOGY	0	0	2,812	0	2,812	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	566	0	566	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	30,035	0	30,035	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	32,860	0	32,860	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	295,878	0	295,878	73.00
74.00	RENAL DIALYSIS	0	0	1,285	0	1,285	74.00
76.00	ENDOSCOPY	0	0	2,975	0	2,975	76.00
76.01	OB/GYN IN VITRO	0	0	902	0	902	76.01
76.02	ELECTROSHOCK THERAPY	0	0	140	0	140	76.02
76.03	CORNEAL TISSUE ACQUISITION	0	0	192	0	192	76.03
	OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	0	0	9,786	0	9,786	90.00
90.01	OUTPATIENT PSYCH	0	0	380	0	380	90.01
91.00	EMERGENCY	0	0	13,015	0	13,015	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00	Total (lines 50-199)	0	55,382	518,764	0	574,146	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260032
Component CCN: 265439

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

Worksheet D Part IV
Date/Time Prepared: 5/24/2012 2:12 pm

Title XIX 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	32,153	265,244,391	0.000121	0.000121	0	50.00
51.00	RECOVERY ROOM	7,892	66,389,150	0.000119	0.000119	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	58,977	11,154,130	0.005287	0.005287	0	52.00
53.00	ANESTHESIOLOGY	5,854	88,822,953	0.000066	0.000066	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	13,471	198,453,249	0.000068	0.000068	0	54.00
54.01	ULTRASOUND	1,501	30,350,783	0.000049	0.000049	0	54.01
55.00	RADIOLOGY-THERAPEUTIC	9,503	136,711,481	0.000070	0.000070	0	55.00
56.00	RADIOISOTOPE	1,226	15,064,166	0.000081	0.000081	0	56.00
57.00	CT SCAN	2,866	193,147,790	0.000015	0.000015	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	3,469	123,271,866	0.000028	0.000028	0	58.00
59.00	CARDIAC CATHETERIZATION	4,029	56,740,680	0.000071	0.000071	0	59.00
60.00	LABORATORY	19,625	523,364,613	0.000037	0.000037	0	60.00
60.01	HLA LAB	1,432	34,448,402	0.000042	0.000042	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	12,989	173,545,007	0.000075	0.000075	0	63.00
65.00	RESPIRATORY THERAPY	5,218	64,477,523	0.000081	0.000081	730	65.00
66.00	PHYSICAL THERAPY	2,105	20,468,585	0.000103	0.000103	0	66.00
67.00	OCCUPATIONAL THERAPY	718	7,578,187	0.000095	0.000095	0	67.00
68.00	SPEECH PATHOLOGY	292	2,282,574	0.000128	0.000128	0	68.00
69.00	ELECTROCARDIOLOGY	2,812	89,980,412	0.000031	0.000031	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	566	8,125,447	0.000070	0.000070	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	30,035	261,157,878	0.000115	0.000115	11,677	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	32,860	221,144,721	0.000149	0.000149	2,056	72.00
73.00	DRUGS CHARGED TO PATIENTS	295,878	373,412,696	0.000792	0.000792	0	73.00
74.00	RENAL DIALYSIS	1,285	19,465,537	0.000066	0.000066	0	74.00
76.00	ENDOSCOPY	2,975	40,810,546	0.000073	0.000073	0	76.00
76.01	OB/GYN IN VITRO	902	3,189,308	0.000283	0.000283	0	76.01
76.02	ELECTROSHOCK THERAPY	140	896,837	0.000156	0.000156	0	76.02
76.03	CORNEAL TISSUE ACQUISITION	192	1,287,875	0.000149	0.000149	0	76.03
	OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	9,786	31,595,397	0.000310	0.000310	0	90.00
90.01	OUTPATIENT PSYCH	380	2,678,292	0.000142	0.000142	0	90.01
91.00	EMERGENCY	13,015	148,181,301	0.000088	0.000088	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	1,312,278	0.000000	0.000000	0	92.00
200.00	Total (lines 50-199)	574,146	3,214,754,055			14,463	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260032
Component CCN: 265439

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

Worksheet D Part IV
Date/Time Prepared: 5/24/2012 2:12 pm

Title XIX 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)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	0	0	0	0	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
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
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	0	0	0	0	0	60.00
60.01	HLA LAB	0	0	0	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	1	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	ENDOSCOPY	0	0	0	0	0	76.00
76.01	OB/GYN IN VITRO	0	0	0	0	0	76.01
76.02	ELECTROSHOCK THERAPY	0	0	0	0	0	76.02
76.03	CORNEAL TISSUE ACQUISITION	0	0	0	0	0	76.03
	OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	0	0	0	0	0	90.00
90.01	OUTPATIENT PSYCH	0	0	0	0	0	90.01
91.00	EMERGENCY	0	0	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00	Total (lines 50-199)	1	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260032
Component CCN: 265439

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

Worksheet D Part IV
Date/Time Prepared: 5/24/2012 2:12 pm

Title XIX Nursing Facility Cost

	Cost Center Description	PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost		
		23.00	24.00		
	ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0	0		50.00
51.00	RECOVERY ROOM	0	0		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	ANESTHESIOLOGY	0	0		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01	ULTRASOUND	0	0		54.01
55.00	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	RADIOISOTOPE	0	0		56.00
57.00	CT SCAN	0	0		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	CARDIAC CATHETERIZATION	0	0		59.00
60.00	LABORATORY	0	0		60.00
60.01	HLA LAB	0	0		60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
65.00	RESPIRATORY THERAPY	0	0		65.00
66.00	PHYSICAL THERAPY	0	0		66.00
67.00	OCCUPATIONAL THERAPY	0	0		67.00
68.00	SPEECH PATHOLOGY	0	0		68.00
69.00	ELECTROCARDIOLOGY	0	0		69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00	RENAL DIALYSIS	0	0		74.00
76.00	ENDOSCOPY	0	0		76.00
76.01	OB/GYN IN VITRO	0	0		76.01
76.02	ELECTROSHOCK THERAPY	0	0		76.02
76.03	CORNEAL TISSUE ACQUISITION	0	0		76.03
	OUTPATIENT SERVICE COST CENTERS				
90.00	CLINIC	0	0		90.00
90.01	OUTPATIENT PSYCH	0	0		90.01
91.00	EMERGENCY	0	0		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00	Total (lines 50-199)	0	0		200.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 260032	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1 Date/Time Prepared: 5/24/2012 2:12 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)	251,932	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	251,932	2.00
3.00	Private room days (excluding swing-bed and observation bed days)	69,520	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	182,412	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)	94,426	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)	223,880,529	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)	223,880,529	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed charges)	259,523,184	28.00
29.00	Private room charges (excluding swing-bed charges)	85,510,978	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	174,012,206	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.862661	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	1,230.02	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	953.95	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	276.07	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	238.15	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	16,556,188	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	207,324,341	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)	888.65	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	83,911,665	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)	83,911,665	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 260032 | Period: From 01/01/2011 To 12/31/2011 | Worksheet D-1 | Date/Time Prepared: 5/24/2012 2:12 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	13,912,917	9,865	1,410.33	4,489	6,330,971	43.00
44.00	CORONARY CARE UNIT	7,159,676	4,710	1,520.10	2,457	3,734,886	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT	12,500,341	7,958	1,570.79	3,072	4,825,467	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
47.01	NEURO-ICU	9,770,908	6,481	1,507.62	2,223	3,351,439	47.01
47.02	CARDIO-THORACIC ICU	13,008,827	7,316	1,778.13	3,360	5,974,517	47.02

	Cost Center Description	1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	185,425,449	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	293,554,394	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)	7,274,289	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	14,576,124	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	21,850,413	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	271,703,981	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges	0	54.00
55.00	Target amount per discharge	0.00	55.00
56.00	Target amount (line 54 x line 55)	0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0	57.00
58.00	Bonus payment (see instructions)	0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket	0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket	0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)	0	61.00
62.00	Relief payment (see instructions)	0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)		70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71.00
72.00	Program routine service cost (line 9 x line 71)		72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)		73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)		74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)		76.00
77.00	Program capital-related costs (line 9 x line 76)		77.00
78.00	Inpatient routine service cost (line 74 minus line 77)		78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)		79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81.00	Inpatient routine service cost per diem limitation		81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)		82.00
83.00	Reasonable inpatient routine service costs (see instructions)		83.00
84.00	Program inpatient ancillary services (see instructions)		84.00
85.00	Utilization review - physician compensation (see instructions)		85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	1,496	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	888.65	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	1,329,420	89.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 260032	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1 Date/Time Prepared: 5/24/2012 2:12 pm
	Title XVIII	Hospital	PPS

	Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	12,605,589	223,880,529	0.056305	1,329,420	74,853	90.00
91.00	Nursing School cost	2,963,738	223,880,529	0.013238	1,329,420	17,599	91.00
92.00	Allied health cost	85,451	223,880,529	0.000382	1,329,420	508	92.00
93.00	All other Medical Education	0	223,880,529	0.000000	1,329,420	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 260032 Component CCN: 26S032	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1 Date/Time Prepared: 5/24/2012 2:12 pm
	Title XVIII	Subprovider - IPF	PPS

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	12,570	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	12,570	2.00
3.00	Private room days (excluding swing-bed and observation bed days)	188	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	12,382	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)	3,921	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)	12,472,579	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)	12,472,579	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed charges)	10,976,683	28.00
29.00	Private room charges (excluding swing-bed charges)	165,252	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	10,811,431	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	1.136279	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	879.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	873.16	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	5.84	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	6.64	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	1,248	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	12,471,331	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)	992.25	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	3,890,612	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)	3,890,612	41.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 260032 Component CCN: 26S032	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1 Date/Time Prepared: 5/24/2012 2:12 pm
	Title XVIII	Subprovider - IPF	PPS

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	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						45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
47.01	NEURO-ICU	0	0	0.00	0	0	47.01
47.02	CARDIO-THORACIC ICU	0	0	0.00	0	0	47.02

	Cost Center Description	1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	606,252	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	4,496,864	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)	280,273	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	40,738	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	321,011	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	4,175,853	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)	172	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	992.25	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	170,667	89.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 260032 Component CCN: 26S032	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1 Date/Time Prepared: 5/24/2012 2:12 pm
	Title XVIII	Subprovider - IPF	PPS

	Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	719,968	12,472,579	0.057724	170,667	9,852	90.00
91.00	Nursing School cost	174,056	12,472,579	0.013955	170,667	2,382	91.00
92.00	Allied health cost	4,441	12,472,579	0.000356	170,667	61	92.00
93.00	All other Medical Education	0	12,472,579	0.000000	170,667	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 260032 Component CCN: 265439	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1 Date/Time Prepared: 5/24/2012 2:12 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)	20,160	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	20,160	2.00
3.00	Private room days (excluding swing-bed and observation bed days)	6,396	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	13,764	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)	14,493	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)	10,487,216	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)	10,487,216	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed charges)	8,727,901	28.00
29.00	Private room charges (excluding swing-bed charges)	2,878,200	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	5,849,701	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	1.201574	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	450.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	425.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	25.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	30.04	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	192,136	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	10,295,080	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: 260032 Component CCN: 265439	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1 Date/Time Prepared: 5/24/2012 2:12 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	OTHER SPECIAL CARE (SPECIFY)						47.00
47.01	NEURO-ICU						47.01
47.02	CARDIO-THORACIC ICU						47.02

	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)	10,295,080	70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)	510.67	71.00
72.00	Program routine service cost (line 9 x line 71)	7,401,140	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)	7,401,140	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)	7,401,140	83.00
84.00	Program inpatient ancillary services (see instructions)	2,200,169	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)	9,601,309	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: 260032 Component CCN: 265439	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1 Date/Time Prepared: 5/24/2012 2:12 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: 260032	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1 Date/Time Prepared: 5/24/2012 2:12 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)	251,932	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	251,932	2.00
3.00	Private room days (excluding swing-bed and observation bed days)	69,520	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	182,412	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)	30,586	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)	9,122	14.00
15.00	Total nursery days (title V or XIX only)	5,750	15.00
16.00	Nursery days (title V or XIX only)	1,146	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)	223,880,529	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)	223,880,529	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed charges)	259,523,184	28.00
29.00	Private room charges (excluding swing-bed charges)	85,510,978	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	174,012,206	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.862661	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	1,230.02	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	953.95	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	276.07	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	238.15	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	16,556,188	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	207,324,341	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)	822.94	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	25,170,443	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)	2,172,404	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)	27,342,847	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 260032 | Period: From 01/01/2011 To 12/31/2011 | Worksheet D-1 | Date/Time Prepared: 5/24/2012 2:12 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)	2,115,565	5,750	367.92	1,146	421,636	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	13,912,917	9,865	1,410.33	1,857	2,618,983	43.00
44.00	CORONARY CARE UNIT	7,159,676	4,710	1,520.10	550	836,055	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT	12,500,341	7,958	1,570.79	1,299	2,040,456	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
47.01	NEURO-ICU	9,770,908	6,481	1,507.62	792	1,194,035	47.01
47.02	CARDIO-THORACIC ICU	13,008,827	7,316	1,778.13	560	995,753	47.02

	Cost Center Description	1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	50,418,039	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	85,867,804	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)	1,496	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	888.65	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	1,329,420	89.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 260032	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1 Date/Time Prepared: 5/24/2012 2:12 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: 260032 Component CCN: 26S032	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1 Date/Time Prepared: 5/24/2012 2:12 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)	12,570	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	12,570	2.00
3.00	Private room days (excluding swing-bed and observation bed days)	188	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	12,382	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	4,054	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)	5,750	15.00
16.00	Nursery days (title V or XIX only)	1,146	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)	12,472,579	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)	12,472,579	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed charges)	10,976,683	28.00
29.00	Private room charges (excluding swing-bed charges)	165,252	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	10,811,431	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	1.136279	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	879.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	873.16	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	5.84	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	6.64	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	1,248	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	12,471,331	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)	992.15	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	4,022,176	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)	4,022,176	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 260032
Component CCN: 26S032

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

Worksheet D-1
Date/Time Prepared: 5/24/2012 2:12 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						45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
47.01	NEURO-ICU	0	0	0.00	0	0	47.01
47.02	CARDIO-THORACIC ICU	0	0	0.00	0	0	47.02

	Cost Center Description	1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	555,337	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	4,577,513	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)	172	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	992.25	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	170,667	89.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 260032 Component CCN: 26S032	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1 Date/Time Prepared: 5/24/2012 2:12 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: 260032
Component CCN: 265439

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

Worksheet D-1
Date/Time Prepared: 5/24/2012 2:12 pm

	Cost Center Description	Title XIX Nursing Facility Cost	
		1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	3,468	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	3,468	2.00
3.00	Private room days (excluding swing-bed and observation bed days)	606	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	2,862	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	2,370	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)	5,750	15.00
16.00	Nursery days (title V or XIX only)	1,146	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)	1,110,257	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)	1,110,257	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed charges)	657,784	28.00
29.00	Private room charges (excluding swing-bed charges)	136,900	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	520,884	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	1.687875	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	225.91	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	182.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	43.91	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	74.11	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	44,911	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	1,065,346	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: 260032
Component CCN: 265439

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

Worksheet D-1
Date/Time Prepared: 5/24/2012 2:12 pm

Title XIX 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	OTHER SPECIAL CARE (SPECIFY)						47.00
47.01	NEURO-ICU						47.01
47.02	CARDIO-THORACIC ICU						47.02

	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)	1,065,346	70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)	307.19	71.00
72.00	Program routine service cost (line 9 x line 71)	728,040	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)	728,040	74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)	96,354	75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)	27.78	76.00
77.00	Program capital-related costs (line 9 x line 76)	65,839	77.00
78.00	Inpatient routine service cost (line 74 minus line 77)	662,201	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)	662,201	80.00
81.00	Inpatient routine service cost per diem limitation	999.00	81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)	2,367,630	82.00
83.00	Reasonable inpatient routine service costs (see instructions)	728,040	83.00
84.00	Program inpatient ancillary services (see instructions)	5,637	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)	733,677	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: 260032
Component CCN: 265439

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

Worksheet D-1
Date/Time Prepared: 5/24/2012 2:12 pm

Title XIX 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: 260032 | Period: From 01/01/2011 To 12/31/2011 | Worksheet D-3 | Date/Time Prepared: 5/24/2012 2:12 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		91,454,564		30.00
31.00	INTENSIVE CARE UNIT		10,412,230		31.00
32.00	CORONARY CARE UNIT		5,753,738		32.00
34.00	SURGICAL INTENSIVE CARE UNIT		7,359,605		34.00
35.01	NEURO-ICU		5,357,822		35.01
35.02	CARDIO-THORACIC ICU		8,118,136		35.02
40.00	SUBPROVIDER - IPF		0		40.00
43.00	NURSERY				43.00
	ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0.322087	61,483,853	19,803,150	50.00
51.00	RECOVERY ROOM	0.392469	7,915,163	3,106,456	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.935325	212,013	198,301	52.00
53.00	ANESTHESIOLOGY	0.128601	15,406,299	1,981,265	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.218646	31,872,664	6,968,830	54.00
54.01	ULTRASOUND	0.160642	3,109,528	499,521	54.01
55.00	RADIOLOGY-THERAPEUTIC	0.229473	3,109,528	713,553	55.00
56.00	RADIOISOTOPE	0.256740	2,190,804	562,467	56.00
57.00	CT SCAN	0.048089	28,763,136	1,383,190	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.092903	10,671,335	991,399	58.00
59.00	CARDIAC CATHETERIZATION	0.225711	17,314,418	3,908,055	59.00
60.00	LABORATORY	0.111022	124,239,786	13,793,350	60.00
60.01	HLA LAB	0.137279	3,392,213	465,680	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0.244438	48,197,687	11,781,346	63.00
65.00	RESPIRATORY THERAPY	0.267183	28,409,780	7,590,610	65.00
66.00	PHYSICAL THERAPY	0.339563	6,219,056	2,111,761	66.00
67.00	OCCUPATIONAL THERAPY	0.312770	3,180,199	994,671	67.00
68.00	SPEECH PATHOLOGY	0.422484	989,395	418,004	68.00
69.00	ELECTROCARDIOLOGY	0.103157	22,614,750	2,332,870	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.196956	2,473,488	487,168	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.379676	75,264,716	28,576,206	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.490542	68,338,949	33,523,125	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.334994	103,179,799	34,564,614	73.00
74.00	RENAL DIALYSIS	0.218016	11,095,362	2,418,966	74.00
76.00	ENDOSCOPY	0.240624	4,876,306	1,173,356	76.00
76.01	OB/GYN IN VITRO	0.816348	0	0	76.01
76.02	ELECTROSHOCK THERAPY	0.516317	0	0	76.02
76.03	CORNEAL TISSUE ACQUISITION	0.491415	28,000	13,760	76.03
	OUTPATIENT SERVICE COST CENTERS				
90.00	CLINIC	0.671188	424,027	284,602	90.00
90.01	OUTPATIENT PSYCH	0.468601	0	0	90.01
91.00	EMERGENCY	0.217083	21,766,697	4,725,180	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	1.143117	47,233	53,993	92.00
200.00	Total (sum of lines 50-94 and 96-98)		706,786,184	185,425,449	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)		706,786,184		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 260032 Component CCN: 26S032	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3 Date/Time Prepared: 5/24/2012 2:12 pm
Title XVIII	Subprovider - IPF	PPS

	Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS		0		30.00
31.00	INTENSIVE CARE UNIT		0		31.00
32.00	CORONARY CARE UNIT		0		32.00
34.00	SURGICAL INTENSIVE CARE UNIT		0		34.00
35.01	NEURO-ICU		0		35.01
35.02	CARDIO-THORACIC ICU		0		35.02
40.00	SUBPROVIDER - IPF		3,366,696		40.00
43.00	NURSERY				43.00
	ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0.322087	7,443	2,397	50.00
51.00	RECOVERY ROOM	0.392469	797	313	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.935325	0	0	52.00
53.00	ANESTHESIOLOGY	0.128601	171,978	22,117	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.218646	54,491	11,914	54.00
54.01	ULTRASOUND	0.160642	6,114	982	54.01
55.00	RADIOLOGY-THERAPEUTIC	0.229473	0	0	55.00
56.00	RADIOISOTOPE	0.256740	1,329	341	56.00
57.00	CT SCAN	0.048089	103,931	4,998	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.092903	21,265	1,976	58.00
59.00	CARDIAC CATHETERIZATION	0.225711	0	0	59.00
60.00	LABORATORY	0.111022	687,381	76,314	60.00
60.01	HLA LAB	0.137279	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0.244438	1,063	260	63.00
65.00	RESPIRATORY THERAPY	0.267183	48,909	13,068	65.00
66.00	PHYSICAL THERAPY	0.339563	13,025	4,423	66.00
67.00	OCCUPATIONAL THERAPY	0.312770	9,835	3,076	67.00
68.00	SPEECH PATHOLOGY	0.422484	1,861	786	68.00
69.00	ELECTROCARDIOLOGY	0.103157	13,556	1,398	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.196956	6,379	1,256	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.379676	22,860	8,679	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.490542	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.334994	796,362	266,776	73.00
74.00	RENAL DIALYSIS	0.218016	3,721	811	74.00
76.00	ENDOSCOPY	0.240624	0	0	76.00
76.01	OB/GYN IN VITRO	0.816348	0	0	76.01
76.02	ELECTROSHOCK THERAPY	0.516317	110,576	57,092	76.02
76.03	CORNEAL TISSUE ACQUISITION	0.491415	0	0	76.03
	OUTPATIENT SERVICE COST CENTERS				
90.00	CLINIC	0.671188	0	0	90.00
90.01	OUTPATIENT PSYCH	0.468601	9,569	4,484	90.01
91.00	EMERGENCY	0.217083	565,641	122,791	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	1.143117	0	0	92.00
200.00	Total (sum of lines 50-94 and 96-98)		2,658,086	606,252	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)		2,658,086		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 260032
Component CCN: 265439

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

Worksheet D-3
Date/Time Prepared: 5/24/2012 2:12 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
34.00	SURGICAL INTENSIVE CARE UNIT		0		34.00
35.01	NEURO-ICU		0		35.01
35.02	CARDIO-THORACIC ICU		0		35.02
40.00	SUBPROVIDER - IPF		0		40.00
43.00	NURSERY				43.00
	ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0.322087	0	0	50.00
51.00	RECOVERY ROOM	0.392469	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.935325	0	0	52.00
53.00	ANESTHESIOLOGY	0.128601	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.218646	12,694	2,775	54.00
54.01	ULTRASOUND	0.160642	0	0	54.01
55.00	RADIOLOGY-THERAPEUTIC	0.229473	0	0	55.00
56.00	RADIOISOTOPE	0.256740	0	0	56.00
57.00	CT SCAN	0.048089	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.092903	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.225711	0	0	59.00
60.00	LABORATORY	0.111022	384,965	42,740	60.00
60.01	HLA LAB	0.137279	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0.244438	0	0	63.00
65.00	RESPIRATORY THERAPY	0.267183	0	0	65.00
66.00	PHYSICAL THERAPY	0.339563	2,189,827	743,584	66.00
67.00	OCCUPATIONAL THERAPY	0.312770	1,913,006	598,331	67.00
68.00	SPEECH PATHOLOGY	0.422484	238,399	100,720	68.00
69.00	ELECTROCARDIOLOGY	0.103157	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.196956	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.379676	223,310	84,785	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.490542	18,001	8,830	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.334994	1,846,016	618,404	73.00
74.00	RENAL DIALYSIS	0.218016	0	0	74.00
76.00	ENDOSCOPY	0.240624	0	0	76.00
76.01	OB/GYN IN VITRO	0.816348	0	0	76.01
76.02	ELECTROSHOCK THERAPY	0.516317	0	0	76.02
76.03	CORNEAL TISSUE ACQUISITION	0.491415	0	0	76.03
	OUTPATIENT SERVICE COST CENTERS				
90.00	CLINIC	0.671188	0	0	90.00
90.01	OUTPATIENT PSYCH	0.468601	0	0	90.01
91.00	EMERGENCY	0.217083	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	1.143117	0	0	92.00
200.00	Total (sum of lines 50-94 and 96-98)		6,826,218	2,200,169	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)		6,826,218		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 260032 | Period: From 01/01/2011 To 12/31/2011 | Worksheet D-3 | Date/Time Prepared: 5/24/2012 2:12 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		30,706,424		30.00
31.00	INTENSIVE CARE UNIT		4,281,210		31.00
32.00	CORONARY CARE UNIT		1,258,543		32.00
34.00	SURGICAL INTENSIVE CARE UNIT		3,071,941		34.00
35.01	NEURO-ICU		1,881,616		35.01
35.02	CARDIO-THORACIC ICU		1,319,995		35.02
40.00	SUBPROVIDER - IPF		0		40.00
43.00	NURSERY		618,096		43.00
	ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0.322087	8,003,932	2,577,962	50.00
51.00	RECOVERY ROOM	0.392469	1,704,572	668,992	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.935325	1,156,446	1,081,653	52.00
53.00	ANESTHESIOLOGY	0.128601	3,521,072	452,813	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.218646	8,341,447	1,823,824	54.00
54.01	ULTRASOUND	0.160642	1,247,580	200,414	54.01
55.00	RADIOLOGY-THERAPEUTIC	0.229473	1,057,458	242,658	55.00
56.00	RADIOISOTOPE	0.256740	616,163	158,194	56.00
57.00	CT SCAN	0.048089	10,859,139	522,205	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.092903	4,362,472	405,287	58.00
59.00	CARDIAC CATHETERIZATION	0.225711	1,262,800	285,028	59.00
60.00	LABORATORY	0.111022	40,410,504	4,486,455	60.00
60.01	HLA LAB	0.137279	487,497	66,923	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0.244438	14,280,543	3,490,707	63.00
65.00	RESPIRATORY THERAPY	0.267183	8,102,980	2,164,979	65.00
66.00	PHYSICAL THERAPY	0.339563	1,407,884	478,065	66.00
67.00	OCCUPATIONAL THERAPY	0.312770	848,236	265,303	67.00
68.00	SPEECH PATHOLOGY	0.422484	274,462	115,956	68.00
69.00	ELECTROCARDIOLOGY	0.103157	5,727,664	590,849	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.196956	842,035	165,844	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.379676	24,688,369	9,373,581	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.490542	12,634,434	6,197,721	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.334994	34,000,082	11,389,823	73.00
74.00	RENAL DIALYSIS	0.218016	1,952,058	425,580	74.00
76.00	ENDOSCOPY	0.240624	1,240,417	298,474	76.00
76.01	OB/GYN IN VITRO	0.816348	0	0	76.01
76.02	ELECTROSHOCK THERAPY	0.516317	677	350	76.02
76.03	CORNEAL TISSUE ACQUISITION	0.491415	0	0	76.03
	OUTPATIENT SERVICE COST CENTERS				
90.00	CLINIC	0.671188	152,404	102,292	90.00
90.01	OUTPATIENT PSYCH	0.468601	0	0	90.01
91.00	EMERGENCY	0.217083	10,888,809	2,363,775	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	1.143117	19,536	22,332	92.00
200.00	Total (sum of lines 50-94 and 96-98)		200,091,672	50,418,039	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00	Net Charges (line 200 minus line 201)		200,091,672		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT	Provider CCN: 260032 Component CCN: 26S032	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3 Date/Time Prepared: 5/24/2012 2:12 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
34.00	SURGICAL INTENSIVE CARE UNIT		0		34.00
35.01	NEURO-ICU		0		35.01
35.02	CARDIO-THORACIC ICU		0		35.02
40.00	SUBPROVIDER - IPF		3,602,624		40.00
43.00	NURSERY		0		43.00
	ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0.322087	2,614	842	50.00
51.00	RECOVERY ROOM	0.392469	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.935325	0	0	52.00
53.00	ANESTHESIOLOGY	0.128601	106,325	13,674	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.218646	35,459	7,753	54.00
54.01	ULTRASOUND	0.160642	6,841	1,099	54.01
55.00	RADIOLOGY-THERAPEUTIC	0.229473	0	0	55.00
56.00	RADIOISOTOPE	0.256740	3,894	1,000	56.00
57.00	CT SCAN	0.048089	84,409	4,059	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.092903	64,466	5,989	58.00
59.00	CARDIAC CATHETERIZATION	0.225711	0	0	59.00
60.00	LABORATORY	0.111022	678,931	75,376	60.00
60.01	HLA LAB	0.137279	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0.244438	3,037	742	63.00
65.00	RESPIRATORY THERAPY	0.267183	26,295	7,026	65.00
66.00	PHYSICAL THERAPY	0.339563	3,151	1,070	66.00
67.00	OCCUPATIONAL THERAPY	0.312770	3,062	958	67.00
68.00	SPEECH PATHOLOGY	0.422484	237	100	68.00
69.00	ELECTROCARDIOLOGY	0.103157	19,564	2,018	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.196956	3,888	766	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.379676	12,941	4,913	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.490542	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.334994	628,589	210,574	73.00
74.00	RENAL DIALYSIS	0.218016	0	0	74.00
76.00	ENDOSCOPY	0.240624	2,020	486	76.00
76.01	OB/GYN IN VITRO	0.816348	0	0	76.01
76.02	ELECTROSHOCK THERAPY	0.516317	73,793	38,101	76.02
76.03	CORNEAL TISSUE ACQUISITION	0.491415	0	0	76.03
	OUTPATIENT SERVICE COST CENTERS				
90.00	CLINIC	0.671188	166	111	90.00
90.01	OUTPATIENT PSYCH	0.468601	1,398	655	90.01
91.00	EMERGENCY	0.217083	820,077	178,025	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	1.143117	0	0	92.00
200.00	Total (sum of lines 50-94 and 96-98)		2,581,157	555,337	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)		2,581,157		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 260032
Component CCN: 265439

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

Worksheet D-3
Date/Time Prepared: 5/24/2012 2:12 pm

Title XIX 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
34.00	SURGICAL INTENSIVE CARE UNIT		0		34.00
35.01	NEURO-ICU		0		35.01
35.02	CARDIO-THORACIC ICU		0		35.02
40.00	SUBPROVIDER - IPF		0		40.00
43.00	NURSERY		0		43.00
	ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0.322087	0	0	50.00
51.00	RECOVERY ROOM	0.392469	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.935325	0	0	52.00
53.00	ANESTHESIOLOGY	0.128601	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.218646	0	0	54.00
54.01	ULTRASOUND	0.160642	0	0	54.01
55.00	RADIOLOGY-THERAPEUTIC	0.229473	0	0	55.00
56.00	RADIOISOTOPE	0.256740	0	0	56.00
57.00	CT SCAN	0.048089	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.092903	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.225711	0	0	59.00
60.00	LABORATORY	0.111022	0	0	60.00
60.01	HLA LAB	0.137279	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0.244438	0	0	63.00
65.00	RESPIRATORY THERAPY	0.267183	730	195	65.00
66.00	PHYSICAL THERAPY	0.339563	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0.312770	0	0	67.00
68.00	SPEECH PATHOLOGY	0.422484	0	0	68.00
69.00	ELECTROCARDIOLOGY	0.103157	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.196956	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.379676	11,677	4,433	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.490542	2,056	1,009	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.334994	0	0	73.00
74.00	RENAL DIALYSIS	0.218016	0	0	74.00
76.00	ENDOSCOPY	0.240624	0	0	76.00
76.01	OB/GYN IN VITRO	0.816348	0	0	76.01
76.02	ELECTROSHOCK THERAPY	0.516317	0	0	76.02
76.03	CORNEAL TISSUE ACQUISITION	0.491415	0	0	76.03
	OUTPATIENT SERVICE COST CENTERS				
90.00	CLINIC	0.671188	0	0	90.00
90.01	OUTPATIENT PSYCH	0.468601	0	0	90.01
91.00	EMERGENCY	0.217083	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	1.143117	0	0	92.00
200.00	Total (sum of lines 50-94 and 96-98)		14,463	5,637	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)		14,463		202.00

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 260032
Component CCN:

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

Worksheet D-4
Date/Time Prepared: 5/24/2012 2:12 pm

	Cost Center Description	D	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
			Kidney		Hospital	PPS	
		0	1.00	2.00	3.00	4.00	
	PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)						
	Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition						
1.00	ADULTS & PEDIATRICS	38.00	116,733	888.65	168	149,293	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	1,410.33	0	0	2.00
3.00	CORONARY CARE UNIT	44.00	3,572	1,520.10	3	4,560	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	5,755	1,570.79	3	4,712	5.00
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
6.01	NEURO-ICU	47.01	10,903	1,507.62	5	7,538	6.01
6.02	CARDIO-THORACIC ICU	47.02	793	1,778.13	1	1,778	6.02
7.00	TOTAL (sum of lines 1-6)		137,756		180	167,881	7.00

	Cost Center Description	C	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00	
	Computation of Ancillary Service Cost Applicable to Organ Acquisition					
8.00	OPERATING ROOM	50.00	0.322087	712,497	229,486	8.00
9.00	RECOVERY ROOM	51.00	0.392469	10,981	4,310	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.935325	0	0	10.00
11.00	ANESTHESIOLOGY	53.00	0.128601	249,182	32,045	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.218646	2,256,861	493,454	12.00
12.01	ULTRASOUND	54.01	0.160642	8,922	1,433	12.01
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.229473	0	0	13.00
14.00	RADIOISOTOPE	56.00	0.256740	0	0	14.00
15.00	CT SCAN	57.00	0.048089	4,002	192	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.092903	0	0	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0.225711	373,719	84,352	17.00
18.00	LABORATORY	60.00	0.111022	11,283,714	1,252,740	18.00
18.01	HLA LAB	60.01	0.137279	7,492,826	1,028,608	18.01
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.244438	188,558	46,091	21.00
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY	65.00	0.267183	53,267	14,232	23.00
24.00	PHYSICAL THERAPY	66.00	0.339563	314	107	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.312770	0	0	25.00
26.00	SPEECH PATHOLOGY	68.00	0.422484	0	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.103157	2,800,266	288,867	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.196956	0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.379676	26,059	9,894	29.00
30.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0.490542	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.334994	133,022	44,562	31.00
32.00	RENAL DIALYSIS	74.00	0.218016	45,622	9,946	32.00
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00
34.00	ENDOSCOPY	76.00	0.240624	112,436	27,055	34.00
34.01	OB/GYN IN VITRO	76.01	0.816348	0	0	34.01
34.02	ELECTROSHOCK THERAPY	76.02	0.516317	0	0	34.02
34.03	CORNEAL TISSUE ACQUISITION	76.03	0.491415	0	0	34.03
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00
37.00	CLINIC	90.00	0.671188	5,457	3,663	37.00
37.01	OUTPATIENT PSYCH	90.01	0.468601	0	0	37.01
38.00	EMERGENCY	91.00	0.217083	13,218	2,869	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	1.143117	3,069	3,508	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00	0.000000	0	0	40.00
41.00	TOTAL (sum of lines 8-40)			25,773,992	3,577,414	41.00

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 260032
Component CCN:

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

Worksheet D-4
Date/Time Prepared: 5/24/2012 2:12 pm

		Kidney		Hospital	PPS	
	Cost Center Description	D	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)					
	Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program					
42.00	ADULTS & PEDIATRICS	2.00	0.00	168	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	43.00
44.00	CORONARY CARE UNIT	4.00	0.00	3	0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	47.00
47.01	NEURO-ICU	7.01	0.00	5	0	47.01
47.02	CARDIO-THORACIC ICU	7.02	0.00	1	0	47.02
48.00	TOTAL (sum of lines 42 through 47)			180	0	48.00
	Cost Center Description	D	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program					
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00
51.00	CLINIC	23.00	0	0.000000	0	51.00
51.01	OUTPATIENT PSYCH	23.01	0	0.000000	0	51.01
52.00	EMERGENCY	24.00	13,218	0.000000	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	3,069	0.000000	0	53.00
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		21,744		0	55.00

	Cost Center Description	Cost		Charges		
		Part A	Part B	Part A	Part B	
		1.00	2.00	3.00	4.00	
	PART III - SUMMARY OF COSTS AND CHARGES					
56.00	Routine and Ancillary from Part I	3,745,295		25,911,748		56.00
57.00	Interns and Residents (inpatient)	0		0		57.00
58.00	Interns and Residents (outpatient)	0		0		58.00
59.00	Direct Organ Acquisition (see instructions)	10,171,396		14,280,002		59.00
60.00	Cost of Services of Teaching Physicians (Wkst. D-5, Part II)	0		0		60.00
61.00	Total (sum of lines 56 thru 60)	13,916,691		40,191,750		61.00
62.00	Total Usable Organs (see instructions)		225			62.00
63.00	Medicare Usable Organs (see instructions)		142			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.631111			64.00
65.00	Medicare Cost/Charges (see instructions)	8,782,977		25,365,456		65.00
66.00	Revenue for Organs Sold	203,130		203,130		66.00
67.00	Subtotal (line 65 minus line 66)	8,579,847		25,162,326		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	8,579,847	0	25,162,326	0	69.00

	Cost Center Description	Living Related	Cadaveric	Revenue	
		1.00	2.00	3.00	
	PART IV - STATISTICS				
70.00	Organs Excised in Provider (1)	54	8		70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)	0	0		71.00
72.00	Organs Purchased from Non-Transplant Hospitals	0	0		72.00
73.00	Organs Purchased from OPOs	0	163		73.00
74.00	Total (sum of lines 70 thru 73)	54	171		74.00
75.00	Organs Transplanted	54	163	14,280,002	75.00
76.00	Organs Sold to Other Hospitals	0	0	0	76.00
77.00	Organs Sold to OPOs	0	8	203,130	77.00
78.00	Organs Sold to Transplant Hospitals	0	0	0	78.00
79.00	Organs Sold to Military or VA Hospitals	0	0	0	79.00
80.00	Organs Sold Outside the U.S.	0	0	0	80.00
81.00	Organs Sent Outside the U.S. (no revenue received)	0	0		81.00
82.00	Organs Used for Research	0	0		82.00
83.00	Unusable/Discarded Organs	0	0		83.00
84.00	Total (sum of lines 75 thru 83 should equal line 74)	54	171		84.00

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 260032
Component CCN:

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

Worksheet D-4
Date/Time Prepared: 5/24/2012 2:12 pm

	Cost Center Description	D	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
			Liver		Hospital	PPS	
		0	1.00	2.00	3.00	4.00	
	PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)						
	Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition						
1.00	ADULTS & PEDIATRICS	38.00	9,323	888.65	12	10,664	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	1,410.33	0	0	2.00
3.00	CORONARY CARE UNIT	44.00	595	1,520.10	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	497	1,570.79	0	0	5.00
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
6.01	NEURO-ICU	47.01	7,436	1,507.62	3	4,523	6.01
6.02	CARDIO-THORACIC ICU	47.02	397	1,778.13	0	0	6.02
7.00	TOTAL (sum of lines 1-6)		18,248		15	15,187	7.00

	Cost Center Description	C	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00	
	Computation of Ancillary Service Cost Applicable to Organ Acquisition					
8.00	OPERATING ROOM	50.00	0.322087	13,271	4,274	8.00
9.00	RECOVERY ROOM	51.00	0.392469	6,741	2,646	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.935325	0	0	10.00
11.00	ANESTHESIOLOGY	53.00	0.128601	30,549	3,929	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.218646	3,204,359	700,620	12.00
12.01	ULTRASOUND	54.01	0.160642	0	0	12.01
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.229473	0	0	13.00
14.00	RADIOISOTOPE	56.00	0.256740	0	0	14.00
15.00	CT SCAN	57.00	0.048089	2,001	96	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.092903	0	0	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0.225711	86,858	19,605	17.00
18.00	LABORATORY	60.00	0.111022	2,008,342	222,970	18.00
18.01	HLA LAB	60.01	0.137279	59,019	8,102	18.01
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.244438	6,141	1,501	21.00
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY	65.00	0.267183	11,924	3,186	23.00
24.00	PHYSICAL THERAPY	66.00	0.339563	0	0	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.312770	0	0	25.00
26.00	SPEECH PATHOLOGY	68.00	0.422484	0	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.103157	1,228,785	126,758	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.196956	3,821	753	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.379676	3,526	1,339	29.00
30.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0.490542	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.334994	49,564	16,604	31.00
32.00	RENAL DIALYSIS	74.00	0.218016	6,589	1,437	32.00
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00
34.00	ENDOSCOPY	76.00	0.240624	67,906	16,340	34.00
34.01	OB/GYN IN VITRO	76.01	0.816348	0	0	34.01
34.02	ELECTROSHOCK THERAPY	76.02	0.516317	0	0	34.02
34.03	CORNEAL TISSUE ACQUISITION	76.03	0.491415	0	0	34.03
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00
37.00	CLINIC	90.00	0.671188	7,190	4,826	37.00
37.01	OUTPATIENT PSYCH	90.01	0.468601	0	0	37.01
38.00	EMERGENCY	91.00	0.217083	4,998	1,085	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	1.143117	0	0	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00	0.000000	0	0	40.00
41.00	TOTAL (sum of lines 8-40)			6,801,584	1,136,071	41.00

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 260032
Component CCN:

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

Worksheet D-4
Date/Time Prepared: 5/24/2012 2:12 pm

	Cost Center Description	Liver D	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Hospital Organ Acquisition	PPS Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)					
	Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program					
42.00	ADULTS & PEDIATRICS	2.00	0.00	12	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	43.00
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	47.00
47.01	NEURO-ICU	7.01	0.00	3	0	47.01
47.02	CARDIO-THORACIC ICU	7.02	0.00	0	0	47.02
48.00	TOTAL (sum of lines 42 through 47)			15	0	48.00

	Cost Center Description	D	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program					
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00
51.00	CLINIC	23.00	0	0.000000	0	51.00
51.01	OUTPATIENT PSYCH	23.01	0	0.000000	0	51.01
52.00	EMERGENCY	24.00	4,998	0.000000	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	0	0.000000	0	53.00
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		12,188		0	55.00

	Cost Center Description	Cost Part A	Cost Part B	Charges Part A	Charges Part B	
		1.00	2.00	3.00	4.00	
	PART III - SUMMARY OF COSTS AND CHARGES					
56.00	Routine and Ancillary from Part I	1,151,258		6,819,832		56.00
57.00	Interns and Residents (inpatient)	0		0		57.00
58.00	Interns and Residents (outpatient)	0		0		58.00
59.00	Direct Organ Acquisition (see instructions)	5,356,469		6,337,250		59.00
60.00	Cost of Services of Teaching Physicians (Wkst. D-5, Part II)	0		0		60.00
61.00	Total (sum of lines 56 thru 60)	6,507,727		13,157,082		61.00
62.00	Total Usable Organs (see instructions)		84			62.00
63.00	Medicare Usable Organs (see instructions)		25			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.297619			64.00
65.00	Medicare Cost/Charges (see instructions)	1,936,823		3,915,798		65.00
66.00	Revenue for Organs Sold	32,176		32,176		66.00
67.00	Subtotal (line 65 minus line 66)	1,904,647		3,883,622		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	1,904,647	0	3,883,622	0	69.00

	Cost Center Description	Living Related	Cadaveric	Revenue	
		1.00	2.00	3.00	
	PART IV - STATISTICS				
70.00	Organs Excised in Provider (1)	0	1		70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)	0	0		71.00
72.00	Organs Purchased from Non-Transplant Hospitals	0	0		72.00
73.00	Organs Purchased from OPOs	0	83		73.00
74.00	Total (sum of lines 70 thru 73)	0	84		74.00
75.00	Organs Transplanted	0	83	6,337,250	75.00
76.00	Organs Sold to Other Hospitals	0	0	0	76.00
77.00	Organs Sold to OPOs	0	1	32,176	77.00
78.00	Organs Sold to Transplant Hospitals	0	0	0	78.00
79.00	Organs Sold to Military or VA Hospitals	0	0	0	79.00
80.00	Organs Sold Outside the U.S.	0	0	0	80.00
81.00	Organs Sent Outside the U.S. (no revenue received)	0	0		81.00
82.00	Organs Used for Research	0	0		82.00
83.00	Unusable/Discarded Organs	0	0		83.00
84.00	Total (sum of lines 75 thru 83 should equal line 74)	0	84		84.00

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 260032
Component CCN:

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

Worksheet D-4
Date/Time Prepared: 5/24/2012 2:12 pm

	Cost Center Description	D	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
			Heart		Hospital	PPS	
		0	1.00	2.00	3.00	4.00	
	PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)						
	Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition						
1.00	ADULTS & PEDIATRICS	38.00	17,085	888.65	11	9,775	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	1,410.33	0	0	2.00
3.00	CORONARY CARE UNIT	44.00	63,294	1,520.10	26	39,523	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	199	1,570.79	0	0	5.00
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
6.01	NEURO-ICU	47.01	2,158	1,507.62	1	1,508	6.01
6.02	CARDIO-THORACIC ICU	47.02	4,762	1,778.13	2	3,556	6.02
7.00	TOTAL (sum of lines 1-6)		87,498		40	54,362	7.00

	Cost Center Description	C	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00	
	Computation of Ancillary Service Cost Applicable to Organ Acquisition					
8.00	OPERATING ROOM	50.00	0.322087	137,794	44,382	8.00
9.00	RECOVERY ROOM	51.00	0.392469	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.935325	0	0	10.00
11.00	ANESTHESIOLOGY	53.00	0.128601	21,088	2,712	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.218646	106,319	23,246	12.00
12.01	ULTRASOUND	54.01	0.160642	0	0	12.01
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.229473	0	0	13.00
14.00	RADIOISOTOPE	56.00	0.256740	0	0	14.00
15.00	CT SCAN	57.00	0.048089	1,567	75	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.092903	0	0	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0.225711	201,065	45,383	17.00
18.00	LABORATORY	60.00	0.111022	696,433	77,319	18.00
18.01	HLA LAB	60.01	0.137279	63,080	8,660	18.01
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.244438	2,459	601	21.00
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY	65.00	0.267183	28,856	7,710	23.00
24.00	PHYSICAL THERAPY	66.00	0.339563	628	213	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.312770	0	0	25.00
26.00	SPEECH PATHOLOGY	68.00	0.422484	0	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.103157	137,828	14,218	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.196956	0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.379676	16,916	6,423	29.00
30.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0.490542	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.334994	26,873	9,002	31.00
32.00	RENAL DIALYSIS	74.00	0.218016	6,517	1,421	32.00
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00
34.00	ENDOSCOPY	76.00	0.240624	26,939	6,482	34.00
34.01	OB/GYN IN VITRO	76.01	0.816348	0	0	34.01
34.02	ELECTROSHOCK THERAPY	76.02	0.516317	0	0	34.02
34.03	CORNEAL TISSUE ACQUISITION	76.03	0.491415	0	0	34.03
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00
37.00	CLINIC	90.00	0.671188	0	0	37.00
37.01	OUTPATIENT PSYCH	90.01	0.468601	0	0	37.01
38.00	EMERGENCY	91.00	0.217083	2,403	522	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	1.143117	0	0	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00	0.000000	0	0	40.00
41.00	TOTAL (sum of lines 8-40)			1,476,765	248,369	41.00

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 260032
Component CCN:

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

Worksheet D-4
Date/Time Prepared: 5/24/2012 2:12 pm

	Cost Center Description	Heart D	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Hospital Organ Acquisition	PPS Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)					
	Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program					
42.00	ADULTS & PEDIATRICS	2.00	0.00	11	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	43.00
44.00	CORONARY CARE UNIT	4.00	0.00	26	0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	47.00
47.01	NEURO-ICU	7.01	0.00	1	0	47.01
47.02	CARDIO-THORACIC ICU	7.02	0.00	2	0	47.02
48.00	TOTAL (sum of lines 42 through 47)			40	0	48.00

	Cost Center Description	D	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program					
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00
51.00	CLINIC	23.00	0	0.000000	0	51.00
51.01	OUTPATIENT PSYCH	23.01	0	0.000000	0	51.01
52.00	EMERGENCY	24.00	2,403	0.000000	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	0	0.000000	0	53.00
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		2,403		0	55.00

	Cost Center Description	Cost Part A	Cost Part B	Charges Part A	Charges Part B	
		1.00	2.00	3.00	4.00	
	PART III - SUMMARY OF COSTS AND CHARGES					
56.00	Routine and Ancillary from Part I	302,731		1,564,263		56.00
57.00	Interns and Residents (inpatient)	0		0		57.00
58.00	Interns and Residents (outpatient)	0		0		58.00
59.00	Direct Organ Acquisition (see instructions)	2,253,017		2,271,003		59.00
60.00	Cost of Services of Teaching Physicians (Wkst. D-5, Part II)	0		0		60.00
61.00	Total (sum of lines 56 thru 60)	2,555,748		3,835,266		61.00
62.00	Total Usable Organs (see instructions)		36			62.00
63.00	Medicare Usable Organs (see instructions)		17			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.472222			64.00
65.00	Medicare Cost/Charges (see instructions)	1,206,880		1,811,097		65.00
66.00	Revenue for Organs Sold	10,267		10,267		66.00
67.00	Subtotal (line 65 minus line 66)	1,196,613		1,800,830		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	1,196,613	0	1,800,830	0	69.00

	Cost Center Description	Living Related	Cadaveric	Revenue	
		1.00	2.00	3.00	
	PART IV - STATISTICS				
70.00	Organs Excised in Provider (1)	0	0		70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)	0	0		71.00
72.00	Organs Purchased from Non-Transplant Hospitals	0	0		72.00
73.00	Organs Purchased from OPOs	0	36		73.00
74.00	Total (sum of lines 70 thru 73)	0	36		74.00
75.00	Organs Transplanted	0	36	2,271,003	75.00
76.00	Organs Sold to Other Hospitals	0	0	0	76.00
77.00	Organs Sold to OPOs	0	0	10,267	77.00
78.00	Organs Sold to Transplant Hospitals	0	0	0	78.00
79.00	Organs Sold to Military or VA Hospitals	0	0	0	79.00
80.00	Organs Sold Outside the U.S.	0	0	0	80.00
81.00	Organs Sent Outside the U.S. (no revenue received)	0	0		81.00
82.00	Organs Used for Research	0	0		82.00
83.00	Unusable/Discarded Organs	0	0		83.00
84.00	Total (sum of lines 75 thru 83 should equal line 74)	0	36		84.00

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 260032
Component CCN:

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

Worksheet D-4
Date/Time Prepared: 5/24/2012 2:12 pm

	Cost Center Description	D	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
			Lung		Hospital	PPS	
		0	1.00	2.00	3.00	4.00	
	PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)						
	Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition						
1.00	ADULTS & PEDIATRICS	38.00	11,721	888.65	8	7,109	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	1,410.33	0	0	2.00
3.00	CORONARY CARE UNIT	44.00	397	1,520.10	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	397	1,570.79	0	0	5.00
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
6.01	NEURO-ICU	47.01	10,306	1,507.62	4	6,030	6.01
6.02	CARDIO-THORACIC ICU	47.02	7,143	1,778.13	3	5,334	6.02
7.00	TOTAL (sum of lines 1-6)		29,964		15	18,473	7.00

	Cost Center Description	C	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00	
	Computation of Ancillary Service Cost Applicable to Organ Acquisition					
8.00	OPERATING ROOM	50.00	0.322087	43,976	14,164	8.00
9.00	RECOVERY ROOM	51.00	0.392469	953	374	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.935325	0	0	10.00
11.00	ANESTHESIOLOGY	53.00	0.128601	12,359	1,589	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.218646	775,069	169,466	12.00
12.01	ULTRASOUND	54.01	0.160642	0	0	12.01
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.229473	0	0	13.00
14.00	RADIOISOTOPE	56.00	0.256740	0	0	14.00
15.00	CT SCAN	57.00	0.048089	4,002	192	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.092903	0	0	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0.225711	642,765	145,079	17.00
18.00	LABORATORY	60.00	0.111022	1,398,667	155,283	18.00
18.01	HLA LAB	60.01	0.137279	162,802	22,349	18.01
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.244438	134,216	32,807	21.00
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY	65.00	0.267183	100,217	26,776	23.00
24.00	PHYSICAL THERAPY	66.00	0.339563	281	95	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.312770	0	0	25.00
26.00	SPEECH PATHOLOGY	68.00	0.422484	0	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.103157	28,394	2,929	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.196956	0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.379676	18,342	6,964	29.00
30.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0.490542	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.334994	35,120	11,765	31.00
32.00	RENAL DIALYSIS	74.00	0.218016	0	0	32.00
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00
34.00	ENDOSCOPY	76.00	0.240624	21,645	5,208	34.00
34.01	OB/GYN IN VITRO	76.01	0.816348	0	0	34.01
34.02	ELECTROSHOCK THERAPY	76.02	0.516317	0	0	34.02
34.03	CORNEAL TISSUE ACQUISITION	76.03	0.491415	0	0	34.03
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00
37.00	CLINIC	90.00	0.671188	0	0	37.00
37.01	OUTPATIENT PSYCH	90.01	0.468601	0	0	37.01
38.00	EMERGENCY	91.00	0.217083	10,017	2,175	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	1.143117	0	0	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00	0.000000	0	0	40.00
41.00	TOTAL (sum of lines 8-40)			3,388,825	597,215	41.00

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 260032
Component CCN:

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

Worksheet D-4
Date/Time Prepared: 5/24/2012 2:12 pm

		Lung		Hospital	PPS	
	Cost Center Description	D	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)					
	Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program					
42.00	ADULTS & PEDIATRICS	2.00	0.00	8	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	43.00
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	47.00
47.01	NEURO-ICU	7.01	0.00	4	0	47.01
47.02	CARDIO-THORACIC ICU	7.02	0.00	3	0	47.02
48.00	TOTAL (sum of lines 42 through 47)			15	0	48.00

	Cost Center Description	D	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program					
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00
51.00	CLINIC	23.00	0	0.000000	0	51.00
51.01	OUTPATIENT PSYCH	23.01	0	0.000000	0	51.01
52.00	EMERGENCY	24.00	10,017	0.000000	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	0	0.000000	0	53.00
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		10,017		0	55.00

	Cost Center Description	Cost		Charges		
		Part A	Part B	Part A	Part B	
		1.00	2.00	3.00	4.00	
	PART III - SUMMARY OF COSTS AND CHARGES					
56.00	Routine and Ancillary from Part I	615,688		3,418,789		56.00
57.00	Interns and Residents (inpatient)	0		0		57.00
58.00	Interns and Residents (outpatient)	0		0		58.00
59.00	Direct Organ Acquisition (see instructions)	5,714,422		6,519,835		59.00
60.00	Cost of Services of Teaching Physicians (Wkst. D-5, Part II)	0		0		60.00
61.00	Total (sum of lines 56 thru 60)	6,330,110		9,938,624		61.00
62.00	Total Usable Organs (see instructions)		77			62.00
63.00	Medicare Usable Organs (see instructions)		30			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.389610			64.00
65.00	Medicare Cost/Charges (see instructions)	2,466,274		3,872,187		65.00
66.00	Revenue for Organs Sold	41,430		41,430		66.00
67.00	Subtotal (line 65 minus line 66)	2,424,844		3,830,757		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	2,424,844	0	3,830,757	0	69.00

	Cost Center Description	Living Related	Cadaveric	Revenue	
		1.00	2.00	3.00	
	PART IV - STATISTICS				
70.00	Organs Excised in Provider (1)	0	2		70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)	0	0		71.00
72.00	Organs Purchased from Non-Transplant Hospitals	0	0		72.00
73.00	Organs Purchased from OPOs	0	75		73.00
74.00	Total (sum of lines 70 thru 73)	0	77		74.00
75.00	Organs Transplanted	0	75	6,519,835	75.00
76.00	Organs Sold to Other Hospitals	0	0	0	76.00
77.00	Organs Sold to OPOs	0	2	41,430	77.00
78.00	Organs Sold to Transplant Hospitals	0	0	0	78.00
79.00	Organs Sold to Military or VA Hospitals	0	0	0	79.00
80.00	Organs Sold Outside the U.S.	0	0	0	80.00
81.00	Organs Sent Outside the U.S. (no revenue received)	0	0		81.00
82.00	Organs Used for Research	0	0		82.00
83.00	Unusable/Discarded Organs	0	0		83.00
84.00	Total (sum of lines 75 thru 83 should equal line 74)	0	77		84.00

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 260032
Component CCN:

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

Worksheet D-4
Date/Time Prepared: 5/24/2012 2:12 pm

	Cost Center Description	D	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
			Pancreas		Hospital	PPS	
		0	1.00	2.00	3.00	4.00	
	PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)						
	Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition						
1.00	ADULTS & PEDIATRICS	38.00	0	888.65	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	1,410.33	0	0	2.00
3.00	CORONARY CARE UNIT	44.00	0	1,520.10	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	298	1,570.79	0	0	5.00
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
6.01	NEURO-ICU	47.01	2,455	1,507.62	1	1,508	6.01
6.02	CARDIO-THORACIC ICU	47.02	0	1,778.13	0	0	6.02
7.00	TOTAL (sum of lines 1-6)		2,753		1	1,508	7.00

	Cost Center Description	C	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00	
	Computation of Ancillary Service Cost Applicable to Organ Acquisition					
8.00	OPERATING ROOM	50.00	0.322087	0	0	8.00
9.00	RECOVERY ROOM	51.00	0.392469	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.935325	0	0	10.00
11.00	ANESTHESIOLOGY	53.00	0.128601	0	0	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.218646	447	98	12.00
12.01	ULTRASOUND	54.01	0.160642	0	0	12.01
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.229473	0	0	13.00
14.00	RADIOISOTOPE	56.00	0.256740	0	0	14.00
15.00	CT SCAN	57.00	0.048089	556	27	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.092903	0	0	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0.225711	0	0	17.00
18.00	LABORATORY	60.00	0.111022	5,952	661	18.00
18.01	HLA LAB	60.01	0.137279	0	0	18.01
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.244438	1,751	428	21.00
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY	65.00	0.267183	1,107	296	23.00
24.00	PHYSICAL THERAPY	66.00	0.339563	0	0	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.312770	0	0	25.00
26.00	SPEECH PATHOLOGY	68.00	0.422484	0	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.103157	322	33	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.196956	0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.379676	250	95	29.00
30.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0.490542	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.334994	544	182	31.00
32.00	RENAL DIALYSIS	74.00	0.218016	0	0	32.00
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00
34.00	ENDOSCOPY	76.00	0.240624	0	0	34.00
34.01	OB/GYN IN VITRO	76.01	0.816348	0	0	34.01
34.02	ELECTROSHOCK THERAPY	76.02	0.516317	0	0	34.02
34.03	CORNEAL TISSUE ACQUISITION	76.03	0.491415	0	0	34.03
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00
37.00	CLINIC	90.00	0.671188	0	0	37.00
37.01	OUTPATIENT PSYCH	90.01	0.468601	0	0	37.01
38.00	EMERGENCY	91.00	0.217083	37	8	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	1.143117	0	0	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00	0.000000	0	0	40.00
41.00	TOTAL (sum of lines 8-40)			10,966	1,828	41.00

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 260032
Component CCN:

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

Worksheet D-4
Date/Time Prepared: 5/24/2012 2:12 pm

		Pancreas		Hospital	PPS	
	Cost Center Description	D	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)					
	Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program					
42.00	ADULTS & PEDIATRICS	2.00	0.00	0	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	43.00
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	47.00
47.01	NEURO-ICU	7.01	0.00	1	0	47.01
47.02	CARDIO-THORACIC ICU	7.02	0.00	0	0	47.02
48.00	TOTAL (sum of lines 42 through 47)			1	0	48.00

	Cost Center Description	D	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program					
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00
51.00	CLINIC	23.00	0	0.000000	0	51.00
51.01	OUTPATIENT PSYCH	23.01	0	0.000000	0	51.01
52.00	EMERGENCY	24.00	37	0.000000	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	0	0.000000	0	53.00
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		37		0	55.00

	Cost Center Description	Cost		Charges		
		Part A	Part B	Part A	Part B	
		1.00	2.00	3.00	4.00	
	PART III - SUMMARY OF COSTS AND CHARGES					
56.00	Routine and Ancillary from Part I	3,336		13,719		56.00
57.00	Interns and Residents (inpatient)	0		0		57.00
58.00	Interns and Residents (outpatient)	0		0		58.00
59.00	Direct Organ Acquisition (see instructions)	881,462		1,093,405		59.00
60.00	Cost of Services of Teaching Physicians (Wkst. D-5, Part II)	0		0		60.00
61.00	Total (sum of lines 56 thru 60)	884,798		1,107,124		61.00
62.00	Total Usable Organs (see instructions)		20			62.00
63.00	Medicare Usable Organs (see instructions)		15			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.750000			64.00
65.00	Medicare Cost/Charges (see instructions)	663,599		830,343		65.00
66.00	Revenue for Organs Sold	9,611		9,611		66.00
67.00	Subtotal (line 65 minus line 66)	653,988		820,732		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	653,988	0	820,732	0	69.00

	Cost Center Description	Living Related	Cadaveric	Revenue	
		1.00	2.00	3.00	
	PART IV - STATISTICS				
70.00	Organs Excised in Provider (1)	0	0		70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)	0	0		71.00
72.00	Organs Purchased from Non-Transplant Hospitals	0	0		72.00
73.00	Organs Purchased from OPOs	0	20		73.00
74.00	Total (sum of lines 70 thru 73)	0	20		74.00
75.00	Organs Transplanted	0	20	1,093,405	75.00
76.00	Organs Sold to Other Hospitals	0	0	0	76.00
77.00	Organs Sold to OPOs	0	0	9,611	77.00
78.00	Organs Sold to Transplant Hospitals	0	0	0	78.00
79.00	Organs Sold to Military or VA Hospitals	0	0	0	79.00
80.00	Organs Sold Outside the U.S.	0	0	0	80.00
81.00	Organs Sent Outside the U.S. (no revenue received)	0	0		81.00
82.00	Organs Used for Research	0	0		82.00
83.00	Unusable/Discarded Organs	0	0		83.00
84.00	Total (sum of lines 75 thru 83 should equal line 74)	0	20		84.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 260032	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part A Date/Time Prepared: 5/24/2012 2:12 pm
	Title XVIII	Hospital	PPS

		1.00	
	PART A - INPATIENT HOSPITAL SERVICES UNDER PPS		
1.00	DRG Amounts Other than Outlier Payments	180,107,951	1.00
2.00	Outlier payments for discharges. (see instructions)	21,543,977	2.00
3.00	Managed Care Simulated Payments	19,425,475	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)	1,183.75	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)	563.66	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)	52.59	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.	-9.40	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)	606.85	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records	659.51	10.00
11.00	FTE count for residents in dental and podiatric programs.	0.00	11.00
12.00	Current year allowable FTE (see instructions)	606.85	12.00
13.00	Total allowable FTE count for the prior year.	611.46	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.	607.42	14.00
15.00	Sum of lines 12 through 14 divided by 3.	608.58	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	608.58	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).	0.514112	19.00
20.00	Prior year resident to bed ratio (see instructions)	0.524768	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)	0.514112	21.00
22.00	IME payment adjustment (see instructions)	49,279,369	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)	52.66	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)	49,279,369	29.00
	Disproportionate Share Adjustment		
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	8.35	30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)	24.15	31.00
32.00	Sum of lines 30 and 31	32.50	32.00
33.00	Allowable disproportionate share percentage (see instructions)	16.03	33.00
34.00	Disproportionate share adjustment (see instructions)	28,871,305	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	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	45.00
46.00	Total additional payment (line 45 times line 44 times line 41)	0	46.00
47.00	Subtotal (see instructions)	279,802,602	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)	279,802,602	49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)	20,484,249	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).	21,924,985	52.00
53.00	Nursing and Allied Health Managed Care payment	665,040	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)	14,759,939	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	1,219,128	57.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 260032	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part A Date/Time Prepared: 5/24/2012 2:12 pm
	Title XVIII	Hospital	PPS

		1.00	
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)	132,226	58.00
59.00	Total (sum of amounts on lines 49 through 58)	338,988,169	59.00
60.00	Primary payer payments	65,452	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)	338,922,717	61.00
62.00	Deductibles billed to program beneficiaries	12,926,530	62.00
63.00	Coinsurance billed to program beneficiaries	2,009,091	63.00
64.00	Allowable bad debts (see instructions)	5,043,980	64.00
65.00	Adjusted reimbursable bad debts (see instructions)	3,530,786	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	3,602,726	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)	327,517,882	67.00
68.00	Credits received from manufacturers for replaced devices applicable to MS-DRG (see instructions)	15,444	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)	327,502,438	71.00
72.00	Interim payments	326,412,329	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)	1,090,109	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2	9,517,000	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: 260032	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/24/2012 2:12 pm
	Title XVIII	Hospital	PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	422,173	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	75,384,396	2.00
3.00	PPS payments	69,289,174	3.00
4.00	Outlier payment (see instructions)	292,288	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	49,686	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	422,173	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	1,012,413	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)	1,012,413	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)	1,012,413	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	590,240	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)	422,173	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)	69,631,148	24.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25.00	Deductibles and coinsurance (for CAH, see instructions)	197,450	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)	14,820,152	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)	55,035,719	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)	5,169,323	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)	60,205,042	30.00
31.00	Primary payer payments	1,718	31.00
32.00	Subtotal (line 30 minus line 31)	60,203,324	32.00
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
33.00	Composite rate ESRD (from Worksheet I-5, line 11)	0	33.00
34.00	Allowable bad debts (see instructions)	1,132,929	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	793,050	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	435,169	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)	60,996,374	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)	60,996,374	40.00
41.00	Interim payments	60,016,918	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)	979,456	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: 260032	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/24/2012 2:12 pm
	Title XVIII	Hospital	PPS

		Overrides	
		1.00	
	WORKSHEET OVERRIDE VALUES		
112.00	Override of Ancillary service charges (line 12)	0	112.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 260032 Component CCN: 26S032	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/24/2012 2:12 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)	978,652	2.00
3.00	PPS payments	794,935	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	422	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)	795,357	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)	185,846	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)	609,511	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)	609,511	30.00
31.00	Primary payer payments	32	31.00
32.00	Subtotal (line 30 minus line 31)	609,479	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)	609,479	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)	609,479	40.00
41.00	Interim payments	609,057	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)	422	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: 260032 Component CCN: 26S032	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/24/2012 2:12 pm
	Title XVIII	Subprovider - IPF	PPS

		Overrides	
		1.00	
	WORKSHEET OVERRIDE VALUES		
112.00	Override of Ancillary service charges (line 12)	0	112.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 260032 Component CCN: 265439	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/24/2012 2:12 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

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 260032 Component CCN: 265439	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/24/2012 2:12 pm
	Title XVIII	Skilled Nursing Facility	PPS

		Overrides	
		1.00	
	WORKSHEET OVERRIDE VALUES		
112.00	Override of Ancillary service charges (line 12)	0	112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED	Provider CCN: 260032	Period: From 01/01/2011 To 12/31/2011	Worksheet E-1 Part I Date/Time Prepared: 5/24/2012 2:12 pm
	Title XVIII	Hospital	PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		326,412,329		59,935,418	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	07/18/2011	81,500	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		81,500	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)		326,412,329		60,016,918	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		1,090,109		979,456	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		327,502,438		60,996,374	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: 260032 Component CCN: 26S032	Period: From 01/01/2011 To 12/31/2011	Worksheet E-1 Part I Date/Time Prepared: 5/24/2012 2:12 pm
	Title XVIII	Subprovider - IPF	PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		3,249,011		609,057	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)		3,249,011		609,057	4.00
	TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
	Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
	Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		422	6.01
6.02	SETTLEMENT TO PROGRAM		51,435		0	6.02
7.00	Total Medicare program liability (see instructions)		3,197,576		609,479	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: 260032 Component CCN: 265439	Period: From 01/01/2011 To 12/31/2011	Worksheet E-1 Part I Date/Time Prepared: 5/24/2012 2:12 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		4,879,437		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	07/18/2011	69,400		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)		69,400		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)		4,948,837		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		77,136		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		5,025,973		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	Provider CCN: 260032 Component CCN: 26S032	Period: From 01/01/2011 To 12/31/2011	Worksheet E-3 Part II Date/Time Prepared: 5/24/2012 2:12 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)	2,721,165	1.00
2.00	Net IPF PPS Outlier Payments	548,265	2.00
3.00	Net IPF PPS ECT Payments	44,617	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)	4.26	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.)	7.30	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)	4.26	8.00
9.00	Average Daily Census (see instructions)	33.967123	9.00
10.00	Medical Education Adjustment Factor {((1 + (line 8/line 9)) raised to the power of .5150 -1}.	0.062738	10.00
11.00	Medical Education Adjustment (line 1 multiplied by line 10).	170,720	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)	3,484,767	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)	3,484,767	16.00
17.00	Primary payer payments	0	17.00
18.00	Subtotal (line 16 less line 17).	3,484,767	18.00
19.00	Deductibles	260,136	19.00
20.00	Subtotal (line 18 minus line 19)	3,224,631	20.00
21.00	Coinsurance	83,485	21.00
22.00	Subtotal (line 20 minus line 21)	3,141,146	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	0	23.00
24.00	Adjusted reimbursable bad debts (see instructions)	0	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0	25.00
26.00	Subtotal (sum of lines 22 and 24)	3,141,146	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)	56,430	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)	3,197,576	31.00
32.00	Interim payments	3,249,011	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)	-51,435	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: 260032 Component CCN: 265439	Period: From 01/01/2011 To 12/31/2011	Worksheet E-3 Part VI Date/Time Prepared: 5/24/2012 2:12 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)	5,727,801	1.00
2.00	Routine service other pass through costs	2,319	2.00
3.00	Ancillary service other pass through costs	1,945	3.00
4.00	Subtotal (sum of lines 1 through 3)	5,732,065	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	940,550	7.00
8.00	Allowable bad debts (see instructions)	252,145	8.00
9.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	193,188	9.00
10.00	Allowable reimbursable bad debts (see instructions)	234,458	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)	5,025,973	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	5,025,973	15.00
16.00	Interim payments	4,948,837	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)	77,136	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: 260032	Period: From 01/01/2011 To 12/31/2011	Worksheet E-3 Part VII Date/Time Prepared: 5/24/2012 2:12 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	85,867,804	1.00
2.00	Medical and other services	27,331,479	2.00
3.00	Organ acquisition (certified transplant centers only)	0	3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	113,199,283	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)	113,199,283	7.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable Charges		
8.00	Routine service charges	43,137,825	8.00
9.00	Ancillary service charges	318,786,992	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)	361,924,817	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)	361,924,817	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	248,725,534	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 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 (enter the lesser of line 4 or line 16)	113,199,283	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)	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	28.00
29.00	Titles V or XIX enter the sum of lines 27 and 21.	113,199,283	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 29 minus lines 5 and 6)	113,199,283	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)	113,199,283	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	37.00
38.00	Subtotal (line 36 ± line 37)	113,199,283	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	14,799,643	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	127,998,926	40.00
41.00	Interim payments	62,814,287	41.00
42.00	Balance due provider/program (line 40 minus 41)	65,184,639	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: 260032 Component CCN: 26S032	Period: From 01/01/2011 To 12/31/2011	Worksheet E-3 Part VII Date/Time Prepared: 5/24/2012 2:12 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	4,577,513	1.00
2.00	Medical and other services	392,031	2.00
3.00	Organ acquisition (certified transplant centers only)	0	3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	4,969,544	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)	4,969,544	7.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable Charges		
8.00	Routine service charges	3,602,624	8.00
9.00	Ancillary service charges	3,715,329	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)	7,317,953	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)	7,317,953	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	2,348,409	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 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 (enter the lesser of line 4 or line 16)	4,969,544	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)	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	28.00
29.00	Titles V or XIX enter the sum of lines 27 and 21.	4,969,544	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 29 minus lines 5 and 6)	4,969,544	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)	4,969,544	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	37.00
38.00	Subtotal (line 36 ± line 37)	4,969,544	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)	4,969,544	40.00
41.00	Interim payments	4,806,244	41.00
42.00	Balance due provider/program (line 40 minus 41)	163,300	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: 260032 Component CCN: 265439	Period: From 01/01/2011 To 12/31/2011	Worksheet E-3 Part VII Date/Time Prepared: 5/24/2012 2:12 pm
	Title XIX	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	733,677	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)	733,677	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)	733,677	7.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable Charges		
8.00	Routine service charges	431,588	8.00
9.00	Ancillary service charges	14,463	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)	446,051	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)	446,051	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	287,626	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 (enter the lesser of line 4 or line 16)	446,051	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)	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	28.00
29.00	Titles V or XIX enter the sum of lines 27 and 21.	446,051	29.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
30.00	Excess of reasonable cost (from line 18)	287,626	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	446,051	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)	446,051	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	37.00
38.00	Subtotal (line 36 ± line 37)	446,051	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)	446,051	40.00
41.00	Interim payments	501,801	41.00
42.00	Balance due provider/program (line 40 minus 41)	-55,750	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: 260032 | Period: From 01/01/2011 To 12/31/2011 | Worksheet E-4 | Date/Time Prepared: 5/24/2012 2:12 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.			584.03	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			52.59	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	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))			-8.37	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			628.25	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			669.82	6.00
7.00	Enter the lesser of line 5 or line 6			628.25	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.	163.30	434.77	598.07	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.	153.17	407.79	560.96	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
11.00	Total weighted FTE count	153.17	407.79		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	161.31	409.45		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	162.95	394.15		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	159.14	403.80		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	159.14	403.80		17.00
18.00	Per resident amount	119,776.38	113,417.67		18.00
19.00	Approved amount for resident costs	19,061,213	45,798,055	64,859,268	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)			41.57	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			64,859,268	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
	COMPUTATION OF PROGRAM PATIENT LOAD				
26.00	Inpatient Days	113,948	12,839		26.00
27.00	Total Inpatient Days	299,164	299,164		27.00
28.00	Ratio of inpatient days to total inpatient days	0.380888	0.042916		28.00
29.00	Program direct GME amount	24,704,117	2,783,500		29.00
30.00	Reduction for nursing/allied health		393,309		30.00
31.00	Net Program direct GME amount			27,094,308	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	Provider CCN: 260032	Period: From 01/01/2011 To 12/31/2011	Worksheet E-4 Date/Time Prepared: 5/24/2012 2:12 pm
	Title XVIII	Hospital	PPS

		1.00	
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)		
32.00	Renal dialysis direct medical education costs (from Worksheet B, Part I, sum of columns 20 and 23, lines 74 and 94)	1,285	32.00
33.00	Renal dialysis and home dialysis total charges (Worksheet C, Part I, column 8, sum of lines 74 and 94)	19,465,537	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)	0.000066	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)	311,184,463	37.00
38.00	Organ acquisition costs (Worksheet D-4, Part III, column 1, line 69)	14,759,939	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)	65,452	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)	325,878,950	41.00
	Part B Reasonable Cost		
42.00	Reasonable cost (see instructions)	76,835,329	42.00
43.00	Primary payer payments (see instructions)	1,750	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)	76,833,579	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)	402,712,529	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)	0.809210	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)	0.190790	47.00
	ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B		
48.00	Total program GME payment (line 31)	27,094,308	48.00
49.00	Part A Medicare GME payment (line 46 x 48)(Title XVIII only)(see instructions)	21,924,985	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)	5,169,323	50.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	Provider CCN: 260032	Period: From 01/01/2011 To 12/31/2011	Worksheet E-4 Date/Time Prepared: 5/24/2012 2:12 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.			584.03	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			52.59	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	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))			-8.37	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			628.25	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			669.82	6.00
7.00	Enter the lesser of line 5 or line 6			628.25	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.	163.30	434.77	598.07	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.	153.17	407.79	560.96	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
11.00	Total weighted FTE count	153.17	407.79		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	161.31	409.45		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	162.95	394.15		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	159.14	403.80		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	159.14	403.80		17.00
18.00	Per resident amount	119,776.38	113,417.67		18.00
19.00	Approved amount for resident costs	19,061,213	45,798,055	64,859,268	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)			41.57	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			64,859,268	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
	COMPUTATION OF PROGRAM PATIENT LOAD				
26.00	Inpatient Days	39,698	33,266		26.00
27.00	Total Inpatient Days	299,164	299,164		27.00
28.00	Ratio of inpatient days to total inpatient days	0.132696	0.111197		28.00
29.00	Program direct GME amount	8,606,565	7,212,156		29.00
30.00	Reduction for nursing/allied health		1,019,078		30.00
31.00	Net Program direct GME amount			14,799,643	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	Provider CCN: 260032	Period: From 01/01/2011 To 12/31/2011	Worksheet E-4 Date/Time Prepared: 5/24/2012 2:12 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)	14,799,643	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: 260032

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

Worksheet G

Date/Time Prepared: 5/24/2012 2:12 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	41,311	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	499,303,801	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-288,093,727	0	0	0	6.00
7.00	Inventory	42,716,896	0	0	0	7.00
8.00	Prepaid expenses	2,384,925	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	13,191,894	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	269,545,100	0	0	0	11.00
	FIXED ASSETS					
12.00	Land	20,677,877	0	0	0	12.00
13.00	Land improvements	8,137,505	0	0	0	13.00
14.00	Accumulated depreciation	-6,053,471	0	0	0	14.00
15.00	Buildings	626,562,485	0	0	0	15.00
16.00	Accumulated depreciation	-198,577,282	0	0	0	16.00
17.00	Leasehold improvements	16,432,916	0	0	0	17.00
18.00	Accumulated depreciation	-13,414,899	0	0	0	18.00
19.00	Fixed equipment	686,591,841	0	0	0	19.00
20.00	Accumulated depreciation	-471,267,705	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	390,155,324	0	0	0	23.00
24.00	Accumulated depreciation	-322,464,497	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)	736,780,094	0	0	0	30.00
	OTHER ASSETS					
31.00	Investments	10,542,169	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	1,558,613,268	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	1,569,155,437	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	2,575,480,631	0	0	0	36.00
	CURRENT LIABILITIES					
37.00	Accounts payable	63,770,935	0	0	0	37.00
38.00	Salaries, wages, and fees payable	62,246,966	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	7,374,579	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	815,178,490	0	0	0	43.00
44.00	Other current liabilities	5,064,929	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	953,635,899	0	0	0	45.00
	LONG TERM LIABILITIES					
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	45,840,403	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	7,989,227	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49	53,829,630	0	0	0	50.00
51.00	Total liabilites (sum of lines 45 and 50)	1,007,465,529	0	0	0	51.00
	CAPITAL ACCOUNTS					
52.00	General fund balance	1,568,015,102				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	1,568,015,102	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	2,575,480,631	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES | Provider CCN: 260032 | Period: From 01/01/2011 To 12/31/2011 | Worksheet G-1 | Date/Time Prepared: 5/24/2012 2:12 pm

		General Fund		Special Purpose Fund			
		1.00	2.00	3.00	4.00		
1.00	Fund balances at beginning of period		1,456,262,683		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		111,752,512				2.00
3.00	Total (sum of line 1 and line 2)		1,568,015,195		0		3.00
4.00	Additions (credit adjustments) (specify)	1		0			4.00
5.00		0		0			5.00
6.00		0		0			6.00
7.00		0		0			7.00
8.00		0		0			8.00
9.00		0		0			9.00
10.00	Total additions (sum of line 4-9)		1		0		10.00
11.00	Subtotal (line 3 plus line 10)		1,568,015,196		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0			12.00
13.00	CHANGE IN 2010 ENDING BALANCE PER FS	94		0			13.00
14.00		0		0			14.00
15.00		0		0			15.00
16.00		0		0			16.00
17.00		0		0			17.00
18.00	Total deductions (sum of lines 12-17)		94		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		1,568,015,102		0		19.00

STATEMENT OF CHANGES IN FUND BALANCES | Provider CCN: 260032 | Period: From 01/01/2011 To 12/31/2011 | Worksheet G-1 | Date/Time Prepared: 5/24/2012 2:12 pm

		Endowment Fund		Plant Fund			
		5.00	6.00	7.00	8.00		
1.00	Fund balances at beginning of period		0		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)		0		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0			4.00
5.00		0		0			5.00
6.00		0		0			6.00
7.00		0		0			7.00
8.00		0		0			8.00
9.00		0		0			9.00
10.00	Total additions (sum of line 4-9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		0		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0			12.00
13.00	CHANGE IN 2010 ENDING BALANCE PER FS	0		0			13.00
14.00		0		0			14.00
15.00		0		0			15.00
16.00		0		0			16.00
17.00		0		0			17.00
18.00	Total deductions (sum of lines 12-17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES | Provider CCN: 260032 | Period: From 01/01/2011 To 12/31/2011 | Worksheet G-2 Parts | Date/Time Prepared: 5/24/2012 2:12 pm

	Cost Center Description	Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
	PART I - PATIENT REVENUES				
	General Inpatient Routine Services				
1.00	Hospital	262,834,633		262,834,633	1.00
2.00	SUBPROVIDER - IPF	10,787,687		10,787,687	2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	9,127,407		9,127,407	7.00
8.00	NURSING FACILITY	657,784		657,784	8.00
9.00	OTHER LONG TERM CARE	2,447,472		2,447,472	9.00
10.00	Total general inpatient care services (sum of lines 1-9)	285,854,983		285,854,983	10.00
	Intensive Care Type Inpatient Hospital Services				
11.00	INTENSIVE CARE UNIT	22,573,220		22,573,220	11.00
12.00	CORONARY CARE UNIT	10,803,723		10,803,723	12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT	18,809,439		18,809,439	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
15.01	NEURO-ICU	15,333,015		15,333,015	15.01
15.02	CARDIO-THORACIC ICU	17,058,419		17,058,419	15.02
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	84,577,816		84,577,816	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	370,432,799		370,432,799	17.00
18.00	Ancillary services	1,812,511,019	1,271,387,359	3,083,898,378	18.00
19.00	Outpatient services	63,274,833	119,351,023	182,625,856	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	ORGAN ACQUISITION AND RESEARCH	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	2,246,218,651	1,390,738,382	3,636,957,033	28.00
	PART II - OPERATING EXPENSES				
29.00	Operating expenses (per Wkst. A, column 3, line 200)		1,419,639,151		29.00
30.00	BAD DEBTS	63,796,247			30.00
31.00	OTHER	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)		63,796,247		36.00
37.00	PARKVIEW AUXILLARY	1,121,905			37.00
38.00	VISION CENTER	999,991			38.00
39.00	PLAZA AUXILLARY	1,566,034			39.00
40.00	ROUNDING	11			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		3,687,941		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		1,479,747,457		43.00

STATEMENT OF REVENUES AND EXPENSES	Provider CCN: 260032	Period: From 01/01/2011 To 12/31/2011	Worksheet G-3 Date/Time Prepared: 5/24/2012 2:12 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	3,636,957,033	1.00
2.00	Less contractual allowances and discounts on patients' accounts	2,141,789,257	2.00
3.00	Net patient revenues (line 1 minus line 2)	1,495,167,776	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	1,479,747,457	4.00
5.00	Net income from service to patients (line 3 minus line 4)	15,420,319	5.00
	OTHER INCOME		
6.00	Contributions, donations, bequests, etc	10,802,777	6.00
7.00	Income from investments	38,923,255	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	3,710,112	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	12,902,730	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	1,124,756	17.00
18.00	Revenue from sale of medical records and abstracts	1,087,337	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	18,433,056	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	524,192	20.00
21.00	Rental of vending machines	592	21.00
22.00	Rental of hospital space	5,035,465	22.00
23.00	Governmental appropriations	143,568	23.00
24.00	OTHER (SPECIFY)	3,644,353	24.00
25.00	Total other income (sum of lines 6-24)	96,332,193	25.00
26.00	Total (line 5 plus line 25)	111,752,512	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	111,752,512	29.00

CALCULATION OF CAPITAL PAYMENT	Provider CCN: 260032	Period: From 01/01/2011 To 12/31/2011	Worksheet L Parts I-III Date/Time Prepared: 5/24/2012 2:12 pm
	Title XVIII	Hospital	PPS

		1.00	
	PART I - FULLY PROSPECTIVE METHOD		
	CAPITAL FEDERAL AMOUNT		
1.00	Capital DRG other than outlier	14,512,657	1.00
2.00	Capital DRG outlier payments	1,439,289	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)	785.66	3.00
4.00	Number of interns & residents (see instructions)	608.58	4.00
5.00	Indirect medical education percentage (see instructions)	24.43	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)	3,545,442	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)	8.35	7.00
8.00	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)	24.15	8.00
9.00	Sum of lines 7 and 8	32.50	9.00
10.00	Allowable disproportionate share percentage (see instructions)	6.80	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)	986,861	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)	20,484,249	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